The "Being-with" of Psychotherapy

A PHENOMENOLOGICAL ENQUIRY INTO THE NATURE OF THE CO-THERAPY RELATIONSHIP IN GROUP PSYCHOTHERAPY

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Abstract

This thesis explores an intricate relationship between the therapists involved in a conjoint professional work of co-facilitating small group psychotherapy, as described by three separate co-therapy dyads. The practice of co-therapy has been considered to be a common approach to group psychotherapy. However, the co-therapy relationship as an important variable in and of itself appeared to have received little attention from the researchers and clinicians alike. Using a phenomenological method and an unstructured interviewing approach, this qualitative study examined the experiences of the complex relational processes and psychological dynamics encountered in the 'being-with' of the co-facilitation. Only fully qualified and highly experienced NHS-based clinicians from the professional fields of psychotherapy and group analysis took part in the study. The co-therapy relationship of each considered co-facilitating dyad had lasted for no less than one year before the research interviews. The interviewing process was distinctively organised and deeply exploratory.

The 'Descriptive Phenomenological Method in Psychology' was being used to systematically analyse the data in the form of the transcribed interviews. The results suggested that the nature of the co-facilitating relationship could be understood in terms of: (1) the unique configuration of the co-therapy relationship within the group matrix; (2) the unspoken communication and the absence of a more real talk about the dynamics in the relationship; (3) the unavoidable experience of being seen; (4) the interrelatedness of differences and associated conflict; (5) and finally, the presence of the implicit or unconscious forms of interacting. The psychological meanings of these five essential themes were further elucidated and critically discussed. The clinical and training implications, including the contribution to the importance of the therapeutic relationship within the wider field of psychological therapy, were given consideration. The study reviewed its limitations and offered suggestions for future research.

For Valentina

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Chapter 1
Introduction

It seems to me that the presence of the co-therapy relationship in group psychotherapy as a unique phenomenon in its own right might not be immediately obvious. My sense of this comes from my own experience of having co-conducted psychotherapy groups before, as well as from working with the professional colleagues who co-facilitate therapy groups of various modalities – from Mentalisation-based to Schema-focussed; from Trauma-orientated to Psycho-educational groups. Rarely if ever do I hear them talk about the relational processes experienced in the co-therapy relationship itself. Although, I wonder whether such conversations might be taking place during the supervision sessions. On a number of occasions, some individual practitioners have expressed their sense of frustration to me about certain dynamics encountered in their conjoint work, but I do not know if these are ever formally addressed with their group colleague. Similarly, I struggle to recall specific instances of openly exploring the subtleties of the relationship with my own group co-facilitator.

I wonder whether the process of overlooking the relationship between the co-therapists might perhaps be partly due to the nature of its indirect and rather hidden quality. In other words, its complexity lies in the fact that it appears to exist in the space between the life of the group work and the coordinated leadership of the two practitioners. In an effort to pursue a deeper understanding, this study specifically raises a question concerning what it is like to be with another clinician during the course of group psychotherapy. As such, my enquiry is not merely about a relationship between two professionals or colleagues. Equally, it is not about group psychotherapy. I consider the

interrelatedness of these factors, which appears to give rise to the therapists' particular way of being with one another. Therefore, this investigation endeavours to examine the experience of this unique being-with phenomenon in the co-facilitation of group psychotherapy as described by three separate co-therapy dyads.

The process of arriving at the decision to explore this intricate relationship as part of the doctorate project, I feel, has undergone certain personal and professional phases. My first experience of offering therapy had been through becoming a co-facilitator of a small group psychotherapy in an in-patient hospital setting. The joint work with my then co-therapist provided an invaluable opportunity to begin a profoundly enriching journey; the acquired learning and understanding have supported me throughout my developing career as a therapist. However, looking back, I feel that it was a unique sense of connection that we shared, including my experience of her as being both sensitive and, occasionally, challenging with me as a developing therapist that seemed to have a powerful ability to nurture and expand my clinical thinking. I think that my choice to engage with the process of the current enquiry comes from a personal place of gratitude and appreciation. At the same time, I recognise that hearing the stories of other practitioners, as well as the very engagement with this research project, has given me a chance to further reflect on the wider aspects of my professional life, my way of working and being with others, as it seems to have done, in its own way, for the participants who have described their experiences to me.

In the following sections of this chapter, I will try to outline the current state of knowledge of the co-therapy relationship by surveying the relevant literature, whilst highlighting the evident gaps in understanding. This will point to the way in which the immediate phenomenological enquiry might enrich and broaden the perspective on the subject. The subsequent chapters will present the

methodological framework and its underpinning philosophical position that have facilitated the process of this investigation, as well as the analysis of the discovered findings. In the ensuing discussion, I will attempt to reflect on what has been learned and the conclusions drawn from the present enquiry, including the examination of its implications for practice, limitations and suggestions for future research.

Current Field of Knowledge and Potential Significance of the Enquiry

Process and Method of the Literature Review

Apart from my own direct experience of the co-facilitation, I have never heard anyone mention or point me in the direction of the relevant articles, books or research. The discussions with my co-therapists seemed to be limited to the formulations of the group work and the members within it. I do not think that we had more of an academic perspective from which to reflect on the nature of the co-therapy relationship in group psychotherapy. During the early stages of my investigation and conversations with the professional colleagues, I came across the work of Bill Roller and Vivian Nelson (1991), titled, "The Art of Co-Therapy: How Therapists Work Together". On the cover of their book, they state: "Although the last decade has witnessed a widespread increase in the use of co-therapy, until now, there has been no single resource on the topic for practising co-therapists or for those considering a co-therapy relationship". This brief introduction seemed to reflect my own state of knowledge and appeared to highlight how undeveloped perhaps this area was. These authors seemed to be writing from the point of view of their individual clinical experience as the marriage and family counsellors, including a small survey that they had conducted, upon which their book seemed to be based.

I learned that a great deal had been written on the topic of group

psychotherapy, but not a single volume on the co-facilitation of group psychotherapy. Subsequently, I carried out a computer-based literature search. The databases consulted via EBSCO platform were PsycINFO, PsycARTICLES and Psychology and Behavioural Sciences Collection. In order to locate the relevant articles pertaining to my research question, I used a combination of the following search terms: "co-leadership"; "co-leader relationship"; "co-therapy relationship"; "co-facilitation"; and "group psychotherapy". In view of the evident need to widen the field of knowledge, I chose not to limit the search to any particular year. I thought that it would be important to have a broader overview of the literature rather than just the most up-to-date evidence. Although the literature from outside the UK was included, all of the examined journal articles were in the English language.

Thirteen articles were retrieved when the combination of "co-therapy relationship" with "group psychotherapy" was used. However, only six of these seemed to address some aspects of the co-therapy relationship in group psychotherapy. Two of these were research-based: (1) "Compatibility in the supervisory group co-therapy relationship" (Habib, 1997); and (2) "Exploring group co-therapist relationship development and the impact of training on the relationship" (Wachtel, 2002). Two further studies that directly focussed on certain issues within the co-leader relationship were identified when combining "co-leader relationship" with "group psychotherapy": (3) "The co-leadership dyad: Transference, countertransference and power" (Klein, 2002); and (4) "A Qualitative Exploration of Group Co-Leader Relationships" (Okech and Kline, 2005). Additional articles that were retrieved as part of this search did not seem to study the relationship between the co-therapists as a variable, but instead appeared to focus on the practice of co-therapy as a modality where the group work, its perceptions and processes were central to the research. All of the studies mentioned above were conducted over ten years ago. However, most of the literature was over 20 years old. The combination of "co-facilitation" and

"group" and "group psychotherapy" did not show any additional studies.

Further search using a more generalised term, "co-leadership", has helped to identify two major critical reviews: (1) "Seventy Years of Co-Leadership: Where Do We Go From Here?" (Fall and Menendez, 2002); and (2) "Group Co-Leadership: A Critical Review" (Luke and Hackney, 2007). The examination of both of these reviews revealed a small amount of research evidence to support the widely practised method of group co-facilitation. In fact, Luke and Hackney (2007) concluded that in the "40 years covered in this review, six studies were reported that addressed coleader or cotherapy relationship issues. For the most part, these studies examined conditions that contributed to or detracted from the interpersonal relationship of the dyad" (p. 286).

The related and theoretical articles retrieved as part of my computer-based search, including the discovery of the relevant papers through the helpful works of Fall and Menendez (2002), Luke and Hackney (2007) and Roller and Nelson (1991), served both as sources of grey literature and a means to locating additional studies connected with the practice of co-therapy. Some of these writings consider the co-therapy relationship in the context of family work rather than group psychotherapy. Although the incorporation of these views can perhaps supplement the gaps in understanding, I think that the contextual factor (that is, group psychotherapy) might play a particular role in determining the relational dynamics between the therapists, which, as I have highlighted earlier, is at the heart of my enquiry.

Taking the above consideration into account, a number of located studies and theories equally suggest a link between the co-therapy relationship and group outcomes. Whilst I try to incorporate my understanding and the possible implications of this interaction in the following review of the literature, its consideration here is secondary to the examination of the experience between

the co-facilitators; that is, the experience that might potentially be complicated by the various processes and outcomes during the group work. Thus, as the starting point of this enquiry is the co-therapy relationship, I try to formulate, where possible, the questions in relation to such issues, which I hope can further point towards what might need to be understood about the nature of the co-therapy relationship itself. In addition, I review the literature in the light of my own position as a therapist-researcher and the clinical knowledge acquired during my joint training as a Counselling Psychologist and Integrative Psychotherapist.

Exploration of the Literature

The practice of co-therapy appears to have its roots in the notion of shared leadership that goes back to the ancient times: "Republican Rome had a successful system of co-leadership that lasted for over four centuries. This structure of co-leadership was so effective that it extended from the lower levels of the Roman magistracy to the very top position, that of consul" (Sally, 2002, p. 84). Presently, it seems that those who endorse such an approach recognise that the "important decisions about what to do and how to do it are made through the use of an interactive process involving many different people who influence each other" (Yukl, 2006, p. 4). However, the idea of co-leadership as applied to the field of psychological therapy, and the co-facilitating relationship in group psychotherapy, in particular, appears to remain at an early stage of its development.

As long ago as 1920's, Alfred Adler attempted to test the method of co-therapy by employing two therapists instead of one with a view to breaking through the defences in the treatment of the patients in his Vienna clinic (Roller and Nelson, 1991). In the late 1950s, certain plans were being made to employ the co-facilitating dyads as a way of training the future group therapists (Gans, 1957).

However, there was apparently little interest in furthering the development of this form of practice; that is, until more recently (Luke and Hackney, 2007). Roller and Nelson (1991) have defined co-therapy as a "special practice of psychotherapy in which the relationship between the therapists is fundamental to the treatment process" (p. 2). An eminent family therapist, Virginia Satir (in Roller and Nelson, 1991) wrote: "Like good parenting, co-therapy is related to solid family-learning principles. How the co-therapists behave with one another, how they use each other, how they manage their differences – these are all models for health in relation to the individuals and families under treatment. Therefore, co-therapy is not a technique, but a way of modelling being human" (p. 211). Equally, Levine (1991) points out that the "relationship between co-therapists can provide a model of relationships for clients and can also be a catalyst for the development of relationships among the members in a group" (p. 296).

Yet, according to Roller and Nelson (1993), the psychological therapists are "keenly interested in the relationships that their patients form with others, but have been curiously reluctant to focus their attention on the relationships they themselves form with colleagues as they treat patients in the practice of cotherapy" (p. 304). This process appears to be particularly interesting if we consider Winter's (1976) observation that the co-therapy dyad "can be viewed as a small group in its own right – developing over time with its own issues" (p. 349). This small group of two equally appears to have received little attention from the researchers. Fall and Menendez (2002) highlight that despite the vast amount of literature on co-leadership, there is no "empirical evidence on which to base recommendations about co-leadership" (p. 31). They conclude that the "literature that supports the use of co-leaders in group work has one primary theme: it is based on anecdotal evidence of the author, supported by citations of sources that are often anecdotal reports of other authors" (Fall and Menendez, 2002, p. 31). Nevertheless, the practice of co-therapy seems to continue to be a

prevalent approach to group psychotherapy, as clearly highlighted by the more recent professional texts (Milsom et al., 2004; Olson and McEwen, 2004; Pan et al., 2005; Smiley, 2004; Stanger and Harris, 2005). Levine and Dang (1984) equally recognise the problem by indicating that it is surprising that the model of co-therapy continues to be so commonly used in the therapy training programmes given that there appears to be such a considerable gap in the research literature.

Although a small number of studies that I have been able to locate and discuss below do address certain co-therapy relationship issues, none of these seems to offer a qualitative examination of the relationship between two qualified therapists as a variable in the already established and usually long-lasting clinical work of small group psychotherapy. As such, there appears to be no indication that the researchers have sufficiently explored the phenomenological nature of the co-therapy relationship that is considered fundamental to the treatment process. It has been suggested that the functional co-therapy relationship is critical for the successful group outcomes (Dugo and Beck, 1997; Gladding, 2003; Yalom and Leszcz, 2005). However, given how little research has been done into the nature of the co-therapy relationship, how are we to understand what is considered to be functional? Equally, can a correlation between the successful group outcomes and the functionality be drawn without a finer comprehension of the nature of the co-therapy relationship itself? As Luke and Hackney (2007) have concluded in their literature review, it seems to me that the relationship orientated studies that I am identifying here have a tendency to focus on the conditions that contribute to or detract from the co-facilitating relationship or its development.

For instance, Habib (1997) examined the factors that contribute to the experience of compatibility between the practising group co-therapists, including how this issue appeared to be associated with the group member

outcome. In other words, the study presents an attempt to explore, using quantitative measures, the connection between the dynamic of the co-therapy dyad and the group members at large, thus, recognising the influence of the co-therapy relationship as an important technical factor. However, the study focuses on the relationship between the trainees and senior therapists who also acted as supervisors in the relationship. Although its findings suggest that a good rapport and trainee's identification with the supervisor's model of therapy predicts compatibility, the relational issues of power difference and the particular training configuration, including its expectations, do seem to pose a deeper question concerning the nature of the psychological processes within such a structure. Besides, it is unclear whether or not such a configuration can be viewed as a co-therapy dyad, as there is only one acting therapist in the relationship (Roller and Nelson, 1991).

In connection with the above, Gallogly and Levine (1979) described three different combinations as applied to the co-therapy relationship: junior–junior, senior–junior, and senior–senior. Although such combinations might characterise, for instance, the co-facilitating relationship between a qualified therapist and a trainee, they also seem to reflect a somewhat artificial construction embedded within a structural hierarchy. In other words, the meaning of such compositions does not appear to take into account the overall interpersonal field of the group and the fluidity of the relational processes where such combinations, for example, are likely to change as a result of the evoked configurations within the complex dynamics of the group atmosphere.

The research of Wachtel (2002) equally highlights how little is known about the subject matter of group co-therapy despite its popularity in the clinical setting. Wachtel's (2002) qualitative study focuses on the development of the co-therapy relationship over time. More specifically, the author offers an exploration of the impact of engaging the co-therapists in a relationship

development training, the effect of which is subsequently compared with the experience of those dyads that did not receive such guidance. The study's results suggest that in general the co-therapists have a certain tendency to concentrate on the clinical issues occupying the members of the group, including the practicalities of the co-facilitation at the expense of speaking about the problems in the co-therapy relationship. The author adds that this process is further compounded by the fact that the co-therapists are more inclined to compliment rather than confront each other on issues of conflict (Wachtel, 2002).

The process of introducing the relationship training during the study of Wachtel (2002), which is reported to be experienced as being helpful, seems to imply the importance of bringing into clinical focus the complex nature of the co-therapy relationship, including the potential depths of the interpersonal dynamic experienced by the dyad. However, the limitation of such training appears to be the consideration of the relationship between the co-therapists as separate persons, rather than as also the receivers of projective identifications experienced within the complex being of the group. All of these provide scope for further exploration and understanding. It is also interesting to note that, in some ways, these findings do seem to challenge the results of Habib's (1997) study where the experience of rapport and theoretical complementarity, as opposed to the encounter with difference and conflict, appears to be viewed as a beneficial factor.

Klein's (2002) study offers an initial exploration of the issues that contribute to the creation of what she describes as a strong group co-leadership dyad. It seems that her research attempts to further tackle the problems alluded to by Habib (1997) and Wachtel (2002), namely the examination of the co-therapists' degree of openness to such psychoanalytically-informed issues as transference and countertransference, including the level of comfort with power differences,

as well as the effect of all of these processes on the dyad's satisfaction with their co-facilitating relationship. Similarly, she considers the co-therapists' assessment of the impact of these factors on the functioning of the group. However, her approach appears to reflect an attempt to reach a generalised understanding of these issues, as opposed to a qualitative differentiation of the complexities of such relational phenomena as transference and countertransference that might be experienced between the co-therapists. Thus, taking a rather objective stance, her participants completed five predetermined measures, which assessed the identified problems.

Klein's (2002) research concludes that the more comfortable the therapists are with the power differences between them, the more satisfied they tend to be with the co-facilitating relationship. Also, the study suggests a correlation between the degree of comfort experienced by the co-therapists around power differentiation and the group members' capacity to accept guidance from one another. This is indicative of a parallel process whereby the co-therapists' capacity to work with their differences appears to be mirrored by the group members' ability to stay open to giving and receiving feedback. As such, it seems to me that it is not the power differences per se that constitutes a problem, but the way in which the co-therapists respond to and reflect upon such issues within the co-facilitating relationship, which, in turn, seems to promote the therapeutic atmosphere within the group setting. Equally, McGee and Schuman (1970) state that the co-leader relationship will always embody "differences and conflicts, as there must be in any meaningful relationship" (p. 29). They add, however, that it is the way in which such problems are conjointly managed and thought about that fosters the development and strength of the co-therapy relationship. Similarly, Levine (1991) states: "The question is not if conflicts will arise in a co-therapy relationship but whether the therapists will resolve their mutual conflicts" (p. 304).

The experience of developing such a reflective capacity within the co-facilitating relationship is further emphasised in the findings of a qualitative study conducted by Okech and Kline (2005). They propose a central concept of "reflective relational process", which is "the intrapersonal process co-leaders used to deliberate over their actions and reactions, their partners' interactions, and group-leading experiences. It was the process that co-leaders used to make sense of their perceptions, experiences, and reactions in co-leader relationships during and outside of their group" (p. 178). The results of their study also indicate that the co-therapists' capacity to trust one another was a significant element in their ability to establish a degree of professional intimacy necessary for sharing of positive and negative emotions. Whilst "positive emotions, desired most by co-leaders, had an affirming effect" (p. 180), the "negative emotions such as disappointment, anger, frustration, fear, anxiety, and sadness were least desired" (Okech and Kline, 2005, p. 181). They suggest that it is the negative emotions that call for a deeper sense of intimacy and trust in the co-facilitating relationship in order to be talked about. However, considering the results of Klein's (2002) study discussed earlier, it can be argued that it is rather the therapists' capacity to be comfortable enough to share and perhaps work through their differences involving more negative emotions, which, in turn, creates the desired level of intimacy and relationship satisfaction.

Taking a theoretical stance, Cooper (1976) points out that the issues and experiences, including those of differences and conflict that do emerge between the co-therapists, cannot be separated from the psychological processes and dynamics encountered within the group. He regards the group as a holistic social organism where the whole is more than the sum of its parts. This view is also consistent with Bion's group theory, which regards group psychotherapy as a kind of entity – group as group (Bion, 1961). Yalom and Leszcz (2005) also indicate that group psychotherapy is based on the principle that the sense of one's self can only be fully recognised, understood and affected through the

interpersonal relationships with others. Similarly, it has been argued that this inseparability is relevant to the issues of the co-facilitation (Dugo and Beck, 1997; Hoffman and Laub, 2004; Livingston, 2001; Riva et al., 2004), which remains to be more clearly illuminated.

Cooper (1976) considers the experiences within the group setting from a psychoanalytic perspective, particularly demonstrating the complex relational processes of splitting, projective identification, and unconscious object relations. Whilst reflecting on the conjoint group therapy, Cooper (1976) suggests that the group members can split off their intolerable feeling states and thoughts and project these into the co-therapists who, at a deeper unconscious level, might be thus positioned to represent the patients' early object relationships. As such, Cooper (1976) indicates that the conflict, differences and difficulties in the co-therapy relationship might signify the problems within the group psyche itself. This might also offer a partial explanation as to why the co-therapy relationship has so often been likened to that between husband and wife, where the possible issues of conflict and intimacy have the propensity to be recreated (Heilfron, 1969; Dick et al., 1980).

These views appear to highlight further the need for an open communication between the co-therapists, which might not only offer a means of working through any potential difficulties in the relationship, but also a way of understanding and formulating the psychological processes within the group itself; that is, what the members are really trying to communicate through the experiences captured by the co-therapy relationship. According to Yalom and Leszcz (2005), having space to talk and think about the issues is fundamental to the success of the co-therapy relationship. This seems to support the opinions of McGee and Schuman (1970), cited earlier, that it is the way in which the co-facilitators attend to the encountered difficulties that promotes the effectiveness of the relationship. Dies (1994) also suggests that the "co-

leadership may complicate group process unless the leaders manage their relationship effectively" (p. 141). Roller and Nelson (1991), when attempting to explore the factors that might contribute towards the effectiveness of the co-therapy dyad, point out that the most desirable qualities expressed by those who do co-facilitate both groups and family therapy work include "the capacity to be equal in communicating and openness" (p. 63).

Furthermore, Fall and Menendez (2002), having conducted an extensive review of the literature on co-leadership, state: "the three problems most discussed in the literature are competition, too much intimacy, and a lack of knowledge of or interaction between the co-leaders" (p. 28). These problems, in some ways, appear to be linked with the issues of openness and communication discussed earlier; but it is not entirely clear what is implied here by "too much intimacy", especially as this has been equated with the capacity to talk about the difficulties in the relationship (e.g. Okech and Kline, 2005). Paradoxically, Bowers and Gauron (1981) indicate that the strength of the emotional attachment between the co-leaders can result in the discouragement of conflict and offering of feedback that might be considered to be challenging. They add that it is almost as if the friendship between the co-therapist and nurturance of their relationship begin to take priority over the psychological processes and development of the group work (Bowers and Gauron, 1981). In other words, when the emotional energy is diverted towards the sustainment of the co-facilitating relationship at the expense of the task and progression of the group, the therapeutic process can stall.

However, it appears that the absence of a challenging feedback, including the avoidance of conflict within the co-therapy relationship, might be linked with the concerns about how each co-leader is perceived by their colleague, including their own assessments of themselves. Okech and Kline (2006) suggest that these competency concerns involve "anxiety about their effectiveness and

apprehension about the effect these competency evaluations [...] might have on their co-leader relationships and their groups" (p. 169). Thus, it can be argued that emotional energy that might be diverted from the therapeutic task of the group (Bowers and Gauron, 1981) might instead be taken up by the inner preoccupations and worries of each therapist about their effectiveness within the co-therapy relationship. As such, rather than being a reflection of their emotional attachment or friendship, could this process be indicative of the therapists' efforts to be seen in a particular way by their colleague at the expense of talking about these anxieties and facing confrontations? I think that such questions further point towards a deeper complexity of the co-therapy dynamic and require further exploration.

It has been noted that the patients do indeed benefit from the co-therapy groups by being able to observe and learn from the interactions between the co-facilitators (Fall and Menendez, 2002). However, which aspects of the observed experience might the group members find beneficial? Levine (1991), for instance, suggests that "if the group members can see the therapists can and do disagree or conflict without rejecting each other, then group members come to understand that it is possible to assert one's individuality in a relationship without being rejected" (p. 296). This appears to be related to the findings of Klein's (2002) research that suggest that the more comfortable the therapists are with the power differences between them, the more likely the group members will accept guidance and feedback from one another. Nevertheless, how might the co-facilitators experience the process of negotiating any of such potential difficulties in the relationship? And, what is it like to manage the interpersonal experiences of this kind in the co-therapy relationship?

Although the group members might actively observe and sense the relational dynamics between the co-therapists, it is not entirely clear how and to what extent the therapists themselves are engaged in the observation of the

complexities of their interactions. Most of the psychotherapy trainings in the UK require therapists to undergo personal talking therapy in order to begin to observe their own processes and, thus, learn, change and develop (Clarkson, 2002). However, what happens to the observation of the processes, both conscious and unconscious, that might emerge in the space between the two therapists who, in their simultaneous unity and separateness, appear to create a particular phenomenal realm for such an observation? Is it something that is actively talked about? And, what is it like being observed by one's colleague in the first place?

These questions seem to be directly linked with Roller and Nelson's (1991) suggestion (see above) that the relationship between the therapists is fundamental to the treatment process. Bowers and Gouron (1981) equally state: "Therapists must assure that they show a healthy relationship because patients frequently assume that whatever therapists do with each other in their relationship is acceptable and worthy of imitation, regardless of what it is" (p. 226). However, it is not clear whether or not we can define healthy relationship without a prior psychological formulation of the essential or fundamental structure of this particular relationship. In addition, the implied meaning of imitation appears to be theoretically unsophisticated, as it seems to assume a kind of conscious process of modelling one's behaviour. Yet, it is well known that the therapeutic relationship is by far more complex and embodies a multitude of different dimensions, including the experience of transference-countertransference, working alliance and the dynamic interplay between their various elements (e.g. Greenson, 1981; Stolorow and Atwood, 2010). Thus, how do these intersubjective processes become organised, shaped and coordinated between the two therapists involved with a group of patients? I think that such relational processes go beyond the mere imitation, particularly if one takes into consideration the intricate psychodynamic mechanisms of splitting, projection

and projective identification (Klein, 1946; Bion, 1959; Ogden, 1986), as was equally highlighted by Cooper (1976) earlier in this discussion.

Although the evidence suggests that the therapeutic relationship is one of the central factors in change (Castonguay and Beutler, 2006), the research into the nature of the co-therapy relationship appears to have been mostly limited to a small number of predetermined issues set by the researchers, which I think compromises our wider understanding of its significance and depth. Moreover, Luke and Hackney (2007) state: "In light of the centrality of group work in counsellor education [...] it is striking that none of the studies reviewed concerning coleader relationships were conducted by researchers in counsellor education" (p. 286).

Okech and Kline's (2005) qualitative research, the findings of which have been discussed earlier, appears to be one of the most recent studies that more exclusively focuses on the co-therapy relationship. Their research attempted to explore the development of the co-leader relationship over a 16-week period using Grounded Theory as its research methodology. The participants taking part in the 16-week group co-facilitation were specifically recruited using purposeful sampling (Maxwell, 1996) to participate in the study, whilst being interviewed for the purposes of the data collection in the third, eighth and sixteenth week of the group. However, it appears that one of its central limitations is the lack of acknowledgement of the evident artificiality of its set-up. In other words, it is not clear to what extent the results, including the discovered group processes and relational phenomena, were implicated by the participants' awareness of the very fact that they were being recruited, observed and studied for a specific research. The absence of this consideration, particularly concerning the application of the findings in the clinical arena, appears to impede the research's ecological validity (Brewer, 2000). The psychotherapeutic literature has stressed, for instance, that the "impact of the

observer is so pervasive, continuous, and inevitable – so intrinsic a part of the field of observation – that to attempt to eliminate that impact is [...] to generate a less accurate or reliable picture" (Wachtel, 2008, p. 17).

The researchers of the above study (Okech and Kline, 2005) state: "all co-leading teams included a female and male who were leading a group together for the first time" (p. 176). The participants were themselves in training, whilst their previous clinical experience in the co-facilitation of group psychotherapy, including the nature, depth and intensity of their broader psychotherapy training, appear to be not entirely certain. Roller and Nelson (1991), having written their informative book on 'The Art of Co-Therapy' 14 years earlier, had already identified this as a major problem for the future research into the practice of the co-facilitation. They state: "Employing therapists who are inexperienced in the practice of co-therapy with each other in order to study the effectiveness of co-therapy is simply misguided. It shows a misunderstanding of the co-therapy enterprise. In such research, co-therapy is not being examined at all. Rather, the difficulty of two strangers relating to each other in an unfamiliar setting is being studied" (Roller and Nelson, 1991, p. 40). It is important to note, however, that the research participants in the study of Okech and Kline (2005) led the "interpersonal process groups made up of first semester, masters level counselling students" (p. 176). Therefore, the results of their research do not specifically reflect the examination of the nature of the co-therapy relationship in the clinical context of group psychotherapy.

In addition, although Okech and Kline (2005) appear to be transparent about the fact that their recruited groups lasted for only 16 weeks, that is, four months, their study, which aims to investigate how the co-leader relationship develops over a period of time, does not appear to take into account the value of the length of time, including the likely insufficiency of the four-month period. According to the authors who had already described such phases of

development in the 1980s and even the 1970s, half a year is not much time to reach the depths that might disclose the complexity of the co-facilitating relationship, including what it can accomplish (Dick et al., 1980; Hoffman and Hoffman, 1981; Winter, 1976). It seems that one of the reasons for this is that "such teams have just confronted the strong, competitive urges that test their commitment and are only just beginning to function as a cooperative unit. [Therefore] employing co-learners and nequipos as research subjects is also a mistaken practice if these teams have not been working together for at least a year" (Roller and Nelson, 1991, p. 40).

Although it might be important to focus on how the relationship might develop over time, this seems to leave many unanswered questions vis-à-vis the quality of certain relational experiences, the dynamics of which can be phenomenologically described and viewed from a psychological perspective. I think that this might involve envisioning the already conceptually challenging therapeutic relationship in a distinctive, possibly even more complex, fashion. Posing our questions differently, not necessarily in terms of us and them, cause and effect or what might contribute to and detract from the co-facilitating relationship perhaps also comes closer to appreciating the context of group psychotherapy as a holistic social organism (Cooper, 1976). The co-therapy dyad might be viewed as a small group in its own right (Winter, 1976) bound by the existence of the relational system of the group.

Rationale, Objectives and Research Question

The preceding discussion of the literature attempted to highlight the reasons for addressing this gap in our knowledge, whilst simultaneously pointing to the potential complexities of the co-therapy relationship, which seem to be mostly implied and, as such, remain to be explored in greater depth. In other words, there appears to be a significant lack of a more integrated clinical and

psychological insight into the experience of what it is like to be with one's co-therapist and, therefore, no clear understanding of what constitutes the meaning of the being-with of the co-facilitation of group psychotherapy.

The borrowed notion of the "being-with" (Heidegger, 1962; Sartre, 2003), I think, helps to capture the intersubjective scope of what I am trying to examine. It is the experience, if I were to use Heidegger's (1962) terminology, of being thrown into the pre-existing world of people; in our case, into the (1) existence of the co-therapy relationship; (2) within the particular world of group psychotherapy. As such, it is the qualitative features of the unique relationship between the two therapists who discover themselves in their particular predicament, which is encapsulated here by the conception of the "being-with". Equally, following Sartre (2003), the idea of the "being-with" implies the presence of the "we-subject" or the "us-subject"; that is, the interrelated life of the co-therapists' subjectivities as revealed in the context, or the situation, of group psychotherapy. Therefore, I would like to propose the following research question: "*What is the nature of the 'being-with' in the co-facilitation of group psychotherapy?*" The aim of this phenomenological enquiry is to gain a qualitative understanding of the relational experience of being with another therapist in group psychotherapy. As such, this study focuses specifically on the nature of the co-therapy relationship in the clinical context of group psychotherapy. That is, an enquiry into, and subsequent psychological elaboration of, the co-therapists' experience of their relationship as described by the research participants who have been engaged in the co-facilitation of group psychotherapy.

Original Contribution and Relevance to Counselling Psychology and Psychotherapy

It seems to me that our capacity to investigate the relational phenomena in the work of psychotherapy creates an opportunity to touch the very being of what we do. This is not to mention that group co-therapy is a widely practised and preferred method of group leadership (Yalom and Leszcz, 2005). I think that the very idea of co-facilitation implies the existence of a relationship between the two therapists that seems to define the meaning of co-therapy as a unique form of clinical practice. This enquiry is into the nature of this relationship. Moreover, the practice of the co-facilitation is thought to promote the positive therapeutic outcomes for both the clients and the therapists (Dugo and Beck, 1997; Gladding, 2003; Hendrix, et al., 2001; Posthuma, 2002; Yalom and Leszcz, 2005). However, the quantified notion of outcomes reflective of the positivist approach offers little information about the actual psychological processes and experiences that take place in the deeper domains of the co-therapy relationship. The focus of this research, on the other hand, is a qualitative exploration of the relational phenomena, the aim of which is to deepen our understanding of the interpersonal dynamics between the co-therapists during the course of their joint work.

It has been suggested that the group members benefit from the co-therapy groups by being able to observe and learn from the interactions between the co-facilitators (Fall and Menendez, 2002). Although, it is not entirely clear which aspects of the observed phenomena contribute to this development, including whether or not the psychological therapists themselves engage in this form of observation. This is particularly taking into account the statement made by Bowers and Gouron (1981): "Therapists must assure that they show a healthy relationship because patients frequently assume that whatever therapists do with each other in their relationship is acceptable and worthy of imitation,

regardless of what it is" (p. 226). However, can we reach a full grasp of what is considered healthy without an initial insight into the underlying structure of this relationship? In my view, a more comprehensive understanding of the processes and experiences that found this relationship has a potential to enrich our knowledge further, inform the technical skills and possibly create scope for future research and clinical investigations.   This might help to broaden the meaning of co-therapy as a choice and method of practice.

Even though the benefits of the co-facilitation tend to be extensively mentioned, despite the absence of a fuller understanding, it seems that it also has some disadvantages. Ironically, it appears that the main shortcomings emerge out of the problems experienced in the relationship between the therapists (Luke and Hackney, 2007). Equally, Levine (1991) suggests that the main "disadvantage of co-therapy primarily arises from the situations where the co-therapists fail to develop a good relationship with each other. [...] The first danger is that the therapists may act out their respective or mutual difficulties, or both, in or through the group" (p. 297). However, as with the notion of health, the meaning of the problems or difficulties appears to be infused with uncertainties and psychodynamic complexities related to the clinical nature of group work, which require further elucidation. The absence of a fuller understanding of such problems might also have ethical implications, especially as we consider the best interests of our clients, including the issues of beneficence and non-maleficence as defined in the clinical milieu (Bloch and Green, 2009).   Thus, whilst the literature contends that the functional co-leader relationships are crucial for successful group outcomes (Dugo and Beck, 1997; Gladding, 2003; Yalom and Leszcz, 2005), it appears that the research has not adequately explored the relational sphere of the co-facilitation as a variable in its own right. Indeed, the professional literature on group co-leadership itself has been characterised as being rather disorganised, which seems to have precluded the bridging of the

gaps in our knowledge and clinical awareness (Levine and Dang, 1984; Fall and Menendez, 2002).

