



Psychoanalytic case presentations in a weaving thoughts group: On countertransference and group dynamics

Björn Salomonsson

Department of Women's and Children's Health, Karolinska Institutet, SE-171 76 Stockholm, Sweden – bjorn.salomonsson@ki.se

(Final version accepted 21 February 2012)

This article summarizes experiences of psychoanalytic case presentations in weaving thoughts (WT) peer groups. The format is presented and illustrated using a session with a group of analysts. In this setting, the frame of the presentation is guaranteed by the moderator. One aim is to create a group setting with many parallels to the analytic situation. A second aim is to discourage members from becoming enmeshed in destructive group functioning, such as internal disputes that may block a deeper understanding of the material. Classical psychoanalysis permits the analyst to reflect behind the patient on the transference–countertransference interplay. However, such reflections may be marred by undetected countertransference problems. Different supervision formats have different ways of helping the analyst with them. The WT format ‘copies’ the analytic session to the group, hence each member associates to the material in peace. Meanwhile the presenter looks, metaphorically speaking, at the web of their associations at his or her own pace. This may help him or her to confront and reflect on unresolved countertransference issues. This article indicates the method's similarities and differences compared with other formats. Arguments are supported by a child psychotherapy session, but the method is equally suitable for adult case material.

Keywords: Child psychoanalysis, child psychotherapy, countertransference, group psychology, psychoanalytic setting, psychoanalytic supervision, weaving thoughts

Introduction

Psychoanalysis differs from other treatments in that it utilizes the therapist's subjectivity. A physician may combine medical instruments and knowledge to arrive at an objective diagnosis and treatment, but an analyst's position is different. His or her instrument (Balter *et al.*, 1980) is objective in providing information of the patient's behaviours and statements. To an essential extent, however, it is also subjective: the analyst observes inwards to register his or her emotional reactions with the patient. We summarize these reactions as countertransference. To use Winnicott's (1949) terms, we may speak of it in its abnormal, personal and objective sense, respectively. If the analyst manages to come to grips with the two former – let us call them his negative and productive idiosyncrasies – he may reach the latter; his “love and hate in reaction to the actual personality and behaviour of the patient, based on objective observation” (Winnicott, 1949, p. 201). In such instances, he has assumed a “professional attitude” (Winnicott, 1960, p. 161).

To maintain such a professional attitude is, as every analyst knows, a major challenge. Epstein and Feiner (1979) speak of the “double helix” (p. 1) of countertransference: it is both a hindrance and a tool for understanding the patient. This ambiguity has been evident since Freud suggested that the analyst shall “overcome” his countertransference (Freud, 1910, p. 144), yet turn his “unconscious like a receptive organ towards the transmitting unconscious of the patient” (Freud, 1912, p. 115). The problem may seem insoluble, because no analyst can ascertain that he has come to grips with his unconscious. Therefore, he cannot know for sure that his emotional reaction to the patient would represent an ‘objective’ countertransference. Once we take this realization fully on board, we conclude that the psychoanalytic setting comprises not only the formal arrangements and the patient’s transference but also the whole gamut of the countertransference. The analyst’s task is to tease out his conscious and unconscious contributions to the therapeutic process or, in Winnicott’s terms, the abnormal, personal and objective aspects of his countertransference. This is easier said than done.

In child analysis, the clinician meets with yet another problem. The child may resonate with those parts of his self that are most distant from his working, adult personality. Children often communicate in a direct and unpolished way, which may affront the analyst’s self-esteem. When a child, for example, tells the analyst ‘Phew, what yellow teeth you have!’, he will meet “the primitive, non worked-through, unconcealed part of the child’s communication directly” (Piene *et al.*, 1983, p. 51). Winnicott’s (1949, p. 201) extensive list of why a mother might hate her baby may indeed apply equally to the child analyst with his patient. If such countertransference remains unresolved, the analyst may inadvertently resort to counterproductive behaviours and attitudes towards the child and the parents.

Marshall (1979) remarked on the paucity of the literature on countertransference with children. To some extent, this has been rectified later (Badoni, 2002; Sugarman, 2003; Tsiantis *et al.*, 1996). Nevertheless, child analysis will probably always pose special countertransference problems. The analyst who finds himself in such dire straits may wish to share clinical material with colleagues. Traditionally, this takes place with an individual supervisor. Other formats are the peer group and ad hoc groups at one’s local psychoanalytic society or at a conference.

In an earlier article (Norman & Salomonsson, 2005) we argued that when analysts present clinical material in group sessions, questions of setting are seldom carefully considered. We also argued that if one ignores the interactions in the triangle of presenter–clinical material–group members, this may have deleterious effects. The group may slip into modes of functioning that thwart the aims of the presentation. In the last analysis, this may affect the patient. Our position was in agreement with Tuckett’s that “more can be done to think about the position of presenter and audience ... when clinical material is presented and that we have by no means exhausted our capacity to be more constructive” (Tuckett, 1993, p. 1176).

To this end, we presented the weaving thoughts (WT) method. We avoided the term ‘supervision’, which implies a division of roles with a senior analyst supervising a less experienced colleague. For the same reason, we avoided

the Scandinavian term *handledning* [literally 'leading by the hand']. The term 'peer-group workshop' describes the format best. Under the auspices of a moderator, the analyst presents a session in detail without submitting any antecedents of the case. The colleagues in the group then associate to the material, while the presenter and the moderator refrain from commenting. This continues until a time agreed upon has been reached. Thereupon, a second consecutive hour may be presented.

This article builds on experiences of WT sessions at psychoanalytic centres and congresses, mainly in Europe. It is structured around a presentation of a child analytic hour and a group associating to it. The WT format will then be outlined, with an emphasis on its parallels with the analytic situation. A theoretical discussion ensues with a focus on countertransference and group theory. Throughout this article, similarities and differences compared with other formats will be brought out. The discussion acknowledges the inherent conflict between rules and free associations, whichever format one uses (a point suggested by one of the reviewers of this article). This format seeks to handle the conflict by a strict setting that parallels important aspects of the analytic situation. It will be argued that this facilitates for group members to disentangle the presenter's countertransference – and for the latter to receive and integrate their associations into a better understanding of it.

