1953

A study of the application of case work and group therapy to six patients at the Briggs Clinic for emotional problems in adults.

BOSTON UNIVERSITY
SCHOOL OF SOCIAL WORK

A STUDY OF THE APPLICATION OF CASE WORK AND GROUP THERAPY TO SIX PATIENTS AT THE BRIGGS CLINIC FOR EMOTIONAL PROBLEMS IN ADULTS

A thesis

Submitted by

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CHAPTER I

INTRODUCTION

General Purpose.

The purpose of this thesis is to study the application of case work and group therapy to six patients at the Briggs Clinic. The emphasis of this study will be upon the group process in order to determine what purposes the group therapy seemed to serve in the therapy of the six patients, and whether or not the therapy group helped the patients. The questions proposed are:

1. What purpose did the therapy group serve in the therapy of the patients?

2. Did the therapy group help the patients?

Scope of the Study.

This is a study of six women patients who attended Briggs Clinic from February 1950 to March 1951. All six patients were seen by the same case worker in regular treatment interviews for four months. Following the case work treatment the patients were placed in group therapy. Their case worker was also the leader of the therapy group. Four of the patients started the therapy group together. One patient entered the therapy group three months after its start. The other patient entered the therapy group four

months after its start. Group therapy lasted for seven and a half months.

Sources of Data.

The case material used in this study was taken from the closed files of Briggs Clinic. The therapy group consisted of the six patients studied. In discussions with the staff of the clinic, it was learned that only two social workers had ever applied both case work and group therapy to patients at Briggs Clinic. Their purpose was to determine if patients could be terminated from case work treatment in a group setting. The writer reviewed all of these groups that the social workers dealt with.

The group under study was selected because of its thorough recordings and because of the length of the case work and group therapy services.

Because the case worker involved in this study was not available for consultation, all of the data presented represents the material as interpreted by the writer. In discussions with another case worker of the clinic's, Mrs. Carmen Sanders, who was present at all "group therapy consultations" some assistance was offered in clarifying the reasons for the application of case work and group therapy to the six patients studied.

Methods of Procedure.

The scheme for the presentation of the material of

this study was to present both the case work data and the group therapy data for each patient. A schedule (see appendix) was formulated to aid in the gathering of pertinent data for each case. The outline of questions for case work were:

1. What was the reason for coming to the Briggs Clinic?
2. What were the areas of discussion in the case work treatment?
3. What were the results from the case work?
4. What was the reason for the termination of the case work?

The outline of questions for group therapy were:

1. What was the reason for referral to group therapy?
2. What were the areas of discussion in group therapy?
3. What were the results from group therapy?
4. What was the reason for termination of group therapy?

The criterion for the results of case work and group therapy were:

1. Changes in adaptive efficiency.
2. Changes in disabling habits and conditions.
3. Changes in attitude or understanding as evident from client's verbalization.
4. Changes in environmental situation.[1]

All significant group meetings were recorded for each patient. In this way, the writer has tried to emphasize the group data so as to determine the purposes that the therapy group served, and to determine if the therapy group helped the patients.

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1 A. Hunt and B. Kogan, Measuring Results in Social Case Work, p. 5.

Limitations of the Study.

"Just as in individual therapy, there are numerous forms of group therapy."[2] The writer agrees that there are numerous forms of group therapy. Because there are numerous forms of group therapy, there may be numerous purposes for therapy groups. Since this may be so, the writer wishes to state that the conclusions derived from this study are not vague generalities for all groups at all times. But the conclusions drawn from this study pertain only to this particular study of the six patients at the Briggs Clinic from February 1950 to March 1951.

Setting and Function of Briggs Clinic.

Briggs Clinic, where this study originates, is located in a red brick building on Blue Hill Avenue in Dorchester, Massachusetts. It is situated apart from the Boston State Hospital yet close enough to utilize its personnel and physical facilities. Dr. Walter E. Barton, Superintendent of the hospital, envisaged this clinic as an out-patient department of the Boston State Hospital. The clinic's goal is to reduce the number of the mentally ill seeking admission to state hospitals by meeting the needs of these people when their adjustment in the community is satisfactory enough to treat them on an out-patient basis. This serves a dual purpose:

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2 Saul Scheidlinger, "Group Therapy, Its Place in Psychotherapy," Journal of Social Case Work, 39:300, October, 1948.

1. Substantially reducing the number of admissions by aiding these people before institutionalization is deemed necessary.

2. Assisting those persons who feel some type of emotional therapy is needed other than confinement in a state hospital.

The clinic was created in February, 1950 and given the name Briggs Clinic after the distinguished Massachusetts psychiatrist, L. Vernon Briggs, who pioneered for the better understanding and recognition of mental illness.

The clinic operates on a daily schedule from Monday through Friday, nine to five. Its age limit under usual circumstances is from sixteen to fifty-five years. No patient is accepted whose weekly income exceeds seventy-five dollars per week as it is felt that these people can seek private treatment, and, thus it gives those who are unable to afford private treatment the opportunity to receive such at Briggs Clinic. The usual form of treatment at the clinic is individual psychotherapy. Under certain circumstances, as judged by the clinical director, electric shock therapy may be recommended on an out-patient basis with supportive therapy given at the clinic concurrently with E.S.T. Group therapy is also utilized by the staff; this is also recommended and supervised by the director of the clinic and depends upon the training and capabilities of each therapist.

The present staff at Briggs Clinic consists of two clerical workers, one clinical psychologist, two social workers, and one psychiatrist who is the clinical director. The staff is also supplemented by four students from the Boston University and Boston College Schools of Social Work and from resident psychiatrists of the Boston State Hospital. Social work students are supervised by the staff social workers.

The function of the social workers at this clinic consists of intake and regular case load assignments. Case assignments depend upon the nature of the problem presented by the patient, the individual capabilities of the worker, and upon the authorization of the director. Conferences are held daily with the staff and problems pertaining to diagnosis and treatment are presented. It is to be noted that all aspects of the social worker's function as a therapist are also carefully supervised by the director. There are obvious differences between the therapy used by psychiatrists, psychologists, and social workers. In brief, the primary difference is that the social worker remains on the conscious level and gives no direct dynamic interpretation to the patient. Group therapy has been utilized and in all probability will continue to be utilized by social workers. Group therapy, as is individual therapy, is closely supervised, and weekly conferences are set aside for the presentation of

problems inherent in its use. There are also apparent differences in the level of group therapy employed by psychiatrists, psychologists, and social workers.

CHAPTER II

SURVEY OF THE LITERATURE

Doctors Thorley and Craske have written from their investigations of group and individual methods of treatment that:

> Two separate groups of psychiatric patients with almost similar psychiatric syndromes were treated separately; one through group therapy with Doctor Thorley as therapist, the other through individual therapy with Doctor Craske as therapist, the results were found to be similar in both cases.[1]

What is discussed and learned during case work seems to come out again in a therapy group. But what was discussed in case work seems to become a part of the patient's understanding of himself in a therapy group. Patients seem not only understanding of their past attitudes but are also willing to incorporate newer values into their behavior.

Along with this acquisition of new behavior patterns is a tendency of patients to act out their past behavior difficulties in a therapy group. It seems, then, that patients act out past conflicts and newly acquired patterns of behavior in group therapy.

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1 G. Thorley and H. Craske, "The Comparison and Estimate of Group and Individual Methods of Treatment," British Medical Journal, 9:100, 1950.

> The group provided a non-threatening, accepting, environment in which the patient could act out his new found strength and his repressed drives for aggressiveness and independence. .....At the same time, the case work relationship provided the necessary stabilizing and supporting influence which the patient used as a basis for growth.[2]

Group therapy thus offers patients a reality situation in which to act out past behavior and to test newly acquired behavior patterns.

> Since the group relationships represent a reality setting, social relationships (and values) can be improved through trial and error experiences.[3]

This is somewhat similar to what children experience when they select and test approved ways of behaving. They test ways of adjusting to their surrounding environment, their family. A therapy group can also represent to each patient a re-created family with the members of a group, the siblings of the family; and the leader of a group, the parental figure.

> What are the dynamic elements operating in group therapy? Most writers stress first and foremost the re-creation of a family setting, with the therapist assuming the role of the parent figure and the members of the group representing the parent's siblings.[4]

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2 R. Slavson and H. Miller, "Integration of Individual and Group Therapy in the Treatment of a Problem Boy," Journal of Orthopsychiatry, 9:797, October, 1939.

