SOME OBSERVATIONS ON THE ANALYTICAL GROUP TREATMENT OF A PHOBIC PATIENT.

By F. KRÄUPL, M.D., D.P.M.,
Netherne Hospital, Coulsdon, Surrey.

[Received 17 September, 1947.]

INTRODUCTION.

THE therapeutic factors operative in group treatment are still partially controversial, and further investigations are necessary to clarify their nature, mode of action, and range of curative potency.

In this paper the response of an individual patient to group treatment is examined in detail to gain further evidence of therapeutic group dynamics.

The technique employed was mainly analytical, and seems to have been similar in its main aspects to the group practices described by Foulkes (1944, 1946) and Ackerman (1943, 1946). The group consisted of 7–9 male patients, who met once a week for 1½ hours in an out-patient clinic. The patients had been treated individually for varying times prior to their admission to the group, but they had no individual sessions during their course of group attendance.

The author took shorthand notes during the group meetings, to have an approximate record of the contributions by the various patients. He avoided taking the lead in discussions, or giving lectures on psychopathology. He took, however, a hand in guiding the conversation and in clarifying those problems of motivation which had been considered or exhibited by the group. Individual interpretations or directives were only rarely given, and they chiefly took the form of applying a discussed problem to the particular circumstances of one or the other patient.

The patient whose case will be presented has been selected for the purpose because his group response was in significant contrast to his reaction to individual treatment and manifested certain therapeutic factors with unusual clarity.

INDIVIDUAL TREATMENT.

Mr. Tenn was 38 when he came to the out-patient clinic for treatment. He was seen in 19 individual interviews at weekly intervals.

He had been brought up in a puritanical and religious household. Up to the time of his marriage at 26 he had felt timid and shy in female company, and had therefore avoided it. He used to spend his holidays with male friends, and it was on the return journey from his last holiday as a bachelor that he first experienced anxiety and nausea during a long bus ride. This marked the beginning of a travel phobia which was originally restricted to holiday trips. In the course of three years the phobia spread; anxiety symptoms occurred even on short everyday journeys and he felt panicky in enclosed crowded places. He was forced to restrict

https://doi.org/10.1192/bjp.94.394.77 Published online by Cambridge University Press

his social life, to give up his functions as an elder of his church, and had been unable to attend a religious service for over ten years. He was handicapped in his occupation, which necessitated a fair deal of travelling. He had received various forms of medical treatment for supposed cardiac illness and hyperthyroidism.

For many years he had been tormented by "rotten thoughts," which he tried to suppress by deliberate efforts to recall religious themes and Bible texts. These rotten thoughts consisted chiefly in fantasies of a "dream wife" with three girl children. He imagined perverse sexual practices with these children or with other adolescent girls whom he happened to meet in the streets. He would think of undressing them, of beating their naked bodies, and finally of having sexual relations with them.

His masturbation in adolescence had occasionally included practices of anal stimulation about which he felt particularly guilty. In this respect he recalled that, as an infant, he had been given soap suppositories by his mother, and these had been pleasurable experiences. He had also felt a certain amount of pleasure when his buttocks were smacked as a child.

His paternal grandmother had suffered from a temporary melancholic illness in old age. There was no other family history of mental abnormality. His father, who was still living, was a very religious man and had been a strict disciplinarian. He had often beaten the patient, even to the point of bruising his face. His mother, about whom the patient had little to say, died of a breast cancer when he was 11. There was an older brother and three younger sisters in the family, and these siblings were described as slightly nervous. His sisters had also received frequent beatings from the father, but the patient felt that the father had shown more affection for them than for him. He was vaguely aware that there might be an association between his fantasies of beating adolescent girls and his father's attitude to his younger sisters.

He had been a timid child, afraid of criticism and ridicule. As a boy he had sung in a church choir, but had to give it up because of stage fright.

His occupational career had been successful. He was a conscientious worker and had always been very careful with his money. He was inclined to be argumentative, and could not tolerate making mistakes or being in the wrong.

He was married and had two children (a boy of 11 and a girl of 8). In dealing with his children he tried to avoid imitating the over-strict attitude of his own father, but was aware that he often failed.

During the course of his individual treatment Tenn was eager to unburden himself and to confess his guilt-charged fantasies. He derived some relief from the feeling that his confessions were accepted with tolerance and understanding, but his symptoms remained unaltered.

Group Treatment.