The session presented to the WT group

Some time ago, I presented to a WT group my work with a seven-year-old boy. I was concerned about this analytic therapy. Although there had been considerable progress, sessions were sometimes violent, which made me dissatisfied and troubled. What follows is the text I had written down after the hour. I read it out to the group, after having handed out a photocopy to each participant. In the following section, I sometimes insert what I was feeling silently during their comments. I began by telling the group 'Here is my work with seven-year-old Peter. He has been in psychotherapy on Mondays and Tuesdays for the last 1½ years. Here is a Tuesday session'. The WT session was tape-recorded by permission of the group.

The text

I am at the toilet when Peter arrives. I hear him approaching. I feel intruded upon, because he saw me entering the toilet and now I hear him moving outside. When I exit, his mother indicates silently that Peter is hiding behind a pillar. When I greet him he says: 'What are you staring at?' He is smiling, though, and does not look too unfriendly. We enter the room.

Peter: I saw you in the loo! I peeped in there. I saw your wee-wee [urine], it was yucky!

Björn [the analyst]: So you think my wee-wee is yucky. I wonder what you think about your wee-wee.

Peter does not reply but sits down.

Peter: I want to make a flea!

This is a children's game with paper, which he folds to become a diamond-shaped figure with four pockets. Each pocket is numbered. I shall pick a number and he will count until he ends up at one of the pockets.

Peter: Look, I painted every corner with a colour of a season of the year. I'll handle the flea and you'll point at one corner. What number do you choose?

Björn: Well...

Peter [interrupting]: Wait, let's make a contest. If you choose the right season you get one point. Otherwise, I'll get one. Guess which one I bet on!

Björn: Well, I don't know...

Peter: But of course, it's spring, the season of my birthday!

As the game begins orange takes the upper hand, which he has declared is the colour of autumn. Although his spring colour is about to lose, he keeps up his spirits. Then he starts cheating. As I am about to suggest another number he tells me to start all over again. I tell him calmly:

Björn: This is not the way we agreed to play the game.

Peter gets enraged and suddenly we are fighting. I must hold him so that he will not kick me. He tries to bite me.

Björn: You know, I am getting tired of this quarrel. Can't we try figuring out why you got so angry with me? Why is it so important to you that spring should win?

Peter: You should know that! Spring is the time of my birthday!

I convey I understand him, but he goes on trying to kick and bite me. I cannot get into any verbal contact with him. Suddenly, he panics and rushes into a corner. He mentions a ghost. I move across the room to his corner.

Björn: What happened?

Peter: If you look at me from above the table, down on the floor where I am lying, I will tell you. Sit down over there!

I sit down at the table waiting for him to tell me.

Peter: There was a terrible ghost!

Björn: Where was it, could you show me?

Peter [pointing]: Look, over there!

Björn: That's where I was sitting in my chair...

Peter: Yes!

Björn: So the ghost turned up at the spot where you quarrelled with me. It appeared where I was sitting.

We lose contact again.

Peter: You never sit in the chair you are using right now [the one he told me to use, by the table]. And you never hold your hands on the table like that!

In contrast to his recent panic of the ghost, this does not seem quite genuine to me.

Björn: I am thinking again about this ghost and the row we had...

Peter: You're an idiot.

Peter gets restless and does not want to talk. He sits down, and I move to my usual and more comfortable chair. He catches sight of the sole of my shoe, illuminates it with a flashlight and 'washes it' with his hand.

Peter: Do you have a sender in your shoe?

Björn: Tell me more.

Peter: I'll draw one.

Peter draws a city square and the houses surrounding it. He names the square; it is close to where he lives with his family.

Peter: You are a policeman with a sender. I have a sender, too! That way we can check out where we are, all the time!

Björn: Yes, it could be nice to know where we are, now that we won't see each other till Monday. In that way, you and I will be these two policemen.

Peter: But actually, crooks have such senders. You know, in prison one can get such a sender, and in some way the sender locks up the crook.

Björn: It might be good to have such a sender, so the crooks can't be up to mischief. Sometimes, you want to make mischief. Maybe you think it would be good to have such a sender then.

Time is up and he leaves without any apparent problem.

The reflections of the WT group

The group consists of seven psychoanalysts, one of whom is moderator. After some minutes, Norah indicates that she wants to speak. The moderator gives her the word. All interventions are inaugurated by the moderator saying the member's name.

a/Norah: The session is marked by Peter trying to keep contact when things change inside him and Björn. When Björn gets fed up with the game, Peter reacts. He becomes afraid and sees a ghost. Then he thinks of the sender as a way of keeping contact when things change; for example, one's temper. It's the same thing with crooks; though they are bad and aggressive they need to stay in contact.

Norah gropes her way through the material. This often appears initially, reflecting efforts at finding one's place in the material and in the group. It also gives me time to accommodate myself in the group. I feel Norah is glossing over something. She makes big leaps in the sequence of material, which makes me uneasy without knowing why.

b/Gabrielle: I am on my way to formulating myself ... Something happens when Peter discovers the analyst at the loo. It starts as a game: 'I saw you in the loo'. Peter is rather, no terribly, aggressive and pushy. But the analyst's response is quite powerful. 'So you think it's yucky, well I wonder about YOUR wee-wee' [in a teasing tone]. I reacted strongly, and I felt it was a counter-attack by the analyst. I wonder how much Peter hurt him. The session seems to circle around this. How much is one allowed to challenge? If one hits the analyst too hard, how much will one be transformed? Peter fears he has injured the analyst and tries to find someone who can hold this: 'Help me, I understand I went too far!'

I feel Gabrielle critically challenges my harsh and vindictive intervention. However, I also become curious. Her epithet 'the analyst' is of help. This often appears spontaneously. It is as if the group is an audience commenting on the psychoanalyst's *pas de deux* with his patient. Gabrielle is playing with an illusion of the analyst 'on stage'.

c/Serge: I think Peter is struggling with being too close, which entails a risk of being merged. Alternatively, if he and the analyst get too far apart, there is the risk of separation. Well, this was just a comment...

I feel uncertain about this statement. Serge seems uncertain, too. Such 'loose' comments may remain without leading to group debates or responses by the analyst.

d/Gabrielle: If Peter saw the analyst's wee-wee, maybe he saw his penis, too? Perhaps Björn's response is to grade if he is a big or a small man. What happens to Peter then? Further along in the text, on page 2, it seems as if Björn should come to Peter from above and Peter should lie down and tell.

