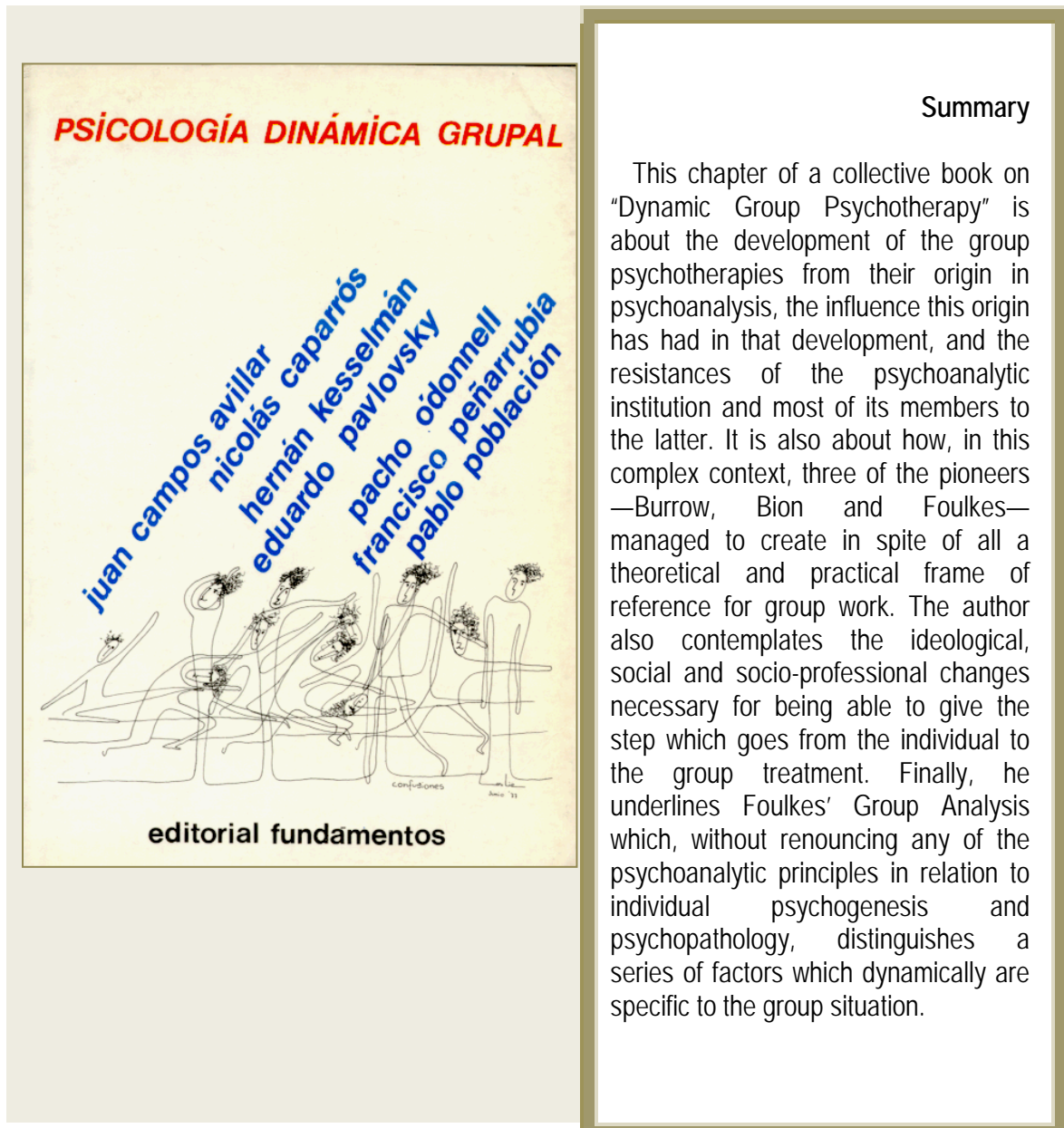


PSYCHOANALYSIS, PSYCHOANALYSTS, AND GROUP PSYCHOTHERAPIES¹

Juan Campos Avillar
Mayo 1979



Summary

This chapter of a collective book on “Dynamic Group Psychotherapy” is about the development of the group psychotherapies from their origin in psychoanalysis, the influence this origin has had in that development, and the resistances of the psychoanalytic institution and most of its members to the latter. It is also about how, in this complex context, three of the pioneers—Burrow, Bion and Foulkes—managed to create in spite of all a theoretical and practical frame of reference for group work. The author also contemplates the ideological, social and socio-professional changes necessary for being able to give the step which goes from the individual to the group treatment. Finally, he underlines Foulkes’ Group Analysis which, without renouncing any of the psychoanalytic principles in relation to individual psychogenesis and psychopathology, distinguishes a series of factors which dynamically are specific to the group situation.

¹ Campos Avillar, Juan (1980). Psicoanálisis, psicoanalistas y psicoterapias grupales. En Nicolás Caparrós (Ed.). *Psicología Dinámica Grupal*. (11-44). Madrid: Fundamentos. Revised in 2003.

Therapeutic necessities originate the group therapies

When a psychoanalyst dedicates himself to the domain of the group psychotherapies the odds are that he tries to conduct them analytically. Psychoanalysis is a mode of individual psychotherapy; if it could be done in group, if it was possible to do it with several patients at the same time, each analytical hour would be multiplied by eight or ten or twelve, depending on the number of patients in the group. Due to the conditions of the classical analytical cure it is doubtful if ever, for more need there be of it, that it be offered as “psychotherapy for the people”. The group psychotherapies could well suppose a valid answer to the increasing need of psychological treatment nowadays in society. In spite of all these considerations, there are few analysts who until now have become interested in group psychotherapies.

Freud and groups

Already in 1918, Freud presented the problem of the social relevance of psychoanalysis. In his address read before the Budapest Congress he anticipates what would happen the day the governments of the nations decide to render gratuitous psychoanalytic treatment to large masses of population. The need that this happen, he argued is imperious due to need of preventive and curative intervention in public health. When this day arrives, however, two things will be necessary: 1) Find a system of training a large enough number of analysts, and 2) invent new methods in which the “pure gold” of analysis has to be mixed with therapeutic elements “not so noble”. But —he concludes— be this as may, the form that therapy finally takes for the people, be the elements that compose whatever they may, the most efficient and important ingredients without a doubt will be those taken in loan from strict and unprejudiced psychoanalysisⁱ. Little could Freud have thought in those moments, that sixty years later, when the hour is near that some governments or insurances systems decide to offer analytical psychotherapies as one of the mental health benefits, the ingredient used in the “popular alloy” will not precisely be the vile suggestion or hypnosis that he had in mind but perhaps the analytical group psychotherapies.

