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GROUP, *Vol. 41, No. 3, Fall* 2017

The Group in Two Minds: Sibling and Group-as-a-Whole Transference and Countertransference

Stavros Charalambides[1]

The author attempts to apply collective concepts to the individual. He conceptualizes the analytic dyad as a group of two and, consequently, individual relational psychoanalysis as a group psychotherapy. Instead of asking a patient what his or her relationship with a parent or sibling is, he suggests we ask what kind of relationship the patient had with the parent or sibling in the presence of the family as a whole. This kind of work in individual treatment could be distinguished and renamed as "group therapy with two persons." This article advocates that psychoanalytic institutes include group therapy and basic group theory as required components for trainees.

KEYWORDS: Relational psychoanalysis; combined psychotherapy; Irvin Yalom; group-as-a-whole transference; sibling transference.

INTRODUCTION

I would like to describe the way I prefer working. I like working with the same patient in group and individual therapy. I firmly believe that combined individual and group therapy with the same therapist is the optimum solution for some of our patients, as some other writers have discussed (e.g., Raps, 2009). My criteria for choosing patients are consistent with those introduced by Rutan and Alonso (1982) regarding combined group and individual therapy with the same therapist.

During individual sessions, I often encounter the need to analyze issues that relate to group dynamics. Other times in individual sessions, we are obliged to act as members of an analytic dyad, while holding in mind at least three groups: the

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group of significant others related to the patient, members of the patient's therapeutic group, and the patient's group of internal objects.

Consequently, group dynamics could enrich a discussion of the "analytic third" (Ogden, 2004) as a dialectical co-creation of two subjectivities that interact with each other. If we understand the analyst and the patient "accompanied" by their distinctive groups of internal objects, then I suggest speaking about the analytic third between at least two groups of internal objects represented via an analytic dyad.

With the encouragement of my supervisor and director of group psychotherapy for the Yalom Institute in the United States, Dr. Ruthellen Josselson (personal communication, May 2017), I came to understand the individual modality of combined therapy from a different perspective, that is, as an exploration of intersubjective issues related (a) to the patient's group of significant others, (b) to members of the patient's therapeutic group, (c) to the patient's group of internal objects, and (d) to the analytic dyad that is perceived as an addition to previous group, in addition to the work that needs to be done from an intrapsychic point of view. I have come to articulate this way of working as group therapy conducted between two persons. The patient is being understood mainly as a member in relation to group dynamics. Neither a monadic mind in the world nor an influential co-creator of dyadic interactions in the analytic room, as well as outside of it in the real world, are sufficient constructs to capture the relationship between a person and correlated "groups."

This article aims to begin a discussion on how relational psychoanalysis can be enhanced by integrating ideas from group psychotherapy, and especially from the model of Irvin Yalom (1970). Yalom's interpersonal model of group psychotherapy has influenced my work as a group leader and supervisor for groups. I have found it to be much more relational than other theoretical schools of group psychotherapy. I have been taught and have practiced its delicate and equal emphasis on the individual, the interpersonal, and the group-as-a-whole levels of human interactions. I have lately studied group analysts, such as Kaës (2016), who has admitted that the group-as-a-whole construct is no longer sufficient to understand group dynamics. The same author agreed with Yalom's three levels of interaction in groups.

A prominent group therapist, Scott Rutan (2003), wrote about Freud, "Despite his prominent group on Wednesday night, Freud was really scared of groups, living under the spectre of the Nazis, focused as he was in the patricidal folds of his theory" (pp. 375–376). He also indicated that Ferenczi's (1949) work has greatly facilitated the development of group psychotherapy, though his work remains much unrecognized among group therapists. Ferenczi's work has influenced the interpersonal school as well as the relational one, as Rachman (2010) suggested:

