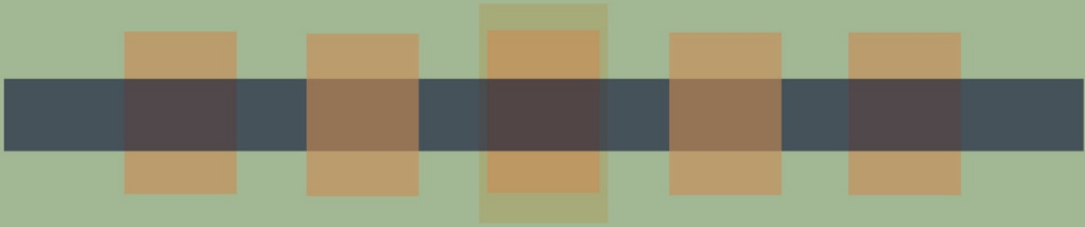


Psychotherapy Guidebook



# INTEGRITY GROUPS

0. Hobart Mowrer

# **Integrity Groups**

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# Integrity Groups

*O. Hobart Mowrer*

## DEFINITION

Many factors influence how human beings feel emotionally, mentally, and physically, including environmental stresses, constitutional predispositions, and nutritional problems. Integrity Groups deal with the additional factors of personal integrity and guilt. Secrecy and duplicity in one's interpersonal relations constitutes a breach of integrity (discrepancy between what one has agreed, or "contracted," to do and what one actually does); and when this incongruency becomes sufficiently serious (in persons of good character, as opposed to psychopaths), an identity crisis, to use Erik Erikson's apt term (rather than "neurosis"), is likely to ensue. By improving one's integrity, clarity of identity (personal integration, wholeness, authenticity) also tends to return.

## HISTORY

Originally called "integrity therapy," what is now known as Integrity Groups, or the I. G. Process, came into existence in the late 1950s in response to the failure of both traditional religions and secular psychotherapies

(including psychoanalysis) to take personal guilt seriously and to provide a realistic and effective means of resolving it. Clergymen attempted to deal with guilt primarily by invoking divine forgiveness and leaving the human, interpersonal aspects of the problem largely untouched. Psychotherapists tended to deny the objectivity of guilt and to interact with patients only in terms of guilt feelings. From its inception, the I. G. Process has taken guilt seriously, particularly when kept hidden from “significant others” (persons playing important roles in one’s life), and has sought to deal with it in terms of honesty (self-disclosure, confession), responsibility (making amends, restitution), and involvement (concern for and aid to others). In short, my colleagues and I were, and still are, primarily concerned with what Henri Ellenberger has called the “pathogenic secret” and its constructive management.

## TECHNIQUE

The precursor of Integrity Groups was a form of treatment that involved the usual one-to-one relationship but was distinctive in that, from the outset, the therapist exhibited (modeled) what it was he wished the patient to learn; namely, personal openness. This modeling of personal openness greatly increased the rapidity with which self-disclosure occurred and facilitated the recovery of integrity and clarity of identity, provided the patient was willing to extend this type of relationship to other meaningful interpersonal

situations.

But then it was found that this process could be still further expedited by two or more patients meeting simultaneously with the therapist and talking to each other as well as to the therapist. From this it was but a short step to the emergence of groups, ranging from six to ten participants. Thus, the phenomenon of mutual aid and interaction increased so that today Integrity Groups are self-operated and function without professional intervention, except insofar as the expertise developed by experienced group members constitutes a professionalism of sort. No fees are charged, although modest contributions are accepted to help with minor expenses.

## APPLICATIONS

Integrity Groups have therefore emerged as a natural resource for the Community Mental Health movement. Although for a number of years my colleagues and I remained unfamiliar with the details of the twelve-step recovery program of Alcoholics Anonymous, we were pleased and gratified to learn eventually that there are striking parallels between Integrity Groups and this older organization. The latter is generally recognized as the largest and most successful lay venture in Community Mental Health.

The pertinence of Integrity Groups is further highlighted by the growing literature on the “iatrogenic” (treatment-produced) negative effects of much

traditional psychotherapy, which has encouraged its clients to emancipate themselves from interpersonal commitments. Currently there is a growing realization that such “treatment” tends to be not only ineffective, but in some instances personally and socially harmful. Today there is growing recognition that “rugged individualism” is not the cure, and that everyone needs social support systems, membership in which involves not only privileges but also commitments, contributions, and cooperation. Recovery and personal change involve the willingness and capacity to give as well as receive, to be interdependent instead of independent.