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RELATIONAL PSYCHOANALYTIC SESSIONS AS LARGE GROUP THERAPY WITH TWO REPRESENTATIVES: THEORETICAL AND TECHNICAL ISSUES OF THE “GROUP TURN” IN RELATIONAL PSYCHOANALYTIC THINKING

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This paper offers theoretical formulations and technical considerations in the hope of facilitating a “group turn” in the relational psychoanalytic field. My approach, respecting relational foundations, extends them through the group lens. More specifically, I view relational psychoanalytic sessions as a “large group” process with two multi-objectified/subjectified representatives, the analyst and the analysand, interacting in a multilayered world of group attachments. I suggest that the dynamics and difficulties of certain types of patients can be understood further and more fully as multiple objects/subjects in this expanded model. In particular, patients with intergenerational traumas and/or accumulated traumatic attachments, patients who come from extended families, and patients with multiethnic identities can be helped with a “large group” perspective.

Keywords: analytic third, group turn theory, intergenerational trauma, large group, relational psychoanalysis

Traditional Group Psychotherapy, Relational Group Psychotherapy: Basic Principles

Generally speaking, I like working with clients that I see simultaneously in individual and group therapy, or those in individual treatment who slowly end individual therapy with me and convert to a group. I believe that some patients cannot sufficiently be analyzed unless the analyst can observe the patient in an interpersonal matrix that is co-created within a group, or at least unless the analyst holds the group in mind in individual sessions. This theoretical position is supported strongly, for example, by Ahlin (1995), who says, “I [...] prefer to have two systems level to work with, not necessarily unduly complicating the issue. From this perspective, there is a rationale of an individual, psychoanalytic, theory of relationships based on developmental psychology. At the same time, there is a need for a group-as-a-whole theory of relationships, in my choice a group-analytic

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theory” (p. 12). In this paper, I offer an elaboration of a “large group” theory: relational psychoanalytic sessions as large group therapy with two representatives.

As I wrote in a previous paper (Charalambides, 2017), relational psychoanalysis can be enhanced by integrating ideas from group psychotherapy, especially from the work of Irvin Yalom (1970). Yalom’s interpersonal model of group psychotherapy has strongly influenced my work as a group leader and supervisor for groups, as I have found it to be much more relational than other theoretical schools of group psychotherapy. By “relational,” I mean the specific way that relational psychoanalysis as well as the Yalomian model of group psychotherapy understands human relationships as mutually affective, striving for equity in hierarchical structures, holding a multiplicity of subjectivities as part of what is interplayed, and offering equal importance to the “here and now” lived experience and the “there and then” internalized one.

Group therapy as practiced by Yalom and Leszcz (2005) and relational psychoanalysis are linked through common forefathers of early interpersonal theorists such as Sullivan (2013). For many years, I have taught and practiced group analysis’s delicate and equal emphasis on the individual, the interpersonal, and the group-as-a-whole levels of human interactions, as in Yalom’s theory. More recently, I have studied group analysts such as Kaës (2016), who agree with Yalom’s concept of three levels of interaction in groups, but have asserted that the group-as-a-whole construct (a group analytic concept) is no longer sufficient to understand group dynamics. The kind of dialogue I propose between relational analysis and group theory, which includes the social unconscious and the “large group” that enriches the analytic third in relational psychoanalytic sessions, is unique, and based on my many years of experience working with groups.

In the interpersonal model of psychotherapy, the individual’s core is the establishment of dysfunctional beliefs, co-created in childhood through interaction with significant others. The concept of belonging, and the successful or failed attempts at belonging, define the way children come to see the world through the mirror of others. The interpersonal group psychotherapist works continuously in the here and now, focusing on the way in which the relationships between the members and the relationships of the members with the therapist(s) are co-created. Through various new mirrors, each patient begins to understand how others see him and what his co-responsibility is in co-creating successful attempts at social engagement that lead to closeness or failed attempts that lead to alienation/hostility. A process of understanding and smoothing transference dynamics is gradually started. The patient understands that the way in which he was mirrored by his family group affects him, at least unconsciously, within the group.

Then the group is given the opportunity, if they want, to experiment and change this, with the ultimate goal of transferring this change to the real world outside the group. The therapist in this model is a co-creator of transference relationships, and is therefore in constant contact with his inner supervisor to detect possible blind spots. He, too, often receives mirroring feedback from the group members, especially about the various ways they represent him. The ability to receive and give interpersonal mirroring is core to this model, as is the ability to self-reveal, in the here and now, the way the analyst thinks and feels in the process. Individual therapy in front of the group (that is, one person speaking in front of the group with others passively listening) is not encouraged; on the contrary, the group therapy of the individual is encouraged, through the members' continuous active listening to something that has just been heard in the group.