Psychoanalysts, psychoanalysis and groups

The very same moment that some psychoanalysts start to be interested in applying psychoanalysis to the field of group therapy, in the psychoanalytic ambits starts the controversy about if this was possible or not. The attitudes of the psychoanalysts toward group psychotherapy are of scepticism and suspicion when not openly negative and pejorative. Apart from those few who consider that the essence of psychoanalysis is not yet totally clarified and understood and that, therefore, it can benefit from constant contrastation and comparison with other analytical interventions —as are group methods, the majority adheres to any one of the following opinions:

- 1) That individual analysis is sufficiently interesting and difficult as to distract efforts to a field with so many complications and unknowns as is group analysis, however interesting and useful it may be.
- 2) Analysis is totally impossible in group and therefore it is left to those who are not analysts.
- 3) Group analysis is inferior to individual analysis and as such is relegated to those for whom individual analysis is not accessible for clinical or financial reasons.ⁱⁱ

Psychoanalysts that dedicate themselves to the therapy of group

Departing from this position it is not surprising that the development of the group psychotherapies of analytical orientation took place outside the context of the Psychoanalytic Institutes, and that the number of qualified psychoanalysts dedicated to them is scarce. The few who have attempted it have done a valuable job but, even so, this has been limited and prejudiced by the aforementioned attitudes. These attitudes are a part of psychoanalytic culture, they are instrumentalised through the training system and the organization of the analytical practice and psychoanalysts have so absorbed them that they get to be an integral part of their professional ego.

Institutional professional resistance

Foulkes, inventor of Group Analysis, one of the analysts that, in my opinion, with less prejudice and more strictly analytical has faced the problem of group psychotherapies, states that the psychoanalyst put in a group situation finds resistances that translate into typical defenses in front of group psychotherapy that lead him, in this situation, to try and adapt it to the analytical situation of two with which he is familiarⁱⁱⁱ. The occasion in which Foulkes pronounced the aforementioned discourse was the International Colloquium of Group Analytic Psychotherapy, the fact that to agree with International which, coinciding with the 1975 International Congress of Psychoanalysis in London facilitated the attendance of many psychoanalysts. His paper was extensively discussed and it inspired me the idea of the paper I present here. Resistance and defence are words that in psychoanalysis point to intra-psychic conflict. In the context of analysis or in the everyday functioning of a subject which shows them, through them avoids becoming conscious of repressed unconscious desires. The kind of resistance that the analyst brings into play when transferring freely concepts from the individual to the group context, is a counter-transference resistance institutionally sanctioned, that is to say that it acquires consensual validity within the psychoanalytic group to which the analyst belongs.

Resistances of psychoanalysis to the group and its consequences

There is an occasion however in which Freud uses the word resistance in another sense, it is when he talks about the resistance that society and scientists offer to psychoanalytic discoveries. The reason he gives is that for man it becomes "psychologically humiliating" to accept the existence of perverse irresponsible desires that psychoanalysis exposes. The attitudes mentioned of the analysts in relation to group therapy, the resistances and defenses of which Foulkes speaks, all point towards that psychoanalysis, as an institution, is resisting group analysis. If this is so, one asks why and what it is that psychoanalysis resists in front of this new mode of analytical therapies. This is in part what I will try to elucidate in this paper. What is important are the consequences of maintaining this type of attitudes and resistances has had for psychoanalysis. It is worth while to quote what Balint^{iv} says with regard to this matter: *"It could prove fascinating to make an historic and psychological study of the reasons why psychoanalytic opinion adopted exactly the opposite attitude in the case of group therapies. In spite of the fact that Freud himself outlined the possibility of alloying the pure gold of analysis in order to adapt it to the psychotherapy of large masses, and in spite of the fact that the majority of pioneers in group psychotherapy were trained analysts, we, as a body, have refused to accept the responsibility of their future development, in my opinion in detriment of all the ones implicated and the whole of our own science. Others are the ones who today are gathering a rich harvest in this*

important field and we have lost, perhaps irreversibly, the opportunity to obtain firsthand clinical observations in analytical psychodynamics of collectivities."

The resistance to psychoanalysis of which Freud speaks and the psychological explanation he gives as to the motivation for the hostility and the isolation the society submits him to, is a partial interpretation. Seen in the light of social and group dynamic knowledge of today, this proves poor and prejudiced. The repression of instinct arises from socio-cultural dynamics of a historic order related to ideological factors of the social system we lived in. The repressive apparatus is a part of the system and assures immobility and permanence of the same contemplated from the point of view of historical materialism or from the one of the functional or structural schools of sociology. The resistance of psychoanalysis to the group in my opinion is of the same order. The psychoanalysts, holding onto the mentioned attitudes, function like ideological agents of the system of organized analysis to which they belong, which in turn is a part, a sub-system, of the occidental bourgeois-capitalist system. Leaving this hypothesis for a better occasion, what is interesting to clarify here is how organized psychoanalysis obstructs the group work of their analyst members; the historic development of the group psychotherapies patronized by psychoanalysts; what there is analytical in the groups within certain group therapies; and what it has supposed for me to pass from the individual to the group in the analytic group therapies I practice..

Personal problems of the analyst that ventures into the domain of the group therapies: The history of three pioneers

The path that leads from the individual psychotherapies to the group psychotherapies via the psychoanalysis is full of obstacles. The obstacles are of a theoretic order and of technical order, but over and above of a personal order. Every psychoanalyst is member of a professional group. This group has a common culture and constitutes a community of professionals and scientists. These not only share the same scientific paradigm and use the same technical model in their psychotherapeutic approach but are also subjected to the ideological principles which they are imbued with during their training and which assure the survival of the group. In Psychoanalysis, the epistemological breaks are more dangerous and more sanctioned than the technical modifications. The majority of the scissions or expulsions have arisen from "theoretic reasons". We all know, however, how often behind these dissensions in the psychoanalytic movement there hide interpersonal conflicts and group dynamics neither clarified nor made explicit. One of the basic postulates within the ideological system of moral values by which the psychoanalytic culture is governed is that psychoanalysis proper —the standard and typical cure— is better, superior, and deeper than any other type of psychotherapy that could be inspired in the theoretic principles of Psychoanalysis. For those analysts that dedicate themselves to the group, a way of protecting their professional identity and to acquire tolerance between their colleagues is to confess that the therapies they do in group are only solely psychotherapies, at the most psychoanalytically oriented, but not psychoanalysis. If on the contrary, the analyst risks confronting reality and accepts that what can be done in a group is group analysis and not psychoanalysis, he takes on a task that will lead him to make a theoretic effort to get to understand that what succeeds there and to develop techniques that accomplish true therapeutic results. On a personal level what this implies is to find himself defenceless before the unknown without other resources than the ones his own creativity, the analytical attitude and the personal maturity which his years of training and of experience as an analyst have provided him with. On a social level, within the context of the psychoanalytic society to which one belongs, to dedicate oneself to the practice of group psychotherapies is something that neither socially nor in terms of prestige yields. One runs the

risk of being expelled from the society or at least being subjected to ostracism within. I will try to illustrate this last point with some examples.

