

COUNTER-TRANSFERENCE FANTASIES OF GROUP THERAPY PATIENTS

The following material from three therapy groups of varying degrees of sophistication can be studied from several different viewpoints, all of them unusually instructive. First, they demonstrate the features of the different levels of organization of the patient's feelings in which the affects at one level of organization may be inconsistent with those of another. Secondly, they demonstrate that true transference reactions exist in the group and that these are projections of the patient's own needs and defensive systems. Thirdly, they demonstrate that these projections, ~~transfere~~ ~~xxxxxxxxxxxx~~ different for each patient, nevertheless tend to contain a common trend which may be in some way a rather accurate estimate of the therapist's counter-transference position, so that from the ideas of the group members there emerges some information about the unconscious position of the therapist. Fourthly, they demonstrate that groups with different degrees of sophistication will approach archaic material with different degrees of insight and directness. Fifthly, in a sense such material can be used comparatively ~~in~~ as an index of the collective degree of insight of various groups.

Since this report involves three different groups, it will make some demands upon the attention of the reader as the reporting of group material always does, because of the number of individuals involved who have to be kept in mind in order to understand the

proceedings. The writer prefers to avoid making such demands whenever possible, but in this case the material presented is of such unusual interest that it is hoped that the reader will be willing to undertake the necessary effort to follow the protocols. The writer, on his part, will attempt to simplify this task as far as possible.

The occasion for these proceedings arose when the writer was asked to take part in a panel discussion on counter-transference in group psychotherapy. The members of the panel each had an individual way of avoiding the public disclosure of material which was too intimate and preventing the panel discussion from becoming a kind of confessional of sins and weaknesses. The writer's method was to present his problem to ^{some} ~~xxx~~ groups and allow them to make their observations in the matter.

During the four days preceding the panel meeting, he told three different groups that he had to discuss at a scientific meeting the question of how the therapist felt in the group and asked the patients to state how they thought he felt. Each individual in the groups was asked to respond to this question. The therapist then attempted to go more deeply into the matter so that he went around each group three or four times and at the end of each round he recorded from memory the responses of the patients. All three were mixed groups and each group was of a different degree of sophistication. The material is presented not according to the methodology of psychological testing with objective recording of

of the responses to a question in a standard situation but according to the methodology of psychoanalysis, taking transference reactions into account.

The first group, numbered in the writer's series "C23," had an attendance of six members at this meeting. It will be necessary to give a concise review of each patient's experience. Paulina had had one year of group therapy and two ~~xxxxxx~~ individual psychiatric interviews. Reba had had one year of group therapy and two individual psychiatric interviews. ~~xxxx~~ Loux had had eight months of group therapy following about twenty individual psychiatric interviews. Fred had had six months of ~~xxxxx~~ group therapy concurrently with a weekly psychiatric interview. Alice had had two years of individual psychotherapy with another therapist and ~~six~~ three months of group therapy with concurrent weekly interviews. Cathy had attended ten group meetings and had had one individual interview.

The initial question, "What do you think I feel in the group?" was posed and elicited the following replies:

Fred: "You've got to be perfect. You mustn't show any neurotic feelings. But you're ill at ease when the meeting first begins on account of us. We are so nervous it makes you nervous."

Paulina: "You manipulate us. That is, those puppets that I once talked about."

Cathy: "You are like a potentate."

Reba: "You've got to be disinterested. You may be interested but you can't get involved with us."

Alice: "You have a constructive interest."

Lou: "You're disgusted because we're stupid, and that makes me hate you."

These replies were discussed briefly. It seemed that the therapist had to be some kind of magician to give them the answer. He was different from them; above them all; a sympathetic man.

Paulina: "Helpful, friendly, and understanding." But the group presented a problem because the therapist undoubtedly had feelings which he was not allowed to express because of his high standards and the need to keep himself apart.

The therapist then said: "What would be my motive for going through this difficult experience that you attribute to me of having feelings, having to restrain myself, having to present myself as perfect, being sympathetic, never bringing my own problems into it, etc.?"

Paulina: "Money."