After four months of individual treatment he joined a therapy group which was being formed at the time, and remained a regular member of it for about 14 months. He was always very punctual in his attendance, and only missed occasional group meetings through illness or during his holidays.

His attitude to the group was at first reluctant and defensive. He invariably waited for other members to introduce topics of discussion. When he joined in the conversation he remained hesitant and laconic. At the eighth group meeting he stated frankly that he had preferred individual treatment and had derived more benefit from it. He added, however, "Perhaps both forms of treatment should be combined."

Nine weeks later he had developed a more positive attitude to the group. He looked forward to the meetings from them on and declared that they had improved his condition in some ways. He had become more tolerant towards other people and less argumentative.

After eight months of group treatment he formulated his feelings in these words: "We meet on common ground here. If you talk to an outsider, they have no feeling for your complaints. Here we can talk freely to fellow-sufferers."

But even at that time Tenn had not been able yet to reveal his anal-sadistic tendencies to the group except for a guarded intimation of them at the seventh meeting. During that meeting a member mentioned his mixed feelings of pleasure

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and fear on seeing horses beaten. Tenn responded to this clue and related, with marked anxiety, that he had a fantasy of being married to a dream wife with girl children and that he had pleasurable thoughts of beating them. He gave no further details and replied evasively to questions. His remarks gave rise to a short general discussion on sadism in which Tenn took no part. Another member then admitted indulging in masochistic thoughts, and put the question to each member in turn whether they had " active or passive " sexual fantasies. Tenn's brief reply was: " 75 per cent. active and 25 per cent. passive."

When other sexual topics, such as masturbation, were considered by the group, Tenn offered only sketchy and diffident contributions. He excused this by saying that sex had been a prohibited subject in his youth, and it had always been difficult for him to talk about it.

He was obviously inhibited in his communications to the group by a dread of social censure. This social anxiety, it was soon learned, was not restricted to the group situation. His travel phobia was more intense when there was a possibility that people might notice his anxiety. He always tried to secure an empty compartment, and if this was not possible, he would either wait for another train or take great care not to get into any conversation. From time to time he even changed the station from which he travelled to his office every morning so that he could not become familiar with anybody.

He also mentioned that his earliest social anxieties had occurred in connection with church activities, first, when he was a choir boy, and later when he took Sunday School classes. It was the dread of a punishing God which debarred him from going to church. It also prevented him from visiting cinemas, as the atmosphere there reminded him of a church, and the light coming from the projector was to him a menacing " unseen but all-seeing eye."

Group discussions brought to light that Tenn also harboured fears of being physically handicapped, due to " guilty acts." He felt his body was abnormally lean, and he was so self-conscious about it that he had never been able to go swimming, nor had he weighed himself for years. On one occasion, when two members with some knowledge of popular psychoanalytical literature mooted the question of " castration fears " and expressed their doubts about the meaning and value of this concept, Tenn remarked that such fears might be present in some people who had been threatened by their parents that their penis might fall off if they " touched themselves." This was a general remark with no personal reference, and it was only months later that Tenn admitted that he had attributed his leanness to acts of masturbation. At that time he also disclosed a fear that his penis was " not strong " because of these sexual practices in his youth.

After five months of group treatment Tenn was stirred up by a discussion to admit some sexual peccadillos of his childhood. Another patient had related an incident which Tenn regarded as an example of sexual curiosity in a child. He had also been curious about sexual matters when he was young and had felt very guilty about it. In the course of the subsequent debate he posed the general question how a child would react if it acquired knowledge of parental intercourse. There were several contradictory replies, but Tenn did not indicate his own opinion. At the next group session he volunteered information about an incident of his childhood which he characterized as due to sexual curiosity. He had passed water in front of one of his sisters and had been severely punished by his parents when they learned about it.

On several occasions Tenn spoke of his attitude to his father. He had feared, despised and disliked him, and he could not help being afraid of him still. He had been jealous of the father's affection for his sisters, and he had felt guilty in consequence. He had never been conscious of a similar hostility to his mother. In these and similar discussions it was apparent that he gained some understanding of the parental role in the development of personal standards of morality and the emergence of guilt feelings.

In his overt attitude to the therapist hardly any signs of resentment or hostility were noticeable until the 30th meeting (after eight months of group treatment). He then joined, for the first time, in criticism levelled against the therapist, and revealed that he had repeatedly been annoyed by the latter's avoidance of direct replies to questions and refusal to give advice in practical matters. He had also felt that the therapist showed preference to certain members of the group.