In the model of relational psychoanalysis that I propose here, I use my group perspective and experience to encourage the psychoanalyst to be an active listener with individual patients as well, listening in particular to the echoes of a group in a patient's associations. I encourage the analyst to introduce group perspective questions, even in individual work. I do not focus only on the perspective of individuals and their need to adapt to a group, but also on how others have adapted to an individual's adaptation. This adds a layer to the work that I feel is crucial, as each individual is composed of various internal "groups" whose bi-directional impact needs to be teased out.

Rene Kaës (2016), a prominent group analyst and psychoanalyst states:

When I began my research, the group was considered and treated as a whole entity, as constituted by a specific space of psychic reality, similar to the case of the family. The position of considering the group as a whole was a necessary condition for exploring the "group psyche." The work of Pichon-Rivière, Bion, Foulkes, Corrao, Anzieu, and initially my own, focused on the notion of the group psyche. I was not satisfied with a concept that postulated only one psychic space, that of the group. The exclusive focus on the group led to a major dead end—the disappearance of the subject within the group, which thus became a sort of "collective subject." (p. 183)

Recognizing this "disappearance of the subject from the group," Kaes began to depart from accepted group theory as a whole understanding of the group. He did not take for granted that the group behaves constantly and exclusively as a solid and merged entity. He instead explored the "intersubjective link" as another level of understanding the group. While his departure from the group as a whole to the intersubjective view is new in the larger field of group analysis, it actually aligns with and highlights the basic hypothesis of Yalom's interpersonally based group psychotherapy, which I have been using for many years.

What I am adding here is the idea that in relational psychoanalytic sessions, there are moments when the analyst must explore the family influences and internalizations of the patient in order to understand fully the individual dynamics at play.

The dialogue between relational psychoanalysis and group analysis is already underway (Tubert-Oklander, 2018). Tubert-Oklander (2006) has stated that:

The individual, the group, and society are one and the same matrix, extending in all directions in space and time, and fading in the hazy horizon of our awareness, thus setting a limit on interpretation. Those conceptual entities that we have called “individual,” “group,” “institution,” and “society” are the result of a splitting process, carried out by our analytic thinking, which necessarily constructs a figure and leaves the rest of the experience to dissolve into the ground. Consequently, in order to achieve a deeper understanding of the organization and dynamics of this highly complex matrix, we need to be able to accept, respect, and maintain the inevitable ambiguity of an experience that is internal and external at the same time, and of an individual that is also group and society. (p. 149)

Tubert-Oklander refers to relational theory in North American and South American traditions, as well as in group analysis, focusing on their common emphasis on environmental, institutional, religious, and cultural influences as very important for psychic development. According to Einhorn (2015), Tubert-Oklander agrees with thinkers such as Malcolm Pines that psychoanalysis moves to modern group analysis via relational psychoanalytic and self-psychological thinkers.

Relational psychoanalysis, in an emphatic way, has integrated the intrapsychic, intersubjective, and interpersonal levels of the psyche with political, feminist, cultural, and intergenerational contexts. Its synthesis of ideas is based on the important principle of avoiding one-sided dogmatism and absolutism. I contend that our relational ancestors were so busy creating a model of analysis sufficiently different from the classical psychoanalytic one, though, that the group perspective was not initially considered. At a time when relational psychoanalysis is now established as the mainstream, at least in the United States, it is no accident that I and others who are both group and relational analysts are now focusing on the fusion of the two ways of thinking.

