

1954

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Recommended Citation

Hans A. Illing, *The Visitor and His Role of Transference in Group Therapy*, 44 *J. Crim. L. Criminology & Police Sci.* 753 (1953-1954)

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THE "VISITOR" AND HIS ROLE OF TRANSFERENCE IN GROUP THERAPY

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The majority of the patients with whom this paper deals are convicts, serving their prison term and being simultaneously treated on Terminal Island in the harbor of Los Angeles.

It was Freud who first described the processes of transferences in psychotherapy. While the degree of transference depends on the patient's ego strength, its importance is interlinked with the therapist. As S. R. Slavson states, "Expression of hostility toward the therapist in the transference relation is a primary requirement in psychotherapy."¹ This requirement includes group psychotherapy. Fenichel recognized the importance of this aid nearly two decades ago; he restated the importance of the transference reaction in groups in these words: "The examples of the others with whom the patient can identify himself, and the general tendency to undo instinctual derivatives and mental differentiations when in a group, may help to overcome resistances."²

Until very recently, it seems, the knowledge of group sessions with more than one therapist, and the literature were rather scarce. It seems to this writer that the actual types of multi-therapist are three: the co-therapist, the observer, and the "visitor." Of the first two, the co-therapist appears to be the type best known. Only recently Solomon, Loeffler, and Frank described their experience in this field adequately.³ The observer's role is less clearly defined. While the co-therapist has to structure his methodology according to the group, without necessarily "diluting" the process of transference, as Slavson thinks will happen, the observer may not have any role at all other than just "observing;" otherwise, his role may hardly serve any definite purpose.

For instance, the editors of *Group Psychotherapy* are positive that the observer's primary interest "in research is an outstanding requirement."⁴ Another role, that of the supervisor, was discussed in a recent paper, which threw light on the many difficulties hindering effective

1. SLAVSON, S. R., *ANALYTIC GROUP PSYCHOTHERAPY*: Columbia Univ. Press. (P. 21).

2. FENICHEL, OTTO, *THE PSYCHOANALYTICAL THEORY OF NEUROSIS*. W. W. Norton. P. 567.

3. SOLOMON, ADRIAN, FRANK J. LOEFFLER AND GEORGE H. FRANK, *An Analysis of Co-Therapist Interaction in Group Psychotherapy*, *INTERNAT. J. GROUP PSYCHOTHERAPY*, III: 171-180, 1953.

4. POWDERMAKER, FLORENCE B. AND JEROME D. FRANK—*GROUP PSYCHOTHERAPY*. Harvard University Press. Pp. 12, 13, 14.

transference. Thus Grotjahn tells us that the supervisor has a chance to demonstrate to the therapist through actions his criticisms without the slightest intimation of "showing the therapist up."⁵ Similar problems will be manifested in increased spontaneity, in a directness and frankness of expression bordering on group associations free of anxiety and defensiveness.⁶

All these types of observers, including students, can be considered as professional practitioners. For the sake of completeness, another, non-professional type should be mentioned here briefly. He functions mostly in correctional settings, such as were mentioned by this writer previously.⁷ Or he is a member of ward personnel in mental hospital settings, well explored by Klemes.⁸

How about the role of the "visitor?" He resembles that of the man who came to dinner—uninvited. He may or may not be a psychotherapist. If he is, his role will have to be structured precisely; it will be that of a silent outsider. As already stated, little is known about the "visitor," and Ruesch and Bateson offer little in this direction.⁹

This writer had the experience of being the "visitor" with several groups a few times. The little known agency, the Medical Facility, a division of the California State Department of Correction, has been but a few years in existence and is located on Terminal Island, in the harbor of the City of Los Angeles. Of its 1,200 inmates, approximately 120 are patients afflicted with tuberculosis at all stages, in addition to their emotional problems. The remainder are classified as "psychopaths," and include psychotics. The majority of these patients are convicts, serving their prison term and being simultaneously treated on Terminal Island, since this is the only such facility in the state. A number of the tubercular patients are not offenders under the Penal Code, but were convicted as being "recalcitrant" against the laws protecting the citizens from contagious diseases.

The group psychotherapy program at the Medical Facility, then, was initiated in September, 1950. At that time two groups were formed, each consisting of forty to fifty patients. The patients were chosen from among the younger men and the sex offenders because greater

5. GROTJAHN, MARTIN, *Special Problems in the Supervision of Group Psychotherapy*, GROUP PSYCHOTHERAPY, J. SOCIOPSYCHOPATHOLOGY AND SOCIATRY, III:308-315, 1951.

6. GROTJAHN, MARTIN, *Experience with Group Psychotherapy as a Method of Treatment for Veterans*. AMERICAN J. PSYCHIATRY, 103:637, 1947.

