

Integration of group dynamic principles in the dynamic psychiatric treatment

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In this article the author describes the group dynamic principle as an integrational part of dynamic psychiatry. The integration of the group dynamic principle into the therapeutic approach of Dynamic Psychiatry had a great influence for the treatment of “early disturbed” patients like borderline and personality disorders or schizophrenic patients.

Before describing the therapeutic method of the dynamic psychiatry a short overview of the historical development of group-dynamic and group-therapeutic approaches will be given.

Finally the author refers to the indication of patients who have the predisposition for being treated with group-psychotherapy and the importance of integrating group-dynamic principles in inpatient treatment.

Key words: group, dynamics

Group dynamics

It was but relatively late that the importance of the surrounding group for a human being as well as the study of its dynamics was brought to attention of scientific interest. Modern group study is based on Freud and Lewin. Kurt Lewin [1], coming from social psychology, discovered the “reality of social phenomena” and examined the forces, which effect groups and thus influence man’s way of acting. In psychoanalysis Freud had already dealt with mass phenomena in his work “Mass Psychology and Ego Analysis”. Although he remained basically connected to Le Bon’s theory understanding mass as an immature organisation of regressed individuals, he nevertheless, in 1921, stated the following: “In each person’s life of the soul the other person is regularly considered as a role model, an object, a helper and as an enemy, and therefore, from beginning on, individual psychology is also social psychology” [2]. In the following time the different group-dynamic aspects were discovered and developed, of which I would like to mention just a few.

The development of an understanding of unconscious group-dynamic processes owes much to Moreno [3]. In 1932 he formed the term of “group psychotherapy” for

the first time; he introduced sociometrics and already in 1914 he laid the foundation for conversation therapy with his work on "The Encounter". But also Redl [4] has to be mentioned, in working out the idea of the central figure, which is important for the processes of group formation; of further importance is Bion [5] with his basic assumptions as unconscious processes within the group, such as the dependence-group, the fight-flight group and the pair-formation group. Bion and Argelander [5, 6] regard the group as a unit and treat it like a single person. R. Schindler [7] discovered the different rankings within a group with the positions of alpha – the leader, beta – the expert, gamma – the fellow traveller and omega – the outsider.

Slavson worked therapeutically in groups with disturbed children and with regard to that, he developed the following principles: unquestioned love, an atmosphere free of prohibition as well as the possibility to catharsis. Slavson [8], Walter Schindler [9], Loche [10], Wolf and Schwarz [11] argued in favour of the single person-treatment within the group, whereas Bion [5], Ezriel [12], Foulkes [13], Liebermann [14] Grinberg [15] and others took the view of group-therapeutic treatment, taking into consideration the psychoanalysis of the whole group.

Foulkes exceeds both these approaches. In his concept of the group's communication and the group as an interacting matrix, he combines group dynamics and psychoanalysis. The group's complete acting of relationship and communication forms the matrix. Within a group he distinguishes four different levels of communication: the level of transference, the projective level, the primordial one and the current one [cf. 16].

Battagay [17] worked psychotherapeutically with groups especially with borderline- and schizophrenic patients. Within the therapy groups he ascertained different forms of unconscious approach, which he called collusion: the narcissistic-fusionary one, the orally depending one, the sado-masochistic one and the oedipal one.

According to Yalom [18] there are 11 factors, which are crucial for the process of change within group psychotherapy. These are: 1. The inspiring of people with hope, 2. The universality of suffering, 3. The message of information, 4. Altruism, 5. The correcting recapitulation of the primary family group, 6. The development of techniques for interpersonal dealing, 7. Imitating behaviour, 8. Interpersonal learning, 9. The cohesion of the group, 10. Catharsis, 11. Existential factors.

Judith Silbermann stresses the fact that real and honest relationships are mechanisms of change. They offer healing, validity and teach responsibility, but also give support, empathy and put forward demands. "Reliable boundaries and restrictions support a quicker development"; at the same time feedback and interaction of the group's members are important. Although in the 60s and 70s there was great interest in group dynamics in Germany, especially in the realm of encounter, there has now developed again a tendency for psychotherapeutic treatment of single patients. This may be due to social reasons or to disappointment in too high a set of expectations in the group's ability to heal and be omnipotent.