Groups Are Internalized by the Individual Mindset

A number of theorists have attempted to explain the “social unconscious,” arguing that the “group” is always present unconsciously in a given moment in individuals, and “groups” are always present in our individual and group work with patients. Hopper (2007), for example, suggested that:

the “social unconscious” refers both to the fact that people can be and often are unconscious of social factors and forces, and to the social factors and forces of which they are unconscious, in exactly the same way that the notion of “unconscious” generally refers both to the fact that people can be and often are unconscious of a variety of biological and psychological factors and forces, and to those biological and psychological factors and forces of which they are unconscious. Specifically, the “social unconscious” refers to the constraints of social objects that have been internalized, and to the restraints of those that have not. (pp. 285–286)

As Dalal (2018) further explains, incorporating the analyst’s “group” into the analytic process as well:

The notion of the social unconscious questions the individualistic premises of mainstream psychoanalysis and leads to other ways of reading clinical phenomena ... the analyst’s responses to the patient are going to be informed by the discourses that the analyst inhabits as much as by anything else. And discourses, by their nature, are out of the scope of the analyst’s consciousness as much as anyone else’s. But ... there are alternative ways of thinking about human beings, ways that privilege their sociality. This way of thinking provides alternative metaphors for human communication. (pp. 260–261)

And, finally, Weinberg (2007) helpfully adds that the social unconscious:

is the co-constructed shared unconscious of members of a certain social system such as community, society, nation, or culture. It includes shared anxieties, fantasies, defenses, myths, and memories. Some of its building bricks are made of chosen traumas and chosen glories. (p. 321)

My own synthetic integration of these three authors’ assertions suggests that a good-enough analysis of what psychoanalytic patients say and do not say cannot be understood outside societal influences, and especially their unconscious derivatives. Even the most antisocially narcissistic patients, who harbor hatred against society (like a patient I will present later in this paper), as well as the most schizoid patients who hold paranoid phantasies of chronic disengagement from society, exhibit defenses that have been socially determined and co-constructed. For this reason, a theory that integrates individual relational thinking and group thinking must consider the idea of the social unconscious.

In the model proposed here, the concept of the unconscious is simultaneously expressed in the individual as a unique mind; in the individual as a member of a dyad; in the individual as a member of a family group; in the individual as a member of a wider group/s that share common elements; and in the individual with all of these elements of different and complementary qualities of unconsciousness. A good-enough analyst needs to be able to ask about and explore all these levels separately but also together at the same time.

As I write this, I associate to a session with my own analyst, in which we started looking together at the different levels of conscious and unconscious

communication. I insisted strongly that, in addition to the various correlations we discovered together, there was also the correlation between unconscious conversation of our institutions (I come from an educational institute different from his), and at the same time also of our two different schools of analytic thought (as I came from relational psychoanalysis, while he has a background in object relations). That is, the traditional analysis of our association through paternal and maternal transference was clearly not enough to include the way we related to each other in the room.

Clinically speaking, what is said needs to be broken down using the analyst's awareness of the unconscious in the individual, the dyad, the family, the group, the groups, and all of these together. In the brief clinical example of Maria which I present below, I ask her about what clock she uses, as well as which clock/clocks her family tunes into, looking for this multiplicity of different kinds of unconsciousness in her mind. From the point of view of my proposed model, while individual analysis of one unconscious mind is good, engaging patients in individual "large group" analysis and/or actual group psychoanalysis is better, and will help the patient to reach a deeper and synthetic level of understanding the unconscious on multiple levels. From my experience with patients who simultaneously undertake individual and group therapy, especially with the same therapist, I have seen that they grow and change more quickly and comprehensively than with traditional individual psychoanalysis.

Very recently, nearly the end of a session, I stopped a patient in individual treatment while he was speaking and asked him directly why he thought we were not discussing the Middle East tragedy that had occurred the previous night. He surprisingly said he did not want to waste his time. I asked him what he meant by that. He replied that in therapy, we do not discuss the social, adding: "I thought of discussing initially, but I felt indifferent to that tragedy." I connected his indifference to his parents' indifference toward the tragedy of his own childhood; he thought his parents did not love him since they never asked him if he was happy with them. We did not have time to discuss further at that moment, but he left the session devastated. His last comment was: "It is unimaginable to become indifferent to the war in Middle East the same way my parents were indifferent to me. I can understand now why I thought it was a 'waste of time' to discuss the social in my therapy."

This example illustrates, I believe, the various ways an analyst thinks of the social even in moments when it is outside of the patient's conscious awareness, and even, or especially, when the patient seems indifferent to it. We can see as well how the family and social systems block awareness of the other in an individual mind and create a false self, dissociated from social reality.

Parental Groups: Our Parents as Historical Subjects

The inclusion of the social unconscious as a partial component of internalized influences on the psyche creates the need for adjustments in our thinking about the object, which, I argue, can never really be just a father or mother as figures cut off from their associated groups. On the contrary, the parental object consists of a larger group that comprises the father and mother in relation to their influential social groups and histories.

