

## NOTES ON GROUP PSYCHOTHERAPY WITH PEDOPHILES\*

V. HARTMAN, LL.B., M.S.W.<sup>1</sup>

Group psychotherapy, an expeditiously evolving but diverse phenomenon of our times, is gradually assuming a place of its own among the treatment methods aimed at influencing human behaviour, mainly by psychological means. Indeed, few rational objections can possibly be voiced against the use of group sessions as an effective treatment method in certain cases of specific intrapsychic conflicts or over-all impaired functioning. Foulkes (1) calls it the most powerful therapeutic agency known to us. Thus, the essential questions to be answered are no longer whether group psychotherapy is effective, but what kind of group psychotherapy methods could be effective in a given situation? What kind of specific group factors should be emphasized or should there be a combination of group therapy with the individual approaches? It appears to be a fair observation that the basic merits of group psychotherapy are still to be seen mainly in its quantitative gains. The writer's recent experiences in conducting research groups, suggest that aside from the economical aspects which perhaps are not so impressive as is usually thought, group psychotherapy may be regarded as the treatment of choice for certain types of personality disorders, pedophilia being one of them.

The scope of this paper permits only a highly selective reporting. It is hoped that the writer's recapitulation of some of the significant material regarding the group process will be able to convey the specific meaning of some of the essential characteristics of group psychotherapy with pedophiles.

The group referred to in this paper was established in 1960 as one of the research projects initiated by the Forensic

Clinic of the Toronto Psychiatric Hospital. This project was aimed at exploring the dynamics of pedophilia, and to test the treatment techniques in a context of long-term psychotherapy with the sexual deviate. The members of this group were all considered chronic cases. All were considered refractory to treatment. Some had a history of pedophilia extending over 15 years. All were heterosexual pedophiles between the ages of 20-30 and, with one exception, all were married and had had small children of their own. All were gainfully employed although below their educational and intelligence levels; they could not be considered as the quasi-senile sexually impotent males which is the usual stereotype of a pedophile. They attended weekly for 90 minute sessions for a period of four years. The selection of the group members was based on homogeneity in the basic psychopathology. However, the diagnosis of pedophilia alone was not sufficient to justify or warrant inclusion in the group. Suitability for the group treatment was based upon the global impression formed through a total personality assessment. In the intake assessment, a pre-treatment investigation carried out at the Forensic Clinic by the team of psychiatric social worker — psychologist — psychiatrist, all candidates for the group had been found to have capacities for a treatment relationship. All were also in urgent need of treatment. However, they were unmotivated and actually, more or less, had rejecting attitudes toward any meaningful treatment relationship. They did attend initially under some form of legal duress, for periods from three to fifteen months (4). Afterwards they continued to attend the closed group on a voluntary basis.

In contemplating a basic treatment rationale for this group of pedophiles, no recourse to earlier investigations was pos-

\*Presented at the Annual Meeting of the Ontario Psychiatric Association, January, 1965, Toronto.

<sup>1</sup>Forensic Clinic, Toronto Psychiatric Hospital.

sible. No studies appeared to have been published pertaining to group psychotherapy with pedophiles on an out-patient basis. The few reported clinically oriented case studies indicated a rather wide divergence in emphasis when discussing the etiology of pedophilia. The inferred dynamics of pedophilia often appeared to be contradictory. On the whole, despite the possible grave social consequences of pedophilic acts, there was a paucity of writings referring to this form of sexual deviation.

Treatment considerations for sexual deviates, as we apparently have no discriminating techniques, may not differ from treatment considerations for other psychiatric patients. This means that treatment approaches to the pedophile, in order to be meaningful, have to be related to the significant characteristics of the individual. In the group under discussion the common significant characteristics of the individual members were the chronicity and the intensity of the pedophilic urges and the acting out; the ego syntonicity of the syndrome, and the apparent displayed lack of motivation for treatment. Later, after the selection of members for the group was completed, it was found that all group members in their formative years had a specific unhealthy attachment to the mother while the father had been physically or psychologically absent. Since in selecting the individuals for this group we were not aware of the existence of such a common dynamic core, and this became evident only in retrospect, it is a matter for speculation as to the universality and the importance of this specific attachment to the mother in the genesis of heterosexual pedophilia.

