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## HOW DOES GROUP PSYCHOTHERAPY CURE?

A RECONCEPTUALIZATION OF THE GROUP PROCESS:  
FROM SELF PSYCHOLOGY TO THE INTERSUBJECTIVE PERSPECTIVE

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Kohut—as he wrote in a letter to Franco Paparo—like most of his followers had no direct experience of group psychotherapy, and his seminal contribution to the field of group dynamics was mainly interspersed and devoted to his experience of unstructured and structured social groups (he was an eminent member of both A.P.A. and I.P.A.) and to his interest and study of the historical process (see his paper on German history and his interview to Charles Strozier [Kohut, 1985]).

We may summarize Heinz Kohut's contribution to group psychology in three sentences:

- 1) group processes are largely activated by narcissistic motives (Kohut, 1977);
- 2) group cohesion is brought about and maintained not only by an Ego ideal held in common by the members of the group (Freud, 1921) but also by the shared subject bound grandiosity, i.e. by a shared grandiose self (Kohut, 1971);
- 3) Kohut suggests that "We point out the existence of a certain psychological configuration—let us call it the *group self*—which is analogous to the self of individuals" (Kohut, 1977);

Since his first presentation in London in 1981 at the meeting of the Group Analytic Society (Paparo, 1981), Paparo<sup>1</sup> was convinced of the remarkable convergence between the psychoanalytic psychology of the Self as it emerged from H.Kohut's work and group analysis as developed by S.H.Foulkes.

In 1983 at a workshop on Self Psychology and the group process during the annual Self Psychology Conference in Los Angeles, Paparo (Paparo, 1984) outlined the analogies and point of convergence as being mainly:

- a) the large and more or less explicit use of empathy; as far as empathy is concerned, Paparo quoted Kohut's idea that "the skillful use of

empathy can, via instruction and experience, be gradually improved, thus allowing the analyst to make increasingly correct, accurate and relevant observations about the inner life of the analyzands" (Kohut, 1984). Paparo observed that in group analysis this may happen to each member vis a vis any other member (including the conductor) and thus he proposed that "we could define the entire course of a small analytic group as a *successful training in empathy* of its individual members (conductor included);

b) the respect for the person and her/his resources in the psychotherapeutic environment;

c) the concept of "the self-selfobject unit" in self psychology that parallels Foulkes' concept of the individual as a nodal point in a network of relationships; Paparo stressed the fact that both concepts lead to a conceptualization in which the observer's position is within the whole experiential unit;

d) the analogy between Foulkes' broad conceptualization of the main therapeutic process in group analysis which he called "ego training in action" and the therapeutic process outlined by Kohut in individual psychotherapy which - paraphrasing Foulkes - Paparo called "Self restoration in action";

Paparo (Paparo, 1984) was then offering a clinical theory, that he had already advanced as hypothesis, about the common occurrence in a properly conducted group-analysis, of the selfobject transferences observed in individual psychotherapy. In his experience the conductor may catalize and maintain an atmosphere or a culture allowing the mobilization and working through in the small group of the different selfobject needs described by Kohut. The different selfobject functions could be performed for each single member by the group-as-a-whole, including the conductor, or by the conductor, or by any other member of the group. Paparo supported Howard Bacal's idea (Bacal, 1985) that:

«patients in group therapy will have less difficulty in establishing the selfobject relation they require since, in the group, the opportunity for selfobject relations with various group members can modulate the effect of conflicting selfobject needs».

Paparo concluded with the hypothesis that:

«The selfobject transferences thus mobilized could be followed by optimal - that is not traumatic - frustration, leading in turn, through

transmuting internalization, to the gradual building of lacking or inadequate psychic structures in individual patients».

He was, in other words, assuming the occurrence, in a properly conducted psychoanalytic group psychotherapy, of the same process outlined by Kohut (Kohut, 1977; Wolf, 1988) and confirmed by Kohut in his posthumous book *How Does Analysis Cure?*.

In his further clinical experience in group psychotherapy (Paparo, 1987), using the main tenets of Self Psychology as an orienting frame of reference and a compass as a conductor, while he confirmed both the mobilization of selfobject needs and the occurrence of selfobject transferences, while he could confirm the observation in the group of the repeated cycles of disruption-restoration (as they occur in individual analysis) they were not as relevant as in the dual setting—thus he was doubting the importance of optimal frustration and transmuting internalization as the main therapeutic factors in the group therapeutic process.