In the meantime various studies have been done to emphasise the importance of group psychotherapy. Thus Toseland and Siporin have examined 32 well controlled studies, in which individual and group psychotherapy were compared. The result was that in 25% of the examinations, group therapy was more effective than single patient

therapy. The further 75% showed no special significance between both [cf. 18]. In a retrospective survey Heinzl et al. showed that group psychotherapy is equally effective, but much more efficient than single patient therapy.

Tschuschke and Anbeth [19] depicted the results of the PAGE study, i.e. Project OutPatient Group-Psychotherapy Evaluation of the German study group for group psychotherapy. The study started in 1997 and included groups of 44 qualified group psychotherapists. They examined personal therapeutic aims, symptoms and interpersonal problems. Already after 12 sessions first relieves could be ascertained; a highly significant reduction of all the symptoms had occurred. The decrease of the symptoms corresponded with the reduction of the patients' interpersonal problems. Concerning the symptoms, depression (0.65), psychoticism (0.64) and compulsion (0.60) were reduced. Paranoid thinking and phobic anxieties need a longer treatment. In the interpersonal realm unconfident and submissive behaviour as well as tendency for yielding and an agreement to be exploited were reduced. From these findings the authors derive an increase of ego strength. The self-imposed aims of treatment could be achieved in the easiest manner. As analytic group therapy attends especially to the interpersonal realm, it may achieve most of the improvements, because it leads to a reduction of symptoms and to a better contentment in life. Furthermore the study showed that longer treatment achieves better effects.

In his contribution "The Future of Group Psychotherapy" Sabar Rustomjee [20] points out that the group is an important link. Relationships may not just be formed within the therapy group – with other members, the group leaders and the group as a whole, but also with all the surrounding society. This means that through group psychotherapy human beings get into contact with their own feelings, their thinking and acting, which then effects their relationships at work, friendship, family and the further surrounding field. To Rustomjee the important principles for the group of the future are an ethical attitude towards life, the recognition of boundaries, the humanisation of relationships and the development of an adequate self-esteem.

Schermer [21] regards the group therapy of the future from a social constructivistic and post-modern point of view. He stresses the influence of system theory, Foulkes' group analysis of object-relationship theory, self-concept, cognitive-behavioural psychology and neuropsychiatry. On the other hand Brabender proceeds from the application of the chaos theory, a non-linear dynamic theory for the understanding of group psychotherapeutic groups. In this connection two group psychotherapeutic features like uncertainty and uniqueness are elucidated chaos-theoretically in a process of order and disorder. Dalal [22] examines the relationship between single-analytic theory and Foulkes' group-analytic theory and discusses the application of the first to group therapy as post-Foulkes group-analytic theory. Here the socio-political factor should play a constituent role for the psyche. Blackwell [23] stresses the importance of the different dimensions, as there are the political, the social, the cultural and the economic ones, which have to be included in group therapy and which may be made possible to experience in the group's private area.

Meanwhile psychological literature depicts the application of group psychotherapy

especially for the treatment of borderline illness, schizophrenia and addiction, but also for stress and abuse. Hence, Campo-Redondo and Andrade [24] especially describe the importance of the therapist and co-therapist as well as the integration of other group members without a borderline diagnosis for the group psychotherapeutic treatment of borderline patients. When treating personality disturbances, Rutan and Rice [25] regard group therapy as the means to the choice.

Gonzales de Chavez, Ducaju and Fraile [26] compare the group psychotherapy's therapeutic factors for in-patient and outpatient treatment of schizophrenic patients. Their study is based on Yalom's questionnaire of therapeutic factors. In both groups they were not able to explain the results of the different therapeutic factors by a way of individual differences.

According to Degli and Cibir [27] those patients who dispel drug addiction as well as a disturbance in personality, need a treatment with special flexibility. They studied two therapy groups and came to the result that the traditional technique has to be changed. For the treatment of addiction, Freimuth [28] recommends an integrated group-psychotherapy programme with 12 steps. These 12 steps shall secure abstinence, which is necessary for emotional growth. Group and individual therapy shall concur.

Ulman [29] presents an integrative model for stress treatment with women. An eight-week stress-management group forms the basis. Bio-psychosocial approaches shall be combined with the self-concept of female development and stress management.