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At the following meeting Tenn took the lead by advocating greater honesty in disclosing embarrassing thoughts, and particularly fantasies of a sexual nature. " We have made an attempt once or twice, but it was either towards the end of a meeting or the subject got brushed aside. We must bring out what we feel shy of." He followed this up presently by the first group confession of his desire for anal stimulation. " When I have intercourse there is a feeling in the back passage that something should be pushed up and down there." In his adolescence he had once, behind a bush, relieved his bowels in the presence of a girl cousin and had experienced an erection at the time. He also mentioned that his mother had applied soap suppositories when he was about three, and that this had caused pleasant sensations. When he got older he wanted to do this to one of his sisters. He felt very ashamed about these desires.

This confession aroused surprise and disbelief in other members. It certainly would be an unpleasant experience to have an object inserted into one's rectum. Tenn was uneasy, but reiterated that he would find it pleasant. He was relieved when the patient X— came to his support, who had also noticed agreeable sensation after suppositories and enemas. X— asked the group whether they had never experienced a pleasant feeling of relief when they had a bowel motion after a period of constipation. This was admitted, but, unlike Tenn, they had never had such feelings when they were sexually stimulated. The problem then arose whether such rectal sensations had any association with sexual feelings. Tenn and the other patient were inclined to affirm this; they had both frequently noticed a tendency to have an erection during defaecation.

After this meeting Tenn felt better for a time and began to lose his anxiety in cinemas. His travel phobia remained, however, unchanged.

A month later Tenn was able to unburden himself further. He gave a full account of his sexual and sadistic fantasies about adolescent girls. Recently he had also dreamt of having sexual relations with a little girl friend of his young daughter. The dream had been so vivid that he had an emission. He felt wicked and evil for having these fantasies, and was afraid he might one day put his sadistic thoughts into action. He was unable to account for these desires. " I had three sisters—all younger than me. That may perhaps explain it." The fantasies started when he was 17. He had then deliberately indulged in them to relieve his anxiety when meeting people in authority. Towards the end of the discussion the therapist pointed out that the bodies of adolescent girls are boyish in certain respects, and that the combination of immature feminine and masculine features might be particularly attractive to certain persons. Tenn admitted the feasibility of this suggestion.

At the next meeting this last point was again taken up and led to a consideration of non-sexual friendships between men. This discussion referred, however, mainly to a close friendship that had sprung up between X— and another patient. Tenn had found no fellow-sufferer with regard to his sadistic leanings. He even learned that he had been the subject of some derisive remarks made by one of the participants, who was frequently aggressive and tactless. When this was mentioned, the other patients were anxious to show their disapproval of such insulting rudeness, and to reassure Tenn of their sympathy and respect. They knew from personal experience how painful and embarrassing it was to reveal such intimate thoughts, as Tenn had done. Surely he felt better after getting " things off his chest." But Tenn was hurt: " You don't want another person to think he is a dirty-minded swine."

Tenn's beating fantasies increased during the following weeks. He was tormented by them day and night, and became irritable and dispirited. It took seven weeks before further significant material was elicited from him. Another member mentioned a childhood episode when he had felt sexually stimulated on handling his mother's underclothing. This incident had been related before, when Tenn had shown no apparent interest in it. This time, however, he responded: " Curious you should mention this. It came back to me just then—when I was 10 and my mother was ill, she asked me to get some knickers for her. I went and fetched them from her bedroom. It was the first time that I realized women wore such things. I knew my sisters did, but I had no idea what my mother was wearing,"

The therapist gave an individual interpretation at this point, although there had been no general group interest in this subject. He suggested that Tenn's

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desire to undress young girls may possibly have originated in an earlier desire to know what his mother looked like undressed. This interpretation was seemingly ill-timed; Tenn had no opportunity to register his response, as the discussion moved on, and it was later learned from him that he had completely forgotten that this interpretation had ever been made.

At the following meeting Tenn reported that he had felt "immensely better since last week." He had even managed to go to church on the previous Sunday without feeling very uneasy. But his sadistic thoughts were as troublesome as ever.

A week later a casual remark by Tenn revealed that his attitude to his father had undergone a fundamental change. Whereas he had previously thought of his father as particularly harsh to him, he now asserted that the father had been stricter to his brother and sisters than to him.

