The impact of the female analytic group leader's gender as revealed in dreams of male members: a clinical exploration

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Abstract
The psychoanalytic literature has always believed that the sex of the therapist is not a significant variable in treatment. Eroticized transference has positive potential, facilitating, restorative and invigorating. "Eroticized" capture the plasticity of sexuality, and creative ways of human beings who can be loved, and eroticize one another.

Key-words: gender of the analyst, dreams, group, female group

The standard traditional view of the psychoanalytic literature is that the sex of the therapist is not a significant variable in treatment. The patient's transference will evolve similarly with either a female or male therapist (Gornick, 1986; Mogul, 1982). However, recently the literature points out that therapist's gender can have a profound impact upon the course and content of psychotherapy (Zunino, Agoos and Davis, 1991). Even though there is no reference to this matter in group therapy literature, I hypothesize that the leader's gender also has a profound effect.
The purpose of this paper is to explore by using dream material several male patients' reactions to the replacement of the male leader of an analytic group by a female leader. The change of leadership was caused by the sudden death of the analyst. This unusual circumstance is clearly relevant to the clinical material presented. The original leader was a male, at least 20 years older than myself with different personality characteristics, theoretical positions, models of group treatment, and clinical approaches.
Gender differences between the group analyst and group members were highlighted in this particular instance by the sudden death of Dr. H, the male group leader. Two weeks prior to this time, he telephoned Dick, a group member, stating he had pneumonia and would take a two week vacation. Dr. H told Dick to inform the group at their next alternate session. It should be noted this group met weekly for 1-1/2 hours with Dr. H and for 1-1/2 hours without him at a group member's home. This was called the alternate session. It was subsequent to this last session, the group learned from his daughter that Dr. H had a massive coronary. Group members had been with Dr. H for an average of five years.
The group continued to meet in the alternate environment through the next two months until my first meeting with them. One other detail is important. Dr. H's daughter is a therapist. However, she only saw patients individually and not in group. She gave my name to the group as a referral for a leader. By so doing, she provided

what Ziman-Tobin (1985) calls a "bridging" function. In an attempt to distinguish normal mourning reactions from the traumatic period immediately following the death of an analyst, she (Ziman-Tobin) identified three affective states. These are: isolation, despair and hopelessness. Isolation from a community of mourners; despair at no longer being known in the unique way by one's analyst; and hopelessness with regard to change. Ziman-Tobin (1985) points out that in individual analysis or psychotherapy a consultation with an analyst for patients whose analysts have just died can help the analysand feel less alone and isolated, facilitates the mourning process, and builds a bridge from the past to the future. Rendely (1999) also writes of this dilemma and the analytic community's role in softening the trauma of an analyst's death. Alonso (1993) points out that the loss of an analyst leader in group psychotherapy is a particularly poignant matter. In such a circumstance, the group is threatened not only with the loss of a leader but with the dispersion of the whole group as well.

Soon after the group's consultation with Dr. H's daughter, one of the members, Norma, contacted me to arrange for our first meeting. We arranged that the group should meet at 7:15 p.m. in the reception room of my office. I told her the door to the reception area would be open so there was no need to ring the doorbell. My office is the first room off the reception area and I said I would appear at 7:15 to usher them into my office to begin the session.

Selected Highlights from the First New Group Session

At 7:15 p.m., the time scheduled to meet in my reception room, the group was not present. At 7:18 I opened the reception door of the office suite and found several adults congregating together in the building lobby. It was a cold evening and everybody was bundled up. I invited them in and they hung their coats and silently assembled in my office. Prior to the meeting I had arranged the seats and couch in a circle but the group gravitated together in one area. The two chairs to my left were left empty. The couch and chairs to my right separated by a table were filled as were the seats adjacent to the couch. Seven of the eight members showed up and I was told that the eighth member, Doris, sometimes came late. There was considerable anxiety marked by brief small talk amongst themselves as they settled in their seats.

