BRIEF GROUP THERAPY WITH ADULT SURVIORS OF INCEST

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Focal Group Psychotherapy

Brief Group Therapy With Adult Survivors of Incest

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Introduction

Incest is taboo, yet it happens. Estimates of the frequency of incest and other forms of sexual molestation vary with the methods of sampling and assessment; but there is general agreement that it occurs frequently, is often denied, unreported, and unprosecuted. As the silence about incest is broken, those who have been molested in childhood and adolescence are seeking help, insisting on it.

The effects of molestation are often severe and enduring. They stem from the actual abusive acts and from living in an environment that enables it. Recovery is a long process. The brief form of therapy described here is not ideal, in that it *is* so brief and thus will leave many problems unresolved: but its brevity does make it practical. Such group therapy is intended to be used in conjunction with other forms of treatment, including individual therapy and self-help and support groups. The assumption underlying the treatment described here is that focus on the abuse will enable participants to work through enough of the trauma and the accompanying shame, guilt, and fear to be able to make use of other forms of treatment for continued healing.

Brief group therapy for incest survivors has been described in the literature. Herman and Schatow's (1984) approach appears to be more structured than the one presented here. Co-therapists worked with groups of five to seven women for ten sessions to achieve individually defined goals.

Brief group approaches have also been presented by Cole and Barney (1987), Goodman and Nowak-Scibelli (1985), Sprei (1987), and Swink and Leveille (1986). All had female co-therapists and members and met for nine (Cole & Barney, 1987) to eighteen (Swink & Leveille, 1986) sessions. In contrast, Ganzarain and Buchele (1986) focused on countertransference issues arising with a long-term group for incest survivors. Only Singer (1989) described group treatment for male survivors, and this was long-term.

The similarities among the brief therapy groups are obvious. Group formats were relatively structured, limited in scope, and goal-oriented. Members were prescreened in individual interviews; all but Sprei (1987) required concurrent participation in individual therapy. The selection criteria described later in this chapter were also used for all groups reviewed. These similarities suggest that certain group activities, such as talking about the incest and learning that others have had similar experiences, are important aspects of the healing process. Coping with recall and sharing is stressful, even for those who have individual therapists, and is not for everyone nor without risk. Structure and explicitly set goals (for example, as explained by Goodman & Nowak-Scibelli, 1985, and Herman & Schatzow, 1984) appear to facilitate progress during the few weeks of the groups' tenure. The time constraints obviously limit what can be accomplished, but Herman and Schatzow (1984) suggest that the time-limited format facilitates bonding and decreases resistance to sharing the emotion-laden material.

The decision to lead or co-lead a group for survivors of sexual molestation is not one to be undertaken lightly. The work, while rewarding, is stressful and demanding. Those who seek treatment might be described as having a "brittle" personality structure in that they may function relatively well in positive climates but respond disproportionately to stress. They may become extremely anxious, depressed, or enraged during the course of therapy. Dissociative experiences may occur. Multiple personality disorder is associated with severe chronic sexual abuse. Diagnostically, personality disorders, particularly with borderline and narcissistic traits, are common among those who have been severely abused. These are difficult populations. Ideally, any therapist who decides to undertake a survivors' group would be an experienced group therapist and would conduct the first group with an experienced co-therapist; consultation and supervision are recommended.

Selection and Screening

The work begins at the initial meeting, so selection of members who are likely to complete the treatment is important. As dropouts are likely, particularly if clients are not in concurrent individual therapy, you may wish to begin with one or two extra people.

Selection of group members is problematic. Survivor groups are stressful for participants and the people in their support systems. Sessions

can arouse more thoughts and emotions than can be processed at the time. It's important for participants to have sufficient psychological and social resources to be able to cope with the experience and to benefit from it—yet these resources are often very limited for those who need them most.

Typical criteria for group membership include concurrent participation in individual therapy, so that members have other professional resources available to them in addition to the group. Alternatively, 12-step programs can provide useful and appropriate support; programs that are particularly relevant include Incest Survivors Anonymous, Al-Anon, CoDependents Anonymous, and Adult Children of Alcoholics. Participation in individual therapy or support groups tends to reduce the likelihood of leaving therapy.

Make a thorough inquiry about substance use and eating patterns. Exclude individuals who have a history of substance abuse until they are sufficiently into recovery to be able to tolerate the stress of the therapy without relapse. If potential members are excluded for substance abuse or dependence, inform them of the basis for the exclusion and recommend reapplication when the problem is under control. This confrontation may help them face their addiction. Where substance abuse has been a problem in the past, active membership in AA or relevant support groups is particularly important.

Exclude individuals who are actively suicidal or psychotic to avoid burdening other members of the group. Screen carefully: incest survivors learned not to talk about family secrets, so they tend not to volunteer information. Inquire about suicidal ideation, intent, and previous suicide attempts. Ask about prior therapy and hospitalizations. Strong suicidal ideation sometimes develops during these groups; so it's particularly important to establish that members have good impulse control.

Select individuals who can set realistic goals that are suitable to a brief period of therapy. Some group therapists ask that participants demonstrate the capacity to talk about their abuse in the screening interview; however, individuals who can at least tolerate questions are usually able to overcome their difficulty talking about their experiences with relative speed.

Consider group composition. Any group can tolerate one or two people who have difficulty talking. But great diversity in level of functioning can be problematic, particularly in pacing the group. Diversity in age, education, ethnicity, sexual orientation, and income helps members decrease their sense of isolation and stigma. Avoid the most difficult composition, which is a homogeneous group with a single outsider, such as a group of 20- to 30-year-olds and one 60-year-old.

Time and Duration

The group therapy described here is designed for 12 sessions, plus an individual screening interview. Sessions are weekly and intended to last from 80 to 90 minutes.

Size

This therapy approach is intense and interactive; two therapists are recommended, preferably one male and one female. Group size is preferably seven to eight if there are co-leaders. Size can range from five to ten, with larger groups meeting for additional sessions; one therapist should work with small groups only.

Structure

The structure of the session is relatively simple. Each session begins with a member-initiated "check-in," in which all members briefly state how their week went, then describe their mood. The session continues with exploration of issues that arise in the check-in. These concerns take priority as long as the group is productive. Therapists will generally initiate topics during the middle third of the session rather than at the beginning. The session ends promptly at the designated time: state, "Our time is up." After a brief pause, stand and wait for clients to leave.

Homework is assigned infrequently and usually at the end of the

session. When used, the assignment then serves as a lead-in to the therapist-initiated phase of the next session.

Therapists have two general functions. The first and most important is monitoring and commenting on group process, with the objective of facilitating productive group interaction. The second is working with individuals within the group structure to facilitate insight and conflict resolution. Make sure that anyone who looks distressed or who is behaving differently from usual has an opportunity to talk sometime during the session. Calling on individuals by name may be necessary at the outset.

Goals

Recovery from incest is a long process that cannot be accomplished during a brief episode of therapy. However, participants can make significant progress during the group if they set specific and realistic goals (see the section Starting the Group). There are three objectives for the group work described here. The first is learning to talk about the abuse and to identify the consequences in one's life. The second is beginning to overcome those consequences. The third is formulating individual plans for continuing the work started in the group.

Ground Rules

"The ground rules are simple. Come every week even when it's hard to do so. Sometimes there will be good reasons to be absent, but it is important to decide if the reasons are good enough. We will only meet 12 times, and every session is important for you, so do your best to rearrange your schedule so that you can come. If you must miss a session, call one of us and leave a message so that we can inform the rest of the group. Come on time and stay until the end of the session. Late entrances and early departures are disruptive

"Maintain confidentiality; membership in this group is confidential and so are the people's life stories. When you've heard things that are helpful to you and that you wish to share with others, do so—just do it in such a way that the privacy of others in the group is honored. Gossip hurts.

"Talk about your pain. Talking about things is the most difficult rule for incest survivors, who have usually grown up in secretive families. However, there really is nothing that can't be talked about, regardless of how difficult, painful, or unpleasant it feels. Some of you may be tempted to leave the group. Talk about this, too, and make your decision in the group; it's a decision that will affect all participants, not just you."

Starting the Group

Start with the group's focus and purpose; put the focus on the work

rather than the abuse. "This is a therapy group for people who are working on issues related to their abuse and molestation as children and adolescents. The purpose is to provide you with a forum for talking about the things that happened to you and how those experiences affect you today as adults. Most importantly, it is an opportunity for you to make some changes in your thoughts, feelings, and, particularly, in ways you interact with other people."

