The Analyst and the Group: A Commentary on the History of the Relationship Between the Two

Introduction

The wary tone that can exist in the relationship between the psychoanalytic world and the group world began with Freud in his paper, “Group Psychology and the Analysis of the Ego” (Freud, 1921), wherein Freud prefaces his remarks by stating clearly that his knowledge of group life is scant, but then goes on to make two statements that are noteworthy: “. . .the group appears to us as a revival of the primal horde” (p. 123), an observation that evokes caution in the reader because it calls attention to the potentially destructive and regressive forces present in the group. However, Freud also says, “But even the group mind is capable of creative genius in the field of intelligence, as is shown above all by language itself, as well as by folk-song, folklore and the like.” (p. 83), a gentle acknowledgement that a group may be capable of “good”. Freud’s comments contained elements of truth then and still do, despite his self-proclaimed ignorance; however, many events occurred in the decades following Freud’s comments that, rather than filling the gaps of knowledge acknowledged by him, have often widened and deepened a chasm between the two modalities and bodies of theoretical knowledge. Growth in the knowledge bases of both fields, bolstered by extensive amounts of clinical practice and good research, places us at a time in history where the guarded aspects of the relationship could be lessened. It may be time

1 These comments are not intended to provide a complete history of either psychoanalytic or group thinking, but to provide a description of the relationship between the two realms over time, especially within the USA.
for integration based on what we now know about the behavior of human beings. But, first, let’s look at what happened in both worlds.

**History of Psychoanalysis**

Late in the nineteenth century within the context of Victorian society, Freud, discovering the unconscious life of the individual, was excited about it. Focused there and surrounded by a culture that did not support his ideas, he was far less interested in external factors, forces and influences. Indeed, followers who expressed interests in external factors and relationships, i.e. Jung, Adler and Reich, were either expelled from his inner circle or never admitted to it. In Western Europe, clinicians were intrigued by his discovery of the unconscious as well as this treatment that proved so impactful where other methods were ineffective. Freud visited the USA with much acclaim in 1909, giving his famous lectures at Clark University. Shortly thereafter, in 1911, A.A. Brill founded the New York Psychoanalytic Society in New York City, to be followed in the same year with the founding of The American Psychoanalytic Association in Baltimore (APsaA) (The American Psychoanalyst, 2011). Psychoanalysis was launched on its way to becoming the most prestigious treatment within psychiatry; what would later be called “the golden age of psychoanalysis” had begun.

Brill did not participate in the initial meeting of APsaA because he wished to maintain a separate, independent relationship with Freud and the International Psychoanalytical Association (IPA); he and his group staunchly believed that only physicians should be allowed to practice psychoanalysis, a view differing from those of Freud and the IPA where lay analysis, i.e. analysis practiced by persons other than physicians but who had received psychoanalytic training, was accepted and encouraged. When Brill eventually became APsaA President in 1919,
APsaA adopted a policy that opposed lay analysis so that the medicalization of psychoanalysis was firmly established in the USA. Tension with the IPA over this issue continued so that in 1929, APsaA almost withdrew from the IPA as APsaA denied membership to analysts trained abroad, even expelling some who had already become APsaA members but were not physicians. During Brill’s presidency of APsaA, a second yearly meeting timed to coordinate with the annual meeting of the American Psychiatric Association was initiated, thereby strengthening the medicalization. Eventually, Brill allowed a few non-psychiatrists to join APsaA as affiliate members, but only on the condition that they not practice analysis. Later the affiliate status was broadened to allow persons other than physicians to practice psychoanalysis as long as it was solely for research purposes.

With the advent of World War II, this controversy cooled somewhat. Training analyst emigrees from Europe, fleeing the Nazis, were welcomed to a number of institutes in the USA and the practice of psychoanalysis was impacted by this European influence. However, the official position protecting medicalization did not change until four psychologists sued APsaA, the Columbia and the New York Institutes, as well as the IPA, for restraint of trade; the suit was settled out of court in 1992 wherein the APsaA policy was formally abandoned. In 1990 APsaA gave up the position that homosexuality was pathological, stopped refusing to train gay and lesbian people because they were considered pathological and began admitting them to institutes as candidates: another step toward inclusion.