3 Saul Scheidlinger, "Group Therapy, Its Place In Psychotherapy," Journal of Social Case Work, 39:303, October, 1948.

4 Ibid., p. 301.

This is perhaps a rather unique form of manipulation for the case worker when he can re-create for a patient an artificial family situation. In this artificial family situation a patient is able to re-evaluate, modify, and test his new values in a relatively understanding, and accepting family (the group) with an especially permissive, honest, and sincere parent (the therapist).

One also finds that a therapy group offers a common feeling of security and belonging which enables patients to confide in the group and to act out their past conflicts and newly acquired values.

> The cement that makes a group out of individuals, that leads among them to the feeling of belonging together, of mutual protection of otherwise unrelated individual personalities, of the idea of one for all, and all for one, is the identification with each other because of their common attachment to a leader (the parental figure). The phenomenon has its original model in the situation within the family where the natural rivalry and jealousy between the children, then competition for the parental love which creates conflicts and dangers, leads to identification, and beyond that reactively to mutual protection and love.[5]

What better opportunity is there for a patient to improve his adaptive behavior than in this artificial family situation?

> In contrast to the artificiality of the individual therapeutic setting which with necessity emphasizes the difference to the actual social living situation, the group is much closer in all its

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5 Oscar Sternbach, "The Dynamics of Personality Change in the Group," Unpublished Master's Thesis, New York School of Social Work, p. 19, 1945.

> aspects to real life. It has thus the added value of mobilizing the therapeutic forces without far removal from social reality.....
>
> While therapy in individual relationships is impossible without the testing ground and the satisfactions of outside life--this is to a much larger extent offerable in the group within the therapeutic medium itself. The use of group processes for therapy can thus lead to devising a therapy through conditioned living experiences.[6]

Dr. Nathan Ackerman has listed six therapeutic results of group therapy.

1. Provides emotional support through group relationships.
2. Activates emotional release in conflicts, releases pent-up aggressions.
3. Reduces guilt and anxiety through universalization of common forms of conflict.
4. Offers opportunity for testing various forms of social reality.
5. Provides opportunity for modification of the concept self in the direction of increased self-esteem and recognition of constructive capacities.
6. Fosters the development of insight arising from an actual living out of emotional drives.[7]

A therapy group offers a patient added support. Through this group support, a patient is more secure and this enables him to release psychic energy which in the past had

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6 Ibid., p. 29.

7 Nathan Ackerman, "Some Theoretical Aspects of Group Psychotherapy," Group Psychotherapy, A Symposium, p. 119, 1945.

been utilized in employing defenses to protect himself. This added support enables the patient to express repressed feelings of hurt and anger, or desires to be loved and nutured, or wishes to be sexually seduced. This is the tendency to express more infantile impulses or the potential tendency toward regression which is a factor of great importance in the dynamics of group treatment.

> We may say that the mental superstructure, the development of which in individuals shows such dissimilarities, is removed, (in the group) and that the unconscious foundations which are similar in everyone, stand exposed to view..... the individual is brought under conditions which allow him to throw off the repressions of his unconscious instincts.[8]

A patient in a therapy group finds the expression of infantile impulses more possible through the permissiveness of the group leader and the support of the other group members. In a therapy group, he does not receive the reproach, the condemnation, or the rejection that he has experienced elsewhere. These satisfactions within a group decrease the need to act out outside of a group considerably. The ability to adjust to the outside world will, in this way, be helped. The group becomes a necessity in the individual's life. Restrictions which the group life imposes are accepted through identification in order to avoid the now unbearable conflict

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8 Sigmund Freud, Group Psychology and the Analysis of the Ego, p. 9.

between their instinctual demands and their fear of rejection from the group. But the protection and acceptance of a group and its leader gives a patient more expectations of security and satisfaction from others, i.e., society. The patient is more interested in society and its satisfactions, and is able to find new outlets for his instinctual life. His needs, through the satisfactions of a therapy group, are decreased and are now more easily controlled. The control of these instincts are facilitated by the internalization of the social demands, and, thereby, diverts aggression into more useful channels. These instincts are directed into self control, and into the purposes of the group which, by identification, becomes those of the patient. Thus the needs and the satisfactions of the other patients become the goal of the interest of the individual. He is for the first time able to love, while before he could only hate.

Yet this identification with other members and the leader also stimulates the individual toward sublimatory applications. This is accomplished through group contacts, discussions, and the exchange of interests and experiences. So, a therapy group not only offers satisfactions for regressive, instinctual demands, but gives also socially acceptable satisfactions, so unlike the previous individual therapeutic relationship, which has very little room for this. The patient of group therapy, with his strengthened ego, his

greater self-confidence, his increased adjustability to the demands of society, and his widened interest in social activities, is eventually led into the desire for and the capacity to join other groups that give more status and richer social satisfactions.

If one now compares the dynamics of progress in individual therapy with the dynamics of the group, it is then not difficult to recognize these distinct advantages that a therapy group can offer.

1. The greater possibilities for direct libidinal satisfactions which the group offers to the patient through the acting out, and the opportunity to be both aggressive and passive.

2. The lessening of guilt and anxiety through being exposed to the therapist (the parental figure) as individuals because of the feeling of security and protection, so necessary for therapy in many an individual, is more easily established in the group than in individual therapy.

3. The group acceptance takes the place of society's acceptance. The patient displaces his infantile impulses to the group members where they are satisfied with less guilt and are transformed into more mature, useful and social impulses. This process is stimulated by direct satisfactions that provide the reward for the giving up of these impulses.... the patient is rewarded at first by his recognition within the group and while the patient's identification with the group progresses, he achieves growth through the group's progress. He becomes able to lead where before he was only led.[9]

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9 Oscar Sternbach, "The Dynamics of Personality Change in the Group," Unpublished Master's Thesis, New York School of Social Work, p. 32, 1945.

CHAPTER III

PRESENTATION OF MATERIAL

The following material represents the case work and group therapy of the six patients in the study.

The therapy group consited of these six patients. The leader of the therapy group was also the case worker for each individual. All six patients of the group were married women. Their ages ranged from twenty-five to fifty-five years. Four of the six patients were Jewish. The other two patients were Catholic. Three of the patients were diagnosed as psychoneurotic, two of the psychoneurotics had mild depressive elements, the third was an obsessive-compulsive type. The three other patients were diagnosed, respectively, as involutional depression, reactive depression, and mild anxiety type. Supportive therapy was recommended in case work for all six patients.

The worker's reason for group therapy in each case was to prepare the patient for termination of treatment. Although this was the intended reason for the therapy group, each patient used the group to meet her own needs and satisfactions.

The duration of case work ranged from one to five months. The mean average was four months. The duration of group therapy ranged from three to seven and one half months.

The mean average was five months. Four of the patients started group therapy together. One of these four patients left the therapy group after one month. One patient joined the therapy group three months after its start. The other patient joined the therapy group four months after its start. All of the patients, except the one who left the group after one month, terminated treatment at the expiration of the therapy group.

In the group analysis, each of the group sessions attended by each member will be numbered consecutively. Thus the number before each group session is not the consecutive number of group meetings, but the consecutive group sessions attended by the patient. Not all of the patients attended each group session.

CASE I

The Case of Anna Rose.

> The patient was a forty-five year old, Jewish, married woman who complained of feelings of depression which prevented her from caring for her two children and husband. Her husband and she had decided that she seek help as they had known of a previous patient who seemed to be helped by the clinic. She described herself as the only child of an unhappy and broken family. Her father was a bootlegger and was known to be promiscuous with other women. He was sentenced to prison when the patient was seventeen and died four years later. The patient said she, too, had been loose and promiscuous in her youth and had

run away from home at the age of twenty. The patient lived in New York where she met her present husband. She had been married for sixteen years which she felt were most satisfactory. The patient lived at home with her two children, husband, and mother.

She described her symptoms as "a depressed feeling" which she attributed to her worrying over financial matters, her jealousy over her young radiant daughter, and her guilt over her past promiscuous behavior. The patient also seemed to have hostile feelings for her mother who lived with her and for her husband who she felt did not provide adequately for the home. This hostility, although apparent to the worker, was not expressed by the patient.

When seen by the psychiatrist, the patient was diagnosed as having involutional depression. Recommendations for treatment were in terms of psychotherapy. The worker's therapy was to be employed with an especially understanding and accepting manner to prove to the patient that she was loved and understood. If this was successful, treatment was to include exploration of her relationship with her husband in an effort to have her see the nature of her hostility toward him which she had denied all of these years.