> Sándor Ferenczi's ideas have influenced the development of the object relations (Balint, 1968), interpersonal (Wolstein, 1990), and self-psychology (Rachman, 1989) perspectives, but it is the relational perspective that is most relevant to Ferenczi's original contributions. Ferenczi's two-person psychology emphasized the fundamental dimension of a

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> relational perspective, e.g., the interpersonal familial experience that is internalized, creating emotional disturbance for the child. (p. 43)

As Ferenczi's (1988) work remains unrecognized in the field of group psychotherapy, so the interpersonal group theory of Irvin Yalom does in the field of relational psychoanalysis. Having been trained as a relational analyst as well as a Yalomian group therapist, I define myself as an interpersonalist thinker based on relational concepts.

I have always wondered why Yalom has been excluded from relational psychoanalysis. The interpersonal model of group psychotherapy Yalom created (Josselson, 2007; Leszcz, 1992; Mahon & Leszcz, 2017; Yalom & Leszcz, 2005) could help further the substantiation of ideas about individual relational psychoanalytic practice. It focuses on the analysis of group dynamics, especially through the distinction between the layers of intervention into individual, interpersonal, and group-as-a-whole levels. Besides those reasons, this model is based on Sullivanian ideas, as the interpersonal route of relational psychoanalysis is. According to Mahon and Leszcz (2017),

> interpersonal group theory was developed by Irvin Yalom (Yalom, 1970; Yalom & Leszcz, 2005) and is strongly influenced by Sullivan's view of the development of the human personality. Psychopathology and problems of living arise from the confluences of early dysfunctions within significant relationships and are the culmination of the implicitly and explicitly acquired deficits in the capacity to relate to other people. Sullivan noted that an individual's concept of self is the consequence of others' views that become internalized. We strive to connect and belong as we seek the approval of others. (p. 122)

It becomes clear here how relational psychoanalysis and the interpersonal group theory of Yalom are similar to each other, though they have not met conceptually so far.

There are theoreticians (Coburn, 2007; Grossmark, 2007; Singer, 2007) who have supported the need to correlate constructs from relational psychoanalysis of the individual with group dynamics. The same authors argued convincingly that group theories have not influenced, in general, psychoanalysis enough, and more specifically the relational route. The theoretical pertinence for this synthesis also stems from the fact that both theoretical schools are largely based on the work of Sullivan (1953). This article presents reasons that group theories are so important for further development of the "relational turn" in psychoanalysis.

I will focus on how contemporary psychoanalytic theory ignores analyzing in individual psychoanalytic practice phenomena that involve three categories of group dynamics: the sibling transference, the transference of the family as a whole, and the combination of the two.

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SIBLING TRANSFERENCE, GROUP AS A WHOLE, AND THEIR COMBINATION AS PART OF RELATIONAL PSYCHOANALYTIC WORK

I will present a patient's view of how sibling transference and family group as a whole are mutually influential to each other. Stavroula described to me how her family got in line and, as the youngest member, she got the last small bone of a chicken that all her family shared. Her family had a lot of money, though intergenerationally transmitted trauma caused them to behave as if they were poor.

In attempting to empathize with her devastation, I said, "Neither of your parents could understand how it felt to be the last in line, as well as the youngest and still eat nothing." She replied to me sadly,

> You know, this experience has not been internalized as a parental failure, but mostly as a failure of my two siblings to take care of me, the youngest. Of course, the entire family group left me constantly unprotected and defenseless.

Through this vignette, I learned from the patient that multiple transferences within a family system can be registered at once. Her depriving parents constituted one subgroup. Another subgroup consisted of envious antagonistic siblings. Those two subgroups were influencing one another. Finally, another larger group, that is, the family as a whole, denied her emotional and physical needs. My patient could guide me and correct me sufficiently. What happens with those patients who cannot undertake the role of their analyst's instructor? How can an analyst help them experience the simultaneous awareness of a family system's multiple transferences?