In the 1940’s and 50’s ego psychology was the prevailing psychoanalytic theory within the USA and APsaA. During the 1960’s object relations theory and its proponents gradually and with considerable debate became more widely accepted. Then, Heinz Kohut, articulating self psychology, added his ideas to the theoretical realm, again with considerable controversy.
Subsequently, in the 1980’s, the two-person psychologies burst upon the scene including the relational, intersubjective, and motivational theories. More recently psychoanalysis in the USA and throughout the world has taken note of new neuroscientific findings, the data from infant research and field theory. While the intrapsychic has continued to be important, awareness within the field that the external world impacts individuals is much more readily acknowledged and of interest, a change that is noteworthy compared to times of yore where the discovery of the unconscious eclipsed interest about influential factors in the external world.

**History of Group Psychotherapy**

Group psychotherapy went largely unnoticed as a modality until World War II. Early in the 1900’s, Joseph Pratt and Trigant Burrow were both practicing group psychotherapy in the USA, but their efforts received little attention.

Embroiled in a global war, Great Britain’s military found itself without sufficient resources to provide psychological treatment for war casualties. A group of psychiatrists who had gathered at Northfield in the United Kingdom, including Wilfred Bion, S.H. Foulkes, and James Anthony, decided to experiment with group psychotherapy to treat the large number in need and did so very successfully. In the USA Will Menninger, Chief of Military Psychiatry, later heralded the use of group therapy during the war as one of the three major contributions to civilian psychiatry (AGPA Archives, 1971).

These developments highlighted awareness of the potential power of group psychotherapy and provided a backdrop for the founding of The American Group Psychotherapy Association (AGPA) in 1943 by Samuel Slavson and a group of psychiatrists/psychoanalysts, as well as a few social group workers from the Jewish Board of Guardians in New York City.
Slavson, a social group worker by training and early practice, strongly preferred a psychoanalytic orientation which predisposed him to focus on recruiting psychoanalysts and psychiatrists given the medicalization of psychoanalysis in the USA at that time. As in institutionalized psychoanalysis, within the group community attention was given to standards for the training and practice of group psychotherapy by its founders and psychoanalytic theory and practice was equated with desirable standards, resulting in exclusion of other theoretical orientations appearing in practice such as Transactional Analysis, Existential Analysis and the use of Gestalt psychology in groups. Over the subsequent three or four decades hot debates ensued regarding the legitimacy of non-psychoanalytic approaches. Persons utilizing these theories were practicing group therapists and members of AGPA. Gradually they became more influential and AGPA grew to be an “umbrella” organization along pluralistic lines in regard not only to theoretical orientation, but the inclusion of women in leadership, broadening of the membership to include psychologists, social workers, marriage and family therapists, nurses and activity therapists and the establishment of a Gay and Lesbian Special Interest Group in 1997 and 1998.

During the 1960’s, 70’s and 80’s, rich and sometimes vituperative theoretical debates raged within the group community in the USA and the world over issues such as the question of whether group dynamics existed within the therapy group, whether the focus of the therapist should be on the individual members or the group, the role of the group-as-a-whole ala Bion and Ezriel, whether the transference was diluted in group, the question of group psychotherapy standing alone as a treatment or should it be combined with individual therapy, and more. In the 1990’s a minimum training standard for practicing group psychotherapy was established with the creation of The International Board for the Certification of Group Psychotherapists. Following the events of September 11th, 2001, AGPA undertook a significant internal change by turning
itself into a service organization, providing more than 500 group interventions for persons
directly impacted by the terrorist attacks. Interactions with many community agencies initiated
external relationships in turn leading to cultural changes within AGPA.

In the USA controversy often centered on a perceived dichotomy with the individual as
treated in traditional psychoanalysis on the one side and the group on the other. The debate was
highlighted by the prestige given psychoanalysis within the larger culture. AGPA members
embraced psychoanalytic thinking but also tenaciously maintained their faith in the unique power
of the group, thus inherently valuing the impact of external forces on individual intrapsychic
functioning. Meanwhile, in Europe, Foulkes, one of the original psychiatrists experimenting
with group psychotherapy at Northfield, was developing his group analytic theory wherein he
espoused that the group was a force larger than the sum of its parts and that the analyst’s focus
on the group would result in a benefit for individual members. The popularity of Foulkes’s group
analytic theory grew, extending to parts of Asia and Australia. Concurrently, in parts of South
America analysts often included psychotherapy groups in their practices. Therefore, in much of
the rest of the world, where psychoanalysis had not been medicalized, the dichotomy between
the individual and group was less distinct than in the psychoanalytic and psychodynamic group
psychotherapy communities in the USA.