The text enables Gabrielle to specify what part of the session she is referring to. I feel unjustly accused of having told Peter to lie down – but I am also becoming aware of my rage due to his attacks.

e/Rita: This anxiety of destroying the object ... I wonder if Peter has any words for it. Could one speak with him about it?

f/Norah: This flea, maybe it's Peter's way of dosing, gauging, structuring the relationship.

These two patient-centred (Steiner, 1993) comments lessen my displeasure because they veer off from my countertransference anger. But I also feel left out in my need for help with how to handle it.

g/Eloïse: It is as if Peter were thinking ‘If you are yucky, then I am yucky, too. If I cannot defeat you, at least I can decide who is yucky!’ You open up to investigations by asking what he is thinking about his own wee-wee. He must think he is yucky, too! He exerts control by insisting that he is the winner, deciding who is yucky. But suddenly, he is not so sure any more! Anxiety creeps in and he tries to repair things with the sender, which, after all, is a device for communication ... He is trying to repair his feeling of being yucky.

Did I open up to investigations or did I slam the door during the session? I realize how assaulted Peter must have felt. Earlier in the analysis, there were stretches of time when I was able to convey a positive setting (Winnicott, 1949) for our work. In the presented session, this atmosphere had receded into the background. Now, I feel that my fond feelings for the little warrior re-emerge.

h/Rachel: I think Peter gets frightened because he transgressed a border at the outset. He notices what it did to Björn. Björn is fed up. Their contact is in danger. Is it safe for Peter to express himself?

i/Rita: Björn responds to Peter by asking about his wee-wee. He does not quite contain it. He does not arrive at thinking wisely about the boy. He defends himself, which is easy to do when one is attacked. The session starts with the boy trying to make Björn find room for him with all his wee-wee. But things get more physical...

j/Gabrielle: The flea game is about life and death. ‘Spring is my birthday season!’ It’s all about winning or disappearing. He survives by being reborn after their conflict. If so, he must have Björn accept that he is allowed to survive, to be reborn.

Peter and I were obviously captured by the happy aspect of birthdays. Gabrielle points to its counterpart: death. I am wondering if birth and death might relate to his mother’s depressive state when he was a baby. Feelings of empathy emerge again. Unlike empathy in the clinical situation, which is “shared and deeply felt” with the patient (Bolognini, 2009, p. 35), in the WT session it is shared with the group members. Their containment of my distress and impotence enables me to renew contact with the empathic experiences that Peter and I had earlier.

k/Serge: I was thinking about hate in the countertransference. Where should the analyst direct his counter-aggression? It does have a place in the child’s development. At one point, Peter and Björn shall be able to meet with each other as objects worthy of hate. Björn is conveying to Peter that it’s OK to say ‘I am getting tired of this quarrel’ and ‘I wonder what you think about your wee-wee’.

I feel more absolved by Serge’s comment. However, I am suspicious of my relief. I hope the group will not mask further elaborations of my countertransference anger.

l/Rachel: There is a shift from an intensive interaction into an innocuous flea game. At the same time, things are exploding inside Peter. Will they be able to speak about these shifts?

m/Eloïse: I don’t know if the flea game is that innocuous. Peter said you are yucky, and he gets it back on him: ‘What do you think about yourself!?’ He then wants

Björn to prefer spring, that is, prefer *him*. But, Peter does not get a clear answer. This worries him. Anyway, he is yucky too, a pain in the ass. Kids are not always that sweet...!

n/Norah: Quite right, kids are not always sweet! But here we have an interaction centring on aggressive matters, where the Björn is as much part of it as is Peter.

The moderator: OK, it's time to stop and leave room for the Björn to comment on how he felt about listening to the group.

Björn: I was embarrassed about mentioning a detail to you. I was not urinating as Peter imagined. I was defecating while glimpsing his feet under the door. Yes indeed, I felt intruded upon! When reading out to you my wee-wee question I did not realize I was covering up my anger. But you saw through it. It's not fun, but it's useful. Thank you!

The moderator ends the session.

The practice and principles of the WT method

As Tuckett emphasizes, when an analyst is presenting to colleagues the two parties have different competences. The analyst has been immersed for a long time "in the many details of his experience with the patient" (Tuckett, 1993, p. 1185), but this proximity might also skew his thinking. The colleagues may, precisely because they have never met the patient, bring in different perspectives and note matters either not brought up or repeated by the analyst.

The WT method states that "we listen with conceptions which influence what we hear and what we understand" (Tuckett, 1993, p. 1177). In contrast, however, it does not recommend the analyst to present his conceptions of the case. He or she is just asked to submit a session in as much detail as possible, although it is taken for granted that he or she will inevitably select material despite the best of intentions. In this, the analyst resembles the analysand who, although encouraged to do so, is unable to associate in a completely free manner. A demand to also submit one's conceptualizations of the hour may of course contribute to increasing the group's theoretical understanding. Thus, an important goal in developing our science may be achieved. On the other hand such a procedure will, I argue, make selectivity in presenting material more pronounced. The conceptualizations create, so to speak, a furrow along which the presented material shall run. This will create a pressure on the presenter to make material and conceptualizations fit together. One example is Peter's fear of the ghost in my chair. In my mind, I had conceptualized this in terms of the object made absent through hate and then transformed into a ghost (Bion, 1965). Were I asked to submit my conceptualizations I would probably have emphasized this perspective, to the detriment of others that were more essential in understanding my countertransference.

The WT setting seeks to 'copy' the analytic situation onto the group, according to the arguments that follow. This is done by reading out the written report, and then leaving the group in a sort of analytic abstinence to

ponder on the material. In this way, the analytic relationship becomes ‘the analysand’ to which the group members associate. The sum total of their associations will mirror the analyst’s ideal working ego were it unhampered by his abnormal and personal countertransference. The associations weave into a portrait of the unconscious processes at work within and between analysand and analyst. These aims are achieved via the following framework:

- (1) The moderator should expound the rules at the beginning, because a group tends to be sensitive to the initial conditions of its formation (Kaës, 2007, p. 47). This way of making the frame explicit is one example of how the WT method copies the analytic situation. At the beginning of treatment, an analyst explains the frame to the patient and the two reach an agreement about it. The WT moderator fulfils a similar task vis-à-vis the presenter and group members.
- (2) The preferred number of participants is 6–15. A smaller number stifles associations. A larger number may engender comments that do not coalesce into a comprehensible web of thoughts.
- (3) The group sits in a circle to demarcate its confines and to place the object of study, the presented hour, in the transitional area amidst the group members. The seating also aims to subdue rank order among members and to enable the associative warps and woofs to run as freely as possible. Finally, it mirrors the principle of evenly suspended attention (Freud, 1912) in the psychoanalytic session. At work, the analyst seeks to maintain an attitude that none of his or the patient’s thoughts is deemed more important beforehand. The WT circle portrays a similar attitude: just as every section of a circle is equidistant to the centre, no association is regarded as occupying ‘the front row’; that is, being more central than another.
- (4) A WT session normally lasts 1½–2 hours with two analytic sessions. Two consecutive hours are preferred, because this enables the group to see how the second hour evolves compared with their associations to the first. This is another resemblance with the analytic setting. The analyst is open to the assumption that some of a patient’s comments may reflect experiences of yesterday’s session. Similarly, the WT group may find links between the two hours.
- (5) The presenter reads out a written report of one hour, of which each member has received a copy at the start of the meeting. He or she reports on the age and gender of the patient, for how long they have worked together, the frequency and the weekday of the session. Other than that, no antecedents are provided regarding history, diagnosis and treatment progress. The aim is to inspire a climate among group members similar to Freud’s evenly suspended attention or Bion’s (1970) idea of practising analysis without knowledge and desire.
- (6) After the presentation, the group starts working under the auspices of the moderator. The presenter follows their associations but does not discuss with the group. The parallel to the analytic session is evident: just as the analyst meets the patient’s questions about his

- personal life by encouraging her to go on reporting her fantasies, the group is encouraged to go on thinking without receiving answers from the presenter. In the WT group, such encouragement is provided by the moderator, not the presenter. This is to position the latter outside the group's work and to clarify the moderator's responsibility in maintaining the frame.
- (7) The moderator makes no comments about the case. This is to discourage the group from exalting him or her into an expert role. One might argue that a moderator could capture themes that are uncomfortable for the presenter or point out that the group is unduly critical. The crux, however, is that no matter how much a moderator formulates knowledgeable and respectful comments they will easily, in the group members' minds, be interpreted as stemming from an expert. In Bion's (1961) terms, they may be interpreted within a basic assumption of dependence. This will counter any work-group approach to understanding the analytic process. The moderator's relative (see points 10–12) abstinence from recommendations parallels an analyst who meets the patient's demands for advice with an enquiry of what makes her ask this way.
 - (8) The speaker's list is the moderator's tool for containing the group, in order to maximize work-group functioning. The aim is not to induce an obsessive agenda but to subdue competition and copy that space for thinking that is so essential in the analytic hour.
 - (9) At the end, the moderator asks the presenter to tell how he experienced taking part in the seminar but does not actively encourage him to reveal further data. Such disclosures may lure group members into thinking that they got the 'solution' to the case. The WT method aims to elucidate the psychoanalytic process of the presented hours rather than the case in general. This principle resembles the proceedings of an ordinary analytic hour, in which the analyst does not end up by summarizing or indicating future directions of their work.
 - (10) If the moderator observes that the group climate is deteriorating, he or she may comment on this. This might happen when the presenter is unclear about the analytic frame or when the group grossly misunderstands the levels of significations in the material (Isaksson, 2010). The latter may happen especially in analyses with psychotic patients. This point is a deviation from (7) regarding the moderator's abstinence. It demands experience to know when to step in with such a comment. In the analytic situation, this would be paralleled by the analyst instituting a parameter, for example, if he or she considered the patient to be in a brittle state.
 - (11) A WT session is not intended for members to supervise the analyst. If they use expressions like 'The analyst ought to interpret...', the moderator should comment on their supervisory tendency. The aim of such a comment, which evidently also deviates from (7), is to inspire further reflections; might this tendency mirror the analytic situation in any way, for example, that the analyst refrains from taking active part in the interpretative process?

- (12) Concerning the presenter's text, it is true that a "great deal more takes place in a session than we can deduce from a verbal transcript alone" (Tuckett, 1993, p. 1180). Yet, when group members abandon the text and start associating to what they imagine was said and done in the session, this may herald basic assumptions (Bion, 1961). Such mechanisms may create emotional security (Gould, 1997) among the members but might soon be transformed into anxiety and imperil work-group functioning. If the moderator notices that the members substitute the text with private notions of what is written, he or she may point this out.
- (13) The method was developed by child analysts but is equally suited for presenting adult material. The EPF working party on the specificity of psychoanalytic treatment today (Frisch *et al.*, 2010) has switched to a similar method for adult cases. They note that associations have come to rely less on "secondary processes" and rather to "closely resemble dream-thinking" (p. 94). They also observe that group members no longer tend to suggest 'correct' interpretations to the presenter, in line with (11).

I have not found publications on similar formats that target psychoanalytic presentations. For social case work, a related format exists (Bransford, 2009). Participants are instructed not to ask the presenter any clarifying questions. Each participant responds "to an aspect of the client within her or his own unique transference-countertransference configuration" (Bransford, 2009, p. 123). The presenter gives an overview of the case including background details. Then she relates a segment of her work until stopped by the group facilitator, who asks the members "to free associate to case material, examining syllogisms, mental images and other data that arise within them as they listen to the verbatim account of the session" (*ibid*, p. 122). By the end, participants ask questions and receive answers. Despite important differences, Bransford's method and the WT method assume that a group working under a regulated framework may unravel significant unconscious material.

Countertransference and the WT method

The original reason for developing this method was not to elucidate countertransference. Rather, it was an exercise for a group of analysts to develop their "intuitive capacity" (Isaksson, 2010, p. 6) and to deepen their insights into the analytic process. However, further experiences have led me to conclude that the method may indeed help the presenter understand and handle his countertransference anxieties.

Over the years, our views have shifted from seeing countertransference as a disturbing phenomenon that should be overcome through self-analysis (Freud, 1910) to valuing it as a source of information on unconscious processes (Ferenczi, 1931, 1949). Whether we define it as the sum total of our feelings towards the patient (Heimann, 1950) or only as those unconscious needs that conflict with our analytic aims (Reich, 1951), we have become more unabashed about presenting our work when we find it problematic and need help with it.