I began the session by asking how they felt about coming to the meeting. Some group members responded that Dr. H was a wonderful man. Others had passed his office building on the way to mine, and this conjured up feelings of sadness and remorse. They told me how brilliant he was, that he was an intellect; and to many of them he was a father figure.

Dick seemed tearful and described how he began to cry as he passed Dr. H's office. He reported that he had been away on business and it had gone well. He then said he had several dreams about Dr. H. I asked if he could share his most recent dream with all of us. He recalled a brief dream in which he came to a therapy session and in an adjacent room there was socializing and dancing. It was all he remembered. I waited

for the group members to react to this dream. They made no attempt to associate or interpret. I then asked if he or anyone else had any thoughts, feelings or associations in the dream to the dancing and socializing and how that might fit in to the group. Dick then related that the group was continuing to meet for alternate sessions even though Dr. H was no longer seeing them. He felt these sessions were getting out of hand because they were socializing with one another and therefore the sessions no longer seemed productive. The group members giggled nervously at this statement and told me that Dr. H did not permit socializing. Some members inquired if I approved of alternates and how I felt about the group meeting together for an alternate session. I told them that I did not work that way, but that for the time being it might be best not to change this pattern and to determine for themselves whether they needed to continue meeting on an alternate basis.

In this initial meeting, group members talked of Dr. H as a profound person. Ted said to me, cautiously, "I've already had two analysts who have died." I replied, "Are you warning me that I may be the third?" Ted continued, "I'm sick of mourning Dr. H. I really want to get on with my life and pay attention to my therapy. I have a date with a woman and I'd like to discuss it. It is a woman in my employer's office who has been sending me memos."

The group members pounced on him as if they had heard this several times before. They seemed to respond to Ted in a stereotypical manner. The women in particular interrupted him. They told him he was doing the same thing with this woman that he had done with others in the past and that it would end up in nothing.

"I know, I know, she is pursuing me," Ted said. "I'll go to bed with her very quickly and then I'll tire of her and reject her."

Again the female members, most notably Doris, who had arrived 20 minutes late, continued to interrupt him.

I asked Ted, "What are you feeling?"

"I feel resentful," he responded. "People are interrupting me. They're not letting me talk." Then he said, apologetically, "I just ... I have a biological need for women."

The group members again talked about Dr. H's effect upon them. Norma seemed visibly anxious. She shifted her legs continuously and put her arm around Pat, a slightly older woman who sat on her right. Norma stated she found it very difficult discussing Dr. H. She felt talking about him might be a betrayal. She then spoke about her own father's death. He had died when she was about fourteen.

Norma said, "I suppose it's my Catholic upbringing, but I feel I can't talk about Dr. H because I might betray him. But I've been increasingly anxious since his death." She wondered if I had time to see her individually. Then she started to make a comparison between me and Dr. H, and abruptly stopped herself.

"I know you'll be making comparisons," I said. 'It will be more productive for us if you make them in the group's presence."