In assessing the personality traits it was felt that the symptoms displayed by the members of this group, tended to resemble features more inherent in character disorders than in neurotic states. Also there was the important consideration that the group members were acting-out

pedophiles and they did constitute a danger to the community. Arrest by the police would threaten the continuity of the group as well. Therefore, our treatment approach had to be sufficiently flexible to be capable of motivating the patients for treatment rather rapidly in order to control their acting-out, and yet our approach had to provide also for the long-term therapeutic contact necessary for the planned character changes to take place. It was decided to integrate the principles of analytically oriented group psychotherapy aimed at long-range character changes with the individual treatment techniques more suited to involve the unmotivated patient-offender (11), and as a means of sustaining him in treatment. Thus the group itself was seen as the basic treatment vehicle. But for the integrative phase, treatment was individually oriented.

Motivation for treatment is essential, yet this was not manifested at all in the first few group sessions. There was little, if any therapeutic ambition noticeable in the communications of the group members. Rather, they all felt that they were unjustly forced by external circumstances to join this group and now, driven by their highly defensive pattern of living, they felt justified in asserting their individual rights in the group against other group members and the therapist. Later, revelations about the meaning of the pedophilic act for maintaining their mental equilibrium made such behaviour more understandable. It also appeared that instead of regarding the patients as unmotivated, a more precise term would be resistance to treatment, resistance to change. Generally, in motivating the patient, the therapist's activity to enhance such motivation was tied inseparably to seeking better reality testing on the part of the group members. It should be noted also that the motivational process with this group of chronic pedophiles itself was looked upon as a major part of the whole treatment process. Under-

standably, the constructive use of the available but detached authority (courts, probation officers, parole officers and others) played an important part in working through the myriad of resistances presented.

The observations of the first few group sessions indicated that, aside from the seriousness of the pedophilic problem itself, the noticeably distorted relations to reality suggested the need for psychiatric treatment. All group members displayed varying degrees of ego disintegration. Facing serious parataxic distortions daily, it could be justifiably stated that it was not a case of the group members controlling their pedophilic urges but rather that the pedophilic urges completely controlled the patients by determining almost everything they felt, how they reasoned and acted. Thus, the immediate therapeutic task in such a situation was to strengthen the basic ego function of controls. To achieve this, supportive techniques rather than investigation were utilized to foster ego development. As is usually the case, their pedophilic acts occurred after real or perceived frustrations in object relationships. Therefore, the immediate therapeutic efforts were directed mainly towards enhancing the group members' capacity to form object relationships without the appearance of their customary fears and apprehensions, and to enable them to rely on their own strength as:—

"The establishment or re-establishment of relationships with fellow human beings is the basic architecture of normal life; hence it is not only the index of recovery, but one of the methods of recovery, one of the forces making for recovery" (7).

In assessing the integrative phase of this group, in a simplified way it could be stated that the actual interpersonal experiences in the continuous group sessions provided the therapeutic attention and interaction necessary for the group members' improved functioning in their

daily lives. The supportive relationships taking place in the living situation helped to absorb the members' hate and aggressions. The freed mental energies, no longer required to such an extent for maintaining their basic defences, enabled them to start imposing inner controls over their pedophilic urges. The ego, no longer in distress, could commence the differentiation between the psychic processes within the self and the outside world, permitting the beginning of introspection and of internalization of socially acceptable values, instead of relying solely on compromise devices. In this integrative phase of the group, the therapist's activities could be regarded as those of an active supporter and reality tester. The therapist was the accepting catalyst but he was not an exculpating neutralist. His attempts to understand the pedophilic acts brought up for discussion were free of any exculpating colouring. From the very beginning the therapist's attention to the needs of the individual members was aimed at evoking critical capacities for a better reality testing. His acceptance of the group members' infantile wishes to be led and guided was only a temporary measure for the integrative-supportive purposes, in order to ensure and maintain the continuity of the therapeutic group, as well as to check the group members' acting out of their pedophilic urges. Understandably at this stage attention could not be given to the individual over-all malfunction but had to be directed to the most immediate and pressing problems. The main focus was therefore placed on the consequences of the individual's own actions so that he might assume greater responsibility for such actions. The therapist's function as an accepting reality tester and a permitter of reality-based assertiveness, was seen as instrumental in the attempts to counteract the group members' efforts to continue with the past successful evasions of reality.