To understand more of the difficulties in grasping countertransference, Racker's (1968) ideas are essential. He suggests that in the analyst's unconscious, the patient represents his or her primal objects. The clinician's ability to understand transference depends, among other factors, on accepting this unsettling fact. By extension, part of the transference is actually generated by the patient in response to countertransference. Racker divided the latter into concordant and complementary identifications. Concordant or empathic identifications "reflect and reproduce the [patient's] psychological contents" (Racker, 1968, p. 135) while in the complementary identifications, we identify with internal objects that the patient projects onto us – for example, his superego. Racker's insights on countertransference made him suggest that "we are still children and neurotics even when we are adults and analysts" (Racker, 1968, p. 130). Thus, when an analyst presents material to a group, by definition its members are child-adults, too.

To build on Racker's recognition of the ubiquity and complexity of the countertransference, we have to recall that in the patient's mind, this child-in-the-analyst simultaneously represents a parental figure. To exemplify, Peter treated me as a 'wee-wee boy' and a policeman. In parallel, my countertransference oscillated between concordant and complementary identifications. I was sincerely fond of this vivacious boy who was eager to talk movingly about his nightly terror, loneliness and worries about the future. In contrast, I felt outrage when he pretended to calm down and then laughingly attacked me. These feelings were conscious, but not the extent of their influence. When I asked initially about the wee-wee I felt curious and friendly but not angry or vindictive. Thus, important aspects of my countertransference were beyond awareness.

In view of these complexities, it seems audacious to claim that the WT format may be especially helpful in exploring the countertransference. My argument in favour of this view will start from a detail in the classic psychoanalytic choreography, namely that we sit behind our patient. Freud (1913, p. 134) argued that this protected the development of his patients' transference. I suggest that his dislike of "being stared at by other people" (*idem*) indicates that he also wished to protect himself with the aim of registering and handling his countertransference. The arrangement, so to speak, displaced the patient's associations from the couch up in the air, whence Freud could sit back, perceive and reflect on his reactions. The setting created a necessary distance between the two minds at work in analysis. Winnicott (1960) suggests that the professional psychoanalytic attitude resembles symbolism, "in that it assumes *a distance between analyst and patient*. The symbol is in a gap between the subjective object and the object that is perceived objectively" (p. 161, italics in the original). This gap helps the two participants become freer to think in symbolic terms of what goes on in the analytic situation. But, when abnormal and personal countertransferences dominate, the divide narrows and the analyst's unconscious becomes immersed with that of the patient. This was sometimes the case between Peter and me.

A WT presentation aims to establish the gap via a format in which the analyst reads out his text without interruptions. Meanwhile, the group

listens with an attitude similar to the analyst's abstinence. This enables the analyst and the group to reflect and avoid being entangled in group processes. Metaphorically speaking, presenter and patient are placed on an imaginary couch, 'behind' which every group member may reflect as he or she would do during daily work. From the presenter's perspective, the group's associations are placed on a similar 'couch', behind which he or she becomes freer to look at the countertransference. There are thus evident parallels between the investigative instrument (the WT group) and the study object (the analytic hour).

Before returning to the topic of countertransference, let us first look generally at what goes on in an analytic session. The following model builds on Bion's (1959) and Grotstein's (1982) conceptualizations (for a summary, see pp. 64–71 in Perlow, 1995). The interchange can be viewed as a set of internal object relations or links, each one consisting of pairs of container–contained. This is depicted in Figure 1. One end of each 'dumbbell' constitutes an uncontained anxiety and the other end the patient's image of the related container. As long as the two ends match in a commensal (Bion, 1970) containment relation, problems are manageable. The patient has a troubling emotion or perception, the meaning of which the analyst understands and communicates back. The dumbbells should not be interpreted simply as if one end would indicate Peter's anxiety and the other end my countertransference. Rather, they portray internal object relations that we were struggling with; sometimes in their externalized versions, sometimes in their internal.

In the WT session, each member catches hold of one dumbbell. Listening to other members' associations, he or she may build on them or come up with new ones. The analyst may 'look' as this associative web is developing.

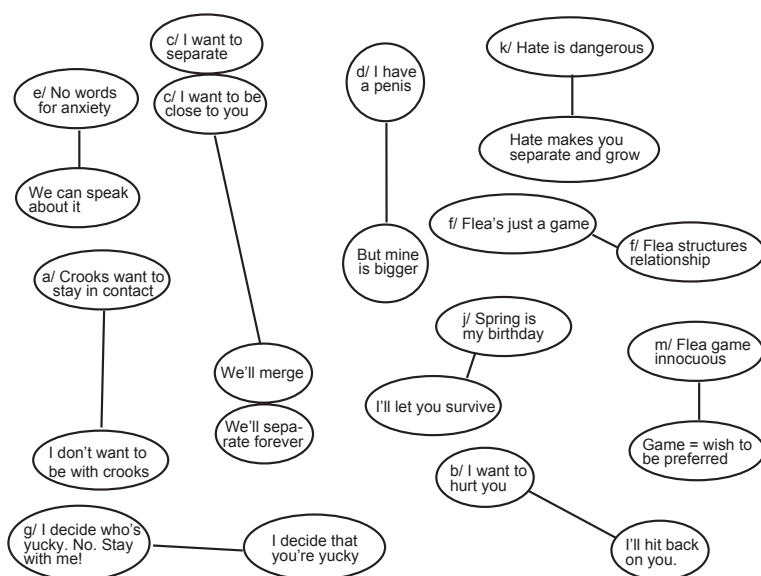


Figure 1. The group's associations presented graphically. The initial small letters refer to the section 'The reflections of the WT group'.

Because the format offers him a distanced and even relaxed position, it becomes easier to scrutinize countertransference as the weaving goes on. One might object, however, that if he does not disclose important material in response to the members' questions, this might cause confusion and stifle the understanding of the countertransference. I will investigate these arguments through the example of my visit to the toilet.

As Figure 1 indicates, countertransference is not monolithic or static but a flow of contradictory – conscious as well as unconscious – identifications in the analyst. To discover them all during an analytic session meets with cognitive problems and emotional resistances. The latter have to do with the depressive pain and disillusionment surging as one discovers how unresolved countertransference has influenced one's work. When I read out to my colleagues 'I am at the toilet when Peter is arriving', I was not consciously hiding anything. I do not normally tell people the details of such visits. At the end of the WT session, I realized my embarrassment about telling them that I had been defecating, not urinating as Peter thought. The reason I now disclosed this detail was not that they had asked me about it. Rather, it was because I had been listening to their associations. Their friendly yet sincere, and distanced yet committed, attitude helped me realize the unconscious reasons for my silence about defecation. Partly, it reflected my sense of being invaded by Peter, who was a true 'pain in the ass' sometimes. Partly, it reflected my fear of getting in contact with the 'shit-boy' that I harbour inside. This is an example of Racker's observation that analysts are children and neurotics, too.