The conversations with the members of the professional community, from both the areas of psychology and psychotherapy, have revealed a real interest in the present study, whilst emphasising the practitioners' request for a more cohesive text that might validate and help them to make sense of their particular clinical experiences. As such, the expressed desires for a research like this highlight the measure of its ecological validity. I think that further understanding of the nature of the relationship between the therapists might also offer a better preparation for those who might wish to engage in, or are beginning, the co-facilitation of group psychotherapy.

Virginia Satir (in Roller and Nelson, 1991), when commenting on her own experience of co-therapy, stated: "I believe the most important thing in therapy is for therapists to understand themselves clearly and for them to see themselves realistically, so they will not project onto their clients" (p. 215). As such, the findings of the current study might serve as a useful guide for the therapists, educators, supervisors, as well as the future researchers and theorists. This research has a potential of offering further contribution to the study of interpersonal dynamics, as well as the transpersonal, humanistic, existential and analytic literature. I think that this is important in view of the role these texts play in our current understanding of the function and the healing properties of the therapeutic relationship, which counselling psychology and integrative psychotherapy seem to place a great deal of emphasis on. There appears to be no evidence that a descriptive phenomenological study into the nature of the co-therapy relationship in group psychotherapy has been carried out before.

The proposition of this research, whilst contributing to the two-person psychology, challenges the dualistic assumptions embedded in the paradigm of the individual reductionism that appears to underpin the modernist view of the existence of an individual self that can be located deeply hidden inside the person (Kvale, 1992). This perspective also appears to be supported by the recent developments in neuroscience. Writing from the point of view of neurobiology and mirror neurones more specifically, Gallese (2009) states that communication is always an on-going embodied process, which "enables the shareable character of actions, emotions and sensations, the earliest constituents of our social life" (p. 530). Thus, Gallese argues that the "we-ness and intersubjectivity ontologically ground the human condition, in which reciprocity foundationally defines human existence" (Gallese, 2009, p. 530).

Similarly, for Sartre (2003), it is only through the existence of the Other as a subject that I can discover my objectness (become aware of my sense self); and it is, in turn, by way of the Other that I reinstate my subjectivity (transcend myself). Equally, for Erickson, a symptom was not seen as a psychological entity, but as a way of dealing with other people (Weeks and L'Abate, 1982). Even the absence of the other can only be conceived on the ground of the inevitable presence of my relationship with him or her (Sarte, 2003). Wachtel (2008) writes that by keeping out of the way in order not to influence what emerges from the depths of the patient's unconscious will simply provide access to what the patient experiences in relation to the therapist's keeping out of the way. Thus, to attempt to eliminate the impact of the observer is to engage in self-deception (Wachtel, 2008).

Chapter 2
Philosophical and Methodological Framework

Phenomenological Orientation

The philosophical stance, including the assumptions and biases that inevitably inform and influence the choice of the methodology, are not to be underestimated in the process of answering the question posed by the enquiry. My personal and professional positions are deeply informed by the Counselling Psychology and Integrative Psychotherapy training, which has its roots in the humanistic and existential-phenomenological orientations where the focus is within the engagement of subjective experience (Strawbridge and Woolfe, 2003).

The fundamental starting point of this philosophical stance is that there can be no one single truth (Gilbert and Orlans, 2011). This, therefore, challenges the traditional quantitative paradigm, the modernist view of science and the positivist notion of objective reality or ultimate truth out there (Gergen, 1992). This includes a recognition that a search for a singular truth might partially carry a particular psychological function fuelled by a deep human need for certainty and the associated sense of security, which can alleviate our existential anxieties (Yalom, 1980). In other words, the perspective that informs this philosophical framework does not only challenge the cause and effect conjectures, it attempts to leave behind "one of the deepest assumptions (and hopes) of Enlightenment thought; that what is 'really' available for perception 'out there' is an orderly and systematic world, (potentially) the same for all of us – such that if we really persist in our investigations and arguments, we will ultimately secure universal agreement about its nature" (Shotter, 1992, p. 69).

It has been argued that these assumptions "hide an implicit moral stance under the guise of objective science. Self-knowledge is to be discovered in the action of relationship not by cutting oneself off from the flow of life" (Heaton, 1999, p. 60). In my view, the traditional scientific tendency to strip, objectify and find regularities in the human nature, although might have its place and purpose, can get in the way of the less discernible yet vital conscious and unconscious forces (élan vital) of our existence due to its persistent need to compartmentalise and freeze the fluidity of the subjective experience (Erickson et al., 1976; Clarkson, 2002). This philosophical stance is equally supported, in a rather paradoxical fashion, by Wittgenstein (1980) who writes that, "[m]ere description is so difficult because one believes that one needs to fill out the facts in order to understand them. It is as if one saw a screen with scattered colour-patches, and said: The way they are here, they are unintelligible; they only make sense when one completes them into a shape – whereas I want to say: Here is the whole. (If you complete it you falsify it)" (p. 257).

Taking these considerations into account, it seems to me that a phenomenological approach that supports and integrates not only this particular philosophical perspective, but also embraces the very meaning of my research question (i.e. the exploration of the subjective experiences), meets the requirement of the proposed investigation. In light of these factors, I have chosen a branch of phenomenology that had initially been founded by Husserl, but more recently developed and adopted as a qualitative research methodology by a number of writers (e.g. Moustakas, 1994; and Giorgi; 1989) within the field of social sciences. Their approach seems to emphasise the description of lived experiences as they present themselves to the consciousness of the researcher, regardless of their shape, whilst allowing for a psychological elaboration of their meaning (e.g. Giorgi, 2009). Nevertheless, as the nature of my investigation, I think, is grounded in intersubjectivity, I take a critical stance towards certain notions found within the phenomenological orientation, which I hope can better

support the purpose and process of my enquiry. For instance, the idea of 'bracketing', which seems to be central to Husserl's phenomenology, might potentially be at odds with the interpersonal quality of this study. Therefore, taking such issues into consideration, I critically review the course of the phenomenological analysis and emerging data in the next chapter.

Research Design

The research design used in the current study, and which is located in the philosophical perspective outlined above, is the phenomenological psychological research method developed by Amedeo Giorgi (2009) and based on the work of Edmund Husserl. However, as I have noted earlier, I attempt to maintain a reflective position in relation to this approach, which I hope can allow for a clearer examination of the relational nature of the being-with of the co-facilitation in the context of group psychotherapy. This involved, in addition to the following steps, a reflexive analysis of my experience of being with the participants, including its impact on me as a researcher during the interviewing process. I think that this potentially offers a richer account, which might facilitate a better understanding of the chronology of theme emergence in the data.

The descriptive phenomenological research design grounded within this method in psychology is comprised of five steps: (1) the attainment of the analysable data in the form of the descriptions of certain lived experiences; (2) the broad reading of the data in order to obtain an overall sense of the whole; (3) the determination of the meaning units; that is, whenever there is an experience of a change or shift in meaning in the narrative of the participants' descriptions, this is noted by placing a slash in the area of this transition within the text; (4) the detection and transformation of the participant's expressions (that is, the identified portions of meaning) into a psychologically sensitive and elaborate

descriptions, which allows for a more intellectually precise illumination of the meaning of the lived experience; (5) the revealed meanings of the data are, subsequently, grouped or synthesised into the constituents that form the essential themes characterising the total structure of the nature of the researched experience – these constituents that embody the fundamental features of the explored phenomena represent the results of the study and are communicated to the scholarly community.

Participants and Demographic Information

All of the participants in the study have completed a demographic questionnaire (see the 'Demographic Questionnaire' template in Appendix 3). Overall, six participants, representing three separate co-therapy dyads, were interviewed. Two of the individual dyads included a combination of both male and female co-therapists, whilst one dyad consisted of the female co-therapists only. All of the participants in the study were qualified and registered senior practitioners with 10 to 20 years of clinical experience, both in the National Health Service (NHS) and private practice. Each interviewed co-facilitating dyad was composed of one qualified group psychotherapist/analyst (UKCP and IGA registered) and one qualified individual psychodynamic/psychoanalytic psychotherapist (BPC and UKCP registered). It appears that this particular combination, for pragmatic and resource-management reasons, might reflect the way in which the co-therapy teams (where each co-therapist is already a qualified clinician) of small group psychotherapy might often be structured in the Mental Health services in England (however, this is a matter of a separate investigation). The participants were between 40 and 58 years of age.

In addition to being qualified in either individual or group psychotherapy, two participants were also qualified Social Workers and two more participants were Registered Clinical Psychologists. The participants tended to work with patients

who were considered to have severe and enduring mental health problems and were based in the highly specialised psychological therapy departments in the NHS. They indicated that they often worked in therapy with individuals who presented with the characterological and developmental difficulties, including personality disorders and psychological traumas.

The recruited co-therapy dyads co-facilitated three separate small psychotherapy groups, all of which had a psychodynamic and group-analytic focus; and had no more than eight adult patients in each group. The clinicians, who had conjointly led their respective groups from the outset, assessed and consulted the potential members on an individual basis before recommending the course of group psychotherapy. The groups took place on a once-weekly basis in the specific Psychological Therapy departments in the NHS and consisted of individuals who experienced a range of different mental health problems. I chose to recruit the participants who facilitated long-term exploratory psychotherapy groups for a number of reasons that I outline and discuss in this section. However, I think that the decision equally reflected my own particular bias related to my prior interest in small group psychotherapy where I knew the psychological and emotional difficulties would be primarily conceptualised and worked with in interpersonal and relational terms. I felt that this would support the particular purpose of this investigation, which specifically attempted to examine the co-therapy relationship in the interpersonal context of group psychotherapy. However, I recognise that this does not mean that the relational dynamics encountered by the co-therapy dyads who co-facilitate, for instance, more specialised groups (e.g. Mentalisation-Based, Cognitive-Behavioural) are necessarily less complex or interpersonally focussed.

Nevertheless, taking my individual bias into consideration, I planned to interview the clinicians who explicitly worked at a deeply relational level in psychological therapy, and group therapy in particular, and evidently seemed able to describe

their multifaceted interpersonal experiences in a highly sophisticated manner during the interviews. The following factors were also considered to be important: (1) at the point of the interviews, the participants had been co-facilitating their separate once-weekly groups for no less than one year, the longest lasting for three years (see Table 1 below), which seemed to have allowed the co-therapists to reach the kind of interpersonal depths that could reveal the complexity of the co-facilitating relationship, including what it could accomplish (Dick et al., 1980; Hoffman and Hoffman, 1981; Winter, 1976); (2) two of the co-therapy dyads were still working together in the long-term group psychotherapy and one dyad had just finished (that is, a few weeks prior to the interviews) to co-facilitate their group psychotherapy; (3) the participants were able to offer the experience-near descriptions of the co-facilitating phenomena that had not been tainted by the prior knowledge of the immediate enquiry; (4) the participants' descriptions reflected the real life experiences of the co-facilitation of small group psychotherapy in the Mental Health services in the NHS.

Table 1: The structural configuration of the interviewed co-therapy teams

Co-facilitating dyad composition	Professional Psychological Therapy background	Period of co-facilitation	Nature of the co-therapy group
P1 Female P2 Female	Individual Psychoanalytic Group Analytic	1 year and one month	Small Group Psychotherapy
P3 Male P4 Female	Group Analytic Individual Psychoanalytic	1 year and 8 months	Small Group Psychotherapy
P5 Male P6 Female	Individual Psychoanalytic Group Analytic	3 years	Small Group Psychotherapy

Data Collection Strategy

Recruitment of participants: The data gathered for this study was in the form of the descriptions of the experiences of the co-therapy relationship encountered in the process of small group psychotherapy. It was initially proposed that only the IGA (Institute of Group Analysis) trained therapists would meet the inclusion criteria of the immediate enquiry; however, following further investigations, it became apparent that this did not reflect the reality of the co-therapy work in clinical practice. To be more precise, having spoken to a number of group therapists, both in private practice and the NHS, it appeared that the former group, for practical and economic reasons, rarely practised co-therapy; whilst, the latter group seemed to adopt the model presented in the previous subsection.

The recruitment process involved the distribution of the participant information sheets (see Appendix 1) addressed to the professional psychotherapy community, both in private practice and the NHS. Thus, a research statement, included within the participant information sheet, was being sent via email to the members of (1) the 'Institute of Group Analysis' (IGA), including the members of the 'Group Analytic Network', (2) the Psychological Therapy Departments in the NHS, (3) as well as the individual qualified practitioners who were known to be involved in the work of group co-facilitation in the Mental Health services. The contacted individuals were asked to either nominate the participants (e.g. colleagues who fit the description presented in the research statement) who might be willing to take part in the proposed study, or self-identify as interested participants. The potential participants were asked to contact me, as a researcher, directly.

As the process of recruiting and meeting with the research participants seemed to be an important part of the data itself, I provide a more elaborate analysis of

my experience of meeting and being with the co-therapists in the results section of this thesis (Chapter 3). There, I also reflect on how the therapists presented themselves, including the type of interpersonal issues that seemed to be manifested by each separate co-therapy dyad. In view of these issues, I felt that the approach of organising the individual and joints interviews was somewhat different with each co-facilitating couple and involved, aside from the practical constraints, the consideration of both conscious and unconscious dynamics between the participants and myself as a researcher. Nevertheless, I did not experience any problematic issues connected with turning the potential participants away. A couple of therapists who did get in touch, but did not meet the inclusion criteria (due to facilitating groups without a co-facilitator), indicated so from the start.

Taking the above considerations into account, the three co-facilitating dyads, each composed of one qualified group psychotherapist/analyst and one qualified individual psychodynamic/psychoanalytic psychotherapist, took part in this study. Each co-therapy dyad was initially interviewed separately and then re-interviewed as a couple together. Overall, six participants, representing three separate and established psychotherapy groups, took part in this study. The first recruited co-therapy dyad, which had been known to co-facilitate small group psychotherapy in a Mental Health service, was approached in person. Having discussed the purpose of my research with the co-facilitators, they expressed an interest in taking part in the study and agreed to be interviewed. In addition, I made an attempt to directly contact a number of individual practitioners in the NHS via email. As I elaborate later, some of these recruited therapists had either previously been introduced to me or were subsequently recommended to me by other colleagues who knew of my study.

Although it was initially proposed that the group and the co-therapy relationship as part of it would need to have lasted for no less than three months (before the

interview), each interviewed co-therapy team had already been working together in group psychotherapy for no less than one year. This is in accord with the suggestions of a number of writers (e.g. Dick et al., 1980; Hoffman and Hoffman, 1981; Winter, 1976; Roller and Nelson, 1991) who indicate that the co-therapists should have worked together for at least a year before proceeding to enquire into the nature of their relational experiences. This factor seemed to have indeed allowed the participants to describe the phenomena of the co-facilitation in a complex and intricate fashion.

The reasons for recruiting the group and analytically trained psychological therapists were based on the following assumptions: (1) these therapists had the capacity, as well as valued, working explicitly with the relational processes and, thus, had the facility for making the expert observations of the complexities of the interpersonal experiences encountered in the sphere of group psychotherapy, including the dynamics of the co-therapy relationship within it; (2) these therapists were able to proficiently reflect on, and offer the experience-near descriptions of, the subjectively experienced processes of the co-therapy relationship in group psychotherapy; (3) these therapists had undergone the rigorous (either group or individual) clinical trainings that adopted a serious attitude towards the observation of the: (a) relational, (b) unconscious, (c) and the interplay between the deeply personal (perhaps through having been through one's own therapy/analysis) and the professional processes in the work of psychological therapy.

Furthermore, the issue of the recruitment raised the questions concerning the gender makeup of the co-therapy dyads. Luke and Hackney (2007), following their review of the relevant literature, state that it is "logical to conclude that gender is a factor in how group members experience group leaders, and vice versa. Certainly, as group members are able to relate to a leader of same gender or, in the psychoanalytic context, how transference is enabled by gender, the

viability of a mixed-gender leader team appears to be desirable. But, again, one is reduced to logical thinking rather than hypothesis testing. It seems to be quite important for counselling professionals to conduct studies that examine the relationship factors in group work" (p. 289). When writing on the same issue, Roller and Nelson (1991) suggest that "[in] the transference phenomenon, either sex will do as the object of transference", adding that "no consensus was detected in our sample on the appropriateness of same-sex/opposite-sex teams for specific treatment conditions of patients" (p. 69).

In addition, my own experiences of the co-therapy with different female therapists, as well as the reflections that followed the initial informal exploration carried out with two female co-facilitators (where one therapist was found to occupy a paternal and the other maternal roles in the dyad), suggested that this signified the issue of structure (e.g. gender, seniority, etc.) vs. process (e.g. transference, group dynamics, etc.), including the dynamic chemistry of these elements in the sphere of the co-facilitation. At the outset, this particular problem did not appear to be directly related to the research question of the immediate enquiry. In other words, as my phenomenological focus was the relational experiences of co-facilitation, I sought to illuminate the type of psychological processes that seemed central to the being-with of psychotherapy. However, the extent to which the fundamental properties of the being-with were affected by either the structure or the process of the co-therapy relationship seemed more likely to be brought to light indirectly; that is, in a way that did not deviate from the primary question of this phenomenological enquiry. The emerged and noted issues, in whichever shape or form, could then be further looked at and discussed. As such, this research did not attempt to test a specific hypothesis in relation to such variables and, therefore, remained open and unprejudiced about the gender makeup of the recruited dyads.

Interviews: Six participants (the suggested sample size for a phenomenological study [Morse, 1994]) – representing three separate groups and meeting the above inclusion criteria expressed their interest and were, subsequently, invited to be interviewed. Each dyad was being considered and approached separately in order to ensure a safe, containing and confidential exploration. The interviews were mostly unstructured and non-directive (that is, open within the bounds of the research question), which seemed to facilitate: (1) a greater flexibility; (2) the maximum coverage; (3) an interpersonal rapport; (4) and an opportunity for the participants to explore the relational nature of their co-facilitating experiences and tell their story. Thus, the interviews were characterised by the open-ended questions (see below), which seemed to be much more suitable for the deeper explorations and "learning important things about the lived worlds of human participants" (Braud and Anderson, 1998, p. 281). These were carried out and recorded using a digital recorder.

Given the nature of the study and its methodological flavour, I have remained open to the possibility of discovery, even surprise, without losing track of the research question. Thus, my approach during the interviews involved an active, albeit quiet and still, recognition of the deeply intersubjective nature of the entire process. In the light of this, the interview agenda remained minimal requiring a degree of tolerance of uncertainty, with which, as an Integrative Psychotherapist, I was not so unfamiliar. This appeared to facilitate an exploratory environment that allowed space for the depth of the participants' multifaceted, elaborate and, at times, difficult experiences, and where the questions concerning the emerged and interesting areas were being formulated throughout the interview process (Willig, 2001). However, the most commonly used questions across the separate interviews were as follows: (1) "Can you please describe what it is like to work with another therapist in group psychotherapy?" (2) "How would you describe your relationship with your co-therapist?" (3) "What kind of issues do you tend to experience in your

relationship with your co-facilitator?" (4) "How do you manage the group processes between yourselves?" (5) "What do you find works well in your relationship?" (6) "And, what have you found to be more difficult?"

Both of the therapists from each co-therapy dyad were interviewed; that is, first separately and then re-interviewed as a dyad together. I thought that this approach would bring an interesting dimension to the study, which might mirror the actual processes of the co-facilitation. As previously mentioned, this included the consideration of myself as a researcher and a recipient of information, the account of which is presented as part of the data analysis (see Chapter 3). In some ways, I felt that my approach with the three separate co-therapy dyads reflected the way in which a therapist might work with couples, which included the exploration of the relationship from different interpersonal angles. For instance, Bagnini (2012) states that in treating couples, "clinical attention is paid to several transferences in the treatment field – between partners and between each partner and the therapist" (pp. 29-30). He further points out that there is another relational dimension – couple as a unit or an object, which includes its particular state of mind (Bagnini, 2012). The experience of being seen as a unit appears to resonate with Ogden's (1994) conceptualisation of the analytic third that emerges between the patient and the therapist.

In a similar manner, through the combination of the individual and joint interviews, I attempted to capture the gestalt of the interrelating minds, which I hoped would introduce richness and a degree of triangulation to the data. As such, the dynamics associated with the transition from the individual to joint interviews, the content of the participants' descriptions and my experience as a facilitator of this process all appeared to highlight the type of issues that the co-therapists might have encountered during their clinical work together.

These ideas were initially based on the informal explorations conducted in preparation for this enquiry, which involved the two separate interviews followed by a joint one with the co-therapists of a small group psychotherapy. I had conducted these initial interviews in order to get a sense of what it might be like to have two separate individual meetings followed by a joint one. This early exploration was also partly related to my uncertainty about how exactly I would want to gather the data pertaining to my research question. Nevertheless, I felt that this particular structure appeared to give sufficient space for each therapist to tell their story and to begin the process of reflecting on their relational experiences. At the same time, having the opportunity to meet, explore and clarify their experiences jointly seemed to significantly deepen their reflective accounts, whilst providing me as a researcher with a more direct feel of them as a co-facilitating couple in the room. These therapists reported that the interviews had allowed them to further process and understand their particular relationship, which they felt to be a positive experience.

This informal exploration confirmed the assumption that the combination of both the individual and joint interviews would reveal the deeper dimensions, whilst offering a much more integrated perspective, of the multifaceted processes and experiences of the co-therapy relationship. Nevertheless, I think that this particular interviewing strategy might have equally confounded the co-therapists' descriptions in this study. In other words, the participants' knowledge and anticipation of the forthcoming joint interviews could have shaped their descriptions during the individual interviews. Likewise, the supposed absence of the joint interviews might have limited the access to the experience of the couple as a unit with its own state of mind (Bagnini, 2012).

Also, the complexity of confidentiality involved noting the material presented to me during the first individual interviews and being thoughtfully containing of it in the subsequent interviews. Whilst I was aware of the information that the

participants had shared in our individual meetings, I tried to address them as a couple during the joint interviews, as well as to encourage them to bring whatever issues they felt had emerged for them during the interviewing process. Thus, I hoped to enable a reflective process of opening things up without compromising the co-facilitators' own pace of exploration. Questions such as: "I wondered if you had some thoughts following the individual interviews?" seemed to be helpful in facilitating an open dialogue and mutual reflection. The earlier described tensions between knowing and tolerating the uncertainty, containing the anxieties and being conscious of the inherent assumptions linked with the unspoken seemed to acquire an additional intersubjective quality. As such, the emergent accounts of each and every interview of the respective co-facilitating dyads appeared to be deeply inter-reliant and could not be considered in isolation.

The interviews took place in a quiet and comfortable environment that was found to be amenable by both the participants and myself. All of these were based in the work settings of the participants who reserved the rooms for both the individual and joint interviews. Each interview (that is, both the individual and joint ones) lasted between fifty minutes to one hour. The participants had been informed in advance of the anticipated length (one hour) of the interviews. Whilst giving a sufficient time to explore the various areas of their relationship, I thought that the set frame of one hour facilitated a containing atmosphere where things could be opened up, but also brought to a close.

The experience of organising the interviews had an additional depth to the process involving several separate conversations and negotiations with and between the co-therapists. As the study did not attempt to measure how the co-therapy relationship might develop over time, the individually contacted therapists were given choice to reach an agreement between themselves regarding the possible dates for their interviews, including who might be

interviewed first and when to come together for the final joint interview. However, I later recognised that this process in itself seemed to bear some significance, as it appeared to offer interesting information about certain aspects of their relationship, which I include and further reflect on in the next chapter. Nevertheless, the practical constraints (e.g. work schedule, annual leave, room availability) equally had to be taken into consideration. See the table below for further information.

Table 2: Dates and locations of the interviews

Individual/Joint Interviews	Interview Dates	Location of the Interviews
P1 Female P2 Female P1 & P2	27 March 2013 8 May 2013 6 June 2013	NHS Psychotherapy Service (Participants' place of work)
P3 Male P4 Female P3 & P4	15 May 2013 15 May 2013 22 July 2013	NHS Psychotherapy Service (Participants' place of work)
P5 Male P6 Female P5 & P6	25 October 2013 1 November 2013 6 December 2013	NHS Psychotherapy Service (Participants' place of work)

Data Analysis Strategy

I systematically analysed the data in the form of the transcribed interviews according to Giorgi's (2009) 'Descriptive Phenomenological Method in Psychology'. Giorgi suggests that when analysing the data, "the researcher does assume a psychological attitude along with a phenomenological attitude … [and] does not bring in any perspective that is speculative or an assumption that does

not belong" (A Giorgi 2016, personal communication, 3 August[1]). I followed this rigorous method during the analysis of the data, which I outline below. However, I thought that it was also important to adopt such an attitude in relation to the intersubjective nature of the process of this investigation, which involved, in addition to the following steps, a reflexive analysis of my experiences of being with the participants as a researcher and a developing therapist.   The latter account provides an examination of my personal impressions, thoughts and feelings as I encounter the three separate co-therapy dyads. I hope that this offers another dimension to the being-with phenomena – a perspective that I think does belong to the psychological understanding of the phenomenological findings in the study.

1) During the initial step of the analysis, I read and re-read the overall data (that is, the nine transcribed interviews, which included the data from both the individual and joint interviews) with a view to gaining a general sense of the therapists' descriptions as experienced by me as a researcher. In this way, I hoped to capture the particular manner and fashion in which the precise and the opaque meanings were being conveyed. This involved the process of stepping into the portrayed experience in order to acquire a visceral feel of the various relational phenomena offered by the participants.   This process is not so unfamiliar to me, as I think that trying to capture the overall feel through the information being offered to me is what I do, for instance, when I first meet a client. I find that this helps me to begin to tune in to both the conscious and unconscious forms of communication.

2) In the subsequent step, I tried to read the transcript more closely in order to begin to note how the descriptions of the participants carried the particular meanings. Thus, whenever I experienced a change or shift in meaning in the

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[1] During the process of completing this thesis, I contacted Professor Amedeo Giorgi regarding certain points related to my adaptation of his methodology. Despite having retired and his old age, he was generous to answer some of my questions.

narrative of their accounts, I noted this by placing a slash in the area of this transition within the text. According to Giorgi and Giorgi (2003), a thorough rereading of the descriptions allows the researcher to arrive at the meaning units. I realise that the identification of meaning units would probably be unique to each researcher. Nevertheless, I feel that this process instigates a thorough and still intuitive engagement with the written material and its various meanings. This perhaps resembles a therapeutic experience when a client and I might 'drop a level', so to speak – a transition that subtly changes the quality or meaning of our interpersonal engagement from one moment to another. It is such faint drops that I tried to grasp within the text itself (see Appendix 4 for a sample of the analysis[2]).

3) Subsequently, I attempted to transform these portions of meaning into a more explicit phenomenologically psychologically sensitive language. This meant that whilst I did adopt a psychological attitude, I tried not to use the jargon of mainstream psychology. This is not to say that this perspective is devoid of theoretical pre-understandings. I know that I have been influenced by my experiences of group co-facilitation, as well as the humanistic, systemic, psychoanalytic and philosophical ideas that inform my stance as a therapist. Nevertheless, what I think this approach emphasises is a more direct engagement with the nature of the described experience, as opposed to the theoretical contemplations, which, as Giorgi suggests, might be speculative. As a clinician, I would like to think that I allow myself to be client-led during the therapeutic work; equally, as a researcher, I hoped to be led by the experiences described by the participants. However, I recognise that these experiences can be co-created within the process of the interpersonal engagement.

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[2] In order to preserve the anonymity of the research participants, only a brief selected section of the analysis of the interview transcript is being presented in the Appendix.

By imaginatively playing with the described material, I hoped to elaborate on the accounts of the participants by "genuinely articulating and rendering visible the psychological meanings that play a role in the experience" (Giorgi and Giorgi, 2003, p. 34) without bringing in what seemed not to belong. Thus, I viewed and more clearly elucidated each portion or unit of the participants' expressions. I found this to be a painstaking work requiring a great deal of patience, time and diligence on my part as researcher whilst I carefully considered and dwelled on each and every of the several hundreds of the identified units. In the case of the current study, 658 units were identified; that is, on average – 73 units per transcribed interview. In other words, all of the 658 separate units representative of both the individual and joint interviews were being considered in an equal manner and in terms of their particular psychological meanings (see Appendix 4 for a sample of the analysis). This process allowed for the subsequent identification of the psychological patterns within the data as a whole, which is the next and final step in the analysis.

4) In the final step, I attempted to review these psychological elaborations in their totality through reading and re-reading of the transformed units with a view to further noting the psychological patterns in the data. By taking a reflective stance, I tried to think about and elucidate what appeared to be central to the described experience in all of the three co-therapy dyads (e.g. the absence of a more open conversation between therapists, including what this seemed to mean, etc.). It seems to me that, in some ways, this stage resembled that of the first, except that it was the nature of the illuminated meaning units that began to offer a sense of, and specifically point to, the psychological patterns in the data reflecting the structural properties of the examined phenomena. These identified features could then be grouped or synthesised into the constituents that formed the essential themes of the nature of the researched experience as a whole – that is, the generalised meaning structure of the being-with of the co-facilitation (see the next chapter).

Trustworthiness

The process of the transcendental phenomenology emphasises that which can be discovered through a reflection on the subjective acts and their objective correlates (Moustakas, 1994). Therefore, from this phenomenological perspective, I become the recipient of the described experience, which depends on me as a researcher and which, thus, "presents to me its claim to validity: I must certify this claim … I, as a subject, (am) … not only the source of validity of experience, but also of its significance" (Schmitt, 1967, in Moustakas, 1994, p. 34).

Giorgi suggests that in order to gather the qualitative data, the researcher proceeds to "ask the subjects to describe the experiences they are having" (A Giorgi 2016, personal communication, 3 August). In a similar manner, I attempted to formulate the interview questions in such as way as to allow the participants to describe the process, as opposed to the analysis, of their interpersonal experience. For instance, 'What is it like to work with another co-facilitator?' and 'How do you manage the group processes as a co-therapy couple?' It seems to me that such questions are more useful in bringing out the content, without potentially being drawn into a circular argument of 'why' and 'because', of a particular experience. I felt that when such questions were being asked, the participants did not have to justify one or another way of thinking or working, but appeared to highlight what it was like for them as the experiencing subjects.

Subsequently, when analysing the data, I attempted to elaborate on the possible psychological meanings of the descriptions of the research participants. However, in view of the above considerations, I thought that it would equally be important to turn the phenomenological lens upon my own experience with each co-facilitating dyad during the interviewing process. I feel that this initial

reflexive analysis is more closely aligned with the intersubjective spirit of this study, as well as my particular position as a therapist-researcher. In addition, this seems to offer a clearer presentation of the process of theme emergence in the data.

I was also informed by the ideas of Harry Reeder (2010) who seemed to provide another perspective on the practice of phenomenology. Whilst drawing directly on the work Husserl, he points out that the phenomenological descriptions require: (a) intense concentration; (b) a change of focus from the mere conceptual ways of perceiving to the more experiential (c) and time and discipline – "If one moves too quickly from the particular to the general in attempting the eidetic description, one will usually slip into conceptual analysis, describing word-meanings rather than concrete features of experience" (Reeder, 2010, p, 194). Allowing time to engage with and gradually reflect upon the described experience was something that I hoped to bring to the process of data analysis.

In my clinical work, I mostly strive for a dialectic balance between the experiential illuminations and a more interpretative understanding of their meaning. I view this process as being central to my approach as an Integrative Psychotherapist. However, I also know that I have a tendency to gravitate towards the intellectual ideas when it comes to reading and writing, which means that, as Reeder (2010) suggests, I can easily "slip into conceptual analysis". I guess that this was one of the reasons for choosing descriptive phenomenology, which I thought would limit such slips and allow me to stay closer to the actual accounts offered by the research participants. However, I was thus faced with a challenge of attending to the experiential descriptions of the participants whilst attempting to remain present as an active recipient and interpreter of information, its significance and validity.

Furthermore, the particular structure of the interviews appeared to give each therapist a chance to tell their story from their individual perspectives, whilst initiating a reflective process before meeting together. The joint interview seemed to facilitate further exploration and clarification of the experiences of each therapist. I feel that this process has helped to deepen the reflective descriptions of the participants' relational experiences, as well as provided me as a researcher with a more direct sense of each dyad as a co-therapy couple. Therefore, it seems to me that by incorporating more than one point of view in this way was important in terms of enhancing the consistency and comprehensiveness of the qualitative data in this study.

Ethical Considerations

The ethical considerations have followed the guidelines set by the BPS code of ethics for psychological research using the human participants (British Psychological Society, 2009). The psychological therapists, who were fully qualified in individual or group psychotherapy, were being recruited to participate in the current study. This involved the professional NHS care staff only. As the Research Ethics Committee (REC) "review is not normally required for research involving NHS or social care staff recruited as research participants by virtue of their professional role" (National Research Ethics Centre, 2013, p. 13), a designated Research and Knowledge Manager of the respective NHS trust was being formally notified of the intended study. This included, as directly instructed by him, the registration of the research project through the completion of the 'Quality Improvement Project' (QIP) form with a summary of the research proposal, including the prior approval of the Metanoia Institute/Middlesex University ethics committee. The consent to conduct the study had been sought from the Metanoia Institute/Middlesex University ethics committee prior to this. The interviews were conducted in an interview room

with the researcher and participant present; that is, in a quiet and containing environment where the participants could share their experiences.

Participants were informed of the main purpose of the interviews, including that these were audio-recorded and transcribed for research purposes. It was emphasised that the anonymity would be preserved at all stages of the research process whereby the participants would have the right to withdraw from the study at any time during the interview or retrospectively following the interview, in which case all data related to the participant would be destroyed. The participants were provided with the 'Participant Information Sheet' (see Appendix 1) relating to the research and were encouraged to raise any questions before obtaining the informed consent. The participants also signed the 'Consent Form' (see Appendix 2) before being interviewed.