Seemingly relieved, Norma said, "I like the opportunity to work with a woman. It might be a nice change."
The group then discussed my being a woman versus Dr. H being a man. The men seemed to feel that they had used Dr. H as a model and that perhaps it was the women's turn to have a female model. Doris was the only woman who seemed to disagree.
"I've always been testy," Doris said. "But the minute I walked into Dr. H's office, I felt more comfortable. He was wonderful. Intellect is important to me. Dr. H was brilliant. And I wonder whether you can replace his brilliance and knowledge."
Other group members picked up the cue and expressed their doubts about me. Throughout this interchange, I reflected back the negative concerns in a matter-of-fact, straightforward way.
Another issue they brought up dealt with whether I wanted to work with them and if I knew Dr. H.
"I had met Dr. H once," I replied. "We were colleagues at the Postgraduate Center for Mental Health."
Some members said they liked the fact Dr. H and I had a working connection. Several said that they had fantasies of Dr. H's daughter assuming the leadership of the group. They said she had indicated I had been strongly recommended. Group members brought up issues about my credentials.
Leon talked with intense feeling about his father's death. He never had the opportunity to say goodbye to him, and regretted he had not said goodbye to Dr. H as well. He said he looked forward to working with a woman. He commented that his own wife was a strong woman, and earned more money than he earned. He had observed my diplomas on the wall and told everybody that I was highly credentialed. He also stated that he thought he misused therapy, because he really hadn't changed sufficiently during the ten years he had been in treatment. Furthermore, he rationalized his not making changes by saying that this is why he was in therapy, and he frequently used therapeutic insights from sessions or quoted Dr. H as a way to gain attention when he socialized.
Martin, another group member, also talked about his father and his death. he said he was unsure about working with a woman, but that he would try it and was anxious to move ahead in this process.
I asked the group if they could describe to me their worst fantasies about working with a woman. I did not obtain a direct response to this question, except the women tried to convince the men this was a new era, they all wanted to be liberated, and since there were capable women in the world, it might be useful to work with a woman. Jane, who had been silent up to this point, joined the others in speaking to this thought.
The group ended with Doris saying, "I hate to be iconoclastic, but I would like to bring up something."

Laughing, Dick said, "What does iconoclastic mean?"
"Well, you know, I'm testy and I'm questioning," Doris replied. "I thought we were going to interview at least two or three therapists."
The group members pounced on her. They said they did not want to spend time doing this, that I was recommended to them and they were ready to proceed.
"You might be in a better position after some time to make a choice about whether you want to work with me as a leader," I said. The group then agreed to meet the following week.
The women members observed the objects in my room and commented on what they liked. Doris said she noticed my black fur coat in the closet and was sure that Ted would like it. Norma and Pat said that they noticed my coat as well, but that it was a cloth coat and not a fur.
Jane, the silent member to my left, said that she wanted to work individually with me but she needed to check with her husband first. As they started to leave the office, I heard animated conversation amongst them that caused me to ask what was happening. They explained they were deciding whose house to meet for the next alternate session without me. They asked my permission to decide this in the waiting room. I told them I had no objection.
The group then asked why I wanted to work with them. I replied that I was impressed by the group's cohesiveness. I saw this as a challenge and expressed my interest in working with them, especially during this period.
Pat, the eldest female member, remarked, "It must have taken courage for you to meet all eight of us at one time." She also said she had difficulties with her children and she hoped to get on to working these problems out. Doris commented that I must have been anxious meeting with them as well.

General Impressions

The impact on the group members of the death of their group leader was powerful. It would unquestionably have an effect on their experiences with a second group leader. Comparisons between us were evident and expected to continue. Attempts to deposit all that is good with one analyst and all that is bad with the other would probably persist. This might take the form of grievances. All group members welcomed the opportunity to talk and a continuation of this was expected and necessary. Garfield (1990) points out that grievances are not a form of grief but rather a "form of despair." The socializing during alternate sessions, and Leon's discussion of how he misused therapy were examples of grievances rather than evidence of true mourning. In addition, according to Garfield, grievances also have elements of rage, and unconscious destructive wishes and omnipotence, as evidenced by Ted's comment to me, "I've already had two analysts who have died."
Leader differences were also apparent in this first group session. Dr. H used the alternate session and I did not. His orientation seemed more akin to doing individual treatment in a group setting than my orientation where techniques focus on the

individual on some occasions and the group at other times. This can be seen by my intervention following Dick's dream where the dreamer and the group are both addressed. The direction of my interventions are most often directed towards the source of resistance at any moment in time. I have described this approach in several papers (1977, 1980, 1992).
Dick's dream is brought into the group early in the session. Both Dick and the group members did not react to this dream. My intervention cut through this collusion and revealed a clear representation of the group (Neri, 1998) as "socializing and dancing" in an "adjacent room," contrary to Dr. H's wishes. Group members experienced guilt over transcending "the father," i.e., Dr. H., and the possibilities of an Oedipal victory. This provided an opportunity to work through the group's dilemma about alternate sessions.