At this stage of his treatment Tenn began to experience a temporary mitigation of his travel fears. One day, when he was alone in a railway compartment, he felt so well that the thought occurred to him he would like to travel for hundreds of miles like that—a thought which would have frightened him previously. This improvement was, however, short-lived and, furthermore, he had never lost his anxiety of crowded compartments. He wondered whether the presence of people intensified his symptoms, because he somehow had the feeling they would condemn him for his sadistic fantasies, which continued to worry him constantly.

At the 51st meeting the topic of homosexual feelings was introduced by the therapist after X— had reported how upset he had been over a temporary illness of his friend. Tenn remarked that homosexual feelings seemed to exist frequently among schoolboys. An older boy would often make a great fuss of a younger one. When questioned about this statement, he added that this was done "in a kind of fatherly attitude."

X— refuted that any such feelings could be attributed to him; homosexuality had always revolted him. But after some discussion he stated that he had recently been "trying to imagine what it must be like for a woman to receive advances from a man." This prompted Tenn to the confession: "I have often wished to be a female during intercourse, and the woman should do the work."

During the subsequent weeks Tenn reviewed again his relationship to his father, and gave evidence that he had gained an objective and realistic understanding of the latter's influence on his character development. It had made him strive for an unattainable ideal of perfection, impatient with his own shortcomings, and over-sensitive to criticism. He had now learned to be more tolerant with himself and others. At the same time it became noticeable that his behaviour in the group frequently exhibited an air of paternal benevolence to younger members.

At the 55th meeting Tenn reported that his anxiety in crowds was showing signs of abating. He had been to a dance and even to a basement teashop without undue discomfort.

At the following session he announced that lately he had not been troubled by sadistic fantasies; masochistic urges had, however, taken their place. His desire was now to undress in front of a woman and to be beaten by her. The group was puzzled by this new symptom. How could it be pleasurable to be beaten, even if it was only in imagination? The word perversion was mentioned, and Tenn turned to the therapist to be reassured that he was no pervert. A brief explanation of the difference between perversion and neurosis relieved his evident embarrassment. He then asked whether these new urges were connected with his interest in anal pleasures, and was given some information of the connection between anal desires and tendencies to hurt other people or to be hurt by them. It was emphasized that such tendencies were not at all uncommon. Tenn concluded this episode with the statement: "I am sure other people also have the urge to hit someone or to be hit. Only in their case it may take other forms. Why does a person nag, for instance? Because they like to cause distress to another person. They have not got a stick, but it is the same." He never mentioned his masochistic urges again in the group.

The next week he declared that he was feeling so well that he would like to terminate his group treatment gradually by only attending at fortnightly intervals in future. He was present at four more sessions at intervals of up to seven weeks.

At the end of his group treatment his fear of crowds and of company had com-

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pletely disappeared. He now enjoyed going out and meeting people. He had even started to play the church organ again at children's services. On one occasion he had given a lecture in a closed and packed room and had felt no discomfort.

His travel fears had not responded so satisfactorily. He told the group: "I can stand the usual journeys now, but I don't like journeys to an unknown place. Even then I have not got the terrific panic I used to have, when you feel you have to smash the window to get out. I don't run up and down the train now to see if I can find an empty compartment. I just get into the first one, whether it is empty or not. But I still shirk long journeys." He was, however, unable to go by train to the seaside place which he chose for his next holiday, and had to cycle there. But he enjoyed, for the first time in his life, lying on the beach in bathing trunks. He was no longer self-conscious of his body, and even had a desire to be completely undressed. On his way home he travelled part of the way by train and felt no discomfort.

At the last group meeting he attended he also asserted that he was no longer tormented by his fantasies, but this statement was only partially correct, as the therapist learned in subsequent individual interviews. He continued to have sexual fantasies which were mostly of a masochistic nature; they neither caused him intense guilt feelings, nor did they prevent him from associating freely with young girls.

Comments on Psychopathology.

In the psychosexual constitution of this patient sado-masochistic and anal-erotic drives were conspicuous, and some of them had remained relatively undistorted through repressive mechanisms or reaction formations.

His sadistic leanings were accentuated through identification with the sadistic personality of his father. They also served as a means of disguised satisfaction for erotic impulses, which were prevented from unrestricted conscious representation. Through empathy with the objects of his beating fantasies (who in his thoughts enjoyed the beating) he was enabled to gain a vicarious gratification of his masochistic and passive homo-erotic trends.