Paparo was quoting David Terman (Terman, 1988) and Robert Stolorow (Stolorow, 1986) who both questioned the importance of optimal frustration in individual analysis, but he eventually was not able to offer a detailed description of an alternative therapeutic process. He concluded, advocating the need of further experiences and clinical-theoretical inquiry (Paparo, 1987).

During the following years we (F.P. and G.N.), working and discussing together, found some very useful conceptualizations in the work of Robert D. Stolorow and collaborators. Concepts such as the two dimensions of transference (“selfobject” and “repetitive”), “organizing principles”, “intersubjective field”, “sustained empathic inquiry”, seemed to provide new tools for the study of group psychotherapy and its therapeutic process.

#### RECONCEPTUALIZATION OF TRANSFERENCE IN THE GROUP

Above all, the new intersubjective reformulation of selfobject functions and transference seemed to provide a satisfactory answer to both our theoretical riddle about empathy and empathy disruption, and to our clinical experience. According to these reformulations:

1 - *The selfobject functions* "pertain fundamentally to the integration of affect into the organization of self-experience and [...] the need of selfobject ties pertains most centrally to the need for attuned responsiveness to affect states in all stages of the life cycle" (Stolorow, Brandchaft, Atwood, 1987, p.66). We find this definition applying very accurately to the dynamic reality of the group. It's our conviction, in fact, (Paparo, 1987; Nebbiosi, 1995a, 1995b) that one of the most powerful experiences of the group is the intensity with which the group regulates (or fails to regulate) the affect states of its members. The evidence of this fact is now supported by an increasing number of scientific observations about the meaning and functions of affiliation. Lichtenberg, describing the affiliative motivational system, equates the power of affect regulations accomplished by the group to those accomplished by the attachment ties:

«The experience of pleasure in intimacy that begins with mother, father, or both at some point has as its corollary a pleasure in intimacy with the family. Modes of communication with and about family, especially defined in the presence of nonfamily, provide for the prelatency child the basis of a positive sense of intimacy in the group as compared with the individual. The difference between attachment and affiliation is in the composition of the unit—not in the affective experience sought. And the affective experience sought is the positive sense of sharing and gaining and growing.» (Lichtenberg, 1989, p.118)

In this work we will use the concepts of selfobject and selfobject functions in the group in the specific sense mentioned above. More specifically we will take into consideration the selfobject functions that can be accomplished by the group-as-a-whole, the group analyst, and by a group member (or by a subgroup). *Selfobject functions in the group deal specifically with the intense and consistent regulation of affect states and they must be clearly separated from simple positive, caring functions.*

2 - *The transference* is not considered either as a regression or a displacement or a distortion or a projection, but as an organizing activity of the patient's experience in the analytic situation co-determined by both the patient *and the analyst*. Even more important is the reformulation of the transference experience not as a:

«manifestation of a biologically rooted compulsion to repeat the past [... but as an] organizing activity [that] focuses more narrowly on the

specific patterning of the experience within the analytic relationship to which both patient and analyst contribute.» (Stolorow, Brandchaft, Atwood, 1987, p.37)

This reformulation allows the group analyst to focus more clearly on the contribution of all the members (including himself) as to the emergence of the organizing principles that characterize the dimension of the group-as-a-whole [see forward in this paper p.10]. The understanding and the analysis of these "group organizing principles" - first promoted by the analyst and then by all the group members - may be considered one of the main targets of the analytic work done - according to the Foulkesian formulation - not *in* the group, but *by the group*.