Many writers have recently begun to discuss the larger sphere of influence on the object as a representation of history and intergenerational trauma that profoundly affects the subject. Bermudez (2019) suggested that the necessary inclusion of large group psychology in the contemporary theory of psychoanalysis has led to what he defines as “community psychoanalysis” for patients (p. 297). Francisco González (2020) demonstrated that the immigration experience of his external and nuclear family influenced him to set up a clinical practice full of immigrants in the United States. And in a chapter I wrote for my latest book, *The Envy Executioner* (2022), I similarly describe how visiting Cyprus, illegally occupied by the Turks, precipitated a mourning somatization in my body, an experience of the unprocessed mourning of both of my parents (maternal intergenerational trauma via the Greek civil war from 1946 to 1949 and the Smyrna catastrophe by the Turks in 1912; and paternal intergenerational trauma via the Turkish invasion of Cyprus in 1974). In each of these papers, the importance of the recognition of the parental object as a social subject stands out.

Anthony (1980) argues that most psychoanalysts are oriented toward the individual, and less toward the nuclear family as a group. Yet Faimberg (2014) suggests that not understanding the parents of psychoanalytic patients as historical subjects themselves may result in serious methodological errors on the part of the analyst; she believes the analysis and the patient needs to have the right to hold their own version of parental history, and also that the analyst owns the right to challenge that version of parental history in accordance with intergenerational aspects of family history that may have remained dissociated in the patient’s narrative. I concur with these ideas, and feel that it is crucial to view the individual patient as part of a group or family history, comprised of many individuals’ experiences and emotions.

Group of Siblings and Peers

Viewing parents as historical subjects leads us to consider other group influences on the individual: siblings, for example, as well as classmates. Generally speaking, siblings’ influence on psychic development has been neglected, in

part because of Freud's lack of interest in that dimension of experience, though there have been some attempts to rectify this problem. Abend (1984) supported the idea that the internalized sibling bond crucially influences the final choice of partners whose relationship leads to marriage, promoting the exploration of projective identifications based on sibling transference between partners at times when the relationship has reached a stalemate. Previously, I have written about Guntrip's psychoanalytic treatment with Fairbairn and Winnicott, arguing that sibling transference toward both analysts was ignored and instead was interpreted as maternal or paternal (Charalambides, 2017). In one of my clinical cases, I worked with two brothers together in the room on their relationship. We learned that their parents were not the "same"; they held different internal representations of them, though they had never discussed these before. In discussing them, the brothers' individual representations were enriched with new information from one another, leading to a more holistic understanding of who their parents were, and a better understanding of their siblinghood. Based on this and other work, I now routinely ask my individual patients to elaborate not only on their internal representations of their parents, but their internalized sibling representations as well; I believe that the antagonistic internalization of striving for the mother does not involve only the father in the primal scene, but also siblings as more equal to us and openly competing for food, affection, and care.

From theories of group psychotherapy, we know that not only sibling but peer transferences and relationships matter significantly, and are not simply displacements of feelings toward the group leader as a "real" object/person or as a parental/authority figure in transference. Grunebaum and Solomon (1982) created a thorough developmental model acknowledging the essential importance of peers and friends in psychic development; in a very interesting article on the internalization of group psychology, Scheidlinger (1990) argues persuasively that peer groups in childhood are just as important as parental "objects" and the family as a whole, claiming that during the phase of "internalizing influences" that co-create object relationships with significant others, the peer network's influences often remain undetected. Along these lines, Irwin Hirsch (2016) does not situate the analyst in a hierarchical parental role, but rather conceives the analyst as more of a flawed peer and companion. Similarly, Mitchell (2013) wrote, "I suggest that the concept of a sibling trauma opens a place where we may place lateral relations along a horizontal axis within an expanded metapsychology. In its turn a theoretical habitus could contain the clinical observations and give them staying power" (p. 31). All of these observations point to the importance of internalized sibling relationships in the individual psyche.

The correlation of the vertical axis (parent–child relationship) and the horizontal axis (sibling relationship) can at times confuse analysts who are not used to or trained to hear the patient’s story on multiple levels simultaneously. My model is based on learning the multilevel listening perspective of the unconscious through training and experiential participation in group dynamics.

Multiple Objects, Complex Patients, and the Need for the Expansion of Traditional Psychoanalytic Theories

There are patients in whom the separateness of the experience of interacting objects and subjects is expressed in a discrete way; for example, a patient speaks of the influence of one parent as qualitatively different from the other. But there are also patients whose unconscious is not characterized by this discrete separateness. Based on my clinical experience, I classify them in two subcategories.