Issues in the Literature

Returning to our main focus, this paper concerns certain issues arising in an analytic group situation regarding male patients, originally with a male analyst and subsequently with a female analyst. The literature in this area of analytic group psychotherapy is non-existent, to my knowledge. The analytic literature is sparse as well, up until Kulish's (1984) review article referring to the prevalent opinion that male patients do not develop strong "erotic transferences" toward the female analyst.
Until this point, there was one article by Bibring (1936) about an eroticized transference of a male patient to her. The issue was resolved by discontinuing the analysis and sending this patient to a male analyst. Concurrently, there has been an abundance of literature by male analysts about their female patients falling in love with them, following the lead of Freud (1915). The field has generally accepted the view that male patients' erotic transferences towards their female analysts do not exist. I am not giving an exhaustive summary of the literature, but only emphasizing issues dealing with my clinical material.
Lester (1982) gave a case report which supported this position of "only mild, transient, muted and unstable erotic transferences from male patients." This panel was an outgrowth of increasing attention at that time to transference material in general and in particular to the analyst's reality. Lester invited the female analysts in the audience to reveal their experiences regarding this matter. Subsequently several articles have appeared on this subject (such as Goldberger & Evans, 1985; Person, 1985: Chassequet-Smirgel, 1984; Guttman, 1984; Kulish, 1984, 1986, 1989; Gornick, 1968; Meyers, 1986a, b; Torras de Bea, 1987; Raphling & Chused, 1988; Chertoff, 1989). Goldberger and Evans (1985, 1990) demonstrated that male patients display a full range of erotic transference phenomena with female analysts. They pointed out in some cases it was only after considerable analysis of defenses against aggression that the erotic manifestations emerged fully. They demonstrated that paternal transferences occur regularly and paternal transferences may be difficult to elucidate until the later stages of analysis.

Gornick (1986) identifies two patterns that characterize the maternal transference consistent with observations by Mogul (1982) and Benedek (1973), that women therapists are more likely to trigger wishes for reunion with the pre-Oedipal mother and fears of engulfment or abandonment by the mother. This is consistent with theoretical formulations of Stoller (1975) and Greenson (1966). The first pattern Gornick found is visible during the beginning of treatment. An intense maternal transference is stimulated and frequently revealed in dreams. For some male patients the beginning stages with this dyad activate a strong "regressive pull," and a "second pattern that characterizes this dyad is the activation of vigilant defenses against the emergence of feelings of dependency" (p. 310).
In Person's 1985 paper, she observed that manifest erotic transferences are more prevalent in women patients than in men patients. She made the point that manifest or not, the erotic transference is an issue for the analyst. Also of importance is the fact that Person is looking at the erotic transference in analysis led by a female analyst. Hill (1994) states that Person's contribution lies in her central argument about differences in male and female psychologies, and this effects whether or not erotic transferences become manifest. He quotes Person's summations. She concludes that:
"The particular form the erotic transference takes corresponds in part to the sex of the patient vis-à-vis the analyst, but also to the patient's sex, irrespective of the sex of the analyst" (p. 164).

In general, erotic manifestations are greater in cross sex dyads (at least in heterosexual patients) while rivalrous constituents are more prominent in same sex dyads. But women patients, more than men, have a greater propensity to exhibit overt and sustained expressions of the erotic transference toward the analyst, whether male or female, and to experience the erotic transference as such (p. 174).
Person (1985), writing about the countertransference of analysts to erotic transference material of patients, feels that the resistance to the emergence of such material is influenced by the receptivity of the analyst. This, in turn, leads to avoidance, a failure to address sexual material and its derivatives, analytic stalemates and, in many cases, termination of treatment. Gould (1994), talking about a male patient's eroticized transference, writes that such material "once accepted and allowed to unfold led to lasting changes in the patient's self experience and overall functioning."