Although it is not the purpose of this paper to discuss the psychodynamics of

pedophilia, a brief statement would seem to be in order about the meaning the pedophilic act had for the individual members of this group, to present a better understanding of the experiences of the group. In a simplified way the pedophilic acts can be looked upon as an ego defensive measure by which the pedophile maintains his psychic equilibrium in times of stress. Almost any stress caused by the disturbance in object relationships could produce a state of panic in the pedophile. The ego of the pedophile faces tremendous regressive urges for the recreation of the ecstatic infantile symbiotic relationship with the mother. Simultaneously there are also intense fears of disintegration caused by sadistic anger towards the mother figure. The unbearable tensions are alleviated by the pedophilic act in cases where a complex mother-child identification takes place. Thus, the pedophilic act could be looked upon as being in the service of the ego in averting the loss or destruction of the object. This over-simplified attempt to show the dynamic core of pedophilia may indicate the necessity to touch the deeper, primitive levels of personality in order to expect recovery from pedophilic urges. This could only be expected to take place with the continuance of the group sessions well beyond the integrative six months' period. Also, it became evident that there was a need for a change in the group's method of communication. The unrestricted verbalizations which took place from the very beginning of the group were also permeated by the therapist's own imposed immediate treatment goals, namely, to counteract the group's acting out of pedophilic urges and to ensure treatment continuity. When the group itself had dealt with the group members' "social fronts of the intrapsychic conflicts", using Foulkes' expression, the time was considered appropriate to enter into the next phase of the treatment which was characterized by the free group associations. This phase of treatment was the media by which the impel-

ling background forces of the group dynamics became the essence of treatment, the individual intrapsychic conflicts emerging in a living situation. The insights gained were tried out simultaneously in the psychosocial processes of the therapeutic group. This was the move from symptoms to problems, where the unconsciously motivated common group themes manifested themselves in conscious interrelated verbalization in the group sessions. All these changes were more anxiety-provoking for the group members as the interaction now became analytical, interpretative and synthetic. In discussing this treatment phase it is also important to indicate the changes in the therapist's attitudes and activities in the group. From the accepting and supportive, quite active 'father' figure, he changed to an anxiety-provoking uninvolved catalyst who did not lead but attempted to wean the group of the previously so-readily-given attention. It was a period of intense feelings taking place in the group sessions. It was frustrating not only to the group members but also to the therapist. The therapist was not subjected any longer to the isolated outbursts from the individual members but had to face the unified attacks of the group as a whole. Also, "the presence of destructive drives, the drives against man himself," using Menninger's phrase, became an increasingly noticeable factor interfering with the mounting fears of change.

From the many and varied specific group psychotherapy properties, it is intended to mention here only three as perhaps being the most significant in effecting movement in the therapeutic situation (2). In the group psychotherapy sessions the uncovering process and reconstruction takes place almost solely by verbalization of the group members and the therapist. The verbalizations of the group members were oriented not only to the therapist as the more or less idealized authority-power, but also to group members, the peers (3). This meant that

the responses in the group were elicited not only as reactions to the significant authority figure, but they were also appearing as reactions to the peer figures, enabling the well-known factor of group support for the individual members of the group to take place. This important group process was destigmatizing when the group members found out that their problems are not so unique (3). In addition, the group support in this group of chronic pedophiles took on another specific and highly therapeutic dimension. The group members realized that they had been deceived by other peers who had maintained fronts of respectability in their daily functioning but who, however, had been unable to control their pedophilic impulses, just as the group members themselves had been unable to do so.