The next section attempts to show how a past trauma plus theoretical bias can influence an analytic couple to mutually engage in denying emerging sibling and family-as-a-whole transferences. My personal experience led me to support strongly the idea that the analyst who is also a practicing group therapist (especially the one who conducts combined therapy) is more likely to avoid colluding with his patients.

A DUAL DENIAL OF SIBLING TRANSFERENCE IN GUNTRIP'S ANALYSIS BY WINNICOTT AND FAIRBAIRN

Recently, a dialogue has begun in relational psychoanalysis concerning the fact that the work in individual psychoanalysis differs if the therapist decides to understand his patient as a "friend or brother in transference" (Hirsch, 2016).

Guntrip (1975) described his experience of analysis with Winnicott and Fairbairn. He wondered why both did not sufficiently help him to remember the trauma of his brother's death when he was three and a half years old. He mentions that, in analysis, Fairbairn (through transference) was the despotic mother, and outside the analysis, in their theoretical discussions, the supportive father. Here we see that

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neither Fairbairn nor Guntrip has embraced the possibility of exploring a prospective sibling transference between them. Did this happen because of a theoretical bias they were both holding? Is there a possibility that they co-denied emerging sibling and family-as-a-whole transferences that were played out through their relationship? I believe both happened.

My impression is that Guntrip and his mother mutually colluded to avoid mourning for his deceased brother, similar to how this happened in the transference with Fairbairn. This would have been almost inevitable, because Guntrip described that his mother was the first of 11 siblings and had seen four of her brothers die, which likely contributed to her desire to avoid further mourning. Guntrip (1975) described,

> In my teens she occasionally became confidential and told me the salient facts of family history, including that she breastfed me because she believed it would prevent another pregnancy; she refused to breast-feed Percy and he died, after which she refused further intimacy. (p. 149)

I mentioned previously that Guntrip experienced Fairbairn as a despotic mother in transference. What if Fairbairn in addition became the despotic mother who ignored Guntrip's brother in transference? What if Fairbairn refused further intimacy with Guntrip by not exploring the possibility of sibling transference? I cannot prove both, though I believe a reader can validate my speculations as not being arbitrary. Guntrip (1975) also described,

> She told me that at three and a half years I walked into a room and saw Percy lying naked and dead on her lap. I rushed up and grabbed him and said: "Don't let him go. You'll never get him back!" She sent me out of the room and I fell mysteriously ill and was thought to be dying. Her doctor said: "He's dying of grief for his brother. If your mother wit can't save him, I can't," so she took me to a maternal aunt who had a family, and there I recovered. Both Fairbairn and Winnicott thought I would have died if she had not sent me away from herself. All memory of that was totally repressed. (p. 149)

I believe Guntrip experienced a triple trauma. Guntrip was tragically forced to cope with the psychic loss of his mother. She had to mourn Guntrip's brother—she was not available for Guntrip at all. Guntrip also experienced the physical loss of his brother and his personal grief about that loss. Guntrip's grief about his mother and his brother was not experienced adequately by another human being in a containing and holding way. That was partially reenacted with Winnicott and Fairbairn. They—in unconscious conjunction with Guntrip—eliminated the co-constructed space so as not to contain the triple trauma.

In 1959, Fairbairn returned to the analysis after six months of health problems that almost led to his death. During this time, Guntrip's very good friend passed away. Guntrip was experiencing a tragic situation. He needed Fairbairn to contain

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Guntrip's mourning about his best friend. He had also to mourn simultaneously Fairbairn's physical inability to remain his analyst. Fairbairn interpreted that he had then become his brother in transference. I dispute this interpretative path. I believe Fairbairn in that period was experienced as Guntrip's brother as well as Guntrip's mother in transference. Guntrip's initial trauma was registered as having lost two objects, the mother and brother, not only one. (I intend to develop further the idea of multiple analysts' objectifications in the near future.)