In conclusion to this discussion of the literature, I refer the reader to Lachmann's (1994) critique of papers on this topic. He states that "a major contribution of these papers is the recognition that the eroticized transference has positive, facilitating, restorative, and invigorating potentials. 'Eroticized' captures the plasticity of sexuality and the creative ways human beings can love and eroticize each other."

I would add the unique nature of this eroticized attachment can be potentially destructive.

Five Initial Dreams of Male Members Reported in the First Few Sessions

Dream 1: Wearing Knickers

Dick dreamt the day of Dr. H's funeral and reported it at our second session. His dream was he was about to depart on a plane but his ticket was in Dr. H's name. He was confused but he nevertheless intended to get on the plane. At one point in the dream Dick reported he was wearing knickers (short trousers gathered and banded just below the knee). The thought occurred to Dick perhaps this was the kind of outfit Dr. H wore when he was a young boy or man.

After he revealed his dream in the group, Dick stated he planned to terminate group therapy with Dr. H. Dick spoke of his admiration of Dr. H describing his brilliance and composure. He said that he idealized Dr. H and attempted to emulate him. Dick thought his dream was an effort to model himself after Dr. H. While Dr. H was Dick's ego ideal (Edwards, 1983, 1984, 1987), I noted that Dick reported this dream at our regular session, not at any of the alternates the group had before I met with them. This dream keeps the dreamer's and the group's attention focused on Dr. H, while it is shared and worked on in my presence.

I thought the dream which occurred on the day of Dr. H's funeral was about Dick as a mourner. He was holding on to Dr. H by wearing knickers and merging with him through tickets in Dr. H's name. The reality of the funeral makes death an issue which the dreamer grapples with on this plane journey. I shared this interpretation with the group and invited them to share their reactions with us.

Dream 2: Climb a Tree

Dick's first dream was the following: Dr. Edwards is encouraging and seducing Leon to climb a tree. Leon climbs the tree. She asks Dick to climb up after him. As Dick starts to climb the tree, Leon falls down and breaks his arm and leg.

Dick's associations revealed that he believed Leon was his father in the group and in his dream. His mother wanted him and his father to compete in the world and win. One point of view is that he saw his mother and me as an instrument of castration. The woman encourages the man to compete without providing the necessary support and nurturing. As Dick reported, "Nothing but your three square meals a day."

Another view is that the dream expresses a wish and a fear of nurturance and intimacy. Competition between men in the world brings scarring and damage while submerging dependency needs.

This dream could also be seen as revealing a pre-Oedipal negative maternal transference. However, further associations expressed in the flow of group conversation (Edwards, 1977) revealed the following material:

Dick's father was a physician who had treated Dick as a patient when he was a child. For example, he had administered the anesthesia when Dick had a tonsillectomy. During the operation, Dick hemorrhaged. Fantasies about his father came through towards Dr. H. He said when he first lay on the couch, he was afraid Dr. H would rape or kill him. This led to Dick's talking about his anxiety working with a female leader. The other men joined in and commented they were anxious about this as well, but didn't want to repeat, as one male member said, the "Oedipus complex" again. It was hard to elicit specific fantasies.

I asked Dick if he had further memories about his father during his early years. He said he recalled his father throwing him up and down in the air. His father was affectionate, but his mother was not. He said his father was very competitive and frequently gave clumsy advice.

Rather than a maternal transference, one may consider this dream had elements of both maternal and paternal pre-Oedipal transferences. Dick's father was over-involved with Dick before and after he was six years of age. The castration of Leon in Dick's dream also has Oedipal elements. This dream helped both the dreamer and male members to share their anxieties and fears about working with me.