Trigant Burrow was the first analyst who risked publishing a paper in which he applies



psychoanalytic concepts to the treatment of a group of patients. He is the one who for the first time coined the word Group Analysis. Burrow, analysed by Jung, was somebody who enjoyed great prestige in the American Psychoanalytic Association, arriving to be its President in second decade of the twentieth century. Today he is practically an unknown figure in the psychoanalytic medium. He is mentioned as a pioneer of group therapies but he is little read^v. When he still practiced even as a psychoanalyst he wrote an interesting paper — “Primary identification”— in which he emphasizes the

importance of the link of the child with the mother and his identification with her. In this paper he demonstrated a premature and sophisticated interest in object relations at a time when psychoanalysis basically still was in an instinctual phase. The anecdote of how Burrow's interest for groups awoke is interesting^{vi}. A patient of his, Clarence Shields, questioned the very base of the transference interpretations he had made him, suggesting to him that the nature of the phenomena that he was analyzing did not derive only from the patient's own past and psychopathology rather, to a certain point, they were an artifice of the techniques, reflection of the forces that were operating in the very same psychoanalytic situation. The different roles of patient and analyst in the social situation and in the psychoanalytic frame played an important and ignored part in the transference situation, and Shields was convinced that the same social forces would become manifest in the event that the patient and the analyst inverted their roles. Burrow accepted this uncommon challenge, changed roles with the patient, and you went away convinced. There began Burrow's interest for the phenomena of groups. This interest would bring with it sad consequences: his work was completely refused by Freud and, it would, finally, cost him his expulsion from the International Psychoanalytic Association.

Wilfred R. Bion is another pioneer. His work in the Northfield Military Neurosis Centre close to



Birmingham during the Second World War is well known. He published it first in the *Lancet*^{vii} and afterwards he includes it in his book *Experiences in Groups*^{viii}. As Main points out, what is not so known is the result of these experiences. Bion managed to force discipline on his neurotic army officer by anti-authoritarian means, but a few weeks after initiating the experiment he was thrown out together with the psychiatrist Commander In Chief of the Northfield Rehabilitation Unit who had permitted the experience. Bion never demonstrated too much interest in group therapies nor did he have great expectations. His implication with groups was due to a double coincidence. On one hand, the same than many other psychoanalysts, the war called Bion up, and there he was compelled to apply psychoanalytic knowledge and principles in

his treatment of a large numbers of patients. On the other hand, his friendship with John Rickman facilitated his entrance in the Tavistock Clinic where he carried out the experiences in groups that would serve him as a base to his book. Bion's work in groups ends the moment he initiates his personal analysis with Melanie Klein. I suspect that the last chapter of his book was written while already in analysis. After leaving the Tavistock in 1948, Bion did not occupy himself any more with group work^{ix} and what he wrote about it dates from much after he had abandoned it. Bion is a

theoretician and not a clinician. He abandoned his work with groups and took good care in re-baptizing in a Kleinian manner his theoretic formulations. In a psychoanalytic auto-da-fé, which is worthwhile quoting, he clarifies his position: "In case that we keep on considering the intent of establishing a group-therapeutic procedure as a method addressed to treating individuals, it is worth while that psychoanalysts look for a new name for it. I cannot see any scientific justification for describing the work of this type I have done as psychoanalysis. Besides this, there is another factor, of which we are all well aware: 'bitter experience has taught us that the resistance against the unconscious can be so subtle that there is room for it to distort psychoanalytic discoveries and re-interpret them in the service of some personal defence (Jones 1952)', therefore, the term psychoanalysis should be applied only, while we can control the situation, to the fundamental principles of psychoanalysis^x. And he adds: "*The question of the therapeutic value which can be attributed to the procedure that I have just described is still to be proven. I do not believe the time has come to give a definite answer to it, rather I tend to think that there is still room that fully qualified psychoanalysts go on investigating this value; which will possibly have to be done with individuals who themselves are or had been in psychoanalysis.*"^{xi}

Bion this way abandons his group analytic work and passes the torch to other analysts who avid to take it up have continued his path. Experiences in Groups for Kleinina psychoanalysts has become the Bible of group psychotherapy, forgetting that Bion on different occasions had warned them that "to write Bibles", is a defence to which the group in the position of dependence recurs when it feels threatened by an idea the acceptance of which would imply the development of the individuals that constitute the group.^{xii}

S. H. Foulkes for me is the most well known of the pioneers since it was him who introduced me



to the field of group psychotherapies. Analyzed by Helene Deutsch, controlled in his didactic analyses by Nunberg and Hitschmann, he was one of the first German analysts in immigrating to England and was didactic analyst of the Freudian Section of the British Psycho-Analytical Society till the end of his days. His interest in groups starts before the second world war and for theoretic reasons. His knowledge of the work of Burrow and of the work that the American group dynamicists headed by Kurt Levin carried out in the United States, without a doubt stimulated him in this sense. Once the war had started, he was incorporated as Major into the English Army and is destined to the Northfield Military Hospital. There he coincides with Bion, Rickman, Joshua Bierer, Tom Main, and many other psychiatrists and analysts that afterwards will contribute to the

development of social psychiatry —therapeutic communities and group therapies— in England. In the Northfield group, Foulkes becomes an expert and teacher of group therapies and a pioneer of a method of psychotherapy in small groups which will allow him to formulate the principles of Group Analysis.

His dedication to the group and daring to advance theory, however, had the cost of being relegated and isolated within the analytical society to which he pertained^{xiii}. It was not easy for Ernest Jones and other psychoanalysts to accept the development of group analysis within the society that Jones was directing, let alone if this was accomplished by a Freudian analyst. Foulkes was proposed as director of the Tavistock Clinic, a position he was not to be granted in spite of being the person that had more merits. Aside from his war experience in which he was in some way the soul of the entire group and community revolution that took place in Northfield, Foulkes had had experience in the organization of what was the first psychoanalytic clinic in Frankfurt, of which he was the first director. He was clear and valiant in the theoretic formulations

of what he saw and observed in the clinical situation and of what he was doing in his group psychotherapies. His theoretic production is enormous and valuable. His constant preoccupation to distinguish what is Psychoanalysis and what Group Analysis and his dedication to you both these types of therapies led him professionally to a dichotomy and intellectually to a double life. In his last book^{xiv} he announced to be working on a text about the theoretic foundations on which rests and from which develops Group Analysis. He states that this method has emerged from his experiences as a psychoanalyst, not from psychoanalysis of individuals in a group, not from the psychological treatment of a group by a psychoanalyst, but from a form of psychotherapy by the group and of the group in which is included the analyst. Foulkes died with 78 years in a session of a therapeutic group and took with him the theoretic work he had promised and that is a part of what he described as "a complete revolution in psychiatry and in psychotherapy, which slowly even is affecting psychoanalysis and reflects the wide change of interpersonal development that is taking place in the world. Revolutions are dangerous and attempts are paid dear. Foulkes could not finish it personally, but he leaves behind him a group —without a Bible, which from the steps he has taken will be able to reformulate this type of therapy that does not happen in a mind closed up in a skull, but in the fine air that surrounds persons and is between person and person that form a group.

With the history of these three characters I have sketched, I think I have illustrated the point that I have been making from the beginning of this chapter.