Both of the therapists from each co-therapy dyad were being interviewed; that is, first, separately and then re-interviewed as a dyad together. Although the aim of this was to bring an interesting dimension to the study, which might mirror the actual processes of the co-facilitation, it was thought that this might also have some influence on the existing co-therapy relationship and subsequently on the work of group psychotherapy itself (particularly, on the on-going co-therapy groups). Undeniably, so complex some of the interpersonal issues appeared to be that some participants had initially expressed their uncertainty about being completely open during the interviewing process. The participants' choices were accordingly respected; they were not prompted to say any more or less than they thought they should or could. Later, within the space provided during the joint interviews, these participants seemed to have found their own way, with very little directing or structuring on my part, of gradually exploring those very issues that had been shared in the individual meetings. Each and every participant involved in this research has subsequently conveyed their appreciation for having taken part in the interviews, as well as, for having had a

chance to think about, process and make sense of their complex relational experiences. The participants have equally highlighted the positive impact that the interviews seemed to have had on their clinical thinking and the co-therapy relationship (see the following chapters for further information).

The participants were also offered time to debrief and to reflect on their experience of participation, during which any additional verbal explanations of the study could be provided. As such, the participants' experiences of having taken part in the research were thought and talked about in order to consider any unforeseen negative conceptions. The participants were also informed that they could have access to further referral (via the option of psychotherapy or counselling) should the need arise. The participants were given my contact details and asked to get in touch should any stress, difficulties or questions regarding the research were to arise. Indeed, some participants have since contacted me; that is, either to express their appreciation for having been involved in the study, or to seek my advice/consultation regarding their other (e.g. therapist-trainee) experiences of the co-facilitation.

After the interviews, the recorded and transcribed materials were numbered. In order to preserve the anonymity and confidentiality of the participants, the names, including the specific places of work, of the participated therapists have not been identified in the written transcripts, or in the reporting and discussion of the results. The recorded and transcribed records have been stored in a secure locked cabinet.

Chapter 3
Results

This chapter is divided into several parts. In the first two sections, I critically review the approach taken during the analysis before proceeding to consider the process of arriving at the essential themes of this phenomenological enquiry. The subsequent section explores my experience of meeting and being with the three separate co-therapy dyads. In this preliminary analysis, I attempt to offer a reflexive account of the intersubjective encounter between the participants and myself as a researcher. Whilst trying to elaborate on my experience, I also include some examples from the interviews, the purpose of which, however, is to give the reader a sense of the context and initial feel of the evolving themes. This is followed by further reflections on the chronology of theme emergence, as well as the presentation and illumination of the generalised meaning structure of the "being-with" of the co-facilitation in group psychotherapy. To protect the anonymity of the research participants, the names that I use here are fictitious.

Epoché: *a critical review*

"Because phenomenology's role is to describe, rather than to explain, the phenomenologist [will not] say why something happens, beyond (and this is its power) describing the evidence for something" (Reeder, 2010, p. 35). This method begins and is guided by the process of Epoché, the alteration of gaze, which involves setting aside our prejudgements, biases, and preconceived ideas about things. However, "this does not eliminate everything – only the natural attitude, the biases of everyday knowledge, as a basis of truth and reality [...] a preparation for deriving new knowledge, but also an experience in itself"

(Moustakas, 1994, p. 85). In other words, this phenomenological process assumes the attainment of a particular attitude, which attempts "to uncover a view of experience whence that experience may be described, in a metaphysically neutral fashion" (Reeder, 2010, p. 71); that is, in a way that suspends our prior knowledge and preconceptions that might prevent the given phenomenon from being viewed afresh. However, taking a more psychological perspective, I doubt that any experience can be apprehended without a prior meaning/pre-understanding. I think that should this become the case, the perception of the world and things in it would not be viewed afresh, but might instead become fragmented and confusing.

In my view, the process of bracketing is so closely allied with the philosophical literature that it is often assumed to be a kind of intellectual procedure of elimination or compartmentalisation of prior knowing. However, a conscious attempt to bracket, which is presumed to involve trying not to think about a particular idea or assumption requires for it to be held in mind first; that is, in the form of negation. On the contrary, I think that being consciously aware of one's own preconceptions comes closer to the notion of bracketing. For instance, one of the essential functions of individual therapy or analysis during the course of psychotherapy training is to help the person become aware of their thoughts, assumptions, beliefs and feelings. It is thought that this might, in turn, allow the clinician to see their clients more in terms of how they really are rather than by way of the clinician's own unrecognised projections.

At a time when I was just beginning to conceive of the idea of this research, I held a particular assumption in relation to the nature of the co-therapy relationship. This was based on my prior experience with my co-facilitator, which seemed to involve what I later thought of as the transpersonal encounters between the two of us. I recall how during the process of the group work I would quietly begin to form a particular clinical formulation, only to find, a

moment later, my co-therapist verbalising it. I had, therefore, initially wondered about conceptualising my study in terms of such transpersonal experiences. However, I subsequently recognised that I would not only be narrowing the field of my enquiry, but would also be basing it on a specific preconception. Although I have been aware of this potential occurrence during the current investigation, this did not emerge to be the central feature of the participants' relational experience.

However, taking the above reflections into account, rather than viewing bracketing as either being an intellectual process of compartmentalisation or, the reverse, an experience of fuller awareness of one's preconceptions, I attempted to think of it as a particular way of arriving at knowledge, which resonates with a state of discovery and involves a felt presence of immediate experience. In a philosophical paper on the nature of the phenomenological reduction and bracketing, John Cogan (2006) wrote: "There is an experience in which it is possible for us to come to the world with no knowledge or preconceptions in hand; it is the experience of astonishment. The 'knowing' we have in this experience stands in stark contrast to the 'knowing' we have in our everyday lives, where we come to the world with theory and 'knowledge' in hand, our minds already made up before we ever engage the world. However, in the experience of astonishment, our everyday 'knowing', when compared to the 'knowing' that we experience in astonishment, is shown up as a pale epistemological imposter and is reduced to mere opinion by comparison" (page number not indicated by the author).

As a child, growing up in a Soviet state, I was often very curious about the world beyond the iron curtain, the horizons across the oceans. I learned a great deal from films, studied the map and constantly talked to friends about it, but it was not until I first travelled to San Francisco at the age of thirteen that I was able to transcend my assumptions and preconceptions and literally enter a state of

astonishment. It seems to me that this sense of knowing is often accomplished when a new learning occurs that involves an experiential shift in perception and understanding; that is, where the map is no longer the territory (Korzybski, 1994). However, as suggested above, the paradox of this form of bracketing is that this state cannot be consciously forced, but rather arises out of one's full engagement with experience and, as such, appears to take place spontaneously, of its own accord. I wonder whether this is what Husserl (2012) meant when he stated: "Natural knowledge begins with experience (Erfahrung) and remains within experience" (p. 9).

In light of the above considerations, I attempted to adopt an attitude of openness towards a possibility of something new and unexpected without losing track of the research question during the process of this enquiry. For instance, whilst incorporating the principles of the phenomenological attitude, I strived to approach the interviewing process as a place of exploration and potential discovery or even astonishment. However, as I have suggested above, I could not separate myself from the interpersonal influences that were happening at the time. As such, my previous experiences, as well as the chosen methodology, were perhaps being held in a state of tension rather than suspension. That is, tension between anticipating certain outcomes based on my prior knowledge and the experience of being caught by surprise of a spontaneous gesture offered by the research participants (which often happened to amaze both of us); between allowing myself a freedom to enquire and realising that I could not remove myself, my particular presence or the constraints of this research from the emergent accounts offered to me by the participants. In light of this, I also offer a reflexive analysis of my own experience of being with the research participants, including the impact that I feel this has had on me (see below).

Phenomenological attitude and imaginative variation

The phenomenology has been regarded as the primary method of knowledge, as it attempts to take us back to the things themselves (Husserl, 2012). However, it seems to me that this notion might be rather problematic, as it appears to imply the existence of objective reality independent of the experiencing subject. I think that such a position would be at odds with the exploration of the interpersonal phenomena, especially in such a complex reality as group psychotherapy. Rather, I think that my assumption of the phenomenological attitude has enabled me to shift my focus towards the meaning and aim of this study, which involved the examination of the relational experiences between the co-facilitators in the context of group psychotherapy. This has equally included the consideration of my presence as a researcher during the process of this enquiry. Thus, the adaptation of this perspective has allowed me to zoom in to the relational phenomena (Giorgi, 2009) whilst paying attention to the complexities involved in the process of the research.

For Husserl (2012) the phenomenological process consists of several stages, one being bracketing or alteration of our natural attitude and focus (see my critical review of this idea above), whilst another one considers grasping the nature of experience through the use of phantasy or imagination. My approach to the latter involved actively holding in mind and trying to reflect on the described experiences from different points of view. This, in turn, allowed me to develop a feel for certain clusters of the relational experience that could be grouped into the psychological patterns or themes across all of the interviews. This reflective process, as I describe later, included the examination of my own position in relation to the emerging data. This method of arriving at the more generalised structure of a phenomenon does not negate the use of a creative, rich and complex terminology. Husserl (2012) encourages us to utilise and at times invent a new language in order to illuminate the previously unseen components

of experience. Similarly, I attempted to transform the participants' descriptions into a psychological or differentiated language with a view to understanding and elucidating the opaque meaning characterising the particular phenomena, including how the elements constituting their being might appear as a whole (Giorgi, 2009).

Being with the three separate co-therapy dyads: *a reflexive analysis of my experience as a researcher*

The first co-therapy dyad

I met my first co-therapy dyad through a senior colleague who, being aware of my research, introduced me to one of the therapists at a workshop. The therapist was a group analyst, as well as a social worker (I will call her Carol) and mainly worked with psychotherapy groups in an NHS-based mental health service. My study was mentioned, although, at the time, it was still at the proposal stage. I had not started recruiting participants just yet. Nevertheless, this seemed to generate interest, and we had a brief conversation about it. However, it was only a few months later that I approached Carol again and asked her if she would be interested in taking part in the research. This time, I also had a chance to meet her co-facilitator, whom I shall call Susan, a psychodynamic psychotherapist who was co-running the group on a voluntary basis.

Having had an opportunity to read the participant information sheet that I had prepared and to speak between themselves, they agreed to participate. Carol had already known about the study, whilst Susan was only just learning about it. Interestingly, I experienced Carol as being perhaps a bit more enthusiastic about being interviewed. She also came across as being more senior (I only later learned that Carol was being paid for the group work, whereas Susan was not).

This issue seemed evident from the start and perhaps characterised the differences in power that were touched upon during the interviews. It was Carol, if I recall correctly, who suggested that Susan be interviewed first. In hindsight, I think it might have been useful to explore and try to understand this process further.

They had been co-facilitating once-weekly small psychodynamic group psychotherapy for just over a year. Their group was based in an NHS-based Mental Health service and consisted primarily of patients whose difficulties were connected with the early experiences of psychological trauma and associated sense of fragmentation. They both suggested that the clinical context of the group played an important part in how they seemed to relate to one another:

> Susan: *"It's very hard at the moment to sort of, to work out how much ... I am identifying with quite a fragmented part of the group ... [and] how they [i.e. the patients] see either one of us actually, because they've not, it's only beginning recently that they kind of acknowledge us in any way; I'm still not quite sure how they feel. And what does it say about us, then, within the group?"*

> Carol: *"...one of the things the group really needs is a place to feel trusting, because of the nature of the people and maybe, as a result of that, the relationship that we've made with each other is quite trusting. And maybe that feels like one of the most important things, actually, in that group."*

I felt that the issue of trust was linked with a certain tentativeness, with which they described their co-facilitating experiences. Susan pointed out, for instance, that she was not quite sure how the patients experienced them as a

dyad. However, I wondered whether this also reflected the dynamic between them as the co-facilitators where the issue of trust perhaps symbolised a degree of protectiveness and carefulness rather than openness and possible disagreements. Looking back, I think that this process might have been mirrored in the way that I chose to handle these initial (and perhaps subsequent) interviews, as I also found myself being somewhat tentative in the way of asking questions, as well as in being rather protective of the emerging data. Equally, I wondered to what extent this issue might have been related to the feelings of exposure associated with a sense of being seen, including what could and could not be said:

Susan: *"We haven't talked about how, what goes on between us, no, no we haven't."*
Researcher: *"So what is it like thinking about it now?"*
Susan: *"I feel very kind of, I need to go back and think about it."*

Carol: *"But we don't massively [talk about our relationship] and I don't know if that's because it doesn't feel like there's ever particular issues or whether there's not that much time so therefore the time we have we use thinking about the group."*

In some ways, I could identify with Susan, who experienced herself as being junior in the dyad. I felt that this structure had characterised my own first experience of co-facilitating small group psychotherapy whilst I was working in an inpatient hospital setting. At the time, it seemed easier to me to focus on the group too, as the work was about the group, especially considering that I was trying to learn as much as I could from a therapist whom I perceived to be more experienced, knowledgeable and senior than myself. Curiously, I felt more at ease interviewing Carol than Susan, almost as if meeting with a senior co-facilitator was somehow more familiar. Although this experience might have

reflected Susan's own sense of unease, I wondered whether I was feeling less comfortable encountering that junior and perhaps more anxious version of myself seen in the role taken by Susan. I believe that this latter point is possibly connected with the nature of my enquiry, which at some level can also be viewed as an attempt to better understand what it means to be a therapist, to stand in one's own authority.

During the process of trying to organise the dates for the final, joint interview, Carol jokingly (and perhaps somewhat anxiously) made a comment in relation to it being, or going to be "the Jeremy Kyle show". I had forgotten about it when I did actually meet with them, but I did later wonder whether this highlighted some anxiety about a possible confrontation that might be brought about by the joint interview. In hindsight, this would have been helpful to talk about, especially as they later pointed out that their group members tended to use humour as a way of managing conflict. It seems to me that I, as a researcher, might have been seen as someone who wished to expose the underlying conflicts, the unspoken issues, and thus disturb the sense of trust they had built in their relationship. My protectiveness perhaps was an unconscious response to this.

Nevertheless, when we met for the joint interview, both Carol and Susan highlighted that they had been reflecting on what had emerged for each of them during the individual interviews. It seemed validating that my enquiry was beginning to mean something for the participants and the clinical context within which they were working. However, there was also a sense that they had not actually talked between themselves about the things that they had shared in the individual interviews. This appeared to be suggested by the following exchange:

Carol: *"…what I was thinking about was the fact that we, I think we communicate unconsciously very well together, but we don't often talk to each other in the group and I was thinking that the group don't often talk to each other in the group and that's one of the things that we struggle with […] it doesn't feel to me like there's a kind of real 'oh God I really need the space for this', whatever's going on between us and how it's affecting the group, it doesn't really feel like that for me."*

Susan: *"The question is, that came to my mind is, why not? Why is there no, sort of, well we have perhaps had difference sometimes, haven't we? We've just, it's kind of just crossed my mind that I've almost begun to think…"*

Carol: *"Are we too similar?"*

Susan: *"Yeah. It is unhealthy that we don't…"*

Whilst perhaps highlighting certain underlying tensions, I experienced the above interchange as being alive and real. It also seemed to reflect a greater sense of mutuality where each therapist was able to share an authoritative position without retaliation and perhaps an unnecessary loss of trust. The reflective atmosphere in the room was further enlivened by a rather unexpected moment of connectedness that was met with a joyful laughter:

Researcher: *"How do you keep each other in mind?"*

Carol: [as the two co-therapists simultaneously begin to look at each other] *"It's the look I think. It's the look. I can read the look!"* [Both laugh]

Researcher: *"But it's much more non-verbal than that; making eye contact just like you've done now."*

Carol: *"Yeah. It's true, yeah."*

The second co-therapy dyad

I think that I was fortunate enough to be professionally placed in the NHS during the interviewing process, as I had access to a significant number of professional contacts. A co-worker, who knew of my study, recommended another co-therapy dyad. They were subsequently contacted via email. I had previously met its male therapist and decided to approach him again. He was a clinical psychologist and a group analyst and seemed to hold a senior role as a clinician in an NHS trust. He expressed considerable interest in the research, especially as, I later learned, he tended to co-facilitate various groups with the psychology trainees during their clinical placements. I shall call him Robert. He wrote back and informed me that he had been running a small psychotherapy group with another qualified psychoanalytic psychotherapist for nearly two years. However, the group was about to come to an end. I was introduced to his co-therapist, whom I shall call Angela, via email. Following a period of email exchanges, we managed to book the dates for the initial interviews.

The interviews took place few weeks after the group had ended, which perhaps also meant that they had a chance to look back and further reflect on their journey as a co-therapy couple. Equally, I wondered whether this might allow them to feel freer to be more open about their experience, as they were no longer tied to the group and to one another in a specific way. Their once-weekly psychotherapy group had taken place in a Mental Health service (NHS) and consisted of individuals who experienced a range of different mental health difficulties.

Certain practical constraints, such as annual leave and work schedule had to be taken into consideration when making the arrangements to meet. Robert was interviewed first. Being more experienced in facilitating groups, he alluded to a tension between being responsible for offering Angela a good enough

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experience of being in a group and often feeling less experienced in areas that he perceived Angela to hold greater expertise:

> Robert: *"I mean, working in a group you can feel under quite a lot of scrutiny, but to be under the scrutiny of a colleague, you know, who has a lot of very different and rich experiences [...] I can remember sort of feeling quite exposed in a supervision session one time with the team and I was a bit embarrassed I think, at the time. So, I think for me there was something about that sort of scrutiny maybe [...] I think probably for some, a little bit of time after this, I might have been a little bit quieter in the group or a bit more sitting back a little bit, or a bit more unsure about my position, if you like."*

These tensions appeared to resonate, in some ways, with those described by the first dyad. The issues of dominance, power and difference in style seemed to be reflected in the description of his experiences. These factors might have contrasted his other experiences of co-facilitating groups with the psychology trainees where the issues of seniority were perhaps more clearly defined. I did not ask him about this, but I now wonder whether a more direct exploration of this difference might have generated additional data. Equally, as a researcher, I was also in the position of a trainee and, in retrospect, it would be of interest to know how he might have experienced me in view of the presented material, which included him sharing his vulnerabilities. I felt that this process was important in their co-therapy relationship, which was further reflected upon, without me necessarily asking about it, during the joint interviews:

> Angela: *"...I didn't necessarily feel less than what my frame should be. So in that way it's not like being a trainee."*
> Robert: *"The thing is... I did! I think a little; because I think group analysis is quite a broad training, but sometimes I think it's too broad! So,*

for me, I probably feel that you probably got stronger theoretical kind of

background."

I was gradually noticing a psychological pattern of underlying conflict and disagreements, which equally felt to be present in the experiences of the first dyad. This process felt similarly to be connected with what could and could not be said. Although I thought that Angela was being more upfront about the issues that she had experienced in the relationship, she stopped herself on a few occasions during her individual interview and reflected upon her concern about what she felt was appropriate to speak about. She also wondered if I was Robert's friend, which seemed to highlight her anxious suspicion of a stranger who was now in the process of getting to know what she really thought of Robert. I later recognised that her assumption was perhaps linked to the fact that Robert had initially introduced her to me. However, I also wondered whether, at a deeper level, this process mirrored the unspoken dynamics between them where the tension between the personal and professional seemed to characterise their relationship:

> Researcher: *"I wonder whether some of the challenges were about you trying to understand each other's rules."*
>
> Angela: *"Yeah. You can understand them and then what do you do with them once you've understood them? Do you comply with the other person's rules or do you follow your own rules? But there's a difference and maybe [...] a bit of a clash. So, yeah, no, definitely; somebody's style and everything... See, that's the thing, I think that's why I feel wary because it's sort of personal and yet it's not personal, but it could feel personal. But in some ways it's not personal at all, it's about our styles of working."*

It was a considerable number of weeks before we could meet for the joint interview. We seemed to struggle to find a suitable date and time and the summer breaks and holidays were becoming a constraining factor. However, taking into consideration the difficulties that had been talked about in the individual meetings, I wondered whether they were also both feeling rather ambivalent about meeting as a couple once again. I was not sure if the individual sessions had given each of them an outlet for their complex emotional experiences and, as they no longer worked as the co-facilitators, perhaps the joint interview presented itself as an additional problem. We did meet on a very hot day in July. As it was so warm in the room, we had to use a fan, which, as I later realised, had affected the quality of the recording. Although it was possible to transcribe the whole interview, I really had to listen in.

The above experience equally felt to be reflective of the beginning of the actual joint interview, as it seemed that I had to carefully tune in to and contain an atmosphere that had a high quality of tension and anxiety. At the start, I chose not to address them individually, as I felt that it would be important for each of them to feel actively and perhaps more decisively engaged with what might emerge between them. In light of the seeming anxiety, which was possibly linked to the uncertainty about what each of them might say, I hoped that this would prevent the possibility of things being shut down. Thus, I initially offered the general and non-specific comments regarding it being a chance to reflect further on their co-facilitating relationship, including any thoughts that they had following the individual interviews.

This meeting was characterised by Robert and Angela beginning to talk between themselves about what might have remained unspoken until this point, including their doubts and anxieties:

Angela [addressing Robert]: *"Yeah. I didn't want to be hurtful, I didn't want to be attacking, I didn't want to make you feel bad, but I just wanted to try and have our conversation, but I didn't know really how to do it ... What are we going to do if we don't agree? You know what I mean? To have that conversation? [...] I think we are having lack of space, thinking about it. I think the two [supervision] spaces that we have didn't really... because it was very easy to hide behind the talk about patients."*

Researcher: *"What do you think might have happened if you hadn't agreed, what do you think might have happened?"*

Angela: *"I'm sure we disagreed at the time and I think we just managed it in a slightly unspoken way, which was exactly what we were accusing our group of doing!"*

Robert: *"...I don't think we'd really want to fall out with each other. I don't think we do generally, but I also think it's probably ok to fall out and, as we're talking about what's going on, to survive it. It's alright to have differences, or to disagree. That's more healthy."*

Angela: *"It's finally taking place."*

Robert: *"It's finally taking place."*

As they began to vocalise their experiences, the tension in the room significantly reduced. In fact, I felt that I was somehow witnessing courageous moments of emotional intimacy that involved the exploration of the personal and professional intricacies of their unique co-facilitating relationship. This included thinking about the unspoken dynamics associated with the experience of being seen by one another and their ways of managing the group processes as a co-therapy couple. In addition, they both reflected on the experience of meeting for the research interviews, which, although implied my previous assumptions about their ambivalences, also appeared to highlight the clinical value of having such a reflective space:

Angela: "*My kind of thoughts were that we haven't set time trying talking to each other as we went along, but we haven't really talked about what it was like working together… not particularly. We've done it through you [i.e. the researcher] and have today, as well. Just made me think about that really I think…I mean this is another forum, because in a way it would make a lot more sense for this to be a forum… Because we can then try to do it with a facilitator to talk about the dynamic because it's so difficult to do it just the two of you and doing it in a bigger group I think is difficult, too.*"

Robert: "*I wonder whether if we'd done more work between us on conflict and disagreement that it might have helped the group more.*"

Angela: "*Yeah*"

Researcher: "*Would it have been valuable to do that?*"

Angela: "*Hmm*"

Robert: "*It might*"

Researcher: "*What is it like talking about it now with me?*"

Robert: "*We are getting our supervision. Finally, after all this time! No, I mean I think it's helpful actually.*"

Angela: "*Yeah*"

Researcher: "*It's interesting what you're saying is that it's not the level of training that you've received, but it's the relationship that you have that becomes an intervention in itself.*"

Angela: "*Absolutely*"

Researcher: "*And what did you find worked well with the two of you?*"

Angela: "*We survived!*"

The third co-therapy dyad

It was a bit more difficult to find a third co-therapy dyad that met the inclusion criteria. I contacted a number of therapists that, I had been told, were possibly involved in the co-facilitation of group psychotherapy. However, most of these did not respond to my emails. Those who did, tended to facilitate groups on their own. Whilst not wanting to rush with things, I was equally eager to meet with the third co-facilitating couple, which would lead to the conclusion of the interviewing process. I was also feeling more confident as a result of the feedback that I had received following the previous interviews and noted that I, too, had begun to change. I think this change involved a shift in my relationship to what felt to be an archetypal and perhaps previously idealised image of a therapist. I was beginning to feel a greater sense of affinity and identification with the real therapists that I had interviewed, whose humility appeared to reflect the ordinary human qualities. Similar to their accounts, I have often struggled with the same type of issues in my professional life. Inadvertently, as I began to recognise that the process of my enquiry was of some help to the interviewed therapists, I also noted that my experience with them had equally impacted me in the most unexpected ways.

A couple of months later, I got a response from a co-therapy dyad that not only met the inclusion criteria, but also reflected the structure of the previous two co-facilitating couples. The dyad consisted of a qualified group psychotherapist and a psychoanalytic psychotherapist who also held a managerial position as a senior clinical psychologist in an NHS trust. They had been co-facilitating their small group psychotherapy for three years. Similar to the previous two co-therapy groups, their group took place on a weekly basis in an NHS-based Mental Health service and consisted of persons who experienced a range of different mental health problems.

The three of us had exchanged a number of emails, which primarily involved offering further information about the research, as well as making the arrangements to meet. In order to avoid further delays, I had earmarked some days in my diary for the interviews, which I subsequently shared with the co-therapists. This perhaps reflected my anxiety about securing the co-therapy couple for my study. The male co-facilitator, whom I shall call Steven, decided to be interviewed first. I understood that this decision took into consideration their specific work schedule. I experienced Steven as having a certain quiet and thoughtful presence, which, in some ways, perhaps reflected his psychoanalytic way of being. He was upfront about the fact that the relationship with his co-facilitator had a complex, multi-layered quality:

> Steven: "...*there's a little bit more to our dynamic, as well because ... I mean, I'm her manager, so I think at the beginning she was a little bit almost slightly intimidated by that, I would say, but ... I was intimidated by the fact that she's a lot more experienced group therapist than me, it's the first group work I've done really and she has been doing groups for years, so she is the sort of expert in that sense, and then I'm the boss [outside of the group].*"

This experience described by Steven reminded me of the previous two dyads where the tensions related to power and differences appeared to be further complicated by, and perhaps could not be separated from, the context of the group psychotherapy. I began to develop a sense, which I could not yet articulate, that there was a particular quality to the roles assumed by the co-therapists during their conjoint work in group therapy. However, this feeling seemed to be even more evident during this seventh interview, almost as if the stories of all these therapists had begun to have a cumulative effect in my mind. In retrospect, I wonder if it was also becoming easier to focus on certain issues that resonated with the previous interviews whilst potentially overlooking the

new and as yet to be explored areas. Nevertheless, the nature of these roles assumed by the therapists appeared to be unintentionally highlighted by Steven when on more than one occasion during the interview he had referred to his co-therapist by his wife's name:

> Steven: *"And you know there are certain members of the group that will attach to a father figure a bit more than a mother figure, with the purpose of getting ... there is a woman who, and a young man who are both looking for a father figure; so they, they are attached to me now. And there are others in the group who have more of an attachment to* [mentions his wife's name]. *That was a slip, that's my wife's name!"*
> Researcher: *"So, it's really like mother and father?"*
> Steven: *"Yeah"*

This evidently not conscious slip of the tongue made me question further to what extent my own decision to embark on this enquiry reflected an unconscious need to understand the relationship of marital couples, including perhaps the particular experiences and dynamics within the lives of different families. In retrospect, I noticed that my engagement with the research participants seemed to leave them in a better place, with a greater capacity for mutuality and open communication. Although not consciously intended, I later wondered whether this process held a particular significance for me personally, as well as contributed towards that feeling of change that I have described earlier.

The issues highlighted by Steven appeared to be linked with those described by other therapists, which included the experience of difference, exposure and unspoken communication. His co-facilitator (I shall call her Jessica), who came across as being somewhat different from Steven, further underscored these interpersonal dynamics when offering her take on the relationship. I was

particularly impressed by Jessica's enthusiasm and energetic presence.   She appeared to be open and seemed to require little if any prompting or questioning on my part. I also wondered if it was important for her to share and in some ways process her experiences with Steven, with whom she had worked in the group for three years:

> Jessica: *"So what you get, what I get is, you talk about kind of the group dynamics, we talk about the themes, individuals in the group, the way in which people interacted; we talk about our own sort of feelings in relation to what was said or what was done, but we don't necessarily talk about, you know, why we say particular things in the group or what if, if we kind of made a sort of mistake, or said something very clumsily or said something that was a bit harsh. [...] I do like working as a co-facilitator, but I find it more, I find it more exposing I guess, that's the word I'd use. In that, like any sort of coupledom, in any relationship that involves a couple I think you see more. I think in working, sort of therapist with a group, on your own obviously what you do is what you do, that's not to say that it's not seen by the group and people can kind of comment on that, but I think, what I've found more exposing in a sort of you know, co-facilitating, is that people then really did get to see your practice and can do something with that. I suppose that in general I'm up for that, but it is there."*
>
> Researcher: *"The sense of exposure, that's what you...?"*
>
> Jessica: *"Yeah, and kind of being seen."*
>
> Researcher: *"Being seen"*
>
> Jessica: *"And being seen."*

Having met with both of them separately, I recognised that I was once more placed in a position of containing (that is, in a rather transitional manner until the co-therapists could begin to find their own ways of having an open

dialogue) what could not be directly shared between them. Although the purpose of our meeting was data collection, I wondered whether the participants looked for this type of space, which the research interviews seemed to provide, where the longed-for interchange could start to take place. This appeared to be the case when I met Steven and Jessica for the joint interview, as the issues that had been spoken about during the individual meetings were now carefully thought about between themselves:

> Researcher: *"I wonder what it's like talking about that here, kind of opening some of this up and maybe being kind of curious about things you might not have spoken about before?"*
>
> Jessica: *"Scary for me, but I find it very stimulating."*
>
> Steven: *"I keep thinking, though, we should've done it earlier."*

At this point and taking the material of the previous two dyads into account, I also noted a difference between the process of unspoken communication as something that the participants were aware of, but struggled to openly share with one another, and the more implicit coordination of efforts that seemed to help them as a couple to hold the patients in the group:

> Jessica: *"...we always think about this group, the people in the group, but actually there is probably more, just as much information contained between the two of us as to how that group functions then I think we have probably gone into in supervision, because had we spoken about the kinds of, 'what happens to you when it's all dead?' and 'how I would react to that?' or whatever, it would give us more knowledge about having to cut through more of that half hour or 45 minutes, but it's probably only been contained within us, we couldn't access it through them [i.e. the patients] in the same way, I don't think we could have accessed it through them."*

Jessica: *"We were in fact different people, weren't we? I think that is probably what really works well; we could do that, because of our different voices."*

Steven: *"I never felt that we couldn't hold the group. It always felt we could hold..."*

Further reflections on the chronology of theme emergence

When analysing the data, the results of which are more fully presented in the following section, I endeavoured to bring forth the essential themes that ran through the nine interviews. This involved careful exploration and thinking about the psychological phenomena of this relationship. However, the emergence of the five fundamental themes had probably already begun during the interviewing process where certain patterns across all of the interviews were starting to take a vague and indiscriminate shape. For instance, I was starting to develop an initial sense of the unspoken domain within the co-therapy relationship and a feeling that there was great deal that the co-therapists wished to say to one another, but somehow struggled to do so. The interviewing space appeared to facilitate the longed-for conversation. Similarly, I gradually recognised, but could not yet formulate it as such, that the psychological processes within the co-therapy relationship were deeply intertwined with the emotional experiences within the group itself. Finally, I was a struck by the evident experience of conflict and difficult feelings between the co-facilitators, which seemed to create an atmosphere of tension. The latter issue, I feel, had a particular impact on me, as I was rather moved by the vulnerability and humility of these senior clinicians, whose struggles at times seemed to parallel those of their patients.

Although I quietly noted these issues, I tried not to rush the participants with the questions that might have prematurely foreclosed the process of exploration.

This style is reflective of my clinical approach as an Integrative Psychotherapist, which attempts to embrace uncertainty and freedom in thinking. In this respect, I agree with Casement (2002) who suggests that "certainty can imprison the analyst just as much as it may threaten to imprison the patient" (Casement, 2002, p. 16). This is also consistent with Winnicott's view that "interpretation outside the ripens of the material is indoctrination and produces compliance" (Winnicott, 1971, p. 51).

Whilst trying to facilitate an unstructured space where the research participants could play with the ideas, thoughts and reflections concerning their relationships, I was equally free-associating in my own mind by allowing myself gradually to catch a drift of the evolving themes. Nevertheless, it is quite likely that this as-yet-to-be-ripened material that I was absorbing and trying to contain might have also affected my way of formulating the questions from one interview to the next, including the process of deciding when to stay silent so as perhaps to create more space for a particular type of description. Therefore, I think that it would be probably more accurate to say that the themes emerged out of this intersubjective area where my presence and influence as a researcher could not be disregarded.

This reflective process continued once I had returned to the recorded material and, subsequently, the transcribed interviews. At this point, I read and re-read the overall data as a way of gaining a general sense or a feel of the therapists' descriptions, including the particular manner and fashion in which the precise and the opaque meanings were being conveyed. In my view, this process reflects Merleau-Ponty's (1964) phenomenological stance, which highlights that in "already acquired expressions there is a direct meaning which corresponds point for point to figures, forms and established words . . . But the meaning of expressions which are in the process of being accomplished cannot be of this sort; it is a lateral or oblique meaning which runs between the words" (p. 46). It

is perhaps through this initial process that the first theme of the study began to take a clearer shape. In other words, its meaning seemed to run between the more precise descriptions offered by the participants, which felt to be deeply significant, though perhaps ambiguous at first.

The process of articulation of the participants' descriptions in the more psychological terms seemed to pave the way for a careful elaboration of the subsequent themes, some of which I had already intuited during the interviewing process (see above). However, the meaning of the following phenomenological constituents equally felt to correspond more closely to the established descriptions of the research participants. For example, the co-therapists clearly articulated their experience of the unspoken dynamics, which seemed to be predominant in their relationships and appeared to be linked with their sense of watching and being watched. These themes, in turn, began to shed some light on the experience of conflict, which also seemed to contain the issues of difference. The theme of the "implicit domain of the co-facilitation" appeared to stand in its own right and was only considered once the previous constituents had been more fully elucidated.

