

# **SURVIORS OF TOXIC PARENTS**

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# **Survivors of Toxic Parents**

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## Introduction

As the public has become better educated about child abuse and protective intervention, many people have realized that they themselves were abused as children. Perhaps these people remember that, as children, they always felt that they were bad: if only they could be better and do things right, they could please their parents. Naturally, they may not have had the inner strength to question the appropriateness of their caretakers' behavior, even if violence, neglect, or sexual abuse were involved. Children see their own world, however filled with pain and suffering, as normal; thus it is often only retrospectively that childhood abuse is identified and dealt with on an emotional level.

Adult survivors of childhood abuse often have difficulties with close friendships and intimate relationships, and suffer from low self-esteem, depression, anxiety, phobias, and loneliness. This chapter provides instructions for leading a short-term focal therapy group; but this particular client population, unlike some others, will need and benefit from ongoing group therapy. Extended therapy will give clients the opportunity to work through the many different issues that the focal group will merely introduce, and sufficient time to assimilate the related concepts and skills. These clients need a safe, supportive, and nurturing environment in which they can move back and forth between uncovering and covering up their feelings. An

ongoing group will provide the client with reality checks as well as with the experience of being re-parented. Charles L. Whitfield wrote in 1987, "Treatment of PTSD consists of long term group therapy with others who suffer from the condition and usually as needed shorter term individual counseling. Many of the treatment principles for healing our Child Within are helpful in treating PTSD [Post-Traumatic Stress Disorder]."

## Selection and Screening

It's important to screen group members. The screening process gives the client an opportunity to meet the therapist and ask questions, and also allows the therapist to weed out those individuals who are not appropriate for the group.

There are several factors to be assessed:

- *Client's preparedness.* Clients must be able to talk about their current problems and a little about the childhood abuse they experienced.
- *Commitment to change.* Clients must be willing to look at the abuse and its effect on their present relationships and life situations.
- *Concurrent enrollment in individual therapy.* This is important, as many issues may be uncovered, and the group

will not be able to give the individual as much attention as an individual therapist can. Particularly fragile and vulnerable clients may need to undergo individual therapy prior to entering group. If a group member has undergone long-term individual therapy and feels that he or she has grieved sufficiently (and is open to returning to individual therapy when the need arises), then this individual is a good candidate for the group.

Clients with the following pathologies are inappropriate, as they may monopolize or disrupt the group: narcissistic-borderline, a bipolar who is not on medication, active psychotic, disoriented, volatile or aggressive, and alcoholics or drug addicts whose addictions are not under control (Yalom, 1985; Gil, 1988).

- *Abuse.* The individual must have experienced either physical or emotional abuse or neglect. Emotional abuse is an integral part of repeated sexual abuse; but if sexual abuse was the primary form of abuse, and there was no physical abuse, then the client should be referred to a group specifically geared toward dealing with sexual abuse, such as Incest Survivors or Adults Molested as Children. However, if repeated physical abuse was present along with sexual abuse, then the client belongs in the group for survivors of toxic parents.

## Time and Duration

This group can be designed to be short term, from 10 to 12 weeks in

length, if the primary goal is to educate and empower participants. Actual behavioral changes usually do not take place within such a short time-frame. Often clients will choose to remain in the group on a long-term basis to support their ongoing growth and change.

The group should meet one time per week for one and a half to two hours, depending on group size (more time will be needed for a larger group).

## Structure

This group can be led by either one or two group leaders. The advantage of two leaders is that while one interacts with a client, the other is available to monitor other group members. Whether you have a long- or short-term group, each individual must sign an agreement of confidentiality. When a new member joins, the therapist reads the agreement of confidentiality out loud and then has the client sign it in the presence of the other group members before the session may begin, thus creating a sense of safety for all.

For the short-term group, clients should make a commitment to participate for the entire duration of the group.

In a long-term, ongoing group, clients are to give at least three weeks' notice of their intention to leave the group, thus allowing other individuals in the group to prepare for their departure. When a new member joins the



ongoing group, the existing group should have at least one week's notice of the impending arrival of the new group member. New members can be asked to commit to preferably six but not fewer than four sessions, thus reducing the incidence of group "shoppers."

The group should consist of four to not more than nine clients, as the process of sharing can sometimes be very emotional and time-consuming. With more than nine clients, some people may not get the opportunity to share.

## Goals

### Individual Goals

The primary goal for group members is to become aware of the real or feeling self versus the adaptive self, and to learn to live more in the real self. Members learn to move freely into their feelings with the assurance that they may distance themselves from these feelings again if and when they feel overwhelmed. It is *not* a goal for members to totally give up this useful survival mechanism, as life without it is much too frightening and also inappropriate.

When individuals slip back to the adaptive self, they will know that they possess the skills to return to the real or feeling self: this knowledge lends a

feeling of empowerment to people who have come to see themselves as victims.

## **Group Goals**

Survivors of toxic parents grew up in an environment in which their needs were unmet. The goal of the group leader is to create an environment in which group members can recognize their basic human needs and have them met unconditionally within the group. The group will be a source of reality checks and re-parenting.

Since awareness is a major step forward for this client population, no expectation of behavioral changes will be placed on clients within the context of the shorter-term group. Nonetheless, group members will be exposed to ways in which such changes can be effected when they are ready to change.

This group is primarily an adjunct to individual therapy, a place where awareness is built and support is given.

## **Starting the Group**

When beginning the group, remember that these clients have felt out of place since childhood. This may be the first time they realize that there are actually other individuals who had similar childhood experiences. Because

these individuals feel so out of place, it may be difficult for them to share their reasons for coming to the group.

Taking these factors into consideration, the therapists should first introduce themselves, give some personal background, and tell why they chose to lead a group for survivors of toxic parents. They should then inform group members about the structure and goals of the group.

At this point a therapist gives each group member a document that communicates an agreement of confidentiality. The therapist reads this agreement out loud; each client must sign it in the presence of the group, while the therapist signs as witness. This is the first step toward creating a safe environment.

The therapist can then define the different modalities of toxic parenting, including physical, emotional, and sexual abuse, as well as neglect. Sometimes, individuals in the group may not realize that they were sexually abused until they hear these definitions or learn about the experiences of other clients.

The therapist discusses the benefit of keeping a journal, especially while clients are involved in group therapy. The purpose of the journal is to keep track of thoughts and feelings that may surface during the clients' weeks of participation in the group.

The therapist must remain sensitive to the transference that group members may experience. In this process, the therapist is sometimes seen as the "good parent" and at other times as the "bad parent." This transference will color many client-therapist interactions.