The resistance of organized psychoanalysis to the development of group psychotherapies is obvious. This is not the place to describe the institutional manoeuvrings addressed to impede them. What I ask myself, however, is the cause of this resistance. My hypothesis is that what is at stake are not only the professional and scientific interests of the psychoanalytic institution, but the role it has as a conservative and stabilizing element of the dominant ideology in society which has permitted and facilitated its development.. The knowledge of society and of the human being which can be derived from the study of analytic groups makes evident a social unconscious which for society is much more dangerous than that other one which one day became manifest in psychoanalysis. In this respect it is worth while to remember the following quote from Pines:^{xv} *"If we contemplate the psychological processes in this light (the one belonging to a psychology of sense of George Klein's personal experience) we will see how in a social situation ignorance turns into the equivalent of repression inside the individual. Retaining information has in the dynamic processes of a group a dynamic effect similar to the one repression plays inside the individual. A split is created in the experience. Foulkes said that the dynamic equivalent of repression in the group is that which is not talked about. It is in this form that we contemplate the operation of the forces that he named the 'social unconscious'. The individual feels so forced and modelled by these colossal forces like the ones of his own Id, and unconsciously is defending himself from recognizing them in different ways "*.

Scientific development of the group analytical psychotherapies

I will now comment on the theoretic and professional problems the analyst should face in his scientific approximation to group psychotherapies.

All psychotherapy has the aim of accomplishing change. The change it proposes is fundamentally on the level of the mental functioning of the patient. In psychoanalysis the therapist, previously to trying to change any other patient psychotherapeutically, should be analysed himself. In the course of an analytic psychotherapy, not only the patient changes, the therapist changes also. As he gains analytical experience, the therapist not only changes personally but also changes his own conception of what makes the therapeutic change possible

or difficult, and in function of this conception he progressively sees himself forced to modify his theory of therapeutic change, his style, and the direction of his therapeutic interventions. Sigmund Freud, if he had failed to go on changing as he accumulated therapeutic experience, psychoanalysis would still be a cathartic cure, if not hypnotic. He would never have discovered transference and the discoveries of repression and of the unconscious would have remained frozen as psychoanalysis would not have changed from the first topologic theory through to the structural theory of neuroses. Theoretic reflection on the clinical work done offered Freud the jumping board which would permit his genial creativity to reach the high objectives which represent psychoanalysis in the field of knowledge. The whole theoretic building of psychoanalysis and the clinical principles to which it leads, in the personal work of Freud derive from a simple principle: take to its last theoretic consequences what one learns in clinical reality. Freud's work is conceptually coherent and consistent only if it is looked at from a historic perspective and in view of growth. What apparently presents itself as a contradiction is only accumulative conceptualization contrasted by clinical practice. Freud's thought was never altogether restricted to what he had said before in his writings, to what he had taught publicly. Freud maintains himself creator to the end of his days, free and independent of the international movement he helped organize to preserve the cause of Psychoanalysis; proof of it is his "Analysis Terminable and Interminable"^{xvi xvii}

The limitations of psychoanalysis, in case they exist, I am rather inclined to agree with Kuhn, they derive and are fruit of the traditional development of science. It seems to be a universal phenomenon that knowledge once shared and made doctrine imprisons the mind of the scientific community that supports it and its linear growth comes to a point of stagnation which can only be overcome by a paradigmatic-revolutionary jump in the approach to the object. This paradigmatic jump, of which Kuhn^{xviii} speaks, is precisely the one I think takes place when, as a consequence of having changed the parameters of the field of exploration of the mind, we pass from the bi-personal situation of psychoanalysis to the multi-personal situation of the group. This step will force psychoanalysis to raise again a lot of its theoretic formulations and perhaps the whole of its system of training and of clinical practice. Foulkes^{xix}, at least this is the way he wrote it down: *"There exists no intrinsic reason why psychoanalysis in the future could not expand its ambit and assert that Group Analysis is nothing more than psychoanalysis in a group situation. Yet upon making this statement and the moment it was made it would become manifest, however, that the whole theory and practice of psychoanalysis would have to change."*

The fear of schism, the danger of creating new schools of neo-analytic thought, in part explains the suspicion with which the activities of psychoanalysts in the field of group psychotherapy have contemplated from inside of psychoanalysis, and also the reserve with which practiced those who have tried it. All psychoanalysts that have ventured into the domain of the group therapies have been compelled to confront this problem. It is not our intention to revise here the analytical group literature but rather to make some comments. In general, the different authors confronted with the complexity involved in using concepts coming from the theoretical frame of psychoanalysis in the group context, are obliged to advance new theory. The loyalty towards Psychoanalysis, basic condition for assuring one's membership inside organized psychoanalysis, is what forces many of these authors to recur to reductionisms and transpositions of concepts that don't do justice to the clinical phenomena observed in the group nor do they prove useful to clarify them. In this respect it is worthwhile remembering that the theoretical complexity we refer to creates a situation which is prone to produce a certain type of error. Pirié defines it the following way: *"The particular type of error that concerns us is the one of the transference of a concept to a field in which it proves not to be applicable; the more useful is a concept in its own field, the more danger there is... the value of the concepts, in their own field, can be measured by the amount of damage they cause when it is supposed that they are*

applicable to other fields"^{xx}. If individual analysis or group analysis are different fields is something still to be proved, but when a professional scientist chooses work, think and act in both fields, without doubt, this will create a conflict in him. Each author and each therapist solves it or makes it tolerable in a different way. Basically these options are reduced to a cultural colonialism—achieved by “individualizing” the group or “groupalizing” the individual— or else, dare to think in new terms. To the theoretical difficulties implied in venturing to practice in a new field, are added the internal resistances and the institutional opposition of organized psychoanalysis to any proposal that somehow threatens or forces to reconsider the theoretic knowledge until then advanced by it. It is worthwhile to remember Rabkin's following observation: *“It seems that one of the sources of resistance to all new theory comes from the effect that it can have in the established professions; for the same reason, one of the sources of resistance to a new profession comes from the consequences that it can bring with it for the theories that already exist”*.

If the practice of group psychotherapies represents a new profession, and if in order for that profession to exist it is necessary to develop a new theory, will have to be seen. The issue is if for this if the sole technical application of old principles is enough or we have created a specific theory for the analytic group psychotherapies and, in case of the latter, which would be the consequences for the old profession and the old theory of psychoanalysis.