Guntrip in that period became dramatically creative. He described (Guntrip, 1975),

> Then, just as I felt some progress was being made, Fairbairn fell ill with a serious viral influenza of which he nearly died, and was off work six months. I had to reinstate repression, but at once began to "intellectualize" the problem I could not work through with him in person. It was not pure intellectualization by deliberate thinking. Spontaneous insights kept welling up at all sorts of times, and I jotted them down as they flowed with compelling intensity. (p. 151)

Guntrip also described that, at least three times previously, he experienced extreme exhaustion like the episode that followed his brother's death. Why does he not then become creative those three times? I believe the reason is that he could not liberate himself from the double loss of mother and brother, though this happened while Fairbairn became ill. Guntrip experienced Fairbairn as a despotic mother as well as a sibling. That double experiential tilt freed Guntrip from unbearable loss. In my view, Fairbairn and Guntrip together failed to understand that dynamic.

Then Guntrip (1975), with the help of Fairbairn, related to Winnicott, as Guntrip described: "Fairbairn first introduced me to Winnicott in 1954 by asking him to send me a copy of his paper 'Regression Within the Psycho-Analytical Set-Up'" (p. 151). In Guntrip's description of his own analysis, Winnicott is seen as a transferential mother who was able to hold Guntrip's mother's depression when his brother died. The day Guntrip was told that Winnicott was dead, he had a dream. He saw his mother as black, immobile, looking into the void, and utterly indifferent. It was the first time he saw his mother not attacking him in a dream. Trying to explain why, he told us that this happened because, through the death of his second analyst (Winnicott), Guntrip experienced the death of his brother.

I understand at this point that this realization comes from Guntrip's view as a result of his significant dream. My own view is that Winnicott had been experienced as a mother and a brother in transference. Could that interpretation come from Winnicott? Hirsch (2016) clearly explained how sibling transference was excluded as a possibility in Winnicott's mind in general:

> The perceptual bias from a Winnicottian frame is that, more often than not, patients will benefit from being held or mirrored than from what is judged to be the meddlesome or "noisy" intrusive verbal queries or observations of the analytic partner.

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> Essentially, in my reading of Winnicott (e.g., 1958), the modal patient is not seen as an adult with baby self-states but is collapsed into the category of baby or even infant. In this context the potentially useful analyst can be nothing else but a parent—actually not any parent, exclusively a mother. (p. 274)

When Guntrip entered the room, he saw his dead brother being held by his dissociated mother. There was a double trauma of a simultaneous death of mother and brother. That double trauma created a third one, because it was never contained and understood by Guntrip's relatives. Guntrip, Fairbairn, and Winnicott colluded to deny that triple trauma. I believe that collusion can be explained in two dimensions.

First, it can be seen as an experiential enactment of a "there and then" collusion that was co-created between Guntrip and his mother and afterward by Guntrip and his two analysts. Second, as a "theoretical" enactment, Guntrip, Winnicott, and Fairbairn excluded sibling transference as well as its combination with family-as-a-whole transference from their theories. They could not free themselves from memory and desire, as Bion (1967/1988) suggested. So everything was explained via an either–or binary between maternal and paternal conceptualizations. The group and/or the family were not included in their theories about the human psyche as psychological structures, so they could not have been included in their work with Guntrip either.

I believe that in group psychotherapy, when the therapist does not have a co-therapist, it is often necessary to hold a double—at least—object representation for patients or the group as a whole, that is, parental and sibling. Might this occur in individual analysis also? I will further discuss this idea. The therapist can also be experienced as maternal, as well as paternal, for the same and/or different group members. (This idea exceeds the scope of this article and cannot be discussed further here.)

CASE ILLUSTRATION

Kiriaki was a patient in group and individual treatment with me for eight years. In an individual session that occurred two days after a group session, she analyzed the painful state she found herself in while talking with another member during the group session. Her difficulty in confronting the other member was overcome by her need to offer herself a reparative experience participating in a "hot moment." That interaction included characteristics that are described precisely in the theory of the *intimate edge* (Ehrenberg, 2010): "By 'intimate edge' I mean that point of maximum and acknowledged contact at any given moment in a relationship without fusion, without violation of the separateness and integrity of each participant" (p. 127).