## Main Concepts and Skills

### A. Concept: Defining Abuse

"Child abuse is an act of omission or commission that endangers or impairs a child's physical or emotional health and development. Such acts include the following:

- *Physical abuse*, which is the intentional infliction of injury by another individual, no matter what the reason for this action may be. For example, in an attempt to teach a child not to play with fire, the adult places the child's hand in an open flame. Corporal punishment and willful cruelty are also considered physical abuse.
- *Emotional abuse and neglect*, which may be categorized together. Physical neglect of a child, such as abandonment or inadequate supervision, is also emotionally abusive. When a caretaker is cold, rejecting, and withholding, and seems unconcerned about the child's welfare, the child is deprived of nurturance and a sense of safety. Emotional abuse also occurs when a child is continuously being blamed and

belittled, or when a parent willfully does nothing to protect the child from physical or sexual abuse within the family. Restraints or punishments such as tying a child up or locking the child in a closet are also forms of emotional abuse.

- *Sexual abuse*, including sexual molestation, incest, exhibitionism, inappropriately seductive behavior, and exploitation for prostitution or pornographic purposes. Any physical behavior that exploits a child for the purpose of adult sexual stimulation—even if this is a seemingly 'innocuous' activity, such as stroking—is sexually abusive." (Sexual abuse may be dealt with in this group if it was not the primary form of abuse.)

## **B. Concept: Awareness of Abuse**

Clients need to become aware of how the abuse has affected them, realize that they were not the cause of the abuse, and that their caretaker may also have been abused as a child. The process of becoming aware is ongoing throughout the life of the group. It is the therapist's job to make clients aware that what they experienced was abusive; and to help them see how these experiences are affecting their lives now. The more the therapist is able to point out abusive childhood experiences shared within the group, the more group members will be able to recognize the patterns of experience in other group members and finally in their own memories of childhood experience.

"Many adults who were abused, or observed a sibling being abused, feel

that because they are out of the abusive situation, their life is now 'normal' and they can live 'happily ever after.' Unfortunately, this is misleading. The abused individual carries deep wounds. It's only by recognizing the source of these wounds, and working through the grief and pain of the abuse, that the wounds will finally be able to heal."

### **C. Concept: Family Systems**

"Each person in the family plays an integral part in the entire system of the family. Understanding the dynamics of the family system in our individual families helps us let go of the blame that is often placed on us. Abused children frequently hear, 'It's your fault,' which causes them to feel and carry guilt, blame, and low self-worth into their adult lives. Parents who are not getting their needs met for various reasons will sometimes lash out at a child, casting that child into the role of scapegoat within the family system. It might be that all the children are abused at various times, or that one particular child gets singled out. The siblings not being punished are also deeply affected by the abuse. They feel guilt that they are not being abused, and helpless to stop the abuse they are witnessing. In turn, the abused child often lashes out at the weakest or youngest of the siblings.

"Sometimes one child may be singled out for special treatment by a parent. The message given to the family is that this child is 'special' or the

'favorite.' A frequent result is that this child is then often abused by the other parent or siblings. This specialness then becomes, in itself, emotionally abusive. The dynamic of triangling a child into the marital dyad is not uncommon in toxic families.

"In families of toxic parents, the family system is chaotic. Often there is no rhyme or reason to the parents' actions as to which child gets abused or when. The home is simply a 'war zone.' One day the parent may be cheerful, and no one is abused, even though the children failed to do their chores. On another day the parent may go on a tirade or rampage because someone forgot to bring in the newspaper from the driveway."

#### **D. Concept: Boundaries, Rules, and Rituals in the Family**

"As a survivor of toxic parents, you need to become aware of the part your dysfunctional family system played in hurting you as a child. You need to learn how the system prevented you from developing a strong, autonomous sense of self that would have made your adult life easier to handle, and would have spared you much of the guilt, anger, isolation, depression, and anxiety you have experienced. Throughout this session, I will be comparing and contrasting the functional family system with that of the chaotic, dysfunctional family.

"A functional family system has rules, rituals, and boundaries that

function to provide stability, regularity, consistency, and continuity for the child. These, in turn, help a child develop a clear sense of self. Toxic families are so dysfunctional and chaotic that they are incapable of creating, much less maintaining, boundaries, rules, or rituals. The only rule in toxic families is that the children must keep the abuse a secret from outsiders. Sometimes this is an unspoken conspiracy of silence. In other toxic families, the children are explicitly warned by one or both parents to keep their mouths shut about what goes on in the home. These warnings often are backed up by threats such as, 'If you tell anyone I hit you, I'll really give you a beating'; or 'If you tell, your daddy will leave us all alone and we'll starve to death'; or 'If you tell, the police will put daddy in jail and put you in an orphanage.' Now that child abuse has become such an open issue, however, the rule of secrecy is slowly losing its power over the abused."

### *Boundaries and Rides*

"In healthy families, physical boundaries include the child's body and material possessions, such as toys and clothes.' (Farmer, 1989) Physical boundaries are established by family rules in the following way. A father might unintentionally hug his small daughter so tightly that she says, 'Daddy, I can't breathe. Stop it!' In a healthy family, he loosens his hold, explains that he didn't mean to hurt her, and in the future hugs her more gently. The rule established here, that daddy must be more gentle when hugging his daughter,



lets her know that her physical boundaries will be consistently respected. Conversely, in a chaotic family the father might shove her away angrily because he has misinterpreted her words as a personal rejection. If his own unmet childhood need for acceptance supersedes his daughter's need for physical boundaries, he is also very apt to hold her too tightly or play with her too roughly in the future. As a result, she will be unlikely to develop a sense of what her own needs are or should be, much less learn how to get them met.

"In a healthy family, parents will also, for example, establish the rule that one sibling must ask permission before using another's toys. In a chaotic family, the parent might establish such a rule one day and refuse to enforce it the next. Thus such children learn that their rights of ownership are not respected, and that there are no solid boundaries between what belongs to them and what belongs to others. This blurring of personal boundaries eventually will extend to most family interactions and to the child's interactions with others outside the family.

"Psychological boundaries are invisible yet very real. They include the sense of 'self' or 'me' as being separate from another person, and territorial boundaries—the immediate space around one's body.' (Farmer, 1989) Unless children are allowed to gain an awareness of their physical boundaries, they will not be able to develop psychological boundaries. Verbal abuse and name-calling violate psychological boundaries. A lack of physiological and

psychological boundaries combines to further impede the child's development of a sense of self.

"In a functional family, whether family rules are spoken or unspoken, they are usually understood by all. Thus, if the father is appropriate in the way he touches or plays with his daughter, other family members will follow suit.

"Examples of other family rules include whether adults walk around the house naked and whether it's okay to close the door when a family member goes to the bathroom (Farmer, 1989). Boundaries change over time, as new family needs arise. For example, at puberty a girl may develop a strong sense of modesty that is respected by the rest of the family. In a dysfunctional family, she might be tormented by family members who walk in on her while she's dressing, thus destroying any sense of personal boundaries or limits she is trying to establish.

