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The Two-Minute Check-in at the Beginning of Psychoanalytic Group Therapy Sessions

Robert M. Gordon

A check-in at the beginning of supportive and symptom-focused groups is common. However, it has not been part of psychoanalytic groups which centre on the unconscious determinates of symptoms. The purpose of the two-minute check-in in a psychoanalytic group is to gain information on each member's state of mind, help the group decide where it wants to focus its attention during the session, to balance the member's participation (so that talkative and quiet members start the group equally), and to produce a sense of mutuality and group concern. It is also the time for members to bring up attendance issues, payment issues or termination plans. The two-minute check-in is not likely to have much of a therapeutic effect in and of itself. A survey of my patients in two groups considered the two-minute check-in as functioning as a group level intervention. It sets the stage for a more efficient psychoanalytic group session at the interpersonal and intrapsychic levels.

Key words: psychoanalytic group therapy, check-in

Introduction

I have been leading two ongoing psychoanalytic groups in my private practice for over 30 years. About 10 years ago, I broke from my training and began to experiment with a two-minute check-in at the beginning of every group. I did this initially to know how each member was doing, to manage monopolizers and to hear more from quiet members. Check-ins have been commonly used in supportive

groups and symptom focused groups. Certain theoretical orientations, such as cognitive-behavioural and systems theory that are interested in specific manifest symptoms often use a check-in (Beeber, 1988; Dopke et al., 2004; Dore, 1994; Follette and Ruzek, 2006; Kivlighan et al., 1993; Robertson et al., 2004; Weiss et al., 1999). Follette and Ruzek (2006) use a check-in in their cognitive-behavioural groups to treat trauma. They require each person to answer five questions about their symptoms and coping for up to five minutes.

Yalom using an existential-interpersonal model warns that a structured go-round or check-in can take interactional spontaneity away from the group and therefore interfere with personal growth. However, Yalom does suggest that a check-in can be useful with supportive groups where the goals are more limited to helping people to cope (Yalom and Leszcz, 2005: 478–79).

Bion (1961) and Slavson (1964) both advised against using structured techniques in psychoanalytic groups since it may interfere with the patients' exploration of unconscious material. A structured task in psychoanalytic treatment risks keeping the patient on a concrete manifest level focusing only on the symptoms and not the underlying causes. Psychoanalytic treatment aims to not only reduce symptoms, but to also increase personality capacities (improvement in reality testing, affect tolerance and regulation, more complex understanding of self and others, better object relations, healthy super-ego functioning, and better ego resilience, etc.) (Psychodynamic Diagnostic Manual Task Force, 2006).

Increased personality capacities can come from working on the spontaneous unconscious reactions of patients that arise in the therapeutic relationship (Fonagy, 2000; Gabbard and Westen, 2003; Hoglend, 2004; Kantrowitz, 1997; Leichsenring, 2005; Panksepp, 1999, 2000; Wallerstein, 2003; Westen, 2002; Westen and Gabbard, 2002a, 2002b).

However, a brief, structured technique to begin every group does not have to interfere with deeper work later in the group (Duffy, 1994). The purpose of the two-minute check-in is to gain information on each member's state of mind, help the group decide where it wants to focus its attention during the session, to balance the member's participation (so that talkative and quiet members start the group equally), and to produce a sense of mutuality and group concern. It is also the time for members to bring up attendance issues, payment issues or termination plans. This gives the group an opportunity to more deeply explore these issues during the analytic work phase.

A psychoanalytic group may use the material from the two-minute check-in to later focus on the unconscious determinates as well as those issues that spontaneously arise. The therapist directs the check-in period. Each member in turn speaks to the group for no more than two minutes about their feelings and conflicts. This structure helps patients deal with limits and 'good enough.' Longer check-ins takes time away from the therapeutic work during the unstructured phase and risks feeding resistance to unconscious material. If another group member begins to intervene, the therapist suggests waiting until the check-in period is over. After the check in period, the stage of deeper work can begin with more focus. The therapist changes from an active role to a more passive role, using his or her presence to contain and keep the group working and offering interpretations not provided by the group. By keeping the check-in short, and then switching to the unstructured session, the check-in does not interfere with here and now interpersonal reactions or interpretations of unconscious conflicts and defences. The sharp contrast after the check-in produces a clear stage of deeper work on some of the introduced material.

The two-minute check-in is not likely to have much of a therapeutic effect in and of itself. Rather it functions as a group level intervention that sets the stage for a more efficient psychoanalytic group session at the interpersonal and intrapsychic levels.