The socio-professional space of the analytical therapies

The problems of the analytical group therapies should be seen within the ample space it belongs to and which is the one of the analytical psychotherapies. Psychoanalysis is a method of psychological investigation which, applied in the context of a specific therapeutic situation—the psychoanalytic cure— has demonstrated a great theoretic productivity and on the way has become at the same time a system of psychology and psychotherapy, and a new philosophy, a *Weltanschauung*. The scientific and technical development of Psychoanalysis, its enormous theoretic riches and its influence as a change agent within the system of beliefs, of moral values and of normative behavioural guidelines in the culture of the occidental capitalist world, unfortunately has not been accompanied by therapeutic success and efficacy and the social relevance in terms of health that it promised in its beginning^{xxi}. Analytical psychotherapies, those inspired by the psychoanalytic method invented by Freud and oriented by some of the theoretic principles advanced by Psychoanalysis, in their clinical application go beyond the narrow margins imposed by the psychoanalytic technique without giving up to radically modify the objectives which Psychoanalysis therapeutically proposes. The ultimate objective of the psychoanalytic cure is the definite resolution of unconscious conflicts that sustain mental illness and from where the pathological personality of the patient structures itself. The psychoanalytic method is not applicable to any type of patient, neither does it pretend to be a panacea able to cure any type of pathology. In its beginnings Psychoanalysis is directed to the treatment of the neuroses and not of all the neuroses—it excludes, for example, narcissistic neuroses and psychosis. Freud considers it applicable only to certain age groups and certain types of people^{xxii}. The big expectations that Psychoanalysis fostered as a radical and permanent cure of neuroses were frustrated in practice and the same Freud at the end of his days shows himself pessimistic and disappointed as to the therapeutic possibilities of the treatment.^{xxiii}

The field of application of Psychoanalysis is today much wider than it was in its origins. As therapeutic method of universal application it still has very serious limitations. In its selectivity, analysis becomes an elitist therapy and this for the following reasons:

- 1) Its therapeutic applicability focuses on a kind of illness that, from a mental health point

of view, we could label luxury illnesses. It is not with the seriously psychotic, neither with the dangerous and perverse psychopath, not even with highly incapacitating psychosomatic diseases and of unfortunate prognosis that Psychoanalysis achieves its best successes, but with neurotic illness, with personality disorders, all patients with a sufficiently intact and integrated ego as to be able to collaborate in the treatment and benefit from it^{xxiv}.

- 2) The therapist who practices psychoanalysis, in order to be in conditions of competence he is asked to pass a training course so difficult, expensive and prolonged that it is accessible only to a privileged minority of health professionals or those prepared to make of psychoanalysis and training a style and a profession of life.
- 3) In his own psychoanalysis, the relation between patient and therapist is only possible inside a triple frame that comprises progressive limitations:
 - a) The psychoanalytic framework and the conditions of the therapeutic contract including clauses in reference to dedication, time, fees, frequency and duration of the sessions that prove to be comprehensible, acceptable, type of intellectual and affective collaboration with the treatment which are understandable, acceptable and possible to comply only by a few that who, besides, belong to a social class, cultural and economically privileged
 - b) The institutional framework of organized psychoanalysis is often dominated by the medical profession and always controlled by societies, orthodox or not, hierarchic and rigidly structured. The seniority is a merit and the "official wisdom" of the didactic analysts becomes an instrument of oppression for the candidates. Within these societies "party discipline" restricts the creative possibilities of innovation or its members, as show the sanctions that apply to those who for theoretic reasons, due to rebellion or out of ambition for power dare to defy the system of internal ideological control, as well as the opposition that has lead many psychoanalysts to leave organized psychoanalysis
 - c) The socioeconomic system of Psychoanalysis concurs with the one of the democratic countries of capitalist structure, the only ones where up to now Psychoanalysis has managed to develop and which create attitudes of the competitive, accumulative and consumer type necessary to maintain the model of liberal medicine, of free market, the one adopted for the exercise of psychotherapies and for the training of its members.. One must bear in mind that Psychoanalysis is the only "medical" specialty whose theoretic investigation had training of specialists has been financed almost exclusively through the private practice of therapies, which is equal to saying that it has been totally financed by patients and candidates in training ^{xxv}.

It has to be seen in what measure organized Psychoanalysis will be affected by the by the present-day tendency of Governments to socialize medicine the moment that mental health care includes the benefits of psychotherapies and these will be included in the plans of health financed by the State or met by voluntary or obligatory insurance systems. The adoption of a socialized health system of psychotherapeutic treatments radically alters not only the system of therapies used—which on equal footing and regards results gain *momentum* group over individual psychotherapies and short term treatments over extended treatments— but also the training of psychotherapists formation in the end always has to finance the State and that will adopt group systems mostly for the necessary psychotherapy that all future professional have to receive to be able to exercise efficiently as psychotherapists and to train as such.^{xxvi}

When comes the moment that a number of analysts, necessarily limited, is forced take care of large masses of population, they will not exactly practice Psychoanalysis and the modifications which the latter will have to make will not exactly go in the direction that Freud pointed out when in 1918 he speculated on a similar situation.^{xxvii} Instead of watering down analysis with the despicable suggestion, as he suggests, perhaps it happens that the tendency is to abandon the model of individual psychoanalysis –only one patient and one analyst per session— and analytical treatments in group is generalized —various patients treated by the same therapist in the same session. To argue this hypothesis requires more space than we have available here. However, there are historic antecedents that sustain the birth of analytic group therapies during the second World War, their expansion during the post-war years in the care of veterans in ambulatory clinics and low-cost clinics in the EE.UU, the development under the English National Health Service, and even the acceptance of group analysis by the German Krankenkassen which for the first time in the history of Psychoanalysis lead the Psychoanalytic Institutes of the International Psychoanalytic Association to offer training programs in group for psychoanalysts^{xxviii}.

I have extended myself perhaps too much in the social and cost-reducing aspects of psychoanalysis with the aim of illustrating the point I intend to demonstrate and sums up in that the conditionings of the psychoanalytic contract and the limitations of the frame cannot be understand of one does not take in account the institutional frame of reference and the socioeconomic situation of Psychoanalysis. Psychoanalysis, as a therapeutic method, offers certain possibilities, has some precise indications and looks for specific objectives. The problems of the analytical therapies, which includes the group analytic psychotherapies, present themselves when by means other than psychoanalysis proper one pretends to attain the same objectives. To resolve unconscious conflicts in the context of a therapeutic by means of interpretation of the resistance to analysis and of the transference, is very unlikely that this can be done if the frame is notably altered Resistance and transference are universal phenomena that become manifest in any treatment, but what cannot be expected is that these phenomena show up in the same mode in an individual situation or in a group situation, nor that the therapist can put into operation the curative agents —interpretation, elaboration and resolution of unconscious conflicts— in the same way. The true challenge for the group analytical psychotherapies consists in reaching the same objectives of Psychoanalysis without having to recur to the same cost in dedication, time and money for the patient as well as for the therapist. Limiting the expectation of reaching objectives constitutes a form of adaptation in as long as there is no better alternative. What is unacceptable is that being able to reach the same some other way, this is not done due to a question of prejudice, or else, what is worse, that it is pretended to be practicing an analytical therapy when what is done is something else that leads to different results.

The historic development of the group psychotherapies has taken a different course to the ones of psychoanalysis. While the latter starts from a common trunk the offsprings of which reproduce the original organizational model, in the former the organization did not emerge until, years later, in different parts of the world there were group therapists who worked at this field independently. Each one of these, on their own, discovered group analysis at the same time. Each one formulates theoretically the clinical phenomena observed and naturally each one coins, to his liking and in function of the conceptual frame of the branch of psychoanalysis he departs from, a terminology which among them makes difficult the communication of experience and the interchange of concepts. In spite of this, the societies of group therapists grow from a need of interchange and in them psychoanalysts and not psychoanalysts share the results of their discoveries. Besides, these societies bring together in their midst doctors and non-doctors. The interdisciplinary tolerance and theoretical and associative theoretic and associative multiplicity of their members permits a cross fertilization that will prove valuable for the configuration of their

final product: group psychotherapy.