7. ILLING, HANS A., *The Prisoner in his Group*, INTERNATIONAL J. GROUP PSYCHOTHERAPY, I:274, 1951.

8. KLEMES, MARVIN A., *The Therapeutic Effect of Group Morale on a Psychiatric Hospital Ward*, BULL. MENNINGER CLINIC, 15:58, 1951.

9. RUESCH, J. AND G. BATESON, *Structure and Process in Social Relations*, PSYCHIATRY, 12:105-124, 1949.

emphasis was to be placed on their treatment. Later, as additions to the staff were made, more meetings were added.

At present ninety-six group psychotherapy sessions are held weekly, a program perhaps unique in this country. All but five of the present groups are small consisting of from five to twelve patients apiece. The larger ones vary in size from thirty to forty patients. Different patients are assigned to each of these and attend one group session a week regularly. Some patients have requested permission to attend more than one session a week so as to avail themselves of as much treatment as possible while confined in the Facility. Besides the consulting Psychiatrist and two Staff Psychiatrists, there are one Senior Physician, two Senior Clinical Psychologists, and two Senior Sociologists participating actively in the group psychotherapy program. Of the approximately 1,200 patients, about 850 are able to participate in group sessions. Some of the psychotic and tubercular patients are not suited to this form of therapy; some of the regular ward patients do not care to participate but resist psychotherapy. According to Showstack, "the method used in group psychotherapy is analytical, based upon the existence of unconscious emotional circuits present in the patient's mind of which he is totally unaware, but which led to abnormal behavior. By raising these circuits to the surface of consciousness so that they are observed by the individual in whom they occur, and by members of the groups, the patient gradually becomes aware of the immature, even infantile, emotional circuits of his unconscious mind. Thus, the patient, as well as the others, can view these abnormal residuals that reside within him and which lead to his criminal behavior, with an adult mind. Gradually the elimination of those harmful emotional states changes the patient's total existence from one of fear, hate, and lack of identification with authority, to happiness, love, and return to faith in the authority of God and the laws of the land."¹⁰

TRANSFERENCE TOWARD THE THERAPIST

For development of transference toward people it has been shown that "attention to meaningful details, such as seating arrangement, is important."¹¹ In both groups, the sessions started with a bustling of the chairs, some group members indicating their unwillingness to be patients by seating themselves as far in the background as

10. SHOWSTACK, NATHANIEL, *Group Psychotherapy at the California Medical Facility*, Report to the California State Dept. of Correction, May 29, 1952. (mimeographed)

11. GROTJAHN, MARTIN, *Problems of Countertransference in Group Psychotherapy*, INTERNATIONAL J. GROUP PSYCHOTHERAPY, III: 407-416, 1953.

possible. At each of the two sessions the goal of the therapy seemed to be to secure emotional participation. The members conversed more or less freely with each other and with the therapist, but all their talking was obviously on a conscious plane; equally obviously, a quick transference was established, consciously, with the therapist. The groups, however, in their inability to "challenge the therapist,"¹² did not fulfill the pattern of procedure laid down by Grotjahn.¹³ Their inability to utilize insights constructively and to interpret whatever feelings were caused was evident all the time. The visitor had to assume that the patients' ego strength was not being hid under a bushel, but that it was weak and whatever was exposed all too loudly and proudly was for purposes of demonstration rather than therapy.

While the institution housed offenders of all types, it appears that a proportionately high percentage of them were classified as sexual psychopaths. In fact, the majority of the members in each group had been convicted on a sex offense, usually rape, but also in two instances of engaging in sex perversion with small children. Since both groups contained a majority of sex offenders, a discussion of sex and the offenders' sexual misdeeds seemed a natural topic. The *content* of both sessions, therefore, was alike, but everything else, i.e., transference toward the therapist, methodology and conceptualization of the subject, was divergent.

In Group A, one member talked continuously, with the other members chiming in now and then. From his revelations of his many rapes and the "technique" of his rape, the writer was reminded by him of the fetishist as described by Stekel: "The fetish lover is a Don Juan type or has, at least, secret appetites of this kind. But they are at war with his inner morality. Instead of collecting women, however, he collects fetishes."¹⁴ He dwelt upon his early childhood, his sexual manipulations and how he came to the conclusion that his subsequent "career" of crime was the only way to go on. While the members of the group seemed to agree that crime paid "up to a point," they admired, or disagreed with, the man's insight that his trail of crime was due to his early childhood. It seemed to the visitor then that some of the unconscious motives, outwardly those of resistance to therapy, came to the surface for an all too brief moment.

12. GOLDFARB, WALTER; PAUL PARK, *Dynamic Role of Group Therapy in the total Treatment Program of Psychotic Patients*, AMERICAN J. PSYCHOTHERAPY, V:518, 1951.