#### → THE TWO DIMENSIONS OF TRANSFERENCE IN THE GROUP

According to the intersubjective perspective, the transference dimension shifts between *selfobject* transference and *repetitive* transference in the following way:

«... when the analyst is experienced as malattuned, foreshadowing a traumatic repetition of early developmental failure, the conflictual and resistive dimension is brought into the foreground, and the patient selfobject longings are driven into hiding. On the other hand when the analyst is able to analyze accurately the patient experience of rupture of the therapeutic bond and demonstrate his understanding of the patient reactive affect states and the principles that organize them, the selfobject dimension becomes restored and strengthened and the conflictual/resistive/repetitive dimension tends to recede into the background.» (Stolorow & Atwood, 1992 p.25)

This description seems to fit particularly well with the complex transference dimension of the group that - in our view - is characterized by the fact that *repetitive and selfobject transference occur simultaneously*. By this we mean that while a member can experience a repetitive transference (e.g. to the analyst) he can experience a selfobject transference *at the same time* (e.g. to the group-as-a-whole or to another member). In this last case, the group analyst should be able to handle both the dimensions of transference that can occur at different levels.

A very interesting example of what we mean by the fact that the two dimensions of transference may occur simultaneously in the group is

found in a clinical vignette reported by Lichtenberg (1989, pp.118-119). While describing his memories of the Passover Seder services in his youth, a patient remembers both the warm feeling of being part of that family and religious group and the difficult, ambivalent feeling toward his grandfather, who conducted that service:

«[...] the therapist wondered why the patient did not recognize the contradiction between his positive feelings about the Seder and his anger toward his grandfather [...]. The patient neither saw paradox nor denied conflict, and, in my opinion, none need be presumed from this vignette. From the standpoint of attachment as a motivation, the patient was ambivalent about his grandparents, but from the standpoint of affiliation as a motivation, the patient was equivocally and unconflictedly positive in his experience of the expansiveness and building of a cohesive self that he had experienced as part of the family and religious group.»

In our opinion, the model of two simultaneous transference dimensions—derived from the intersubjective perspective—seems compatible with Lichtenberg's model of two different motivational systems (attachment /affiliation and aversive) which operate at the same time.

We will now examine some configurations that we consider of common occurrence in group analytic therapy and that can exemplify more clearly the value of focusing our attention on the two different dimension of the transference.

*The selfobject transference to the group-as-a-whole and the repetitive transference to the analyst and to the other members.*

In a particular moment of a group history the group itself can become extremely important for each member. The group may be felt as a major support (if not the main support) in a person's life; the opportunities of idealizing the group and of being appreciated by it become extremely significant for the individual. At the same time a member may experience conflict with another member or with the analyst. We consider that in this particular configuration it is very important that the analyst deals with the conflictual dimension of the transference having the clear target of supporting the selfobject transference to the group-as-a-whole.

*Clinical vignette.* After about two years of analytical work in a group of eight members, there was—over a period of many sessions—a consistent number of interventions in which the experience of being part of that particular group was seen as an extremely important fact in the life of all the members. This situation allowed an excellent patterning of the interactions as well as of the affect regulation for the first time. One day Antonio expressed a sentimental interest toward Maria. The group talked about this event in an accepting and understanding atmosphere. One month later, though, Maria revealed that Giulio (another member of the group) had called her up and suggested they went to a movie together; Maria refused. Her communication to the group was shaped in a friendly attitude toward Giulio and was intended mainly to stress the importance of sharing the information with the other members. Antonio however, at this point, got angry and attacked Giulio for his deceptive way of behaving, expressing an intense rivalry towards him. In his intervention the analyst—having in mind the necessity of supporting the selfobject dimension of the transference to the group-as-a-whole—said that the possibility of expressing feelings of rivalry in the group quite openly, was a very valuable fact, made possible by the good cohesion existing in the group itself. This recognition of the importance of the group-as-a-whole, created a much calmer atmosphere and eventually made a detailed analysis of the rivalry feelings experienced by all the group members (not only Antonio and Giulio) possible.

*The selfobject transference to the analyst and the repetitive transference to the other members and/or to the group-as-a-whole.*

The members of the group develop strong and intense feelings of admiration for the analyst quite often. The analyst becomes very central in the interventions of all the members; they feel that he is the main support in the group life and the person from which each member can expect help with his personal problems and/or group problems. In this situation we notice frequent fantasies of being in a dual analysis with him, a strong conflictual transference on the group-as-a-whole, and a certain competition (with different forms and styles) in conquering the analyst's interest and attention. Instead of interpreting this particular transference configuration as an inappropriate and defensive (passive-dependent) attitude of the group, we think that the analyst can take advantage of the

selfobject transference towards himself for a thorough definition and differentiation of the various affects experienced in the group. The affective content of the members' interventions can be repeatedly empathically understood, striving to achieve a definition of the single affect experienced, as well as a differentiation of different affects, and to show how contradictory affect states can be issued from a unitary continuous experience of the group (Stolorow, Brandchaft, Atwood 1987).

