Psychotherapy Guidebook

MARATHON GROUP THERAPY

George R. Bach

Marathon Group Therapy

George R. Bach

e-Book 2016 International Psychotherapy Institute

From The Psychotherapy Guidebook edited by Richie Herink and Paul R. Herink

All Rights Reserved

Created in the United States of America

Copyright © 2012 by Richie Herink and Paul Richard Herink

Table of Contents

DEFINITION

HISTORY and TECHNIQUE

APPLICATIONS

Marathon Group Therapy

George R. Bach

DEFINITION

As with all effective group psychotherapeutic programs, the Marathon Group Therapy promotes intimate, authentic human interaction. One of the unique aspects of the Marathon technique is an intensification and acceleration of genuine encounter through a deliberate instigation of group pressure focused on behavioral change.

This is facilitated by a time-extended schedule requiring uninterrupted sessions lasting from sixteen to over forty hours.

HISTORY AND TECHNIQUES

The first paper on Marathon Therapy was presented by the author on May 5, 1964, at an annual meeting of the American Psychiatric Association. In 1963 I learned that the late Frederik Stoller had experimented in a psychiatric hospital setting with time-extended group therapy sessions that would meet nonstop for at least twelve hours. Before I learned about this, I had conducted weekend encounter groups in retreat-like resort settings with traditional workshop hours: nine to twelve and two to five, with possibly another evening session, say, from eight to ten. This kind of broken-up schedule facilitated informal socializing, recreation, rest, and recuperation. However, it seemed that after each intermission, what progress had been made in the preceding work session was to some extent lost, because during the intermissions the people would interact in habitual social ways instead of in new therapeutic ways. I wanted the group members to experience and explore new ways of relating to each other and new ways of feeling about their own identity, self-worth, body image, etc. These social intermissions diluted the environmental cues supportive of growth-stimulating ways of communication. By doing away with socially oriented intermissions and adopting Stoller's time-extended schedule, I found a practical way to prevent this dilution of therapeutic group influence.

In the course of conducting over twenty thousand therapeutic group hours with a great variety of patients, I have observed that for most patients, the fifty-minute individual hour or the one- to two-hour group session is not long enough for them to take off their social masks; i.e., to stop playing games and start interacting truthfully and authentically. It takes a longer session for people in our culture to abandon the marketing stance of role playing and image making, which they habitually practice in the workaday world.

Clinical experience has shown that group-pressure, rather than the

therapist's individual interventions and interpretations given privately, can move people effectively and quickly from impression making and manipulative behavior toward honest, responsible, spontaneous leveling with one another. But it takes time for the therapeutic group to generate the pressure necessary to produce behavioral change.

Today, fifteen years after its inception, the number of people (students, clients, patients, even whole organizations) that participate in Marathon Groups and gain self-growth value from such participation can be counted in the hundreds of thousands. In California, a growing number of young research- and writing-oriented psychologists are taking interest in systematically exploring the variables that account for the growth and the experientially proven value of the marathon technique.

The basic objectives and ground rules for the professional conduct of Marathon Groups are as follows:

The Marathon Group is a social interaction laboratory in which participants can free themselves, for a twenty-four- to forty-two-hour stretch, from image making and from manipulative game playing and experience an improved quality of social contact for which the term authentic communion suggests itself.

Having experienced authentic communion with Marathon Group peers,

the participants are encouraged to apply what they have learned to their daily lives and to attempt to improve the quality of their contact with "significant others" (people who are important in their lives). This involves a change of interpersonal stance, from manipulation to communion. This learning is, in my opinion, the most urgent social task for psychotherapists to complete.

In a Marathon Group, twelve to eighteen participants interact continuously and uninterruptedly in a secluded setting. The sessions last for at least twenty-four hours and may be scheduled for a longer time. The participants are usually not emotionally disturbed persons who are desperately seeking therapeutic help. Rather, the Marathon experience appeals to growth-seeking individuals who sense in themselves and in others the need to have more authentic interactional experiences than everyday living affords in our marketing-oriented and mechanized society.

The long session is terminated by a "closure party," during which a gradual reentery into the conventional social atmosphere is made. The entire session may be recorded on video tape and a feedback follow-up is scheduled four to eight weeks later. Possessions are designed to reinforce those decisions for change that have been emerging during the Marathon itself. In our Institute practice, the Marathon retreats for private patients are systematically integrated with the regular therapy program. Most patients are first seen individually and then assigned to a regular two- to four-hour

8

weekly therapy group. Marathon retreat experiences are interspersed at intervals of four to six months. Some Marathons are "specialized" for marital couples, singles, professional training for psychotherapists, etc.

As subjective truths are shared during the Marathon process, irrational or ineffectual behavior appears incongruent, to be dropped in favor of new, more exciting and stimulating behavioral patterns. The latter emerge and are practiced in the course of the Marathon. An important task of the therapist is to maximize group feedback and enhance the opportunity for genuine encountering of, and exposure to, group pressure. For these reasons the Marathon is not unlike a "pressure cooker" in which phony steam boils away and genuine emotions (including negative ones) emerge. Decisions for change and serious commitment to follow through in life action are frankly elicited. Follow-up sessions will inquire into their validity.

APPLICATIONS

Prospective Marathon participants are not sorted out in the traditional psychiatric-diagnostic sense, but rather on the basis of 1) attitudes toward self-change and 2) group constellation. Before admittance, "Marathonians" must convince one and preferably both professional co-therapists that they are anxious to make significant changes in their customary ways of acting and being in this world. This presumes some degree of basic self-understanding of

what one now is and what one can potentially become. The purpose of the Marathon is to awaken and strengthen further feelings for new directions and movement toward self-actualization in mutual intimate concert with others who are growing also.

The Marathon Group-Therapeutic experience is most fully effective with those who wish to exchange their own ways of acting and being in this world and who are ready to quit blaming others and their environment for their present unsatisfactory lot.