In the first are those patients who defensively or even mergingly talk about both parents as one. According to Armstrong-Perlman (1991), they interpret on the basis of Fairbairn’s perspective: both parents were depriving, but the experienced deprivation is attributed to the obviously more depriving one, while the other parent is internalized as an idealized other. This idealized other is in fact a “beautified bad object” (Armstrong-Perlman, 1991). For these patients, a separate analysis of each parental objects is necessary to expose this delusion and to allow the “beautified bad object” to be mourned as truly and differently bad than the other bad, more visibly abusive/depriving other parent.

The second subgroup of patients, who are not characterized by this discrete separateness, is the subgroup of patients who interacted with multiple object(s) due to special circumstances. Recently (2022), I have theorized the concept of the multiple object. The multiple object can be understood as:

- the object/subject which participates with its multiplicity of self-states in objectification/subjectification in the co-creation of object relations with other objects.
- the object/subject which received simultaneously (not sequentially) different representations in the mind of a group: for example, the way a brother was simultaneously internalized by his father, his mother, and his siblings, which could be designated, for reasons of its differentiation from the previous object, a “group object.”

To help grasp these distinctions more clearly, imagine a decathlete who trains during the week for each of her ten sports separately, then goes to the ergometer center to measure her progress once a month. There is no way to

know which neuromuscular gains resulted from which type of training, or which sport contributed, as each of the different types offers strengthening of muscles that aid in the participation of the other sports. The body acts as a whole and not partially during the exercise. The decathlete is therefore a multiple object; if her trainer were to analyze her as ten separate athletes, he would lose the representation of the decathlete. The same happens with “decathlete” patients: if the analyst does not experience them in their wholeness, with all of their parts acting in concert, the danger of many enactments is great.

As I write in *The Envy Executioner* (2022), I firmly believe that our self presents as a multiplicity of subselves, sometimes unified and sometimes in succession (Bromberg, 2014). This is a matter of enormous importance in the here-and-now of treatment, because the analyst has traditionally been taught to think in terms of one object/subject or objects/subjects that consecutively alternate intrapsychically and intersubjectively. Experientially speaking, I believe that one of the most important differences in the way a group psychotherapist works, compared to an individual analyst, is that the former is permanently in a state of multiple transferences in the here and now. The latter is permanently involved in a similar situation, in which he is receiving multiple objectifications, but he is downsized as a less multiple object. That issue creates enactments as it negates the whole selves’ understanding of the analytic dyad and consequently creates a more superficial exchange. I firmly believe that in analytic interchange, the analyst and analysand participate with their multiplicity of selves, while the traditional model of experiencing and interpreting transference promotes a one-dimensional understanding of these multiple selves’ participation in transference. I suggest that this is possible to change.

In a large international online group I’ve been a part of for many years, for example, a woman accused a man of misogyny. When I was asked what I thought of what had happened, I said I was very impressed that the situation was only being viewed as a confrontational dialogue between a female-Chinese-group analyst-mother of a dead daughter with English as a second language, and a white-male-clinical psychologist-father of three girls divorced husband with English as a second language. After my intervention, the large group began to talk about how intersectionality is lost in order to encourage our unilateral participation and representation in human interactions.

Making this point in another way: a candidate of the Institute for Relational and Group Psychotherapy I direct, who attended Ilene’s Philipson’s seminar, “The Radical Otherness of Masud Khan,” wrote to me, trying to explain how Philipson understood the failure of Winnicott’s analysis of Khan. Of Khan, he said, “Since a part of his personality is outside the Western frame of mind, our social unconscious and worldview based on hereditary privilege and the primacy of identification with one’s place in the social order—things with which his four

different analysts functioned and relied on treatment—then analysis becomes difficult, which can end in failure in cases like Khan’s” (Chymas, personal communication, 2023).

As these examples imply, I strongly believe that the analysis of transference based on unilateral experiences is an artificial condition, which can be avoided. It is very different at a given moment to promote an emphasis on one characteristic of the patient, and then ask how the other sides of him participate in transference than to contribute to the co-created technical fallacy that the patient participates with a “partial” side of him in interaction. Similarly, I suggest that when an analyst experiences himself as a participant with one-sided involvement of his multiple selves, this may be a defense against anxiety generated by the possibility of being experienced in his multiplicity. The threat can be intrapersonal, i.e. he feels it himself; or it can be “imposed” on him through projective identification. Either way, the need for a multiple-object approach is evident.