The sadistic-erotic desires were directed towards adolescent girls. The choice of these objects was overdetermined and revealed his fundamental bisexuality. In the first place they represented his younger sisters, whose castigation by the father had been welcomed by his jealousy; but they also had been objects of libidinal attraction with whom he had wished to indulge in sexual play, e.g. to apply suppositories or to pass water in front of them. There were also some indications that incestuous mother desires had been personified in these sadistic-erotic imaginations. On the other hand, the immature bodies of adolescent girls also tempted him through their boyish qualities. It was, however, noticeable that this homo-erotic aspect was relatively free from sadistic desires. He became aware of a friendly feeling of "fatherly" attraction to young boys without any desire to beat them. His homosexual leanings were, on the whole, passive and masochistic; they were strongly repressed, and he became only vaguely conscious of them in the course of treatment.

It seems that sadistic fantasies had to some extent served as a defence against the emergence of passive and masochistic impulses. These latter impulses gradually increased in strength as the treatment progressed, and eventually exceeded his sadistic inclinations. Passive-erotic trends were clearly linked with fantasies of female identification, and their anal-erotic

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roots could be discerned in the desire for the rectal insertion of an object during intercourse or masturbation.

Of other libidinal impulses, the desire for sexual perception and the related urge to expose himself sexually had largely contributed to his motivational conflicts and anxieties. He recalled memories which pointed to his infantile wish for sexual seeing; his sadistic fantasies included an initial undressing ceremonial to lay bare the sexual region. He had also minutely inspected his wife's genital region on several occasions. He had been severely punished once for exhibiting his penis to a younger sister, and in his later life anxiety dreams of appearing naked in the street were fairly frequent. In the group, he had great difficulty to overcome his fear of discussing sexual topics.

The repressive atmosphere of his early family life must be regarded as chiefly responsible for his failure to reach a mature genital level of psychosexual development. Fear of punishment and moral censure facilitated the regression to anal eroticism which predominated his adult personality. This regression was also conditioned by a hereditary predisposition from his father and by accidental experiences of anal pleasure in his childhood.

His superego development had resulted, through the influence of his disciplinarian father and his own sado-masochistic leanings, in an obsessionally strict character. His rigid moral code condemned the pregenital sexual impulses, of which he was aware, as evil and wicked. This self-condemnation was chiefly successful in isolating these impulses within the sphere of fantasy. The superego conflicts did, however, not remain entirely endopsychic; they were partially projected, so that situations which symbolized the threat of moral reprobation acquired a phobic quality. Significant changes of superego structure occurred in the course of treatment. The memory image of his father was transformed from a punishing and beating figure into that of a strict but benevolent person. Identification with this father image contributed to the weakening of sadistic fantasies and revealed itself in the paternal attitude of helpfulness which the patient adopted during the later stages of his group treatment.

The psychopathological structure of his symptoms, as far as it was revealed during treatment, reflected his conflicts over conscious and unconscious libidinal tensions in varying complexity. It appears that his avoidance of a church atmosphere and the associated fear of cinemas were mainly due to projections of religious superego threats. These symptoms were the first to disappear during group treatment.

His social fears appear to have been more complex in structure. Guilt feelings were only partially responsible for them. Much of his social anxiety was apparently aroused through the unconscious stimulation of repressed sexual desires, and particularly of passive, homosexual, and masochistic tendencies, in situations which necessitated close contact with strangers. When his occupation forced him to interview people in their homes he always refused an easy chair, but selected one which enabled him to sit upright and, if possible, to look down on the other person. His sadistic thought play had started in adolescence as a means to counteract passive fears in the face of authority. It also appears significant that these social anxieties increased in intensity

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and range when, after his marriage, he had to abandon the company of his former male friends. Under treatment, these social symptoms disappeared only after he had become aware of some of his homo-erotic leanings and had accepted the passive-feminine-masochistic trends of his disposition. His sadistic fantasies then changed into overt masochistic desires. The symptom of stage fright which he had experienced in his youth indicates that a fear of exhibitionistic temptations also played a role in the complex etiology of his social anxieties.

His travel phobia seems to have contained elements of superego and social fears, but its etiological structure was not fully revealed during treatment. Certain aspects of this symptom remained resistant to group treatment.

Discussion.

Analytical group treatment achieved a partial success in this patient. The manifest results obtained were principally limited to alterations of two aspects of his neurosis—relief of social fears and acceptance of passive-masochistic trends.