"Unlike those in healthy families, children in toxic families can never be sure what the family rules are or if they will be broken. The rules also seem to keep changing without warning. For example, in Jim's family sometimes it seemed to be okay to seek privacy by shutting his bedroom door. When his father was in a fighting mood, however, he was likely to barge into Jim's room and accuse him of trying to hide. Once he punched Jim in the face and called

him a useless slob because his bed was unmade and his clothes weren't hung up. Such inconsistency makes home a dangerous place to be and makes the family a source of chaos and turbulence rather than a source of stability."

### *Rituals*

"In a healthy family, there are rituals such as regular Sunday outings or take-out pizza and rented movies on Friday nights. 'There is a regularity to events. Routines and family rituals emphasize the continuity of the family unit.' (Farmer, 1989)

"In Joan's family, for example, she knew she could look forward to the ritual of fun holiday dinners at her uncle's. By contrast, Anita's father was so unpredictable that holiday dinners at his sister's were a dreaded event. On more than one occasion, her father flew into a rage over something minor and walked out in the middle of dinner, dragging a frightened, tearful Anita and her mother with him. Other times, holidays at her aunt's were happy, harmonious, and fun, with no mention ever being made of the previous unpleasant incidents.

"In toxic families, the lack of boundaries as well as the absence of consistent family rules and pleasurable family rituals prevent children from developing a sense of themselves as separate from other family members; nor do these children gain an awareness of their own needs, feelings, and limits.

Instead, they soon learn that their survival depends upon denying their feelings, needs, and limits. In a family in which chaos is the rule and the unexpected is the only thing that can be counted on, a child's existence is dominated by the abusive parents' overriding compulsion to get their own needs met. Thus, the dysfunctional family system, which is really no system at all, may serve the parents but ignores the very legitimate needs of the child."

### **E. Concept: Roles in the Family**

"Each family member has his or her own role in the family. There may be the child who takes on the role of *the caregiver* (cares for everyone except self), *the rebel* (is usually the 'bad' child who deflects the focus from other family members), *the perfectionist* (this is often the 'good' child), *the sick or fragile child* (the family revolves around this person, thus the tension is deflected from the marital dyad), or *the invisible child* (this is the child who stays in his or her room, away from the chaos or out of the house entirely). The role you adopted covered up your real self. It was an attempt to keep the pain out of your consciousness and to control your fears of further emotional abandonment. The role you took on as a child has been perpetuated into adult life, but it does not necessarily serve you well. It's time to learn to let go of that role and allow your true self to come forth.

"In some cases, it's possible that the roles you learned continue to serve

you well; you may have learned to adapt them to new situations. In other cases, the roles may constrict you to the point that you have turned to an addiction such as drugs, alcohol, or food to control the pain of your denied feelings and needs.

"You may have learned conscious splitting. This is where an individual knowingly takes on another personality—and sometimes another name—in order to cope with a situation. An example is Alice, who has sexual difficulties stemming from childhood abuse. At times when she feels amorous, she tells her husband, 'I want you to know that Marilyn is coming into town.' Alice is then able to act and feel amorous toward her husband in the role of 'Marilyn'."

#### **F. Concept: Intergenerational Process**

"It has been found that individuals who were abused as children are at high risk of abusing their own offspring, thus perpetuating the cycle. Often the abusive parent was also abused as a child, but this doesn't mean that we are doomed to abuse our children. The fact that you have recognized that you were abused, and have chosen to seek help, is the precursor of change. Becoming aware of your behavior with people is the first step toward change. When you become aware that you are disciplining your child as your parents disciplined you, or speaking to your child as your parents spoke to you,

realize that you also have the power to change your behavior."

### **G. Concept: How Dysfunctional Family Dynamics From the Past Affect Your Present Life**

In beginning to understand their family system, the rules and rituals, the enmeshment of boundaries, and their own role in their family of origin, clients can also start to recognize how they are perpetuating the same system in their present lives. They will begin to see how they are responding with the old system's rules to people on the job, friends, significant others, children, siblings, and parents. This new-found awareness empowers clients to make changes in their lives. This sounds easy, but it is a long and difficult process requiring a great deal of positive reinforcement from the therapist and other group members. One example is a client who recognizes that he does not have clear boundaries with his boss and often feels that he is doing extra work that is not his responsibility. On examination, it emerges that this individual had assumed the role of caretaker in his own dysfunctional family of origin.

"When we feel used, unappreciated, overworked, always doing for others, we are probably failing to set limits for ourselves. Not setting limits is a signal that our boundaries are being crossed. An example would be a friend who always counts on you to house-sit when he goes out of town. Generally you don't mind, except that on this occasion you have plans and can't oblige. Your friend's response is such that you feel obliged to solve his problem, and

thus find yourself in the role of caretaker again. You try to find another house-sitter or even cancel your own plans."

#### **H. Concepts of Self: Real Self or Inner Child**

"The real self or inner child is that part of us that is ultimately alive, energetic, creative, and instinctual. It is who we really are. Generally, people who have been abused do not have a clear sense of their real self. As these individuals grow up in the context of an abusive family, they learn to suppress or deny their inner child. They may also be unduly influenced by other authority figures and institutions, such as schools, religious training, and society as a whole, and tend to adapt to what they think is expected of them in a family or social setting.

"The inner child can be childlike in a mature way, able to play and have fun. Your inner child has a capacity to experience both painful and joyful feelings. It accepts those feelings without judgment or fear, and takes pleasure in receiving and being nurtured. Your inner child is attuned to your unconscious or instinctual self.

"Your real self is your spontaneity, honesty, and expressiveness. The decision to suppress these qualities, or to split off completely from your real self, only to let it emerge occasionally if at all, was a matter of survival for you. As a result of suppressing your real self is a painful feeling of emptiness.

"On the average, you may show your real self only 15 minutes a day. At those times, no matter if your feelings are painful, hurtful, or happy, you still feel alive.

"Finding your real self is an ongoing process that includes learning to identify your feelings. Because, as a child, you had to survive very traumatic conditions at home, you may have found that it was safer not to allow yourself to feel anything. Your authentic feelings probably would not have been understood or accepted by your parents. Also, had you allowed yourself to intensely feel the fear, sadness, or anger triggered by the traumatic events, you might not have been able to keep yourself out of harm's way. You were forced by circumstances to act quickly and instinctively for your survival, much as soldiers do in the heat of battle. Closing yourself off from emotions that could paralyze you became an automatic response. In the process, you may have lost the ability to know how you actually feel in various situations. Perhaps now you feel isolated, lonely, or alienated from other people and the world around you, wrapped in a cocoon of numbness that separates you from your real self and keeps you from responding in a real or natural way to people and events."

## **I. Concept: Shame Versus Guilt**

"According to Charles L. Whitfield (1987), 'Shame is the uncomfortable



or painful feeling that we experience when we realize that a part of us is defective, bad, incomplete, rotten, phony, inadequate or a failure.' When you feel guilt, you feel bad as a result of doing something wrong. You feel shame from *being* something wrong or bad. Thus guilt feels correctable and forgivable, while there seems to be no way out of shame.