Discussion.

In the course of treatment, the patient was able to bring out feelings of anger toward her husband, of jealousy of her young daughter, and of her resentment towards her mother. Yet, throughout these interviews her depressive moods were becoming more apparent and it was decided that shock therapy was needed. In one month the patient received eight shock treatments. Following this treatment, she improved and became more amenable to case work. She became more alert and brighter in appearance and expressed ability

to relax at home. She talked of her shock treatment and hoped she would never need it again. Following the ventilation of her feelings she again talked of her relationship with her husband and of her financial limitations, but now that it was not as important as love and respect. She became more interested in her home and decided to let her husband worry about finances. The patient found it easier to express her love for her husband as she reasoned he had consistently accepted and understood her through all of her emotional difficulties.

It appeared that the case work relationship seemed to promote some improvement for the patient. The shock therapy also helped to make the patient more amenable for treatment. Group therapy was recommended for this patient. It was recommended in order to terminate treatment for the patient.

GROUP THERAPY

First Session. Sixteenth Group Session.

During the first session the patient was very tense and frightened. She appeared most tense and very talkative and said she didn't need the help of the group nor their sympathy. The group expressed understanding of her feelings and the patient seemed to pour forth her experiences of electric shock treatment and of the intensity of her illness. The patient did much talking in the group and seemed to gain relief from this experience. The patient talked with much feeling of being at home all the time and of not having the activities and friendships that she desired. The patient also spoke of her adolescent daughter who curses her. The patient was accepted and apparently helped by the other group members.

Second Session.

The patient in this session seemed more able to sit and listen to the problems of others. She talked of her adolescent daughter and discussed with the group her feelings about her daughter's meeting boys at corner stores. The patient talked of community plans of having boys and girls meet at social gatherings and talked of the interest shown by her husband in this community project. She saw how a husband and wife could work together in meeting common problems! Discussion was raised as to how people provoke arguments. The patient saw how she provoked her arguments with her husband when she expressed her need for more money. The group felt that the patient should not stress financial limitations as this only aggravated the situation. The patient saw that she expressed this financial dissatisfaction only when she was angry with her husband. The patient discussed her hesitance in telling her mother to leave her home. Her husband did not want his mother-in-law in the home but the patient felt her warmth and support helped her in arguments with her husband.

Third Session.

The patient talked of going away for a vacation. The group discussed the vacation in terms of what it meant and what it would do to the children and husband. It was decided by the group that this vacation was in reality an escape from the patient's pressing problem. The patient talked of her mother finally leaving home. The patient felt her husband was responsible for this as he had felt the mother-in-law was catering to his wife too much.

Fourth Session.

The patient came to this group meeting and spoke about her New York trip. She talked of having difficulty with her husband after three weeks of relative quiet. Difficulty arose when the patient felt she should have stayed home tonight to care for a sick child and her husband felt she should attend the group meeting. The patient said she realized the trip to New York did not solve anything but did give her a new

perspective. The patient said she had loved her husband when they were married but after a while lost this love. The patient believed that this love could be restored. A discussion of group termination was introduced by the leader. The patient expressed resentment over stopping group treatment at this time.

Fifth Session.

The patient was very sympathetic with the problem of M.N. The patient talked of her trip to New York and expressed her sorrow for missing out on some of the finer things in life, i.e., culture. The patient agreed with the other members of the group that the most important thing in life was understanding and love. The patient asked the worker whether she felt the members were ready for group termination.

Seventh Session.

Today the patient brought in her difficulty with her young son who was fresh and rough with the other children in the neighborhood. The patient had argued over this with her husband, and had been blaming him for the child's delinquency. The patient and the group felt she was on the defensive about being a poor mother. The patient saw this and felt she had many problems to work out yet. Dependency feelings were then discussed--but no talk of its relation to the dependency situation within the group.

Eighth Session.

The patient came in and discussed medical treatment necessary for one of her son's boy friends whom he had mistreated. The group discussed fear of what the patient had thought in regard to how others had regarded her. The group thought the patient might have felt that others thought she was a poor mother because of this incident. The patient again asked for further treatment after the termination of the group, but finally decided that she would be able to cope with problems in the home much better after

another group session. The patient felt other problems would naturally arise but that she had better ways to handle them now.

Ninth Session.

The patient came today and said that "treatment had opened up to her an entirely different area of thought and that she felt she could really begin to live." The patient talked some of her mother being ill but commented that she resisted having her mother return to her home. The patient also expressed hostility toward a "Mother's Benefit Group" which she felt did not help her when she needed it. The group discussion centered upon the patients' awareness of their anger and resentment which they felt up until now, they were unable to express. The group felt this patient displayed a very sensitive attitude to things and was now capable of admitting angry feelings. "The patient was no longer depressed but seemed to possess a fine sense of humor and was quite level-headed in her discussions."

Discussion.

When the patient first started group therapy, she was quite fearful of the group's acceptance of her. The patient at first spoke incessantly but the group accepted and understood this. Before long, the patient was a well integrated part of the group and did not hesitate to express herself. By the end of group therapy, the patient was able to get along very well in the group.

The patient herself felt "entirely different" and expressed confidence in handling future problems more successfully. The patient's values changed somewhat. The patient now felt understanding and love were more important than her financial status.

This patient was apparently one who had never received from her own family the love and acceptance that she needed. When she felt her own husband and family did not offer it, she broke down--at a time when she was losing many of her functions that personify the desirable woman; fertility and youth's seductiveness which she had so ably utilized in the past to gain love and attention. During the group meetings she first denied that she sought understanding and sympathy but as she perceived her acceptance as a useful contributing member of the group, she began to relax and participated more freely in the group. She acted out the role of an insecure person who sought the encouragement and support from the group members, and did receive group encouragement. It was then that she could see herself as a value to herself and to others. Her childhood needs for recognition and acceptance were seen operating in the group and through these resolved needs she seemed to improve considerably. The therapy group seemed to have helped this patient immeasurably.

CASE II

The Case of Teresa Rebello.

Teresa Rebello was a fifty-five year old Jewish woman. She had three children; two daughters and a son, all of whom were married. She and her husband lived alone in their home. During the early interviews, she appeared mildly depressed and complained of numerous somatic difficulties--some of which consisted of suffering sensations of machinery in her stomach, of trembling hands, of a choked feeling, and of an inability to relax or sleep at home. She came to the clinic at the insistence of her children who appeared quite disgusted at what they felt was their mother's way to gain their attention. The patient admitted being depressed and of feeling she was useless now that her children were grown up and on their own. She also discussed her past background of financial deprivation and was afraid that her young married daughter would also suffer similar financial deprivation.

The patient was seen by the clinical director and diagnosed as psychoneurotic, mixed type, with multiple somatic complaints, and mild depressive elements. Treatment recommendations were to support this patient and to employ a sympathetic and understanding role in order to help the patient to express her feelings and anxieties. This would enable her to make a better adjustment with the rest of the family.

Discussion.

In the treatment situations, the patient directed her problems to her ailments and sought the attention and help of all at the clinic. She frequently requested medicine to relieve her symptoms. Before long she was able to discuss her past relationships with her family, describing them as a closely knit family until their marriage. From then on the patient recalled the occurrence of her present symptoms. She

talked about her fears for her younger married daughter who appeared to be facing similar financial difficulties. She was able to express her anger and disappointment over her children who left her alone, and, through this ventilation, she was able to set for herself a new role in her family. She was able to express herself more easily and learned to conform to the wishes of others and to develop and maintain friendships with other neighbors, something she had been unable to do previously. At the completion of the case work relationship she was beginning to conform to this new role. It was then that she was recommended for group therapy. Group therapy was recommended as a means to terminate treatment.

GROUP THERAPY

First Session. First Group Session.

The patient appeared well dressed for her first meeting and in a rather optimistic vein. She expressed no problems but felt discussion of "various experiences" with the group would prove helpful. The patient seemed to identify with the group leader and played a role of mediator between a young married woman and a middle-aged woman who presented adolescent problems at home.

Second Session.

The patient still appeared to be playing the mediator's role to other members of the group. The patient expressed some of her daughter's problems in relation to the presentation of other patients' difficulties with their daughters.

Third Session.

The patient again assumed the mediator's role but began to be more involved with her own problems. Discussion was raised as to resentment against the group members' mothers. The patient was unable to express any resentment against her mother. The group pointed out to the patient her over-protectiveness of her young son. The patient maintained she was only trying to give her children more than she had ever received when she was a child.