This was tremendously reassuring and helped greatly to raise their low self-concept. In reverse, it was difficult for those group members who still needed to continue with the deception of maintaining the front of respectability. "In the group the masks go down", (2) and they had to respond, not only to the therapist but also to the peers. Most of the group members were unable to rationalize when encountering the aggressive behaviour displayed by their peers on the occasions when psychopathic traits similar to their own were revealed by another group member (1). To the two above mentioned group psychotherapy phenomena the writer wishes to add another group property which assumed importance at an unconscious level. The group as a whole, became a reassuring factor against the fear of object loss. We may hypothesize that the group itself, as a symbolic substitute of the original family group where the primary identifications had become the main source of later ambivalences, had materialized for the group members as a promising medium by which the past unmet emotional needs were to be gratified. This became

so evident that at the termination phase of the group, the members clearly showed their concern about the dissolution of the group *per se*.

Briefly, in reviewing the results of the group psychotherapy sessions continued over a period of four years, it could be stated that the sessions were an excellent media for research inquiry into the dynamics of pedophilia. Simultaneously, they provided an effective treatment medium for a number of chronic pedophiles. The sessions also helped to clarify which group psychotherapeutic techniques were more suited for the treatment of unmotivated pedophiles. In terms of individual gains, all seven attending group members experienced more or less distinctive character changes, as evidenced by the social functioning. While six members could be regarded as having recovered from pedophilia, or at least as having reached such a degree of improvement which allows them to control their infrequent mild pedophilic urges, one member is still vulnerable as his urges are now directed to adolescent girls instead of, as previously, displayed urges for pre-pubertal children.

In conclusion, it may be stated that analytically oriented group psychotherapy, with some modification of its classical approaches, may be regarded as an effective treatment method for chronic pedophiles. It is also suggested that there appears to be a basic dynamic pattern in most cases of pedophilia; in the formative years there is a specific ambivalent attachment to the mother, a specific identification permeated with anger towards the father for his ineffectiveness in dealing with the mother. Such dynamics of the genesis of pedophilia suggest that group psychotherapeutic sessions with a male therapist could provide a favourable constellation for working through this unconscious conflict with the mother, with the assistance of an ally, the father figure, namely, the therapist.

### Summary

Here reported are some of the highlights of a research project completed at the Forensic Clinic, Toronto Psychiatric Hospital. It was aimed at exploring the dynamics of pedophilia and the testing treatment techniques in a context of long-term psychotherapy with chronic pedophiles. Analytically oriented group psychotherapy is seen as the treatment method of choice for unmotivated pedophiles. The group psychotherapeutic sessions are seen as providing the therapeutic attention and interaction necessary for better reality testing, acceptance of responsibility, insight, integrated knowledge about self and the lessening and disappearance of pedophilic urges. In conducting the group, emphasis is placed on the need for flexibility in the therapist. In the integrative phase the therapist must be active, involved, reality-oriented and supportive, to foster ego and the development necessary for the abandonment of compromise devices. Later the therapist's activities are mainly focused on exploring resistances, and there is a gradual change to free group association, to the underlying unconsciously motivated common group themes and to the emphasis on the group as a whole.

The pedophilic act *per se* is seen as a defensive measure by which the ego establishes homeostasis in time of stress. For pedophiles almost any stress caused by disturbance in object relationships can produce a state of panic. The ego of the pedophile faces tremendous regressive urges toward the recreation of the infantile symbiosis with the mother. Simultaneously there are intense fears of disintegration caused by sadistic rage towards the mother-figure. The unbearable tensions created by these are alleviated by the pedophilic act in those cases where a complex mother-child identification takes place.

The powerful therapeutic effect of the group sessions is seen also as being further

strengthened by the symbolic meaning that the group as a whole becomes, *viz*, assurance of the group members against object loss.