"The real self feels shame and can express it to safe and supportive people, whereas the adaptive self-suppresses feelings of shame and pretends not to have them. These shameful feelings may also be projected onto others in the form of anger, blame, contempt, control, resentment, withdrawal, or compulsive behavior.

"Shame is a universal human emotion. Both abused and non-abused individuals feel shame, but to different degrees. If shame is not worked through and released, it accumulates and becomes an emotional burden to the point where one falls victim to intense feelings of inadequacy and defectiveness.

"In growing up we often hear, 'Shame on you, you are so bad!' or 'You should be ashamed of yourself.' This shame is internalized and becomes a part of you. As a child you may feel guilty about a particular event—for instance, dropping and breaking your mother's vase—and you then use this mistake to convince yourself how bad or shameful you really are."

## J. Concept: Post-Traumatic Stress Disorder

"Many individuals who were raised in toxic families are suffering to some degree from Post-Traumatic Stress Disorder (PTSD). In PTSD the following four conditions are present:

- *Identifiable Stressor.* When trauma is repeated and prolonged (longer than six months), is of human origin, and when those around the affected person deny the existence of the stressor, PTSD is more damaging and more difficult to overcome. All these are present in child abuse and do much to explain why the healing process is so difficult.
- *Flashbacks.* These include nightmares, bad dreams, and recurring intrusive memories of trauma with 'fight-or-flight' symptoms.
- *Psychic Numbing.* In order to survive, children often learn to block overwhelming feelings of physical or emotional pain. This psychic numbing provides some protection from events so destructive to the ego that it might not otherwise emerge intact. As a result of such survival mechanisms, you may have grown up with a limited ability to feel and respond emotionally. This split between self and experience requires the kind of active, supportive healing process that group therapy provides.
- *Other Symptoms.* You may experience hyper-vigilance, chronic depression, anxiety, poor concentration,

procrastination, inability to stay on track in life, or difficulty with interpersonal relationships."

### **K. Skill: Learning About and Coping With Feelings**

In a short-term group, the most that can be hoped for is the *recognition* of real feelings. You are only touching the tip of the iceberg. Group members must be assured and reassured that they will not be stripped of their survival mechanisms. The purpose of this group is to become aware of feelings. Group members will become *aware* of their real needs and feelings as the therapist labels these during the course of group therapy. Individuals often do not know the appropriate terminology for feelings, such as abandonment, engulfment or frozen rage. They often don't know what their needs are, and that they have a right to these needs, such as nurturance and being heard, accepted, and loved unconditionally. Such individuals need frequent reality checks to help them recognize the difference between adaptive behavior, which suppresses or denies real or genuine needs, and authentic behavior, which helps individuals get their needs met. The therapist must label feelings and needs throughout the duration of the group so that the group members will learn eventually to identify these feelings or needs for themselves. Deeper exploration of these feelings and needs can be made in individual therapy or in an ongoing group (not one that is time-limited).

"A group setting is a very safe place in which to explore these feelings

and experience them as part of the grieving and healing process. You are not expected here to uncover these intense emotions and be with them all by yourself; nor are you expected to stay in those feelings to such an extent that you experience a degree of anxiety and fear that would be counterproductive to the healing process. One of the best ways we've found to treat the symptoms of PTSD is to facilitate your ability to uncover your feelings and then cover them up again. In group sessions, we'll help you swing back and forth between these two ends of the spectrum.

"The process of moving into your feelings and out of them again is accomplished partly by talking about how you're feeling as you recall childhood experiences and share them. If you reach a point while sharing a difficult memory at which you're beginning to feel overwhelmed by the emotion—whether it's anger or sadness or fear—one of the group leaders will be available to help you contain these feelings."

The group leader contains feelings by grounding clients: holding an individual's hand, sitting next to a group member and putting his or her arm around this person (if the client approves of touching), or leaning toward the client and giving verbal reassurance.

"Another way to cope with newly discovered feelings about your past is to simply back away from them on your own when you feel the need to do so.

Your instincts often let you know when it's time to move out of your feelings to a safer emotional place. It's perfectly acceptable and appropriate to put the lid back on your feelings as soon as you want to.

"One way to move away from these feelings is to imagine having put them in a box; another way is to distract yourself by watching television (preferably a comedy), calling a friend, or participating in a physical activity such as exercise. Part of this group's process is to provide the permission and freedom that allow you to close yourself off from intense feelings. It's actually healthy, if you're experiencing some degree of PTSD, to move back and forth between feeling and suppressing those feelings.

"When you're writing in your journal about painful memories or experiences, and you find yourself in danger of being overwhelmed by them, it is sometimes helpful to put the lid back on. Tell yourself that you'll save the emotion that accompanies these unearthed memories until you get to group or see your therapist. You need to be where you feel safe, can be heard and nurtured, and your feelings can be contained.

"In group we will deal with this process of uncovering and covering feelings as and when they come up, not in any scheduled way."

## **L. Concept: Anger**

Any individual for whom anger is an overriding issue is not appropriate for this group (see Selection and Screening section).

"As you become aware of your abuse and of your feelings about it, you begin the freeing process of grieving the lost childhood that the abuse deprived you of. Becoming aware of your anger and expressing it is part of that grieving process.

"Many of you are afraid to get in touch of your anger toward your parents for fear that it may get out of control and turn into rage. You basically have four choices about how you can deal with your anger:

1. Deny feeling angry and get depressed
2. Feel but not express the anger, risking physical or emotional illness
3. Numb the pain with drugs or alcohol
4. Express the pain and work it through with safe and supportive people

"Only the last choice allows you to experience your anger in a way that isn't harmful to you. The group will let you feel your anger in a safe way, and when you've felt and experienced enough, we'll help you place the lid back on your anger and put it away until the next time."

## **M. Skill: Empowerment Through the Release of Anger**

"Survivors of toxic parents often feel helpless, isolated, out of control of their life situation, and doomed to never be 'normal' or happy. You need to realize that you can choose not to be a prisoner of your childhood.

"As a child, you didn't have a choice. Your parents were the only caretakers you had. You weren't aware of any other treatment, yet you may have felt that there was something seriously wrong with you or your family. As an adult, you have choices. You don't need to remain in a destructive relationship; you don't have to be degraded by fellow employees; you don't have to let others take advantage of you. Although it can be terribly frightening to leave the situation, leaving is one of your choices as an adult.

"Even so, for now you may choose to stay in a particular situation, even if you recognize it as abusive. This is your 'comfort zone.' You may hate your comfort zone—but the absence of abuse may actually feel strange, uncomfortable, and frightening for you. The unknown is usually frightening.