*Clinical vignette.* At the end of the ninth session of a therapeutic group, several members voice their fantasies about the analyst: is he married? In what area of town does he live? Exactly how old is he? The analyst answers, indicating to the members, that they all had the experience of being part of a group (family, friends, colleagues and so on). Yet this is their first experience in a therapeutic group, and such a group is characterized—among other things—by the presence of an analyst. Thus, their questions seem to voice feelings of interest and curiosity about the new experience of being in that particular group. The analyst adds that these feelings seem to show that the group experience is becoming more relevant and he stresses that he considers it very important that the group has found a way, through the questions about the analyst, to recognize and express these feelings. In the next session, Stella tells the group about a dream in which she sits in the driver's seat of a car and the analyst sits in the back. It's raining outside, and she has a hard time operating the windshield-wipers. She feels nervous but realizes that the analyst is not nervous at all—he is relaxed, reading an article in a sports magazine about his favourite soccer team to her. She feels happy because she understands that the soccer team is the same one that her beloved grandfather liked<sup>2</sup>. Suddenly it stops raining and she notices thousands of micro-drops on the windshield through which it is now possible to see once again. The analyst interprets the dream in connection to the preceding session: the position of Stella and the analyst seems to allude to a situation of dual analysis that is felt to be a perfect setting against stormy emotions. This situation seems to be considered very anxiety-ridden for Stella (the wiper doesn't work) and she feels reassured by the calm and interested attitude of the analyst toward the group (the soccer team). Federico, who is usually a very silent member, comments that he was impressed by the thousands of micro-drops. He thought of the analyst's surname (Nebbiosi in Italian means "foggy") and adds that in the preceding session, he thought that

the analyst would have "wiped away" all those personal questions. When Marco stresses the fact that he had also expected some "mean" interpretations from the analyst, it becomes clear to the group that Stella's dream expresses a transition in the affective state of the group. From the interest and curiosity about the analyst, to the fear of retaliation and of being punished by the analyst's interpretations, to the preoccupation for the "lack" of "mean" interpretations, to a calming experience: the acceptance and understanding of the interest and curiosity towards the analyst, involves a basic feeling of all the group members—the analyst, and thus the group experience, is becoming more important in their lives.

*The selfobject transference to a member and the repetitive transference to the other members, the analyst, and the group-as-a-whole.*

Another occurrence that is quite frequent in a group is that of a member becoming important for the other members and for the group life in a very special way. This situation is easily noticeable when that particular member is late or absent; the members experience the feeling that the group is not really there and/or—more dramatically—experience intense feelings of discomfort and confusion. In this situation it is, once again, extremely important to sort out as clearly as possible—from a delusional and generally chaotic affect state—the single affects which are present at that moment and show them to the group. Another very important characteristic of this configuration may be the strong idealization of the "selfobject member". The analyst should comprehend empathically how valuable these idealizations are for the group; in our opinion the emotional understanding (Orange, 1995) of these idealizations fosters their gradual resolution much better than an interpretation aimed to show their inadequacy or danger to the group. We must remember, once again, that what the group is really doing, idealizing a "selfobject" member, is to stress *the importance of that member in integrating and organizing the affect state of the group.*

*Clinical vignette.* Luigi (the youngest member of a therapeutic group of seven) was a typical "selfobject member" in his group. He sought analysis for an ongoing depressive state but since the very beginning of the group had shown a calm, reflexive, and yet vital attitude to the group. Pretty soon Luigi (whose interventions were not frequent but very intense) was felt by the group as the member that—in the words of another member—