Fourth Session.

The patient was quite tearful during this session and talked much of her many sacrifices for her children. The patient talked of her over-indulgence toward her son who she now felt was too dependent upon her. The group felt she had made herself a "door mat" for her children. The patient protected herself and felt she had been a good mother to her family. The group accused the patient of thinking of her nervousness too much and the patient seemed to accept this. She was more active in relating her own problems to the group.

Fifth Session.

The patient looked much better at this session and showed understanding and sympathy toward another patient who had been expressing grief over her mother's death.

Sixth Session.

She expressed much feeling today and cried often. The patient talked of her daughters who she felt had not married successfully. The patient expressed resentment toward her husband who she felt was too jealous of her sociability. She appeared much healthier and seemed to be free of her physical symptoms. The patient was able to release much of her pent up feelings today.

Seventh Session.

The patient came in today complaining of her physical pains and occasionally took a whiff of smelling salts. She complained to the group she

had not been sleeping nights. The group felt the patient was again making too much of her physical symptoms. The patient presented problems of her husband's jealousy. She was helped by the group to see her problems with the landlady more clearly. The patient left the group session rather disappointed.

Eighth Session.

The patient seemed to be looking well during this session but again complained of not being able to sleep at night. The patient spoke about her young son who she felt was too dependent upon her. The patient began to express resentment of this dependency but was unable to refuse the child's demands. She has expressed open resentment of the child and was beginning to see how the husband and wife entertained the child's dependency.

Ninth Session.

The patient appeared quite enthusiastic in the group meeting. While the patient did less talking than usual, she seemed to enter into the sharing of problems and displayed much warmth to a new member of the group.

Tenth Session.

The patient seemed very greatly improved in her friendship toward another group member. She did not complain as often of her physical pains nor did she talk as much as previously. The patient was able to look at her present problem more clearly. This was a growing awareness of her resentment toward a young married son who she felt made her nervous from his dependent demands and manner. The patient was still reluctant to associate these feelings with her present physical condition, saying she has always been nervous. The group pointed out the patient's strong feeling of pride which has prevented her from accepting any type of charity.

Eleventh Session.

The patient again looked rather well and had a new dress and coat. She talked of speaking to

her son and having him agree to contribute more to the household. The group members felt the patient was finally allowing her son to "grow and assume obligations." The patient and the group discussed resentment toward husbands and how it led to the wives denying them a husband and wife relationship. She seemed to agree with this and felt this had been the case with her.

Twelfth Session.

The patient seemed quite warm and accepting of a new group member. The group discussed envy and resentment of others and of confidentialty among group members. The patient brought out her husband's envy of the patient's group of friends outside of the family circle. The patient seemed rather quiet at this session and seemed to leave the discussion to the younger members of the group. Yet there was group solidarity and all agreed they liked group treatment more than individual treatment.

Thirteenth Session.

After missing four sessions, the patient arrived today looking very well. She was quite active in the group and took part in discussing the problems of children in the home. The patient expressed some anger toward her mother and appreciated the feelings of children, yet has continued to express hurt feelings when not respected by them.

Fourteenth Session.

The patient came to the group looking rather well. She complained of a few sleepless nights but looked very much improved. The patient spoke of her lack of education today but was warmly accepted and complimented for her good judgment in the group sessions. She talked of her son's jealousy today, saying she was devoting much attention to her son's ill child. The group brought out discussion of the patient's son who expressed real anger because of the patient's over-protectiveness of him. He felt she now displaced this over-protectiveness to his son. The group discussed this situation thoroughly with the patient and they appeared quite interested in working this out for the patient.

Fifteenth Session.

The patient expressed much resentment towards her young son who she felt was not contributing enough. The patient wished she might move from the family influence. The discussion was raised as to how feelings of being an inadequate mother led to over-protectiveness and fostered dependency. Since termination of the group had been raised, the patient expressed doubt and fear that she could handle her problems without the help of the clinic. The patient expressed fear that her physical symptoms would reappear.

Sixteenth Session.

The patient expressed doubt again of her ability to cope with problems without the help of the clinic. The patient reviewed the problem with her dependent son but felt she now was able to express angry feelings, something she was unable to do in the past. Discussion centered upon dependency yearnings and how it sometimes led to feelings of hurt and anger when unsatisfied. The group exhibited warmth and willingness to help each other in specific problems. All expressed disappointment over termination of the group but some were proud of the ability to cope with their own individual problem.

Discussion.

The patient first reacted to the group situation as a mediator and as a mother who had to express sympathy and understanding to other members. Yet, the patient withheld her personal problems. As the group meetings continued, the patient left her mother role and participated with more of her own problems. She began to express her resentment toward her dependent son and her jealous husband. In consequent meetings, the group assuaged many of her inadequate feelings which helped her to release her hold over her young son.

With expression of the patient's feelings and some insight into her over-protectiveness, the patient's nervousness subsided. The patient's physical improvement was quite noticeable. The patient was accepted by the group and was a well integrated member. Some regression occurred during preparatory termination of the group and the patient expressed real fear lest improvement be not continued without help of the clinic.

This patient seemed to be hiding her own feelings and needs by playing the role of the mother or mediator of the group. Although she gained some satisfaction from this, her original conflict still remained unresolved. She then attempted to satisfy her need for attention from the group through her physical symptoms but her mechanisms were rather abruptly interpreted to her. Before long she participated more sincerely in the group and expressed herself rather easily. During the group sessions her appearance improved, her physical symptoms subsided, and her warmth and friendship to the other group members became evident. Many of her needs to feel wanted and useful were satisfied through the group, and some understanding of these needs was also gained. She wanted to feel useful despite the fact that her children were grown and independent and no longer needed her. This feeling of usefulness was gained through her helpful, active participation in the group and through the group's recognition of her.

CASE III

The Case of Martha Noon.

Martha Noon was a thirty-three year old Catholic married woman and the mother of three children. She was a thin, pale and tired looking woman who appeared quite nervous and tense during the first few interviews.

She complained of "depressed feelings" and of numerous somatic aches and pains. She described these complaints as strange physical sensations of pounding and of knots in her head, and of sensations of lightness. With this she complained of pains in her arms and of heaviness in her legs and ankles.

While the patient at first focused her difficulties around these somatic complaints, she later expressed numerous phobic symptoms and fears. Some of which included fears of "going insane, of committing suicide, and of travelling fast in a moving vehicle." In talking with this patient, evident hostility was expressed towards her home and her husband together with an extreme guilt reaction towards her youngest child who had contracted tuberculosis.

When seen by the psychiatrist, she was diagnosed as psychoneurotic, anxiety state, with depressive and phobic symptoms. Treatment plans were in terms of allowing the patient to ventilate her feelings, about her husband and to have her see how her angry and hurt feelings, resulting from this relationship, led to her present symptoms.

Discussion.

In the case work relationship the patient expressed much hostility toward her husband whom she felt had taken advantage of her by having her assume all of the family responsibilities. He had also brought his brother into the home which increased the patient's responsibilities. She

complained bitterly of her domestic duties and spoke of her desires to be dependent upon someone. The patient had attributed all of her difficulties to her mother whom she described as rigid, strict, and demanding; so much so, that the patient was forced to leave the home at an early age and enter into marriage. The patient seemed to have identified her present landlady with her mother and this led to furious arguments with the landlady. Many of the patient's sexual difficulties re-kindled with the added aggravation caused by this landlady. The patient attributed this sexual difficulty to her mother's rigid code at home. She felt her mother never told her of sex nor did she at this time even enjoy her sexual relations with her husband. The patient's landlady had accused the patient many times of being a filthy housekeeper which seemed to intensify her guilt.

During the course of treatment the patient became more comfortable in the interviews and from a shy, reticent woman became able to express her resentment towards her husband and others. Through this the patient became less depressed and fearful, and more understanding of her intense dependency upon others. Her somatic complaints were reduced considerably and she became more comfortable with herself and, above all, more able to express herself. Some discussion of sex was raised but it was felt by the worker that this problem, for the time being, remained relatively unresolved. This patient exhibited

evident dependence upon the worker at this time. It was felt that group therapy might help this patient to resolve her dependency and help her to terminate treatment.

GROUP THERAPY

First Session. First Group Session.

The patient talked readily of her fears of her son getting tuberculosis again. Some talk of sexual education arose, and the patient complained that mothers should have taught sex to their children when they were young. The patient identified with C. C. who also had similar sexual difficulties and problems with her landlord. Both expressed dissatisfaction with their mothers and seemed to project their difficulties toward an older patient who acted out the role of mother or mediator in the group.