The practice of group psychotherapies originates from a social need. It is not the enthusiasm of investigating nor the need to proclaim themselves pioneers in a new field that leads these therapists to interest themselves in the group. It is in the services overwhelmed by demands for treatment and scarce resources of therapists to attend them that the first group experiences are started. The private practice, one belonging to an isolated psychoanalyst, is not the best place to initiate a group practice. In the services, the analysts trained in group cannot limit his teachings to trained analysts or "candidates" in disposition to undergo a long training and not to consider themselves qualified until the mother society accredits them as such. The group therapists are trained in the refuge of services, first observing how a more experienced colleague works with groups, afterwards as co-therapists and, finally, taking responsibility for a group when they themselves feel with a minimum of confidence. That is the way the first generations of group psychotherapists trained. The need of training sprang from clinical demands. As soon as in a service a clinical program of group was started, on its side necessarily a training program emerged, where experts could *in vivo* interchange their experiences and novel therapists find the theoretic and clinical support they needed in conducting the group therapies they were responsible for. The training of group therapists has developed on the basis of Experiences in groups. Even the same theoretic production, apart from rare exceptions, is signed by authors who are used to working in group. The institutionalization of the training in group psychotherapies coincides with the moment that the de-institutionalization of organized psychoanalysis begins. Anyway, in the event that this is how it happens, the tendency in the training of group analytic therapists, rather will move in the direction of becoming official, offered or controlled by the State, and not in the one of reduplication of the particular private system of psychoanalytic therapies. It is obvious to me that the group therapists, personally analyzed and trained in group, do not run the risk of the psychoanalysts of being a part of a family analysts, where the "family myth" is preserved intact by the sacrifice whatever it may be and entail for each one of the members and the global functioning of the group of analysts^{xxix}.

Professional development of the group analytic psychotherapies

This far we have been talking about Psychoanalysis as such and as if it was an abstract entity. Far from this, Psychoanalysis is a social reality, an organized profession, constituted by professionals who make a living with it and realize their potential within the psychoanalytic societies and in relation to society. These are the professionals who will personally feel compelled to undertake the adventure involved in making the jump from one conceptual frame in which they feel protected and backed by the consensus and the material and moral support of the whole profession, to another one in which they feel in an intellectual and social vacuum. The group psychotherapists also tend to organize themselves in associations which at the beginning were of a merely scientific character but which, nowadays apparently, aspire to become regulating societies, accrediting the standard of training of their members. Copying the model of training and accreditation of the different branches of organized psychoanalysis, the societies of group psychotherapy fix standards of training, accredit programs, and procure by all means to get from the Governments, official recognition as a specialty of medicine or psychology. The profession of Psychotherapist has still not been acknowledged as such in any occidental country. In the United States, the American Psychoanalytical Association and the American Academy of Psychoanalysis are pressured by Congress to pass a law that converts Psychoanalysis into an official specialty. In England, joint commission of representatives of different associations and societies of psychoanalysts, of individual, group, adult and child psychotherapists, is working to get a Professional Statute for practicing psychotherapies^{xxx}.

In the different societies of which I am member (American Group Psychotherapy Association [AGPA] and the Group Analytic Society [GAS]), the preoccupation for the training of group psychotherapists now carries connotations of a professional type. The GAS for several years now counts with a Qualifying Course, offered by its Institute. The AGPA published already at the beginning of the seventies its Guidelines for the Training of Group Psychotherapists, and now its Long Term Policy and Planning Commission with the following definition of group psychotherapy tries to fight against savage grouptherapists which crowd of on the basis of encounter groups or the most impossible techniques threaten to destroy the market of therapies in the United States of America: *"Group psychotherapy represents a method of psychotherapy directed to "repair" dysfunctions of personality in individuals specially selected for this purpose. The professional — usually a psychiatrist, psychologist or social worker— uses to this end the interaction in a small group careful planned with this objective. Partly this procedure consists of a clinical orientation which permits the evaluation of the problems of every one of the members. Patients are aware of the psychotherapeutic purpose of the group and agree to it as the means that is offered them to obtain the help they need to modify their pathological way of functioning"*.

The fever to professionalize is so generalized that even the *Sociedad Española de Psicoterapia y Técnicas de Grupo*, the SEPTG, in its last meeting in Valladolid already began to worry about it. This example has great value since this society until now never worried about a standard of admission nor officially about the training of its members. What seems to stimulate this sudden worry about the professional status is a factor of a sociological and sanitary type. What makes this problem is the trend, within different systems of health care or of medical insurance, to socialize medicine and to include in their benefits e mental health care.

Once exposed these considerations of sociology of knowledge and of sociology of the professions, I believe we are now in condition of again taking up the main issue of this paper. In it, as already announced, I basically proposed to analyze the obstacle which, from a psychoanalytic point of view, finds a therapist in his intent to be able to work scientifically, in as much as ideologically opposed to, in the field of group therapies. I will first describe the context of psychoanalytic of group therapies. Afterwards I will proceed to define the limits of group therapies and I shall try to make explicit the problems that are implicit in them, in order to finally give personal testimony of what it has meant for me to give the step from psychoanalysis to groupanalytic psychotherapies.

The process of analysis always takes place within an interpersonal situation. By these means, the patient is able to clarify his unconscious endopsychic conflicts and thanks to the analytical help that the analyst offers him, decodes, understands, elaborates and resolves them. The therapeutic situation that the analyst creates is unique and apart from all other interpersonal situations that the patient is used to. It move within the coordinates of space and time, establishes between analyst and analysand a kind of contact through different levels and ways of communication apt to be shared in any other human relationship. Within the unique analytical situation, where analysis with psychotherapeutic purposes is possible, three elements intervene in individual analysis: The therapist, the patient and the analytical framework that that first imposes. Having to do with an exclusive situation of two, it is enough that one of them, the therapist, adheres to the analytical contract to be able to control it.

To simultaneously put together several patients it involves in a group with analytical purposes means to renounce the patient's free association, since the latter is influenced by the contributions that the others make. On the other hand, each one of the members cannot less than react contratransferentially to the choice of object of transference the others make of him the others individually and collectively as a group. The analytical psychotherapies are essentially verbal and transferenceal therapies. In the small group, the free-floating discussion face to face

and in a circle substitutes the patient's free association. The analyst's contratransferential neutrality is more difficult to maintain in front of the pressures of the rest of the members of the group and, evidently, to dissimulate in a face to face conversation. Psychological phenomena and social phenomena —interpersonal in individual psychoanalysis or of a group type in group analysis— take place equally in one or the other type of analytical psychotherapy. The difference is that in individual analysis the therapist can limit himself to interpreting and abstain from acting the transferential role the patient assigns to him, while in group analysis for each patient it is difficult to do so. The acting in, acting instead of verbalizing, does not worry the group analyst, the acting out; the once taking place between patients and between patients and analyst outside the analytic session is for him, however, a constant preoccupation. What is more, the utmost the group analyst can aspire to is that the contacts and communications established among the members of the group or with him outside the group be reverted to the group. What remains inside and outside of analysis, the kind of transference each member establishes with each one of the others, with the group as a whole and with the therapist and the difficulty in distinguishing and interpreting the endopsychic and personal and group dynamics and group phenomena, take the analysts to be grouped into three tendencies. Two of them are reductionist, trying to adapt the situation of group analysis to the one of individual psychoanalysis, the one the therapist is used to. One psychoanalyzes the patients in the group, as if they were isolated patients, while the other psychoanalyzes the group as if it was one single patient. There exists a third position, the one of Foulkes' Group Analysis, where what is analyzed simultaneously and globally is the individual and the group and who makes the analysis is the group itself in which like one more, but with distinctive characteristics, as a member belongs the therapist.