"By writing—in your journal, in the form of letters to your parents, confronting them with their abusive behavior—you break the secrecy and the denial about the abuse. Writing is an excellent release of anger. This writing is not done in the hope of resolving family problems or gaining apologies: such resolution may never happen. Your letters don't even have to be mailed; they

are mainly an exercise for your own empowerment and the release of anger.

"Another way to cope with anger is to assertively protect your needs in daily life. When you don't take care of your needs, feelings of frustration and anger build up, often connected to the early feelings of helplessness you experienced in your toxic families.

"There are three things you need to do to assert your needs:

1. *State the problem.* Describe what happened or the thing that bothers you in nonblaming terms. Be objective and don't make the other person out to be bad or wrong. 'We're supposed to do our chores weekly but the bathroom hasn't been cleaned in three weeks,' or 'I've put in 11 hours of overtime for this week.'
2. *State your feelings.* Use 'I' messages, meaning that you describe the feeling as your own and don't blame the other person for having it. 'I feel very uncomfortable in the dirty bathroom, and frustrated and angry that it isn't cleaned weekly,' or 'I feel tired and overwhelmed with the amount of overtime I'm doing. It makes it hard to have an outside life.' Notice that the speaker doesn't give 'you' messages: 'You're making me angry with the lousy cleaning job,' or 'You're exhausting me and denying me an outside life.'
3. *State your needs.* Say exactly what you want changed. Be specific, and try to limit yourself to only one or two items. Try to stick to requests for behavior rather than attitude changes. It's a



lot easier for a person to change what he does than what he thinks or believes. 'I'd like you to commit to the weekly cleaning and I think it would be helpful to make it into a scheduled routine—always doing it on a specific day.' Or 'I'd like to have an agreement with you that limits my overtime to no more than six hours per week.'"

#### **N. Concept: Cognitive Distortions and Automatic Thoughts**

"The term 'cognitive distortion' refers to our mistaken perceptions of events that happen to us and of the world in general. The interpretations and assumptions we make about events determine our emotional reactions. If we tend to interpret most of what happens to us in a negative way, we will inevitably have negative feelings. If we expect and focus on painful things in the future, if we are preoccupied with dangerous possibilities, we'll feel afraid. If we focus on loss or personal inadequacy, we'll tend to feel depressed. If we focus on how other people are responsible for our problems, we'll feel angry. Notice how the emotion is the product of the thought. We literally create our painful emotions with negative thoughts.

"If you were raised in an abusive family, your thought distortions are most likely the result of powerful parental programming of the most negative kind. Early parental messages are in large part responsible for your self-image as an adult. The only world children know is the world of their family and their parents. Even though what your parents told you may not have been

accurate, as a child you didn't know any different, thus you grew up in a distorted world with a distorted view of yourself and life."

*Your Critical Parent Voice*

"The cognitive distortions and low self-esteem exhibited by adult children of toxic parents come about through the process of introjecting or internalizing your critical parent, thus making it an integral part of you. We call this your critical parent voice: it serves to perpetuate the verbal abuse that your toxic parent directed at you. Although there was little or no basis in fact for this verbal abuse, or for the negative attitudes your parents held about the world, constant repetition convinced you of their validity. You carry your critical parent voice inside you into adulthood, where it bombards you with a constant barrage of negative, self-critical thoughts that echo what you were told as a child.

"It's hardly surprising that children who are told angrily and often that they are stupid and worthless when they behave like normal children—for example, if they accidentally knock over a glass of milk or get dirty when they play outdoors—come to believe that they're stupid and worthless. The same result occurs when parents blame children for the parents' abusive or out-of-control behavior—for example, 'I have to beat you because you're such a bad child: you drive me to it!' or 'It's your fault that I drink because you make me

crazy.' Even if children recognize on some level that this is neither logical nor true, constant repetition of the accusations damages their self-esteem so severely that eventually they accept the blame and perceive themselves as their toxic parents perceive them."

### *Automatic Thoughts*

"In adulthood your internalized critical parent voice comes packaged in the form of automatic thoughts or negative self-messages. Automatic thoughts make up the internal dialogue with which we respond to whatever happens to us. They are called 'automatic' because they flash by so quickly and unconsciously that we aren't even aware of thinking them. Nevertheless, these thoughts have tremendous power to make us feel bad about ourselves and life in general, just as our abusive parent did. Because they act as a constant reinforcement of your early negative parental programming, automatic thoughts can trigger negative emotions such as self-hatred, fear, anger, and sadness, as well as hopelessness and helplessness, even when the event or situation does not warrant such responses.

"Automatic thoughts can

1. Increase your anxiety or depression.
2. Greatly affect your ability to cope by exaggerating your fears, thus making it more difficult to act in your own best interest.

3. Influence you to act in a way that perpetuates the abuse you suffered as a child, reinforcing your already low self-esteem."

### *Recognizing Automatic Thoughts*

"The following characteristics of automatic thoughts will help you learn to recognize your own automatic thinking. The examples used will help you understand that these thoughts are actually coming from your introjected critical parent voice. Once you learn to identify the critical parent voice, you can talk back to it successfully, refuting its negative statements. Automatic thoughts

- Are almost always specific negative messages about yourself, such as: 'I'm no good,' 'I can't do anything right.' Clearly, these put-downs are coming straight from the internalized version of your critical parent, who told you that you were no good or couldn't do anything right whenever you made the slightest mistake as a child. For example, you may have cleaned your bedroom very thoroughly, but your parent invalidated all your good work by getting furious at you for one little streak on the window.
- Appear to you at the time to be completely logical and believable, no matter how extreme or irrational they are—such as, 'Everybody hates me,' when, in actuality, that is an impossibility. When you were a child, your toxic parent may have said, 'I hate you,' or behaved as if he or she did. And although your parent may not have really meant it, the fact

that this statement came from your parent gave it authority. The voice of your internalized critical parent makes it easy to believe that 'everyone' indeed hates you.

- Often appear as 'should' or 'ought' imperatives, such as, 'I ought to accomplish more,' 'I should be a better mother.' The perfectionistic, highly critical parent who was never satisfied with your childhood accomplishments, however impressive they were, or the neglectful parent who simply ignored your achievements, are perpetuated through your internalized critical parent voice, making you feel inadequate as an adult.
- Feel more like facts than thoughts. Once again, your powerful critical parent voice has convinced you that your negative thoughts are true, and thus are facts—even when they are not. This is not surprising, considering the power your toxic parents had over you when you were a child.
- Often come in groups, one automatic thought starting a chain reaction of similar thoughts, all leading back to the same negative conclusions.
- Once started, are extremely difficult to stop. Often a toxic parent inflicts a torrent of abuse upon the child, who is powerless to stop it. That child grows up with an internal critical parent voice that perpetuates these abusive tirades.
- They invariably make you feel worse about what happens to you, never better.

"Because these thoughts flash through your mind so quickly, you probably aren't even aware of them. You must make a conscious, concerted effort to catch yourself in the act of thinking them."