Second Session.

The patient again talked of her sexual interests and related this to her guilt concerning her wishes not to have any more children. The patient felt three children were enough. The patient said all of these births were painful to her. All were Caesarean births. In this meeting the patient no longer seemed to project anger toward the older member of the group, but seemed to act favorably toward her and had said to her that she was surprised that they had so much knowledge in common.

Fourth and Fifth Session.

The patient was able to talk rather freely in the group. She formed a close relationship with a particular group member. The patient also talked of one group member who had recently left the group and expressed much dissatisfaction for her. The patient felt this group member brought out feelings of filth and unworthiness which only brought out the patient's own feelings of this.

Sixth and Seventh Session.

The patient again acted positively towards this older member of the group and discussed her feelings aroused by C. C., who had shared similar sexual difficulties. She had felt this member's attitudes were too threatening at the time but was now able to sympathize with C. C., who was no longer with the group.

Eighth Session.

The patient expressed hostility towards her husband, brother-in-law, and landlady. The patient felt her husband should have told his brother to leave their home. Difficulty with the landlady was also enumerated.

Ninth Session.

Group feeling increased with this patient as she has expressed more of her feelings concerning her past inability to express herself to her husband.

Eleventh Session.

The patient had expressed to the group improvement in her relationship to her husband, she was more understanding of her children, and was again trying to be friends with her brother-in-law. The patient also seemed able to discuss sexual matters freely in the group.

Thirteenth Session.

The patient was still active in the group and was able to discuss problems of others. The patient seemed to be warmly interested in helping others solve their problems. Termination of the group was discussed which seemed to confuse the patient.

Sixteenth Session.

The patient seemed to present more difficulty with her brother-in-law but felt her anger toward her landlady had dissipated and that her understanding of children was increasing. The patient seemed to be presenting somatic complaints again.

Seventeenth Session.

> The patient expressed disappointment over termination of the group, but she felt she was able to express anger towards others, something she was unable to do before this. The patient expressed positive feelings toward her husband, her brother-in-law, and her landlady.

Discussion.

Before much progress in the group situation was made, the patient had to feel a part of the group and feel secure within it. At first the patient played the angry adolescent daughter and identified with another patient, C. C., who had similar problems. Both expressed anger at an older member who was obviously acting-out a mother role. As the group meetings continued and the patient did appear to be clarifying her sexual difficulties, she became more friendly and positive toward this older member and more annoyed with C. C. With the help of the group she resolved these sexual conflicts and became more relaxed, comfortable, and tolerant of both members. She was then able to express herself more easily in the group and at home.

Some return of symptoms appeared during the termination of the group but this was not felt too indicative of any future trends. The patient evidently gained satisfactions from this group experience and while its purpose was to alleviate her dependency to the therapist, it was difficult to determine whether this was accomplished. But with the warmth and understanding of the group, she was able to discuss her sexual

thoughts and clarify them to herself. Through this she became more comfortable, became able to express herself and participated more freely with the group in other areas.

CASE IV

The Case of Cora Inez.

Cora Inez was a forty-five year old Jewish mother of four children. She appeared to be a rather colorless woman but one of better than average intelligence and capabilities. From the very first interview the worker was impressed by the patient's rather ambivalent ambitions. She described herself as being "the eldest child in a broken family." She described her mother as being loud and talkative but her father was more like herself, i.e., extremely prudent and uninterested about things like the opposite sex but more interested in school and classroom activities that could keep her busy. When she graduated from school, she became quite dissatisfied with living conditions at home and by working diligently, managed to acquire a well paying job which influenced her family to leave their undesirable neighborhood.

The patient came to the clinic because she was concerned over her nervousness and irritability with her children. She described them as "bold, resentful, discourteous, and defiant." The patient also expressed her anger over her dependent, irresponsible husband, who, nevertheless, was an adequate provider, but whom she felt was hopeless. All she hoped was that the clinic might help her to gain a better relationship with her children. When seen by the psychiatrist, the patient was diagnosed as mild anxiety reaction due to her husband-child relationships. Treatment recommendations were in terms of exploring these relationships with her husband and children in an effort to uncover her strong hostile feelings, as well as her feelings of despair, loneliness, and insecurity.

Discussion.

During the course of treatment, the patient brought out a sexual difficulty which she described as a feeling of prudishness when having sexual intercourse with her husband.

She felt he was too demanding in wanting coitus with her every evening. She felt this was too much and something she could not accept. Along with this the patient ventilated her resentment towards the "demands" of the family. She expressed the need to control the family and yet resented their dependency upon her.

Although the patient tended to intellectualize her problems, she evidently gained some awareness into her difficulties. She was able to see her evident ambivalence, i.e., her inclination to deny the wishes of her husband and children and assuming their responsibilities, yet blaming them for their lack of interest in these respects.

As time went by, the patient loosened up in her behavior with her husband and children and could observe some changes in the home. She described these changes as seeing her husband show more interest in the home, caring for the children's needs, and by allowing her children more responsibilities in the home and of making less demands upon them.

At this time group therapy was suggested for the patient. Group therapy was to serve the purpose of terminating the case work process.

GROUP THERAPY

First Session. Twelfth Group Session.

The patient called before the group met to say she would be late for the group session. The patient

said she wished to be an observer in the group, as she wanted to see how the group acted. When the group started, the patient remained quiet but as she seemed accepted by other group members, came out with her personal problems, i.e., feelings about her landlady and of crowded conditions in the home. The patient also talked quite heatedly of a twenty-seven year old nephew who was dating her thirteen year old daughter. Much group discussion was raised as to their impressions of sex. The group members were understanding of the patient's problems and the patient herself voiced a desire to return to the group meetings.

Second Session.

During this meeting the patient seemed to be quite loud in her discussions and evaded basic problems. When questioned about this, the patient became defensive and accused the group members and leader of not letting her get away from her difficulties. The patient seemed to monopolize the meeting but gained some satisfaction from one member who shared similar problems with adolescent daughters and husbands. The patient again expressed pleasure with the group meetings.

Third Session.

The patient again shared mutual problems of an adolescent daughter and an uncooperative husband with the other member. Both patients agreed they wanted peace and cooperation from their husbands.

Fourth Session.

The patient appeared for this session wearing a new coat and looked well. The patient was quite serious in her discussion with the group which centered upon resentment toward husbands. The patient felt much resentment originated from the husband and wife competing with each other. The patient felt she resented her husband because he was not considerate nor interested in sharing responsibilities at home. The patient said she expressed her resentment by ignoring his sexual advances. The patient felt this was a mistake and was going to try to please him. The patient and her husband were to go on a trip the following week,

and she said she would not be at the group session. Again the patient spoke of her satisfactions in the group and felt she was less tense in the group session because "she shared problems (in the group) but when she was alone with the leader she concentrated upon her own" (problems). The patient seemed to get a great deal of satisfaction out of discussing problems with the group.

Fifth Session.

The patient came to the group today and apologized for missing the last three sessions. The patient said illness in the family and her moving prevented her from attending the last three group sessions. The patient was again dressed very attractively and planned to meet her husband right after the group meeting. The patient entered into the group discussion which centered upon in-laws in the home and resulting dependency needs. The patient felt she resented her in-laws' dependency upon her and her husband. The patient did not seem to be affected by the announcement of next week's final meeting. She did whisper to another patient, that her own family situation was the same. Yet the patient looked very well and spoke of tinting her hair. The patient also talked with pride of her new home and showed much enthusiasm in talking with the group.

Discussion.

In the first session it was noted that the patient's expressed problem was that of an inadequate home, not that of her feelings concerning her children and husband. This was the focus of the problem, somewhat similar to the patient's past problem in her own childhood, i.e., of unsatisfactory living conditions. As time went on in the group sessions, the patient tended to control and monopolize the meetings, an experience similar to that at home, i.e., her tendency to direct and control others. Yet, as early as the third session,

the patient began to vocalize her real difficulties, and by the fourth meeting identified with other group members and shared in this belonging atmosphere. Although the patient only attended five group meetings, the patient tested her own past experiences in the group; of directing the group. As she felt more secure, in later meetings she was able to express her problems and voice her own solutions of moving to a better neighborhood, of giving into her husband sexually, and of modifying her competitive nature with him. Improvement could be noted as she spoke more positively of her husband and, simultaneously, improved her physical appearance.

CASE V

The Case of Gladys Scott.