In this group, there are two women named Anna, the cotherapist and one of the patients. Twenty minutes into the session, and as the session seemed to evolve normally, Kiriaki suggested that Anna interrupted the group flow. In her mind, the

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group was going to applaud her, and I replied to her, "But I don't remember Anna interrupting you. Instead she invited you to discuss it later!" She replied to me, "I'm not talking about Anna the patient, but about Anna the therapist!"

I was shocked by my lack of attunement, and I said,

> I'm sorry I couldn't understand that you were talking to me about Anna, my cotherapist. However, I don't remember this ever happening before, in all the years of our work together. I was sure that you didn't refer to Anna at any moment with a clue that would help me understand that you were talking about Anna the therapist. So, I wonder, what might have happened?

To my surprise, she answered,

> Isn't it interesting that I behaved as if there was only one Anna in the group, as if Anna the patient did not exist, and at last as if you were obliged to know that I was talking about Anna the therapist?

We both left with much to think about.

Discussion of Case Illustration

How could this mutual exclusion (I excluded Anna the therapist, and Kiriaki excluded Anna the patient) be explained, within the theoretical frame of relational psychoanalysis as a basis? Didn't I use the theory I know, or did clinical practice drive me to a place where the theoretical structures I am familiar with are deficient? Was I listening to Kiriaki not free of memory and desire? I caught myself trapped in an interesting dilemma. Did I use the theory I knew? Or had the theory I was familiar with been inadequate to help me?

At first I thought that Kiriaki, hemmed in a maternal transferential investment toward Anna the therapist, "forgot" the existence of Anna the patient. However, this "oblivion" did not stay her structure but was also attributed to me. As she was talking to me, she considered that I had also forgotten Anna the patient. Could it be that a possible paternal transference was invested in me? Up to this point, all my assumptions tended to follow a solid road concerning interpretation. Yet they did not explain how I behaved as Kiriaki was talking to me about Anna the patient and not Anna the therapist.

In the group session that followed, while the group could not have conscious knowledge about what Kiriaki and I discussed in our individual session, my conclusion was that Kiriaki and I became partakers of a projective identification of the group as a whole. More specifically, when another group member started to give a summary of the previous session (as is usually done when a member is absent), she was interrupted by another member, one who was present in the previous session,

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saying, "I'm confused. I don't know which of the two Annas we're talking about now." It is important to note for the readers that the two Annas had been coexisting in the group for six months, and it was the first time that something like this had ever happened. I have also worked with at least three other groups in which there were three persons with the same name, without any confusion like this on an individual or group level.

Was this the result of a transferential reaction toward my cotherapist? Could it also be understood as the need of the group for Anna the therapist not to exist? Was I trapped in a projective identification of the group as a whole to ignore my cotherapist? Could it also be understood as a sibling transference, in which Anna the patient would like me to embrace her interaction with her transferential sister Kiriaki, as if the "maternal" presence of Anna the therapist did not exist?

This way of thinking is characteristic of an experienced group psychotherapist. However, I was in an individual session with my patient. Did I have the "privilege" to think as a group psychotherapist while I was in an individual session? Is there any theory that I could use in one of my reveries so that my internal supervisor could help me? Was I ready to validate my interaction in the here and now as secondary to other possibilities? Was a transference from the group as a whole, which I felt had been invested by the group in our dyad, of primary importance? Are these thoughts allowed to take place in the field of individual psychoanalysis if the therapist is not an experienced group psychotherapist? These questions are not easily answered, but unless we ask them, we cannot extend the field of our understanding as clinical therapists.