Psychoanalysis in the Group, Psychoanalysis of the Group and Group Analysis are radically different positions from the theoretical point of view even though each one of them comes originally from individual psychoanalysis. The first position, the one belonging to Wolf and Schwartz, contemplates the therapist as a central object of transference. The mutual and complementary transferences which the patients establish with each other and with the group as a whole are always interpreted in relation to and by the therapist. The psychoanalyst in the group does not find a major inconvenience in combining individual with group sessions. When in an attempt of controlling the patients' inevitable tendency to keep in touch with each other out of sessions, he propose alternate session —without therapist— to them, the therapist continues *in absentia* to be the principal object transferential of transference in these sessions.

The psychoanalysts of the group (Ezriel, Bion), they limit themselves to analyze the group and do without the individual as a direct object of analysis. The personal psychopathology of all combines in the group they create, and all, as if it was a single mind, as a whole react transferentially with the therapist. Interpreting in the here and now of the analytic group situation to the group as a whole and the personal contribution of every one is like transference is resolved in an a-historical manner. These analysts avoid the individualized contact with any isolated member of the group and in like manner the contacts among themselves. Alternate sessions are not conceivable in this model.

The position of Foulkes' Group Analysis is different to the two previous ones even though he recurs to definitions which semantically could be confused with the ones of other group analysts, but conceptually they prove to be radically different. Here analysis is made of the total person within a global situation. The total person means at all its levels, conscious and unconscious, and of all its communications. Not only that which is specifically said or otherwise manifests itself, but also symptoms, illnesses, accidents, behavior outside and inside the group, changes in the intimate network of the personal relationships of the patient, in short, all that somehow manifests itself and registers itself within the therapeutic situation in a way that it is considered as a communication to analyze and share. The global situation implies not only the therapeutic

situation —that relation which endopsychically and interpersonally they establish within the limits of the group situation between themselves and with the therapist— but also the one the patient maintains in the real world with the network of intimate and significant relationships to which he is linked and of which he is part of, i.e. his family and social plexus which often surpasses the limits of the latter.

Group Analysis, without renouncing any of the psychoanalytic principles in relation to individual psychogenesis and psychopathology, oedipal and pre-oedipal conflicts, the structuring of the mind in three instances and the operation of the unconscious Ego and Superego in front of libidinal and destructive impulses, distinguishes a series of factors which dynamically are specific to the group situation. The groupanalytic method, applied to stranger groups —so-called transference groups, constituted artificially with people who do not have between themselves any another contact than the therapeutic one, and to real life groups, especially the one of the family or the social plexus of the patient, has produced the discovery of the network theory of neurosis and the concept of group matrix in psychotherapy. These two concepts are fundamental for the understanding of the theory and practice of groupanalytic psychotherapy.

The first of these concepts is based on the recognition that the disorders in the individual's mental equilibrium are proven to be the result of the conflictive forces that operate in the interactional context shared with his intimate relations. Neurosis is not a phenomenon of the isolated individual. It is gestated in the network of interactions that constitute the original group, the family. It is maintained thanks to the network of interactions that establishes the patient later in his family of reproduction and other relationships that are personally important and meaningful. And, finally, it is reproduced afterwards in the therapeutic situation created in a groupanalytic psychotherapeutic group. In these groups, the focus of attention is not only on the doctor patient relationship, considered exclusively as a transference/contra-transference reaction, but in the very relationship which between all is established. In the group situation what is intended is to re-establish and intensify communication in the widest sense. Communication is transpersonal and acts on multiple levels, it is the unconscious ego and superego in dynamic interaction with the others that constitutes the essence of the curative process of the individual.. Resistance and transference and the rest of the processes known by psychoanalysis are present in the group situation even when modified by the group interaction. For Foulkes, *"analysis and the transformation of the ego in intrapsychic interaction with the others constitute the principal therapeutic agent."* The change produced in group analysis is as radical and profound as in psychoanalysis as the patient confronts his basic matrix with the one he contributes to create with the others, including the therapist, and the group situation of. Groupanalysts tend to be as strict in relation to communications and individualized contacts with the therapist or between the members of the group as are the psychoanalysts of the group. However, there are two avenues which for theoretical reasons stay open for extra-group contacts. One is the possibility that the members of the group in the absence of the therapist hold group sessions regularly or sporadically. Another is that the group therapist can maintain separately or in the presence of the whole group family interviews with some or all the family members of a member of the group. Both options I am exploring both options with some of my analytical groups and shall briefly expose them now.

In my psychotherapy practice, every day there are more patients I interview together with the family in their first contact with me.. This has the advantage of being able to diagnosed not only who of the family should or can be treated, but besides bringing to light the interactive transpersonal network of neurosis operating it permits the therapist to become conscious of the transference role the family assigns to him for reasons of him treating one of its members. Through this first diagnosis can be decided if one of them should receive treatment individually in individual psychotherapy or in a group, or else if the whole family should be treated as a group.

The conjoint family interview may become necessary in the course of an individual treatment and at times it is even advisable to combine the individual treatment of a patient with one of the family. This family and individual treatment combined is very efficient in some cases, and does not offer any difficulty when the patient is in individual treatment with the same therapist that sees him in the family. The difficulty appears when the individual's treatment is a group. What to do? Should an interview be held with the patient's family, the designated patient and the therapist, or does one bring the patient's family to a group session? Until now I have ample experience with the first of the options, with the second none at all. In one of my groups all the patients have had family interviews separately with me and, besides, I know that in all the groups, not only mine, as exposed in a recent paper^{xxxi} the patient's family has a transference relation with the therapist and with the therapeutic group in which one of their members is being treated. Why not then take them directly into the group? The resistance I encounter in myself to do this derives, I think, from the greater commitment I feel with groupanalytic therapies than with family therapy conducted groupanalytically.. Group analysis offers me the theoretic bridge to do it and I believe that the group could benefit from the temporal or definite incorporation a family of some or of all their members. But, to come to give this step, the groupanalytic therapy that is pertinent to conduct in this case belongs to the large group and not the small group, or of a group of family groups, in which I do not have experience and to conduct it in Europe one can only do so in institutional situations.

