

## SOME PSYCHIATRIC ASPECTS OF SENSITIVITY GROUPS\*

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A 'group' explosion has been occurring in the United States and Canada. There has been a proliferation of training groups and therapy groups and of groups about which there is confusion as to whether their purposes are educational or therapeutic (5, 6, 11, 12, 13, 14).

Concern has been expressed as to psychiatric risks associated with participation in such groups. The psychiatric and other medical literature now includes many papers expressing concern or even alarm about these risks (1, 3, 4, 7, 8, 9, 10). Popular literature in magazines and newspapers (2) has drawn attention to the psychiatric risks to individuals and the organizational risks in education and business.

In order to sample psychiatrists' impressions about the participation of their patients in sensitivity groups and other training groups, a survey of one hundred and sixty-two psychiatrists in the Greater Cincinnati area, including psychiatric residents in training, was conducted. A series of three questionnaires were sent at monthly intervals, and a fourth questionnaire was sent to twenty-four psychiatrists who reported having seen patients who had presented a psychotic reaction or acute personality disorganization during or following such group activity.

The first questionnaire (see Table I) evoked a 91 per cent response from the one hundred and sixty-two psychiatrists. This seemed to indicate a very high interest on their part in the investigation of this community mental health problem. Only twenty-four or 16 per cent of these responding psychiatrists reported having seen patients with psychotic reaction or acute personality disorganization which had apparently been precipitated by such group activity.

Allowing for the overlap from individual patients being seen by more than one psychiatrist, especially when the patient was admitted to hospital, there were only nineteen documented cases of psychosis or personality disorganization.

By consulting with all organizations in the community which were known to be sponsoring sensitivity training or similar groups it was estimated that approximately 2,900 people in the community had participated in such groups over the preceding five years. Thus the nineteen who became acutely ill and were brought to psychiatric attention represented 0.66 per cent of the population thought to be at risk. Of the 2,900 people, 1,750 took part in more structured, task-oriented, management groups. Five of the nineteen reacting patients were from this segment of the population at risk, or only 0.28 per cent reactors from these more structured groups.

It was of interest to learn from the second questionnaire (see Table II) that the psychiatrists here had noted a sizable number of patients who had moved forward in psychotherapy or who had been motivated to enter psychotherapy.

From the answers to the fourth questionnaire, sent to only the twenty-four psychiatrists who had reported seeing patients with adverse reactions, some impressions were gained as to characteristics of the groups which decrease or increase the psychiatric risks. As mentioned above, the risk seemed to be less in the more structured, task-oriented groups such as 'managerial grid' or 'team lab' groups. On the other hand, seven of the groups which had yielded the nineteen patients with adverse reactions were groups which had involved some physical contact. From the rough 'guesstimates' these seven represented much greater than 1 per cent of persons in groups in which touching or other physical contact was expected. This suggested that the psychiatric risks may be greater when

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TABLE I  
FIRST QUESTIONNAIRE — MAY 1, 1969

Psychiatrists	Circulated	Responding	% Response
	162	148	91%
Reporting cases of psychosis or acute disorganization	None	1 or more	% of Responders
	122	24	16%
Volunteering comments	102	20	14%

the procedures involve touching or other contact, which may be very anxiety provoking for some individuals in our non-touching culture. From the methods of treatment which were used successfully for these nineteen psychiatric casualties, namely psychotropic drugs with or without hospitalization, it was concluded that individuals with severe reactions occurring in the course of sensitivity groups should be referred promptly to psychiatrists who are able to use these methods of treatment, rather than to psychologists who are not able to do so.

From the answers to the third questionnaire (see Table III) it was learned that many patients in psychotherapy with these psychiatrists had asked advice from them about joining such groups or had told their psychiatrists that they were going to participate in such a group. Almost a third (28 per cent) of the responding

psychiatrists had recommended some group discussions for their patients (more often group psychotherapy rather than a sensitivity group) even without being asked by their patients about group methods. So these psychiatrists were not biased against the possibility of their patients participating in such groups, but many of them were vague as to the distinctions between the various risky and safe groups which were being conducted in the community. Finally some recommendations can be made as to how psychiatrists may optimally deal with questions about such groups from their patients. Above all, they should individualize their dealing with the questions according to their understanding of the patient, making no blanket prohibition nor any blanket encouragement to go ahead with participation. Asking why the question comes up at this time may throw into focus some transference/counter transference

TABLE II  
SECOND QUESTIONNAIRE — JUNE 5, 1969

Psychiatrists	Circulated	Responding	% Response
	162	127	78%
Reporting patients moving forward in psychotherapy	None	1 or more	% of Responders
	105	17	14%
Reporting patients entering psychotherapy as a result	110	13	10%

TABLE III  
THIRD QUESTIONNAIRE — PSYCHIATRISTS' ATTITUDES

Psychiatrists	Circulated	Responding	% Response
	162	96	59%
Patients	Number of Psychiatrists reporting about patients		% of Responders
Announcing intention of joining such groups	47		49%
Asking advice about joining such groups	54		56%
For whom respondents recommended such groups without being asked	27		28%
Seeming to progress in psychotherapy consequent to the group experience	28		29%
Seeming to fall backward in psychotherapy consequent to the group experience	16		17%

problem which may have to be considered, and asking the patient to get more information as to the safeguards in the particular group program which he is considering, may also be helpful. If the patient is at an early stage of individual psychotherapy the psychiatrist might do well to ask him to postpone signing up for such a group until a later stage of psychotherapy, unless the group is a well structured task-oriented one in which he would be relating in a non-stressful manner to his co-workers. If the patient is close to terminating individual psychotherapy the psychiatrist might encourage him to participate in a sensitivity group or 'T group' (so long as it is being run by a professionally responsible organization) since such group discussion can consolidate, in a social setting, the gains which individuals have made in a diadic relationship.

It was concluded that the psychiatric risks of participation in sensitivity groups are statistically microscopic, but that these risks can and should be taken into account by psychiatrists when advising their patients about participation in such groups.

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*The brain . . . is the citadel  
of sense-perception.*

*Natural History XI.49*

Pliny the Elder  
23 — 79 A.D.