My empathic failure as an individual psychotherapist drove me unconsciously to think as a group psychotherapist. That helped me tolerate the cruel shame and guilt I felt over not understanding which Anna the patient was talking about. I clearly experienced a narcissistic trauma. However, it is clear to me that I did not find myself in a technical error. Rather, I found myself participating in an enactment: unconscious material that emerges in an enactment of the intersubjective exchange to be noticed and then analyzed.

These events happened in an individual session that contained material from a group session with the same therapist who had an experiential knowledge of what had happened. How much harder would it have been for the therapist to discuss patients' narratives of extended group dynamics? I recall one of my supervisees asking for my view of group dynamics. She needed to help an individual client who had grown up with the two families that arose from the second marriage of his divorced parents. He had two siblings from the first marriage of his parents and seven siblings from the second marriages. I responded that she had to think as a group therapist and experience the extended family in the room to enliven the patient's narratives. She wanted to experience the patient's confusion regarding his place in the extended family, though I advised her that she needed to find her place in this extended group as an active listener and empathic coparticipant. I encouraged her

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to open the space for all possible (real and fantasized) combinations of attachments in the extended family to emerge—in her and with her patient accordingly.

Do we have a model of relational psychoanalysis to guide us in our understanding of the way these people relate to their externalized and external groups? Could I possibly have failed empathically because I was not freed from "memory and desire" (Bion, 1967/1988)? How much has my education and training as a relational psychotherapist included the analysis of phenomena of transference of the group as a whole and sibling transference in individual sessions? Deeply affected by all these questions, I started searching for information in the literature.

MY SUBJECTIVITY

I grew up in a block of flats with five floors, which included parents and sisters of my mother with their families. I was the member of an extended family consisting of eight adults and four children. As I was growing up, I was affected both by the influence of my nuclear family and by my relationship to the whole system of the extended family. However, two subsystems seem to have affected me most: the subsystem of the three sisters and their interrelationships as it was observed by me; also, the subsystem consisting of me in relationship with my mother and two aunts. When my mother was not available, her older sister was. When my mother and her older sister were absent, their younger sister was available. The relationship between them concerned and affected me much more than my relationship with my brother. During my personal analysis, I realized that the internalization of this system was not that of my mother and my two aunts but of three different mothers who constituted a fourth mother, the "group environmental mother."

I wanted a separate relationship with each of them and a relationship with all of them together. I watched their relationships for hours, especially the struggle between the older two for primacy, the envy of the youngest toward the two older sisters, and the struggle of the group as a whole to preserve its balance against the matriarchy of my grandmother and the despotism of my grandfather. My analyst, Dr. Grigoris Maniadakis, during one of his interpretations, told me empathically that the observed group preoccupied me a lot. I concluded that, from a very young age, my view was associated with group dynamics—every dyadic interaction was viewed as a subsystem of the larger group.

DISCUSSION

Indeed, many patients taught me that feeling like an orphan because of neglecting parents is different from feeling ostracized by siblings or by the overall family system. I doubt that the modern analyst is trained to focus on exploring the sibling and the group-as-a-whole dynamics as primary possibilities in individual analysis. Rather, he still mainly explores attachments to parents or to the parental couple. During a

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discussion about this with my supervisor, Dr. Darlene Ehrenberg, she claimed that every "good enough" analyst should be able to explore each relative's influence on a patient—even if the therapist has not been trained in group psychotherapy or he or she is not an active group psychotherapist.

Concerning the same issue, my second supervisor, Dr. Spyros Orfanos, claimed (personal communication, May 2017) that there is a gap in our theory concerning these issues. He believed that a group psychotherapist, while working in an individual session, could "allow" himself to experience the group dynamic first and then explore parental influences. Taking both points of view into consideration, I would say that we still do not have a clear theoretical frame about these issues in relational psychoanalysis. This point of view is strongly supported by the literature (Rustin, 2007).