In another format, members might have asked 'What were you doing on the toilet?', expecting me to answer. I guess I would have experienced such a question as yet another intrusion. My answer might have helped them to understand my harshness with Peter as a defence against my feeling intruded. On my part, however, because I knew their critique of my being insensitive with the boy, I would probably have felt tempted to defend myself. For example, I might have disclosed his ruthless behaviour on other occasions. This would not have helped me attain a depressive position. Winnicott (1960) speaks of the necessity of maintaining the symbolic gap between analyst and patient, in order to reach a psychoanalytic attitude. I suggest that a similar distance is crucial between presenter and group members. The WT recommendation not to reply or disclose material aims precisely to maintain this distance. This will help him meet and reflect upon painful aspects of the countertransference.

Put otherwise, the WT format intends to help the analyst with his or her blind spots regarding the countertransference. Similarly, every participant in a WT group has blind spots. Nevertheless, if the group works well such spots may blot out each other. For example, Gabrielle focused on how Peter was hurt and scared by my anger. We do not know if this concordant identification implied that she suppressed her awareness of his sadism. Serge brought out the necessity of confronting the boy with such feelings. In this, he represented a complementary identification with a reasonable superego. Perhaps he simultaneously subdued his empathy with the poor boy. The important point is not whether Gabrielle and Serge had blind spots, but that their views complemented each other in a more complex picture. Another

factor contributing to a more complete picture was that, as the session evolved, each member discovered new themes. Norah, for example, started with Peter's struggle to maintain contact (a). Later, she focused on our interaction (f). It seems that such intellectual mobility is enhanced by the format's speaking order and discouragement of disputes.

A third point regarding countertransference is related to parallel processes (Searles, 1955). We know that undetected countertransference–transference constellations may emerge in the supervisor–supervisee relationship. Certainly, such constellations may also be discerned in WT groups. However, if we look at Gabrielle's and Serge's interplay, we note that they did not get stuck in a parallel process. The reason is probably that the format stimulates members to come up with new associations continuously. This diminishes the risk of parallel processes to petrify.

The fourth point is that countertransference anxieties often stem from our intuition that we do things to patients that we consciously do not wish to. When we are aware of our vexation, attraction, fatigue, anger, jealousy, etc, and can handle such feelings within the confines of a depressive position, all is well. But the WT session revealed my sometime deadlock in a schizo-paranoid position vis-à-vis Peter. During the group session, my feelings changed in a depressive direction: guilt and disillusion about myself, as well as concern (Winnicott, 1965) and compassion for him. Such feelings were unavailable to me when we were quarrelling. I had also suppressed my embarrassment about the toilet visit. Thanks to the group's work I realized how my shame mirrored a frequent subject with Peter: his shame at any feelings of tenderness or weakness.

As I left the WT session, I felt sadness in realizing my limitations as well as compassion and a reawakened interest in Peter. I also felt contained by the group. This enabled me, if I may strain the ordinary use of the empathy concept, to empathize with myself as analyst. It is probably only when the analyst achieves *Einfühlung* with his own shortcomings that he is able to empathize with “every colour in [the patient's] emotional palette” (Bolognini, 2009, p. 39). As I left the WT session, I had in fact discerned more colours on two palettes: Peter's and my own.

Why a group?

One may raise two objections to the idea that a group might be an appropriate instrument for gaining psychoanalytic knowledge. First, psychoanalysis is done in a dyadic setting. Thus, transferring it to a group discussion cannot accurately portray the analytic process. Second, groups tend to bring out primitive thinking and affects, which may obscure insight into the submitted work. We know that a group easily dissolves its members' individual thinking. Freud (1921) frankly described the group as a “herd” beset by forces normally found “among savages or children” (p. 117). Whereas his description referred to whole-object relationships in groups (Gould, 1997), Bion (1961) emphasized their tendencies to part-object functioning and “proto-mental” (p. 101) mentality. Anzieu (1975) added that members may be drawn into joint-idealizing infantile sexual fantasies.

One might retort that case presentation groups are merely ad hoc constellations. Thus, any warnings of primitive group functioning would be irrelevant. However, this is refuted by modern theorists who regard the group as an organism (Thelen, 1985) of which one inevitably is a member the moment one enters its confines. A group has its own “specific unconscious psychic reality” (Kaës, 2007, p. 36) and its peculiar regressive tendencies. If a case seminar shall function as a “process of learning” (Prieto, 1997, p. 405), primitive group defence mechanisms (Gustafson & Hartman, 1978) must be considered and, if possible, subdued in advance.

Let us consider the well-known tendencies to projective identifications in a group. A member’s comment might reflect an evacuation of his or her personal unconscious fantasy rather than an effort at understanding the presented material. On the other hand, it might also be an effort at communicating emotionally significant material (Bion, 1962). The presenter cannot know which perspective(s) is/are most relevant when listening to the comment. However, it is not relevant for him to decide on the personal background to a group member’s comment. What matters is if the comment will help develop his understanding of the analytic situation. To the extent that the format is able to contain such unconscious motives, he can focus on the content of the comment. My italicized thoughts in the WT session indicate that I reacted emotionally to the members’ comments. Of course, the thought struck me once or twice that projections might be at work. However, this did not deafen my recognition of the value of the remarks.

Sometimes, the critique is raised that analysts are trained to recognize and handle primitive emotional phenomena without acting them out. Therefore, specific formats for group presentations would be uncalled for. However our training, based on “the notion of discrete and autonomous selves” (Eisold, 2004, p. 940), focuses on treatment in a one-to-one setting. This does not make us impervious to group psychology when we work ensemble. The history of group schisms within psychoanalysis testifies to this proposition. A lengthy career does not seem to protect the therapist from anxiety reactions in case groups (Beukenkamp, 1956). One reason may be, as Lagerlöf (2001) suggests, that such constellations tend to function as “groups with an absent leader” (p. 124). This ‘leader’ is the members’ identifications with an “exemplary version of psychoanalysis as a common self-ideal” (*idem*).