Introduce yourself by name as a co-therapist. Ask the members to introduce themselves, perhaps telling a little about their work or school life and their current living situation. Provide each member with a written copy of the ground rules and other relevant information such as meeting times, therapists' or clinic phone numbers, emergency and hotline numbers. Review the written information briefly, giving particular attention to talking about group interactions. "Perhaps the most important rule that we have in this group concerns talking about our thoughts and feelings about other group members. Give other members your feedback. Following this rule is important to the success of the group and to coping with the effects of the abuse you experienced as a child. You didn't learn to talk about things as a child; probably you were expected to keep silent about the very things that you are now here to discuss. We hope that in this group you'll talk about your thoughts and feelings about other members as well as about the leaders, and you'll discover that doing so is helpful rather than destructive. Some examples: You may become angry with me or with one of the members of the

group. If you do, say so. If you talk with a group member outside a session, let the group know—otherwise factions within the group can form and interfere with our work here."

Motives

Following the starting procedure presented earlier, return to the work of the group by asking members to talk about their motivation for joining. Cuing the group about the desirable level of disclosure may be useful. "Let's talk a bit about your reasons for joining the group. Before we start, think about what you might tell the others about how the abuse or incest in your life has affected you, your relationships, and your work. Share some things that are comfortable for you to talk about. We won't bother to go in order this time, but it's important for all of you to say a little about what brought you here; you can add some more information later on, when you feel ready to do so. Please say your name again when you start."

This part of the initial session sets the stage for dealing with the issues of isolation, distrust, and shame. Meeting others who have had similar experiences is reassuring. Joining a group of people who are working to deal with the consequences of their abuse offers hope and helps to normalize the experience. However, group members are likely to be quite anxious, which will tie the tongue for some and unleash it for others. It will be important here

and in subsequent early sessions to help members modulate their disclosure and reveal neither so much that they will be unable to return and face the group the following week nor so little that they feel isolated from the other members.

As discussion progresses, use your iInterventions to encourage the sharing of experiences. Normalizing comments help (for example, "Uninvited memories and flashbacks are distressing and frequently lead people to seek therapy." Linking common experiences will help people bond ("So both of you have problems with intimacy."). Make sure that everyone says something, perhaps by asking people to identify themselves if they haven't spoken in this round ("Let's see, who have we missed?").

Goals

Exploring motives for joining the group can easily lead into a discussion of individual goals. When all members have had a chance to talk about their motives, listen for an opportunity to shift the discussion toward objectives. One way is to make a general process comment: "You've been talking about a variety of painful experiences, and it seems that you've realized that having been abused and molested as a child has really had a big impact on your lives. This group will meet only 12 times. To get the most out of the group, we've found that it's important for each person to set a couple of specific goals to

achieve over the course of those 12 sessions. Each of you should share your goals with the others in the group so that you can each benefit from the group's support. Let's talk about what each of you might like to accomplish during this group."

Work with the group to identify goals, state them in action terms, then talk about what it would mean to accomplish them. Help members see how their goals interrelate. Watch for a snowball effect when one person states a particular goal and the others adopt it without consideration of their own individual needs. Some possible goals: telling significant others about having been abused or molested, confronting the abuser, improving sexual relations with one's partner, accepting one's childhood, dealing more positively with anger.

Main Concepts and Skills

A. Concept: The Therapeutic Window

"Talking about incest and listening to others' experiences are stressful. Each individual has a range of stress that can be usefully tolerated, called the therapeutic window [Cole & Barney, 1987], Too much stress pushes one out of the window. There is a tendency to shut down and feel nothing or else to become flooded with feelings to the point where you can't think of anything

else. Some people have nightmares, panic attacks, or even feel as if they are re-experiencing the abuse. Feeling shut down or flooded are extreme reactions that will keep you from making progress with your work. It isn't possible to avoid all the pain and still do the work needed to heal. You can learn to keep reactions inside your therapeutic window by limiting the input you receive and doing self-calming exercises. Your tolerance for experiencing distress emotions will probably increase as you work through your painful memories. Keep in mind that, although the memory is painful, you've already survived the actual experience. We will teach you some skills today that you can use to manage your distress. You may know and practice some of these already; if you have other techniques that work for you, perhaps you might share them with us."

B. Skill: A Safe Place

"When things get tough, it's important to have something good to think about. This something can be a mental lifeboat, a place in your imagination where you can go when you need to retreat, relax or reorganize. Take a moment and think of a place that feels safe to you. It can be a real place or one you've made up. Some people focus on a person, such as a friend, special teacher, or minister. Others want a stuffed toy or their old security blanket. You can be inside or outdoors. Picture the scene as it would be if you were there. Imagine what it looks like...sounds like ...smells like...feels like. Think of

yourself being there. Is it warm? cool?... Are you sitting, walking? Let yourself feel comfortable...safe.

"Practice imagining your safe place and using it to calm yourself as often as you can. With practice you'll be able to bring it to your mind whenever you feel really stressed, fearful, or angry and need a few moments to regain control."

C. Skill: Requesting Time Out

"There will be times when your feelings are too intense, and you need time out. Let us know by saying something like, 'I need a minute/ or using a hand signal: for example, you can gesture with your palm open and out, pushing slightly outward at chest level. When you make your gesture, we'll stop so that you can take time out to get centered."

D. Transformational Experience: Talking About the Abuse

"Talking about your memories of the abuse you experienced is a painful but important part of the healing process. It lightens the burden you carry by reducing your feelings of shame and blame. Talking will help you understand what happened to you and why. It will not change what actually happened, but it will bring those events into perspective. Talking about the abuse is like studying history: what changes is not the past, but your understanding of the

present, and the ways in which you'll deal with your future."

E. Concept: Shame Versus Guilt

"The terms shame and guilt are often used interchangeably or are confused, but there are important differences between them that warrant clarification. Shame is more pervasive and important than guilt in sexual abuse, particularly in cases of incest.

"Shame originates from the sense of being flawed, when only perfection is acceptable. It's usually early in a child's development that others let the child know that he or she doesn't measure up. Molestation, particularly incest, is surrounded by secrecy and silence and thus fosters shame in child victims, who are made to feel that they're involved in shameful behavior without having the opportunity to test this conclusion by discussing the incest with others. Exacerbating this, the perpetrator may deal with his own feelings of shame by projecting them onto the victim.

"Some shame may stem from having been used in an unacceptable or even degrading manner. Some is caused by the physical arousal or other forms of gratification experienced in the relationship: this may be the most difficult aspect of the abuse to admit to others and oneself.

"Guilt, on the other hand, comes from doing things that one believes to

be wrong. For example, the perpetrator who tells the child, "This is our secret —it would kill your mother if she knew," obtains silence at the price of the child's feelings of guilt (derived from doing something with such potentially devastating consequences). Such feelings of guilt are alleviated as victims come to understand that they are not to blame for the abuse.

Shame, because it is associated with one's very being rather than mere actions, is more difficult to overcome than guilt. Overcoming shame is facilitated by acceptance and understanding from others, and by the abuse survivor eventually letting go of the need to be perfect."

F. Concept: Boundaries

"Boundaries, in this context, are the psychological lines drawn between people. Individuals with clear boundaries are able to set limits for themselves and others in relationship to them. Such limits are manifested in decision making and other aspects of individual functioning. Incestuous families tend to have poor boundaries in that members are intrusive and self-focused even in their concern for each other. They become skilled at anticipating the needs of others and expect others to anticipate theirs. They assume that they are the cause or the target of others' moods and thoughts. They rarely state their needs and wants and seem to believe that one does not need to do so. They often assume that if one asks for something, the other is obligated to provide

it; they consequently feel hurt and rejected if their request is denied."

G. Concept: The Hot Seat

"Being the focus of an interaction in the group, particularly one that involves a therapist, can be an uncomfortable experience. In fact, many refer to it as 'being on the hot seat.' Feedback can feel like criticism or even punishment. In abusive families, being the center of attention is often a negative experience involving being belittled or even physically abused. Even praise might carry a penalty."

H. Concept: Delayed Distress

"You may experience a delayed reaction two or even three days after a group session during which other members have talked about their abuse experiences. You might feel depressed, frightened, or angry; you might experience flashbacks, nightmares, or recall other memories. Should you feel depressed or angry between sessions, think back to the previous session and review the topics discussed and your reactions to them. Understanding that the session was upsetting may make it easier for you to shift moods and let the feelings of distress go until the next group session. Write about your feelings in your journal, imagine your safe place, talk with someone you feel close to, or do something enjoyable to ease your distress. Then be sure to talk

about your delayed reaction in the next group meeting."