Everyone immediately deprecated this reply and indicated that they felt that this was pretty mean of Paulina, and they did not attribute any such motives to the therapist, although they acknowledged that it was the way he had to make his living. But he wouldn't be doing it just for the money.

Alice and Reba felt that it was curiosity. Fred: "You want to be liked and have friends."

Doctor: "What do I want the friends for?"

Fred: "They will be obligated to you."

Doctor: "What will I ask of them?"

Fred: "I don't know. Just to be liked."

Lou: "It is curiosity. A feeling of power. You want to know more about us."

Cathy: "He just likes people. He wouldn't be doing this unless he did."

Doctor: "You have indicated that in your image of the group I represent some sort of a powerful father-person. ~~xx~~ What do you think you represent in my image of the group?"

Cathy: "I'm your mother."

Fred: "I am an equal playmate."

Paulina: "I'm a sister the same age with the same problems, particularly cultural problems."

Lou: "I'm a policeman and I frighten you."

Reba: "You see me as a visiting aunt."

Alice: "You see me on a soapbox. Actually, I don't get anything out of it."

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Fred: "You are a leader."

Paulina: "You're like a parent."

Cathy: "A potentate, like my father."

Rbba: "I think you are disinterested, like a visiting aunt."

Alice: "You are like a good parent."

Lou: "You are like my father."x You are a policeman and I am
like a frightened child."

Therapist: "You know, I've spoken about the child in each of us. What about the child in me?"

The group expressed disbelief. It was a surprise to them that the therapist should have a child like part to him. They objected that if he had one, it was under excellent control, it never displayed itself. The therapist maintained nevertheless that he might have some sort of archaic part of his personality which got some ~~xxxxxx~~ satisfaction from the group. He was doing something to them, something archaic, bodily, instinctual.

Paulina: "You are watching me defecate."

Reba: "You are trampling me."

Alice: "You are smearing feces."

Lou: "You want to know how you got here."

Fred: "If I imagine you as a baby, it seems to ~~xxx~~ me that you are a wet baby."

Cathy: "You are a gurgling baby"

The first group consisted of four individuals. ^(Jane) Berris/had had weekly analytic sessions for a period of seven years which had resulted in marked structural personality changes. She had been in this same group ^(Belle) for eighteen months. Bernice/~~was~~ had had four analytic sessions a week for some years and had been in the group since its inception eighteen months ago. ^(Art) Ben/had had two years of psychotherapy with another therapist, ~~xxxxx~~ fifteen months of group therapy with individual weekly sessions. Helen had had one initial individual session, one year in a less sophisticated group, and was now being introduced to this very sophisticated group because she seemed to have the ability to gain insight rapidly. She had been in this group for ^{one} ~~xxx~~ months/ and now supplemented her group meetings with weekly individual sessions.

Since this was the most sophisticated group, they had the least difficulty in understanding ~~xx~~ what the therapist was getting at, and their ready understanding may be contrasted with the difficulties experienced by the third and least sophisticated group in understanding the point.

The therapist told them of his situation and asked them what they thought he felt in the group and what were his motives for doing group therapy.

Jane and Belle immediately replied that one of his motives was spying.

Belle: "It is an unsatisfied curiosity throughout. You have an unsatiable curiosity. That's how you can be so patient with us."

Jane: "You want to help."

Helen: "You want money. You're doing it for money. Also, it enhances your reputation."

Belle: "I don't know how you stand it."

Helen: "You keep a shell around yourself."

Art: "My association is your are rubbing me with hormones or feeding me."

Belle: "You are sucking on me. You are insatiable."

Jane: "As I got deeper in my thoughts, I realize that I am pissing on you. Therefore I feel sorry for you."

Helen: "You are sticking something into me - into my vagina."

They think I'm a jealous child, a poor sport. This was in response to the question What do you think you represent to me? since we all have an idea of what I represent to you.

Belle: "I represent a mother to you but an untrustworthy one."

Jane: "I represent a reliable mother."

Art: "I'm your younger brother who might outstrip you."

The discussion of these replies gave rise to the feeling that the therapist had an insatiable curiosity, what he really wanted to know was where babies came from and he would find this out by investigating the mother.