Personal Stories
Within this atmosphere it was rare for clinicians in the USA to be both psychoanalysts and group
psychotherapists, practicing in both realms, but there were a few. It is interesting to hear about
their experiences as they lived and worked through this period.
Len Horwitz, Ph.D., graduated from New York University in 1951, just as clinical psychology was getting started as a profession (Personal communication, 2016). As a graduate student, he met and studied with Wilfred Hulse, M.D., an associate of Slavson, who encouraged his interest in group. The subject of his dissertation for his Master’s degree was group psychotherapy with chronic patients. Moving on to the Menninger Clinic in Topeka, Kansas, he participated in and learned from its outstanding mental health programs. He put his interest in group psychotherapy on hold for two reasons: 1) he was focused first on honing his skills in his craft 2) he sensed that his teachers, mentors and colleagues were not interested in group treatment. However, before long (1958) he and a few others who had been exposed to group in other places found one another and joined forces attempting to persuade Karl Menninger, M.D., Chief of Staff, to introduce group psychotherapy into the Clinic. Len recounts remembering two primary objections by Dr. Karl and others: first, there was a great deal of skepticism that people would be willing to share their most private lives and fantasies in a public/group setting. Second, Len’s personal training analyst admonished him not to “do groups” because they “promote acting out on the part of the analyst and the group.”

Support for group psychotherapy, however, was forthcoming from analysts who had developed expertise in group psychotherapy but came to the Clinic from other parts of the world such as Otto Fleischmann, a Viennese émigré and training analyst, and Jock Sutherland, originally from Scotland, Medical Director of the Tavistock Clinic in London, who had met Dr. Karl at the Tavistock during a visit there by the latter. Dr. Sutherland traveled to Topeka as a consultant for a month each summer for 25 years, initially consulting about the use of groups and gradually expanding his work to include other clinical and administrative matters. The Tavistock group psychotherapy model was interesting to Len, and in particular he was drawn to the group-
as-a-whole approach espoused by Ezriel and articulated to him by Sutherland. Len went on to write extensively about group theory and practice, especially addressing the therapist’s dilemma of how to decide when to intervene at the individual level versus the group level. Intrigued by the Tavistock model introduced by Sutherland, but mindful of research indicating its unpopularity with even those individuals who had benefitted from it because of its singular emphasis on the group, Len developed his own theory that addressed individual issues first before formulating and introducing the unconscious group-as-a-whole conflict (1977). He also wrote about identifying the presence and the therapeutic uses of projective identification within the psychotherapy group (1983).

According to Len, another injection of support for the interest in group life at Menninger came with the arrival on the staff of Ramon Ganzarain, M. D., a training analyst from Chile with group interest and expertise. Additionally, Roy Menninger, M.D., joined the staff in the early 1960's and was a proponent of group, based on his training in Boston; both men helped in establishing a Group Psychotherapy Service and incorporating training in group dynamics and group psychotherapy into all training programs and clinical areas as well as the overall culture of the Menninger Clinic. In fact, during a period of institutional crisis in 1966, Dr. Roy Menninger, at Len’s suggestion, sent large numbers of staff members to A.K. Rice Group Relations conferences, providing many within the Menninger community with a new tool, i.e. understanding the role of the conscious and unconscious participation of each individual in the group life of the institution, thereby solidifying the growing emphasis on the value of group life within the institutional culture (Horwitz, 2006; Menninger, 1985). Len remembers hearing an unsubstantiated rumor that at the New York Psychoanalytic Institute, any candidate who was caught doing group would be dismissed from training. What Len primarily experienced at first
in Topeka, however, was indifference from most of the senior staff. He believes that rather than feeling intimidated by his analyst’s discouragement, it stirred him up to pursue his group interest even more. He reminisces that he does not believe that being a group person was “a black eye” for him in the institute because he was considered a good candidate and a good analyst. Over the years many of the staff gradually became intrigued by the therapeutic possibilities of group treatment and some sought training in that modality.