I. Concept: Identification With the Family

"Survivors of incest and molestation tend to have complex and conflicting feelings about their families. If the incestuous parent was physically abusive and a step-relation rather than a biological parent, then the survivor's feelings about the abuser might be largely negative—for example, straight forward feelings of hate and anger. But relationships within the incestuous family, particularly between a child and an incestuous parent, are typically complex and conflicted. There is often intense love, family loyalty, and a need to see the family in an idealized fashion. Particularly in the case of incest, the parent may have given the child gifts, privileges, attention, and power. Furthermore, the victim may have experienced pleasure from the actual physical stimulation as well as gratification at being singled out for a 'special' relationship with the parent. As children increasingly come to realize that the incestuous relationship is not acceptable, their conflict increases."

J. Concept: Blaming the Victim

"Children who have been molested or abused typically believe that it was their fault. There are two reasons for this belief. First, others blame them. The perpetrator commonly blames the victim by saying such things as, 'You

know you want this.' Colluding family members may also have blamed the victim of incest for seducing the perpetrator, for not telling, or for just being bad. The motivation of others for blaming the victim appears to be to minimize their guilt or shame by projecting it onto the victim. Perpetrators and their spouse or partner often see themselves as powerless and hapless victims of circumstances or uncontrollable urges; thus it's quite consistent with their self-perception to imagine the child to have been the instigator.

Secondly, victims have a stake in blaming themselves. Self-blame at least gives the illusion of power and control. In childhood and even into adulthood, holding yourself responsible on some level for the abuse allows you to avoid the painful conclusion that your abuser, was misusing and manipulating you. This illusion allows you to avoid the painful knowledge of your utter powerlessness as a child and the betrayal of your vulnerability by a close and trusted adult."

K. Concept: Betrayal

"All abuse is betrayal of the child. The betrayal in incest is threefold. Abusers betray children by selfishly using them to gratify their adult needs. Parents betray their children when they fail to protect them, particularly in the case of incest. The betrayal that is perhaps most difficult for the survivors to accept is that of their own bodies when they become aroused and respond

pleasurably to the abuser's caresses. Touching and caressing can produce pleasant physiological sensations, even when the seducer is the parent. Some parents who commit incest rationalize that they are teaching their child about love and sexual skills. They use their knowledge about sexual response to induce pleasure in their young objects. The consequences of such pleasures can be devastating for survivors, who can feel overwhelmed by confusion and embedded shame and guilt. Incest survivors often report an inability to enjoy sex with their mates because they freeze, dissociate, or feel very guilty or afraid. Often these responses stem from having initially experienced pleasure in the early incestuous encounters—the memory of which is denied or repressed only to cause later difficulties."

L. Concept: Anger

"Anger is a normal emotion, one that is important to acknowledge and learn to express in ways that are acceptable to yourself and others. Adults who have been abused or molested as children are often (and with good reason) deeply angry. Some—particularly those who have been physically abused—acknowledge that they are always angry. Sarcasm and a short temper are also qualities that are sometimes found in survivors. However, others have coped by burying and denying their anger, or directing it against themselves. Some families forbid the expression of anger altogether, and other families make the expression of anger an occasion for trauma and fear.

Be alert to feelings of anger in yourself and expressions of anger in others. Talk about the feelings, and give yourself permission to feel them."

M. Concept: Dissociation

"One common defense against distress is dissociation—that is, separating thoughts from physical sensations and emotions to the extent that you become unaware of what is going on around you. Dissociation is a common means of surviving severely stressful events such as sexual or physical abuse: most survivors know how to dissociate and do so automatically. Dissociation may have been necessary for your psychic survival when you were abused; for milder forms of distress, you can learn to use less drastic coping mechanisms, such as humor or relaxation exercises."

N. Skill: Taking Care of Yourself

"People who have suffered incest as children, like those who come from other types of dysfunctional families, tend to meet the needs of others at the expense of taking care of themselves. You then end up thinking that people take advantage of you, and they do—a lot. As children, you learned that you had to take care of others to get anything in return. People took advantage of you at times; sometimes you may have gotten special favors. Mostly people didn't do a very good job taking care of you. If you are like many survivors of

incest, you have a lifelong wish to have someone take care of you the way a child should be cared for. No one will.

If it didn't happen in childhood, you won't be able to find others to fill that need for you as an adult. Rather, you have to learn to take care of yourself. As you do, you'll let go of the anger that you feel about no one taking care of you.

"What does it mean to take care of yourself? It means knowing what you want or need, and being able to ask for it assertively. It means negotiating and compromising rather than sacrificing. It means that you decide when you will help other people and when you will say 'no.' It means that you stop being a victim."

O. Skill: Assessing Choices

"'I have no choice' is a common phrase among survivors of abuse. Usually, if you say this, either you don't recognize the alternatives that are available or you consider them to be totally unacceptable. However, if you acknowledge those choices you've eliminating, you won't feel quite so helpless. You may choose to stay with a battering partner because the thought of being alone is so terrifying to you that it doesn't *seem* like an alternative. However, recognizing that an alternative, however unpalatable, *exists* will lend you a sense of control that may eventually lead to discovering other and

better alternatives."

P. Skill: Reframing

"Reframing means re-conceptualizing a situation or problem in a way that makes it more tolerable or allows you to see a possible solution. For example, perhaps you believe that your boss is demanding and has unreasonable expectations of you at work; but you're unable to leave because you don't think you can make enough money in another job. This leads to your feeling helpless and angry. Reframing the situation to see that you're well-paid in your current job because you agreed to work late to meet deadlines may make the hours more tolerable or the job easier to give up."

Q. Skill: Negotiating

"Negotiating is a matter of exchanging something that you want for something that another person wants so that you each get some of what you want and achieve a 'win-win' solution. It doesn't mean losing or giving up something you want for something someone else wants. Too often survivors tend to sacrifice their own wants and needs and then be angry or resentful."

R. Transformational Experience: Trust of Self

"Incest survivors have difficulty trusting either themselves or others. As

you were betrayed by the very people whom you should have been able to trust, your capacity to trust became diminished. It will take time, practice, and feedback to correct the distortions in your beliefs about trust and make your judgments about trust more accurate."

S. Transformational Experience: Confronting the Abuser

"Confronting the abuser or other members of the family is often a goal set by survivors of incest and molestation. People who have been molested or abused may have a very strong wish to make everything all right, or a belief that somehow everything will be all right if they confront the abuser or tell other family members what happened. Oftentimes this doesn't work. It's important to examine both your wish to communicate and your knowledge of your family's dynamics. In fact, the outcome of such a confrontation is rarely what the person would wish, and it's usually disappointing and painful."

T. Concept: Effects on Sexual Relationships

"Incest and molestation survivors often have difficulty with sexual relationships, which may be what draws you to therapy. Common problems include promiscuity, confusion between sex and affection, or an inability to enjoy sex. Many survivors have flashbacks or will dissociate during sex. You may identify some of your partner's actions that seem abusive, or feel that

your partner doesn't understand that you can't feel good about having sex while you're dealing with abuse issues in the group. Talking about these concerns in the group will be useful. Talking with your partner about your mutual needs and how to meet them can also be useful."

U. Concept: Avoiding Repetition of Abusive Relationships

"When children grow up being abused and unprotected, their expectations and boundaries are different from those who have been treated with respect. For you and others like you, abusers and abused are known entities; 'normies' may be experiences as threatening or boring. As a result, you may accept behavior that other people wouldn't. You may remain in jobs or relationships that have abusive elements; you may feel trapped and unable to leave a difficult situation. Alternatively, you may misjudge a situation, seeing it as abusive, because you easily feel victimized and hesitate to set limits. Experiencing limit setting and other self-protective acts in the group and/or practicing them in other situations can help reduce these tendencies."

Main Interventions

Three major iInterventions are used in this group therapy: didactic presentation, group exploration, and individual practice. Therapists' iInterventions in the form of process comments, interpretations, and

confrontations are part of group exploration. Process comments serve to direct the group's attention to their interactions. Interpretations reframe an experience for an individual or group. Confrontations typically direct an individual's attention to his or her feelings or behavior. The challenge, particularly when the group contains individuals with little or no empathy, is to involve as many of the group in an iIntervention as possible. Thus one frequently used iIntervention is that of asking if others have had similar experiences or feelings.