13. GROTJAHN, MARTIN, *The Process of Maturation in Group Therapy and in the Group Therapist*, PSYCHIATRY, 13:63, 1950.

14. STEKEL, WILHELM, *Sexual Aberrations. The Phenomena of Fetishism in Relation to Sex*. New York: Livenight, 1932 and 1950, p. 21.

The member in Group B who did all the talking was also a sex offender convicted of rape. But his memories did not go back to his childhood. This member dwelt on the present, and very much so. Most of his analysis centered around dreams. The patient always giggled when he started the narrative of a dream, saying that he did not remember which shape, human or animal, he represented, similar to that Chinese poet as quoted from Fromm: "I dreamt last night that I was a butterfly and now I don't know whether I am a man who dreamt he was a butterfly or perhaps a butterfly who dreams now that he is a man."¹⁵ He was forever wishing to sleep and looked forward to his dreams in order to have the gratification of wish-fulfillment. Through his dreams this member revealed some of his unconscious motives to the groups in the way as Freud had summed it up with, "Every successful dream is a fulfillment of the patient's wish."¹⁶

In both groups the transference toward the therapist seemed to be well established for many sessions. How did this transference phenomenon change and, if so, in which way when the visitor entered the scene?

TRANSFERENCE TOWARD THE VISITOR

In Group A, the visitor was introduced to the group at once by the therapist and remained mute, tacit, and unnoticed for the rest of the session. In Group B, the therapist absentmindedly omitted the introduction and the group loudly demanded to know who the visitor was.

Immediately after the therapist's introduction of the visitor to Group A, one member seized the conversation and managed to remain the center of "attraction" for the rest of the session. While the visitor apparently was forgotten, the former sensed some "atmospheric" current between the group and him. When the patient continued to unload his childhood experiences, stressing his Don-Juan nature with self-conscious vanity, the group seemed to look to the visitor rather than to the therapist for approval. According to the therapist, this patient used the same technique of verbal exhibitionism anytime a visitor was present!

In Group B, the members had taken a keener interest in the visitor than those of Group A. Yet, when the principal protagonist spoke of his many dreams, the members seemed to have forgotten the visitor entirely. At no time did the visitor have the impression that any transference of the group toward him was effected.

15. FROMM, ERICH, *THE FORGOTTEN LANGUAGE*, New York, Rinehart, 1951, p. 5.

16. FREUD, SIGMUND, *THE INTERPRETATION OF DREAMS*, New York: Carlton House, 1931, p. 134.

INTERPRETATION OF THE VISITOR

The therapist of Group B interpreted freely, as he seemed to have less experience. On the other hand, he used interpretation appropriately, because the patient's "expressions of specific emotional trends (were) sufficiently solidified."¹⁷ This theory seems to correspond with that of Schilder, who maintains that a body of knowledge has in itself a moral point of view and practically forces definite action by the therapist.¹⁸ The visitor was also prone to side with Slavson that the group leader's success depends on "solidity as well as flexibility of its own personality integration, suitability of temperament, capacity of understanding others, emphatic index, knowledge of the complexities of behavior and his training and experience in the specialty."¹⁹

The visitor also seemed to note that, in view of the protagonists' seizing the conversation for the duration of the sessions, the therapists were distracted from the group in toto and concentrated on one patient only. This experience coincided with the conclusions of Gorlow, Hoch, and Telschow who found that "group leaders consistently interact more frequently with the more active group members."²⁰ Both therapists seemed to be unaware of it, when the visitor called the "one-sided" interaction with one patient to their attention, but claimed that "at least one member" seemed to have benefited by "opening up."

CONCLUSIONS

The above-described experiment will be continued. As already stated, much of this writer's comments are based on impressions rather than scientifically based facts. While the role of a visitor appears to be distinctly different from that of a co-therapist or an observer, this writer wished to point out some of the generic elements in transference common to most, if not all, situations.

It seems significant to this writer that the "permissive atmosphere" without which effective psychotherapy is not feasible can be possible and realistic in a correctional setting, such as the one described at the Medical Facility on Terminal Island.

17. ACKERMAN, NATHAN M., *Some Theoretical Aspects of Group Psychotherapy*, in J. L. MORENO (Ed.), *GROUP PSYCHOTHERAPY: A SYMPOSIUM*, New York: Beacon House, 1945.

18. SCHILDER, PAUL, *Results and Problems of Group Psychotherapy in Severe Neuroses*, *MENTAL HYGIENE*, 23:87-99, 1939.

19. SLAVSON, S. H., *THE PRACTICE OF GROUP THERAPY*, New York: International Universities Press, 1947.

20. GORLOW, LEON; ERASMUS L. HOCH; and EARL F. TELSCHOW, *THE NATURE OF NON-DIRECTIVE GROUP PSYCHOTHERAPY*, New York; Teachers College, Columbia University, 1952, p. 108.