## **O. Skills: Identifying and Responding to Cognitive Distortions**

"Automatic thoughts fall into several categories that represent the types of cognitive distortions we fall prey to. The following lists those most common to adults from abusive families. This handout also includes logical comebacks to these thought distortions which will help you learn how to combat them." (The rest of this section can be zeroxed and used as a handout.)

### ***Handout—Types of Cognitive Distortions***

#### *All-or-Nothing Thinking (Burns, 1981, pp. 31-32)*

This refers to our tendency to see ourselves in extreme, black or white ways. In reality, few people or events are 100 percent good or bad. No one is a complete, unqualified success and no one is a total failure. If you try to force your experiences or yourself into impossible, absolute categories, you will end up confused, invalidated, and depressed because your perceptions do not conform to reality. Start looking for shades of gray, which is where most events or people fall in the continuum of life.

### *Example*

You forget to put money in the parking meter and end up getting a ticket.

**Typical Automatic Thoughts.** "I blew it, as usual. I do the most stupid things. I'm just no good."

**Logical Comebacks.** "I goofed. Oh well, nobody's perfect. There is no reason to make a big deal out of it. I do lots of things right. Other people get parking tickets, too. This doesn't make me a bad, rotten person."

If you can't think of anything positive or logical to say to yourself at that moment, say, "Shut up, Mom (or Dad)!" referring to whomever was the most critical of you. Sometimes such an emphatic mental statement as "Shut up!" will stop that negative chain reaction in its tracks. This works equally well for all the types of distorted thinking.

### *Overgeneralization*

You read a general conclusion about yourself or an event based on a single incident or piece of evidence. This comes from your actual childhood experience of repeated, unpleasant incidents such as undeserved spankings or the out-of-control behavior of an abusive parent. You grew up expecting any single unpleasant experience to occur again and again.

*Example*

You don't get a job you interviewed for.

**Typical Automatic Thoughts.** "I'll never get what I want." "I'll never get a job." "I'll never be a success." In short, any thoughts using "never," "always," "none," "nobody," "everybody."

**Logical Comebacks.** "Just because I didn't get this one job, doesn't mean I'll never get a job. Not getting this job doesn't make me a failure. I'll let the law of averages take care of me. If I interview for a number of jobs, I'm bound to get one."

*The Dark Filter (Burns, 1981, p. 33)*

You immediately filter out anything good, but let the negative aspect or detail of any event or situation slip through: you dwell on this negative detail in isolation. This comes from a parent who discounted or ignored the good things about you, picking out the one small error you made and then punishing you for it. This causes you to perceive the whole event and yourself in a negative way.

*Example*

Your boss gives you an evaluation and mentions an area in which you



could improve. Instead of taking in all the good or neutral things he says, you dwell on the one criticism and use it to convince yourself that the whole evaluation was a disaster, and that you can't do anything right.

**Typical Automatic Thoughts.** "That was a terrible, devastating experience. He thinks I'm hopeless. I am hopeless. I'm a failure."

**Logical Comebacks.** Refuse to dwell on the negative details. Force yourself to write down all the positive things he said so that you can see more objectively what the evaluation represents. Say to yourself, "No need to blow this out of proportion. I refuse to dwell on it. I'm shifting my focus to the positive right this second! He said many good things about my work. I see the criticism as it truly is—one small aspect, not the whole evaluation. There's always room for improvement, so I'll deal with the evaluation on that basis, not as if it means that I'm hopelessly inept and ineffective in my job. If I were that bad, then he would have given me notice or fired me."

### *Disqualifying the Positive*

This is similar to the dark filter, except that you perceive praise in such a way that you turn a positive into a negative. Because you've been conditioned to believe that you aren't a good or adequate person, but someone deserving only abuse and punishment, you cannot accept positive qualities in yourself even when others give you credit for having them.

### *Example*

Someone compliments you on doing a great job on a certain task. You think he's saying it because he feels sorry for you, or that the good thing you did was an accident or fluke, or that if the person really knew you, he'd see you as the terrible, rotten person you really are.

**Typical Automatic Thoughts.** "He doesn't know the real me. If he only knew how incompetent I really am! Maybe I did okay this time, but I doubt that it will happen again."

**Logical Comeback.** "Guess I'm not really so bad after all. I think I'll let that praise nurture me and make me feel good. If I did a good job once, I can do it again. Hooray for me! I did do a good job and I'm proud of myself. I'm going to open myself up to more compliments and positive feedback. I like them and I deserve them!"

### *Emotional Reasoning*

This is the belief that what you feel must be true. This comes from a childhood in which the abuse you received put you in a depressed or fearful frame of mind so much of the time that you began to perceive most of your experience from that emotional standpoint.

### *Example*

You're at a party or social gathering and feel boring that evening. You then assume that because you feel that way you are that way.

**Typical Automatic Thoughts.** "If I feel it, it must be true."

**Logical Comebacks.** "Feelings aren't facts! I might be feeling boring because I'm bored. I'm too tired to be as sharp as usual, but that doesn't mean I'm a boring person."

### *Fortune-Telling*

This is the distortion in which you make negative predictions about your future or the outcome of almost anything concerning you. Living with abusive parents taught you to expect the worst from them because it happened so often. You soon came to expect the worst from life. Those gloomy expectations continue to cloud your future, even when present evidence doesn't warrant it. Also, if something negative does happen, you tell yourself that you should have known about it.

### *Example*

You and your spouse make an offer on a house you really want. You're so sure it won't be accepted that you wish you hadn't made the offer. You feel depressed, hopeless, and anxious.

**Typical Automatic Thoughts.** "I know it's useless to hope. They're probably turning it down at this very moment. I never get what I want and never will."

**Logical Comebacks.** "Nothing ventured, nothing gained. Even if they don't accept this offer, they might make a counteroffer. Besides, our chances are as good as anyone else's. If this deal falls through, there are certainly lots of other houses we might buy. After all, there's no guarantee it won't work out, just as there's no guarantee that it will."

### *Mind Reading*

You assume that others are critical of you, looking down on you, rejecting you. You're so sure that your perception is right, you don't even bother to check it out. You feel all the pain of defeat, censure, or rejection without having the slightest idea whether it's really happening.

### *Example*

A friend passes you on the street without saying "hello." You assume that she's ignoring you or is angry with you about something.

**Typical Automatic Thoughts.** 'She doesn't like me or she would have said something to me. She hates me. She thinks I'm not worth knowing.'

**Logical Comebacks.** "Last time I saw her, things were great. Maybe she's got a lot on her mind and was so preoccupied she didn't see me. At any rate, I'm not going to make a big deal out of it without some real evidence."

### *Catastrophizing*

This is the "what-if whammy." You expect disaster around every corner. You hear about an illness or problem and away you go with an endless list of terrible things that could happen to you and your loved ones.

### *Example*

You notice a lump on your body.