Dream 3: Cleaning the Bathtub

Ted reported: "I was in a room with Dr. Edwards. She was much younger and very attractive. I wanted to seduce her but came to the decision that this was business and I'd better not. The scene shifts and I'm with my ex-wife, we are in the bathroom, then I'm by myself. I'm cleaning the bathtub."

This dream led to much titillation and joking between members. The women chided the men over sexual relationships and attitudes. The men expressed inhibitions about discussing sexual matters with me. Concerns revolved around my valuing them less for having sexual problems. In addition, they wondered if I could appreciate a male point of view.

Returning to the dream, I asked Ted if he had any memories connected with bathtub scenes; at this time he reported no memories. Several weeks later he reported a memory of his "seductive" mother who washed him in the bathtub and scrubbed his penis until it was erect. This led to more material about his erotic relationship with his mother.

The manifest content of Ted's dream deals with his attraction to me and his unconscious uncomfortable feelings about his mother. What is striking is the new material he brings for exploration and the importance of his individual history. Although he had been in treatment for 15 years with two different male analysts, his erotic relationship with his mother, and subsequent guilt, did not emerge before this session. This dream indicates both regression and pre-Oedipal transference.

Dream 4: Veins and Arteries

Martin dreamt that he was a doctor operating on someone for a heart condition and was doing a fine job. At the moment before it was over, he left the room and told the nurse to finish the job. When he came back he saw she had done everything wrong; arteries were connected to veins, veins to arteries, and he quickly finished the job himself.

With amusement, the group discussed this dream in detail. I was the nurse, the doctor was Dr. H, the patient was Martin. Martin agreed, adding while I was the nurse, I am a secondary character in importance who was finishing Martin's analysis incorrectly. This led to the men including Martin reporting they all had recently felt symptoms involving the heart. Two men reported they had gone for check-ups with their internists. Martin was one of them.

Characteristically, Martin finished the operation by himself. His dream revealed his deep anxiety about his dependency needs being properly attended to by a female leader. All male and female group members empathized with his position.

The dream material stimulated associations revealing guilt and a defensive identification with Dr. H's symptoms amongst all of them. Even though this identification was life threatening, it was preferred to their anxiety concerning a female leader. It was also a mourning response, an attempt to keep the dead analyst with them. It can also be seen as an attempt to maintain gender identity.

Dream 5: Quivering and Stuttering

Leon reported a dream but his presentation overpowered the content. He quivered and stuttered as he talked. The dream was about taking a school examination. He was anxious and thought he could not pass. He said the dream was simple, but it made him very upset and it was a recurring dream.

The group commented on his anxiety. Ted said he thought Leon was upset because he never mourned Dr. H the way the rest of the members had done. Leon talked of seeing all the other members as superior to himself. Attempts at further associations, other than Leon's feelings of inferiority, were unproductive.

The fearful quality of Leon's presentation outweighed the content of his dream. His genuine affect was in his body language and voice (Edwards, 1977) and strongly suggested the message of the dream. He was afraid of presenting himself and of competing. Group members became frustrated and angry with Leon over his insistence on his low status and his withholding behavior.

In prior sessions, Leon spoke of an infantilizing and over-indulgent mother preventing him from socializing with peers. He recalled his mother paying his friend to zip up his winter jacket before returning home from school.

Four Dreams of Male Group Members

During the Leader's One-Week Absence

These dreams took place approximately seven months after the group and I began working together.

Dream 1: The Man and The Seal

Dick announced this dream and at the same time told the group he wanted to terminate treatment. In the dream he was out on the ocean and he met a seal. The seal invited him to go further out into the ocean and take a dive together but he was frightened. He dove, and while under water he was afraid that he would not surface. At the same time he somewhat trusted the seal. They came up and he breathed well. He looked at the seal and said goodbye.

Dick told the group his feeling in the dream was fear. He had taken this dive in the ocean once and was not sure if he could do it again. He did not know what might happen the next time. He felt the dream was about his analysis with me. He said the ocean and water was the unconscious and Dr. Edwards was the seal. The group commented that he was not sure that I would take care of him and protect him.