The content of the group work is structured such that most of the first two weeks is concerned with preparatory activities; the next four weeks center on talking about childhood abuse; current issues stemming from an abusive childhood occupy weeks seven to ten; and termination take the final two sessions. Some flexibility in this structure is acceptable. Ideally you will be making continuous links between past abuse and its influence on current situations. The focus should shift, however, from the past in the first half of the therapy to acquiring more adaptive responses in the latter half. Begin to mention termination in the ninth and tenth sessions, then spend the final two sessions on this issue.

Week 1: Starting the Group

See the section on starting the group. Tell the group members what is

expected of them and provide normative information about their possible reactions. Members may lack basic interpersonal skills and knowledge, such as how to protect themselves by gradually becoming more vulnerable as it becomes safe. Some will have fears, perhaps justifiably, about their ability and that of others to maintain control. The most likely results of those fears are that people will over control and spontaneity will be lacking; use process comments to help the group become aware of their concerns and talk about them.

Week 2: Managing Strong Emotions

Check-in

All members briefly discuss how their week went and their current mood. When this procedure is introduced, inform the group that they can initiate the check-in without waiting for you to tell them to begin. Ask the members to be particularly attentive to thoughts and feelings they might have had about the group during the week. In the early weeks, members say their first names as they check in. Be attentive to posture and other subtle nonverbal cues of mood as well as shifts in descriptors. Group leaders do not check in.

Even those clients who may have been in individual therapy for a

significant period of time may have intense reactions to group therapy. Experiences related in the group often trigger repressed memories. In this session, it's useful to teach some techniques for centering and comforting and to help the group anticipate and understand their reactions.

A. Concept: The Therapeutic Window

Intervention 1: Didactic Presentation (See Concepts and Skills section)

B. Skill: A Safe Place

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 3: Individual Practice

It's important to make sure that every person can recall at least one place, person, or thing that is comforting. Ask the group to talk about their choices of a safe place and how they made a decision about what felt safe for them. Encourage each person to talk to the extent that they're able to recall and describe sufficient memories to have ready access to them. Have group members practice visualizing themselves in their safe places and shifting their focus to more pleasant thoughts. Use this technique at the end of each session to help the group relax and recover from the stress of the session.

C. Skill: Requesting Time out

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Time out is adapted from Vannicelli (1989), who suggests enabling members to determine their own pace and to signal when they wish to stop for a moment and center. Time-out intervals won't be used often, but they give members the feeling that they are in control, which helps them to stay in control. Encourage use of timeout by responding quickly to either verbal or hand signs of distress (for example, "You seem to be having a hard time with this. Remember, we have a time-out signal that you can use."). Explore the use of the time-out signal (for example, "You signaled a time out; how did that work for you?").

Ending the Session

Take time at the end of each session for some relaxing and transitional activities. Intense sessions may require 15 to 20 minutes for transition. Focus on positive events and feelings. Visualizing safe places and asking each person to recall a good experience or describe his or her safe place are possibilities. Ask the group for their suggestions. A "check-out" in which group members each describe briefly their thoughts and feelings about the session may be useful.

Homework

Encourage clients to practice visualizing their safe place several times during the week. Encourage them to obtain a relaxation tape or take a workshop in relaxation techniques. Emphasize that learning to shift the focus of their mood is a skill that they can learn.

Weeks 3-6

Rather than force the introduction of the concepts and skills according to the order in which they're presented here, be prepared to cover a couple of topics as they arise in each session. Let the group get started and listen for a theme to emerge; then use your iInterventions to keep the group focused.

Check-in

At the beginning of the third and all subsequent sessions, greet the group briefly, then sit quietly until someone begins the check-in. Avoid more than brief eye-contact with any of the members until someone begins the check-in, since extended eye-contact is likely to be considered a signal for that person to start talking. Initiating the check-in is a means of actively taking control and thus taking care of oneself: let the group do it.

Be alert to members' comments during the check-in for stressors that can create problems either for the individual or for the group, particularly as it relates to abuse. Group members may come in and talk about a potentially

or even obviously abusive situation occurring in their family. For example, Alice was furious one day because a welfare investigation had been initiated after her infant niece had been hospitalized with a fractured skull. The "accident" sounded as if it could have been abuse. Alice was angry because the child's parents were upset about being investigated. Some of the group began to sympathize with Alice and complain about the unfairness of Social Services. We intervened by wondering how people felt about the child involved. Some members then began to talk about their wish for just such an investigation when they were abused children. The next step was acknowledging both sides of the issue: protecting the child and the family's distress. The group then turned to a vital concern—their fear that they might abuse their children or marry someone who would.

Of course, if abuse or molestation is occurring, the issue of reporting must be addressed in group and worked through. This step is facilitated by making the empathetic link between group members and the abused child.

D. Transformational Experience: Talking About the Abuse

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Exploration

In these early weeks, sharing experiences is a major focus. Encourage

members to talk about their abuse in whatever detail they can tolerate. Let the group know that they will determine their own pace and can stop talking anytime they wish. Use statements such as, "I wonder if that reminds anyone of their experience?" to encourage broad participation. Also help clients connect with the present by asking what it's like to share their memories with the group. Encourage exploration of current situations that remind them of the past. Too often, people don't see the influence of their past on present interactions.

Talking about the abuse serves several purposes. As individuals remember what happened to them and talk about it, they rewrite the script by adding an ending in which they survive and master the experience. Individuals also reduce the shame and guilt they feel as they find that they don't blame others as they tell their stories, nor do others blame them.

There are several important topics, embedded in the stories about abuse, that are important to explore. These include: reasons for submitting/participating; what happened when victims tried to tell people what was or had happened to them; feelings toward the perpetrator and toward other members of the family. Many will be angry at their mothers for failing to protect them: this is particularly common when the father is the perpetrator. Some may also feel intensely guilty if they believed that they supplanted one parent in the sexual relationship with the other. Explore these

feelings and thoughts as they arise, helping members to look at the role of the various family members as well as their own.

E. Concept: Shame Versus Guilt

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Exploration

Shame is more difficult to ease than guilt. Shame is deeply ingrained, and people often feel that they have little control over the feelings, perhaps because shame is imposed by others. Encourage the group to share memories of how parents, teachers, and others shamed them. In doing so, focus on the "shamers": what did they say, what was their tone of voice, facial expression? Then move to the feelings of being shamed as individuals recall and share experiences. Why was the act so bad, so shameful? Often shame is used as a means of controlling behavior that embarrasses others, particularly parents. Use this idea to introduce the next concept.

F. Concept: Boundaries

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Exploration

Weak boundaries are pervasive in incestuous families. If the incestuous parent had been more able to see his or her child as an individual, rather than as a possession and a means of need gratification, the incest might not have occurred. Introduce this concept when it is first appropriate, then continue to use it throughout the therapy. Focus on helping group members to become more aware of their boundaries within the group.

G. Concept: The Hot Seat

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Exploration

Exploring the group's resistance to talking takes precedence over other issues in order to keep the group from dragging into repeated and painful silences. Be alert to behavior suggesting that participants are uncomfortable with the attention they're receiving. Particularly watch for indications of feeling criticized and shamed.

Explore past experiences of being the center of attention. Get sufficient detail from members so that they recall some of their feelings; these are usually fear, hurt, guilt, and shame. Ask them to compare their current experience of having the group's attention with that of being in the center of attention in their family; ask for similarities and differences. Be prepared to

hear that you seem threatening, even abusive. Use the cues given you to ask about the feeling evoked (for example, "Some of you may be afraid I might humiliate you the way your dad did," or "...that we might laugh at you."). If someone confirms this, explore the fear further. Alternatively, ask about other current situations in their lives in which they have similar feelings. Realize that some employers and some partners can be verbally abusive, intend to and do succeed at humiliating people. Help the group to analyze these situations and to explore ways to cope with them.

This iIntervention can also help the group to identify current situations that evoke feelings similar to those from their abusive experiences; then to explore the similarities. Help them also to consider the possibility that being the focus of an interaction can be a neutral or even a positive experience.

H. Concept: Delayed Distress

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Exploration

Alert the group to the possibility of a delayed negative reaction toward the end of the first session, where members described their experiences of molestation and incest. Discuss ways in which they can cope with these responses to help decrease the intensity of the reaction.