These changes are intrinsically connected, and must be regarded as manifestations of a re-orientation of the personality through treatment.

It is proposed to discuss these results with reference to the therapeutic group factors involved and the general limitations of group treatment.

The correction of difficulties of social adjustment and of neurotic handicaps in interpersonal relationships is generally considered one of the chief assets of group treatment. Neuroses precipitated by a change in social environment, e.g. after recruitment into the armed forces or on resettlement in civilian life, have proved themselves especially amenable to group treatment. Beneficial results have also been obtained in patients in whom chronic social anxieties have existed without obvious environmental precipitation. Schilder (1939) remarked: "As one would suppose, group psychotherapy is especially effective in cases of what I should characterize as social neuroses. These are cases that do not feel comfortable in the presence of others. . . . The individual feels that he is the centre of attention, that not only is something wrong with him, but that others realize it. Every object becomes, in this respect, an important object on a sado-masochistic level. To be seen and to be observed means to be hurt and to be pushed into an inferior position." Of 12 cases of social neurosis he claimed 3 cured, 7 improved, and 2 unimproved. He also stated that many of his patients, and especially those with social neurosis, could not have been treated individually, even with the classical analysis. They reacted only in the group.

The therapeutic group factors operative in achieving these results are obviously complex and interrelated. Various aspects of them may be discerned in relation to the social fear syndrome of the present patient.

His fears contained an element of guilt which was consciously associated with his sadistic-erotic fantasies and other "guilty acts." An alleviation of such neurotic guilt feelings has been observed by all group therapists, and has been referred to such group factors as lessening of the fear of being different and abnormal, realization of the tolerant and sympathetic understanding of

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the group members, strengthening of self-esteem through emotional support and acceptance, acquisition of an objective attitude to personal conflicts through theoretical discussions, and other similarly reassuring influences.

These group factors were also noticeable during the treatment of this patient. The relief of guilt feelings through such reassurance and emotional support had, however, only a partial and temporary effect on his social anxieties. Their main value seems to have existed in engendering an attitude of positive transference which prepared the ground for further therapeutic influences.

Among the repressed drives responsible for his social fears it was noticed that desires for sexual perception, exhibitionistic impulses, and masochistic, passive-homosexual tendencies played a leading role. What group factors were active in reducing the anxiety caused by the unconscious stimulation of these drives ?

Alexander (1946) stated that the basic therapeutic principle in all forms of analytical psychotherapy was an emotional readjustment which took place when the patient was re-exposed, under more favourable conditions, to conflict situations which he could not handle in the past. He termed this emotional readjustment "corrective emotional experience," and asserted that the acquisition of analytical insight was secondary to it in therapeutic importance.

It appears that the group setting constituted a conflict situation with regard to some of the repressed drives in the etiology of social fears in this case. The group task of self-revelation was a stimulus to his exhibitionism, and every disclosure of his sexual life which he anxiously made to the group was a corrective experience which mitigated his unconscious conflict about sexual exposure. The cathartic value of his confessions was partially due to this. It seems significant in this respect that his resistance against public confessions in the group was much greater than had been the case in the more private atmosphere of individual interviews.

Similar considerations hold true of his desire for sexual perception which, in the group, presented itself as a desire to hear the story of other members and to be instructed about the physiology and psychology of sex.

He never displayed any sado-masochistic leanings in the group ; he neither criticised or slandered other members, nor did his attitude invite attacks and ridicule by them. His passive sexual trends were, however, constantly stimulated, and his response to the group underwent subtle changes in the course of time which seemed to reflect a gradual correction of his fear that he might react openly to sexual overtures. At first he tried to avoid answering sexual questions, and showed great embarrassment on such occasions. Later he was able to follow the lead of others in discussing sexual topics of a personal nature. Towards the end of the treatment it frequently appeared as though his remarks were designed to prompt the group to probe his innuendoes of sexual self-disclosure.

All sexual discussions in this completely male group must also have been corrective experiences for the homo-erotic components of his libidinal constitution. It seems to have been more than a temporal coincidence that his sadistic fantasies and irrational social fears disappeared jointly after the 51st meeting, when homo-erotic and passive-feminine impulses were for once openly

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discussed in connection with the close friendship that had developed between two other members.