> Gladys Scott was a plump, mild mannered, thirty-nine year old Jewish woman. She had lived home with her husband and two daughters and, until six months ago, with her deceased mother. She came to the clinic because of depressed feelings over her mother's death. The patient felt that she had inadvertantly contributed to her mother's death by shielding and protecting her from the frustrations of life, i.e., she had never allowed her mother to hear of the family difficulties and more or less treated her as a separate entity. Following the mother's death, six months ago, the patient felt she had done wrong by isolating her from the rest of the family and had made her feel unwanted and unimportant in the family. With this, the patient complained of her own irritability toward her husband and children. She explained this irritability as a clamming-up or as a cold, silent treatment given to those who would hurt her. The patient felt this silent treatment made her more depressed than ever, yet she knew of no other way to deal with her hurt feelings. The patient described her silent treatment as a trait inherited from her mother.
>
> When seen by the clinical director, the patient was diagnosed as reactive depression. Treatment recommendations were in terms of allowing the patient to recall and examine all of the fond memories of the patient's deceased mother and then to allow the patient to explore and clarify for herself her current mood.

Discussion.

The patient was seen for eight treatment hours in which time she was able to ventilate her feelings for her mother and to decide that her mother died of natural causes and that she herself did not contribute to her death. She was also able to explore with the worker the ways in which she had dealt with

her hurt feelings and the patient had decided that her silent treatment seemed to be an unsatisfactory adjustment pattern. The patient was beginning to express her feelings more and with this came improvement of her relations with her husband. Yet she expressed increased irritability and hostility toward her adolescent daughter in the interview situations.

It was at this time that group therapy was recommended for the patient as a way of expediting the termination of treatment.

GROUP THERAPY

First Session. First Group Session.

The patient arrived at the first session twenty minutes late. She seemed friendly and at ease in the group and did not hesitate to open up in the group in an effort to find help with her own problem. The patient was somewhat surprised at a younger member of the group who acted towards her as an angry adolescent daughter. At the end of the meeting she displayed resistance to the time of the next meeting.

Second Session.

The patient came to her second group meeting and appeared brighter in outlook. She seemed somewhat impertinent with another member and resented time involved to discuss other problems. When the patient was recognized she spoke more in generalities rather than upon her personal affairs. She seemed to envy other patients' family situations and lamented her own great responsibility toward her adolescent daughter. The patient again spoke of the younger patient last week who seemed to act towards her as an "angry adolescent daughter."

Third Session.

The patient came today and complained of last week's session, saying one member insisted upon keeping the floor. The patient felt very bitter about this and said she was tired of hearing about the problems of others. The patient realized this was her customary mode of reaction, i.e., dissatisfaction in listening to others relate their problems. The patient was critical of herself about this. Some group clarification was made as to the patient's real dissatisfaction, i.e., her own inability to express her own problems to others. This seemed to be accepted by the patient, as she went on to discuss her own personal trouble with her adolescent daughter. The patient commented at the end of the group meeting of a desire to come back but voiced a fear of the group breaking up.

Fourth Session.

The patient at first was quite sarcastic to another member of the group. When this member talked of attending her sister-in-law's unveiling, the patient became very tearful and mentioned her own mother's unveiling. The patient hesitated to continue talking of this but when encouraged by others, continued. The patient spoke of past childhood impressions which were quite painful to her. The patient seemed to gain much sympathy from other members of the group.

Fifth Session.

The patient hobbled into the group setting today and complained of a leg injury and asked for medical aid. The patient was told by group members that the group sessions were not a medical dispensary. Discussion rose as to the patient's demands for attention and help and her reactions when not receiving this attention, i.e., resentment toward others. This led to the patient's dependency needs and her fear of depending upon others lest she gain their resentment. The patient talked about her difficulties with her adolescent daughter whom she felt did not respect her. The patient also spoke about her husband commenting that she is less excitable toward him and has flared up at him less lately. The appointment time of the group was changed so as to accomodate the patient.

Sixth Session.

The patient appeared late for the meeting. She looked very well and was dressed well. The patient was enthusiastic about a school program that she had been participating in. She seemed to be evading her personal problems in this session, but with some encouragement discussed her difficulty with an adolescent daughter. Although the group session's time was rearranged to accomodate the patient, this was the first meeting attended for some weeks. The patient did agree to attend next week.

Seventh Session.

The patient again came late and was again dressed very attractively. She also expressed enthusiasm for the school program that they had put on the other evening. She was friendly with another member of the group and actively shared their mutual problems of an adolescent daughter and uncooperative husband!

Eighth Session.

The patient came dressed casually today and openly discussed some of the troubles with her husband whom she felt was envious and jealous of her acquaintances with the many male customers in their store. The patient also discussed her way of handling this situation, i.e., by giving him the silent treatment and of denying him sexual relations at night. Some discussion was raised as to how husbands and wives can be more sharing and cooperative with each other. The group decided that too much competition between husband and wife was harmful and led to insecurity. When the meeting ended, the patient expressed resentment toward the group leader and wondered "where the group would go from here."

Ninth Session.

The patient responded well to a new addition to the group today. She came out with many personal feelings in this session and in a much more friendly manner than in the past. The patient also talked about her feelings of anger towards those she loved most when she felt they were not giving her the understanding and love

she needed. She expressed her appreciation to the other members of the group for presenting her with flowers on her anniversary. The patient cried about this and said she had not expected such friendship from these members and it was more difficult when she felt she did not get such understanding and appreciation at home. She talked some of her problems with her adolescent daughter and was active in the group.

Tenth Session.

The patient again talked of her daughter and of her critical attitude toward the patient and her husband. The group helped her to see that some of her daughter's critical behavior stemmed from a feeling of rejection by her father and from competition with her mother. The group also discussed the daughter's religious fanaticism and apparent denial of interest in boys as originating from her father's rejection and of fears that she was not as capable as her mother. The patient accepted this and drew an analogy from her own childhood in which she too denied sexual interest in boys. The patient still denied childhood sexual feelings and felt she sometimes was not interested in a sexual partnership. The group raised a question as to whether or not to seek religious pursuits instead of friendships with neighborhood young people. The patient seemed to share in her feelings and ideas with the other members of the group and showed real interest and understanding in the problems of others.

Eleventh Session.

The patient came to the group meeting with another member. The patient expressed envy toward another member who was leaving for New York, but agreed with the group that this was no way to solve the member's problem. The patient again talked of her daughter and expressed the desire to speak to a Rabbi about her. The patient also spoke of her husband and planned to ask him to attend the clinic also. The group advised the patient to give a little more time to understanding and being affectionate to her daughter. The patient again compared her childhood to that of her daughters. She now reasoned that her child had the same feelings about boys that other girls had but "put it all into her fanatic religious preoccupation."

Twelfth Session.

The patient again presented difficulties with her adolescent daughter. The group discussed how feelings of guilt intensify one's anger toward children. The patient was able to see that her own fears of being an inadequate mother have influenced her actions toward her daughter. The group also felt this true and pointed to her daughter's feelings of not being a good child to her parents. The patient accepted this and discussed with some feeling her own relationship with her deceased mother. The patient has expressed her feelings far more adequately than in the past.

Thirteenth Session.

The patient discussed with the group her difficulty with her husband. The group felt the patient's husband had a sense of "inferiority" as it appeared he did not feel the patient loved him. The group felt the patient should attempt to build him up so as to make him feel more important. The patient felt things were getting worse and that she was going crazy and complained of hearing bells. The group felt the patient should not feel as if all were lost but to keep trying. Announcement was made for termination of the group and allowed for five more sessions. The patient seemed to think this implied a return to individual treatment.

Fourteenth Session.

The patient talked today of lately punishing her daughter and of mistreating her physically. Prior to this time, the patient had always "appeased" her. The patient felt this type of treatment was also unsatisfactory. The patient listened with sympathy to the other members of the group and was still able to express her own feelings very well.

Fifteenth Session.

The patient came today and complained about the group being disbanded. The patient felt she had gotten "no where" with her problem. The patient still complained of her husband's jealousy but attributed this to his own insecurities. The patient felt they were having "better days though."

She told of buying her husband an overcoat which pleased him very much. The patient and the group interchanged ideas and suggestions readily and there appeared to be a real tendency to want to help each other. Each patient felt they were aware of feelings that they heretofore had been unaware of. The patients all agreed they could cope with their own problems but wanted to know if they might return if their problems ever precipitated it.

Discussion.