Lagerlöf hopes for formats that may “affect regression and promote a good working group atmosphere or perhaps even moderate the idealization of the absent leader” (p. 125). Actually, the idea that a well-defined setting might enhance the group’s level of functioning was already considered by Freud (1921). To find conditions to help the subject safeguard his individuality in a group, he submitted McDougall’s (1920) list: a group should have continuity in membership and positions; members should know the group’s nature, composition, functions and capacities; groups should interact with each other, possess traditions and habits, and have a structure regarding specialization and differentiation of functions. In many aspects, these items foreshadow the WT setting.

At the beginning of this section, two objections were submitted: a group discussion cannot accurately portray the dyadic analytic process, and destructive group processes might obscure insight into the submitted work.

In response, I claim that the strict WT choreography brings the group's working mode in parallel to the analytic situation. This will enhance the possibilities of portraying and understanding the material. Furthermore, it aims at diminishing the risk of group malfunctioning. This will decrease the risk of basic assumptions quenching insight into the analytic work.

Comparisons with other supervision formats

Compared with other formats, the WT method has advantages and drawbacks. Which one focuses on is a matter of personal preferences and wishes in seeking supervision. If one seeks theoretical understanding of one's work, it is emphasized that the WT format does not ask the analyst to explain interventions or present his or her theoretical positions. Neither are the members encouraged to distil such formulations. In contrast, this is suggested in the format of the Working Party on Comparative Clinical Methods (Tuckett *et al.*, 2008). To be true, WT members may formulate associations in theoretical terms. For example, Serge's comment about hate in the countertransference echoed Winnicott's (1949) concept. Nevertheless, the method is not a tool for developing psychoanalytic theory or arriving at theoretical divergences or convergences.

If one intends to teach psychoanalysis, one needs to recall that the WT is not primarily a teaching method. It lacks several components in pedagogy; it does not structure or summarize the material. It does not establish a relationship of learning and identification with a senior colleague. Finally, it does not provide continuity in time by following how the analyst develops an understanding of the case or of psychoanalysis in general. Thus, the WT cannot be used as the sole supervisory instrument in analytic training. Yet, it is successfully used as a pedagogic complement in several training programmes. Its function may be likened to that of infant observation in analytic training (Waddell, 2006). There, the candidate observes primitive states of mind in the baby and maternal containment, in order to become acquainted with similar states in his or her future practice. Similarly, a WT session lays bare the criss-cross pattern of anxieties in patient and analyst. This may inspire the candidate to reflect on his work. If, in a training seminar, the leader wants to draw upon the presented material to illustrate a concept or technical question, some conditions should be fulfilled. It should only be done if the group climate allows it and if this mode of working has been agreed upon in advance. Finally, such an extension should be done after the WT session and not while the members are associating to the material.

If one wants to increase one's intuitive capacity and understanding of the analytic process, the WT may be a rewarding experience. It is true that a presentation only provides a snapshot of a psychoanalytic treatment. Therefore, important facts might not be mentioned or remain undetected by the group: trauma, breaches of the frame, preceding treatments and medication, present life conditions, etc. Thus, it would be illusory to leave a WT session feeling that one has fully understood the case. However, such limitations apply to any format: we always present 'slices' of our work, no matter how exhaustively we report it.

If one seeks points of view from a senior and perhaps renowned colleague, one might regard the WT as a mere second choice. One might justly claim that the group members' levels of experience may be insufficient. On the other hand, the multitude of perspectives may sometimes yield an astoundingly rich web of associations that is presented to the analyst in an accessible way. When the format is used under temporary circumstances at congresses, one thing should be borne in mind. Groups that have worked together for long periods of time tend to work with more ease and may reach deeper levels in the material. For ad-hoc groups, the moderator needs to thoroughly explain the format and the participants need time to settle.

If one seeks supervision for a psychotic case, one should think twice before submitting it to a WT group. Such material tends to increase the risk of basic assumptions in the group. If one nevertheless chooses a WT group, the moderator's containment is essential. As stated in point (10) under 'The practice and principles of the WT method', psychotic material tends to strain work-group functioning, which might lead to basic-assumptions functioning. If the moderator notices this, he or she might point out the change in group climate and that it perhaps mirrors anxiety-provoking levels in the analytic process.

Having been used for two decades in Stockholm and for one decade at different centres across Europe, the WT format has proved valuable in promoting creativity and learning about the psychoanalytical process. This is achieved via a choreographed procedure that makes the group session parallel the analytic situation. This transposition of analytic material to the group may help the analyst to understand better his or her clinical work, especially from the perspective of the transference-countertransference interplay.

Acknowledgements

This article builds on a presentation to the congress of the European Psychoanalytic Federation in Copenhagen, 2011. It draws from several sources of inspiration. The Child Analytic Group of Stockholm uses the WT method in its training. The Forum of Child Analysis of the European Psychoanalytic Federation (EPF) has implemented it at annual pre-congresses since 2002. La Société Européenne pour la Psychanalyse de l'Enfant et de l'Adolescent (SEPEA) in Paris has used it since 2004, and the child analytic group in Copenhagen since 2006. My warm thanks go to all participant colleagues. I also thank the Children's Welfare Foundation Sweden, and the Olle Engkvist Byggmästare, Clas Groschinsky, Kempe-Carlgrén, Majflower Charity and Wennborg foundations for generous grants.

Translations of summary

Psychoanalytische Falldarstellungen in einer Weaving Thoughts Gruppe: über Gegenübertragung und Gruppendynamik. Dieser Aufsatz fasst Erfahrungen zu psychoanalytischen Falldarstellungen in Weaving Thoughts (WT) Peergruppen zusammen. Die spezielle Form des WT wird anhand einer Sitzung mit einer Gruppe von Analytikern dargestellt und erläutert. In diesem Setting wird der Rahmen der Präsentation vom Moderator gewährleistet. Ein Ziel besteht darin, ein Gruppensetting mit vielen Parallelen zur analytischen Situation zu schaffen. Ein zweites Ziel ist, die Mitglieder davon abzuhalten, in eine destruktive Arbeitsweise der Gruppe verwickelt zu werden wie beispielsweise interne