Alternate sessions, without the therapist being present, in my practice I combine them systematically with customary group sessions as soon as a group has arrived at a level of psychosocial maturity that permits them to work analytically even though the therapist is not present. Independently of whatever the level at which the group has arrived, I always prefer that they hold a session without me to cancelling it. This philosophy is inspired in the groupanalytic theory since according it the function of the therapist is to create the situation where analysis is possible and in it he acts at the same time as an administrator, a catalyst and a counsellor as well as a therapist. The analytical process continues even when he is not present

In the same way, inside the family network to which the patient in treatment belongs, there are dynamic changes that sometimes favour the maturation of the whole family while sometimes resistances present themselves to the patient's therapeutic change and not being able to impede them, they search for another member of the family to become ill and to substitute the patient in the dynamic function that the latter previously filled inside the family.

My personal position as group psychotherapist has been changing during the last twenty years of experience in the field. I was initiated in it on the side of S.H. Foulkes in the Maudsley Hospital where I was his resident. After my psychoanalytic training in the Postgraduate Center for Mental Health I followed a program of two years of training in analytical group psychotherapy. During this formal training which included a personal group analysis with Asya Kadis that comprised alternate sessions. I always found it difficult to adhere to the theoretic principles of Psychoanalysis in Group that was taught me there. The difficulty that they were finding in interpreting to the individual or to the group and to take into consideration as a priority psychodynamic or group dynamic processes, for me did not exist thanks to what I had learned from Foulkes. For me the group has always constituted the principal therapeutic element and for this reason I always shunned combining this with individual sessions. When these have been indispensable, I consider them as part of the group, their necessity is discussed in group or the group is informed when occasionally one takes place, I invite the patient to work on in the group that which he has more confidentially elaborated with me.

It has been the groupanalytic orientation that has guided my theoretical and practical work in interviews and in family therapy and that has stimulated me in the conceptualization of the

alternate sessions I have mentioned and in the combination of group therapy with family and individual interviews. Groupanalysis has taught me to treat the total person within the global situation, and I am convinced that this is possible in psychoanalysis or individual analytical psychotherapy, in family psychotherapy, in group psychotherapy or any of its combinations. In order to do it analytically, the only thing necessary is to demarcate well the limits of the therapeutic situation and conceptual understanding, and to help interpreting to analyze everything that happens in it and to all who intervene in it. I agree with Foulkes that the analysis in group, is of the individual and of the group, and that the one who accomplishes it is the group in which figures as an expert member the therapist.

-
- i Freud, S., "Lines of Advance in Psycho-analytic Therapy", (1919 [1918]), S.E. Vol. XVII.
 - ii Graham, F.W., "Psychoanalysis and Group Psychotherapy" (Goup Analysis, XI/3, 1978, p. 197.
 - iii Foulkes, S.H., "Qualifications, as a Psychoanalist as an asset as well as a hindrance for the future Group-Analyst", G.A, VIII/3, 1975.
 - iv Balint, Michael The Basic Fault: Therapeutic Aspects of Regression, Tavistock Publ, Londres 1968, p. 102.
 - v Burrow, T., "The group method of analysis", Psychoanal. Rev 14: 268, 1926
 - vi Pines, M., "Psychoanalysis and Group-Analysis", Group Analysis XI/1, p. 11, 1978
 - vii Bion, W.R. y Rickman, J., "Intragroup Tensions in Therapy," Lancet, 27, XI, 1943.
 - viii Bion, W.R., Experiences in Groups, Basic Book Inc., N.Y. 1961.
 - ix Comunicación personal de Ezriel a King, AGPA Newsletter.
 - x Bion, W.R., op. cit. en nota 8, p. 189.
 - xi Idem., p. 190.
 - xii Idem., p. 155
 - xiii Pines, M., "Address at Dr. Michael Foulkes' Funeral", Group Analysis X/1, 1977, p. 7
 - xiv Foulkes, S. H.(1975) Group-Analytic Psychotherapy: Method and Principles London: Gordon and Breach. Primera edición castellana Barcelona: 1981, Gedisa.
 - xv Pines, M., "Psycho-Analyss and Group-Analysis", GA XI/1, 1978, p. 19.
 - xvi Freud, D., "Analysis Terminable and Interminable", (1937) S.E. 23/216
 - xvii A este respecto vale la pena recordar lo que Max Schur el médico que atendió a Freud en los últimos 16 años de su vida tiene que decir y recomienda "Que Freud emerge como una persona humana no tiene que sorprender a nadie. Lo que es sorprendente es que parece haber estado mas trastornado de lo que resulta obvio de su trabajo. Se pone de manifiesto que su trabajo compulsivo era en parte una huida de su inquietud ansiosa y de sus estados de animo depresivos. Su trabajo en conjunto es más de la naturaleza de autocura de un sufrimiento personal, como es el caso de los grandes escritores creativos y artistas. De hecho esto corresponde a la impresión que yo había sacado del trabajo de Freud, desde hace ya mucho tiempo. Es decir, que este debe ser contemplado como una pieza literaria de creación imaginativa, aun cuando pone de manifiesto una actitud científica y ha sido escrito con espíritu científico incuestionable. En otras palabras, uno deberá entender el trabajo de Freud a la luz de su propio tiempo y de su propio lenguaje y pensamiento. Uno no puede construir a partir de él demasiado que sea nuevo sin correr el riesgo de perder en ello lo que es su esencia. Mas bien, después de haberlo absorbido plenamente, deberíamos construir de nuevo, si se pretenden conseguir posteriores avances esenciales". Max Schur, "Freud: Living and Dying" (1973).
 - xviii Kuhn, Thomas S., The Structure of Scientific Revolutions, The Univ. of Chicago Press, Chicago y Londres, 1969. (19)
 - xix Op. cit., nota 10, p. 7.
 - xx Rabkin, R., "Inner- and outer- Space: Introd. to a Theory of Social Psychiatry", W.W. Norton & Co., Inc., N.Y., 1970, p. 15.
 - xxi Freud, S., op. cit. en nota 17.
 - xxii Freud, S., op. cit. en nota 1, p. 167 .
 - xxiii Freud, S., (1912), "Recommendations to Physicians Practicing Psycho-Analysis" S.E., Vol. XVI, p. 120 y siguientes.
 - xxiv Freud, S., (1912), "Recommendations to Physicians Practicing Psycho-Analysis" S.E., Vol. XVI, p. 120 y siguientes.
 - xxv Campos, Joan, "La Psicoterapia analítica entre nosaltres", Annals de Medicina, Academia de Ciències Mèdiques de Catalunya i Balears, Vol. LXVI, 1978
 - xxvi Campos, Joan, "La orientación grupo-analítica en la formación de psicoterapeutas: El magisterio de S.H. Foulkes", en publicación.
 - xxvii Freud, S., op. cit. nota 1.
 - xxviii Koenig, Karl. "An overview of Analytic Group Psychotherapy in Germany" Group Analysis XI/1, abril 1978.
 - xxix Grotjahn, Martin: "Psychoanalysis and the Family Neurosis", W.W. Norton & Co. Nueva York, 1960, p. 222.
 - xxx Siegart, Paul 1978.: "Statutory Registrati3n of Psychotherapists. A report of a profession's Joint Working Party",
 - xxxi Campos, Juan. "Terapias del Grupo Familia desde el punto de grupo-analítico o psicoanalítico del terapeuta". En publicación.