Follow up the next week by asking members how they felt about the group and how their week went. Some will experience relief, others may have had distressful periods with flashbacks and additional memories. Be curious about how they coped with those times, whether or not they were able to remember their comforting techniques, and if the techniques worked. Wondering what else might help, or asking the group what has worked for them is also useful. It's important to recognize that group members are engaged in a painful struggle.

Returning to group after a painful session can be difficult. Help the group by anticipating this difficulty. A simple comment at the end of the first painful session will usual suffice.

I. Concept: Identification With the Family

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Exploration

The question: "Why didn't you leave (or tell)?" lacks understanding of family dynamics and identification; asking it results in defensiveness and increased feelings of shame. Questions such as "What gave you the courage to leave (or to stop the abuse) acknowledge the client's struggle and encourage exploration. The key to this iIntervention is to explore and understand family

relationships and group members' feelings about their families, particularly their parents. Assume a neutral, curious stance. Look for feelings of love and hope as well as anger, hatred, and betrayal. This balanced, neutral approach will help the group acknowledge and integrate their complex responses.

J. Concept: Blaming the Victim

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Exploration

Self-blame arises in every group, usually sooner than later. Allow this to happen. If the concept is not obvious to all, explain it. Quick fixes won't work. Resist the temptation to reassure—"It wasn't your fault"—or to cut exploration short because members have reassured each other. Such reassurance may lead to intellectual acceptance and temporary relief; but emotionally, the victim remains unconvinced. Reassurance may actually backfire by either confirming the client's sense of powerlessness if the self-blame stems from a need for control, or deepening the shame if the client is struggling with memories of being aroused by or flirtatious with the abuser. Use your questions and process iInterventions to thoroughly explore all references to self-blame. Appropriate normalizing statements imbedded in your exploratory questions will also ease guilt, shame, and self-blame. If, for example, members suggest that they flirted with or encouraged their abuser,

a statement such as, "Little girls (boys) commonly flirt with their fathers (mothers); most fathers are able to recognize and resist such advances in ways that build their daughter's self-esteem, rather than by reacting by seducing them. What do you think made your relationship with your father different?"

Acknowledge the prevalence and importance of self-blame among abuse victims. Don't be satisfied with the group's superficial disavowal: help them to identify and explore their emotionally based beliefs. Explore this theme in as much detail as possible as it recurs, looking at when, how, and why the notion of self-blame originated and was reinforced. Ask clients how they think they caused it to start. Help group members explore what they think they could have done to prevent or end the abuse. As individuals compare their rationales, they will tend to uncover contradictory and externally imposed explanations, which in turn will help them exonerate themselves.

Help the group to discover the purposes that self-blaming serves. It typically enables the victim to feel less helpless and more important by feeling like an active rather than passive participant. It may also help the individual maintain a personal myth about having a loving family. By the middle or latter part of therapy, when members have achieved some sense of accomplishment, self-blame can be confronted more openly; by this time, clients are more able to trade the notion of self-blame for the idea that they

are responsible for their behavior as adults.

K. Concept: Betrayal

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Exploration

Arousal and pleasure in the incestuous relationship do occur and are difficult to address, particularly in short-term therapy. The dilemma is that some clients may remember being aroused but feel deeply ashamed of it. When they avoid talking about these feelings, they risk increasing their shame and isolation. Others in the group may have repressed such memories and are not ready to uncover them. Be alert to veiled references; encourage but don't insist on follow-up and exploration. It's vital to be as open, matter of fact, and therapeutically curious about the victim's memory of arousal as you are about any other reaction. You can state matter of factly that many victims could and did experience arousal and other pleasurable sensations during their abuse, which seems a terrible betrayal by one's body. Link such arousal to the parent's responsibility to protect the child. Such statements will begin to normalize the experience and open the door to the group for discussion.

L. Concept: Anger

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Exploration

Incest survivors often appear to be passive and without anger in the group; yet many describe episodes at home or work in which they explode into a rage.

There are specific techniques that clients can use for getting in touch with the anger associated with their abuse. Some writers (for example, Bass and Davis, 1988) assume that releasing this anger is cathartic. The interactive approach I'd like to suggest here is more subtle: it can help clients identify, name, and cope with their anger, but does not endorse "cathartic" rages. What is most important is that you do not ignore anger: it's a crucial component of treatment, and underlies the common fear among survivors of losing control.

Be particularly sensitive to nuances of facial expression, posture, and voice that signal anger, and confront it at every opportunity. The question "How are you feeling?" gives those who are aware of their feelings a chance to identify them. For those who deny or cannot name their feelings, saying "You seem/sound/look angry" may help. If anger is denied, let it pass, perhaps with a nod or normalizing statement (for example, "People who have been sexually abused are often angry."). Note that anger is frequently taboo in abusive families ("Many children, especially in families where there is abuse, are

never allowed to show anger in any way—so they learn to deny it.").

Make a point of questioning how anger was treated in different people's families. When group members are able to admit that their anger is a problem, pursue the issue in terms of how, when, where, provocations, consequences, and coping strategies.

Perhaps the most important part of dealing with anger is the therapists' implicit assumption, underlying their questions, comments, and matter-of-fact attitude, that anger is an acceptable emotion that can be understood and expressed just like other emotions. Be particularly sensitive to anger directed toward yourself and your co-therapist; address it with the attitude that this feeling and associated thoughts are valid and important to explore.

Anger management can be the focus of an entire group therapy (see the chapter on anger in this book). For the purposes of the survivor group, managing anger is limited to exploration, some modeling, and practice in talking about angry feelings and desired changes.

One note of caution: pursuing the angry affect in the face of denial may lead to escalation and the client's acknowledgment of anger. However, that individual is quite likely to attribute the emotion to being provoked by the therapist's questioning and may feel manipulated. This is not desirable; but the situation must be dealt with if it occurs. In the following dialogue, Mary

Beth's tone and expression suggest that she's getting angry:

Therapist: What are you feeling right now?

Mary Beth: Nothing.

Therapist: You seem a bit angry.

Mary Beth: I'm not; there's no reason to be.

Therapist: Sometimes there doesn't seem to be a reason; but feelings like anger can be triggered by very subtle cues, especially if something in the situation is similar to an old abusive situation.

Mary Beth: Well, I'm not angry. I feel just fine.

Therapist: Hmm. Well, your voice seems tense, and you're clenching your jaw.

Mary Beth: You know, I wasn't angry, but you just keep pushing, insisting that I am. I probably am getting that way.

Therapist: Uhuh.

Mary Beth: You really are making me mad.

Co-therapist: Let's stop and look at this interaction. It's important because it's an excellent example of something that probably occurs often for many of you. As Mary Beth and Joanne [the therapist] worked together, Joanne noticed some cues that led her to think Mary Beth might be feeling some emotion—and she asked about it. When Mary Beth denied any feeling, Joanne pursued the point, and Mary Beth began to feel manipulated, perhaps even coerced. Does that seem accurate so far? Okay This may seem similar to something that happens a lot in abusive families: a parent or older sibling confronts a child and keeps pushing him or her, and at the same time blames the child. Mary Beth, I wonder if that happened in your family It did? Well, you're probably really sensitive to it. So now when you felt pushed, Mary Beth, you

> got mad and let Joanne know about it Right? Suppose this exchange had happened at work instead of here. Mary Beth, you've mentioned that your boss can be verbally abusive. What do you think would have happened if you'd had this interchange at work?

The advantage of the co-therapist making this iIntervention is that he or she is a neutral figure at this point. If the co-therapist does not begin, the involved therapist might invite the iIntervention: "Ann, can you help us out here?" The co-therapist, as illustrated above, engages the participants' attention, interprets the anger in a neutral way, then generalizes to other situations.

M. Concept: Dissociation

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Exploration

As people talk about their abuse experiences, monitor the group's responses. If the group is attentive and one story leads to another, the group is working; you can keep tabs on who is talking and on members' affect. If the silences lengthen and individuals seem withdrawn, check in with the group to see what is going on. Dissociation is a common defense for people who were abused as children. Dissociative behavior is particularly likely in the group when abusive experiences are the topic of discussion.

Look for initially pained expressions followed by blank looks and diminished affect among members of the group. Find a moment when most of the group look as if they have checked out and comment, "People seem quiet and look spaced-out. What are you thinking and feeling?" This question may produce evasive responses such as, "Oh, I was just listening." You have at least two directions in which you can go from here: with the speaker's feelings and with the reactions of the other members of the group.