### References

1. Foulkes, S. H.: *Therapeutic Group Analysis*. London: George Allen & Unwin, 1964.
2. Frank, J.: "Therapy in a Group Setting", in H. I. Stein, ed., *Contemporary Psychotherapies*. New York: The Free Press of Glencoe, 1961.
3. Fried, E.: "Some Aspects of Group Dynamics and the Analysis of Transference and Defences". Paper presented at the American Group Psychotherapy Association, 21st Annual Conference, New York, 1964.
4. Hartman, V.: "Some Observations of Group Psychotherapy with Pedophiles". *Canadian Journal of Corrections*, 3:4:485, 1961.
5. Hartman, V.: "Group Psychotherapy with Sexual Offenders (Pedophiles): Peer Group as an Instrument of Mutual Control". Paper presented at the Fourth Research Conference on Delinquency and Criminology, Montreal, 1964.
6. Menninger, K., Mayman, M., Pruyser, P. *The Vital Balance*, New York: Viking Press, 1963.
7. Mohr, J. W.: "The Pedophilias: Their Clinical, Social and Legal Implications". *Canad. Psychiat. Ass. J.* 7:5:225, 1962.
8. Mohr, J. W., Turner, R. E., Jerry, M. B.: *Pedophilia and Exhibitionism*. Toronto: University of Toronto Press, 1964.
9. Rosenbaum, M. and Berger, M.: edit. *Group Psychotherapy and Group Function* New York: Basic Books, 1963.
10. Segal, M. M.: "Impulsive Sexuality: Some Clinical and Theoretical Observations". *International Journal of Psychoanalysis* 44: 4:407, 1963.
11. Schmideberg, M.: "Criminal Psychiatry Based on Offender Therapy and Co-operation with the Courts". *Excerpta Criminologica* 1:371, 1961.
12. Thomson, P. G.: "Sexual Deviation". *The Canad. Med. Ass. J.* 80:338, 1959.
13. Turner, R. E.: "The Sexual Offender". *Canad. Psychiat. Ass. J.* 9:6, 1964.

### Acknowledgements

The writer expresses his gratitude to doctors E. R. Markson and P. G. Thomson, consulting psychiatrists at the Forensic Clinic of the Toronto Psychiatric Hospital, for the continuous help rendered by them in the conducting of this group.

The writer's gratitude to the group members of the Forensic Clinic's group psychotherapy seminar, for their valuable discussions, is herewith acknowledged.

### Résumé

L'article est un rapport sur quelques-uns des faits saillants d'un travail de recherche exécuté à la Clinique médico-légale de l'Hôpital Psychiatrique de Toronto. Ce travail avait pour objet d'explorer la dynamique de la pédophilie et de faire l'épreuve des techniques de traitement dans une conjoncture de psychothérapie à long terme de pédophiles chroniques. On estime que la psychothérapie de groupe, orientée vers l'analyse, est la méthode de choix pour les pédophiles sans motivation. Les séances de psychothérapie de groupe semblent offrir l'attention thérapeutique et l'interaction nécessaire pour une meilleure épreuve de la réalité, de l'acceptation de responsabilités, de l'intuition, de la connaissance intégrée de soi-même, et de l'atténuation ou même de la disparition des impulsions pédophiliques. Dans la direction du groupe, on a souligné la nécessité de souplesse chez le thérapeute. Dans la phase d'intégration, le thérapeute doit se montrer actif, intéressé, orienté vers la réalité et secourable afin de favoriser le développement du moi qu'exige l'abandon

des moyens de compromis. Plus tard, l'activité du thérapeute sera centrée principalement sur l'exploration de la résistance et il se produit un changement progressif vers la libre association en groupes, les thèmes collectifs communs sous-jacents dont les mobiles sont inconscients, et l'accent sur le groupe dans son ensemble.

L'acte pédophilique *en soi* se voit comme mesure défensive qui permettra au moi d'établir l'homéostasie aux moments de tension. Chez les pédophiles, presque toutes les tensions causées par un trouble dans les relations d'objet peuvent produire un état de panique. Le moi du pédophile est en proie à d'intenses impulsions régressives vers la reproduction de la symbiose infantile avec la mère. En même temps, surgissent des frayeurs intenses de désintégration causées par une rage sadique envers l'image maternelle. Les tensions insupportables que cela provoque sont soulagées par l'acte de pédophilie chez les cas où il se produit une identification complexe de la mère avec l'enfant.

Le puissant effet thérapeutique des séances de groupe serait encore renforcé par le sens symbolique que prend le groupe dans son ensemble, c'est-à-dire que les membres du groupe se sentent assurés contre la perte de l'objet.



*Those who speak of the incompatibility of science and religion either make science say that which it never said or make religion say that which it never taught.*

Pope Pius XI.