Overall, the chronological order of the presented five essential themes in this report reflects the process of their emergence during the analysis. However, it is important to note that the meaning of all of the five constituents appears to be significantly deepened as a result of the consideration of the first theme in this study, "group matrix and the relational configuration of the co-facilitation". I tend to think of this particular theme as a kind of glue that seems to hold the generalised meaning structure of the co-facilitation in unity.

The nature of the "being-with" in the co-facilitation of group psychotherapy:
generalised meaning structure

The "being-with" and the psychological description of its nature is a phenomenon that I think captures the essential structure of the experiences that I have found to be present in the co-therapy relationship in group psychotherapy. As such, the following overview of the findings reflects the phenomenological analysis of the overall research data that I have undertaken. Through the presentation of this generalised meaning structure, I hope to offer a summary of the five fundamental themes that I think are central to the co-facilitating relationship as described by the three separate co-therapy dyads:

1) It seems to me that the quality of the co-facilitating relationship has the defined outlines that I think give it a particular form and separate it from the other interpersonal contacts. The meaning of this form appears to me to be specifically shaped by the experiences encountered in group psychotherapy, which, in its turn, continues to mould the processes in the group. The delineating nature of this constituent seems to give rise to a particular relational configuration that has a resonance of a "parental couple" in a type of "marriage".

2) The "being-with" of the co-facilitation is further characterised by a conscious choice on the part of the co-therapists not to talk about how they seem to be experiencing one another. I feel that this element is so pervasive at each and every turn that it broadly positions the co-facilitating relationship in the realm of the "unspoken". I have found that its nature is highlighted by a deliberate evasion and the resultant absence of the more open, "real talk" about the relational dynamics between the co-facilitators. That which is left unsaid between the therapists continues to influence the processes of group psychotherapy.

3) I think that the meaning of the "being-with" of the co-facilitation presupposes that one is not alone. Thus, I have come to understand that the immediate sense of being in view of another therapist generates an unavoidable experience of seeing and being seen. In other words, one feels unable to escape the gaze of the other and is left with an intimately personal sense that one's professional self is under the direct scrutiny of a colleague. The ensuing experience appears to have the capacity to affect the clinicians, as well as the therapeutic work at different levels.

4) The experience of being faced with another therapist appears to bring out one's individual features and unique professional qualities in the process of group co-facilitation. I was particularly moved by the complexities of the highlighted differences, which I feel have the ability to fuel the disagreements, tensions and even conflict between the therapists, as well as to deepen and enrich the clinical field of the group co-therapy. It seems to me that the relational intricacies of this constituent are especially exemplified by the experiences of the clinicians who perceive themselves to be equal in their professional standing.

5) A characteristic that I have found to be more subtle within the "being-with" of the co-facilitation is the nature of the thoughtful attempts on the part of the facilitators to focus (during the group sessions) on verbalising merely that which might be of therapeutic value to the group of patients. As a result, what I think is interesting is that the plethora of the un-verbalised processes contained in-between the minds of the two co-therapists begins to dominate a more implicit domain of the co-facilitation. This hidden intersubjective area carries a form of communication that seems to surpass the more conscious ways of informational exchange. The experience of this tacit interchange constitutes the final genre of the "being-with" phenomenon.

Illumination of the constituents of the "being-with" phenomenon

In the proceeding section of this chapter, I attempt to bring forth and elaborate on the nature of the essential five themes in a much greater detail. I include the examples of the complex relational experiences offered to me by the three co-therapy dyads during both the individual and joint interviews, which I hope can support the presented phenomenological-psychological descriptions of each identified theme. I think that this can allow for a deeper appreciation of the raw data of the nine transcribed interviews, including "the variations contained therein" (Giorgi, 2009, p. 200). In other words, I think that this interactive dialogical process (Bakhtin, 1981) co-informs and perhaps gives clearer outlines to the psychological meaning of the described experience. In this way, I try to offer a more comprehensive illustration of the multifaceted structure of the co-facilitating relationship, whilst inviting the reader to actively note and take part in bringing to life the intricate ways in which the five constitutes appear to group together.

To be more precise, I think that the particular shades and tones contained within both types of interview offer an intrastructural psychological perspective (Giorgi, 2009), through which the patterns belonging to the generalised structure of the described experience gain their validity, become known and understood. As such, I have attempted to integrate the psychological meanings of the identified relational phenomena where the views of each participant offer a reaffirming and deepening vantage of the being-with of the co-facilitation. It appears to me that the nature of the co-therapy relationship can be understood or thought about in terms of these five fundamental themes, which I present and assimilate here through the researched experiences. In addition to using the fictitious names, as I have done earlier, I also identify the supporting examples by the indicated sequence of each interview (i.e. i/v1; i/v2, etc.). For the purposes of

clarity, the table below presents the order of the interviewing process for each separate co-therapy dyad.

Table 3: The structure of the interviewing (i/v) sequence

Co-facilitating dyad composition	Professional Psychological Therapy background	Individual interviews	Joint interviews
P1 Susan P2 Carol	Individual Psychoanalytic Group Analytic	Interview 1 Interview 2	Interview 3
P3 Robert P4 Angela	Group Analytic Individual Psychoanalytic	Interview 4 Interview 5	Interview 6
P5 Steven P6 Jessica	Individual Psychoanalytic Group Analytic	Interview 7 Interview 8	Interview 9

Group matrix and the relational configuration of the co-facilitation

When describing the nature of their co-facilitating experience, the participants identified and pointed to a particular type of relatedness that seems to take place when two therapists join together for the purpose of the small group psychotherapy. It appears to me that the being of this unique relational experience has a delineating quality that sets it apart from the other collegial relationships that may exist outside of the immediacy of the phenomenon that I describe here. Its character seems to permeate the often emotionally complex interpersonal field of the co-facilitation from the beginning of, and throughout, the group work; that is, regardless of the variability of the emotional responses experienced by the individual therapists towards one another. As such, I think that the outlines of its nature tend to signify the overall form as opposed to the various contents of the relationship, which the participants attempted to describe to me through the numerous examples of their considerably lengthy conjoint work. The co-therapists implied that the nature of this form felt to be inextricably linked with: (1) the unique situation of the small group

psychotherapy; (2) a certain facticity of being positioned or coupled with another; and (3) the dynamic process of the coordination of the joint therapeutic efforts between the two therapists. However, I attempt to only conceptually separate these factors here in order to bring forth and clarify the horizons of their phenomenological nature; whilst, I think that these are experienced by the participants as existing in a mutually interdependent and interwoven flux.

In order to elucidate the complexity of the above experiences, I present the more concretely described examples of the different dimensions of the relational configurations taking place within the group matrix, which presuppose the presence of the relational form unique to the co-facilitation. For instance, the quality of the group situation tended to be described by the co-therapists as being partially, but not exclusively, shaped by its individual members (i.e. patients) and their presenting emotional difficulties that constituted the entire feel of the group. This, in turn, seemed to call for a specific therapeutic stance on the part of the co-facilitators that I felt equally affected the co-therapists' way of being with each other.   Thus, the co-facilitators of one group described being particularly attentive towards the separate patients in the group who "*would not speak with one another*" and noted "*it's interesting, because we don't address each other in the group very much*" (i/v. 2) either. They both indicated that these might have reflected the emotional fragmentation of the group as a whole, which seemed to mirror the patients' early experience of a psychological trauma:

> Susan: "*It's very hard at the moment to sort of, to work out how much ... I am identifying with quite a fragmented part of the group ... [and] how they [i.e. the patients] see either one of us actually, because they've not, it's only beginning recently that they kind of acknowledge us in any way; I'm still not quite sure how they feel. And what does it say about us, then, within the group?*" (i/v 1).

The participants further elaborated on the impact of this on their coordinated efforts to quietly contain the therapeutic work without overbearingly drawing attention to the professional closeness that might evoke too much patient anxiety associated with putting the "fragments" (or co-therapists) together. This gave the co-facilitating relationship a particular shape reflecting the overall situation of the group atmosphere:

> Carol: "...*one of the things the group really needs is a place to feel trusting, because of the nature of the people and maybe, as a result of that, the relationship that we've made with each other is quite trusting. And maybe that feels like one of the most important things, actually, in that group*" (i/v3).

In another example, the demarcating chemistry of the group situation seemed to have the ability to group the relational configurations between the two therapists into the experiences belonging to the state of affairs inside the group and to those outside of it:

> Steven: "...*there's a little bit more to our dynamic, as well because ... I mean, I'm her manager, so I think at the beginning she was a little bit almost slightly intimidated by that, I would say, but ... I was intimidated by the fact that she's a lot more experienced group therapist than me, it's the first group work I've done really and she has been doing groups for years, so she is the sort of expert in that sense, and then I'm the boss [outside of the group]*" (i/v7).

It seems to me that the above example illustrates how the relational experiences formed within the bounds of the group might shape the nature of the co-facilitating process and set it apart from the collegiality. However, I found that such experiences of power, seniority and difference in the co-facilitating

relationship might be inconsistent. Although, once again, I think that this irregularity belongs to the total group situation, including the coordinated therapeutic efforts within it. Susan, for instance, who started by describing experiencing herself as being junior in the co-facilitating dyad, discovered that:

> Susan: *"We are aware, that we are different, and sometimes we hold different things within the group ... one young patient [in the group], she can be totally sort of silent, but when she does speak everything comes out, you know, it becomes quite overwhelming and we have spoken afterwards and at times [Carol] has felt that actually she [Carol] just couldn't think ... at that point in time ... And my thinking went straight into 'I need to respond to this young patient'."*
>
> Researcher: *"Do you think that that had an impact on who was senior, junior in that particular moment?"*
>
> Susan: *"Well that flipped then, didn't it? Yes, so. I hadn't thought about that, but yes."*
>
> Researcher: *"So perhaps [Carol] was looking to you and you were holding her."*
>
> Susan: *"Yes"* (i/v1).

In my view, whilst the above example, amongst other things, highlights the experience of the dynamic power shifts in the micro process of co-facilitation, I feel that it more importantly points to the way in which the more elusive horizons of the relational form of the being-with seem to be shaped, as previously stated, by the (1) unique group situation, (2) the reality of working as a couple, (3) and the mutual coordination of the therapeutic efforts. This relational constituent that is created by, and then defines, the distinctive experiential world of the co-facilitation appears to me to have a close resonance with the parental couple composition where the group matrix takes on a family-like constellation:

Robert: "*I think probably my stance is less active than [that of Angela]. It's active in a different way, I think. I think maybe how that might have been experienced might be, I suppose I'm just thinking about parents really and couples and you know fathers, mothers, whether I was experienced by the group as the slightly less interested parent*" (i/v4).

The above participant describes experiencing himself as being a less active therapist in relation to his co-conductor, which subsequently seems to shape the dynamics in the co-facilitating dyad and reinforce the particular parent-like configuration:

Robert: "...*some of this clinical material people brought in was around dominant mothers, absent fathers*" (i/v4).

I found that the sense of being deeply identified with such a parental composition in an effort to be therapeutically effective within the group matrix could unconsciously shape how the co-therapists experienced one another, as the following example offered by Steven illustrates:

Steven: "*And you know there are certain members of the group that will attach to a father figure a bit more than a mother figure, with the purpose of getting ... there is a woman who, and a young man who are both looking for a father figure; so they, they are attached to me now. And there are others in the group who have more of an attachment to* [mentions his wife's name]. *That was a slip, that's my wife's name!*"
Researcher: "*So, it's really like mother and father?*"
Steven: "*Yeah*" (i/v7).

However, as with the issues of difference and power described above, I thought that gender was not necessarily the sole determining factor in terms of who

became a "father" or "mother" at any particular moment. This experience of variation once again seemed to belong to the total group situation and the dynamic dance of co-ordinating the therapeutic tasks within the overall relational field of the group atmosphere:

> Researcher: "*Just wondering how the group members might see you. See you, as a parental couple, you said? Who's the father?*"
> Susan: "*Yes. Who's the father, who's the mother in this group when most of the work is about mothers? Yeah*" (i/v1).

Above, Susan describes the co-facilitating dyad as a parental couple where the paternal and maternal roles, which might have shaped their ways of being with each other, seem to be closely intertwined with the developmental needs of the group of patients. The complexity of this process was further elaborated on by Jessica, who pointed out that the fluidity of the relational configuration of the co-facilitation could not be disentangled from the processes of the group as a whole:

> Jessica: "*The maternal and the paternal I think shift between us, not just within the gender thing.*"
> Researcher: "*Could you say a little bit more about that?*"
> Jessica: "*I think when they sort of conflict or there is more that kind of anxiety, I could sort of be much firmer, because I am trying to get people to sort of stay in chairs or to think, and often when you [addressing Steven] have come around, it is actually the sort of, a kind of softer voice. I don't mean your voice, I mean what you are offering.*"
> Researcher: "*So you both perform different functions, it sounds like, both maternal and paternal, not just assigned to gender, as such*" (i/v9).

In the above description, I find that Jessica suggests that her "much firmer" interventions, which appeared to be in direct response to the immediate needs of the group, reflected a paternal function; that is, symbolically she became a "father" in that particular moment in time. In other words, I think that she points to the fact that her emersion in the dynamic can have a certain feel whereby she creates the needed space for thinking. At this point, she describes experiencing Steven's "stepping in" as having more of a maternal presence and "softer voice" that perhaps helped to validate, as opposed to challenge, the immediate processes in the group. Yet, Jessica equally implies that at another level her experience of Steven "stepping in" seemed to have a paternal effect within the relational configuration of the co-facilitation; that is, despite the simultaneous maternal "offering".

As such, it seems to me that the complexity of this process cannot be separated from the multitude of dynamically interlinked factors, such as the therapists' simultaneous relationship with the group and to one another, which characterise and define the nature of the relational field of the co-facilitation. The following example encapsulates the interaction of such variables that appear to shape the relational experience of the co-facilitation, but which in themselves, as I have already demonstrated, might not be fixed, but constitute the fluid form of group co-therapy:

> Susan: *"...they're [group patients]...aware of us in one sense. And I can't remember her exact words, but one member of the group did sort of throw out some comment about almost us as a couple, which is the first time in, however, a year, that something has been said, which is quite interesting, about a parental couple within the group. So yes, I wonder whether my own perception of myself as not as experienced, or her being more senior to me, has had an effect on the group in that way"* (i/v1).

It appears to me that Susan's description of her experience alludes to an interpersonally co-created process whereby her sense of herself as being less experienced, I feel, is a response to her co-therapist being viewed as more senior in the relationship. She implies that this, in turn, might have situated the co-facilitating relationship within the culturally constructed role-configuration where one participant begins to be seen as a more dominant, perhaps father-like partner in the implied marriage (or a "dominant mother" with an "absent father" as in the earlier example) – this is despite the fact that both of these co-therapists were women. With regards to the relationship acquiring a form, or "one sense" of a "marriage", however, a co-facilitator of another co-therapy group stated:

> Robert: "*I was just thinking about old married couples actually.*"
>
> Researcher: "*What do you have in mind?*"
>
> Robert: "*Well, I suppose I was just thinking from the group's point of view ... in terms of whether they wondered about our relationship or quite how they saw us - as the parental couple or a sexual couple or quite what, really. I've forgotten what I was going to say now. Yeah, it's gone.*"
>
> Researcher: "*You were talking about old married couples.*"
>
> Robert: "*Yeah*"
>
> Researcher: "*And what were you thinking?*"
>
> Robert: "*I was just thinking about how, you know, how a relationship in terms of intuitively kind of knowing where each other's at without always having to say so. So I think that does... that can happen in effective relationships*" (i/v4).

The latter point of "knowing where each other's at without always having to say so", however, takes me to the subject matter of the next theme of the being-with phenomenon.

Unspoken communication and "Real Talk"

It seems to me that one of the major themes that was highlighted during all of the interviews with the participants was the question of what could and could not be said in the co-facilitating relationship. I name it "unspoken" as opposed to "unconscious" communication due to my impression that the co-therapists appeared to be making a conscious choice (albeit perhaps motivated by the unconscious forces) not to say certain things to each other, or otherwise seemed to avoid making that choice altogether, with the "Real Talk" never actually taking place. So sensitive and powerful I think is this issue that a number of participants had initially expressed their uncertainty about being completely open with me during the interviewing process. However, it was within the space provided during the joint interviews that these participants seemed to have found their own way of gradually and at times tentatively beginning to revisit those very issues that had been shared in the individual meetings. In the subsequent analysis, I attempt to illuminate the experience of this process offered through a variety of the participants' reflections, which seemed to underpin the nature of this ubiquitous motif in the co-therapy relationship.

In spite of its unspoken nature, I found that the participants' descriptions of this process were very clear and directly highlighted the absence of the experience of jointly thinking and talking about their co-facilitating relationships:

> Susan: *"We haven't talked about how, what goes on between us, no, no we haven't."*
> Researcher: *"So what is it like thinking about it now?"*
> Susan: *"I feel very kind of, I need to go back and think about it"* (i/v1).

In the above example, Susan seems to allude to the need to create a particular type of space, outside of the interpersonal immediacy of our meeting, which

might parallel the experience of the co-facilitation, in order to "think about" this complex issue. The other participants often directly pointed this out. For instance, Angela stated that:

> Angela: *"I think we are having lack of space, thinking about it. I think the two [supervision] spaces that we have didn't really... because it was very easy to hide behind the talk about patients"* (i/v6).

What I think Angela is indicating is that the supervisory space is equally not sufficient, as this can end up being used defensively to "hide behind the talk about patients". Interestingly, the other participants also described having the same type of experience:

> Carol: *"But we don't massively [talk about our relationship] and I don't know if that's because it doesn't feel like there's ever particular issues or whether there's not that much time; so, therefore, the time we have we use thinking about the group"* (i/v2).

> Angela: *"When we talked in the supervision, we'd talk about the group, but we didn't use it much to talk about the dynamics between us"* (i/v5).

> Jessica: *"Because I just, I think that, I thought supervision was going to do that a bit, but it hasn't really"* (i/v8).

> Jessica: *"We certainly, we talk quite a lot about what we make of patients and who gets on my nerves and that sort of thing. We don't explicitly talk about you and I particularly, do we? [addressing Steven] And it is unspoken, because we never decided, 'well let's have some time out afterwards to talk'"* (i/v9).

At other times, the participants described the more intricate ways of avoiding having a direct conversation about how they might have experienced each other during their work together:

> Jessica: *"So what you get, what I get is, you talk about kind of the group dynamics, we talk about the themes, individuals in the group, the way in which people interacted; we talk about our own sort of feelings in relation to what was said or what was done, but we don't necessarily talk about, you know, why we say particular things in the group or what if, if we kind of made a sort of mistake, or said something very clumsily or said something that was a bit harsh"* (i/v8).

> Carol: *"Okay, what we've spoken about is our own different perspectives about each member of the group, as opposed to talking about how each of us is in the group"* (i/v3).

In the above example, I think that Carol implies that the vulnerabilities of co-facilitation would usually not get looked at and the focus of reflection tended to shift towards the co-therapists' responses to the patients' difficulties, as opposed to those experienced by the therapists themselves. More specifically, it seems to me that the anxieties associated with beginning to name the perceived "mistakes" in the other might be connected with a desire to circumvent the potential for criticism and disagreement in the co-facilitating relationship. The veiled sense of "harshness" and "clumsiness" continues to dominate the unspoken realm:

> Angela [addressing Robert]: *"Yeah. I didn't want to be hurtful, I didn't want to be attacking, I didn't want to make you feel bad, but I just wanted to try and have our conversation, but I didn't know really how to*

do it ... What are we going to do if we don't agree? You know what I mean? To have that conversation?" (i/v6).

Researcher: *"What, just wondering what it might be like to speak about, would it, might it be difficult for...?"*
Steven: *"Yeah, probably would be fairly jarring"* (i/v7).

Angela: *"And it is very difficult, isn't it? because it would be good in an ideal world, you would discuss the dynamics of that and that would be great, but, you know, it's difficult"* (i/v5).

I found that this "difficulty" was also described in other examples where the participants experienced the feelings of anger towards their co-therapist, including "a sense of underlying aggression" in the process of group co-facilitation, but yet felt unable to address it or talk about it with the co-therapist after the group session had finished:

Jessica: *"And then, I'm sort of getting more agitated and cross with him in my mind, not sort of outward ... and about half an hour towards the end, he suddenly sort of said it* [that is, made the awaited intervention that had been conjointly planned prior to the group session], *and I'm a bit furious by then ... but even then, even when we'd finished, I couldn't or I didn't say, 'what made you say it at that particular time, what was it about that time and not earlier?' or not, you know, but I should have done, but I don't know why I didn't"* (i/v8).

Angela: *"And there was also a sense of underlying aggression or violence around the surface in stories that people brought, but didn't come in the group. And there were people who left; I did feel it was because somehow we hadn't managed to bring that into the open really*

and maybe that's because we hadn't brought our own conflict into... So the message was that this is far too dangerous to talk about, which is not great, is it really?" (i/v5).

The participants also recognised that the difficulty of having a more open conversation about the conjoint experience of the co-facilitation began to be carried by, and vicariously worked through, the members in the group. In other words, it seems to me that the paradox is that the more the co-therapists focus on trying to address the patients' issues, at the expense of speaking about their own, the more the patients end up experiencing the very problems that the therapists find "jarring" to talk about between themselves:

Researcher: *"What do you think might have happened if you hadn't agreed, what do you think might have happened?"*
Angela: *"I'm sure we disagreed at the time and I think we just managed it in a slightly unspoken way, which was exactly what we were accusing our group of doing!"* (i/v6).

Jessica described a similar process:

Researcher: *"What do you think they're [patients] picking up in terms of your relationship?"*
Jessica: *"I think, yeah, I think they pick up the sort of unspoken stuff"* (i/v8).

She further elucidated this process with an example from a group session:

Jessica: *"...we started talking about relationships, and people having affairs and people kind of not being able to kind of, you know, they all had hidden agendas, and people not being open and honest in*

relationships and we are sort of sitting there thinking, 'well this is It', you

know, 'this is obviously they're getting hold of something'."

Researcher: *"In between the two of you, you mean?"*

Jessica: *"Yeah, they're getting hold of [what is] not being spoken about"*

(i/v8).

I find that this description points to the therapists' conscious awareness of what is not being said, including a rather fearful realisation that the content of the group members' reflections begins to express their (patients') unconscious sense of what might be an unspoken issue between the co-therapists. In my view, the complexity of this interplay between what is consciously known, but not spoken about and what is consciously not known, yet unconsciously sensed and subsequently indirectly communicated, is an experience central to this process. The intersubjective nature of this experience was further alluded to in an account offered by Carol in the joint interview:

Carol [addressing Susan]: *"...what I was thinking about was the fact that we, I think we communicate unconsciously very well together, but we don't often talk to each other in the group and I was thinking that the group don't often talk to each other in the group and that's one of the things that we struggle with"* (i/v3).

I wonder whether this issue of what one is conscious of and unconscious to points to how the therapists assume the ownership of the communication process. In my view, the description from Carol above implies this, as what is "unconscious" seems to be out of the therapist's immediate sense of conscious awareness, and, therefore, one's judgement; although, the statement, "I think we communicate unconsciously" puts this meaning of the "unconscious" into question. In other words, how does one hold in the immediacy of consciousness what one is not conscious of, especially in the interpersonal domain? It seems to

me that the apparent attribution of personal agency to the described unconscious, or someone/something other than oneself, suggests that a certain deflection of onus might play a role in terms of how the co-therapists view the process of communication between themselves. Steven further highlighted the way in which this might shape the co-therapy relationship:

> Steven: "...*we sometimes without saying anything assume the other will take the responsibility, so sometimes letters just don't get written, and sometimes notes don't get done fully... If you are on your own, that doesn't, that wouldn't happen because you'd have to make sure you did it, you couldn't defer the responsibility to the other. So there is that sort of, it's their responsibility to get*" (i/v7).

Interestingly, having jointly reflected on the subject matter of the unspoken communication, particularly how much the co-therapists "without saying anything assume", the participants described the process of openly speaking about their ways of being with each other during the interview as a positively informing experience:

> Steven: "*I think I overestimate the value of the unspoken because a lot does go on unspoken and I think I must overplay that because maybe I have never had to... but in fact, it's not really quite right. It's better on the whole to get a better picture*" (i/v9).

Robert and Angela described their joint interview experience of "getting a better picture" about how each perceived and felt about being in the co-facilitating relationship as transforming:

> Robert: "*...I don't think we'd really want to fall out with each other. I don't think we do generally, but I also think it's probably ok to fall out*

and as we're talking about what's going on, to survive it. It's alright to have differences, or to disagree. That's more healthy."

Angela: *"It's finally taking place."*

Robert: *"It's finally taking place"* (i/v6).

Steven and Jessica echoed the description of the above co-therapists:

Researcher: *"I wonder what it's like talking about that here, kind of opening some of this up and maybe being kind of curious about things you might not have spoken about before?"*

Jessica: *"Scary for me, but I find it very stimulating."*

Steven: *"I keep thinking, though, we should've done it earlier"* (i/v9).

The participants also identified the experience of the research interview that specifically created space for thinking about the co-facilitating relationship as a suitable model or approach for future supervision:

Angela: *"My kind of thoughts were that we haven't set time trying talking to each other as we went along, but we haven't really talked about what it was like working together... not particularly. We've done it through you [i.e. the researcher] and have today, as well. Just made me think about that really I think...I mean this is another forum, because in a way it would make a lot more sense for this to be a forum... Because we can then try to do it with a facilitator to talk about the dynamic because it's so difficult to do it just the two of you and doing it in a bigger group I think is difficult, too"* (i/v6).

Jessica: *"...we always think about this group, the people in the group, but actually there is probably more, just as much information contained between the two of us as to how that group functions then I think we*

have probably gone into in supervision, because had we spoken about the kinds of, 'what happens to you when it's all dead?' and 'how I would react to that?' or whatever, it would give us more knowledge about having to cut through more of that half hour or 45 minutes, but it's probably only been contained within us, we couldn't access it through them [i.e. the patients] in the same way, I don't think we could have accessed it through them" (i/v9).

Being seen

It appears to me that the experience of the co-facilitating relationship by its very definition implies the inevitable presence of the other. As such, the research data suggests that each co-therapist's actions cannot be considered in isolation or out of the direct view of one's companion, who is simultaneously watching and being watched. This phenomenon, which seems to permeate the experience of the co-therapy from the very beginning until the very end, I think, has a particular silent, yet prevailing, facticity about it. The participants indicated that this had affected not only how they thought and felt about their work, but also influenced the intricacies of their very therapeutic interventions, which I felt were intimately linked with a deeply personal sense that one's professional self was under the immediate scrutiny of another professional. In my view, this experience might be compounded by the relational configuration of the group atmosphere where the desire to retreat into or to emerge out of the hiding, to see or to choose not to notice presupposed the existence of the seeing and being seen phenomenon:

Angela: *"You're each watching your colleague's therapeutic style in a way that doesn't usually get seen in the same way"* (i/v5).

Robert: *"I mean, working in a group you can feel under quite a lot of scrutiny, but to be under the scrutiny of a colleague, you know, who has a lot of very different and rich experiences..."* (i/v4).

Jessica: *"I do like working as a co-facilitator, but I find it more, I find it more exposing I guess, that's the word I'd use. In that, like any sort of coupledom, in any relationship that involves a couple I think you see more. I think in working, sort of therapist with a group, on your own obviously what you do is what you do, that's not to say that it's not seen by the group and people can kind of comment on that, but I think, what I've found more exposing in a sort of you know, co-facilitating, is that people then really did get to see your practice and can do something with that. I suppose that in general I'm up for that, but it is there."*

Researcher: *"The sense of exposure, that's what you...?"*

Jessica: *"Yeah, and kind of being seen."*

Researcher: *"Being seen"*

Jessica: *"And being seen"* (i/v8).

The above participants describe the difficulty experienced in being directly seen in their work as group therapists. They point out that they have, as a result, felt exposed, scrutinised and watched, which they seem to connect with a certain sense of closeness associated with the co-facilitating relationship. They contrast this with the experience of being observed as therapists by the group of patients, which I think has a different quality. In my view, the participants suggest that the difference is in the recognition that the co-therapists hold the expert positions to "do something", perhaps to make a professional judgement, about what has been observed. Jessica also highlights this difference by comparing being with Steven to the experience of working on her own. Interestingly, Steven echoed this in the following description:

Steven: *"It [the co-facilitation] tends to affect you differently; I know on occasions when she [Jessica] hasn't been there and I've been on my own by myself in the group, I feel a certain sense of being slightly freer, I suppose, freer."*

Researcher: *"Right"*

Participant: *"It just feels less observed than..."* (i/v7).

Steven describes feeling less "observed" or exposed, and therefore "freer" when working on his own in the group. It seems to me that this dialectic position of being freed up vs. constrained, as a direct result of being or not being seen, was equally stressed by a member of another co-therapy dyad:

Angela: *"I do feel that I constrained him actually. I mean, I don't know what he said about it, but I have a feeling that I probably did that actually..."*

Researcher: *"In what way?"*

Angela: *"Well, being looked at."*

Researcher: *"You looking at him?"*

Angela: *"Yeah. Being observed in his work. Probably the same, you know, I would imagine some of the same things that I had really. So I did wonder that ... neither of us were at our best in trying to work together. We both felt a bit constrained by it rather than feeling freed up"* (i/v5).

This particular psychological experience associated with being observed appears to be further alluded to by Susan:

Susan: *"I don't think I do myself any favours when I can put myself down...and I wonder whether I undermine myself in that process."*

Researcher: *"Undermine through her eyes?"*

Susan: *"I think I can do that, yes"* (i/v1).

I think that this sense of being undermined through the eyes of the other, or feeling more or less constrained, might be compounded, as the above participant suggests, by the direction of the gaze that one assumes. In other words, it seems to me that the experience of seeing and being seen has a multi-layered quality to its process – one is always looking (even if only to see oneself through the eyes of the other) despite at times appearing not to. In the following example, Carol illustrates that even the absence of watchfulness, which she equally links with the experience of being free, paradoxically presupposes a prior knowledge of having seen, including the sense of being reassured by what she continues to see:

> Carol: "*I think if I was waiting to hear something I didn't feel comfortable with in that way, or perhaps talked too much or said things that I felt uncomfortable with, I would be very mindful of that and watchful, maybe a bit controlling [...] And I think it enabled, for me anyway, it enabled me to feel really relaxed about the group because it feels like, because we're not sort of... because I don't feel like I have to be watchful of what's she's saying, I feel like free to then be very supportive of the group*" (i/v2).

Carol above also indicates that due to her sense of being reassured by what she has observed about Susan and her way of being, she feels that her view of the co-therapist's presence became more peripheral, which seems to have allowed her to direct her focal gaze towards the task of the group work. Therefore, what I think she suggests is that she did not have to be so actively vigilant, which she seems to associate with taking control; this, in turn, appeared to free her up to be therapeutically available to the group as a whole. Nevertheless, it seems to me that this sense of freedom is intertwined with a certain quality of the recognised view of the other that continues to permeate the relational experience. In other words, had she suddenly observed Susan being presented,

in her eyes, in an unexpected manner, would this have led to the uncomfortable feelings and the more active watchfulness?

Moreover, the process described above equally appears to suggest a link between the experience of seeing/being seen and feeling. That is, I think that the "constraining" part of the experience is more closely connected with the evoked emotions:

> Jessica: "...*what happens to me, is that like I get a kind of gulp in the neck because there's you have to bring your, to bring your thinking out into the open when it isn't necessarily kind of packaged or, you know, sort of thoroughly thought out, you know, I find difficult*" (i/v8).

> Robert: "*I can remember sort of feeling quite exposed in a supervision session one time with the team and I was a bit embarrassed I think, at the time. So, I think for me there was something about that sort of scrutiny maybe [...] I think probably for some, a little bit of time after this, I might have been a little bit quieter in the group or a bit more sitting back a little bit, or a bit more unsure about my position, if you like*" (i/v4).

> Angela: "*I think there's probably other parts to do with kind of exposure and kind of showing vulnerability and... which might be partly what gets in the way of things being talked about.*"
> Researcher: "*Exposure in terms of... how you are with each other, or?*"
> Angela: "*Yeah*" (i/v6).

It seems to me that these participants describe experiencing an emotional reaction to being seen, primarily the feelings suggestive of anxiety, shame and self-doubt. These appear to be linked with the sense that one inevitably "brings

oneself into the open". The resultant experience of "showing vulnerability" seems to indicate that the therapists, in the process of engaging in the professional task of the co-facilitation, feel that the less organised and "not necessarily kind of packaged" parts characteristic of their personal selves are being inadvertently revealed. I feel that they also imply that this sense is heightened by the preconceived assumption about how one ought to present oneself as a therapist in front of someone who is of an equal professional standing. However, some participants pointed out that through an encounter with such an experience of exposing oneself, they also felt propelled to develop personally and professionally:

> Susan: "*Well, I have been exposed to learn more about how groups work*" (i/v3).

> Jessica: "*...so I sort of feel that he's got much more of a sense of who I am in relation to sort of patients and sort of integrity, and that kind of stuff and certainly my confidence as a person has increased, working with him [...] so while there's an anxiety about being seen, it's actually worked in my favour, not the sort of opposite*" (i/v8).

The above participants suggest that being seen and perhaps validated as clinicians during the work of co-therapy has helped to increase their self-confidence and understanding. It is interesting to note that it is the emotional aspect of the being seen phenomenon, namely the feelings of anxiety associated with the self-revelation that I think facilitated the positive sense of transformation and learning. The participants equally pointed out that being in the co-facilitating relationship, being seen and exposed has played a significant role in them becoming more confident and engaged in the other collegial relationships outside of the group setting:

Steven: *"I know that I've seen her become more confident and I think in the team, and someone, I wouldn't say in the group that she's not, but I'm sure, I think it's helped in that process."*

Researcher: *"I wonder if that's something to do with, you know, being seen, in this situation?"*

Steven: *"Probably. Yeah"*

Researcher: *"So that you can see how you work, you know."*

Steven: *"Yeah"* (i/v7).

Jessica: *"Yeah, it's like inferiority stuff really, and so on, quite a lot really."*

Researcher: *"So that makes you wonder what kind of therapist you are?"*

Jessica: *"Oh yeah, yeah, definitely."*

Steven: *"I think you have become more vocal since then actually."*

Jessica: *"Doing couple work, you know, sort of working as co-facilitators has most definitely enhanced that for me, definitely, even though, I never know what might come up or what he might say, or how that will impact on me. That fact is what really helped me get into this team."*

Researcher: *"So it affects how you are outside of the group, as well?"*

Jessica: *"Yeah, yeah"* (i/v9).