One of the results most clearly defined in this group situation was the patient's ability to react and adjust to other members in a social situation. The patient at first found it most difficult to talk of her personal feelings to others and was most intolerant of others voicing their problems. As the group adjustment continued, the patient became quite an intimate and integral member of the group. She participated well towards the last few interviews and found it most difficult to leave the group. Some improvement was noted by the patient in her relation towards her husband and, while considerable insight into her trouble with her daughter was gained, little, if no, actual improvement was noted by the patient with her. The patient's somatic complaints to the group disappeared after some group interpretation was made.

It seemed in the group process that the patient's past behavior was recreated, i.e., in the very first group session, the patient adopted a mother role toward a younger patient who became the adolescent daughter. This evoked the younger

patient's hostility toward her and as a result G. S. expressed some resistance to further group meetings. Throughout most of the early group meetings, the patient reacted to the expression of other problems by being annoyed and by not entering into the group discussions. This was handled by the group through an exploration of the patient's inability to express herself to the group when annoyed by individual members. A similar difficulty which the patient had had with her family, i.e., being unable to express herself there. Yet the patient still found it difficult to relate to the group members. When the patient finally felt she was accepted in the group she became less hostile to the members and more comfortable in sharing her feelings with them. Much of the patient's original inability to express herself to her family became clear to the patient as she became aware of her functioning in the group, i.e., her testing of her acceptance before she was able to express herself. Some insight values were also contributed to the patient but it was difficult to ascertain whether they were utilized in her relationship with her family.

CASE VI

The Case of Claudette Cline.

Claudette Cline was a young, attractive, Catholic, married woman who came to the clinic rather tense and nervous. She discussed her difficulties in a tense and rapid manner. She described herself as a twenty-five year old mother of two sons, Roy and John, ages five and seven. She felt her main problem was her "messy hair" which was continually falling out. Because of this she did not like to go out nor meet people. The patient wore a scarf around her hair which she said was never removed, not even in her own home. She said she had been married for seven and a half years to her husband. This relationship was fine for the first four years. Following this period she began to develop an intense dislike for him and her youngest child. She could not explain this dislike but felt she could not stand him and often refused to have him come near her. She refused to have sexual relations with him as she felt this was immoral and dirty. The patient spoke of having nightmares in which she saw her sons murdered in the street. The patient said she had no friends and described herself as being exceedingly homely and very much of a black sheep. She had been quite compulsive in her housework.

The patient was seen by the clinical director and tested by the clinical psychologist. She was diagnosed as psychoneurotic, obsessive-compulsive type with a question of paranoid and manic elements. It was at first difficult to ascertain the extent of her paranoid and manic trends and treatment was first focused toward gaining a clearer evaluation of the patient. After two interviews with the patient, it was felt that this patient reacted warmly to an accepting and supportive therapist and it was suggested that treatment continue and be focused toward improving the patients methods for caring for her children and exploring her ways to gain greater satisfaction at home.

Discussion.

The patient was seen eighteen treatment hours in which time she made remarkable improvement. She responded extremely

well to the acceptance and warmth exhibited by the worker. During the treatment she discarded her scarf and was able to have several hair cuts and permanents in an effort to beautify her hair. After being supported by the worker, throughout her ventilation of her anger and resentment toward her parents, husband and children, she began to understand her feelings and made a real attempt to improve her attitude and responses toward them. She became aware of her hostility toward her husband and associated it with her yearning for increased love and attention. When the patient and husband began to plan together for the future of the children and cooperated in making decisions, she took more pride in her husband, became interested in his work, and made a real effort to encourage him with it.

The patient also took more care with the children and acquired a warm love for her young son, Roy. She also allowed her older son, John, to express anger for being tied to her "apron strings" and allowed him more opportunity to mature in his relationship toward his parents. Both children seemed to benefit from the patient's understanding of them.

The patient's evident sexual fears and apprehensions were not discussed too often with her and it was felt by the writer that more clarification of this might have been offered. At this time the worker planned to terminate treatment and offered group therapy as the means to terminate treatment.

GROUP THERAPY

First Session. First Group Session.

In the first group meeting the patient seemed somewhat uncomfortable and ill at ease. When preliminary introductions were completed, the patient expressed anger at the leader and accused her of not planning to offer the group any help. Discussion was raised as to one's feelings toward one's own family. The patient seemed to assume the role of an adolescent daughter toward one of the other members. The patient was able to express much resentment for her own parents and accused another member of putting too many limitations upon her children.

Second Session.

In this session the patient had identified with another member of the group who shared similar problems. Both expressed resentment toward their parents who were too restricting and did not allow them to live their own lives. Both discussed similar problems with uncooperative husbands. The patient discussed her sexual apprehensions and was able to associate it with her lack of early sexual education, feelings of being no good, and excessive washing and cleaning habits. The patient seemed more relaxed at this meeting and was sympathetic to other group members and free in expressing her own ideas.

Third Session.

The patient again seemed to play the role of an adolescent daughter toward one of the members of the group. The patient again expressed resentment toward her mother and accused another member of shielding and over-protecting a son. The patient was able to see her progress in her attitude toward her own husband and children. She brought out sexual material which concerned the patient's sister. The patient seemed to be testing the group members reaction to this subject as she did not seem ready to discuss her own feelings about this yet.

Fourth Session.

In this meeting the patient's discussion centered mainly upon sexuality. The patient discussed advances made upon her by another man. The patient felt highly indignant and felt she was not flattered by this. The patient again discussed her lack of sexual interest toward her husband and was unable to attribute this to anything. Discussion was raised as to the role of the patient in the family. Much ambivalence was evident in the patient's denial of her husband being the boss in the family and her own wish to be the dependent passive member of the family.

Discussion.

Following these four group meetings the patient left the group and refused to attend any more sessions. Letters were sent to the patient but she did not answer them or attend another meeting.

In the four sessions attended the patient had reacted very strongly to other members of the group. She also expressed resentment toward the leader. The patient did express her own sexual feelings. Some insight seemed to be gained by the patient in her obsessive preoccupations and her degrading thoughts of herself. Some warmth seemed to be mutually shared by the patient and another member of the group, but it appeared her intense preoccupation with her sexual conflicts seemed too threatening to the other members of the group. This patient did not gain the group's over-all acceptance and understanding which she sought for nor did she feel a part of the group.

CHAPTER IV

SUMMARY AND CONCLUSIONS

This thesis has studied the application of case work and group therapy to six patients at the Briggs Clinic from February 1950 to March 1951. Each of the patients in the study had started treatment with case work. The case work had lasted approximately four months. When sufficient progress with the patients had been noted and when the staff of the clinic had agreed that they were ready for termination, the patients were placed in the therapy group. The patients' case worker was also the group leader. The purpose for the therapy group was to determine whether it could be used to terminate treatment for the patients. Four of the patients had started simultaneously in the therapy group. One of these four had left the therapy group after one month. The fifth member had joined the therapy group three months after its start, and the sixth member had joined four months after its start. The therapy group had lasted for seven and a half months. While the purpose for the group was to terminate treatment for the patients, each patient had used the group for her own needs.

Both the case work and group therapy data of each patient was presented. The purpose of the case work data was

to determine the patient's reason for coming to the clinic, the area of discussion in case work, and the reason for the referral to the group. The group data was individualized for each patient in order to determine the specific purposes that the therapy group served for each patient. In this way it was possible to determine what purposes the therapy group seemed to serve in the therapy of all the patients and whether or not it helped the patients.

In the case of Anna Rose, it was seen that the patient's underlying difficulty was that she was entering her menopause with a feeling that she was an inadequate and useless woman; that she could no longer gain the love and acceptance of others that she had gained through her feminine characteristics and promiscuous behavior in her past life. Through an understanding case work relationship and through the use of shock treatment, much of her depressive nature disappeared. She was given some insight into her behavior and felt that love and acceptance were qualities more necessary than financial respectability. In the group process, the patient was seen to be seeking again love and acceptance. The group evidently accepted these demands and allowed her to become one of its members. They supported her and encouraged her and strengthened her ability to handle her future problems. The patient, through the group support, felt more confident and was able to see in herself some real values and strength to

carry on. In actuality, the patient was able to perceive social acceptance as a helpful, contributing member of the group and no longer had to rely upon her sexual attributes for this love and acceptance from others.