The first time, check in with individual speakers to elicit their reactions when they stop talking and get no response from others. When feeling safe, they may indicate that they feel as if they're the only one who has ever had the experience they've been describing; they may indicate that they feel isolated or alone.

There are several options when clients express such feelings. If others in the group acknowledge that they've had similar experiences and begin to share them, you can remain silent and let the discussion continue; later you might point out the increased participation and its potential benefits, either by soliciting reactions or by merely calling attention to the situation. If the group is not reactive but remains silent or denies their identification with the speaker, you might briefly explain what you mean by a related experience, making broad connections so that clients can link their diverse experiences. For example, you might associate everyone's experience of disclosure about

being molested with an individual client's story about coping with her mother's response to disclosure. You can increase the benefit that clients get from the group as well as increase their participation by coaching and encouraging everyone to actively recall related experiences and use the recollection to learn more about themselves and their coping strategies. Encouraging active group participation is particularly important in the early phases of this therapy.

Members of the group may have difficulty making links between their experiences and those of others if similarities aren't obvious. Survivors may lack empathy (LeRoi, 1986), which would facilitate connections from an emotional basis, and may not know how to frame their experience in a broader context (for example, this is about telling someone/wanting protection): this lack of skill may keep them from making a cognitive connection. Additionally, not connecting is a way of avoiding feelings of pain associated with the experience, thus resistance becomes a logical defense mechanism. Help the group see the ways in which a narrow focus is a means of avoiding pain; that may have been adaptive in childhood, but now interferes with therapy.

At some time, you may wish to work with the speaker for a few moments on the feelings associated with being the only one or with being alone, possibly linking these feelings to the abuse. Being alone then becomes

the experience that brings the group back into the discussion.

Eventually, if dissociative responses continue, you may need to address them directly. Direct confrontation usually brings some acknowledgment and leads to a discussion of what group members are doing, how it feels, when and how they do it. Are they thinking about something else? Is this a response that's under their control, so that they can choose when to use it? The immediate objective is for the group to develop awareness of this defense, its advantages and disadvantages, and to increase their control of its use. It's important to help the group see this defense as one that may have been useful in childhood, and which can be very powerful; but that they have less need for this particular strategy now. You can encourage the use instead of less drastic but more active defenses, such as asking for time out.

Using the Process

Use process comments to help members become aware of what is happening in the group. The following example models inviting the group to reflect on reasons for an unexpected silence at the beginning of a session:

"It seems difficult for the group to get started on a topic today... [Keep the previous session in mind. Intensely emotional or intimate sessions, or sessions that deal with particularly difficult topics, are often followed by a session that starts slowly.] People were pretty open last week; perhaps you're

feeling shy or cautious today and are waiting to see how the others react." This statement invites the group to focus either on last week's topic or on their feelings.

As members of the group become familiar with each other, shift the procedure so that clients become more active in initiating topics for discussion and directing group interactions. Two techniques will facilitate this shift. First, tell the group what you want to have occur, what you will do, and what you want then to do. For example, "I [Joanne and I] have been presenting topics and initiating discussions about them for the past few weeks. It's time to shift more responsibility to you from now on. We'd like group members to initiate the discussion as well as the check-in. This is your group, and you know what things are coming up for you and which are most important to you. This is also a good way to practice taking care of yourselves. Beginning now, we [co-therapists] will be less active and less directive. When we have something we want to introduce, we'll let you know." A second technique is to increase the time that you're willing to sit quietly and let group members begin talking. Rarely will any group remain silent for more than five minutes.

Sooner or later this shift in the procedure will arouse feelings, typically anger. Listen for inferences of abandonment, neglect, even abuse. There might be suggestions that you're not doing your job or that you're the experts and

know what the group should be discussing. Deal with this issue by asking the group if others have similar thoughts; encourage elaboration of their concerns. Comment on the obvious emotions. Give clients sufficient opportunity to present their thoughts and express their feelings. You can then acknowledge the reality of the present situation, present some alternative interpretations, then link people's feelings to the past, including parental demands and expectations. Help the group to explore these similarities and links; eventually differences should also emerge.

Therapist: (after 5 to 7 minutes of silence following completion of a check-in in which several important themes were expressed) It seems difficult for the group to get started today.

Sally: You said that last week, too. If you want us to talk, you could start the discussion.

Therapist: (nodding) Yes. You seem to have some strong feelings. Help me understand what's going on.

Sally: We don't know what to talk about, so we don't say anything—then you jump on us because we aren't talking.

Therapist: Do others feel the same way?

Ann: It's really hard for us to know what we should talk about.

Mary: Even when there's something bothering me, I don't know if I should bring it up. Maybe I'm the only one it's bothering, and everyone else will think it's a big waste of time.

Jan: We don't have much time for this group, and you really are the one who knows

what the most important things are for us to talk about.

(Other members nod and otherwise indicate their agreement.)

Therapist: Seems like people are feeling pretty frustrated and irritated with us. Time is short. We're the experts, we know what's important, but you're the ones who have to come up with the topics. Puts the pressure on you, then you feel like I'm criticizing you because you don't get started. *(Again, the group nods and grumbles.)* I can see your point, and we'll come back to that in a bit. First, though, I'd like for people to think back and see if you remember having similar thoughts and feelings as kids? *(The request triggers memories from several clients about times when their parents expected them to anticipate demands or to assume adult responsibilities. Their failures typically were met with derision, sometimes abuse.)* Your parents set you up with some unfair demands, then jumped on you when you blew it. *(Group agrees.)* Looks like I played right into an old script. (*Agreement again.)* So your anger is understandable. I also heard another feeling in you voices and saw it in your faces—fear. Fear that I would really scold you for wasting time or something. Is that what you parents did?

(When discussion of past abuse is completed, the therapist returns to the present.) Back to our request about starting discussions and my comment about the difficulty in getting started. Let's look at these issues.

The group then explores the request, and several members are able to acknowledge that there are some issues that they have strong feelings about and want to explore. They also acknowledge that their reluctance to start lies in the fear that others will put them down. The final step in this particular session is to look at other places in their lives where they experience similar thoughts and feelings: you can encourage them to explore examples from work and with significant others.

Note that the process comment about the difficulty in getting started is used in two different examples: once with a link to the previous session and once without additional comment. Choice of approach depends on the stage of the therapy, previous sessions, and your objective. In linking the difficulty to the previous session, you give direction and invite a reaction to the linkage and events linked. This type of iIntervention is particularly useful in an early session. It provides some information about reactions to intimacy as well as inviting exploration. The unqualified observation is more provocative and is best used when the group appears to be having habitual difficulty in getting started. Exploring either the reaction to the comment or the actual difficulty itself are both possibilities.

Incest survivors have chronic low self-esteem. Group therapy can easily reinforce their sense of worthlessness because the focus tends to be on problems. It's important to build on clients' strengths and to reinforce them whenever possible. Help identify and acknowledge defenses, reinforce useful coping strategies, and facilitate modification of strategies for an adult environment (which, it's to be hoped, is more benign and neutral than that of their childhood).

Homework: Journal

"People often report that they're overwhelmed by memories once they

start the process of recollection. You can gain some control by setting a limited time, say 30 to 60 minutes every day, preferably at the same time, during which you think and write about these difficult memories and experience your feelings about them. Get a special notebook and write in it every day. Don't let yourself think about the abuse at other times; that will be hard at the beginning but it will get easier. Follow each journal session with about 20 to 30 minutes of relaxation, deliberately shifting your mood and thoughts to something pleasant."

Work with the group for several sessions on keeping the journal, on honoring the times for writing, and on mood-shifting activities. Emphasize that these are important to establish as long-term habits that will continue beyond the duration of the group.

Weeks 7-10

In this phase of the therapy, the emphasis shifts from the past and talking about the abuse to the present. The focus is on exploring current situations; the objective is for clients to become more active and less victimized. As in the previous segment, the topics are determined by the group. However, concepts and skills listed below frequently arise and can be used as guidelines. Listen to clients' descriptions of their weeks, particularly with regard to their work and personal relationships. Also watch the

interactions within the group, particularly in regard to taking care of others, intrusions on others, and self-neglect or martyrdom.