Difference and conflict

As I have already suggested through the elucidation of the earlier constituents, the experience of difference and conflict seems to permeate the co-facilitating relationship and appears to powerfully shape the work of co-therapy. In my view, this is more directly confirmed by the participants' descriptions here that form this dominant phenomenological theme. I feel that the nature of this subject is intricate and sensitive; its inevitability, however, I think is implied when

one finds oneself confronted with the other. The research data indicates that even the meaning of sameness and similarity cannot be realised and justified without the recognition of the difference.   And it seems to me that where there is a difference, there is also a potential for conflict, disagreement and tension, as well as, richness and complexity.   Paradoxically, my sense is that the more explicitly defined the contractual differences appear to be, such as between student and teacher, therapist and client, the clearer the meaning (at least on the surface) of the relational exchanges.   However, what happens when the two clinicians of a seemingly equal professional standing come together? That is, therapist and therapist, leader and leader... This evident phenomenon appears to infuse both the structure and the process of the co-facilitating relationship. As such, I think that it has several layers that portray a certain consistent quality despite the subtle variations in the subjectively evoked responses at any point in time. The interlacing of such factors is described as follows:

> Researcher: *"I wonder whether some of the challenges were about you trying to understand each other's rules."*
> Angela: *"Yeah. You can understand them and then what do you do with them once you've understood them? Do you comply with the other person's rules or do you follow your own rules? But there's a difference and maybe [...] a bit of a clash. So, yeah, no, definitely; somebody's style and everything... See, that's the thing, I think that's why I feel wary because it's sort of personal and yet it's not personal, but it could feel personal. But in some ways it's not personal at all, it's about our styles of working"* (i/v5).

It seems to me that Angela above describes a clash that exists around the negotiation of the best way of approaching the work of co-therapy. She defines the experience of such a conflict, which I think surrounds their different expectations, as being both personal and professional in nature. Jessica further

illustrated the intricate process of experiencing the personal-professional differences during the task of co-therapy:

> Jessica: "...he's got this kind of much more sort of quieter, authoritative presence and I'm, I speak more. You know, and I sort of speak more, yeah, so. And I've got experience of running co-therapy groups; I think that is there, so that causes me then obviously to kind of have that sort of, larger presence in the group, but I think that is my personality style anyway, that, you know, that's not just about [Steven] as a facilitator, he's got a quieter sort of presentation. Although, just as authoritative, but in a different way" (i/v8).

The issue of power or authority differences that appears to create a certain tension between the personal feelings and professional tasks I think also highlights how the structural factors might be linked with the relational processes in the co-facilitating relationship:

> Steven: "I mean, I'm her manager, so I think at the beginning she was a little bit almost slightly intimidated by that I would say, but I think that's tapering off; I was intimidated by the fact that she's a lot more experienced group therapist" (i/v7).

> Susan: "She's more experienced as a group analyst. But my, you know, what's my transference to that?" (i/v1).

I feel that the above therapists indicate that the co-therapy relationship can have a particular quality of tension that is underpinned by the issue of power differences that inform the relational process (i.e. the experience of intimidation and transference) due to the structure of the varied professional standings (i.e. the professional experience and positions) – Thus, with the formal example, each

therapist simultaneously experiences less and more power in relation to the other. It appears to me that each level of power undermines or challenges the other level for each co-therapist; thus, creating a particular entanglement of difference and tension. Angela similarly highlighted this:

> Angela: "... *from the outside, that would look like I would be the junior and in a sense that was how it was set up. He's, you know, on a higher pay grade than me and has got [a different clinical] background. I think there's a tension there [...] Well, you know, there was ... he's a group analyst. But, on the one hand, I am a know-nothing newcomer, but I suppose I did also show I'm not a know-nothing newcomer because I am a very experienced individual psychoanalytic psychotherapist*" (i/v5).

It seems to me that the positioning one takes in relation to the more or less experienced other brings about the experience of conflict described by Angela above. The power differences that added to the creation of tension linked with the experience of inequality appeared to be heightened by the divergences in the pay grades, as well as the perceived statuses and hierarchies of the different professional groupings. The experience of such discrepancies was evident in the other co-therapy dyads:

> Carol: "*I think there's probably a discrepancy for me in the sense that I know that I'm paid for the group and she's not paid for the group*" (i/v2).

> Jessica: "...*because I am much more vocal and I might ask more direct questions, but I think partly why he doesn't is a style of training, which traditionally is, you know, at the top of the hierarchy, sort of psychoanalytic and psychotherapy training*" (i/v8).

Moreover, Jessica above alludes to the differences as experienced in relation to the "style of training" – an issue that I felt was widely featured in the other examples offered by the participants:

Robert: "*I think, I mean our trainings were slightly different [...] so one of the things I notice most as a difference, if you like, between us is that she would offer more interpretation about group process than I would choose to do so*" (i/v4).

Angela: "*In the training that I've done does have a particular way of thinking and I did feel that there were maybe some differences there, sort of the kind of model that we'd be using that maybe just didn't fit in, just didn't seem to find a way to integrate it perhaps [...] that could make me more irritated at times if I was sort of taking something in one direction and then felt that it was then being taken in a different direction*" (i/v5).

Robert: "*Yeah. I suppose what I've noticed about [Angela's] style, about your style [addressing Angela], is that probably [you are] a bit more interpretive than I would be in a group. We spoke about that earlier on. It's not a wrong or a right thing, it's just a difference. But maybe the difference would perhaps for me; might have made me doubt my ability a little bit. I don't know. Maybe not quite that but...*"
Researcher: "*Doubt your abilities as a therapist?*"
Robert: "*Yeah, a little bit. Yeah*" (i/v6).

Susan: "*I think we do take different, a different focus sometimes and I can very easily tune to individuals. I really have to work hard at thinking 'group'. So I am very aware when [Carol] raises something which is 'group' and I'm very much aware of the individuals*" (i/v1).

Jessica: *"I think it's stuff around, for me, stuff around the difference in our styles, about sort of, not quite knowing what is going on in your mind [addressing Steven], that if you sort of looked down, or if you looked tired or something, that for me, that was probably the hard thing to talk about…"* (i/v9).

I find that all of these participants describe the experience of recognised difference in their individual approaches to the group work. They indicate that the deviations are informed by their distinct clinical trainings and theoretical orientations. I think that these variations in style, as revealed in the co-facilitating relationship, paint one's professional portrait – a kind of delineated presence highlighted through the outlines of the difference in the other. However, it seems to me, as with the experience of "being seen" (see above), that this relational process can also evoke a particular emotional response associated with the question of 'what does the other have that I don't?'

Angela: *"…I didn't necessarily feel less than what my frame should be. So in that way it's not like being a trainee."*
Robert: *"The thing is… I did! I think a little; because I think group analysis is quite a broad training, but sometimes I think it's too broad! So, for me, I probably feel that you probably got stronger theoretical kind of background"* (i/v6).

Steven: *"…it's not just the training, I'm naturally very standoffish and quiet and she's more, I would say she's probably a bit more active in her sessions, you know I think she's a bit more forward, I'd say […] I felt, like I sort of a bit of a less important, as sort of, a sidekick almost. She was sort of the main leader of the group and I was sort of second, if you see. And that's still the case to some extent; I feel that she holds the group together more than I do"* (i/v7).

Jessica: *"I guess it would be nice sometimes to get, to be sort of, not that maybe it isn't mine to have, but maybe to get to have that gentler voice sometimes."*

Researcher: *"That you would like to be able to have?"*

Jessica: *"I'd like to be able to have that voice."*

Researcher: *"You would; right."*

Jessica: *"And that, that's envy coming in there."*

Researcher: *"Right, envy."*

Jessica: *"That's coming in, as well"* (i/v8).

In my view, these participants describe experiencing a certain sense of self-doubt due to their perception of themselves as somehow being "less than"; that is, inferior and less significant by comparison. They also allude to the feelings of resentment, particularly envy, which I think signifies a personal lack of what they might perceive their colleague to be in possession of. As such, I wonder if this feeling, possibly brought about by the realisation of the difference, is troubled by a kind of desire (e.g. "to have that gentler voice"). It seems to me that this experience is equally implied in the earlier descriptions around status, hierarchy and pay. However, I note that such differences that are encountered in the co-facilitating relationship, though at times fused with the difficult feelings, appear to also home a certain complexity and richness:

Researcher: *"What do you find works well in your relationship?"*

Susan: *"I think actually that it is sometimes, the difference. It is perhaps that we would hold different types of countertransference with different members of the group, can be quite different at times so we can actually stop and think about that"* (i/v1).

Researcher: *"So what would you say works well between the two of you?"*

Robert: *"What worked well? I think probably a sort of a greater understanding of kind of, of each other's' thinking, but also the kind of differences, as well, in our approach [...] I think that the kind of group got a, good enough service, if you like, or intervention from both of us, you know, with our differences, with our different levels of experience, different levels of knowledge"* (i/v4).

Jessica: *"And I think, you know, it does balance out the group in the two different styles that we have"* (i/v8).

Jessica: *"We were in fact different people, weren't we? I think that is probably what really works well; we could do that, because of our different voices."*
Steven: *"I never felt that we couldn't hold the group. It always felt we could hold..."* (i/v9).

It has been my observation that the capacity to recognise and endure the differences, including the good and bad feelings linked with the experience, is something that all of the participants in this study have identified as a valuable, even healthy, therapeutic ingredient to hold, as well as to create space for talking and thinking about in the relationship:

Carol: *"So it doesn't feel to me like there's a kind of real 'oh God I really need the space for this', whatever's going on between us and how it's affecting the group, it doesn't really feel like that for me."*
Susan: *"The question is, that came to my mind is, why not? Why is there no, sort of, well we have perhaps had difference sometimes, haven't we? We've just, it's kind of just crossed my mind that I've almost begun to think..."*
Carol: *"Are we too similar?"*

Susan: *"Yeah. It is unhealthy that we don't…"* (i/v3).

Robert: *"I wonder whether if we'd done more work between us on conflict and disagreement that it might have helped the group more."*

Angela: *"Yeah"*

Researcher: *"Would it have been valuable to do that?"*

Angela: *"Hmm"*

Robert: *"It might"*

Researcher: *"What is it like talking about it now with me?"*

Robert: *"We are getting our supervision. Finally, after all this time! No, I mean I think it's helpful actually."*

Angela: *"Yeah"*

Researcher: *"It's interesting what you're saying is that it's not the level of training that you've received, but it's the relationship that you have that becomes an intervention in itself."*

Angela: *"Absolutely"*

Researcher: *"And what did you find worked well with the two of you?"*

Angela: *"We survived!"* (i/v6).

The implicit domain of the co-facilitation

I have come to understand that the unique situation of co-facilitation calls for a distinctive therapeutic approach on the part of the co-therapists. I feel that this does have a certain transpersonal quality, the experience of which I had intuited in my own work as a co-facilitator. In other words, it appears to me that this approach, though at some level might be informed by the clinicians' therapeutic frame, transcends the different orientations or styles that I have described in the previous section. I thought that the participants pointed to an experience of a process through which they attempted to manage the work of group psychotherapy in-between themselves. It seems to me that, as this process

involves a conscious containment of the facility to openly share the co-facilitators' immediate impressions, thoughts, feelings, realisations in the immediacy of the co-conducting dance, there emerges a kind of spontaneous reliance on the other forms of communicating with one another. I think that this process might be analogous to the commonly described experience where the loss of one of the senses (e.g. sight) leads to an amplification of the others. Interestingly, I feel that there is an intensification of the unconscious responsiveness between the co-facilitators, whilst a more conscious exchange of verbalisations is thoughtfully kept in check as the clinicians' efforts are directed towards putting into words only that which is considered to be in the therapeutic interest of the patients in the group. As such, it has been my observation that this phenomenological theme persists regardless of the variability in the quality of the "unspoken communication" or "Real Talk" (described earlier) that might be found to exist in the co-facilitating relationship more generally. In other words, I think that this rather subtle, albeit important, being-with phenomenon stands in its own right:

> Researcher: "*I wonder how some of those things [i.e. interventions in the group] get negotiated; how this process of negotiation happens because you've said earlier about how you might know what the other one is thinking.*"
> Carol: "*Yeah*"
> Researcher: "*Then I wonder sometimes if the negotiation happens almost implicitly.*"
> Carol: "*Yeah*"
> Researcher: "*Without you saying much.*"
> Carol: "*Yeah*"
> Researcher: "*Do you find that negotiation can happen on different levels?*"

Carol: *"Yeah, it feels like we don't particularly, well in that situation as well, we couldn't talk about it [i.e. intervention] really because we were in the group and it was inappropriate for us to have a conversation about how it was going to happen [...] I feel like we, there is a kind of an understanding between us that actually is not particularly verbal"* (i/v2).

Carol points out that the process of negotiation between herself and Susan happens at the non-verbal and more hidden levels. She implies that the implicit nature of these exchanges during the group sessions is heightened by the fact that it might not be therapeutically appropriate and beneficial to discuss explicitly between themselves how to manage the interactions. Robert similarly described his experience of relying on the more non-verbal aspects of co-ordinating the therapeutic work:

Researcher: *"Now, I wonder how you negotiate between each other when to engage, when to be more active, when not?"*
Robert: *"Yeah. We've got quite a lot of non-verbal communication between us and the group, which was quite helpful I think in terms of sort of reading where each other are at, and the kind of knowing, when to come in and also knowing when to sort of stand back as well. So some of that, you know, sort of non-verbal way of letting one another know"* (i/v4).

Whilst the above participants describe the process of negotiation that takes place at a non-verbal level, I think that they equally highlight experiencing a deeper sense of knowing at which point to make an intervention or to speak and when not to – a kind of shared understanding:

Robert: *"...talking about intuition really, a bit, rather than reading each other, kind of grasping where each other's at; sometimes getting it totally*

wrong. But sometimes kind of being near enough to, that we can get a

shared understanding of what might be going on" (i/v4).

Susan also alluded to this shared understanding, which she described in terms of the "unconscious to unconscious" communication that took place out of the immediacy of the conscious awareness. Thus, her attempts to bring this non-conscious experience into the explicitly articulated descriptions during our meeting appeared to be problematic:

Susan: "*I do think what's unconscious, what goes on unconscious to unconscious really and how hard that is to try and, you know, become more aware of, or yes, to verbalise when it's something that's happened that you're not always aware of*" (i/v3).

I think that Susan implies that the primary language of these implicit or unconscious exchanges is structured and experienced in such a way as to require a kind of a secondary translation in order to elucidate the nature of its process in response to my enquiry. Robert suggested, however, that the meaning of its messages was portrayed and, more importantly, grasped through a medium other than the intellectually articulated verbalisations:

Researcher: "*...negotiating between you two in the group, in terms of, I guess, knowing when to make an intervention, when not?*"

Robert: "*When not to, that's right. Yeah.*"

Researcher: "*...you've mentioned the word 'intuition'?*"

Robert: "*Yeah. I think also kind of hearing it in how a person kind of holding themselves really, and in that kind of group really, how they're breathing, what they're saying with their body really. That might provide something.*"

Researcher: "*Is this something that you observe, or feel?*"

Robert: "*Both, I think.*"

Researcher: "*Both?*"

Robert: "*Yeah. Yeah*" (i/v4).

Above, Robert describes experiencing an intuitively understood effect of "hearing" how someone is "holding" themselves – a process that I feel involves both an intertwining and a transcendence of the difference sensory modalities, and which seems to culminate in a deeply felt response that carries the vital (i.e. intuited) information. The latter is further alluded to by Carol:

Researcher: "*You mentioned 'feelings', and it sounds like you respond a lot to how you are with [Susan] just by how you feel.*"

Carol: "*Yeah, but in quite an unconscious kind of way.*"

Researcher: "*Yeah, yeah*"

Carol: "*It doesn't feel like it's a, yeah, it feels like, and I think she would agree with me, it feels like unconscious process, so I feel so focused on kind of the group as a whole you know [...] it doesn't feel like it's in my mind.*"

Researcher: "*Not in the front of the mind.*"

Carol: "*It is in the case that we've agreed, but not in the front of my mind. No.*"

Researcher: "*It's not in the front of your mind, but you, you know it's there. You feel you know how to respond.*"

Carol: "*Yeah*" (i/v2).

In the above example, Carol points out that this particular kind of emotional responsiveness emerges out of what is unconscious. She describes experiencing this process as something that is known, but not consciously or intellectually reflected upon at the time when this is taking place. She implies that this is amplified by the fact that her conscious attention is absorbed by what is going

on with the patients in the group, which, as a result, takes her sense of connection with Susan to a non-conscious realm – this then lets itself be known through the experience of a "feeling". Jessica similarly described how important it was to honour such an embodied sensitivity in the co-therapy relationship as a starting point for facilitating the experience of a richer and fuller multilevel relatedness amongst the group of patients:

> Jessica: "*We always sit opposite each other, we try to sit opposite. I don't think there is [...] I'm not sure there is another way of kind of picking up who is going to do what [...] and given that you are asking these people [i.e. the patients] to be, you know, to kind of be in their bodies to sort of kind of feel their way through these relationships.... I don't think you are asking people to just communicate; [but] know when you tread on somebody's toes, or someone is getting angry or, you know, it's like feeling your way through it*" (i/v9).

In addition, Jessica highlights that sitting opposite each other is a valuable pragmatic factor that shapes and supports the process of picking up who is going to do what, as well as, providing a visual sense of what might be happening in the mind of one's co-facilitating colleague, as the following example demonstrates:

> Researcher: "*How do you keep each other in mind?*"
> Carol: [as the two co-therapists simultaneously begin to look at each other] "*It's the look I think. It's the look. I can read the look!*" [Both laugh]
> Researcher: "*But it's much more non-verbal than that; making eye contact just like you've done now.*"
> Carol: "*Yeah. It's true, yeah*" (i/v3).

It seems to me that these co-therapists suggest that it is by looking at each other, through having their eyes meet that they can get a sense of where they are in the process. In the above example, this almost effortless and spontaneous gesture of the "look" is demonstrated before the participants manage to formulate and bring to consciousness a verbal answer to my question. Angela described having a similar experience of "reading" Robert through the shared look:

> Angela: "...we're always looking over each other and then, like today, we gave each other a look because we both, I'm pretty sure we both were thinking the same thing. Because one of the group members was doing really well, talking a lot and coming out of his shell a lot and it was almost as if to say 'pretty good, isn't it?'. But that sort of communication we do quite a lot" (i/v5).

A brief description from Robert echoed the experience of this process:

> Researcher: "And I wonder when you say 'non-verbal' what you mean?"
> Robert: "We share eye contact" (i/v4).

The great significance of the function of the "look" I think is further depicted by the experience of a momentary loss of this contact that facilitates the implicit exchange of information. Jessica, for instance, appears to associate this with a relational disengagement, a kind of separation that is accompanied by a transient sense of being left in the dark. The ensuing feeling is coloured by the struggle to "read" the mind of her co-facilitator, which seems to imbue the process of understanding the experiences in the group with a tone of uncertainty:

> Jessica: "So I can't always read him in the group."

Researcher: *"Okay. Well, when you say 'read', what do you mean by that?"*

Jessica: *"So sometimes when he looks down and there might be things happening in the group, I don't know, it's not that I don't know, I suppose I'm left wondering what's going on in his mind [...] he can kind of easily lose eye contact or doesn't do eye contact in the same way, so I don't sometimes know what's going on"* (i/v8).

Jessica: *"...the eyes, for me, are very, very important, definitely: The way it's going, sort of what's going on, and whether to speak or not to speak"* (i/v9).

Chapter 4
Discussion

In this chapter, I attempt to further explore and discuss the psychological meanings of the five essential themes described earlier. Whilst drawing on the relevant research and theoretical perspectives, I hope to contextualise the present findings in the literature on co-therapy. In addition, I examine the research's clinical and training implications, including its potential contribution to the importance of the therapeutic relationship within the wider field of psychological therapy. Finally, I critically reflect on what has been learned during the process of this investigation, review the limitations of the study and offer suggestions for future research.

Evaluation of the Findings

Intersubjective form

The first of the emergent themes, in my view, plays a central role in our understanding of the findings of this research. However, it is probably the most difficult one to describe in the more concrete terms. Its meaning, in Merleau-Ponty's (1964) terms, does not seem to correspond point for point to figures, forms and established words, but appears to have a certain lateral or oblique nature that runs between the words. Its significance equally seems to run between the five emergent themes in this study. To be more precise, I think that we can only make sense of the relational experiences described by the participants if we take into consideration the interaction between the context of the group and the co-therapists' joint efforts to facilitate it. As such, the fundamental quality of the co-therapy relationship, as described by the three

separate co-therapy dyads in this study, appears to consist of a particular intersubjective form that emerges almost indirectly as a result of the blending of the group and the co-therapists' endeavour to co-lead it over a period of time.

The nature of this dynamic form appears to be consistent with Cooper's (1976) observation that the issues and experiences that emerge between the co-therapists cannot be separated from the psychological processes encountered within the group. Similarly, this process is reflective of what he describes as a holistic social organism where the whole is more than the sum of its parts. This view is equally supported by Bion's group theory, which regards group psychotherapy as a kind of entity – group as group (Bion, 1961); and, where the co-therapy relationship might be viewed as a group within a group (Winter, 1976). For example, the results of the current study suggest that a group composed of patients who have experienced psychological trauma and which feels fragmented may give rise to a sense of disconnection in the co-facilitating relationship and vice versa. Equally, the group members that are longing for a father or mother figure can incite the co-therapists to identify with these primary objects. However, this identification inadvertently creates in the co-therapists a feeling that they are indeed a marital couple. These transference dynamics appear to be consistent with a view that the co-therapy relationship can often feel like a relationship between husband and wife, where the possible issues of conflict and intimacy have the propensity to be recreated (Heilfron, 1969; Dick et al., 1980).

However, the presence of such a dynamic process appears to challenge the structural view of co-therapy put forward by Gallogly and Levine (1979) who described three different combinations as applied to the co-therapy relationship: junior–junior, senior–junior, and senior–senior. Despite the fact that these combinations might reflect a more practical understanding of a relationship between senior and junior colleagues, the findings of this enquiry show that the

professional relationship that a manager has with his colleague outside of the group can change if not completely reverse in the context of the group co-facilitation. So powerful is this process, that it can silence an otherwise outspoken practitioner, whilst engaging his quieter colleague in an active manner. In other words, the meaning of such compositions does need to take into account the overall interpersonal field of the group and the fluidity of the relational processes where the power structures might change as a result of the evoked configurations within the complex dynamic form of the group atmosphere.

In addition, I think that this understanding might offer a new perspective from which to view the results of Klein's (2002) research, which found a correlation between the degree of comfort experienced by the co-therapists in being able to confront certain issues in their relationship and the group members' capacity to accept guidance from one another. Such parallel processes are similar to those described by the participants in the present study and appear to suggest that the co-therapy relationship and group psychotherapy cannot be viewed as separate entities, but are deeply inter-reliant. This process is equally reflective of Cooper's (1976) theoretical view that the group members can split off their intolerable feeling states and thoughts and project these into the co-therapists who might then act according to those projections. The results of the current study show that the reverse can also be true, as what is intolerable between the therapists can be projected into and held by the group members. Paradoxically, it can be said that the group contains the co-therapy relationship, whilst the co-therapy relationship holds the group. It is perhaps for this reason that the functional co-therapy relationship is critical for the successful group outcomes (Dugo and Beck, 1997; Gladding, 2003; Yalom and Leszcz, 2005).

Therefore, it seems that it is only through an active awareness of this intersubjective shape of the co-therapy dyad within the group context that we

can grasp the complexity of any potential problems in the whole fabric of the group. In fact, the results clearly suggest that it is the alliance between the therapists that indirectly ensures the engagement and progression of the group work at any given moment in time.   Equally, it seems that only by appreciating the nature of the dynamic that is being described here that we can fully understand the transference and countertransference reactions, both between the therapists and the group members, including the potential acting outs that can have a detrimental effect on the clinical work of group psychotherapy. Yalom and Leszcz (2005) point out that group psychotherapy is based on the principle that the sense of one's self can only be fully recognised, understood and affected through the interpersonal relationships with others.   The experienced processes within the co-therapy relationship offer an additional medium through which we can reach a more precise clinical understanding of where the group is at any given point in time, as well as affect its progression during the course of therapy.

Unspoken communication

In connection with this, one of the most prominent discoveries of this research is the fact that the co-facilitators tend not to talk about how they experience one another in their unique relationship. It appears that the genuine thoughts, emotions and reactions, which can be acutely felt in the very centre of each of these practitioners, seem to be carefully kept at bay, disguised and hidden. This finding is consistent with Roller and Nelson's (1993) observation that the co-therapists are "keenly interested in the relationships that their patients form with others, but have been curiously reluctant to focus their attention on the relationships they themselves form with colleagues as they treat patients in the practice of cotherapy" (p. 304). The results from the study of Wachtel (2002) also suggest that in general the co-therapists have a certain tendency to concentrate on the clinical issues occupying the members of the group, including

the practicalities of the co-facilitation at the expense of speaking about the problems in the co-therapy relationship. The above authors add that this process is further compounded by the fact that the co-therapists are more inclined to compliment rather than confront each other on issues of conflict (Wachtel, 2002).

The latter point appears to reflect the way in which co-therapists in this study described not only a struggle to be open with one another, but also a sense of avoidance of confrontation of the potential difficulties in the relationship. These appeared to vary from what one said during a group session that the other quietly did not agree with or was angry about, to the bigger issues in the relationship that might involve power struggles, feelings of inadequacy, rage, embarrassment and anxiety. This confirms the results of Okech and Kline's (2005) study that suggest that the negative emotions such "disappointment, anger, frustration, fear, anxiety, and sadness were least desired" (p. 181) by the co-therapists, and which required a great deal of trust and intimacy in order to be openly shared in the relationship. In addition, the results of the present study suggest that despite the conscious awareness of any potential problems, there persists a strong sense of passivity around talking about these. Could this be indicative of the lack of trust and intimacy in the relationship? Despite this, the co-therapists in this study appeared to experience no difficulty in actively speaking about what might be happening with the group members and the issues occupying the patients, which supports the above observations of Wachtel (2002) and Roller and Nelson (1993).

What happens to these negative feelings, which are experienced, but not discussed, between the co-therapists? The participants seemed to recognise that the issues that were not being talked about between them ended up being projected and held by the group of patients instead. Similarly, a family therapist, Virginia Satir (in Roller and Lelson, 1991) suggests: "I believe the most important

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thing in therapy is for therapists to understand themselves clearly and for them to see themselves realistically, so they will not project onto their clients" (p. 215). However, the findings indicate that an unspoken, individual understanding is not sufficient in potentially preventing such projections. Rather, it seems that it is the therapists' ability to reach an understanding jointly through a mutual dialogue that perhaps facilitates the processing of the difficulties. The findings of Klein's (2002) research suggest that it is the therapists' capacity to be comfortable enough to speak about their differences involving more negative emotions, rather than perhaps the negative emotions per se, which might promote the desired level of intimacy and relationship satisfaction.

Taking the above factors into consideration, Yalom and Leszcz (2005) equally point out that having space to talk and think about the issues is fundamental to the success of the co-therapy relationship. Also, McGee and Schuman (1970) poignantly highlight that it is the way in which the co-facilitators attend to the encountered difficulties that promotes the effectiveness of the relationship. Dies (1994) also suggests that the "co-leadership may complicate group process unless the leaders manage their relationship effectively" (p. 141). The latter point is demonstrated by a process, described by the research participants, whereby the more the co-therapists focus on trying to address the patients' issues at the expense of speaking about their own, the more the patients end up experiencing the very problems that the therapists find jarring to talk about between themselves. This psychological process seems to have a quality of a perpetual vicious cycle.

These results, which appear to be supported by the findings of other researchers, suggest that an open communication between the co-therapists might indeed be one of the most important means of working through any potential difficulties in the co-therapy relationship. What is unspoken in the relationship, yet consciously known by each therapist, appears to be become

unconscious and often acted upon within the group of patients. For instance, the therapists acknowledged that by not tackling their feelings of anger towards one another meant that they struggled to address the conflict in the group, which ultimately led to patient dropout. Equally, it can be argued that having a more open dialogue about the experiences in the relationship offers a way of understanding and formulating the psychological process that takes place amongst the group of patients; that is, what the members are trying to communicate through the experiences captured by the co-therapy relationship. This is particularly taking into consideration Cooper's (1976) theory that suggests that the conflict, differences and difficulties in the co-therapy relationship might signify the problems within the group psyche itself.

What was moving, though, during the interviews was the participants' recognition that it was only through the moments of deep professional intimacy, provided these could be survived, that they could begin to make sense of, contain and digest the presenting issues of the patients in the group. In connection with this, Okech and Kline (2005) suggest that it is the negative emotions that call for a deeper sense of intimacy and trust in the co-facilitating relationship in order to be talked about. It seems to me, however, that it is rather the process of starting to speak of the negative emotions without falling apart, as the participants have pointed out, which tests the strength of the co-facilitating relationship and subsequently deepens the sense of intimacy and trust. The talking and thinking space provided by the research interviews appeared to facilitate what Okech and Kline (2005) define as a "reflective relational process"; that is, "the intrapersonal process co-leaders used to deliberate over their actions and reactions, their partners' interactions, and group-leading experiences. It was the process that co-leaders used to make sense of their perceptions, experiences, and reactions in co-leader relationships during and outside of their group" (p. 178). It seems to me, however, that such a reflective relational process, in contrast to Okeh and Kline's (2005) observations,

might not necessarily arise of its own accord, but perhaps needs to be more actively pursued, created and recreated by the co-therapists during the course of their joint and often challenging clinical work.

Being seen

The theme of the unspoken communication discussed above appears to be closely allied with the experience of being seen. In other words, that which is not spoken about does not have to be directly looked at. Paradoxically, the results of the study suggest that a co-therapist might find it difficult to escape the gaze of the other. The participants described how each and every action of theirs could not be viewed in isolation. What seems interesting is that even the absence of a conversation appeared to generate a feeling that one is seen, albeit in a rather uncertain way. These results appear to be linked with Wachtel's (2008) proposition that by keeping out of the way in order not to influence how the other conducts him or herself will simply create an experience in relation to the therapist's "keeping out of the way"; thus, to attempt to eliminate the impact of the observer is to engage in self-deception (Wachtel, 2008). Similarly, sitting quietly might lead one co-facilitator to questions how he or she is being viewed, experienced and thought of by the other. By the same token, the co-therapists might wonder how their colleague sees them when they make an intervention or avoid facing an issue in the group.

The participants highlighted that not knowing what was happening in the mind of their co-facilitator could result in them feeling vulnerable and anxious. This experience of anxiety, which the co-therapist might feel, but not necessarily talk about, appears to be connected with a sense of exposure and often the embarrassment. The results suggest that the feeling of embarrassment is there not because of being in the spotlight of the group of patients, but because another colleague observes and scrutinises their way of relating to the group.

These findings appear to support the results of Okech and Kline's (2006) study, which suggest that group co-leaders can experience concerns about how each of them is perceived in the co-facilitating relationship, including their own critical evaluation of themselves. Okech and Kline (2006) point out that these competency concerns involve "anxiety about their effectiveness and apprehension about the effect these competency evaluations […] might have on their co-leader relationships" (p. 169).

Thus, it can be argued that a great deal of emotional energy might be diverted away from the therapeutic task of the group (e.g. Bowers and Gauron, 1981) towards the inner preoccupations and worries of each therapist about their effectiveness within the co-therapy relationship. This psychological process might also be linked with the need to sustain a positive perception and associated friendship in the relationship. Bowers and Gauron (1981), for instance, indicate that the experience of the emotional attachment between the co-leaders can result in the discouragement of conflict and offering of challenging feedback. They add that the friendship between the co-therapist and the nurturance of their relationship can take priority over the psychological processes and development of the group work. Yet, the results of the present study appear to suggest that rather than being a reflection of their emotional attachment, this process might indeed be indicative of the therapists' efforts to be seen in a particular way by their colleague, perhaps so as to avoid the described sense of exposure and embarrassment connected with speaking about their real anxieties and facing potential confrontations. Taking into consideration the earlier discussion, it can be said that by not making the issues more visible via an open dialogue, the co-therapists might further compromise their clinical understanding of the whole group psyche (Cooper, 1976). This view is consistent with Dies' (1994) suggestion that the "co-leadership may complicate group process unless the leaders manage their relationship effectively" (p. 141).

Overall, it appears that this experience of being seen has an important dynamic quality that can have real clinical implications. The results also show that the sense of being watched can make one feel constrained by the gaze of the other. It is almost as if the therapist who watches is experienced as having power and freedom, whilst the one who is being seen can feel controlled and inhibited. Could this equally explain, as Bowers and Gauron (1981) suggest, why the emotional energy might be diverted from the therapeutic task of the group? The co-therapists in this study highlight that when one therapist is absent, for example, due to an illness or annual leave, the present co-therapist tends to find him- or herself freed up, more fluid and open to be engaged with the task of the group in the way that he or she sees fit.

Because of the nature of this influential factor in the co-facilitating relationship, it appears that the gaze can be utilised defensively by each co-therapist, which might impact on how they jointly conduct group psychotherapy at any given moment in time. For instance, one therapist gave an example where his uncomfortable experience of being embarrassed led him to become a quiet observer in the group for some time. Might this suggest that the gaze was thus reversed, as he was now simply looking out of his place of retreat so as to prevent further feelings of embarrassment? Also, it can be argued that these unspoken power tactics between the co-therapists do not escape the gaze of the group patients, which might, in turn, affect their ways of interacting with one another. Fall and Menendez (2002), for instance, point out that the group members do tend to be impacted by what they observe and learn from the interactions between the co-facilitators. Equally, the descriptions of the participants in this study might supplement the understanding of the findings of Klein's (2002) research that suggests that the more comfortable the therapists are with the power differences between them, the more likely the group members themselves will be open to feedback from one another. As such, it can be proposed that the more relaxed and less constrained the therapists feel about

being seen by one another, the more likely the group members will openly talk about what they observe in each other, too.

