

“I think it would be a good idea for you to get into group therapy.” This statement elicits a variety of reactions, many of them puzzled and hesitant. Group therapy is integral to Saint Luke Institute’s residential programs and outpatient services. Our recommendation for group therapy may include interpersonal or personality issues, shame, deeply buried feelings, or abuse and/or neglect in childhood. Many adults avoid being direct, flee from emotional honesty and endure poor interpersonal behavior. Group therapy fosters authentic communication, better relationships, and self-discovery.

In our therapy groups, participants initiate the sharing and therapists facilitate the process. The members establish a network of communication that encourages individuals’ progress toward therapy goals and multiplies the opportunities for growth. Rutan and Stone in their book Psychodynamic Group Psychotherapy name four key factors in group therapy: support, self-revelation, learning and psychological work.

Support is essential for individuals to engage in therapy. Therapists need to be supportive, but the group itself gradually becomes a safe place. Safety grows through each member’s commitment to the goals of the group, their efforts to understand and respond to others, and the commonalities that surface. For example, when one member expresses genuine empathy to another member who recently buried her mother, other members may also share their experiences of grieving. These efforts to reach out contribute to a sense of safety.

Self-revelation progresses as group members grow in trust. Sharing deeply felt emotions with others who do not try to take them away leads to catharsis. Revealing secret feelings, thoughts or behaviors is liberating, especially when it elicits support rather than abandonment or condemnation. Self-revelation invites others to risk being honest. For example, a woman who has been working to lose weight shares that she binged on ice cream after an argument. Her self-revelation elicits another member’s sharing about stuffing emotions by overeating. Group members continue to process various maladaptive coping strategies and to explore other options.

Learning, the third therapeutic factor, occurs in many ways. Group members learn vicariously through the lessons that others share and the growth they observe. When a more reticent group member gives challenging feedback to another who receives it graciously, all group members profit. They observe how the first member became more direct and how the second member’s response allowed for open dialogue.

Perhaps the most important source of learning is trying out new behaviors. A member who usually defers to others shares how hurt she was when another member interrupted her. Her

pattern had been to swallow feelings, stew about it after group and withdraw the next week. Other new behaviors may involve expressing care directly, stating an opinion with which other members disagree, sharing difficult feelings, claiming time, and not taking over when silence emerges.

Advice provides a rather complex opportunity for learning. As trust develops, sometimes individuals can receive advice they previously resisted. The manner in which members give and receive advice can be very instructive. Is the giver coming across as superior, invulnerable, angry, or compassionate? Is the receiver grateful, detached, put down, or irritated? If they can talk about these exchanges, they learn valuable lessons.

Lastly, learning happens through mutual education. For example, a group member reveals his discomfort at the disrespect he senses from another only to discover that she has a bad headache. He read a personal, negative meaning into non-verbal communication. The second member learns that she can clarify the ambiguity of her non-verbal messages by telling the group she isn’t feeling well. Mutual education can also happen when a group member sees another making significant positive changes and asks her to help him understand how she has made this change.

A fourth set of factors that help to make group particularly therapeutic is what Rutan and Stone call *psychological work*—insight connected with emotions, leading to change. In group therapy three dimensions of work contribute to change: the present interaction, current life situations and past significant experiences. A group member shares that his wife complains about his neither listening to nor understanding her. He is puzzled and frustrated. After several group members support him, commiserating, a brave group member says, “I feel that way about you in here. When I talk, I sense that you are not hearing me but preparing what you are going to say.” The first member notes that debate was the form of discourse at his family-of-origin’s dining room table. He was praised for his cogent rebuttals and learned to appear to be listening while he was crafting his response. The feedback commanded his emotional attention and helped him to make links among group interaction, current relationships, and past history and motivated him to change. Group therapy with its facets of support, self-revelation, learning and psychological work provides an efficacious form of therapy. As members learn how their behaviors contribute to their difficulties, they receive support to take the risks and experience the rewards of psychological change.

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