I surveyed members of my two psychoanalytic groups about their impressions of the two-minute check-in. I wondered if they too perceived the two-minute check-in as primarily useful in creating a group level condition for later therapeutic work.

Method

This is a case study survey of my patients' perceptions of the two-minute check-in. It is not an efficacy study, but is descriptive data that helps to understand the cases being discussed. The accumulation of empirical case study research in private practices can become a major source of data and may have value in its ecological validity (Gordon, 2001, 2002).

I surveyed members of two long-standing psychoanalytic groups in my private practice. At the time of the data collection, one group had seven members and the other group had eight members (nine men, six women). All were adults who were college educated, 10 of the 15 have Masters or Doctoral degrees. The average length of time in group was 91.93 months, $SD = 53$ months. Most were high

functioning at the neurotic level of personality organization. These patients were highly sophisticated consumers of psychological treatment and could provide valuable insights into their experience with the two-minute check-in.

I asked the group members before their group began to fill out the five-question survey, and rate each question on a 0 to 5 scale (0 = 'None', 5 = 'A Lot'). The questions assessed the group, interpersonal and personal levels:

1. How useful is the two-minute check-in to the group as a whole?
2. How useful is the two-minute check-in to you over all?
3. How useful is the two-minute check-in for knowing how the more quiet members are doing?
4. How useful is the two-minute check-in for setting limits on some members?
5. How useful is the two-minute check-in for knowing where the group might focus its attention that session?

The demand characteristics of this study are biased towards finding the therapist's ideas as worthy. I attempted to control for this by asking questions about not simply the usefulness of the two-minute check-in, but where it seemed most useful (group level, interpersonal or personal level). I compared the patients' responses to each question against their over-all mean response. I had not suggested to the group my particular hypotheses about this or any other intervention.

Results

The total mean response was 4.24 ($SD = 83$). The highest rated questions, 1 (How useful is the two-minute check-in to the group as a whole?) and 5 (How useful is the two-minute check-in for knowing where the group might focus its attention that session?), were both rated a '5' 67 per cent of the time ($M = 4.6$, $SD = 63$). Two tailed T tests on the five questions revealed that questions 1 and 5 were significantly higher than the total mean (4.24), (both $T = 2.21$, $df = 14$, $P = .045$). None of the other questions were significantly different than the mean. This supports the hypothesis that the group members perceived that the two-minute check-in functions best as a group level intervention as compared to its value as an interpersonal or personal (intrapsychic) intervention. (See Table 1)

Table 1

Patients' perceived value of the two-minute check-in at the beginning of group therapy

Survey questions	Mean score	SD	% Rated 5 high	Rated > mean
1. Useful to whole group	4.6	.63	67%	$P = .045$
5. Where group to focus	4.6	.63	67%	$P = .045$
2. Useful for you	4.2	.86	40%	n.s.
3. For quiet members	4.1	.80	33%	n.s.
4. Limit setting	3.7	1.23	20%	n.s.

Note: Questions 1 and 5 were rated significantly higher than the over-all mean, indicating that the group members from two groups ($N = 8$, $N = 7$) valued the two-minute check-in as a group level intervention.

Discussion

I have found that a structured two-minute check-in at the beginning of psychoanalytic group sessions did not produce a resistance to working beyond the symptoms. If kept to no more than two minutes and under the therapist's control, it creates a sense of balance, cohesion and knowledge of the patients' concerns for the later deeper psychoanalytic work. The sharp contrast after check-in produces a clear stage for more focused treatment. The group leader starts out actively getting the group ready for work and then drops back, encouraging the group's curative powers.

The two-minute check-in can reinforce a group level working alliance. It offers a container of tolerance and mutual concern that announces in the beginning that everyone is important, has a voice and is part of this working group.

Although, I believe that the two-minute check-in is primarily useful as a group level intervention, this is not always the case. When I first introduced the two-minute check-in, the patients, with one exception, welcomed it. The one exception was a patient who obsessed and monopolized the time. Once the check-in started, he consistently insisted on extending his allotted two minutes. The group was strict in enforcing the rule. Over time, he began to better understand limits, sharing and 'good-enough'. For this patient, the constant limit setting was therapeutic.

There are common sense exceptions to denying group interaction during the check-in period. It is humane for the group to respond to tragic events or achievements with empathy. This helps to develop a group level concern and affective attunement.

The survey results of group members support the hypothesis that the two-minute check-in is likely to be more useful as a group level intervention than for interpersonal and individual issues. I believe that the group members correctly believe that structured exercises should not replace the group's work in dealing with members' dynamics such as talking too much or too little. Hopefully, this preliminary finding encourages controlled research on this technique and its use in psychoanalytic group therapy.

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