Difference and conflict

The relational processes associated with the experience of being seen appear to be further complicated by the issues of difference. Each and every participant described seeing their co-therapist, his or her style and approach, their theoretical training and clinical background as being somewhat dissimilar. It is as if the therapists could feel themselves being seen more clearly as a result of such contrasts. In other words, these divergences seem to have the propensity to highlight how each co-therapist conducts him- or herself during the group work whereby they might quietly disagree with the other or feel less or more competent by comparison. The participants were clear that this evoked conflicts especially when one co-therapist took things in one direction and the other somewhere else. This seems to confirm McGee and Schuman's (1970) observation that the co-leader relationship will always embody "differences and conflicts, as there must be in any meaningful relationship" (p. 29).

The participants described finding themselves in the potentially stressful interpersonal dynamics dominated by power plays, anger if not hate at times, envy and jealousy. They indicated that although each therapist might personally feel the clashes, these were unlikely to be brought into the open, reflected upon and managed in the relationship. In connection with this, McGee and Schuman (1970) point out that the issue is not that such difficulties exist, but the way in which the problems are conjointly managed and thought about, which might subsequently foster or compromise the development and strength of the co-therapy relationship. Similarly, Levine (1991) states: "The question is not if conflicts will arise in a co-therapy relationship, but whether the therapists will resolve their mutual conflicts" (p. 304). The participants in the study highlighted

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that the conflict tended to be managed in an unspoken manner. Thus, it seems that the unspoken communication, including the experience of being seen discussed above, appear to be directly connected with this theme. In other words, the co-therapists' wish to hide, to not speak about their relationship is likely to sustain their quiet disagreement, whilst the views of each might remain unchallenged and lead to a perception that one's therapeutic approach, for instance, is more appropriate or correct than that of the other.

Taking these considerations into account, Roller and Nelson (1993) highlight the significance of the theoretical similarities between the co-therapists and suggest that it is important not to "underestimate the effects that the divergence of their theoretical beliefs have on their groups [...] the group may attempt to solve the dilemma by splitting the cotherapists along theoretical lines. What began as a divergence in theory between therapists may result in a deep division within the group" (p. 309). This is consistent with Cooper's (1976) observation, which points out that the issues and experiences, including those of differences and conflict that do emerge between the co-therapists, cannot be separated from the psychological processes and dynamics encountered within the group. Equally, taking Cooper's (1976) view into account, it can be argued that such theoretical divergences have a tendency to create a situation whereby the thoughts and feelings associated with conflict between the co-facilitators are managed through splitting and projection of these onto the group members who subsequently act these out. The results of this study support this argument and show that the disowned issues experienced in the co-therapy relationship tend to be seen to belong to the group instead.

These results also appear to support Levine's (1991) view that suggests that the main "disadvantage of co-therapy primarily arises from the situations where the co-therapists fail to develop a good relationship with each other. [...] The first danger is that the therapists may act out their respective or mutual difficulties,

or both, in or through the group" (p. 297). It may be further postulated that when one therapist idealises their own therapeutic method, whilst dismissing or devaluing that of the other, he or she is temporarily supplied with a sense of self-assurance and professional esteem at the same time as the underlying anxieties connected with a self-doubt are potentially split off and projected out; that is, either onto the other therapist or the patients in the group. In other words, one might ask, what would it mean to be challenged about the correctness or trueness of one's therapeutic method? This question appears to be linked with the issues of exposure and possible embarrassment that some therapists have described during the interviews concerning the experience of being seen (see earlier discussion above).

Nevertheless, the space created by the research interviews seemed to facilitate an experience of openness, which appeared to provide each co-therapist with a chance to name and speak about such issues with one another. One therapist acknowledged feeling envious of the gentle voice that the other had, whilst the other alluded to feeling jealous of his co-therapist's active style of engaging the group, which made him feel somewhat displaced. Some therapists asked themselves, "are we too similar?" and recognised that it was unhealthy that they had felt reluctant to speak about their differences. Whilst others discovered at the time of our meeting that they could indeed survive the challenge of being different in the relationship. The participants acknowledged that they wished they had had this conversation sooner and agreed that this would have significantly helped the group work.

Fall and Menendez (2002) point out that the patients do indeed benefit from the co-therapy groups by being able to observe and learn from the interactions between the co-facilitators. Taking the current discussion into consideration, it may be suggested that what the group members are likely to benefit from is the therapists' ability to work through the negative emotions associated with their

experience of conflict. This supports Levine's (1991) recommendation that "if the group members can see the therapists can and do disagree or conflict without rejecting each other, then group members come to understand that it is possible to assert one's individuality in a relationship without being rejected" (p. 296). Might this be an essential element of a healthy co-therapy relationship? Bowers and Gouron (1981) state: "Therapists must assure that they show a healthy relationship because patients frequently assume that whatever therapists do with each other in their relationship is acceptable" (p. 226). Thus, it can be hypothesised that the co-facilitators' capacity to attend to and mutually think about their differences might contribute significantly towards an experience of health within the whole psyche of the group.

Implicit interaction

The results of this study suggest that there is still another layer to the co-therapy relationship that in some ways appears to transcend the issues of difference and conflict discussed above. The therapists highlighted that they were there to do their job, not only as separate and independent practitioners, but also as a unit engaged in a kind of dance. It seems that when the co-facilitators' therapeutic efforts are directed towards the life of the group, these efforts have to be coordinated between themselves in such a way as to contain, rather than distract from, the therapeutic task. As such, the co-therapists' attention appears to be divided between being absorbed by the group processes and the embodied sense of their joint dance. Whilst they consciously attend to the group, the unconscious process appears to guide the flow of each and every intervention, giving them a feeling of when to speak and when to stay silent. In other words, the participants suggested that this psychological process facilitated a visceral experience of sharing thoughts, feelings, ideas and goals, which informed their joint task and hopes for therapy in an indirect and mostly implicit manner.

In addition, all of the participants in this study described the importance and subtlety of the non-verbal communication, which seemed to involve paying careful attention to the minimal cues from one another without often realising that they were doing it. They indicated that a brief look that perhaps lasts less than a second could communicate, for instance, a mutual understanding that a patient is finally coming out of his shell, which subsequently allows the co-therapists to share quietly the positive feelings connected with such a therapeutic progress. It might be assumed that this could equally offer an implicit sense of validation and support to the patients in the group who, in turn, tend to observe and learn from the interactions between the co-therapists (Fall and Menendez, 2002). Thus, it seems that the presence of such a process in the co-facilitating relationship might play an important clinical function.

However, there appears to be little information in the literature on co-therapy about the nature of the non-verbal communication between the co-leaders. The study of Okech and Kline's (2005) describes a particular "process co-leaders used to gather data from their co-leader relationships" whereby the co-therapists had an experience of communicating "nonverbally in terms of eye contact, facial expressions, and, most obviously, talking about those perceptions, gathering information nonverbally, and checking it out later" (p. 185). The participants in the current enquiry have equally emphasised the significance of eye contact, including the importance of being able to see the face of their colleague as a way of gathering information and coordinating the intervention-making process during the group therapy sessions.

This experience of needing to see each other so as to coordinate the work, paradoxically, appears to contrast the one where a therapist is being seen engaged in the very process of co-ordinating. Interestingly, the therapists described feeling anxious when not being able to see the face, and especially the eyes, of their colleague, whilst similarly feelings anxious when they were, in fact,

being seen by them; that is, when the eyes were on them. This further highlights a dynamic nature and function (i.e. to see or to be seen) of the gaze discussed earlier. At the same time, this non-verbal process described here, in my view, appears to have a different psychological characteristic. The participants suggested that the mutually shared look is a means to an end, a kind of tool, the purpose of which is to help the therapists achieve and share an understanding of the happenings in the group. In other words, its function is clearly predetermined as a channel for exchange of information and, therefore, does not have a quality of uncertainty that seems to define the experience of being watched. As demonstrated earlier, the latter process appeared to leave one feeling anxiously unsure about what their colleague might be thinking about them, whilst the former, on the contrary, appeared to help the co-therapists to clarify and reaffirm their thinking, albeit in a non-verbal fashion.

Taking the above argument into account, it seems that this implicit, non-verbal process is equally different from the theme of the unspoken communication discussed earlier. In others words, the implicit interaction arises as a way of helpfully containing the psychological work, whereas the unspoken communication seems to be linked with a rather avoidant and potentially unhelpful way of containing the therapists' individual anxieties. As Okech and Kline's (2005) point out, the therapists' experience of the non-verbal process used for gathering information during the group sessions is likely to be checked out and, therefore, talked about later. In other words, as the implicit interaction seems to be primarily concerned with the clinical management of the group processes, rather than the deeper issues in the co-therapy relationship itself, it is more likely that the therapists will speak about it. This is consistent with the observations of Wachtel (2002) and Roller and Nelson (1993) who suggest that in general the co-therapists have a tendency to concentrate on the clinical matters occupying the members of the group, as opposed to talking about the problems in the co-therapy relationship. Although, it can be argued that this

non-verbal dance of coordinating the therapeutic efforts might at times be disrupted by the differences in the theoretical orientations of each therapist, which, as the findings demonstrate, is subsequently less likely to be discussed between the co-facilitators.

The Implications for Practice and Training

Probably the most important feature of the current investigation has been the relationship. The findings seem to have demonstrated the tremendous power and significance of the relational experiences and processes that take place in the sphere of the co-facilitation. This is consistent with a view that the function and impact of the relationship in the work of psychotherapy should not be underestimated, for it seems to go to the very heart of what we do as therapists, including the transformations that we witness. The therapeutic relationship has indeed been considered to be one of the most important common factors in change and development regardless of the therapist's chosen modality of practice (Castonguay and Beutler, 2006; Gilbert and Orlans, 2011). The research participants have equally echoed this:

> Robert: "*I wonder whether if we'd done more work between us on conflict and disagreement that it might have helped the group more.*" [...]
> Researcher: "*It's interesting what you're saying is that it's not the level of training that you've received, but it's the relationship that you have that becomes an intervention in itself.*"
> Angela: "*Absolutely*" (i/v6).

However, as the above depiction highlights, the current study appears to be taking the matter even further by offering a broader and perhaps more complex view of the therapeutic relationship. The co-therapy relationship seems to have many different dimensions, which involves the interrelatedness between the

therapists; the therapist interaction with the group members; the impact of the co-therapy relationship on the group processes; and the shaping of the co-facilitation by the dynamics within the context of the group. As the findings suggest, these factors cannot be considered in isolation. Thus, the work of co-therapy does not only contain the dyadic patient-therapist interactions, but includes the experience of the relationship between the two therapists; and, it is this relationship, almost as a third other (Ogden, 1994), that treats the patients and characterises a new form of therapeutic relationship. This view of the therapeutic relationship has the potential to amplify the scope of our knowledge and understanding, which can be transferred to the multitude of clinical and training situations, including the individual therapy where these issues seem to play as central role as they do in the co-facilitation of group psychotherapy.

Through this investigation, the deeper realms of group psychotherapy have been explored. The results demonstrate that the therapist's particular interpersonal stance within the co-facilitating relationship takes the centre stage in the progression of the therapeutic work. Although some writers, such as Tallman and Bohart (2005), for instance, oppose the idea of the therapist being the instigator of change and suggest that it is rather the client who champions the progress, the results of the present study show that the unique being of the therapist, as defined in and through the relationship, plays a critical role in our understanding of change. Roger's (1951) notion of congruence as applied, for instance, to the integration of the personal and the professional, the conscious and the unconscious qualities of the therapist appears to play a vital part in positioning the therapists involved in group work with as much power to facilitate as to thwart the growth of the client. I think that this is especially important if we consider the ethical implications of this perspective, which might be a matter of concern for those types of therapy and psychology trainings where neither the therapist's individual development (e.g. through the vigorous

engagement in one's personal therapy) nor the therapeutic relationship are being given the needed priority.

I think that the therapeutic relationship, as discovered in the field of the co-facilitation, offers a unique opportunity for understanding the dynamic interplay between the working alliance and the transference-countertransference, the implicit and the unspoken, including the unconsciously organising principles that orchestrate the multidimensional dance of co-therapy. We have seen how the experiential features of the co-therapy relationship tend to arrange themselves paradoxically in a way that adds substantial complexity to the previously known theoretical conjectures. This complexity offers an important medium through which we can reach a more precise clinical understanding of where the group is at any given point in time, as well as affect its progression during the course of therapy. The results suggest that this process can be further enhanced by an open communication between the co-therapists, which might also be one of the most important means of working through any potential difficulties in the co-therapy relationship and, indirectly, the group itself.

In light of the above, it seems that the therapists' capacity to create a talking and thinking space can facilitate what Okech and Kline (2005) define as a "reflective relational process"; that is, "the intrapersonal process co-leaders used to deliberate over their actions and reactions, their partners' interactions, and group-leading experiences. It was the process that co-leaders used to make sense of their perceptions, experiences, and reactions in co-leader relationships during and outside of their group" (p. 178). The findings suggest, however, that this space might need to be more actively pursued by the co-facilitators during their joint and often challenging clinical work.

It appears that the more relaxed and less constrained the therapists feel about speaking about their relationship and, thus, being seen by one another, the more

likely the group members will openly talk about what they observe in each other, too. This supports the conclusion of Bowers and Gouron (1981) who point out that, "the therapists must assure that they show a healthy relationship because patients frequently assume that whatever therapists do with each other in their relationship is acceptable" (p. 226). This is important because the therapists' ability to resolve any emotional difficulties and conflict in the relationship might contribute towards an experience of health within the whole psyche of the group. Indeed, "Like good parenting, co-therapy is related to solid family-learning principles. How the co-therapists behave with one another, how they use each other, how they manage their differences – these are all models for health in relation to the individuals and families under treatment. Therefore, co-therapy is not a technique, but a way of modelling being human" (Satir in Roller and Nelson, 1991, p. 211).

In addition, it seems that the co-therapists ability to hold a reflective capacity in relation to the implicit relational processes occurring between them might not only support the coordination of their therapeutic efforts and management of the group processes, but might provide an indirect sense of validation and containment to the patients who, in turn, as Fall and Menendez (2002) indicate, tend to observe and learn from the interactions between the co-facilitators. I think that this might be especially important in the work of Mentalisation-Based Therapy (MBT) where the two individual therapists involved in this popular programme also co-facilitate a group together.   The informal discussions with the clinicians practising this form of psychological therapy in the National Health Service (NHS) in England appear to highlight the very difficulties that have been identified in the present study. It seems ironic to think that despite its evidence-based focus on the interpersonal relationships (Fonagy et al., 2005), including its support by the National Institute for Health & Clinical Excellence (NICE, 2009) guidelines for the treatment and management of borderline personal disorder, the very relationship that carries and endorses the inherent values of MBT might

have remained unmentalised. The research participants have also stressed this issue:

> Jessica: "...*we always think about this group, the people in the group, but actually there is probably more, just as much information contained between the two of us as to how that group functions then I think we have probably gone into in supervision, because had we spoken about the kinds of, 'what happens to you when it's all dead?' and 'how I would react to that?' or whatever, it would give us more knowledge about having to cut through more of that half hour or 45 minutes, but it's probably only been contained within us, we couldn't access it through them [i.e. the patients] in the same way, I don't think we could have accessed it through them*" (i/v9).

> Angela: "*My kind of thoughts were that we haven't set time trying talking to each other as we went along, but we haven't really talked about what it was like working together... not particularly. We've done it through you [i.e. the researcher] and have today, as well. Just made me think about that really I think... I mean this is another forum, because in a way it would make a lot more sense for this to be a forum... Because we can then try to do it with a facilitator to talk about the dynamic because it's so difficult to do it just the two of you and doing it in a bigger group I think is difficult, too*" (i/v6).

Furthermore, as the above descriptions point out, the clinical supervision for co-therapy might not necessarily provide the needed space to think and talk about the being-with of the co-facilitation. It seems unclear whether this is a reflection of the supervisor's collusion with the process of "*hiding behind the talk about patients*" (i/v6), an oversight of "*just [how] much information [is] contained between the [co-facilitators] as to how the group functions*" (i/v9), or the struggle to

determine to what extent the responsibility for creating such a reflective space for the supervisees should be shared. In connection with this, it is also worth noting that following the research interviews some participants have contacted me and either expressed their interest in having further supervision or requested help with designing the kind of questions that had allowed them to begin exploring the different levels of their co-facilitating relationship. All of the participants involved in this research have conveyed their appreciation for having taken part in the interviews, including the positive impact that these seemed to have had on their clinical thinking.

Yalom and Leszcz (2005) suggest that the co-therapy experience can function as a valuable learning tool for the beginning therapists. Hadden (1947) equally promoted a method of training psychotherapists whereby a junior therapist joined their more experienced colleague in a group setting. Although Roller and Nelson (1991) question whether the dyad compositions consisting of a trainee and a qualified therapist can be defined as co-therapy (for one of them is not a "therapist"), this only appears to address the structural nature of the problem, leaving the complexities of the relational process open to consideration. It seems to me, on the other hand, that the findings of the immediate enquiry can provide the both members, regardless of their level of experience, training and professional status, with the necessary intellectual means for reflecting on their particular relational experience and further developing the practice of co-facilitation. Thus, one could ask, what is it like being seen by a senior colleague? What is the effect of sharing one's vulnerabilities with a trainee? And, how do the unspoken and implicit processes get managed within the particular relational configuration? I suspect that the answers would equally generate some useful discoveries. I would also like to add that the results of the current study could be effectively translated to the sphere of management, education and family work where the identified issues might be of comparable if not greater importance.

Finally, despite its challenges, the experience of co-facilitating group psychotherapy appears to have the positively transformative effects on the involved therapists. It seems to me that through the process of engaging in the co-therapy relationship one can obtain the necessary validation as a clinician; develop one's distinctive therapeutic style at the same time as modelling and incorporating that of the other; as well as receive (and learn to receive) the valuable feedback from one's colleague. I think that all these factors can continue to foster one's therapeutic competence and, ultimately, one's confidence:

Jessica: "…*so I sort of feel that he's got much more of a sense of who I am in relation to sort of patients and sort of integrity, and that kind of stuff and certainly my confidence as a person has increased, working with him […] so while there's an anxiety about being seen, it's actually worked in my favour, not the sort of opposite*" (i/v8).

Steven: "*I know that I've seen her become more confident and I think in the team, and someone, I wouldn't say in the group that she's not, but I'm sure, I think it's helped in that process.*"
Researcher: "*I wonder if that's something to do with, you know, being seen, in this situation?*"
Steven: "*Probably. Yeah*"
Researcher: "*So that you can see how you work, you know.*"
Steven: "*Yeah*" (i/v7).

Steven: "*I think you have become more vocal since then actually.*"
Jessica: "*Doing couple work, you know, sort of working as co-facilitators has most definitely enhanced that for me, definitely, even though, I never know what might come up or what he might say, or how that will impact on me. That fact is what really helped me get into this team.*"

Researcher: *"So it affects how you are outside of the group, as well?"*

Jessica: *"Yeah, yeah"* (i/v9).

In connection with this, Ross Crisp (2014) in the recent Counselling Psychology Review journal has published a paper on the "Characteristics of the master therapists". Interestingly, he appears to highlight the important influences of the same type of paradoxes on one's sense of developing mastery that have been identified in the present research. Thus, the capacity to integrate and manage the boundaries between the personal and professional selves; to be open to feedback without destabilising; to create safe and challenging environment; to manage the relational closeness and separateness; and to harness the sense of power whilst remaining humble about the self (Crisp, 2014) all appear to tap into the explored phenomenological constituents presented in this report. As such, the experience of becoming a co-facilitator might be as valuable as one's personal therapy. Therefore, it seems that the incorporation of both of these practices can be introduced as an important vehicle for the training of the future psychotherapists and psychologists, or at least for the individuals who wish to become the masters in their respective fields.

Review of the Research Journey

I feel that the nature of this enquiry has a personal and professional significance. Its journey had indeed begun before the initial conceptualisation of the research question. As I have mentioned in the introduction to this thesis, my first experience of being in the role of a therapist had been through becoming a co-facilitator of a small group psychotherapy. This was more than ten years ago. As a junior therapist, I eagerly absorbed and tried to assimilate as much as my co-therapist was able to offer. Having time to reflect on the group processes following each session was a significant part of that learning experience. However, what I think was even more important is the relational experience of

being nurtured and supported through the continuous feedback and joint exploration. This was an initiation into my journey as a therapist, which took place in a rather demanding clinical context. The conception and completion of this doctorate project seem to be symbolic of a beginning and an end of my more formal training as a Psychotherapist and Counselling Psychologist, which I have found to be both enriching and often deeply challenging. This study, as such, cannot be separated from the history of this rather lengthy personal and professional voyage.

Although I think that the results of this research only to some extent reflect my own initial experience of group co-facilitation, they do offer a new way of viewing my understanding of it. Looking back, I can certainly recognise the implicit quality in my interaction with my co-therapist, including the unspoken processes that might have structured our shared experiences. I can recall the moments when my co-therapist, for example, challenged me about being too quiet or overly interpretative in the group, which seemed to tap into my own personal anxieties about being seen. Sometimes, I feared her judgment and negative interpretation of my therapeutic interventions. However, I was more often than not pleasantly surprised by her positive and validating comments, including her recognition of me being more proactive and creative in my approach. Nevertheless, these factors did, in turn, seem to highlight the difference in power.

The above issues appear to resonate with those described by the research participants, but they are not essentially the same. Taking this into consideration, it is important to note that the qualitative data collected here cannot be generalised. However, what the findings do seem to offer is a possible way of thinking about this rather complex relationship. Equally, it seems evident that the co-therapy relationship, as any other meaningful interpersonal encounter, is likely to leave an emotional impact on those who do

choose to get involved. This has certainly been my experience and, perhaps in a slightly different way, the experience of the participants in this study.

I have approached this enquiry from a phenomenological perspective, partially so as to try to shift, as fully as possible, my attention towards the experiences described by the research participants. I felt that this was important in terms facilitating an extensive qualitative exploration and containing the possible prejudgements during the interviews and data analysis. However, I also know that I was drawn to phenomenology due to my broader theoretical and clinical interest in it, which, paradoxically, could be considered to be a preconception in and of itself. Thus, whilst perhaps trying to limit the bias of interpretation, I might have introduced another.

In hindsight, it seems to me that by attempting to direct my focus towards being primarily interested in what the participants had to offer, I was potentially bringing a quality of the unspoken communication to the process of this investigation; that is, my previous experiences and certain pre-understandings. Had I approached the interviews from a different angle, perhaps by openly sharing my ideas or experiences concerning the nature of co-therapy, I might have ended up with a different set of data, which could potentially be richer and not necessarily less accurate or true in the qualitative sense. Equally, I wonder what would have happened to the theme of "being seen" described by the participants had I allowed myself to be seen a bit more clearly. Besides, I think that the experience of being interviewed involves the process of being seen where, paradoxically, an open conversation by itself constructs the meaning of what initially may be unspoken.

Taking the above considerations into account, it can be argued that the descriptions provided by the co-therapists are not only reflective of the unique research situation, but also mirror the participants' attempts to reconstruct their

particular experiences verbally, mostly in retrospective fashion. Rarely if ever do we reach a final understanding of our clients and their histories from one or two initial consultations. Rather, a client and their therapist tend to go through a process of developing new understandings, whilst at times discarding those original ones on the basis of additional reflections and accumulation of insight. Similarly, I think that the findings of this qualitative research provide us with a single slice of a potentially much broader view. In my opinion, this wider outlook can only be advanced over a longer period, which might, in turn, challenge the established understanding. As is often the case with the clinical cases, I think that our insight into the nature of the co-therapy relationship will be greatly increased and potentially transformed as a result of a continuous exploration offered by the different researchers and methodologies, as well as the clinicians who are willing to be open about their often sensitive and evolving interpersonal experiences.

Limitations of the Enquiry and Suggestions for Future Research

I think that one of the main challenges of the current study involved trying to manage the adopted methodological approach without losing track of myself as an experiencing subject within the process. The reasons for choosing descriptive phenomenology was partly linked with a hope that this would allow for a closer engagement with the actual accounts of the research participants. However, it seems to me that in the course of trying to elaborate on the descriptions offered to me by the research participants, I was often unsure about the extent to which I could include my presence as an interpreter of information and its significance. I think that this has generated a certain personal and epistemological tension that might have limited the process of exploration.

I feel that the complexities of the above process might also reflect my desire to 'describe it as it really is', which, at a deeper level, is perhaps linked with my relationship to the English language itself. I grew up speaking Russian at a time when the understanding of the world beyond the iron curtain appeared to be somewhat unclear and, at times, distorted by a history of various interpretations. Learning to speak English has been an important part of my development, which not only seemed to open up a view of the other worlds, but also offered a 'potential space' (Winnicott, 1971) through which the new experiences could be discovered and more freely engaged with. I wonder if my philosophical orientation reflects this historical and rather personal bias that probably speaks of my struggle with the nature of truth, description and interpretation.

Furthermore, the particular tussle described above is perhaps not unrelated to the matters concerning the quantitative testability and qualitative differentiation, which have a tendency to be inversely related. The consideration of these factors might be of some relevance for future research. To be more precise, richness appears to be in inverse relation to reliability and the possibility of validation (Stevens, 2001). To go beyond experiments and simple observations, which can then be reliably generalised, involves, for instance, the use of hypothetical constructs, which are much more difficult to test (Sapsford, 2001; Stevens, 2002). For example, the phenomenological construct of "unspoken communication", which appears to be related to the constituent of "being seen", may not be openly expressed in the directly observable acts, but which seem to affect the behaviour and experience of the therapists in different ways (Stevens, 2001/2002). Even though it is not always possible to infer such hidden characteristics, they appear to be the useful categories for understanding the depths of the relational experience in the sphere of psychological therapy. Had these been put under the objective scrutiny of an experimenter and reduced into the manageable and testable chunks of behaviour, they would have lost their complete richness and

usefulness that might help the co-therapists to distinguish the particular psychological patterns from others (Sapsford, 2001).

However, I think that the results that have been grouped under the five phenomenological constituents in this study can potentially be explored as the possible hypothetical constructs via the creative and flexible means of different methodologies. As such, I wonder whether further examination of the findings through the use of the other research methods might offer a degree of triangulation and broaden our knowledge of this particular relationship. Equally, any future investigation of this subject matter involving the different treatment modalities (e.g. as experienced in Cognitive Behavioural Therapy, Family Therapy, long-term and briefer psychological work, etc.) might significantly deepen our understanding of the psychological phenomena belonging to the co-therapy situation, including the stability of the essential themes that might define the nature of the co-facilitation across the various therapeutic approaches. In addition, obtaining the patients' perspective might provide another valuable dimension, especially in terms of understanding the link between their particular experience of psychological change and the relational processes encountered in the co-facilitating relationship.

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Appendix 1

METANOIA INSTITUTE & MIDDLESEX UNIVERSITY

PARTICIPANT INFORMATION SHEET

1.   Study title

"The 'Being-With' of Psychotherapy: A Phenomenological Enquiry into the Nature of the Co-Therapy Relationship in Group Psychotherapy".

2.   Invitation to take part in the research

Dear group psychotherapist/analyst, I am working towards the award of Doctorate in Counselling Psychology and Psychotherapy by Professional studies (DCPsych). In order to complete the doctorate dissertation, I am seeking research participants to be interviewed regarding their experience of co-therapy (co-facilitation) relationship in small group psychotherapy. You are being invited to take part in this research study. Before you make your decision, I would like to provide some information about the research, why it is being done and what it will involve. I hope this will be helpful; however, please, do not hesitate to ask me if there is anything that might not be clear or if you would like more information.

3.   Background and purpose of the study

Group co-therapy is a widely practiced and preferred method of group leadership (Yalom and Leszcz, 2005). Co-leadership is thought to promote positive therapeutic outcomes for both clients and co-leaders (Dugo and Beck, 1997; Gladding, 2003; Hendrix, Fournier, and Briggs, 2001; Posthuma, 2002; Yalom and Leszcz, 2005). However, the often quantified notion of outcomes offers very little information about the actual processes and experiences in the co-therapy relationship, particularly from a phenomenological perspective. Also, it seems that no formal phenomenological study has been conducted with a purpose of exploring how psychological therapists engage in the relational/interactive (both conscious and unconscious) co-therapy processes.

As early as 1920s, Alfred Adler experimented with employing two therapists instead of one in his therapy practice (Roller and Nelson, 1991); yet, almost a century later, research into this particular type of work appears to be virtually non-existent. This phenomenological study aims at further exploration, illumination and understanding of the experiences and processes involved in the co-therapy relationship in group psychotherapy.

4.   The process of the interview and why you have been chosen

I would like to interview two practicing qualified therapists (trained in group or relationally/psycho-dynamically focussed psychotherapy with a professional experience in conducting group psychotherapy) from either presently existing or

past, co-therapy dyad; that is, first, separately and then re-interviewed as a dyad together. Overall, six participants (that is, representing three separate groups) will be invited to take part in this study. Each dyad will be considered and approached separately in order to insure a safe, containing and confidential exploration. The group, and the co-therapy relationship as part of it, will need to have lasted for no less than three months (prior to the interview). I hope that this will allow the participants to describe their particular relational experiences of the co-therapy at a greater depth.

The reasons for inviting to interview practitioners, who are either qualified in group psychotherapy/analysis or trained psychotherapists who have professional experience in facilitating group psychotherapy, are based on a number of assumptions. These take into consideration the speciality and specificity of the professional training and experience that focuses on the multi-layered (both conscious and unconscious) nature of the *relational processes* that can be expertly observed and, subsequently, described during the interview.

The interviews will be semi-structured and mostly non-directive in order to facilitate greater flexibility and opportunity for the participants to tell their story. Each interview will last around one hour. The interviews will be recorded using a digital recorder and will be subsequently transcribed.

5.   Your decision to take part

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

6.   The possible benefits and potential difficulties of taking part

There are possible benefits in participating in this qualitative research which seems to have received so very little attention despite the evidence that suggests that co-therapy is a preferred method of group leadership (Yalom and Leszcz, 2005). Therefore, through your participation you will potentially be making an important contribution to the field of psychology, psychotherapy, group psychotherapy and analysis. You will also have the opportunity to share, explore and further integrate your own experiences that might be helpful in your clinical practice.

However, in view of the fact that this research focuses on what happens in the relationship between two people during their professionally joint and complicated work in the group psychotherapy, it is possible that the exploration might tap into the potentially more difficult and complex areas of the co-therapy process. Participants will be given time to debrief following the interviews in order to consider any unforeseen difficulties that may occur and will also have access to further referral (through the option of therapy or counselling) should the need arise.

7.   Confidentiality and anonymity

The information provided will be treated as confidential, and anonymity will be preserved at all stages of the research process whereby participants will have the right to withdraw from the study at any time during the interview or retrospectively

following the interview, in which case all data related to the participant will be destroyed.

All the data will be stored, analysed and reported in compliance with the Data Protection legislation of the United Kingdom.

8.   What will happen to the results of the research study?

Following the completion of the research (estimated between November 2013 and February 2014), the results of the study will be published as part of the Doctorate dissertation. A copy of the published results will be obtainable through the Metanoia Institute and the Middlesex University. The participants will not be identified in any report/publication.

9.   Who has reviewed the study?

The Metanoia Research Ethics Committee has reviewed the proposed study.

10.   Contact for further information

If you are interested in taking part in this research, please contact:

Researcher: Yevgeniy Starodubtsev
             [The personal telephone number and
             email address were provided here]

Supervisor: Professor Vanja Orlans
             Metanoia Institute
             13, North Common Road
             Ealing, London W5 2QB

             Tel: 020 85792505
             Fax: 020 8832 3070

Thank you for choosing to take part in this study.

11. References

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Appendix 2

CONSENT FORM

Participant Identification Number:

Title of Project:

"The 'Being-With' of Psychotherapy: A Phenomenological Enquiry into the Nature of the Co-Therapy Relationship in Group Psychotherapy".

Name of Researcher:

Please initial box

1. I confirm that I have read and understand the information sheet
    dated ....…………………for the above study and have had the
    opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw
    at any time, without giving any reason. If I choose to withdraw, I can decide
    what happens to any data I have provided.

4. I understand that my interview will be taped and subsequently transcribed

5. I agree to take part in the above study.

6.   I agree that this form that bears my name and signature may be seen by a
     designated auditor.

_____   _____   _____
Name of participant   Date   Signature

_____   _____   _____
Name of person taking consent   Date   Signature
(if different from researcher)

_____   _____   _____
Researcher   Date   Signature

1 copy for participant; 1 copy for researcher

Appendix 3

Demographic Questionnaire for Participants

Name:_____

Training qualifications and professional registrations:

_____

Approximate number of months/years of practising (group; individual):

_____

Primary theoretical orientation/Practice model:

_____

Current clinical practice setting (e.g. group; individual; private; NHS):

_____

Psychotherapy group population (e.g. nature of difficulties worked with):

_____

Your ethnicity:_____

Your gender:_____

Your age:_____

Any other demographic information that may be of interest:

_____

Appendix 4

Sample of Stage 2 & 3 of the Research Analysis

Stage 2 of the Research Analysis

P4(f):   Yeah, in retrospect, maybe that's a bit of a harsh place for it to come out, but there wasn't another forum. I mean this is another forum, because in a way it would make a lot more sense for this to be a forum... Because we can then try to do it with a facilitator to talk about the dynamic because it's so difficult to do it just the two of you and doing it in a bigger group I think is difficult too.

P3(m): Yep.

Researcher: It sound like it's understandable why it's so difficult. /

P4(f): I think managing that, and I think it is terribly important because I think, you know, probably when that came out in that supervision, that... you thought I was very angry, which I don't particularly remember if that sort of came across, but I think it was because I hadn't been able to find a way of saying things that I wanted to say, but just...

P3(m): I think both of us have been quite.../

P4(f):   Yeah. I didn't want to be hurtful, I didn't want to be attacking, I didn't want to make you feel bad, but I just wanted to try and have our conversation, but I didn't know really how to do it and I think it must have come out there, which is sort of ok because that's what it's for, but it was still...how could it not feel hurtful really? Something like this. /

P3(m): I remember our supervisor saying that it would have been really useful at the time probably to [...] keep talking, keep talking to each other. I don't know whether we did or we didn't, but I think my impression is that we were able to.

P4(f): I think a bit more, yeah.