Gans and Counselman [30] examined the importance of silence in group psychotherapy. They found five different factors for silence: a factor related to the situation, individual dynamics, interaction amongst the members, group dynamics and dynamics related to the therapist. They conclude that silence is a powerful means to communication, which should be used for therapy. Liebmann [31] examined the mechanisms in a long-term analytic group therapy, which allow or prevent the development of intimacy within the group.

The important role of supervision in group therapy is pointed out by van Wagoner [32]; during training, the recognition and working with counter-transference is especially important. Only then aggression may be dealt with.

Dynamic psychiatry

The understanding of the group in Dynamic Psychiatry is based on a holistic view, i.e. man has to be understood in his various dimensions and in the individuality of his body and his spirituality, which are characteristic of him, and which are always interwoven with other people, with groups and with the society in which he lives in. Human development and freedom evolve by conflict solving and by the interplay of group-dynamic and inner-individual processes.

About this interweavement of identity-development and group dynamics Ammon [33] says: "Identity and group belong together, because it is only through the experience of one's own personality reflected by other people, as well as through perception, being taken seriously and the recognition of others in the group that one's self and

identity may develop”.

Dynamic psychiatry understands man as a group being. A human being is born into groups, develops his own identity in groups and from the group receives energy for his development, which Ammon calls social energy. Here a human being is allowed to creatively develop in his own right or also to fall ill. Ammon understands the group as a field in which health and illness may evolve. The determining factors are the group atmosphere, the dynamics and as a whole the social energy, as well as the group's feeling of being integrated within a social and cultural larger context. It is already the prenatal development, which depends on a group-dynamic and social-energetic influence and which post-natally is constantly being continued.

The group-dynamic field happening can be understood as a fine and delicate tissue of energetic forces being a constant interplay of action and reaction. In adaptation to Lewin [1], group dynamics in our view mean more than just the sum of interactions and of role behaviour of the single members, because the unconscious, the current and also the historical dimensions are included.

I would like to briefly consider the term social energy. Ammon presented this concept for the first time in 1982, after he had dealt with the question of energy as narcissistic attention. Social energy is interpersonal psychic energy; it means “contact, conflict solving, security, reliability, love, demands and encouragement for doing, and being active and for taking tasks” [34]. The primary group's social-energetic processes of exchange are essential for the development of human structure and therefore for the human being's identity.

The concurrence of group dynamics, social energy and growth of identity can be understood in a social-energetic circle. This means exchange of social energy – human structure finds its expression in the unconscious, in identity and again in contact to the group. With his human structure, which developed depending on group- and social energy, and which can be seen as coagulated social energy, the human being develops his own individual identity. These central human functions, embodied in the unconscious, are interdependently related to the functional realm of behaviour of the human being's abilities and skills and his biological and neuro-physiological human functions. Here the unconscious as well as the conscious group-dynamic and social-energetic experiences are integrated.

In this connection special importance has to be paid to aggression and creativity, because they contribute in determining the group-dynamic field. The human function of aggression is of special importance, because from the human structural point of view, all human functions – especially the ones of aggression, ego demarcation towards the inside and the outside, creativity, anxiety, narcissism, ability to contact and being in a group, the ability to dream etc. – they all develop depending on group – and social energy.

Ammon defined them as an original, constructively given force, entering into relationships with other people and things as *ad gredi*, “as a vehicle of all human, loving and creative doing, dedicated to life” [16]. Already in 1971 he also defined creativity in group-dynamic terms. Thus he says, the “development of sexuality free of guilt, constructive aggression and creativity are primarily depending on communication with

the surrounding group. It is the group and in a larger sense the society, who determine to what extent creativity may develop and express itself". (In saying so, he broke away from Freud's understanding of thrive and sublimation.)

The group-dynamic social-energetic field may be developed constructively as well as destructively or even deficiently. According to Ammon, constructive group dynamics are characterised by the fact that each of the group's members is allowed to develop and to change, that toleration and encouragement alternate with one another and that a permanent, communicative exchange takes place; constructive development is possible because of meaningful encounter and the coping with conflicts. Destructive group dynamics means that the group's members actively keep each other from going through the processes of development; communication is being used to mutually obstruct each other for fear of change; the element of forbidding life and development prevails. In deficient group dynamics each communication for development and growth is being stopped; the rejection of contact dominates so that no development is possible – here one can talk of dead groups.