The presence of homosexual stimulations in a male group setting has received relatively little attention in the literature. Ackerman (1946) mentioned "veiled flirtations of the homosexual type" in his groups of war veterans. The present writer (1947) had noticed these tendencies in groups which contained mild schizophrenic members. Similar observations were made by Dalberg* in out-patient groups of female neurotics. In this respect it may also deserve mentioning that in Schilder's report (1939) on his group therapy results he claimed to have cured a schizophrenic in whom "fear of homosexuality and homosexual ideas of reference had been in the foreground."

The value of providing substitutive gratifications for repressed exhibitionistic and homo-erotic drives is obviously not a characteristic peculiar to therapy groups. One is reminded here of the partiality for smutty stories, and the often frankly affectionate behaviour which is prevalent in the meetings of certain chronic alcoholics with a similar psychosexual constitution as the present patient, but a more accommodating superego. Their alcoholic meetings seem to constitute a group setting which has coincident therapeutic value.

The corrective emotional group experiences described cannot be regarded as transference phenomena in the narrow sense. They do not entail falsification of a reality situation through the emergence of emotions which are not adequate to the actual environment. The therapy groups must be considered in this respect as a social reality which can evoke homo-erotic and exhibitionistic responses in its members. Group treatment is in this sense more realistic than individual therapy. This may partially explain the greater intensity of emotional response which is observed in groups.

Insight is apparently not a necessary attribute of the therapeutic group effect. In the present case only partial insight was achieved.

Group treatment is generally regarded as a complement to individual therapy and not as a substitute for it. It has its special field of application as it "may utilize a segment of the psychodynamic and therapeutic spectrum which is not quite so readily engaged in individual treatment" (Klapman, 1946). From this it follows that its results have a different therapeutic range from those of individual psychotherapy. The limitations observed in the present case may, therefore, be an example of a general characteristic of all group treatment.

As has been pointed out, the social reality of a group setting favours certain emotional reactions, namely, those which are inherent in the situation and can, consequently, be repeatedly aroused and shared by other members. Individual transference reactions which have no echo in the general emotional atmosphere of the group are necessarily too evanescent to lead to corrective emotional experiences or to allow repeated analytical interpretations. Unconscious levels are, therefore, accessible through group treatment in a limited degree only. This fact has also been stressed by Foulkes and Lewis (1944), Slavson (1947), and Ackerman (1946).

* Personal communication.

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The tentative conclusion may be drawn that the nature of corrective emotional experiences and consequently the range of therapeutic effectiveness is determined, apart from individual factors, firstly by the group setting as such, and secondly by the special circumstances of the group composition. Research with different groups, and particularly with groups of mixed sexes, or groups guided by both a male and female therapist, seems to be indicated to evaluate the therapeutic value of more extensive and varied corrective emotional experiences aroused by groups.

It might be contended that a longer course of group treatment might have produced further results. The patient, however, felt that he had gained the maximum benefit and it was his decision to terminate the group treatment. When individual treatment was offered to him some months later he was eager to accept it, although he knew that he could have re-joined the group at any time. The author is inclined to agree with the patient's own judgment that further attendance would not have added anything essential to the results already achieved.

SUMMARY.

The effects of analytical group treatment in a phobic patient are described.

The psychosexual constitution of the patient and his response to the group were unusually transparent. He showed marked anal-erotic, sado-masochistic, and bi-sexual trends with repressed passive homo-erotic impulses.

The result of group treatment was mainly limited to a correction of irrational social fears through the reduction of guilt feelings and the gradual acceptance of his passive-feminine and masochistic leanings.

The therapeutic factors responsible for these results are discussed. The group is regarded as a social reality which can relieve guilt feelings through reassuring influences. More fundamental personality changes are produced through corrective emotional experiences. These are not transference phenomena in the narrow sense as they are adequate to the actual environment. The stimulation of exhibitionistic and homo-erotic drives in a completely male group is emphasized, and the therapeutic value of this stimulation is discussed with reference to the particular psychosexual constitution shown by the patient.

The therapeutic range of group psychotherapy seems to be determined, apart from individual factors, by the group setting as such, and the special circumstances of group composition. Research with groups of different compositions is suggested to widen the range of possible corrective emotional responses.

My thanks are due to Drs. E. C. Dax, F. Reitman and E. Dalberg for their helpful suggestions.

https://doi.org/10.1192/bjp.94.394.77 Published online by Cambridge University Press

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https://doi.org/10.1192/bjp.94.394.77 Published online by Cambridge University Press