**Typical Automatic Thoughts.** "Oh no, I've got cancer. My grandmother died of cancer. I'm sure to die."

**Logical Comebacks.** "How do you know it's malignant? Even if it is, you caught it early and can have it removed. Just make an appointment with the doctor right now and don't procrastinate."

## **P. Skill: Learning To Refute and Stop Automatic Thoughts and Cognitive Distortions**

"In order to learn to turn around your negative or distorted thought patterns, you will have to practice the following techniques faithfully. You are

unlearning some very powerful parental programming in this process; it will require patience and persistence on your part. Start by becoming aware of the situations that cause you to react in some ways outlined in the handout. Then, when one of those situations comes up, remind yourself that you are now going to put into practice what you are learning. The moment you notice yourself beginning to think in distorted ways and giving yourself those self-critical messages, stop. Just stop whatever you are doing at that moment if possible, take a deep breath, and let go of the old process. Slow down your thought processes by forcing yourself to become conscious of exactly what words you are using. Take it one thought at a time. That is, confront the first irrational thought in a very specific way, countering it with a calm, logical thought. This will lower your anxiety level and allow you to then contradict or talk back to the next thought that pops into your mind. Continue to talk back to every thought precipitated by the situation until you have run out of negative messages. You will find that when you're able to successfully talk back to these thoughts, you feel calmer and more in control. The more you practice this technique, the easier it will become.

"If you find yourself in a situation in which you cannot seem to summon up any positive comebacks, take the first opportunity you can find to sit down with paper and pencil and write all of the negative thoughts that are crossing your mind until you can't think of any more. Don't look at the list until several hours have passed. Then look it over again. You will find that some of those

negative thoughts will seem ridiculously illogical. It will then be easier to think of logical comebacks and write them down. When developing comebacks, try to be *accurate* and *specific*. You aren't always screwing up, you missed a deadline twice in the last year. You aren't incompetent, you made a math error on your taxes. Also look for balancing positive realities. In spite of the missed deadline, you had a very positive evaluation from your boss. You made a mistake on your taxes, but at least you were able to do them yourself.

Force yourself to write logical comebacks even for those negative thoughts that you still believe to have some validity. Eventually you'll realize that looking at the event in a logical and positive way is helping you to get some perspective on it. You can demystify and defuse even the most fearful or convincing illogical thoughts in this way."

### **Q. Concept: Humor**

Friedrich Nietzsche said, "The most acutely suffering animal on earth invented laughter" (Cousins, 1989).

As Norman Cousins notes, Swedish medical researchers' experiments demonstrated that "laughter helps the body to provide its own medications. A humor therapy program can improve the quality of life for patients with chronic problems. Laughter has an immediate symptom-relieving effect for these patients."

"It is a common fact that laughing makes us feel better. Sometimes we laugh so hard we have tears running down our face. The laughing response is the same as crying, except that laughing is generally brought on by what seems humorous to us. You may have noticed that when you watch a silly television program that causes you to laugh, you end up feeling better, especially if you were depressed. Being able to laugh is very healthy for you and is a great mood-alterer. Although what you experienced as a child is depressing, laughter about some of the more absurd aspects of your situations can lighten your perspective and lessen your grief."

"Norman Cousins says, 'It has always seemed to me that laughter is the human mind's way of dealing with the incongruous. Our train of thought will be running in one direction and then is derailed suddenly by running into absurdity. The sudden wreckage of logical flow demands release. Hence the physical reaction known as laughter.'" (Cousins, 1989)

#### **R. Skill: Find Out What Makes You Laugh**

"Finding out what makes you laugh and being able to turn to it when you're feeling particularly sad or depressed is a great medicine, and a great way to distance yourself from painful emotion when you need to. Throughout the process of this group, we will become aware of what makes us laugh so that we can turn to this in times of need."



## **S. Concept: Self-Nurturance**

"In your families, you received very little to almost no nurturance. Nor did you have parents who modeled self-nurturance. Perhaps when you wanted to rest or relax you were told that you were lazy or selfish. When you asked for what you wanted, you may have been told that you were selfish.

"Things that give us peace of mind, that make us feel good, are nurturing to us. Some of us may like to listen to music or paint or draw. Some of us may like to dance or exercise. Some of us may like to take a walk on a beach or in a park. Some may want to lie in the grass or by a swimming pool. Some of us may like to take warm bubble baths, burn incense, or read a book. Some may like to garden.

"It is very important for you to find out what gives you nurturance and then to give yourself permission to do these things."

## **Main Interventions**

### *Week 1*

#### **Introductions**

See Starting the Group.

## **A. Concept: Defining Abuse**

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

## **B. Concept: Awareness of Abuse**

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

## **Homework**

Group members are to keep a journal throughout the duration of the group. Encourage clients to write down memories of their abuse, what they did with their feelings at the time, and their feelings now as an adult remembering the past. They may also keep track of their feelings regarding daily events—at work, at home, with friends, or during contacts with their parent or guardian. This journal should be written as though the individual is explaining his or her situation to someone else: "Whenever I want to take a second portion of ice cream, I can hear my mother say, 'You're too fat, you don't need that ice cream; put it away.' I wish I could get her out of my head. It's my body. Every time I hear her voice, I eat twice as much, and then I feel guilty. Shit, it's a never-ending battle with my weight and my mother. I wish I could get her out of my head."

Once the group members feel stronger, encourage them to write their journal entries as though actually talking to the toxic parent, thus making the

attribution more direct. This is more emotionally evocative, but also more threatening to most clients. An example of this dialogue might be as follows: "Every time I would have a second portion of ice cream, you would remind me that I'm overweight and I shouldn't eat it. This would make me want to eat it all the more. Why wouldn't you just leave me alone? You always had to tell me how to run my life. You told me what clothes to wear, who to be friends with. You never let me be myself. Maybe if you hadn't been so fat, and maybe if you had had more friends, you wouldn't have picked on me. I resent what you've done to me. My whole life, I've struggled to do what you told me and look what's happened—I'm unhappy and fat like you. I hate you."

Group members do not need to share what they've written in their journal unless they want to.

When making journal entries, clients shouldn't read over what they have written. The journal can be reviewed the week before the last group session for a short-term group, otherwise not for at least four months. The purpose of this is to let group members see a change from when they started the group to when they read the journal. The change will involve greater recognition of feelings, rather than denial or suppression of them.

## **Closing the Group—Centering and Hugs**

### *Centering*

"I would like us all just to sit back and take a deep breath. As you exhale, allow any tension, stress, sadness, anxiety, worry, fear, loneliness, and pain to just flow out of your body. With the next inhalation, take in peace, love, happiness, harmony, and contentment. With the next exhalation, just let go; and with the next intake of breath, take in peace of mind and readiness to drive home safely."