The image of man, which is at the root of a constructive development, is important for the social-energetic, group-dynamic understanding, which is interdependent with a human being's development of identity. This means to what extent space, time, inner peace, sincerity, ethical values, dealing with work, contact and friendship, tasks, spiritual values and interests are being conveyed and lived, together with an attitude towards social and political matters.

In Dynamic Psychiatry social energy, group, identity, human structure and the unconscious are quantities, which are in a constant interdependent exchange and which determine human development in a life-long process. (The understanding of man with his development of identity and his being inter-woven with the social-energetic group-dynamic fields surrounding him also holds consequences for the science of treatment and for prophylaxis.)

Dynamic concept of a group

Dynamic Psychiatry's concept of a group comprises analytic group dynamics as well as outpatient group psychotherapy, in-patient non-verbal and verbal group therapy, milieu therapeutic group-dynamic living communities, up to the psychoanalytic kindergarten. I'd like to put the analytic- or human structured group dynamics first. Studying unconscious group dynamics, which are a natural occurrence, means for every single human being, especially in the study- and self-experience groups, to experience oneself in the group, to understand one's role and position, to study feedback mechanisms, the dynamics of overthrowing the group's leader, the formation of sub-groups, the dynamics of aggression, creative development, relationship and eroticism in the group, but also the dynamics of transference and counter-transference and processes of resistance.

It further means the development of every single one in the group's here and now. Transference and regression are understood as resistance against contact in the here and now. Here it is important to have an experienced and well-trained group leader who is to everyone's disposal as the central person, because in our view, group boundaries and group processes form themselves around the central figure. Especially in a group's initial phase, the group leader has to put himself in the group's disposal for their anxieties

and aggressions and he has to protectively stand up for the group-dynamic scapegoat, who otherwise would be excluded by the group. In our group-dynamic understanding it is of crucial importance to integrate the so-called scapegoat, because he expresses important unconscious levels of the group. When the group has been closed, each one in the group may develop. In the middle phase, the group is experienced as the so-called “motherly element”, as was described especially by Foulkes [13], Bion [5], Walter Schindler [9] and others. This is the basis for a creative growth of identity. Of central importance is the working on separation, because only by doing so the interpersonal experience may be internalised and taken along to other group relations in life.

Analytic group-dynamics render to every human being the opportunity for publicity, i.e. a whole group listens to him, he is being taken seriously and important and is being loved, but he also has the chance to solve conflicts with other people, cope with critical situations and to delimitate himself. Analytic group-dynamics means a so-called therapy for the healthy. In the further development of analytic group dynamics, Ammon included non-verbal means of expression, like painting, theatre, but also very centrally, the human structural dance. Here a level of communication may be established by way of body language, integration, the unconscious, spirituality and the body. In the enlarged social-energetic field phenomena of resistance and transference may be recognised and disentangled. Furthermore it serves creativeness and creative expression beyond the verbal form. Ammon [34] included the study of group-dynamic processes also for the job-specific group-dynamic Balint groups, and thus further developed Balint’s model.

The principles of psychoanalytic group dynamics are:

1. Importance of the central person for the group process,
2. Constructive coping with group boundaries,
3. Central importance of the working through of aggression,
4. Including of the weakest member into the group’s protection through the group leader’s dedication and referring to himself the aggressions present in the group,
5. The group members’ function as auxiliary ego for each other,
6. Working in the here and now,
7. Group’s function of reflection,
8. Taking into consideration and working-through of processes of transference,
9. Taking into consideration of the complete plenary group and the complete milieu in the group’s surrounding field,
10. Focussing of all group-dynamic processes under the aspect of identity,
11. Social-energetic exchange amongst the group’s members,
12. Inclusion of non-verbal expression.

For the study of groups and for the control work, sociometrics, the control group, the work in seminars, video recordings, the ISTA and the ADA are being applied.

The fact that – to our understanding – a human being may fall ill in a group, but may also become healthy again in a group, means for a psychotherapeutic group that a group-dynamic social-energetic field has to be established. This then forms the ground for confidence, for retrieving development and for conflict solving, concerning the destructive and deficient realms of each single group member’s identity.