In the case of Teresa Rebello, a very similar problem arose. It was that of an older mother who saw her happy and well knit family break and fall apart. Her children grew, met their mates and married, and had left her alone with her memories. She saw herself as a useless old woman and could not accept this fate. In vain she had tried to interfere in the lives of her children, adapting, as a means to acquire their attention, numerous aches and pains. With little satisfaction from this, she came to the clinic on the advice of her children, hoping that the clinic would cure her of her somatic complaints. With the aid of an accepting and understanding worker, she was able to express her disappointments, anger, and uselessness. Through her ventilated feelings, she could see for herself a new role in the family, conforming to the wishes of others and of retaining neighborhood friendships. She entered group treatment with her new values. Her immediate response to the group process was in calling to their attention her aches and pains and acting as a mediator of the group. As she continued with the group, she became able to express herself and received the acceptance and understanding of the group, not as a pining, demanding, useless mother, but as a helpful,

active, participating member of the group. She gained from this group experience and was able to see herself as a useful and active person through her participation in the group.

Martha Noon was a dependent, guilty mother whose sense of guilt concerning her sexual ideas and her tubercular child proved too great a strain for her. Added to these difficulties was an apparent irresponsible husband who allowed his wife to shoulder the family responsibilities. The patient came to the clinic depressed and anxious over her condition and with repressed hostility toward her husband and mother whom she felt had forced her into such a situation. Through an accepting and permissive worker, the patient was able to ventilate her angry feelings and through this ventilation was able to see herself as a dependent, reticent individual. She became able to express herself, and, with this apparent satisfaction, many of her somatic complaints subsided. Although her sexual conflicts still remained, she became more comfortable with herself and was obviously restored to her former equilibrium. Group therapy was recommended to prepare the way for termination of treatment. In the therapy group, the patient expressed her unsatisfied dependency cravings and her sexual difficulties. As the group proved accepting and understanding of her, and as the patient's own conflicts resolved, through the help of case work and the added help of the group, she became more friendly to the older members and more

accepting of the group process. Concurrently her relations with her husband improved and her somatic complaints disappeared. Through the group's encouragement she completely resolved her dependency feelings and sexual difficulties and assumed more mature behaviorisms. Whether or not the group process offered her help in terminating treatment is, of course, difficult to determine. But the group process did, nevertheless, offer her confidence and encouragement in handling her difficulties.

Mrs. Cora Inez was distressed and disturbed over an irresponsible husband and overwrought with the responsibilities of her home and her children. She also presented sexual difficulties which she manged to sublimate by means of her domineering and controlling efforts. Through the case work experience, she expressed her hostilities and sexual prudishness. She became aware of her ambivalences and could see improvement in terms of relaxing her hold on her husband and children and having them show more interest and activity in the home. At this time the patient was offered group therapy as a means for terminating treatment. The patient entered the group at its termination point and attended only five meetings. In the first few meetings she attempted to dominate and monopolize the meetings, as she had done with her own family, but as the group meetings continued, she expressed her own problems and solutions that she had gained from the case work

relationship. She expressed her modifications in terms of giving into her husband sexually and of no longer competing with him. She became more attracted toward her husband and dressed to please him. Yet until the group seemed to be accepting of her, she seemed uncertain of acceptance and understanding from others, especially from her own family.

Gladys Scott came to the clinic with depressed and guilty feelings concerning the death of her mother. She felt she had inadvertantly contributed to this death by ignoring her mother while she lived with them in their home. The patient also expressed an inability to deal with her hurt feelings which she felt she had heretofore expressed by means of remaining silent and aloof from her family. During the case work process, the patient's guilt over the death of her mother was resolved; her means of reacting to others improved considerably and she became aware of her dissatisfying "silent treatment." Her relations with her husband improved but her new ability to ventilate her feelings was directed upon an adolescent daughter. Since the patient's presenting difficulties seemed to be resolved, the patient was prepared for termination of treatment through the group.

At the start of the therapy group she acted like an angry mother, and unleased much of her anger toward a younger member of the group. This anger was expressed in terms of resistance to further group meetings and in terms of annoyance

at listening to other problems. She at first found it difficult to talk to the group and was not tolerant of other problems. This was, in many ways, her past difficulty at home. When this was interpreted to her by the group and when friendship and acceptance was offered her, in spite of her past behavior in the group, she relaxed and became an integral and intimate member of the group. She found expression of her feelings easier and noted improvement at home with her family and friends. Some difficulty did persist with her adolescent daughter. Yet, the patient had to feel the support of the group before she could experience the fruits of her own modified behaviorisms through the acceptance and understanding of the group.

Claudette Cline expressed extreme hostility for the position she found herself in; that of having to care for her two children, her home, and of showing affection to her husband who repelled her. She appeared to be a rather compulsive individual, plagued by numerous fears and phobias and feelings of being immoral and dirty. In the case work relationship she received enough acceptance and understanding to enable her to ventilate her feelings and in this way became more aware of her yearnings to be more dependent, loved, and taken care of. With the support of the worker, she became more interested in her home, took more interest in her children, and had real pride in the work of her husband. She took more interest in

her own appearance and had no longer feelings of being an immoral or dirty person. Although the patient had numerous sexual difficulties, this was not resolved or dealt with in the case work relationship, other than to allow the patient to make the association that her compulsive behavior and her feelings of filth were connected to this sexual problem. The worker prepared the patient for terminating treatment and introduced group therapy to implement termination of the case work relationship.

In the group process, the patient acted like an angry adolescent daughter, identified with Martha Noon and projected her angry feelings toward Teresa Rebello, the mother figure of the group. She seemed to gain some satisfaction from this and relaxed. She went on to test the group for their reactions and introduced much of her sexual conflicts. Her frank presentations of this sexual matter disturbed the group and little satisfaction was gained through this. The patient dropped out of the group after four meetings.

Conclusions.

One of the purposes that the therapy group served was offering each patient a feeling of sharing, and of belonging to a group where others had similar difficulties and common problems. They then realized they were not alone in their miseries, but that others also had similar difficulties. Their similarity of problems led to their identification with each

other and to a feeling of single-mindedness of purpose in the therapy group. The group members participated with their other problems and offered sympathy and encouragement to each other. Through their participation and support, they saw themselves as useful, contributing members. Previously, they saw themselves as useless, and inadequate persons; they now felt important to the group and gained confidence in dealing with their own problems, and with the problems of the other group members.

Through the group support, they sometimes verbalized their previous difficulties and problems. At other times evidences of their acting out of their problems were noted. Cora Inez attempted to control and monopolize the group. Gladys Scott missed group meetings, complained of other members monopolizing the group sessions, and refused to talk of her own problems.

Yet, in each instance, the members derived ways to accept or to adjust themselves to their difficulties. These newer ways to handle their problems had been discussed both in the previous case work experiences, and in the group meetings. Through the group's encouragement, they again dealt with their difficulties and discussed their ways to handle them. The group process seemed to be a sounding board or an intermediary social situation between case work and their own social environment. Having achieved insight from case work, the

patients offered these gains to the group. Here they offered and received support and reassurance from the other group members and felt, in most cases, more secure and confident in adjusting to their own social settings. Thus the group had provided a protecting social environment in which they could gain confidence for themselves in handling their own difficulties more satisfactorily than in the past.

Five of the six patients expressed feelings that they had benefited from the group experience and felt that they could handle their problems more adequately and with more assurance than in the past.

The sixth member of the group, Claudette Cline, did not seem to benefit from the group experience. From this sixth case, it is suggested that not all patients seem to benefit from the application of case work and group therapy. That careful preparation is necessary for the transition of the case work relationship to the group process, and that group solidarity is necessary before some patients, or some types of emotional problems, or the expression of some types of emotional problems will be tolerated by a group. This group was apparently not ready for Claudette Cline, nor was she apparently ready for the therapy group.

Although the worker's primary purpose for the therapy group was to terminate treatment, it was difficult to conclude whether this particular therapy group directly aided the termination of treatment.

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APPENDIX

SCHEDULE

I. IDENTIFYING DATA

- A. Name
- B. Age
- C. Sex
- D. Religion
- E. Marital Status
- F. Diagnosis
- G. Prescribed Areas of Treatment

II. CASE WORK DATA

- A. Reason for coming to the Briggs Clinic.
- B. Areas of discussion in the case work treatment.
- C. Results from the case work.
- D. Reason for termination of the case work.
- E. Length of case work treatment.

III. GROUP THERAPY DATA

- A. Reason for referred to group therapy.
- B. Areas of discussion in group therapy.
- C. Results from group therapy.
- D. Reason for termination of group therapy.
- E. Length of group therapy treatment.