N. Skill: Taking Care of Yourself

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Exploration

Much of the focus of this group is on the expectation that participants will learn to take better care of themselves, ask for what they want, and meet their own needs rather than wishing for someone else to take care of them. Survivors tend not to expect help, yet they may feel quite hurt when it's not forthcoming. They have difficulty asking for help and discount its value once they have had to ask for it. These adults are sensitive to the needs and wishes of others and focus on them, often to the exclusion of their own needs. When asked how they feel about another's request, they tend to focus on the benefits for that person, disregarding the potential consequences for themselves. Later on, however, when they think about what they've given and lost, they become resentful and feel themselves to have been victimized.

For example, Ellen told the group that she would have to work overtime for a month, which meant that she would have to arrive late for group. When asked how they felt about Ellen's continuing with the group under these

conditions, the members uniformly responded that it was okay with them; they could understand that she had to work. (They assumed that Ellen would lose her job if she refused the overtime. But when Ellen was asked if that were true, she said that she had requested the overtime.)

Members of the group need to learn to analyze what is being asked of them at any given time. Ellen, as well as the others, needed some help to realize that she was asking something of the group that had some cost for them. Only when we noted that Ellen's late entrance would routinely disrupt group process and could even delay the work of the group until her arrival did the group begin to consider the consequences for themselves. Even then individual members first considered the disruption in terms of its consequences for others in the group before they could get to the point where they acknowledged that their own needs were important, or that they might resent the disruption.

Members of a survivors' group are also likely to have problems identifying their needs; the group is a good place to practice this skill. You can help by asking, "What do you want from the group?" or "How can the group help you?" when a client presents a problem in group. It's particularly important to explore the less obvious implications of a request or demand so that everyone fully understands the request. Help members explore the consequences of getting or not getting what they and others want.

Once a need or wish is identified, it must then be transformed into a request that is sufficiently explicit to be fully understood. Again, it's useful to have group members practice making requests for group time, support, or suggestions.

O. Skill: Assessing Choices

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Exploration

People often insist that they have to stay with a partner because they have nowhere to go. Discussing alternatives—such as shelters for battered women—may help some to realize that they can leave and others that they do not want to do so.

P. Skill: Reframing

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Exploration

Intervention 3: Individual Practice

Q. Skill: Negotiating

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Exploration

The difference between compromise and sacrifice is an important distinction to make in helping members of the group learn to negotiate. Teach members to get what they want in return for what the other person wants in order to achieve a "win-win" solution. Too often survivors tend to sacrifice their needs and then feel angry. Requests for group time from two or more members at once presents a frequent opportunity for negotiation.

Set the stage as follows: "It seems that we have several requests for attention. How do you want to deal with this problem?" The first time the question arises, someone invariably offers to withdraw her request or to "wait until last, if there's time/' and others usually follow suit. Respond, " [Name] is offering to sacrifice her time for others. Is this necessary?"; or even, "Six people wanted to talk, now all six have deferred their needs, and we're back where we started. What other alternatives are there?" It's to be hoped that someone in the group will suggest dividing the available time. "Will that work, will that give everyone enough time?" and "Who'll keep track of the time?" are questions that must be asked and answered. Avoid serving as the sole problem solver: ask questions until group members themselves come up with the answer. In the same way, avoid serving as the time keeper. There will be some temptation to get on with the clients' requests for time, but

group processes that illustrate important concepts and skills take precedence over individual problems. Work this one through to a solution (if someone complains that doing so is a waste of time, explore that issue also).

Assertive negotiating may be a useful skill for clients when they're at work. Prior to entering a negotiation with an employer, clients may want to role-play the interaction with someone in the group. It's important to thoroughly assess the situation, and to understand that not getting one's way isn't a disaster. Help the group understand that the negotiation process is a matter of giving and receiving.

R. Transformational Experience: Trust of Self

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Exploration

Incest survivors have difficulty trusting either themselves or others. Cindy expressed her frustration and her dilemma at being told that she would have to trust her judgment in making some decision about interaction with her family. "How do I trust my judgment, when I've been told all my life that I don't know what I'm talking about?" The challenge is to respond to this type of statement in a way that supports her position.

Therapist: Cindy, you're in a tough spot. It really is difficult for you to have

confidence in your ability to make decisions. Perhaps you can be kinder to yourself when you make mistakes than your father was and will give yourself lots of credit when things turn out okay.

The first statement serves both to acknowledge Cindy's difficulty and to reinforce her judgment by agreeing with her conclusion. Conversely, telling Cindy that she should trust her judgment or that she has good judgment would be disputing her belief, thereby confirming her fear that she actually cannot trust her judgment. The second statement suggests a strategy to help her overcome these self-doubts.

S. Transformational Experience: Confronting the Abuser

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Exploration

One or more group members will often set confrontation of the abuser as a personal goal. Some may have had such a confrontation prior to joining the group. Exploring the issues involved in such a confrontation can be a useful opportunity for clients to gain insight into their current feelings about their abuser and others who may have been involved. Explore what people wish to achieve. Encourage members to identify the worst, best, and most likely outcome should such a confrontation happen. Also explore how each group member would feel about others in the group confronting their abuser.

Identifying each of these scenarios has value.

The most likely outcome is that the family members will respond in about the same way in which they have always responded. If the survivor was the family scapegoat, then scapegoating in some form is likely. If family members were non-responsive throughout the survivor's childhood, they are likely to continue to be so. This exercise can help clients identify each person's role in their family, including their own.

Another possible outcome of a confrontation is minimization by family members, dismissal, or even disbelief. A confronter might be accused of lying, trying to break up the family, or making trouble. Given the dysfunctional nature of most families in which such a confrontation is likely to occur, the best possible outcome is not a likely scenario. However, defining this ideal at least allows clients to explore their wishes and fantasies surrounding disclosure. The wish can be a trap, in which the survivor is further wounded if a confrontation occurs without a high level of awareness on the part of the client. Revenge, vindication, and reparation are common but unrealistic desires. (In any case, they're desires more likely to be realized with the aid of a lawyer than a therapist.) Often a survivor's wish is for the abuser to beg forgiveness, to make amends, and for the survivor to be in control of the situation in which this occurs. Clients may also hope to be seen in a new light by the rest of the family, for fairness to prevail, and for the family to side with

them against the abuser.

The value of this exploration in the group is the insight gained about the ways in which each person's family functions. Those clients who actually confront the abuser or the family may succeed in freeing themselves from false hopes, and thus may gain a sense of independence and strength. Few will find that their family is either supportive or repentant. Families are much more likely to resent the survivor for introducing an unpleasant issue. The actual decision about whether to confront or not is ideally made by each person, with support from the group for the eventual decision.

T. Concept: Effects on Sexual Relationships

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Exploration

Treat discussions about sex as matter-of-factly as any other subject. Explore what members want, and what they think their partners want. You may find that members don't talk about sex and appear to be unaware of their partner's feelings and needs. Survivors may tend to think that their partners are unreasonable and demanding when it comes to sex. Work with the group to show them that talking openly and being sympathetic about each other's needs can be helpful in easing the tension between partners.

Group members may never have told their partners that they were sexually abused or how they feel about certain sexual acts. Explore the possibility of clients talking with their partners about their partner's needs and how these can be met in ways that are acceptable to both people involved.

You may be tempted to encourage clients to disclose their abuse history to their partners. Resist the impulse. Partner's may be physically or sexually abusive; they may throw the information back in the victim's face at some later date. For the purposes of this therapy, stay with neutral exploration of the possible reasons for the secrecy. If appropriate, you can help the group explore what it's like to be intimately involved with someone you can't trust.

Groups for partners of adult victims of abuse may be helpful. Parents United and abuse hotlines may be a useful source of information about such groups in your area.

U. Concept: Avoiding Repetition of Abusive Relationships

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Exploration

Homework: An Unsent Letter to Your Abuser

"Write a letter to your abuser. Remind him of what happened and say everything that you ever wanted to say to him. Don't worry about the language you use or about the abuser's feelings—just get everything down on paper. This letter is likely to evoke some strong feelings—so protect yourself. Do this homework exercise when you have a couple of hours or more in a quiet place by yourself. When you finish, do your safe place and relaxation exercises; then do something pleasant for yourself. This letter is *not* to be sent; it is an activity for your recovery."

Homework: An Unsent Letter to the Unprotecting Parent(s)

Often survivors feel as much resentment and hurt toward the parent who did not protect you as toward the abuser himself. If the parent saw physical abuse or failed to believe the child who tried to tell about sexual abuse, the survivor's feelings may be conscious and acknowledged. However, writing this letter may arouse strong emotions and thoughts that might be distressing. Follow the same procedure used with the letter to the abuser. This letter is not to be sent."