Debatten, die ein tieferes Verständnis des Materials blockieren können. Die klassische Psychoanalyse erlaubt es dem Analytiker, hinter dem Patienten über das Wechselspiel von Übertragung und Gegenübertragung nachzudenken. Solche Reflexionen können jedoch durch unerkannte Gegenübertragungsprobleme beeinträchtigt werden. Verschiedene Formen der Supervision bieten verschiedene Art und Weisen, dem Analytiker bei diesen Reflexionen zu helfen. Die Weaving Thoughts Methode „überträgt“ das Setting der analytischen Sitzung auf die Gruppe, wodurch jedes Mitglied in Ruhe zu dem Material assoziieren kann. Währenddessen kann sich der/die Vortragende, bildlich gesprochen, in seiner/ihrer eigenen Geschwindigkeit das Netz seiner/ihrer Assoziationen anschauen. Das kann ihm/ihr helfen, sich mit ungelösten Gegenübertragungsproblemen zu konfrontieren und diese zu reflektieren. Dieser Aufsatz weist auf die Ähnlichkeiten und Unterschiede dieser Methode im Vergleich zu anderen Formen hin. Die Erörterungen werden gestützt durch eine Sitzung, in der Material zu einer Kinderpsychotherapie vorgestellt wurde, aber die Methode ist gleichermaßen geeignet für Falldarstellungen von erwachsenen Klienten.

Presentaciones de casos psicoanalíticos en un grupo de Entramado de Ideas. Sobre la contratransferencia y la dinámica de grupos. El trabajo sintetiza experiencias de presentaciones de casos psicoanalíticos en grupos de pares de Entramado de Ideas (EI). Se presenta el formato, que se ilustra con una sesión de un grupo de analistas. En este marco, el encuadre de la presentación es garantizado por el o la moderadora. Un objetivo es crear un *setting* grupal con muchos paralelos con la situación analítica. Un segundo objetivo es disuadir a los participantes de implicarse en un funcionamiento grupal destructivo, por ejemplo, en disputas internas que puedan obstaculizar una comprensión más profunda del material. El psicoanálisis clásico permite al o a la analista reflexionar detrás del o de la paciente acerca del interjuego transferencia-contratransferencia. Dichas reflexiones, sin embargo, pueden verse perjudicadas por problemas contratransferenciales que pasan desapercibidos. Distintos formatos de supervisión pueden ayudar al o a la analista a resolver estos problemas de distintas maneras. El formato EI “copia” la sesión analítica en el marco grupal, de modo que cada miembro asocia libremente y en paz acerca del material. Mientras tanto, el o la presentadora examina, metafóricamente hablando, la trama de asociaciones a su propio ritmo. Esto puede ayudarlo/a a confrontar las cuestiones contratransferenciales no resueltas y a reflexionar sobre ellas. El trabajo señala las similitudes y diferencias entre este método y otros formatos. Los argumentos se fundamentan con una sesión de psicoterapia de niños, pero el método es igualmente aplicable a material de casos de adultos.

La présentation de cas psychanalytiques dans un groupe Tissage des pensées: contre-transfert et dynamique de groupe. L'auteur de cet article décrit l'expérience que constitue la présentation de cas psychanalytiques dans des groupes de pairs selon la méthode du Tissage des pensées (WT). Il présente une séance de tissage de pensées dans un groupe d'analystes. Le cadre de la présentation est garanti par le modérateur. L'un des objectifs est de créer un cadre de groupe qui soit en plusieurs points comparable à la situation analytique. Un deuxième objectif est de dissuader les membres de s'impliquer dans un fonctionnement grupal destructeur, en se lançant par exemple, au sein du groupe, dans des discussions qui pourraient empêcher l'accès à une compréhension plus profonde du matériel. La cure analytique classique permet à l'analyste de réfléchir à l'interaction du transfert et du contre-transfert. Mais cette réflexion peut être entravée par des problèmes contre-transférentiels non décelés. Différents cadres possibles de supervision peuvent éclairer l'analyste sur ces questions. Dans le cadre d'un groupe Tissage des pensées, où une “copie” de la séance analytique est présentée au groupe, chacun des membres est invité à associer sur le matériel en toute sérénité, tandis que le présentateur visionne, métaphoriquement parlant et à son propre rythme, le tissu formé par les associations. Ceci peut l'aider à faire face à des problèmes contre-transférentiels non résolus et à y réfléchir. L'auteur de l'article souligne les similitudes et les différences de cette méthode par rapport à d'autres méthodes de travail, en illustrant ses arguments par une séance de psychothérapie d'enfant. Cette méthode peut s'appliquer également à du matériel de cas d'adultes.

Presentazioni di gruppo per discussioni collettive di casi psicoanalitici: Controtransfert e dinamiche di gruppo. Questo lavoro riassume l'esperienza di presentazioni di casi psicoanalitici in un gruppo di lavoro. Il formato di tale gruppo viene descritto e illustrato con l'esempio pratico di un incontro. In questo tipo di gruppo, il moderatore assicura che la presentazione avvenga secondo i canoni della struttura prestabilita. Uno degli obiettivi da perseguire è quello di creare una situazione di gruppo che rifletta sotto molteplici aspetti la situazione analitica. Un altro obiettivo è quello di evitare che i membri del gruppo divengano troppo coinvolti in dinamiche di gruppo distruttive, creando, per esempio, contrasti interni che potrebbero ostacolare una più profonda esplorazione del materiale. Nella psicoanalisi classica l'analista, seduto dietro al paziente, riflette sull'interazione del transfert e controtransfert. Queste riflessioni possono tuttavia essere contaminate da problemi di controtransfert non ancora individuati. Dove i vari modelli di supervisione, che hanno diversi modi di assistere l'analista in queste situazioni. Nel modello seguito dal nostro gruppo di “collegamento di pensieri” (*Weaving thoughts*) la sessione analitica viene ‘emulata’ nel gruppo, mediante una catena di associazioni che i membri del

gruppo offrono in rapporto al materiale in questione. Intanto l'analista che ha presentato il materiale, osserva, metaforicamente parlando, la rete di associazioni creata dal gruppo. Questo può aiutarlo/a ad affrontare e a riflettere, con la dovuta calma, su questioni di controtransfert irrisolto. Nel presente lavoro vengono inoltre indicati gli aspetti che questo metodo ha in comune con altri formati nonché le sue differenze. L'esempio illustrativo a sostegno delle nostre proposizioni riguarda una seduta di psicoterapia infantile, ma il metodo è adatto anche per casi di psicoterapia con adulti.

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