Surprisingly, when I searched for the word "siblings," I only found 53 articles in the psychoanalytic electronically published literature. When I searched for articles with the words "sibling transference," I found only one! When I searched for articles using the phrase "transference of the group as a whole," I only found two! As the reader may realize, we have entered an area that seems to be forgotten in the literature but also forgotten conceptually in individual psychoanalysis, regardless of the theoretical origin of the clinician. Could we not expect that the relational psychoanalytic model would have detected this gap?

Writers like Colonna and Newman (1983) have presented many references regarding the initial interest of Freud in the defining role of siblings in psychic development. Nevertheless, they noted that he did not follow this interest with the same excitement as the exploration of sibling transference to and from the analyst. I would like to mention here that in my literature search, I found that little seems to have changed in this area since 1983.

Bank and Kahn (1980) criticized the supporters of Freud's method, and Freud himself, because the emphasis on the negative elements for psychic development that the sibling relationship presents surpasses the positive emphasis. They supported,

> In a recent review we noted that siblings are rarely described positively. Descriptive language used by most clinicians to depict sibling relationships involves terms like envy, jealousy, rivalry, and fratricidal wish, which attempt to explain the motives underlying mutual hostility. Among individually and family-oriented psychotherapists, the experience of being a sibling is rarely described. Psychoanalytic literature and commentary is, surprisingly, almost devoid of reference to Freud's viewpoint about the relationships among brothers and sisters. (p. 493)

Other scholars (e.g., Kieffer, 2008) have clearly declared that there is a gap in the psychoanalytic theory of individual sessions regarding the meaning of the sibling relationship. Kieffer declared that the opposite happens in group and couple therapy:

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> Group psychotherapists have always recognized the importance of the peer group in promoting social norms and providing meaningful, intimate feedback that in turn shapes (and reshapes) the unconscious structure of the self. For example, siblings and other peers may be more honest than parents and other caretakers (including analysts), and therefore their reactions may be experienced as more meaningful and useful in understanding the world outside the family. Marital therapists also are accustomed to seeing manifestations of sibling transferences in their work with couples, who may unconsciously fall into early patterns of relating to brothers and sisters. (p. 161)

Abend (1984) supported the idea that the internalized sibling bond crucially influences the final choice of partners whose relationship leads to marriage. He promoted the exploration of projective identifications based on sibling transference between partners at times when the relationship has reached a stalemate. Personally, I cannot remember a time in any of the psychoanalytic symposia that I have attended where the sibling transference was analyzed in individual psychoanalysis as one of the main factors that define the choice of a partner. I have treated personally six cases, four women and two men, where sibling love was a major determinant for object choice later in their lives. All of them initiated masturbating experiences with their siblings as fantasized lovers. They disclosed in their analysis that they only felt free from their persecutory shame and guilt when they chose lifelong partners who reminded them of their siblings. This "sameness" included mainly external appearances as well as common relational patterns they co-created with their siblings.

Juliet Mitchell (2001, 2006, 2013) is by far the scholar who has most strongly supported the work that should be done in individual therapy concerning sibling transference. My premise differs from hers, as it conceptually includes the concept of the group. At the Institute of Relational and Group Psychotherapy that I direct, our culture requires that individual therapists, whether they conduct group therapy or not, must become aware of the basics of group therapy. We and others (Counselman, 2008) believe that group therapy needs to be taught theoretically as well as practically through the personal experience of participating in group therapy.

In conclusion, I wish to declare that clinical practice taught me that we are not only pleasure- and/or object-seeking human beings; we became also group seekers for survival, for evolutionary as well as emotional reasons. Instead of asking a patient what his or her relationship with a parent or sibling is, I suggest we ask what kind of relationship he or she had with the parent or sibling in the presence of the family as a whole. By doing that, we offer our patient the opportunity to explore himself or herself intrapsychically, intersubjectively with parents and siblings, and interpersonally with the family group as a whole. This kind of work in individual treatment, I suggest, could be distinguished and renamed *group therapy with two persons*.

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