Weeks 11-12: Termination

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Exploration

Termination usually evokes feelings of loss and abandonment in clients. They may ask if the group can be extended for a week or two, or say that they're not ready for the group to end. Alternatively, they may deny feelings or may emotionally withdraw. It's important to hold to the original schedule and assume the responsibility for the termination. Using "clinic policy" or other vague, institutional excuses for the ending date only avoids the issues of loss and feelings of betrayal that need to be processed.

Assume responsibility for sticking to the schedule. Attributing termination to agency policy or an administrative decision casts you in the victim's role, along with everyone else in the group. Part of the therapist's job in terminating any group is to model the adult's role of assuming responsibility for decisions—particularly important given the history of victimization among survivors of sexual abuse.

People use a variety of excuses to avoid facing the termination of any relationship; incest survivors are no exception. It will help forestall early departures if you talk about both the importance and difficulty of terminating. Do acknowledge the pressures of everyone's schedules (for example, "We'll be ending our work in a couple of weeks. You are busy people, and many of you have had to leave work early or make other sacrifices to come to the group. You may now find that those demands have increased, or that there's some cumulative pressure to do other things during the time allotted for our

remaining group meetings. Do avoid the temptation to do something else or to give in to illness during the next two sessions. Saying good-by is hard, but it really is an important part of the work you've been doing here.").

Termination involves a review and brief reworking of the major issues addressed during the group. Have these in mind as you begin the termination process. Be on the alert for relapses, particularly in the eleventh session. If the group members plead for an extra session, explore their reasoning and feelings—but hold to the original contract. Yielding may be superficially gratifying, but the nonverbal message is that group members haven't yet accomplished what they should have or can't cope with the termination.

Some may deny either the ending (for example, "We can get together once a month for coffee.") or their feelings of loss ("We knew we were only going to meet 12 times when we started—why get upset now?"). Approach these and other defenses with your usual exploratory stance; be particularly alert to family-of-origin ways of saying good-by and dealing with feelings.

Anger is a likely reaction to termination, and it's important to anticipate this feeling and your possible reactions to it. Accept the anger, explore and interpret it, but also be willing to acknowledge that there is some realistic basis for anger in that most of the members will not have finished their work. Some may feel accepted for the first time; others may have come to see the

group as a substitute for their family.

Watch for and be ready to interpret feelings related to victimization. This may, in fact, be your last opportunity to help group members work through their sense of helplessness and feelings of anger. What is important is your acknowledgment of their anger and your willingness to listen to them express their reasons for feeling angry or hurt. Your attitude should be one of openness to their feelings, wishes, and thoughts. In the end, however, you and they must honor the contract. End these final hours on time: this is your final statement on boundaries and consistency, two important concepts for your group to master.

Some acknowledgment that the final hour is different from the others is appropriate. Close the final hour with a brief recognition of the work done, acknowledgment that there is more to do, and best wishes for the future. Give permission for additional therapy without making is sound mandatory for survival.

Explore alternatives available in the area for survivors to continue their work. Also, indicate to clients that there is value in taking a "vacation" from treatment to allow the opportunity for consolidation of the gains from this work. Consider in advance whether you will feel most comfortable with a verbal farewell, handshake, or a hug, then take the lead so that the group isn't

left with the question. One caution about hugging: difficulties about physical contact are inherent in this group, and there isn't the opportunity to process the meaning of the action after the group ends. Unless you are completely comfortable with such a gesture, don't hazard making it.

Relapse

Recovery from incest or other form of childhood abuse is a long and painful process, and relapses occur frequently. These take two forms: recurrence of the shame and self-blame and returning to old responses concerning the abuse. If the group has worked well together and developed a common sense of achievement, they may not welcome the idea that relapses are likely. From the onset, it's important to impart the notion that this group work is only part of recovery and growth. Individuals who continue to be isolated or secretive about their abuse are most likely to experience a relapse —so it's important for everyone to talk with people outside the group about their experiences. Some of the group may wish to exchange phone numbers in order to stay in touch. This idea should be explored toward the end of the group: it's important for individuals to be able to choose whether or not they wish to stay in touch.

The best way for adults who have been abused or molested as children to prevent relapses is to continue in therapy or support groups in which they

can continue to work on their issues. There is currently a trend among 12-step groups for adult children of alcoholics to broaden their definition of the concept of dysfunctional families, without particular reference to alcoholism; such groups are good resources for sexual abuse survivors.

Daily logs or diaries are also good outlets. Encourage members to establish and maintain the habit of writing in their journals and letting their feelings surface as they do so.

Reading provides another avenue for staying in touch with feelings. *Outgrowing the Pain* by Elina Gil and *The Courage to Heal* by Ellen Bass and Laura Davis are among the growing list of books that survivors have found helpful.

Resistance

Some group members will resist talking about their abuse, finding it too shameful or threatening to do so. The first step is to help talk about feelings that interfere with talking about their experiences. Many abused children were belittled and ridiculed as is discussed in the concept of the "hot seat"; they may feel initially threatened by being the center of attention in the group. Giving such individuals acceptable ways to withdraw when they wish (for example, saying they have talked enough for the time being) will usually help this problem. It may also be helpful for group members to talk about the

feelings (frequently fear and shame) they have when they are the center of attention. Help group members to distinguish between situations that are actually or potentially abusive and ones that trigger old feelings without being threatening in themselves. After the group has overcome some initial resistance and explored a different issue, initiate some reflection on the feelings evoked during the discussion. Ask group members to explore whether they actually felt threatened or abused; if so, encourage them to identify the elements in the situation that evoked the feelings. As clients compare current and past experiences and learn to talk about their discomfort, they become more comfortable with doing so. If the therapist can accept these expressions of distrust and of feeling abused openly and non-defensively, group members eventually come to see that it is safe to talk.

You may be accused of being cold, uncaring, or unsupportive. The consequence of not talking about your personal histories and experiences is that clients may assume that therapists have not experienced abuse: you don't and can't understand them because you haven't been through it yourself. Use these accusations as an opportunity to permit clients to confront an authority aggressively and state their concerns. Then help them to explore their relationships with their parents and other authority figures in order to help them become more aware of what they experienced in the past, what they now want in an authority figure, and what triggers their feelings.

Informative feedback tends to be a trigger. Clients may interpret such feedback as criticism and may respond angrily or defensively, particularly when a key issue is involved. You may have to make repeated efforts to demonstrate that constructive feedback is useful and reflects caring feelings rather than destructive criticism.

Group members may say that they need more validation from you; they want encouragement and recognition that they are making progress. Provide this by nurturing the clients skills of self-evaluation and reflection. For instance, when group members have responded positively to a situation, ask them right away to reflect on their performance. You might ask the shy, quiet member of the group how she felt during a session in which she was actively participating and seemed to be relaxed or even enjoying herself. In other words, help to develop the ability to nurture and identify their progress and positive behavior.

Some individuals may deny progress or be self-derogating in some way. If this happens, confront the clients about their behavior immediately in a neutral but firm tone (for example, "Sally, it seems hard for you to give yourself credit when credit is due. What are your thoughts about this?").

Conclusion

Therapy group for adults who have been molested as children are

demanding and stressful. They are also rewarding. Given a supportive and accepting environment, progress can be quite rapid as clients find others who have had similar experiences and begin to understand that they are not alone. Incest poses a particular challenge, as it tends to have deep and lasting effects on individuals. Group members must work through their hurt, anger, and distrust repeatedly; it's unlikely that these tasks will be completed for any individuals in the group by the time group therapy ends.

As a therapist, you are a vital element of the process of change. The model used here is one in which the co-therapists do not share their experiences with the group and may not have suffered abuse or molestation. In this model, the therapists monitor both group and individual progress, intervening when necessary and appropriate. Therapists in a survivor group must be willing to deal with accusations of being unsupportive, cold, or untrustworthy. The greater part of such accusations will be transference-based: even in brief treatment groups, therapists become targets for some of the anger that could never be safely directed at parents. Clients will express strong feelings of loss, betrayal, and hurt that they could not direct at their parents during their childhood.

Obviously, leading such a group will not be for everyone. You must be able to accept and absorb clients' intense and sometimes aggressive feelings. Your job is to help the group members understand what happened to them in

the past so that they can accurately assess what is happening in the group. To the extent that you can facilitate this process, your clients' growth and recovery will proceed.

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