Otto Kernberg, M.D., is also a psychoanalyst and group therapist who has lived and worked during these moments in history. Born in 1928 in Vienna, he fled with his family from the Nazis to Chile where he received his medical and psychiatric training. In 1961 he emigrated to the USA, soon becoming Director of the Menninger Hospital. While a medical student in Chile he decided to become a psychiatrist and psychoanalyst (Personal communication, 2016). Ignacio Matte Blanco, a famous analyst trained by the British Middle Group and later impacted by the Argentinian Kleinians, was Otto’s professor and influenced him. His second analyst was Ramon Ganzarain who developed a training program at the medical school in Santiago using study groups. In those groups Ramon demonstrated the importance of group dynamics, transference and primitive defense mechanisms. Impressed by the potency of both psychoanalysis and group psychotherapy, as well as enthusiastically embracing the thoughts and theory of Wilfred Bion, Otto studied them simultaneously in training and established a private practice doing both. After arriving in the USA and becoming hospital director, he was instrumental in bringing Ramon to the Menninger Clinic and supporting use of group treatment throughout the institution including a robust group psychotherapy program. During his time in Topeka, influenced by Jock Sutherland, he grew more interested in group processes, the Tavistock model, and the role of leadership within organizations, broadening his ideas about
groups. Once Otto moved to New York, he became better acquainted with Saul Scheidlinger, Ph.D., a prominent group therapist, who influenced his thinking as well. Otto has made major contributions to the development of psychoanalytic theory; his publications about psychoanalysis are well-known, well regarded and too numerous to mention and they span a period of time from the 1960’s through the present (Kernberg, 1965; Kernberg, 2016), but his writing regarding leadership and organizational functioning is also seminal (Kernberg, 1998). While in New York, he developed a treatment program for borderline patients and those with severe personality disorders which included a combination of individual psychoanalytic psychotherapy and intensive group psychotherapy. To this day he believes this model to be an extremely effective method for treating this population, but he and his colleagues at the Personality Disorders Institute at the New York Presbyterian Hospital were forced to stop running groups because of a lack of support, manifested by third-party refusal to reimburse for group sessions and excessive bureaucratic demands by insurance companies.

Joe Lichtenberg, M.D., is another senior analyst who embraces the worlds of psychoanalysis and group life though his pathway differs from those of Horwitz and Kernberg. Joe, whose parents divorced before he was a year old, was born in 1925 in Baltimore, growing up in a large extended family of comfortable circumstances (Personal communication, 2016). A brilliant and curious boy, he read most of Freud’s works at age 15 during the summer between his graduation from high school and beginning undergraduate education at Johns Hopkins. Family lore had it that he would become a doctor and during medical school he decided to become his own particular kind of doctor, a psychiatrist and psychoanalyst. Working at a state hospital during that time, he initiated the first of his four analyses and applied to the Baltimore Institute for psychoanalytic training.
Within the Baltimore Washington Institute at the time ego psychology was the primary theoretical orientation. Joe says that at various times in his life he has been perceived as a “troublemaker”, often experienced as asking too many questions when he observes gaps in reasoning; such was his experience at the Baltimore Institute. He found his work with his second analyst, Hans Loewald (his first analyst, Helen Arthur, had died unexpectedly at the end of a pregnancy) to be unhelpful and, therefore, at odds with some senior faculty in the Institute, he took a leave of absence. Eventually he returned, entering analysis with Russell Anderson, and completed his analytic training graduating in 1960. He was Director of The Sheppard Pratt Hospital from 1953 through 1957, where he acquired direct experience with group psychotherapy. Eventually he moved to Washington, D.C., affiliating with the Washington Psychoanalytic institute. In the early 1990’s, Joe, in collaboration with Rosemary Segalla, Ph.D., a group therapist, created the Institute of Contemporary Psychotherapy and Psychoanalysis.

When Heinz Kohut published his first book, Joe read his ideas with interest, discovering the clinical intuition to be brilliant, thus finding a home within self psychology. Beginning in 1983, familiarizing himself with infant studies, Joe decided that it was time for him to be proactive and develop his own theory rather than only criticizing previously existing ones; thus, his theory of motivational systems was born. Motivational theory addresses the questions of what is it that people want to do and why do they do it. The theory is a developmental one, originally with five motivational systems (Lichtenberg, 1988), now seven (Lichtenberg, 2011). The seven motivational systems are physiological regulation, attachment, affiliation, caretaking, exploratory and assertion, aversive, and sensual and sexual.
Group experience and interaction holds a solid place in motivational systems theory and practice, not because Lichtenberg was trained in group as were Horwitz and Kernberg, but because it is within groups, from his perspective that the affiliative motivational system is operational. From Lichtenberg’s developmental perspective, infants begin motivated by a need to attach to a caretaker, easily observable in the gaze between infant and caretaker. When a second family member enters the picture, the infant begins to shift its eyes back and forth: the infant is motivated to affiliate with its first group, the family. A task of the family is to help the infant move through attachment to affiliation. In a normal family and in groups both attachment and affiliation occur.