The second group consisted of five members. Hubert had been to a psychotherapist weekly for two years, had been in the present group for two and a half years, part of the time with supplementary individual interviews. Matt had had no psychiatric experience until he entered the group two and a half years ago; he had about ten supplementary psychiatric interviews. Fran had had two years of weekly psychotherapeutic interviews with another therapist concurrently with a year and a half of group therapy. Marge's situation was exactly the same as Fran's. Jane had had weekly interviews intermittently a few weeks at a time over the past few years and had been in the group for about one year without any supplementary individual interviews.

The doctor stated his problem that he was on a panel on the question of how the therapist feels in the group. He asked them for their ideas. On the first round, Marge wanted to know how he felt about trying to help them. Matt wondered why he apologized before he said something; maybe as a child he was taught not to interrupt. Jane felt he wanted world renown. Fran thought they were guinea pigs; he would manipulate them; it was curiosity; what he really wanted to know was where did babies come from. Hubert said maybe he manipulated them in a more subtle way than some other psychiatrist in order to cover up his ignorance; that is, he just wanted to fill the time and didn't know what else to do with it than to manipulate them.

Doctor: "I meant my childish motivations. After all, I told

you your present patterns of behavior come from your childhood.
Mine do too."

Marge: "Well, that's comforting."

The doctor had previously remarked that he felt that perhaps one reason he had a need to keep a new patient coming who had left the group was money. Jane was aghast at this. Fran asked her if she was disillusioned, and she said yes.

At this point the doctor pointed out that apparently Marge didn't think what applied to them applied to him; he was on a different level. She had never realized before that he could have child-like motivations too.

Matt:

~~Hubert~~: "The idea of me criticizing you makes me frightened."

Doctor: "I didn't know you were criticizing me. You made an observation."

Hubert: "You don't reach us. Sometimes it's as though you weren't here."

The doctor then asked them what infantile, instinctual drives he might be gratifying by being a group therapist.

Marge: "Nothing. You are ignoring me."

Hubert: "You are criticizing me."

The doctor asked him if he would interpret this as urinating or defecating on him, and he wasn't sure.

Jane: "You are feeding me something and it feels good."

Matt: "You are competing, showing me you have a bigger penis."

Fran: "You are poking at me."

Matt: "It's as though you're saying 'Look, Ma, no hands!'"

Third Round: The doctor asked them what position they thought they occupied in his fantasies. This idea was hard for them to grasp.

Matt referred to something his father had done to him. They couldn't get the idea that they might occupy some position in the therapist's fantasies. The therapist suggested that they might consider him as a 18-months-old child.

Jane refused to say what came to her mind. It was plain enough to everyone and the social worker confirmed it in the post-group discussion that the doctor represented a parent; that is, she really didn't get the idea even though she said she did.

Matt: "You're a big brother."

Marge: "I'm nothing."

Matt and Hubert agreed that the therapist represented a big brother.

In this group it was noticeable that the discussion was really on a transference level. They didn't really care about answering my questions, except to please me. What they really wanted to say was their feelings towards me. For instance, Hubert ~~wasxxxx~~ criticized me for not reaching him. Fran was flirtatious. Marge was angry because she felt ignored. Matt felt funny treating the therapist as though Matt were an adult. Jane was embarrassed because of her feelings towards me. The doctor pointed out that they all saw him so differently, doing different things, suckling, poking, etc., but mentioned that if he treated them all differently, they must somehow provoke this behavior. He felt that their

fantasies about him were based on childhood experiences. For instance, as a child they knew that Marge felt ignored, that Fran had felt poked in the sense that her father had teased her, Hubert felt criticized, Matt volunteered that he remembered seeing his father's penis and it seemed huge to him.

What emerged from this discussion was that the leader must have no childhood in the usual sense of the word; it was very difficult for them to grasp the idea that he might.

Discussion

It will be noted ~~at~~ once that the three groups responded according to their level of sophistication as a group. For example, in the most unsophisticated group, only one of them saw a primitive situation in which the therapist was actually using the members to exploit some instinctual urge, namely, when he was watching Paulina defecate. The others were rather vague. In this group the responses were really at a kind of compliant level. They ~~seemed~~ to see the therapist as a magician without any specific qualities. They took a very archaic position, endowing him with almost complete omnipotence, so that there was little differentiation and their fantasies had a great deal in common.