Group members' associations to the seal include the following: the seal is a mammal and, therefore, breastfeeds her young. The shape of a seal is muscular and penis-like. The moist, shiny fur is sensuous. A seal lies in the sun on the shore in a sensual manner and also feels at home in the water.

Dick was absorbed in the discussion and said the seal was an unusual mammal and creature. The dream reminds him of a memory when he was 14 or 15 years old. He was swimming in a pool and saw some attractive women. As he was swimming, he thought he had an erection and was afraid he would ejaculate.

Dick's dream repeated a motif of his previous dream, "Climbing a Tree"; his anxiety about being dependent on a woman. In this latest dream (occurring during my week's absence), the theme was expanded upon by including dependency needs in relation to an erotic object. The complicated fusion of dependency needs and sexuality heightened his anxiety to the point where he had the urge to terminate treatment. He feared regression and loss of control of his sexual capacities. He also feared engulfment by women. This urge was dissipated after the group discussed the dream.

Dream 2: The Two Madonnas

Ted reported: "I am with the movie star, Madonna, and wandering through the streets. In the dream there are two Madonnas. This Madonna is the natural one. She's the one that runs around Central Park with no make-up. I'm not sure I am accepted by her. I am unsure whether I am attracted to her or she is attracted to me. I have a feeling of friendship. Next thing I know I'm being asked to do something outrageous. We are now at a concert, Madonna is using cocaine, and she wants me to use it too. She thinks my penis is 12 inches long and wants to fuck me because of my size."

My week's absence stirred up Ted's conflicts and complicated feelings toward me. The dream revealed his fear of seduction and manipulation by women. These feelings were projected on to me. As he commented to the group after this dream, "It is obvious that Dr. Edwards is the two Madonnas." The two Madonnas reveal primitive object splitting of Madonna versus the whore. This reflects Ted's ambivalence about what he needs from me. He is conflicted about his need to see me as a sexual object, on the one hand, and as a natural woman capable of friendship, on the other.

Dream 3: The Shark

Dick asked Martin if he had dreamt lately, and Martin replied that he had but had analyzed it by himself and was reluctant to report further. With group encouragement, Martin reported the following: "A black man is in the ocean and wearing a snorkel. He is swimming up and back with his snorkel above the water and there's a shark beneath him calmly swimming back and forth. What I thought the dream meant was the black man was someone I had been negotiating with who is black, and was very aggressive."

A group member asked Martin if he thought the shark was Dr. Edwards, and if he was the black man? He replied, he thought of Dr. Edwards when he awoke. He thought Dr. Edwards might be the shark. Group members tried to help Martin with his dream and his anxiety. They questioned him and associated to the snorkel, the shark and the black man. Some members thought the snorkel represented a penis. At this point Martin murmured that he thought the shark would kill him.

Martin's approach to his dream was similar to his first dream, Veins and Arteries, where he analyzed the dream by himself and performed the "operation" without the life-threatening "nurse." This anxiety about me, and fears of castration, being eaten, and annihilation are even more apparent in the shark dream. Again he denies his dependency on the female analyst and the group, choosing again to analyze the dream by himself.

Summary

This paper has focused on male patients and their reactions revealed by dream material to a female analyst who took over leadership of the group following the death of their male analyst. The early dreams and dreams following a one-week absence by the female leader were explored. While the effects of the mourning process are inextricably entwined in these reactions, each man revealed several unconscious fears. These are fears of regression, annihilation by being engulfed and eaten, dependency, castration and erotic feelings. These fears are commingled. The group setting and the group members helped to stimulate and support male members to express and work through these vulnerable feelings. The acceptance and encouragement of this material can lead to lasting changes in the lives of group members. New literature that will address issues that may arise in the interaction of

the female group analyst and male group members could help provide a conceptual model to enhance the process and outcome of treatment.

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