P3(m): A little bit more. Yeah.../

Researcher: There's something about finding the right type of space where it can be ok to explore things without feeling like you're attacking or trying to hurt. Do you have enough freedom to be able to really explore and talk about things like that?

P4(f): I think we are having lack of space, thinking about it. I think the two spaces that we have didn't really ... because it was very easy to hide behind the talk about patients, but you know that whatever you're like is going to have a huge impact on the group. The group is surfing under the conflict and anger and I was just very aware of that conflict... I didn't know how we could reverse that. I just didn't have an idea about how we could and I struggled with it and then it really came to a... And I never even managed to find a way to say, could you...? What are we going to do if we don't agree? You know what I mean? To have that conversation. /

Researcher: What do you think might have happened if you hadn't agreed, what do you think might have happened?

P4(f): I'm sure we disagreed at the time and I think we just managed it in a slightly unspoken way, which was exactly what we were accusing our group of doing!

P3(m): Yes. It is interesting that the group did experience conflict. I mean I can pick a time when people left very abruptly and didn't come back, but really only towards the end [...] towards the end

there was somebody leaving quite abruptly. But, you know, we did have some people who were able to kind of come back… bit touch and go really. /

P3(m): I wonder whether if we'd done more work between us on conflict and disagreement that it might have helped the group more.

P4(f): Yeah…

Researcher: Would it have been valuable to do that?

P4(f): Hm.

P3(m): It might. /

Researcher: What is it like talking about it now with me?

P3(m): We are getting our supervision. Finally, after all this time! No, I mean I think it's helpful actually.

P4(f): Yeah. /

Stage 3 of the Research Analysis

38:	
P4(f): Yeah, in retrospect, maybe that's a bit of a harsh place for it to come out, but there wasn't another forum. I mean this is another forum, because in a way it would make a lot more sense for this to be a forum… Because we can then try to do it with a facilitator to talk about the dynamic because it's so difficult to do it just	P4 further describes the experience of opening up in supervision as something that can be emotionally difficult, whilst, equally recognising that there is no other viable alternative where the issues can be directly explored without repercussions. She adds that it is difficult to do so openly without

the two of you and doing it in a bigger group I think is difficult too. P3(m): Yep. Researcher: It sound like it's understandable why it's so difficult.	having a more formalised space. Yet, the only formal space is supervision, which feels too exposing for the exploration of the co-facilitating relationship. P4 identifies the immediate space of the research interview as a potential place where such a discussion could take place.
39: P4(f): I think managing that, and I think it is terribly important because I think, you know, probably when that came out in that supervision, that... you thought I was very angry, which I don't particularly remember if that sort of came across, but I think it was because I hadn't been able to find a way of saying things that I wanted to say, but just... P3(m): I think both of us have been quite...	P4 describes holding back her angry emotions when working with P3, which, as a result, suddenly and somewhat unexpectedly emerged in supervision. She indicates that she didn't think it came across as her being very angry, but recognises that it might have been rather automatic/unprocessed due to the unspoken nature of the process.
40: P4(f): Yeah. I didn't want to be hurtful, I didn't want to be attacking, I didn't want to make you feel bad, but I just wanted to try and have our conversation, but I didn't know really how to do it and I think it must have	P4 describes feeling conflicted about wanting to let P3 know how she really felt at the time, whilst also feeling concerned about upsetting P3, or simply not being sure how he would experience such openness.

come out there, which is sort of ok because that's what it's for, but it was still...how could it not feel hurtful really? Something like this.	She describes experiencing a dilemma about how to approach and openly speak about what felt to be unspoken, without "hurting" the other's feelings.
41: P3(m): I remember our supervisor saying that it would have been really useful at the time probably to [...] keep talking, keep talking to each other. I don't know whether we did or we didn't, but I think my impression is that we were able to. P4(f): I think a bit more, yeah. P3(m): A little bit more. Yeah...	P3 recalls hearing their supervisor say to them "keep talking", meaning "don't avoid" the issues; P3, subsequently, describes trying to put some effort into being more open with each other. P4 agrees that there was some improvement, but perhaps not to the extent that she might have wished.
42: Researcher: There's something about finding the right type of space where it can be ok to explore things without feeling like you're attacking or trying to hurt. Do you have enough freedom to be able to really explore and talk about things like that? P4(f): I think we are having lack of space, thinking about it. I think the two spaces that we have didn't really ... because it was very easy to hide	P4 openly describes experiencing conflict and disagreement with P3 without feeling able, or having space, to say so to him. She indicates that it was "easy to hide behind the talk about the patients"; whilst, recognising that the unspoken, angry and conflicting feelings, as a result, were being dispersed amongst the group members. She describes feeling uncertain about how she

behind the talk about patients, but you know that whatever you're like is going to have a huge impact on the group. The group is surfing under the conflict and anger and I was just very aware of that conflict... I didn't know how we could reverse that. I just didn't have an idea about how we could and I struggled with it and then it really came to a... And I never even managed to find a way to say, could you...? What are we going to do if we don't agree? You know what I mean? To have that conversation.	could have approached this difficulty with P3.
43: Researcher: What do you think might have happened if you hadn't agreed, what do you think might have happened? P4(f): I'm sure we disagreed at the time and I think we just managed it in a slightly unspoken way, which was exactly what we were accusing our group of doing! P3(m): Yes. It is interesting that the group did experience conflict. I mean I can pick a time when people left very abruptly and didn't come back,	P4 describes working around the conflict in an "unspoken" manner; that is, being aware of it, but not feeling able to verbalise the experience of it. She points out that she and P3 were, ironically, experiencing the same problem in their relationship that they criticised their patients for; namely, struggling to put conflicting feelings and disagreements into words. P3 suggests that, as a result of this, patients were more prone to act on their conflicting experiences (as

but really only towards the end [...] towards the end there was somebody leaving quite abruptly. But, you know, we did have some people who were able to kind of come back... bit touch and go really.	opposed to work through these by talking) by dropping out from group therapy.
44: P3(m): I wonder whether if we'd done more work between us on conflict and disagreement that it might have helped the group more. P4(f): Yeah... Researcher: Would it have been valuable to do that? P4(f): Hm. P3(m): It might.	P3 and P4 recognise that had they brought the conflict from the realm of the unspoken into the light of open conversation, this change would have then been mirrored by the progress in the group; namely, that patients would have been able to work through their own anger towards one another.
45: Researcher: What is it like talking about it now with me? P3(m): We are getting our supervision. Finally, after all this time! No, I mean I think it's helpful actually. P4(f): Yeah.	P3 and P4 describe the process of "finally" talking about their experience of working together during this interview as the needed "supervision" that they had previously missed on.

Appendix 5

SOME THEORETICAL REFLECTIONS ON THE NATURE OF THE "BEING-WITH"

"*A thing which has not been understood inevitably re-appears; like an unlaid ghost, it cannot rest until the mystery has been solved and the spell broken.*"

Sigmund Freud, 1909, p. 122

In this essay, I aim to critically explore and further elucidate the meaning of the identified phenomenological constituents in the presented thesis. Whilst drawing on a broad range of the theoretical ideas stemming from the works of psychology, psychoanalysis, psychotherapy and neuroscience, including the philosophical literature, I discuss the multidimensional findings of the research. The discussion, however, does not lose track of the phenomenological attitude and attempts to clarify the psychological phenomena in a clinically relevant fashion, whilst honouring the intersubjective character of the findings.

This paper is divided into five sections. These do not necessarily parallel the five identified constituents in a sequential manner, but rather examine these from different points of view, which at one time might integrate the various themes, whilst at others endeavour to illuminate the several dimensions of one and the same phenomenological element. I hope that this can enrich the understanding of this complex psychotherapeutic field as we journey through its expansive terrains, solve the mystery and break the spell.

The experience of form as an expression of the unconscious nature of the "being-with" phenomenon

> *"I do think what's unconscious, what goes on unconscious to unconscious really and how hard that is to try and, you know, become more aware of, or yes, to verbalise when it's something that's happened that you're not always aware of."*
>
> Research participant (i/v3)

I recall very briefly mentioning the subject matter of my research to Lewis Aron during the initial introductions at his seminar on Mutuality in Psychoanalysis. His equally short response suggested that the nature of my exploration seemed to point to a more "implicit" area of the relational experience. This issue, however, of what is conscious or explicit and what might be viewed as implicit, hidden and "unconscious" in the interpersonal domain had already been occupying me for quite some time and might have even fuelled the desire to pursue this exploration. The question of how I might possibly elucidate what is unconsciously experienced, including whether or not this is something that is reflected in the findings of the immediate enquiry, has been met with uncertainty and criticality throughout. My approach involved trying to remain open to the possibility of a discovery. "The unconscious is always there", I was once told, meaning that it merely embodies a certain form of expression that is captured almost indirectly. Freud described this process in terms of "the analyst's giving himself over or surrendering to his own unconscious activity in order to 'catch the drift' of the patient's unconscious" (Borrow in Safran, 2003, p. 202). Interestingly, it is this process of "catching" and being "caught by the drift" of the implicit, the not immediately obvious, that which is on the edge of the phenomenological horizons (Husserl, 2012), which seems to reflect the experience of the co-therapy relationship and is subsequently illuminated in the data.

As the research analysis shows, the experienced nature of this drift appears to reflect the processes of the co-facilitation at both the macro and micro levels. The macro field seems to contain the participants' descriptions that depicted the overall intersubjective form of their relational experience. Thus, for instance, those co-therapists that found themselves being attentive to the separate patients that "*would not speak with one another*" in the group then noted that "*it's interesting, because we don't address each other in the group very much*" (i/v. 2) either. There is a sense that something contours the nature of this co-facilitating process, the experience of which is conveyed not via the direct content of the participants' descriptions, but through the meaning that it appears to imply. Christopher Bollas asserts that "inevitably we must turn to the aesthetics of form – the particular way something is conveyed – as an important feature of unconscious communication" (1995, p. 41). This feature underpinning the first phenomenological constituent is expressed neither by the group of patients nor by the co-therapists in isolation, but through the interweaving chemistry of the whole intersubjective field, which gives the phenomenon of the co-facilitation a delineated sense of being-with. The leading figures in the area of intersubjectivity, Stolorow and Atwood (2010), suggest that the nature of such a formation reveals "the prereflective unconscious – the organising principles that unconsciously shape and thematise a person's experience" (p. 33).

Furthermore, this unconsciously defined experience appears to have a complex three-dimensional quality. That is, the co-facilitators' emersion in the group dynamics seems to structure their own relational configurations, which in turn continue to characterise their ways of being with the patients. This resembles a parallel process, first referenced by Searles (1955) who suggested that the "processes at work currently in the *relationship between* patient and therapist are often reflected in the *relationship between* therapist and supervisor" (p. 135, author's *italics*). However, the important difference is that these transactions are not necessarily mirrored in between the co-therapists in the same way, but

acquire a new, secondary form, whilst equally reflecting the developed configurations with the patients. Thus, the sense of being deeply identified with such a form in an effort to be therapeutically effective, whilst finding oneself becoming a symbolic mother or father vis-à-vis the desired or longed for attachment figures of the members of the group, appears to non-consciously shape the co-therapists' experience of one another whereby they begin to re-enact a particular, yet familiar, type of relationship.

Each and every participant in this study has alluded to this same experience of unconscious identification (Hora, 1957), or a projective identification (Bion, 1956), the implicit nature of which appears to be so effortlessly expressed through an example of one therapist making a slip of the tongue (Freud, 1916) and calling his co-therapist by his actual wife's name. This identification with the patients' attachment figures casts the being-with of the co-facilitating relationship into the mode of a parental couple in a marriage. In other words, the parental countertransference to the group of patients (Greenson, 1981) becomes the organising principle (Stolorow and Atwood, 2010) for a particular type of transference between the co-therapists and vice versa. It is the drift of these organisational processes at work that conveys the multidimensional form (Bollas, 1995) of the relational experience at large. The delineated nature of this form, as the participants have demonstrated, prevails regardless of the variability in the structurally defined compositions (e.g. gender, the level of experience, seniority) and by being so, continually reconstitutes its own authorship within the sphere of the being-with. It is interesting to note that the nature of such processes appears to reverberate throughout Daniel Stern's sophisticated observations of the infants' emergent sense of self and other, "in which the yoking of diverse experiences is accompanied by distinctive subjective" forms of vitality (Stern, 1985, p. 60).

The echoes of the above processes appeared to have a resonance at a slightly different, micro level of unconscious communication described by the participants. This rather multifaceted interactive experience carries a form of communication that transcends the more conscious, verbal ways of informational exchange. The nature of this phenomenon expresses and is created through the complex juxtaposition of the co-facilitation. As with the explication of the macro processes discussed above, the organising principle (Stolorow and Atwood, 2010) here appears to be the co-therapists' conscious engagement with the clinical material/experiences in the group, which subsequently seems to reinforce the involvement of a secondary, unconscious form of staying in tune with each other. In other words, as the co-therapists might consider it undesirable to have an open conversation about the process of arriving at certain internal formulations in the group, whilst simultaneously being very focussed on the group (as opposed to on one another) as a whole, this seems to necessitate the emergence of an indirect sharing of the in-between-understandings. It is this important clinical process that appears to facilitate the timing and appropriateness of the therapeutic interventions. The discovery of this, however, appears to become possible retrospectively. This seems to highlight the important function of supervision in assisting a kind of reversal of the focus of attention whereby the clinical material becomes secondary to the conscious understanding of the intervention making process within the sphere of the co-facilitation.

The investigations from the field of neuroscience indicate that this experience of being so focused (on the group) begins to occupy and perhaps even overload the cognitive regions of the mind; that is, the left hemispheric functioning (Schore, 1994). This leaves the necessary informational exchange that the co-facilitators so quietly depend on to the available operations of the right hemisphere of the brain associated with the more unconscious and intuitive processes (Siegel, 1999). This seems to challenge the findings of Schooler et al. (1993) who

suggested that the utilisation of the rational thinking (i.e. the left hemispheric functioning) made the experience of intuition inaccessible. The results of the current study point to a much more intricate psychological activity that generates an almost imperceptible alteration in consciousness involving what appears to be a disassociation of certain perceptual functions (e.g. *it doesn't feel like it's in my mind [but I know] how to respond*" [i/v2]). Is this what Erickson, who extensively researched and characterised a great variety of such phenomena as being hypnotic in nature, meant when he said: "Trust your unconscious"? (Erickson and Rossi, 1980). In fact, Gilligan (2014) confirms that "[in] trance, subjects can develop attentional absorption to the extent of becoming fully immersed in one particular experiential context" (p. 46). It seems that this form of absorption shapes and thematises the unconscious responsiveness that defines the nature of the coordination of the therapeutic efforts between the two therapists during the work of group psychotherapy.

In addition, these coordinated efforts, described by the participants, appear to be facilitated by the use of eye contact, which, even for a very brief moment, seems to provide the necessary access to a storehouse of information contained in the mind of each therapist.   This simultaneously performed and visibly effortless process of reaching an understanding through a spontaneous eye contact is suggestive of an automatic and, thus, unconsciously defined form of communication (Erickson and Rossi, 1980). However, how does one read that which is non-conceptually determined and yet so imperceptibly captured through this single momentary gesture?   Paul Watzlawick (1978), having investigated the elements of therapeutic communication, points out that "this ability must be somehow akin to the technique of holography" (p. 22); adding that its function belongs to the right hemisphere of the brain and, as such, is "based on the *pars-pro-toto* principle, that is, the immediate recognition of a totality on the basis of *one* essential detail" (p. 22, author's *italics*) – e.g. the fleeting meeting of the eyes. These findings do not only support the more

recent neuroscientific understanding of the unconscious processes and communication (e.g. Schore 1994; Gerhardt, 2008), but also indicate that the implicit is apprehended holistically through the conveyance of a form (Bollas, 1995) that expresses the unconscious nature of the being-with of the co-facilitation. Thus, "[the] function of the right hemisphere [...] is highly specialised in the holistic grasping of complex relationships, patterns, configurations, and structures" (Watzlawick, 1978, p. 22).

This holistic grasping expressive of the unconscious form of informational exchange is further evidenced by the co-therapists' particular descriptions in the study, or more importantly by the way in which these seem to be conveyed. For example, one participant described an intuitive experience of "hearing" how his co-therapist was "holding" herself, whilst another could "read the look" of the other. What appears to be portrayed through such depictions is a transcendence of the more categorical sensory modalities, which culminates in a holistically felt response that carries the vital (i.e. intuited) information. In other words, how does one "hear" how someone is "holding" themselves? The therapist appears to be catching the drift of the perceived message via the cross-modal (auditory to visual-sensory) contouring, which gives him a view of the outlines of the overall form, including the encoded message within, of his co-therapist's subjective experience. The underlying feature of this contour activation is what Stern (1985) calls the vitality affect – a multidimensional form rather than the content of feeling. Thus, "[the] choreographer is most often trying to express a way of feeling, not the specific content of feeling" (Stern, 1985, p. 56). This process appears to be echoed in the holistic grasping described by Watzlawick (1978) above, as well as Bollas's "form – the particular way something is conveyed – as an important feature of unconscious communication" (1995, p. 41). As such, no matter what the above therapist "encountered with the eye [...] and perhaps even the ear, it would produce the same overall pattern of activation contour" (Stern, 1985, p. 59).

Taking these considerations into account, the unconscious nature of the being-with phenomenon of the co-facilitation can be more accurately described as a choreographic dance represented not as a static or frozen image, but as an ever-changing relational configuration in time. "...*given that you are asking these people [i.e. the patients] to be, you know, to kind of be in their bodies, to sort of kind of feel their way through these relationships.... I don't think you are asking people to just communicate; [but] know when you tread on somebody's toes [...] it's like feeling your way through it*" (i/v9). It is this that composes the elegance and aesthetics of its multidimensional form and facilitates the movement within its on-going work. However, it is a type of dance that also has a stage and an audience – the essential elements that uphold and give meaning to the partakers of this complex and interesting relationship. This is the subject matter of the following discussion.

The contextually defined relationship

> "[T]here is no such thing as a baby . . . A baby cannot exist alone, but is essentially part of a relationship."
>
> Donald Winnicott, 1975, p. 99

Thomas Ogden (1986), whilst attempting to elaborate on Winnicott's famous statement, eloquently explains that the contents of the infant's psychological experience can only be grasped in terms of the relationship to the psychological matrix[3] within which these find their existence. Thus, "the environmental mother provides the mental space in which the infant begins to generate experience" (Ogden, 1986, p. 180). Yet, this appears to imply that the baby equally defines the being of the mother who, through her outlined role, contains (Bion, 1963) and signifies the baby's experiential world. The group environment

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[3] "The word 'matrix' is derived from the Latin word for womb. [...] it seems to me that *matrix* is a particularly apt word to describe the silently active containing space in which psychological and bodily experience occur" (Ogden, 1986, p. 180).

seems to be this type of matrix with a particular reality of its own, which Bion (1961) considered as a kind of entity – the group as group. By plunging into its state of being, one's experiential world is found to be indiscernibly coloured by the nature of the forces residing within its multidimensional space. Inside the being-ness of its sphere, the question of who holds and defines whom becomes problematic and cannot be answered in a straightforward manner. Nevertheless, this difficulty appears to be of great importance, for even the significance of the earlier discussion would lose its meaning should one deprive it of the consideration of the contextual ground on which the complexities of the co-facilitating experience arise. As such, following Sartre's (2003) colloquialism, it can be said that the existence of the group matrix precedes the essence of the being-with of the co-therapy relationship. Thus, how does the experiential context of the group and its meaning constitute the being-with of the co-facilitation? And, what are the qualities of its environmental nature by way of which the psychological experiences of co-therapy discover themselves?

The above questions seem to have been partially answered through the discussion on the experience of form as the expression of the unconscious nature of the being-with phenomenon (see above). However, it seems that the delineating structures and processes that bear upon the co-facilitating relationship have further dimensions. For instance, the complex issue of the eye-contact explored earlier appears to have certain substantive features that extend to the remote phenomenological horizons of its nature. Thus, the co-therapists' experience of making a spontaneous eye contact during a particular moment in the group in order silently communicate, for instance, "pretty good, isn't it?" emerges out of a certain pre-understanding of the deeper meaning of their indirectly co-exchanged idea.

Even though the theme appears to be implicit communication through the mutual gaze, the conjointly sensed message "pretty good, isn't it?" has a

foundation rooted in the wider clinical understanding of the different members in the group, including their progression. In other words, the look that they give each other would otherwise be empty, meaningless and perhaps confusing. As such, it is defined by the fabric of the context out of which its significance emerges. Therefore, it appears that the implicit, non-verbal language of the co-facilitation is infused with the textual language that relies on the background information within the given social context of the group, in which the meaning and interpretations are relationally construed (Bakhtin, 1981). An analogy can be found in the field of discourse analysis that postulates that "[t]he production and meaning of the language in social interactions are shaped by the socio-cultural experiences of speakers in their given contexts [where] there is no construction of meaning or language in discourse that is not influenced by certain social groups, discourses, conditions [...] or relationships" (Baffour Adjei, 2013, p. 3).

To be more precise, the above example suggests that the meaning of the co-facilitators' mutual communication is signified by what is considered to be "pretty good". Thus, there is a feeling that something structures the being-with of their joint work that helps them to arrive at this intuitively captured formulation. The intersubjective organising principles (Stolorow and Atwood, 2010) here appears to be a sense of therapeutic alliance (Greenson, 1981) that the co-therapists simultaneously hold in relation to each other and through one another in relation to the group. In other words, without the constituted meaning of the group as therapy, there would be no shared feeling of rejoicing in their relationship; that is, the very being of the co-facilitation would be devoid of the significance and purpose. According to Bordin (1979), working alliance in therapy consists of an emotional bond with a mutual agreement on goals and tasks. In addition, Gelso and Hayes (1998) emphasise collaboration, that is, a conjoint investment in the work, as fundamental when conceptualising working alliance. These writers, however, presuppose a kind of dyadic sense of the alliance and collaboration between one therapist and one client. Yet, the goals,

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tasks, bonds and collaboration within the sphere of the co-facilitation of group psychotherapy seem to be embedded within a multidimensional, triadic form of the working alliance. Thus, as the findings show, a psychotherapy group that places a certain emphasis on trust necessitate the development of a particularly trusting relationship between the two therapists, without which the clinical work would be compromised.

There appears to be no evidence in the literature that the meaning of such a complex therapeutic alliance has been adequately, or even at all, explored. Roller and Nelson (1991) in their book on "The Art of Co-Therapy" offer only a couple of brief citations: "Each therapist in the co-therapy team must establish a therapeutic alliance with the patient" (p. 148); and "...a therapeutic alliance must be established [by the patient] with both therapists if successful treatment of the borderline patient is to be accomplished in co-therapy" (p. 139). These necessity orientated propositions provide no explication of the meaning of the alliance in terms of the being of the co-facilitating relationship; the authors appear to be following the two-dimensional dyadic account of the phenomenon; and describe this in relation to the treatment of the individual patients, rather than the group. This issue seems to be of particular clinical importance, especially when the compromised or ruptured alliance (Safran, 1993) between the two therapists (e.g. due to disagreements, conflict) reverberates throughout the overall therapeutic texture of the group.

In light of the above discussion, it can be suggested that the existence of what I have termed triadic working alliance becomes a contextual factor in the process of organising the essential components of the meaning of the relational experiences of the co-facilitation. Thus, the sense of collaboration, or the conjoint investment (Gelso and Hayes, 1998) between the co-therapists appears to be supported by their particular assumptions and goals (Bordin, 1979) regarding the nature of the group work, which are informed by the deeper

understandings of what constitutes therapy and change (Gilbert and Orlans, 2011). It seems that their capacity to align such underlying expectations and hopes for treatment, that is, to create a bond in the co-facilitating relationship, is directly linked with their conjoint task (Bordin, 1979) of co-ordinating the therapeutic efforts/interventions in relation to the group of patients. As such, the relationship between the co-facilitators and the group at large, as the above example concerning trust has demonstrated, cannot be separated. In other words, using Ogden's (1986) earlier outlined schema, the contents of the psychological experience of the co-therapy can only be grasped in terms of the relationship to the psychological matrix of the group within which these find their existence.

The above process equally appears to be reflected in the participants' sense of knowing when to come in so as to make an intervention and when to stand back in order to allow the other therapist to speak. This highly complex experience of managing the immediacy of the therapeutic task involves keeping an eye on the movement of the group through the moment-by-moment co-regulation (Gerghardt, 2008) of the co-facilitating relationship (i.e. when to come in; when to step back). The implicit form of this finely-tuned co-therapy dance, as it presents itself, is being given its shape via the gist of the therapeutic direction of the group, which underpins the working alliance. Outwardly, this process resonates with Greenson's (1981) classification of the therapeutic alliance involving a split between the (unconsciously responsive) experiencing and (consciously monitoring) reasonable egos. In fact, Robin Skynner (1996) seems to be noting precisely this kind of process in the family work when he states that the value of co-therapy is demonstrated through the experience of one therapist allowing "himself to be 'sucked in' to the family pathology [...] while the other stays detached as an 'observing ego' and ensures that the total situation remains constructive" (p. 275). It seems evident that this is perhaps what happens when one therapist decides to step back or to come in; however, once again, Skynner's

description appears to be somewhat simplified, as it assumes that the therapist exits the experience in order to regain the observing capacity. What does then happen to the co-facilitating relationship? And, how exactly has it just been modified through this type of act? Ironically, as the results of the current study show, at a stroke of such a disengaging gesture, one reengages as an absent, albeit watchful, father in the total field of the relational configuration.

Therefore, contrary to what has been suggested, I think that in order to achieve the process that Skynner outlines, the therapist requires to remain very much involved, sucked in to the entire form that signifies the unconscious nature (Bollas, 1995) of such an elaborate relational dance. In others words, the therapist does not step back in order to regain the sense of the therapeutic alliance as exemplified above; but is engaged in the continuous movement of stepping back and coming in as a way of conveying the very existence of the working alliance that gives meaning to and shapes this implicit domain of the co-facilitation (see also my earlier discussion on the nature of form).

In addition, this relational experience is equally highlighted by a participant stating that" *because we were in the group and it was inappropriate for us to have a conversation about how it [i.e. a therapeutic intervention] was going to happen*" there developed "*a kind of an understanding between us that actually is not particularly verbal [...] it feels like unconscious process*" (i/v2). What shapes and thematises this process appears to be an aligned sense of understanding of what constitutes a therapeutically appropriate course of action in the group, which, as a result, gives a delineated form to the unconscious nature of the co-therapists' engagement. As such, the implicit hides the very being of the alliance within itself. The experience of this is perhaps more gracefully portrayed through the concept of figure/ground in Gestalt psychology "where either two faces are seen or, alternatively, a vase is seen, *both* may be needed if either are to be seen. In other words, their meaning is revealed in the relationship" (Clarkson, 1994, pp.

131, 132, authors *italics*). It is the unique existential ground of the working relationship of the two persons within the sphere of the group psychotherapy that leads to the emergence of the distinctive figure of the being-with phenomena of the co-facilitation – its meaning is revealed in the relationship.

Co-facilitating in "Bad Faith"

> "...*it was very easy to hide behind the talk about patients.*"
>
> Research participant (i/v6).

"His movement is quick and forward, a little too precise, a little too rapid. He comes towards the customers with a step a little too quick. He bends forward a little too eagerly; his voice, his eyes express an interest too solicitous for the order of the client. [...] But what is he playing? We need not watch long before we can explain it: he is playing *at being* a waiter in a café" (Sartre, 2003, p. 82 author's *italics*). Through this brief depiction, Sartre is portraying the meaning of what he termed "Bad Faith", in which the particular conduct of the waiter expresses a way of being, which, despite its erroneousness, gives an impression of a true disclosure. The duality of his actions is of such a character that he is both aware and unaware of their self-deceptive elements. In other words, the waiter finds it very easy to hide behind the role that he is being assigned by the presence of his customers or clients.   This issue appears to be central to such existential notions as free will, choice and responsibility (Yalom, 1980) and seems to underpin the relational themes of the "unspoken communication" and "being seen" in the present study. However, the philosophical nature of this subject matter, and its relevance to the being-with of the co-facilitation of group psychotherapy, is of significant psychological complexity and requires further elucidation.

I can recognise that, on numerous occasions, I have been subject to the conduct of the "Bad Faith". The examples are extensive, though often subtle, and include such instances as where a patient's disagreement with my interpretation was assumed by me to be their resistance; or, indeed, where a client's interest in me as a human being was being met with an interpretation. I was playing at being a therapist, which allowed me, my vulnerabilities and my weaknesses to remain hidden from view – a process I could simultaneously recognise and justify. Yet, the echoes of this practice resonate with a history of a not so distant past: "The doctor should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him" (Freud, 1912, p. 118). The remnants of Freud's import continue to colour the nature of the therapeutic work, as discussed above (e.g. "...*because we were in the group and it was inappropriate for us to have a conversation...*" [i/v2]); and signify the choice of what is shown and what lingers in the opaque. However, this issue gains a new, yet unexplored, momentum when one brings the mirror to the experience of the co-facilitation and its unique relationship.

The participants in this study have pointed out that the experience of being in a relational contact with the patients significantly differs from that with one's colleague or, more specifically, one's co-therapist. The powerful sense of scrutiny and exposure one faces when being observed by one's co-therapist implies that certain things cannot remain, as Freud suggested, opaque and that, as a result, there is a kind of breakdown in one's capacity to show nothing. How should one relate to one's co-facilitator in view of this exposure? Paradoxically, it seems that to speak about this very issue is to risk bringing oneself and one's anxieties into the open; that is, to allow oneself to be seen through, which might intensify one's sense of scrutiny and corresponding shame (Steiner, 2011). However, doesn't the decision not to verbalise the noted difficulties equally infer that one is already anxious, vulnerable and willingly evasive? Thus, a certain sense of anguish (Kierkegaard, 1957) and double bind (Bateson, 1980) seems to

dominate the atmosphere where the relief is sought by choosing not to make choice at all; that is, the therapists hand themselves to the self-deceptive province of the "Bad Faith" (Sartre, 2003). Through such a passive stance of never having to decide, the choice no longer lies with the co-therapists, but appears to emerge as if from outside; that is, the talk about patients, the lack of space and not much time, and the unconscious. All of these factors appear to be held responsible for the unsaid and the unseen.

In a similar fashion, the therapists "*sometimes without saying anything assume the other will take the responsibility*" (i/v7). "Every therapist knows that the first crucial step in therapy is the patient's assumption of responsibility for his or her life predicament" (Yalom, 1989, p. 8). Ironically, it is the predicament of the co-facilitation that leads to the deflection of the therapists' responsibility to something or someone outside of their personal sense of agency. The co-therapists, thus, appear to avoid the confrontation with their very separateness (Dowrick, 1991), autonomy and freedom (Fromm, 2001). These anxieties seem to be connected with the struggle to bear the psychological guilt related to Melanie Klein's formulation of the depressive position, which involves seeing the other and being seen by him or her as a whole, separate being (Klein, 1940). In other words, the process of disavowal and projection of particular feelings associated with the conduct of the "Bad Faith" (Sartre, 2003) and the evasion of responsibility (Yalom, 1989) seems to be linked with the part-object style of relating that characterises the paranoid-schizoid position (Klein, 1940). There, that which is unspoken between the therapists appears to split off and unwittingly become the topic of conversation amongst the patients.

Lansky (2005) points out that "[t]he paranoia of the Kleinian paranoid-schizoid position is not always entirely rooted in the fear of physical attack or destruction; it often includes fear of deliberate humiliation (paranoid shame, i.e., shame coming from the expressed intent of the other to shame one)" (p. 876).

This appears to be linked with the sense of scrutiny, exposure and embarrassment that so many participants seem to have associated with the experience of being seen. Therefore, the seemingly separate themes in this study of the unspoken communication – aspects of the experience that cannot be brought into the open and being seen appear to express the integral parts of the same psychological phenomenon, which results in the feelings of anxiety, "*because you have to bring your thinking out into the open*" (i/v8). In other words, that which is not said does not have to be directly looked at. In connection with this, John Steiner (2011), who has explored this very issue in his seminal work on "Seeing and Being Seen", explains: "Just as vision takes over some of the functions of the proximity senses without replacing them, so hearing and especially language takes over some of the function of vision" (p. 39). This process appears to be reflected in the participants' accounts that link the experience of being seen feeling vulnerable with a process of verbalising the potentially problematic issues in the relationship.

However, the difficulty of the process discussed above paradoxically suggests that that which is unspoken, split off and, therefore, not directly seen acquires, according to Jacques Lacan (1981), a "function of a stain" (p. 74) – a kind of lack, or a point of indeterminacy in the field of vision. Lacan equally seems to draw on Sartre's ideas in order to elucidate what it is he means: "The gaze that I encounter . . . is not a seen gaze, but a gaze imagined by me in the field of the Other . . . the sound of rustling leaves heard while out hunting . . . a footstep heard in a corridor . . . [the gaze exists] . . . an entirely hidden gaze" (Lacan 1981, p. 84). As such, the experience of the unspoken becomes the gaze of the unknown – the silent "rustling" between the therapists might indicate that one is being looked at. Thus, some participants describe either directly or indirectly feeling quietly undermined or put down through the eyes of the other.

The meaning of this process, including Lacan's prior postulation, seems to have a deeper implication that might account for this complex experience. That is, the therapists' conception of being undermined appears to emerge peripherally as one finds oneself immersed in the process with the group of patients, whilst the other watches. Thus, the immersed co-therapist is rediscovered in a new, triangular space with the group as the object of his or her primary preoccupation (Winnicott, 1960; Britton, 1989), which is "complicated by an awareness of a *secondary object* which becomes an *observing object*, making judgements" (Steiner, 2011, p. 30, authors *italics*) on their immediate relational absorption. This secondary object seems to be their co-therapist, whose gaze might feel to be indirect and hidden (Lacan, 1981). This is perhaps the reason why one might *"feel wary because it's sort of personal and yet it's not personal but it could feel personal"* (i/v5). To be more exact, the triangular space encapsulating the professional set up of the co-facilitation by its very nature appears to manifest that personally felt sense of Freud's (1924) formulation of the Oedipus complex.