could make "sadness happier" and make "happiness calmer". As the group experience was becoming very important for Luigi, Luigi was becoming very important for the group. At the end of the first year of therapy, Luigi told the group, with some preoccupation, that his mother had heart problems; the next session he was absent (he never missed a session). The group spent a very difficult hour and a half, but succeeded in acknowledging the important functions that Luigi had in the group rather clearly. Before the next session Luigi called the analyst and informed him that his mother had died and said he would miss another session due to his mother's funeral. When Luigi came back to the group the initial reaction was very intense. He was greeted with great affection but the atmosphere was extremely tense. Soon after the beginning, Eleonora left the room crying and remained in the hallway for a few minutes. Bruna and Massimo were on the verge of crying, Franca broke a very dramatic silence saying to Luigi, "we all love you, do you know?" At that point the analyst said, "Perhaps it's impossible to understand all the emotions that we are sharing. I think, though, that the group—and Luigi—doesn't only need to share the pain but also tolerate it. Perhaps the sharing will help us tolerate it". The analyst's intervention was aimed at three goals that seemed extremely important for the group at that moment. Firstly, to communicate to the group that the (selfobject) functions—of affect regulation—usually accomplished by Luigi, would not be there for sometime; this would make it rather difficult to differentiate and understand the emotions that the members were experiencing in the group. Secondly, to show that, even without understanding, the group could resort to sharing. Thirdly, to communicate that to share pain doesn't mean to tolerate it, but can help to tolerate it. After a few minutes of a somewhat calmer silence, Massimo said that he admired Luigi for his behavior very much; his pain seemed so dignified ...! This last intervention pivoted the group towards a number of very appreciative interventions for Luigi—he was "cured" , "protected", "idealized", "nourished". The analyst realized a very interesting inversion—the group members were performing the selfobject function with Luigi that they felt they would have needed from him<sup>3</sup>. In a second intervention, the analyst stressed the fact that in this dramatic situation the group was successfully trying to function towards Luigi in the same way in which Luigi was felt

to function for the group. This was not only done to support Luigi but to support the group itself.

Having given a glimpse of our use in the group of the two dimensions of transference with our clinical example, we will now pass on to examine the relevance of the organizing principle concept for an understanding of the therapeutic process in the group.

#### THE ORGANIZING PRINCIPLES AND THE GROUP

Before examining the relevance of the organizing principles in the group, we will summarize this concept as it is formulated by Stolorow and collaborators in the dyadic situation. Drawing from the data of Infant Research, these authors argue in favour of a *prereflective unconscious* as constituted by the ordering principles that are the crystallization of the interactions between child and caregiver as well as all the following interactions with significant others. Quoting directly from *Contexts of Being*:

«Each of these authors [Lichtenberg, Sander, Stern, Emde, Beebe & Lachmann], in different language, is describing how recurring patterns of intersubjective transaction, within the developmental system, result in the establishment of invariant principles that unconsciously organize the child's subsequent experiences (Atwood & Stolorow, 1984; Stolorow et al., 1987), a realm of unconsciousness that we term the "prereflective unconscious" [...]. It is these unconscious ordering principles crystallized within the matrix of the child-caregiver system, that form the essential building blocks of personality development» (Stolorow & Atwood, 1992, p.24)

As far as the therapeutic process is concerned in the intersubjective perspective a new conception of psychoanalytic change emerges. Instead of being conceived as a *transformation of representations* it is conceived as the *formation of alternative organizing principles*.

«Successful psychoanalytic treatment, in our view, does not produce therapeutic change by altering or eliminating the patient invariants organizing principles. Rather, through new relational experiences with the analyst in concert with enhancements of the patient's capacity for reflective self-awareness, it facilitates the establishment

and consolidation of alternative principles and thereby enlarges the patient's experiential repertoire. More generally, it is the formation of new organizing principles within an intersubjective system that constitutes the essence of developmental change throughout the life cycle.» (Stolorow & Atwood, 1992, p.25)

We are convinced that the formation of new organizing principles within the group intersubjective system provides two possible pathways of development of new ordering principles.

1) The repeated interactions - and more precisely the affect states of the interactions - can gradually create some new organizing principles in the individual members. An example of this situation is that of a very shy person who can develop a new organizing principle through the interactions (including the interpretations) in the intersubjective system of the group. In addition to organizing his experience according to the principle "Every time I am in a public situation and I feel uneasy, I retreat", he will now also organize his experience by the principle "When I am in a public situation and I feel uneasy, I'll try to communicate". This new organizing principle, even if created in an intersubjective field, may well not be shared by all the other members.