The Basic Aspects of the Proposed Model

My model of conducting relational psychoanalytic sessions treats the patient mainly as a member in relation to the dynamics of the “group” and the dialogue between “groups.” Neither one mind alone in the world nor the co-created binary and tripartite interactional relationships that take place in and out of the analytic room, in the real world, and/or via developmental tilt, sufficiently capture the relationship between an individual and the “groups” in which he is inherently embedded. When we conceive of an “individual,” something is missing in our theory: the way the internalization of society, the world, inter-generational trauma, and internalized others co-exist in phantasy and in reality, needs better explication under a unifying theory.

What we see of a client in individual therapy is not the same as what we see of them in a group setting, and vice versa. I have had some clients able to adjust themselves in a stable and “good enough” therapeutic environment which we co-created in individual therapy, but then, after joining a group, reveal interpersonal weaknesses so apparent that I experienced them almost as clients not familiar to me. On the other hand, clients with developmental deficits based on family dynamics—like the silent martyr who has been injured by witnessing fighting between parents—can easily unconsciously re-enact their family pathology more easily in a group, since a therapist in individual therapy cannot represent a whole family system (the individual analyst can only represent one significant other, which in my opinion is often not sufficient for reparative work and/or for family system reenactment work).

In some cases, if combined therapy or a transition to group therapy by ending the individual modality is not feasible, it is necessary for the analyst to include the group in the co-created relationship with the patient. I recall a patient of mine, the fifth child of a large family. In a one-to-one meeting with me, she described the way she and her siblings were fed in her home: lined up by age from oldest to youngest. Unfortunately for her, she was the youngest, and a girl. She was told that her family consisted of only three children—the boys—and two girls. The feeding order started from the oldest child, a boy, and in the end, there was almost never anything left for my patient. She ate other people's leftovers. In a session, I asked her what it was like for her to be the neglected child of a group of six; the group in my mind consisted of her two parents and four siblings. She burst into tears. After I waited for her to calm down, I asked her what had happened, and to my great surprise she replied that it was the first time, after two analyses with other analysts, that someone, without her telling him, was able to see her neglect as coming from the whole family and not exclusively from the parents. Her previous analysts interpreted only her relationships with her parents, as if the siblings did not have agency at all in what was happening.

In the chapter "The Group in Three Minds," from my latest book (2022), I strongly assert that our self is presented as a group of sub-selves (sometimes unified and sometimes as successional) (Bromberg, 2014). This means that, in the consulting room, the multiple selves of the participants interact continuously, and that the object relations that co-exist and are co-constructed permanently are simultaneously expressed and do not alternate with each other consecutively. The analyst-analysand dyad is thus understood as involving co-created multilevel transference dynamics and subjectivity/objectivity, and experienced as a dialogical interaction between two "multiple objects" in a multilevel world of group attachments. This dynamic of course is expected to contain both predictable and unexpected enactments.

Nitsun (2001) argues, and I believe as well, that working in individual psychoanalysis is greatly changed and enriched when the psychoanalyst is also a group analyst. In particular, he argues that psychoanalytic work deepens and expands when the individual psychoanalyst keeps the group in mind. He mentions, but does not examine in depth, the institutional ramifications of this issue, discussing the question of necessity of an additional postgraduate program for a training of group analysts in individual psychoanalysis (p. 483). While he recognizes the importance of real external others, he is ultimately more concerned with the value of a focus on internalized groups of objects in individual psychoanalysis. I, in contrast, feel that the group as a theoretical construct and experiential paradigm must be included in the psychoanalytic specialization of individual psychotherapists.

Brief Clinical Illustration: Maria

Maria was referred to me by her husband's psychoanalyst, who was American Jewish. She was a second-generation Greek, who at the age of 18 had left a provincial town in Greece and studied engineering biology on a scholarship at a prestigious American university. At the time when her psychoanalysis with me began, she held a high-level managerial position in a multinational company involved in lithium mining. When I intuitively asked her where this company was based, and where Maria's headquarters were specifically, she replied: "I live in America, work the hours of Greece, and commute to the mother company located in Taiwan." After some time, I came back to this point and I asked her whether by following one clock (that of Greece) she needed to adjust to two other clocks, those of the United States and Taiwan. I wondered which clock her family was synchronized with. She replied: "My autistic daughter has her own clock, my other daughter and my husband have theirs, I am trying to synchronize with their three clocks, and now I will have to synchronize with you." I replied playfully but meaningfully: "We probably need to make a group clock here, don't we?" And she playfully replied: "You're definitely a psychoanalyst, huh, and not an engineer?" I replied in a less playful tone this time: "I'm trying to synchronize to tell you the truth with the group clock you are bringing here today, along with you."