The observing object, evoked by the being-with of the co-therapy configuration, might be viewed as a kind of projection of one's superego (Greenson, 1981) that observes, scrutinises, puts down and disapproves. This is equally portrayed through the contrasting experience of working with and without the observing presence of one's co-therapist; that is, where the absence of one co-therapist during a particular week allows the present co-facilitator to feel freer and less observed. Interestingly, I felt that this process appeared to be highlighted during the research process itself where the issues that had seemed to be more freely shared in the individual interviews felt to be held back (though, subsequently, worked through) in the joint meetings. I wonder if the participants' decision (when in the room together) to gradually begin to verbalise those very issues might have partially been a reflection of me, as a researcher, being viewed as a new, evocative object (Bollas, 2008) – as a potential facilitator of a longed-for, yet feared, openness. My internal response to the immediacy of this, at times

tense, triangular process seemed to be mixed with a quiet awareness of the unspoken and a sense of myself as a containing figure through whom certain matters (should the participants choose to) could begin to be mutually explored and thought about.

It seems that the particular Oedipal experiences in the co-facilitating relationship are not necessarily structurally determined (e.g. due to gender, level of experience or seniority), but appear to take their shape as a result of the dynamic interplay between the therapists. "Here the direction of the gaze is an important indicator of relative power and status. [The therapists] can feel humiliated [...] and looked down on. They may defend themselves against such feelings [by trying to reverse the direction of the gaze]" (Steiner, 2011, p. 26), whereby one co-therapist, as described by the participants, becomes acutely aware of his or her capacity to constrain the other by observing their colleague in the midst of the sensitive work of therapy.

The process of this experience has equally been alluded to in the earlier discussion of the phenomenon of the working alliance (see the previous section). There, it was proposed that while one therapist steps out, as an observing ego, the other one comes in, or gets sucked in (Skynner, 1996). However, there appears to be no evidence in Skynner's account that he recognises the Oedipal configuration of this situation and its psychological impact on both the co-facilitating relationship and the work of therapy. Yet, it can be argued, that this manoeuvre of taking a step back, even if in the guise of the observing ego, might in fact be an attempt at the reversal of the gaze that helps one to retreat, as Steiner (2011) suggests, away from those feelings of exposure, scrutiny and shame. This process was clearly described by one of the participants, whose uncomfortable experience of being exposed and embarrassed in front of his co-therapist resulted in him becoming quieter and less engaged in the subsequent group sessions.

Steiner's (2011) input to this subject matter, particularly his analysis of the function of the gaze (as explicated above), appears to offer a valuable contribution to our understanding of the relational processes as encountered in the fields of psychotherapy and psychoanalysis. He indicates that this remains a largely neglected area in our clinical investigations; I would like to add that it appears to be entirely missing in the already limited literature on co-therapy. Roy Schafer, who writes a Forward to Steiner's work, states: "In the course of fulfilling his aims, he has summed up and enriched contemporary insight" (in Steiner, 2011, p. xiv).

However, it seems important to note that certain of his ideas had been extensively explored more than 60 years earlier. The notion of the reversal of one's gaze, for instance, and its relevance to power is discussed by Sartre (2003) – which seems to have also influenced the psychoanalytic theories of Lacan – in "Being and Nothingness" that was first published in 1943: "[If] the Other-as-object is defined in connection with the world as an object which *sees* what I see, then my fundamental connection with the Other-as-subject must be able to be referred back to my permanent possibility of *being seen* by the other" (2003, p. 280, author's *italics*). In other words, the direction of the gaze defines one as either a governing subject or a governed object as has been implied by the previous analysis. "It is shame or pride reveals to me the Other's look and myself at the end of that look" (pp. 284, 285). Equally, "I am fixing the people whom I *see* into objects; I am in relation to them as the Other is in relation to me. In looking at them I measure my power. But if the Other sees them and sees me, then my look loses its power" (p. 290, author's *italics*). Steiner (2011) does not seem to be acknowledging this particular historical background and its relevance to the ideas explored by him.

Furthermore, and to conclude the discussion of this section, Steiner (2011) writes that "[t]he chief new idea that is presented here is that emerging from

psychic retreat leads to the feeling of being observed" (p. 18). Yet, this point seems to be contradictory and somewhat circular, as the meaning of the psychological retreat, that is, of one's hiding place, suggests that it is there only because one is already aware of the feeling of being observed. "What I apprehend immediately when I hear branches crackling behind me is not that that *there is someone there*; it is that I am vulnerable, that I have a body which can be hurt, that I occupy a place and that I can not in any case escape from the space in which I am without defence – in short, that I *am seen*" (Sartre, 2003, p. 282, author's *italics*). Thus, this hiding place, be it the talk about patients in the group or the direction of the gaze that the therapists assume, appears to resonate with our waiter in a café who both knows and insinuates he does not know of the conduct of his "Bad Faith".

The "shadow side": Enduring the good and the bad

> "*And what did you find worked well with the two of you?*"
> "*We survived!*"

<div align="right">Research participant (i/v6).</div>

"Freud saw himself as the patriarch of a new ideology whose disciples he could control as long as they all subscribed to the ideology and it was not questioned. [However], there seem to have been two movements going on between the two men. In Freud a growing distrust towards Jung [...]. And in Jung a growing resentment towards Freud" (Symington, 1990, pp. 212, 215). It seems that one could hardly imagine these two men co-conducting psychotherapy without one of them at least fainting, as Freud had done on several occasions, due to the repressed feelings directed (Symington, 1990) against one another. Yet, is there an expectation that the two different clinicians may come together and work side by side without arousing the intense emotions as a result of their differences? The break between Freud and Jung, including the others, seems to

have reverberated throughout the history of this field, "in which competition, power plays, acting out, envy, hate, greed and the narcissistic pursuit of gratification appear constantly to be in evidence – it seems that we live with the continuous and not very well disguised presence of the shadow side of what we do" (Gilbert and Orlans, 2011, p. 230).   The struggle equally seems to be expressed by the known fact that "[at] present there exist approximately 400 different forms of psychotherapy" (Spinelli, 2002, p. 3).   Thus, it seems that these issues are indeed not very well disguised and yet the problem of the difference that seems to underpin such difficulties appear to be fuelled, as Freud ironically desired, by the subscription to one's ideology, which, once questioned, tends to evoke the breaks and clashes.

However, despite the clear indication that these difficulties in the field of the co-facilitation (as the research participants have highlighted) and psychotherapy more generally exist, it seems that the literature that concerns itself with such issues as inequality, power and diversity tends to shift its focus, instead, towards the ways of working with the difference in our patients.   For instance, Sue Wheeler (2006) in her book on "Difference and Diversity in Counselling" states that the aim of the text is "to fill in some of the gaps traditionally found in psychoanalytic literature [with a view to] understanding clients who might be labelled as 'different'" (p. 7).   Despite attempting to shed some light on the shadow side of psychotherapy, the gaze is turned once more towards the patients.   Is this a projective mechanism in action (Klein, 1946) or, again, an indication of Bad Faith (Sartre, 2003)? As the research participants paradoxically highlight, the revelation of the truly hidden shadow of our field seems unavoidable when one confronts one's equal, where the different styles and rules belonging to each skilled co-therapist seem to ignite the powerful reactions.

All of the therapists in the current study were highly qualified and experienced clinicians coming from the fields of psychotherapy, group analysis, social work and clinical psychology (often representing more than one of these professions). In spite of the variations in their respective trainings, they were all professionally registered practitioners. This latter position can be viewed as a constant variable, against which the nature of the experienced differences, conflict and corresponding emotional responses might be measured. In other words, the outlines of the shadow arise on the ground of the relative equality. Thus, how do the two leaders experience one another? The complexity of this seems to acquire a multi-layered quality. As the findings suggest, a therapist might experience oneself as being junior in relation to their co-facilitator due to a number of factors, such as variations in pay and particular clinical backgrounds that might generally be viewed as being more reputable or specifically valued within the group setting (e.g. a formal qualification in group analysis). At another level, the same therapist might perceive oneself to be very experienced and able to bring their unique and knowledgeable way of working to the process of group co-facilitation. Likewise, the participants also describe feeling "less than" and somewhat inferior due to seeing the other as being more knowledgeable by comparison regardless of the assumed desirability of one's own specialised training.

What appears to emerge from the similar accounts of the participants is a kind of tussle; that is, a continuous manoeuvring and outmanoeuvring in order to find a way of positioning oneself in relation to the more or less knowledgeable other. This seems to underpin the power struggles experienced in the co-therapy relationship that are "*not personal but it could feel personal*" (i/v5). In fact, as one of the participants has suggested, it is a battle of the rules. This equally appeared to be mirrored in the previous discussion on the psychological function of the gaze (e.g. Steiner, 2011; Sartre, 2003), the subtext of which seemed to be power vs. powerlessness. Here, however, this power play appears to be taken

further and reflects such issues as compliance vs. dominance: *"Do you comply with the other person's rules or do you follow your own rules?"* (i/v5); inferiority vs. superiority: *"...I didn't necessarily feel less than what my frame should be. So in that way it's not like being a trainee - The thing is... I did!"* (i/v6); as well as, the interchanging sense of being either the one who intimidates or feels intimidated (e.g. i/v7). Thus, the particular side of the shadow that arises on the ground of our constant variable of the relative equality discloses the governing presence of the power plays (Gilbert and Orlans, 2011) within the sphere of the being-with of the co-facilitation.

The intricate nature of this process appears to be compounded by the recognition that 'I am not you and you are not me'; that is, that we are different. This might suggest that the therapists are not only separate, autonomous and free (Dowrick, 1991; Fromm, 2001), but are ultimately responsible for the predicament of their individual ways of working – the *"stuff around the difference in our styles."* (i/v9) (Yalom, 1989). Yet, as has been extensively discussed in the previous section, the co-therapists also strive to defend against such possibilities of being truly seen (Klein, 1946; Steiner, 2011). Therefore, how do we reconcile such competing views? It seems that the sense of conflict is as much internal as it is external. Pilar Jennings (2010) in her remarkable book, "Mixing Minds: The Power of Relationship in Psychoanalysis and Buddhism" writes: "For if we perceive ourselves to be fundamentally separate [...], chances are that one person has to be better than another – thus the need either to camouflage our own sense of inherent inferiority or to actively underscore our clear superiority" (p. 186). This latter point resonates with Sartre's (2003) notion of Bad Faith and the co-therapists' inclination to remain hidden or camouflaged.

In addition, Jennings (2010) proposes that the Western view of the self-esteem is infused with a sense of the individual, as opposed to collective or group,

importance[4]. However, this evidently narcissistic pursuit (Gilbert and Orlans, 2011) of one's importance seems to contrast Rosenfield's (1964) perspective, who maintained that the need to prevent the experience of separateness is the most important function of narcissistic relationship.

This multiplicity of voices, although appear to conflict, in a sense suggest that the experience of difference that underpins the anguish of one's genuine separateness, autonomy and freedom necessitates the appropriation of not only the desirable qualities that might provide the narcissistic boost to one's self-esteem, but also those disavowed, objectionable ones, which can allow one to be seen un-camouflaged (at times in shame of one's inferiority and guilt of the superiority); that is, as a person in his or her totality, embodying the features of both the good and the bad (Klein, 1940; Rosenfield, 1964). This might perhaps allow the co-therapists to feel "*alright to have differences, or to disagree. That's more healthy.*" (i/v6). Otherwise, Steiner (2011) argues, one is left "unable to develop a relationship with a truly separate" other (p. 26). This difficulty seems to be equally expressed through the familiar psychological process where the split off aspects of the co-therapists' unsolicited experience begin to be acted out within the group of patients. As such, it appears that the being-with of the co-facilitating relationship, in and of itself, has the propensity to be driven by the pursuit of narcissism where the power plays might partially reflect the aspiration to preserve the desirability of one's style or particular approach. This, in turn, seems to individually (as opposed to collectively) define the therapists' professional-esteem.

Furthermore, another evident issue portrayed in the participants' descriptions is the way in which the experience of comparisons, which have been highlighted

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[4] "The Dalai Lama openly acknowledged several decades ago his confusion about the 'low self-esteem' to which his Western students repeatedly refer. [...] In the cultural environment in which the Dalai Lama was raised [...] it was the group that one considered and valued, and by virtue of this belonging, the self seemed not to suffer as it did in the West" (Jennings, 2010, p 118).

above, seems to manifest envy. Lansky (2007) helpfully points out that the process of comparisons does give rise to both shame and envy whereby the latter is incited by a shaming sense of one's inferiority. Equally, Leslie Farber in his interesting essays on 'The Ways of the Will' writes: "envy arises from a person's apprehension of another's superiority, and his consequent critical evaluation of himself" (2000, p. 239). In connection with this, Rosenfield (1987) describes how a person can "feel humiliated and defeated by the revelation that it is the external object which, in reality, contains the valuable qualities that they had attributed to their own creative powers" (p. 105). And yet, Farber explains that even if I mock this possession due to my shaming sense of inferiority, it is not as important as the seeming advantage I gain by "reducing my envy to greed and you to your possession" (2000, p. 239). It seems that all of these faces of envy are either indirectly seen in the co-therapists' accounts concerning the comparisons in their status, hierarchy, styles, knowledge and pay that tap into the experience of inferiority-superiority, or appear to be plainly conveyed in their more audacious acknowledgements of "reducing envy to greed" as a result of the unhappy admiration (Kierkegaard, 1988) of the "valuable qualities" which the other is caught to be in possession of – "*I guess it would be nice sometimes to get to [...] have that gentler voice sometimes. [...] And that, that's envy*" (i/v8).

By the same token, it can be argued, one does not only become envious of the desirable voice, but also of the possession of the gaze, which, as I have previously shown, is connected with the sense of superiority and power (Steiner, 2011; Sartre, 2003) and, in reverse, with the critical evaluation of the self (Farber, 2000) through the eyes of the other. But what might seem less obvious here is how this is further compounded by the distinctive elements of jealousy and envy, which in their turn take on a discrete battle in the pursuit of power. We saw earlier that while one therapist got sucked in (Skynner, 1996), immersed with the patients, the other became a scrutinising observer, invested with the envied power of the gaze. However, this sense of authority appears to be short-

lived, not only due to the envy provoked by the gentler voice that the other is perceived to enjoy, but also because one can "see one's mate across a crowded room, doing something else, with someone else" (Farber, 2000, p. 179), which generates jealousy in the onlooker. This jealousy, according to Farber, "arises from a suspicion of [...] displacement" (2000, p. 179). This process was apparently captured by a participant who experienced himself as being less important and a "sidekick" as a result of observing his co-therapist being actively interactive and more forward with the patients during the group sessions.

Roller and Nelson (1991) similarly advise that sometimes "a therapist selects a [...] group member as his or her 'co-therapist' and excludes his or her actual co-therapist" (p. 110). However, to conclude, I think I would be doing some disservice to this investigation without further acknowledging my individual position as a researcher; that is, as most of the participants seem to have suggested, I am someone who is looking from outside in. This experience of being the one who is now in possession of the gaze, in light of all that has been said, appears to create a kind of alteration in the relational field of the being-with of the co-facilitation. It seems that this modification involves my own identification with the observing ego, including its scrutinising qualities, which appears to have, in turn, permitted the co-therapists to meet each other freely; to once again appreciate the value of their differences and have a "Real Talk" (Buber, 2000).

Taking this analysis into account, it appears that all of the experiences discussed thus far point to the dynamic quality of the psychological processes that characterise the nature of the being-with in the co-facilitation of group psychotherapy. This fluidity, however, alongside the ripples created by my presence as a researcher, I think does not need to invalidate the particular existence of the being-with. The interactions of these different interpersonal dynamics and minute processes seem to be the organising principles that unify

this unique psychological phenomenon and form the very fabric of the co-therapy relationship.

The dialectics of reflexivity

"*Without contraries is no progression*"

William Blake, 1794 (in 1994 edition)

In this final section of this essay, I would like to draw the reader's attention to some of the subthemes that I think might bring the ubiquitous horizons of the being-with of the co-facilitation closer to view. These phenomenological landscapes seem to emerge as we examine the overall data through the lens of dialectics. I hope that this can offer an additional dimension to the developed understanding and, as such, a degree of triangulation to the discussed findings (Halcomb and Andrew, 2005; Williamson, 2005).

I find Thomas Ogden's (1986) clear conceptualisation of the "dialectical processes" a useful schema for capturing the dynamic forces in the complex sphere of the human relationships and growth. Drawing on the philosophical ideas of Hegel, Ogden writes: "A dialectic is a process in which each of two opposing concepts creates, informs, preserves, and negates the other, each standing in a dynamic (ever-changing) relationship with the other" (1986, p. 208). Lewis Aron equally highlights the overarching nature of these processes in the field of Relational Psychoanalysis: "The relational perspective approaches traditionally held distinctions dialectically, attempting to maintain a balance between internal and external relationships, real and imagined relationships, the intrapsychic and the interpersonal, the intrasubjective and the intersubjective, the individual and the social" (Aron, 1996, p. ix). It seems to me that the notion of reflexivity would be redundant without the presence of the dialectic oppositions that the former concept relies on for its reflexive, to and fro

oscillations. I consider the following five dialectics in an attempt to illuminate the nature of the co-therapy relationship further.

Process-structure

The process-structure dialectic embodies the paradoxical tensions that seem to have infused the psychological literature with some great debates for decades. One of the more popular ones is that concerning nature and nurture. And yet, I think that our field lags far behind the modern Physics where the interest in the problem of process-structure appears to be reflected, for instance, in Einstein's formula of *E=mc2* first developed in 1905, as well as mirrored in the quantum wave-particle duality principle explored by Bohr in the 1920s (Bohr, 1927/1928). Although traditionally trying to model itself on the physical sciences, Psychology, I think, struggles to emerge out of the Newtonian paradigm[5], whilst Physics appears to have moved on to explore the inexplicable dimensions without necessarily divorcing itself from the questions posed by Philosophy. The psychotherapeutic writings of Petrūska Clarkson (1994) have equally highlighted this issue. It appears that the nature of the being-with of the co-facilitation does express certain qualities of the process-structure in a number of ways. At the outset, the gender composition appears to reflect the structure that is immediately complexified by the process of the unconsciously organising principles (Stolorow and Atwood, 2010), including, as we have seen, the phenomena of transference and countertransference.

This complexification seems to be compounded by the overall relational configuration of the group matrix where one's experience of gender seems to undergo certain fluctuations. These oscillations appear to be echoed by the

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[5] According to Albert Einstein, the key deficit of science is that: "Science searches for relations which are thought to be independent of the searching individual. The concepts which it uses to build up its coherent systems are not expressing emotions. [...] Incidentally, this trait is the result of a slow development, peculiar to modern Western thought" (Einstein, 1956, p. 114).

participants who describe how certain patients might be "*looking for a father figure; so they, they are attached to me now.*" (i/v7); whilst equally recognising that the "*maternal and the paternal I think shift between us, not just within the gender thing.*" (i/v9).

The former participant in the above accounts describes his gender in structural terms. He equates this with the subsequent experience of the transference development. However, it seems evident that the quality of this experience is linked with the relational process (i.e. *becoming* a "father" *to* someone), which, in turn, reaffirms the therapist's particular identity structure. The latter participant, in this regard, points out that the intersubjective sense of one's gender identification is independent of its unified definition, the meaning of which is construed by an association rather than through the causal terms. In this connection, May (1986) has incisively argued that the very conception of gender identity "can imply a sense of self too final, smooth, and conflict-free to do justice to our clinical (or personal) experience" (p. 181). Equally, Goldner (1991) passionately states that "[s]ince gender develops in and through relationships with gendered others, its meaning and dynamics must be located, minimally, in a three- or four-person psychology that can make room for the interplay between different minds" (p. 262). This implies that the phenomenon of such an identity structure arises on the ground of the group processes, the meaning of which is decentred and situated within the dialectic experience.

Nevertheless, this problem poses some questions with regards to the pragmatics of the co-therapy dyad compositions. As the immediate findings suggest, the significance of the being-with of the co-facilitation cannot be considered in isolation from the group matrix. Hence, what would it mean, for instance, for two female therapists to co-facilitate a group consisting of only men and vice versa? Is the culturally defined gender identity (Goldner, 1991) so fluid as to not produce any solid impact? I suspect, once again, that the experience of such a

multiple varieties of the structural compositions would ascertain their meaning through the relational processes encountered within the unique clinical domain of group psychotherapy. A participant from the female-only co-facilitating dyad points to this problems when she states: "*Who's the father, who's the mother in this group when most of the work is about mothers?*" (i/v1).

The above description brings into focus yet another, not unrelated, dimension; namely, that of the working alliance. That is, the process of searching for a particular parental figure, which the therapists, as a result, might identify with, is structured by the goals and tasks of the group work, which in this case, is mostly about mothers. As such, the structural nature of the therapeutic alliance encompassing the bonds, goals and tasks (Bordin, 1979) is intricately linked to the process of transference-countertransference development (Greenson, 1981), including the gender identification as evoked through the relationship. In addition, the phenomenon of the working alliance seems to contain the process-structure dialectic within itself. For instance, the process of stepping out and coming in, as a way of co-ordinating the therapeutic efforts, as we have seen, structures the paternal-maternal functions between the therapists. The related process of looking and being looked at similarly appears to position the therapists within the being of the Oedipal configuration coupled with the shifting power structures that characterise the deeper processes of the co-facilitation.

One can go on exploring the different dimensions of the co-therapy relationship in this manner; however, this is beyond the scope of the present discussion. Nevertheless, the dialectic constituent of the process-structure of the being-with of the co-facilitation appears to offer a useful phenomenological lens for investigating such psychological phenomena as the organising principles of the pre-reflective unconscious (Stolorow and Atwood, 2010) in a more consistent and reflexive fashion.

Personal – professional

The nature of the being-with of the co-facilitation appears to be imbued with an uneasy question of how to be in this multifaceted relationship. The relationship between the patient and therapist seems to be characterised by a certain sense of asymmetry (Aron, 1996) whereby the patient shares the most personal aspects of their life, whilst the therapist remains relatively anonymous within their designated professional role. Although, Aron points out that the "anonymity is never an option for an analyst. You can sit, but never hide, behind the couch!" (1996, p. 97). And yet, it seems that the patient-therapist relationship comes to a stark contrast when compared to how the two therapists sit with one another. The co-therapy relationship appears to be located within a considerably narrow dialect gap of the personal and the professional, where the two spheres of being come into a very close contact and leave one with a troubled sense that it is *"sort of personal and yet it's not personal but it could feel personal"* (i/v5).

The therapists taking part in the research indicated that the process of engaging at the professional level with the patients (e.g. making interventions) resulted in the deeply felt sense that one was personally exposing oneself; that is, showing vulnerability and revealing to the eyes of the observing colleague those less organised and *"not necessarily kind of packaged"* (i/v8) parts characteristic of the more private selves. The profound tension between these personal and professional qualities appears to organise and bring into being such phenomenological constituents as the "unspoken communication" and "being seen" in the current enquiry. Indeed, the notion of the Bad Faith (Sartre, 2003) that seems to contain these evident themes has attempted to shed some light on the therapists' professional features, which, although give an impression of being personal, keep the truly personal aspects of their selves, as experienced in the co-facilitating relationship, carefully cloaked.

Furthermore, it has been hypothesised that the particular relational configuration of the co-facilitation, which characterises its professional set up, occupies a triangular space (Britton, 1989) that taps into the personal feelings associated with the experience of the Oedipus complex (Freud, 1924). Paradoxically, it seems that it is the real relationship underpinning this professional arrangement and representing the therapeutic alliance (Clarkson, 2003) that evokes the more personal experiences linked with the ensuing transference development (Greenson, 1981) between the therapists. This then appears to play a role, for example, in one's sense of being "*under the scrutiny of a colleague*" (i/v4), which has been connected with the superego qualities (Greenson, 1981).

However, it appears to me that the personal and the professional ways of being are not necessarily mutually exclusive. Their seeming disconnectedness in the realm of the co-facilitation seems to be the result of the part-object relatedness (Klein, 1940), which seems to act as a defence against the more genuine sense of separateness between the therapists. This more real interpersonal contact (Buber, 2000) involves seeing and being seen by the other in one's totality (Steiner, 2011), which calls for a space for both the appealing and the adverse experiences within the relationship that can be understood and integrated (Winnicott, 1990). This might involve the recognition that certain professional qualities observed in the other are personally envied and desired; lead to the critical evaluation of the self (Farber, 2000); and provoke the feelings of inferiority and shame (Lansky, 2007). Equally, this could entail creating room for thinking about the conflict surrounding the professional differences, including the associated power plays that might be expressing the personal need for the preservation of the desirability or trueness of one's style or therapeutic model (Gilbert and Orlans, 2011; Gergen, 1992).

Freedom – constraint

The complexity of this dialectical constituent appears to encapsulate some of the paradoxes of the being-with of the co-facilitation, the nature of which implies the inevitable encounter with the other in the immediacy of the co-therapy work. It seems that it is this sense of inevitability or limiting facticity (Sartre, 2003) that puts the meaning of one's freedom into question. Thus, this dialectic experience of freedom-constraint has been evidently related to the function of the gaze. One feels constrained by the feeling of being observed, but freer in its absence. This appears to be depicted through the contrasting experience of working with and without the observing presence of one's co-facilitator. It has been shown that the absence of one co-therapist during a particular week allows the present co-facilitator to feel freer and less observed.

This problem equally appears to be portrayed in the discussion of the direction of the gaze whereby through "fixing people whom I see into object" (Sartre, 2003, p. 290) one exercises the freedom of one's subjectivity, whilst constraining (or objectifying) that of the other. As such, the participants have alluded to the impact of the experience of observation, which appears to have the capacity to constrain the ability of the other to ascertain one's sense of freedom.

Taking these considerations into account, it seems that the capacity to utilise one's freedom is connected with the experience of power, whilst the sense of being constrained seems to evoke a feeling of being overpowered. Therefore, as Steiner (2011) argues, "the direction of the gaze is an important indicator of relative power and status" (p. 26). "But if the Other [...] sees me, then my look loses its power" (Sartre, 2003, p. 290, author's *italics*). As such, this particular dialectic emerges on the ground of a relationship between the two subjectivities that struggle to ascertain their individual freedoms in the constraining sphere of the co-facilitation. It is perhaps for this reason that one can feel *"irritated at*

times if 'I' [i.e. subjectivity] was sort of taking something in one direction and then felt that it was then being taken in a different direction" (i/v5).   Although this participant is alluding to the impact of the different styles, it can be argued that what is being taken away or constrained by the actions of the other is the capacity to exercise one's freedom; that is, be it through the direction of the gaze or one's therapeutic method.

However, Sartre (2003) points out that "although brute things (what Heidegger calls 'brute existence') can from the start limit our freedom of action, it is our freedom itself which must first constitute the framework, the technique, and the ends in relation to which they will manifest themselves as limits" (p. 504). Paradoxically, what Sartre appears to be suggesting is that one's sense of being constrained originates through the very facticity of our freedom, which can only be escaped by an enactment of the Bad Faith (i.e. by self-deception). Here we see the dialectic process of freedom-constraint in its reverse. In other words, the presence of this familiar enactment indicates that the freedom is not taken away by the constraining other, but rather, in the face of the constraints, the capacity to exercise it faithfully is given away or deflected onto something or someone outside of one's personal sense of agency (Yalom, 1980).   The phenomenological constituent of the "unspoken communication" appears to reflect this desire to circumvent the individual responsibility for speaking and seeing the painful truths. Ironically, it seems to me that it is indeed through the complexity of such a psychological manoeuvre that one's sense of subjectivity (i.e. freedom) is objectified (i.e. constrained) by displaying itself as a shadow belonging not to the self, but to the group of patients.   In this way, the experience of disagreements, for instance, tends to be "*managed [...] in a slightly unspoken way, which was exactly what we were accusing our group of doing!*" (i/v6).

Conscious – unconscious

"There can be no conscious mind without an unconscious mind and vice versa; each creates the other and exists only as a hypothetical possibility without the other" (Ogden, 1986, p. 208). However, the complexity of this dialectic does not always bring forth such straightforward answers. Thus, an important distinction has been drawn between the "unspoken" and "unconscious" communication in the realm of the co-facilitation. It was argued that the former belonged to the conscious mind in Bad Faith (Sartre, 2003), whereas the latter idea of the unconscious could only be grasped indirectly, by conveying itself through the experience of form (Bollas, 1995). The neuroscientific understanding has helped to validate this division (e.g. Schore, 1994), which seems to encapsulate the alteration in the perceptual functions whereby the conscious absorption with the group of patients calls for the simultaneous unconscious responsiveness that appears to facilitate the implicit interchange between the co-therapists (Erickson and Rossi, 1980).

Paradoxically, the notion of the "unconscious communication" in itself seems to capture the dialectic of the conscious-unconscious, but not without the controversies. For instance, Casement speaks of the "unconscious hope", which is "essentially healthy" (Casement, 1993, p. 110); whilst Winnicott (1975) highlights the individual's "unconscious search for something missing" (p. 309); and Sandler (1976) suggests that if the therapists allow themselves to be responsive to the "unconscious cues" of their patients, they will be prompted into becoming different with each patient. However, the only question that these analytic writers do not seem to tackle is this: If the unconscious is not conscious and does not have access to reality (Freud, 1915), then how does it know what it "needs", "hopes" and "searches" for, let alone what it chooses to communicate or hide under the repression? Sartre, who used this argument to critique Freud's theory, asked a similar question: "...if out of necessity we

granted to it [the unconscious] the faculty of understanding the signs, would this not be to make of it by the same token a conscious unconscious?" (Sartre, 2003, p. 594).

It seems to me that the last analysis points to the self-deceiving notion of a self without an active agency, which, as I have argued, can be expressive of consciousness in Bad Faith. However, I do not think that this necessarily disqualifies the conception of the unconscious mind, but rather demonstrates that the intellectual idea of the unconscious can be utilised for the defensive purposes by the conscious mind. Hence, the phenomenological constituents of the "unspoken communication" and "being seen" appear to reflect the desire to cloak the personal sense of one's agency in this fashion, including the corresponding anguish associated with the feelings of responsibility, freedom and guilt (Yalom, 1980; Sartre 2003; Klein, 1940). This experience of conscious attribution of action to the impersonal unconscious at any given moment has been conveyed by the research participants who describe overplaying the unspoken "*because a lot does go on unspoken [which ultimately precludes one from getting] a better picture*" (i/v9).

Nevertheless, we have also seen that the material that the co-therapists consciously choose not to speak about between themselves begins to be unconsciously absorbed and indirectly voiced by the group of patients, which, once again, only appears to be realised through the consciousness of the non-speaking therapists. The findings do suggest that the co-therapists have a tendency to focus on the group of patients at the expense of accessing the psychological depths concerning the group's functioning through the co-facilitating relationship itself. Overall, it seems that the meaning of what is conscious and what is unconscious (including the components of transference-countertransference) plays a central role in the relational experience of the being-with of the co-facilitation, as well as in the development of our

understanding of the psychological processes that take place in the multifaceted sphere of the co-therapy relationship in group psychotherapy.

Intrasubjective – intersubjective

The nature of this dialectic, I think, is deeply paradoxical, as the meaning of the intrasubjective, as this research has shown, is so tied up with the intersubjective qualities that the former becomes obsolete without the immediate consideration of the latter. Perhaps another analogy from the work of Physics can be drawn here. In the 1960's, Peter Higgs theorised the existence of the 'Higgs field', which is all around us, occupies the entire Universe and gives the particles and, therefore, everything their physical mass. In a similar fashion, the intrasubjective phenomena seem to gain their "psychological mass" through the interaction with the intersubjective field. Stolorow and Atwood (2010), in their groundbreaking book, 'Context of Being: The Intersubjective Foundations of Psychological Life', equally state: "Psychological phenomena, we have repeatedly emphasized, 'cannot be understood apart from the intersubjective contexts in which they take form'" (p. 1).

The very form of the being-with in the co-facilitation of group psychotherapy, down to the complexities of this research, is infused with the paradoxical tensions of the intra-inter-subject. As I have previously mentioned, I cannot eliminate myself, my presence or the very being of the current study from the emergent accounts offered to me by the participants. For instance, the process of bracketing (Giorgi, 2009) my own attitude, on the surface of it, might have involved a type of stepping out. However, would I not have thus subjected myself to the familiar province of the Bad Faith, by way of which, ironically, I attempted to view the actions of my participants? I think that just as with the explication of the working alliance discussed earlier, I could have assumed Skynner's (1996) postulation of detaching myself as an observing ego, that is, as

an intrasubject in order to ensure the constructiveness of the total situation. However, what might then happen to the co-facilitating relationship? And, how exactly would it be modified through this type of act?

I think that the meanings of the participants' intrasubjective accounts gain their weight through the intersubjective field of this investigation. As such, through a particular presence as a researcher, I might have been viewed as a potentially feared or a therapeutic figure, an at-last-found-supervisor or an object infused with the scrutinising and exposing properties of gaze, all of which, it seems to me, have shaped the participants' process of describing. In other words, I could not disengage myself from being very much involved, sucked in to the entire form of the being-with of the co-facilitation. In addition, the co-therapists' experiences of having taken part in this research, as they have highlighted on numerous occasions, have had certain transformative effects on their ways of working and being with each other. As such, although not directly intended, the action of this enquiry appears to have challenged the status quo of the therapists' practice; that is, the elements of their particular therapeutic action. Carr and Kemmis (1986) do indeed describe such action research in terms of the improvement and understanding of practice.

The reverse is also true, as I feel that the intersubjective experience of this exploration has shaped and re-shaped the intrasubjective nature of my appreciation of the co-therapy enterprise and psychotherapy more generally. I have particularly been deeply moved by the participants' humane stories, which I think so clearly portray their vulnerabilities and sensitivities, the ironies and shadow sides, the conflicts and intimacies. The open and vibrant accounts of these highly experienced and senior practitioners have helped me to embrace the particular personal and professional struggles of my own, whilst facilitating a more nuanced understanding of the therapeutic relationship and dialectics of reflexivity, which I have found to be genuinely informative in my work as a

psychological therapist. In fact, I think that it is through the process of such dialectics that the structure of this research finds its place. The personal passions and curiosities, which have kept this study alive for me, aim at making a clinically relevant contribution to the professional field of our work. Equally, the developed conscious conceptualisations of the unconscious phenomena of the co-facilitation have the potential to free us from the repetitive patterns that might otherwise constrain the work of psychotherapy. Finally, the being of psychotherapy appears to be a paradox in and of itself, as its nature is revealed to us through the intersubjective field of the being-with.

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