The structuring of the group with the careful examination and choice of members

with the healthy and ill parts of their personality and their group-dynamic life-historical development is crucial. If possible, the group should be structured heterogeneously, with the group members taking an interest in each other, with the possibility to mutually take over functions as auxiliary ego, to reflect each other and allow the working-through of aggression. A structure as heterogeneous as possible with different clinical pictures, different socio-economical belonging and different attitudes gives rise to a manifold field for possibilities of development. The group psychotherapist and the co-therapist should bring along solid psychoanalytic, group-dynamic and group-psychotherapeutic training. The single member's retrieval of identity-development will then occur within the interpersonal, social-energetic happening within the flexible group boundaries in an interplay of working through the there and then and the group's here and now.

Here the therapy group reflects and integrates the group's different levels, which the patient brings along, and the current one in which he works therapeutically:

1. The internalised primary group which is reflected in transference and projection
2. The current life group the patient comes from and which is equally reflected
3. The direct group-dynamic happening with its real relationships in the therapy group

In the therapeutic process it is important to integrate, to differentiate and to further develop the interpersonal and group-specific levels. Doing so, the working through of destructive aggression is important as well as the internalisation of the repairing, reflected dynamics of the current group process, instead of the primary process resulting in illness.

The group's work will first focus on the symbiotic level with a demarcation free of guilt and a working-through of destructive aggression, which marks a turning point in the therapeutic process. Then the work can deal with the actual problem of identity and also with oedipal problems. Working with dreams begins when the group boundaries have been formed and when the patient has been able to internalise the group boundaries as his own ego-boundaries. (Through this the individual as well as the interpersonal dynamics become clear.) In the middle phase, when working on resistance, the group may split into a party of illness and a party of health. By working with transference and counter-transference in the group's field as well as by including the relationships in the here and now, destructive processes may be turned into constructive ones. Also in group therapy, the working on separation is crucially important for single members; this means to be able to internalise the gained development of identity and to lead a life in one's own right.

I would like to briefly deal with another group therapeutic sphere of work, which is the analytic milieu therapy. Analytic milieu therapy is of central importance especially for early-disturbed patients with so-called archaic human-structure diseases. Due to living together in the group for the whole day and due to the common work and being active, destructive anxiety and aggression may be directly taken up within the milieu-therapeutic object and may be internalised. The milieu therapeutic project is the third project for communication in the group. Through working on a self-chosen, meaningful and creatively formable project, it is especially the patient's healthy parts and his resources that may be strengthened and developed. He may get auxiliary egos to his disposal, and deficient-destructive dynamics, which re-establish themselves, may be

experienced and demarcated.

The Dynamic Psychiatric hospital as a whole is a milieu-therapeutic, group-dynamic, social-energetic field for a repairing social-energetic, group-therapeutic experience. It allows a multidimensional concept of treatment with the different verbal and non-verbal group therapies. Each patient is part of different groups and thus surrounded by different co-patients, as well as by a group of different therapists, who treat him multidimensionally. Thus a social-energetic, group-dynamic network constantly surrounds him, giving him the chance to act out, to experience and to change the different group levels.

The milieu of the whole hospital includes formal single patient- and group therapy, the milieu therapeutic life group with work in projects, the non-verbal therapies like music-, dance-, theatre-, painting-, sports- and other therapy groups and the group-dynamic of the co-workers with single patient- and group supervision. The prophylactic work with children- and parent groups is a special approach, which is included in the ambulatory work of Dynamic Psychiatry.

The integration of the group-dynamic principle is especially indicated for inpatient treatment of early-disturbed patients, because they can act out their destructive dynamics in the safe environment of a group. Based on an understanding that psychic illness develops in a destructive structured early group environmental field, there is in consequence an understanding of treatment that psychic illness can be healed in a constructive repairing group-dynamical environment.

To end with, it can be said that the concept of the group-dynamic social-energetic understanding of an environmental field is the base for development in the time of man's health and illness. The social-energy inside a group-dynamic field may contribute to growth in human structure and may thus allow a constructive development of identity, but in its deficient, destructive impression, it may cause a disturbed development of identity. A constructively formed group-dynamic, social-energetic field may mean growth of human structure and healing. This is especially important for the psychotherapeutic treatment of early-disturbed patients.

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