The middle group saw him in accordance with more differentiated transference reactions, ~~in~~ each case directly traceable on the basis of information available to the group to their reactions towards their therapist.

In the most sophisticated group, the omnipotent features were almost absent, the transference features were less than in the other groups, and there was a kind of unanimity that he was really gratifying some ~~thing~~ archaic impulse in himself but they did not hold it against him as the middle group did, nor did they cover this up with a passive yielding to his omnipotence as the ^{beginners'} ~~first~~ group did. In a sense, therefore, the beginners' saw him least realistically and from the most archaic position on their part.

The middle group saw him largely in a differentiated way on the basis of actual known transference reactions, and any perception of his real instinctual drive/^sthey held against him.

The most sophisticated group did not hold his own instinctual needs against him and seemed to perceive them most clearly.

This requires a certain consideration of the motivation for the choice of group therapists as an occupation. In order to be effective, the therapist must be gratifying some healing fantasy and a priori it would seem that the most likely fantasy is playing doctor with little sister, a conception which some published analyses of physicians confirms. This is what the intermediate group saw. The more advanced group saw dimly the underlying sadistic exploring fantasy towards the mother, of which the doctoring the little sister is a kind of derivative, in a way a reaction formation. The healing fantasy could not be based directly on the sadistic exploration of the mother but ~~perhaps~~ would have to have the intermediary reaction formation of the sympathetic play with the little sister; that is, a therapist could not heal unless he had a healing fantasy rather than a sadistic fantasy, and the sadistic fantasy would have to be concealed by the/^{later}healing fantasy.

In all this material there is a mixture of projection, paranoia, scopophilia, and exhibitionism, together with varying degrees of frank expression of transference reaction from very archaic positions up to more sophisticated positions. The more archaic the positions of the patients, the less really do they perceive the unconscious

motivations of the therapist. The more insight the patients have, the more clearly they perceive the possible archaic motivations of the therapist. This provides an interesting but complicated way of judging of the progress of a group but probably only valid if a comparison is made between two groups under the supervision of the same therapist, or at any rate most valid/under those circumstances.

One of the most interesting features is the reversal of ~~the~~ positions in a patient's group imagos at various levels. For example, Lou superficially saw himself as a helpless child afraid of ~~an~~ a policeman but at a slightly deeper level this was replaced by the opposite fantasy that he was a policeman and the therapist was the frightened child. All the group members tended to see the therapist as a parental figure, but in this superficial level they being more infantile in their behavior than he, according to their conceptions. This of course is strengthened by the fact that the therapist maintains the shell that he does not come out of while they have to exhibit their emotions, so that they never seen an open exhibition of his archaic personality if he handles himself properly while they are continually exhibiting more and more archaic levels of theirs. ^{When} This superficial level is broken through, however, there may again be a reversal of position, so that the motherly patients tend to feel that he is a little boy whom they are mothering. It is interesting that the patients who ^{did} do not have children ~~xx~~ not find this layer accessible. Most of these patients were in the older age group, most of them over 30;

the unmarried ones must have very heavy counter-cathexes directed against their maternal instincts in order to avoid depression, and these are not broken through in the group, so that none of ~~them~~ the unmarried patients saw him as their child but always as a big brother.

Cathy offered an interesting example of the repression of a ^{the} neurosis in a group. Her presenting complaint was fear of stabbing her child, yet she saw the therapist as an infant gurgling in her arms, both of them very loving. She completely repressed the factors which gave rise to the fantasy that she was injuring the child, but this was brought up and she then had to admit that there must be some other fantasy that she was not able to reach and was protecting herself from since she had noticed a marked improvement in the few sessions she had come to since returning to the group after a long absence.

This experience also shows the relative ease with which such fantasies, ordinarily deeply repressed, can be uncovered in the group and since the affect attached to them remains largely repressed, such uncovering is relatively harmless and does not represent a damaging breakthrough of necessary defenses.