Thus, individual relationships are sources of attachment while the family, as the first group, is the initial source of affiliation. Sub-groups can form based on members having differences about a particular issue. Affiliation is present among the sub-group members. How the differences are worked on determines whether differences can be had without divisiveness. Individual psychotherapy and psychoanalysis give immediate access to the individual’s attachment motivational system while group psychotherapy grants direct access to the affiliative system.

**Similarities, Disputes and Complementarities**

There are parallels and overlaps in the development of psychoanalysis and group. Both emanated from a wish to understand the behavior of human beings with an emphasis on unconscious functioning, one within the context of a dyad and the other within the group. In the USA both have undergone long, institutional struggles within their respective professional organizations, APsaA and AGPA. The struggles are similar and basically twofold: 1) the
management of disagreements and differences, beginning with those of theoretical orientation and 2) concern about standards in terms of training and practice.

The nature of the struggles has differed. One of the problems for group psychotherapy is the belief that continues to be held by some that group psychotherapy consists of the therapist “doing” individual therapy within the context of the group. All group theorists advocate for the special and powerful aspects of group treatment and many emphasize conscious and unconscious group dynamics at the level of the group-as-a-whole. Group psychotherapists and group dynamics experts are continuing to struggle with this misunderstanding that can lead to their having a less than credible standing. Psychoanalysis has been viewed as being legitimate, albeit with fluctuation in intensity, since shortly after its beginning.

AGPA began with a large number of members subscribing to one theoretical orientation: psychodynamic/psychoanalytic group theory. The change to include a broad range of theoretical orientations came from within the organization as membership increasingly included persons from a variety of viewpoints; the organization itself served as a container for all players and the accompanying ferment. In the spirit of group work and dynamics, everyone was deemed valuable despite theoretical differences. This particular value emanating from a basic, shared understanding of group dynamics has permeated AGPA as it struggled with subsequent differences as well. One could speculate that the process of containing, responding to and resolving differences and even conflict with the organization serving as a container has its origins in AGPA having been founded by a diverse group that included Slavson, psychiatrists who were psychoanalysts and social workers from the Jewish Board of Guardians; there were differences to be tolerated, then accepted and even valued, however reluctantly, from the very
beginning but with the modality having very much the identity of a second-class citizen in the mental health world generally.

In APsaA the willingness to include differing psychoanalytic theories as well as applying psychoanalytic theory to settings other than the dyad, has been hard won. Freud and his colleagues found it difficult to manage differences within the original group so intergenerational transmission likely plays a role here. But in the USA the problem was worsened by the medicalization of psychoanalysis which had the immediate effect of excluding clinicians belonging to other disciplines from the institutional psychoanalytic community. A less visible but powerful effect may have been to solidify a value system within the official psychoanalytic culture that was relatively intolerant of differences; only psychoanalysis itself as practiced according to the traditional theory in offices within the dyad had value. Creativity is often the product of moving beyond traditional boundaries, so restrictiveness within the culture may have had the effect of stifling creativity. Applying psychoanalytic thinking to couples, organizations or groups may have been perceived as endorsing the impact of external factors at the expense of intrapsychic ones. Often people who practiced in these other settings were viewed as having less credibility and possibly even participating in activities that were damaging to psychoanalysis or the psychoanalyst. Therefore, cross-fertilization between group experts and psychoanalysts as with family or couples therapists or organizational experts occurred very little. In response, the group community having been viewed in this devalued way became less open to psychoanalytic thinking. Inclusivity was imposed on APsaA from outside with the settlement in 1992 of the law suit brought by the four psychologists. While now more inclusive and serving more effectively as a container, APsaA has typically not valued group dynamics and not utilized the expertise of
group experts, thus leaving the organization at the mercy of persistent and destructive group
dynamics during stressful times.

APsaA was relatively clear about its standards of training for decades. Challenges to the
explicit standards arose over time, often related to the medicalization of psychoanalysis,
theoretical disputes, the rise of biological psychiatry and then recently related to the healthcare
managed care and the insurance companies. Training has taken place in institutes which are
completely or relatively independent entities.

AGPA traditionally relied on other institutions to provide group training which were
embedded within academic training programs for the various disciplines. What constituted
universal standards of training was not clearly defined. The number of those programs has been
greatly decreased as the USA has experienced the societal negative healthcare influences
mentioned above. AGPA arrived at a nationally agreed-upon standard for basic group
psychotherapy training only in 1995 with the founding of the International Board for
Certification of Group Psychotherapists. Thus, AGPA eventually created its own basic group
psychotherapy course, but it is relatively new and oriented toward ensuring the survival of group
therapy in an environment where programs have been disappearing.