2) When the group-as-a-whole dimension is repeatedly experienced in a very intense affect laden way, we can observe the emergence of new organizing principles shared by all the members (organizing principles of the "group self", paraphrasing the Kohutian formulation). The formation of these group organizing principles - very powerfully shared by all the members - is in close connection, we surmise, with data of Infant Research, and its application to the adult therapeutic situation, as formulated by Frank Lachmann and Beatrice Beebe (1994). As they aptly describe:

«Interactions are organized through heightened affective moments when the person experiences a powerful state transformation, either positive or negative.» (Lachmann & Beebe, 1994 p.7)

When the state transformation occurs in a positive way:

«The therapeutic action of heightened affective moments is mediated through state transformation which potentially usher in opportunities for expanded self regulatory range and altered patterns of mutual regulation.» (Lachmann & Beebe, 1994 p.9)

In addition, the conception of these group organizing principles gives a much better picture of well known group phenomena (e.g. the idealization of the leader or the de-responsabilization in the group) than those allowed by theories based on a traditional, pulsional model. When the group situation promotes the formation of new and alternative organizing principles—thus promoting a good affect regulation and a creative organization of experience—the group members can have access to one of the most powerful therapeutic factors that group therapy can provide.

### CONCLUSIONS

#### *The group experience as successful training in empathy*

In the original formulation of empathy, given by Kohut, the stress was laid on "putting oneself in the other person's shoes". What is added in the intersubjective perspective, that uses the term *sustained empathic inquiry*, is the special attention that has to be devoted to the organizing principles (i.e. the prereflective unconscious) of both analyzand *and* analyst and *the way they interact* in the clinical encounter.

The utility of this vantage point in the group becomes evident when we consider that what is typical of the group experience, as far as empathy is concerned, is the rich opportunity of understanding the organizing principles of the individual member in the context of the group, and at the same time, of discovering the existence and the relevance of the organizing principles of the group-as-a-whole. In this context the experience of being understood by the group-as-a-whole (i.e. the experience that one's organizing principles can be understood and shared by a human collective) is a very exhilarating self-strengthening event.

#### *From "transmuting internalization" to the formation of new alternative "organizing principles"*

While we refer to the extended discussion of optimal frustration and transmuting internalization by Stolorow and collaborators (Stolorow, Brandchaft & Atwood, 1987 p. 22-24) our own opinion is that, as we have seen in the beginning, Kohut's theory of transmuting internalization was not particularly suitable to a conceptualization of the therapeutic change

in the group. To us—on the theoretic level—the transmuting internalization seems to be a concept too close to the classical concept of identification with the analyst<sup>4</sup>. Rather, what we see in the group setting is that the creation of new ways of organizing both the individual and the group experience is due to an ongoing empathic interaction. Granted, some disruption will occur and its positive negotiation and working through is of paramount importance, but we do not consider empathic disruption and frustration to be the main factor of the formation of a new organization of experience. The new organization of experience (and thus the therapeutic factors of the group) rests on the *ongoing internalization of positive, consistent, empathic interactions*.

Using the Foulkes metaphor for the individual "as a nodal point in a network of relationships", we can see that by his group experience the individual may become a nodal point in a *new network of relationships* and this may be the main therapeutic factor. At the end of our paper we can perhaps reconceptualize Foulkes' network of relationships as a *network of organizing principles*, a concept extremely close to what the intersubjective perspective terms as *intersubjective field*.

#### NOTES

- 1 When Paparo sent Kohut his first paper on Self Psychology and group analysis he gave the paper to Howard Bacal (who had an experience with group psychotherapy) and Howard expressed a very favourable judgement.
- 2 Here Stella experiences, we believe, a trans-generational aspect of the group-as-a-whole originated in the family group.
- 3 This inversion of the selfobject functions reminds the desperate and yet very often successful attempts of an individual, whose selfobject is failing, to perform to the failing selfobject the same functions that he cannot receive.
- 4 Merton Gill has stressed this theoretical point. He wrote: «[...] inevitable episodes of failure to empathize correctly to be an essential ingredient of what they call "transmuting internalization," which sound very much like mini-identification with the analyst.» (Gill, 1994 p. 30)

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