In this example, we see a psychoanalyst who is forced to adapt quickly and "synchronize" to the material the patient brings in. Maria states that these different clocks are intersubjective clocks, since they occur between her and the separate clocks of the members of the family she has created. Moreover, the "clocks" contain the intercultural pieces of the three places. In addition, a new clock is added, this one of the healing relationships that will need to be considered cumulatively in the previous clocks. All these different "clocks" were presented as distinctive, but not detached from each other. They were expressed simultaneously. Rather than analyzing each "clock" separately, I chose to focus on their simultaneous effect, their interaction, with a "group as a whole" perspective. My technical intervention with Maria did not come from my training as a relational therapist and analyst, but from my experience of listening to patients in small and large groups for years as a group therapist.

The group therapist in the small group (a group consisting of up to 12 people) learns to listen to the various dyads separately and all together at the same time, while in a large group (of 40 people or more), the therapist leads the group more like a conductor, listening to the various subgroups and how they constitute an orchestra. This orchestra sometimes produces cacophony and other times harmony. The voice of one person in the small as well as in the large group is the musical melody produced by one instrument in an orchestra

that has many instruments. In the paradigm with Maria, I acted as a group therapist, “hearing” a cacophony of the various clocks that needed adjustment to produce a better harmonic or less cacophonous sound.

Extended Case Study of an Anarchist Patient: John

Another patient began therapy with me to stay out of jail, as part of a mandatory plea deal after his arrest. His parents “threw him away,” as he often said, in a nursery school from the age of six months. He had three sisters, one two years older and two others two and four years younger than him, respectively. He had been working in a bank and had embezzled a very large amount, which was revealed four years after he had started working there. Below, material from his psychoanalysis is extracted from the sixth year of his twice-a-week psychoanalysis with me. He was also in his fourth year of group therapy with me.

In the previous sessions, we had discussed his relationship with the other members of an anarchist organization he belonged to, and mainly the relationship of the other members with each other. John was possessed by the fantasy that because they all shared the common goal of eliminating the hard demarcation of class divisions, the various problems between them could be put aside. That is, he placed the “other,” in his mind, outside the group, and created the fantasy that hatred did not exist within the group. I predicted in one of these sessions that if his “comrades” were imprisoned in the same cell, the dynamic of the relationship between them would change rapidly, and the persecuting object would be shared between them. Of course I said this sweetly, as I knew that my comment would threaten him greatly.

In one of the sessions that occurred after my prediction, John tried to understand how the group in the analyst’s mind existed in a way that it did not in his own mind. Through the question, “Do you want to explain to me again how you understood it?” his underlying question was, I believe, “Why can’t I be aware of my relationships with the other people in the group I belong to?” I chose first to explore his inner state of mind, so that the appropriate mental capacity was co-shaped, before deepening the exploration by addressing group dynamics. That is, I insisted on first achieving an intrapsychic articulation of the caring and abusive partial object being split, before dealing with the external reality as it was expressed in his narrative.

My next step was to move from the phase of intrapsychic enumeration to the interpretation of the transference based on the paternal object. The there-and-then authoritative association with the father created anger and diffused into John’s here-and-now social reality. Consequently, he experienced a hatred toward policemen. The policemen, however, had a double identity, holding a bad version of his father and at the same time objectified as representatives of a bad society.

Only then did I choose, for the first time in the session, to explore the relationship of the group dynamics, because I sensed that he had achieved an initial position of internal stability and cohesion that made him more able to deal with the representation of himself in the group. Using his material, I made an associative interpretation of the there-and- then in relation to his kindergarten peer group. His response confirmed that he had been ready:

John: And the policemen are my classmates who had let me down, then? As if the policemen were my classmates, those favored by the system—by my teacher. I couldn't bear for others to have her favor. Of this beautiful teacher, the first woman I ever fell in love with

Therapist: (moved): Exactly, John. Then, when longing for the love of this woman made you envious and enraged. When you diminished anybody that was competing with you for her love.

John: ... I wrote in my diary that I wished for their death.