In summary, both organizations are healthy, viable and active with AGPA somewhat
smaller than APsaA. However, there is an interesting point/counterpoint: APsaA likely would
not have survived had it not been as financially solid as it has been (a reflection of the financial
advantages accrued by members practicing the most prestigious treatment method for an
extended period of time, at least until recently). Given the nature of the group dynamics that have
often gone unaddressed and could have destroyed it otherwise, this financial health has been
crucial. AGPA has not been wealthy, probably related to its less prestigious position as a
treatment, but has steadily maintained itself largely because of its attentiveness to the group
dynamics of the association and the sub-groups within; the group community has a much more
modest financial base, albeit a growing one due to good financial management.

Finally, a word about the relationship of the USA entities, APsaA and AGPA, to the
international community. IPA is the parent organization for APsaA. While the medicalization of
psychoanalysis was a source of intense conflict, the IPA/APsaA relationship has endured.
AGPA does not perceive The International Association for Group Psychotherapy and Group
Processes (IAGP) as its parent. IAGP has only existed since 1973 so it is younger than AGPA
but also it remains a fledgling association with few members and little funds. Rather, AGPA is
the strongest and most viable of the group organizations throughout the world and has from its
beginning reached out to the international community on its own, sometimes providing training
programs in and for other countries.

This issue begins with a paper by Robert Grossmark, a teaching and supervising
psychoanalyst at The New York University Postdoctoral Program in Psychoanalysis. He
develops his ideas drawing heavily from the work of Michael Balint and S.H. Foulkes in addition
to contemporary relational psychoanalysts. He believes that treatment is by the group, that the
group analyst is present, unobtrusive, deeply engaged and immersed in the process of the group.
There is a flow of enactive engagement in which group members, including the therapist,
companion one another as mutual enactments of experiences heretofore dissociated and
untellable emerge and unfold and the work of the narrative occurs. He illustrates his work via a
clinical vignette.

In his paper, Andrew Smolar a psychoanalyst and group therapist from Philadelphia,
explains his rationale of extending analytic work to include psychoanalysis and group therapy for
certain patients, explicating the criteria wherein this combination might be indicated. Within his model the analyst conducts both the analysis and the psychotherapy group; occupying both roles simultaneously presents intriguing challenges which he also discusses. Clinical example(s) highlight his conceptualizations.

Susan Gantt, Director of the Systems-Centered Training and Research Institute, explains System-Centered Therapy (SCT), a theoretically derived systems approach to group psychotherapy developed by Yvonne Agazarian, a psychoanalyst who was also trained in and fascinated by group dynamics. Heavily reliant on current neuroscientific evidence, SCT facilitates neurobiological development crucial to human transformation in psychotherapy groups and teams working together. Transferences, conceptualized as system roles, are explored and contained, enhancing social brain function through the use of functional subgrouping. A clinical illustration brings to life the integration of systems theory, neuroscience, Kleinian and relational influences.

The practice of evidence-based group psychotherapy by the group psychotherapist is the focus of the issue’s paper written by Molyn Leszcz Professor from University of Toronto Department of Psychiatry. In his advocacy for the achievement and sustaining of group psychotherapist effectiveness, he reminds the reader that integrating the science and art of the work is no small task. He discusses group cohesion, empathy, transference, countertransference, therapist transparency and self-disclosure, repeatedly citing research findings supporting these concepts which are then illustrated nicely in a clinical example.

The last two papers expand the use of psychoanalytic thought and group dynamics principles into innovative areas. Shoshana Ben-Noam, a Fellow of the American Group Psychotherapy Association and supervisor in the Eastern Group Psychotherapy Society Training
Program in New York City, explicates a combined psychoanalytic individual and time-limited, women-in-leadership group psychotherapy model indicated for women who find themselves with an intrapsychic glass ceiling which, when added to the societal glass ceiling encountered in the professional world, can prove to be an obstacle to their career advancement. Her clinical and theoretical formulations are clarified with a clinical example. Finally, David Gutmann and Sylvie Toral, organizational consultants in Paris, France, using psychoanalytic and group dynamic principles, discuss their psychoanalytically-informed work with a wide variety of institutions and organizations. They explain how the organizational consultant accompanies an institution through a transformation process by first helping its members identify their Founding Trauma and its unconscious influences so that rather than it staying entropic, condemning the institution to destructive repetition, the organization moves into a generative founding trauma which then yields innovation and growth. A specific consultation example is provided.

REFERENCES


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