Therapist: And today you take the Molotov cocktails, and you wish death on others. Really, today, who is this beautiful woman taken from you by your competitors in the police?

John: Well, you won't believe the connection I'm making now. This gorgeous woman is ... I think it's the peace of mind I imagine the policemen experience, as they cannot be threatened.

Therapist: So, you envy their peace of mind and their relationship with a hierarchical structure in which they can hardly be threatened by someone stronger.

John had successfully responded to my initiative to transition from the intrapsychic level to group dynamics, and he also autonomously had the necessary ability to interpret the there-and-then dynamics of the kindergarten peer group as projected into the here-and-now of his life, with police officers standing in for his classmates. Of course, this was the result of an internalization process based on my countless previous attempts to help him think of group dynamics as a continuum of his intrapsychic reality, which enabled me to analyze his internal group dynamics and interpret his aggression as the expression of envy, of a wish. Two systems occupied my mind while I listened to his narrative: the group of peers in the kindergarten, and the group of police officers. This was not a vague envy of a breast full of milk, as envisioned by Melanie Klein; it was an envy that was born within the dynamics of a group, and so an appropriate interpretation included those dynamics.

After 10 minutes the session ended, John got up, paid, and as he did so, spilled his water all over my desk. In this, I saw him "supervising" his analyst, reminding me that work was still needed in order to contain more fully his hatred and aggression. There was improvement, though, in the fact that he had managed not to attack the frame, and had ended the session on time.

Why Does Every Psychoanalyst Need Experiential Participation and a Theoretical Understanding of Group Dynamics?

At the Institute for Relational and Group Psychotherapy Psychotherapy, where I have been the director since 2008, group psychotherapy is mandatory, and of at least equal importance for all prospective relational therapists and relational psychoanalysts. It is also mandatory for all our prospective trainees to participate in a large group of 60 to 100 people with three moderators every two months; and they are given the option to participate in an international leaderless large group every Sunday. Our focus on the group is based on my belief that learning group dynamics helps developing analysts not only in their work with patients, but in their own development and understanding of the context of their training.

Highlighting this point, Kernberg (2014) has asserted that, “Training in the analytic system is based on naïve assumptions about intra-family conflicts in analytic organizations. It focuses on the diminishing effects, observable entirely in the institute, as a replication of individual oedipal conflicts and a family romance, ignoring the organizational dynamics associated with the diminishing progress of groups, and the formation of a class system in relation to the distribution of power” (p. 160) Most individual analysts, as Kernberg notes, are not trained in the theory of group dynamics. I suggest that this needs to change. If a modern analyst, and in particular a relational psychoanalyst, continues to be trained in an institutional training environment without participating in group psychotherapy as a patient during training, where will the analyst learn theoretically, experientially, and technically to understand the patient’s material in the light of group dynamics?

Concluding Comment

The large group theory should be passed on technically, theoretically, and experientially to the individual analyst who is not also a group psychotherapist, and the trainings of individual and group psychotherapists should be distinct but mutually complementary. Large group thinking, and the inclusion of social unconscious theories in our psychoanalytic curricula, are necessary for the training of contemporary clinicians.

For any pluralistic and holistic psychoanalytic organization, it is, I believe, desirable to be in touch with the social unconscious of its local context, its national origin, and its framing in a global cross-cultural environment. My ideas about group theory conceive of the environmental mother, according to Winnicott, as beyond parental figures, placing our parents and siblings within the contexts of the local, national, and global societies in which they are undoubtedly incorporated. Knowledge of group is important for a good-enough analyst to emerge, and for a good-enough psychoanalytic institute to flourish.

As Ogden (1994) writes, “[The] third subjectivity, the Intersubjective Third, is the result of a unique dialectic created by the distinct subjectivities of the analyst and the patient in the frame of the analytical regulation” (p. 3). While this definition has been extremely important for relational theory, it neglects the multiple nature of the analyst’s and the patient’s self, or the group aspect of the self, the recognition that the analyst and the patient are in the room with their groups of important others in a broader intergenerational dialectic. Using my ideas about group theory, a more holistic definition would be: “The intersubjective Third is the result of the dialectic transaction between the multiple subjectivities of the analyst, the patient(s), and the groups that contain them and their ancestors, significant others as members of their systems in an intragenerational dynamic.” Relational psychoanalysis can best be understood as large group therapy with two representatives. I am hoping for a “group turn” in relational psychoanalysis.

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