### *Hugs*

For survivors of toxic parents, touching and being touched may be a major issue. Many have come to learn that touch is associated with pain. Others have shut down their senses because they have been touched by an anxious parent who may not have felt comfortable with touching. If an individual was emotionally abused, it may have been very uncomfortable for him or her to be touched by the abuser. The result was a shutting down of feelings.

The therapist must approach this subject with nurturance and reassurance, giving group members permission not to participate if it is extremely uncomfortable for them. The therapist needs to be comfortable with hugging and good at handling boundaries. If the therapist does not feel comfortable with this, then the process may be reduced to a simple handshake or a friendly statement: "See you next week."

The therapist might say, "Touching, such as hugging, is very important to emotional and physical well-being. As children, you may not always have gotten a lot of 'good' or safe touches, and as adults, you may also not often get 'good' or nurturing touches. It is very important that you get used to safe, nonthreatening and also nurturing touches. At the end of every group I like to close with a hug. If a hug is too uncomfortable for you, you don't need to participate; just let me know when you want a hug.

"See you next time and have a great week."

As group members leave and say goodbye, make contact with each one via a hug or a handshake, or make eye contact with a smile and say, "Have a good week." After a few weeks, you'll find that group members will also hug one another and will feel left out if you forget to hug one of them, or if others forget to hug someone they normally hug in the group.

### *Weeks 2 and 3*

#### **Check-in**

Each group member, including the therapist, is to share one positive and one negative event that occurred during the week. If someone is in crisis, or needs to share something, he or she should make it known at this time. Such crises must be dealt with immediately.

## **Concept: Family Systems**

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

## **Concept: Boundaries, Rules, and Rituals in the Family**

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

*Intervention 2: Group Discussion*

This is the time when group members may begin to share some of their abusive childhood experiences. The therapist should be very supportive of these individuals. Others may not be ready to share, and must not be forced to do so.

### *Example*

*Therapist:* Were there any boundaries, rules, or rituals in your families?

*Melanie:* Well, because my stepfather was in a wheelchair, there were no doors in the house, even the bathroom. I guess "no doors" wasn't exactly a rule, but it sure kept me from having any privacy.

*Therapist:* Actually, it was a rule in a way, because it definitely affected your boundaries. As I explained, family rules function to set boundaries for children, but in your family the rule of "no doors" actually prevented you from developing any physical or psychological boundaries. Do you remember how it made you feel back then?

*Melanie:* Exposed and vulnerable. It made me feel like I wasn't anybody at all, a

nothing—except, of course, a punching bag for my mother when she got crazy. I used to envy the next-door neighbor's dog because he could crawl into his dog house and no one could get at him.

*Therapist:* The dog house actually served as physical boundaries for him, and not even the humans could violate his boundaries by going in there. As a child you deserved to have boundaries that protected you, but you didn't. You didn't receive the love and care you deserved.

*Melanie:* Is that why I feel so empty when I'm alone, and so unlovable?

*Therapist:* Certainly. Not having any boundaries as a child led to those feelings. A lack of personal boundaries as a child keeps you from getting a sense of yourself as a being who is separate from others or as a worthwhile person. Therefore you end up feeling empty inside.

*Tim:* That rule of secrecy you mentioned applied to my family. All of us kids learned early on to lie about our bruises to teachers and the other kids. Somehow we just knew better than to tell on our dad. Besides, we were too ashamed to tell.

*Therapist:* The fact that you knew without having been told not to talk about the abuse meant that this was an unspoken or covert rule. How did that make you feel?

*Tim:* I felt sorry for myself when I wasn't scared or furious.

*Therapist:* Can you describe the self you felt sorry for?

*Tim:* Well, it felt like I was a little, weak, pathetic creature, not a real person at all.

*Therapist:* Like you were defenseless.

*Tim:* Yes! Even when I was in my late teens and lifted weights and got very strong and muscular and could've flattened my dad, I still felt like a weak, worthless nothing.

*Therapist:* By physically abusing you, your dad kept you from developing a strong sense of yourself as a child; and even as an adult, it's still very hard for you to think of yourself as strong.

*Tim:* Right.

*Therapist:* So even though there was a rule about keeping the abuse secret, there weren't any rules that said your dad couldn't hit you—consequently, there were no physical boundaries for you. That's a hard way to grow up. Were there any rituals in your family, Tim?

*Tim:* If you mean like things the family did together on a regular basis, not really.

*Melanie:* Heck, in my family my mom didn't even let me have birthdays. She ignored them completely. But then one of her favorite things was to tell me she wished I'd never been born.

*Therapist:* That must have made you feel like you didn't have much of a right to exist. I can understand why your sense of self is so fragile.

*Melanie:* Once, out of the blue though, on my sixteenth birthday, my mom gave me a car. I was absolutely thrilled. Then the next day she took it away from me for absolutely no reason at all. I was crushed.

*Therapist:* That was a terrible thing to have happen to you. And it was part of your not being allowed any sense of what belonged to you, or any sense of your rights in the family. Your mom's cruel capriciousness also taught you, for probably the millionth time, that all you could expect from her was the unexpected as well as the unpleasant.

*Sophie:* You know, I'll bet I'm not the only one in here who didn't have what you call family rituals. I remember looking around at other kids' families and noticing that there were things they all did together on a kind of regular basis. Like, my friend Felicia's folks made a point of the whole family going out to breakfast every Sunday after church. Sometimes they'd take me and I loved it. When I told my mom I wanted our family to go out to breakfast on Sundays, she just laughed and said, "What makes you think just because her



family goes out to breakfast together, they're any better than we are? They're real phonies in my book."

*Therapist:* So your mom demeaned families who did nice things together as a way of convincing herself and you that family rituals were a lot of phony baloney. In a strange way, not having family rituals became kind of a ritual in your family, didn't it? Do you think it gave you a sense of continuity and family stability?

*Sophie:* It really confused me when she said things like that. It did give a kind of "them" against "us" feeling, but that's not very healthy, is it? At least it doesn't seem healthy. I still wished our family would go out to breakfast like Felicia's.

## **E. Concept: Roles in the Family**

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

*Intervention 2: Group Discussion*

### *Example*

*Therapist:* Would anyone like to share who, in your family, saw to it that you and your siblings were fed and got dressed for school? In other words, who was the caregiver in your family?

*Faye:* Usually my older sister did it. I remember her wearing one of mom's aprons. She was so young then, it came down to her ankles; and she used to have to stand on an old crate to reach the stove. But she managed to cook dinners for us a lot of the time. In the mornings, before school, she'd make my little brother and I get up and would help us dress, make sure we'd wash our face and hands and combed our hair. We hated it when she'd inspect our appearance, but it did make us feel like someone cared.

*Therapist:* Where was your mother throughout all this?

*Faye:* She was usually passed out drunk on the couch.

*Therapist:* What did you do when things were chaotic in the family?

*Faye:* I'd hole up in my bedroom, reading anything I could get my hands on. I even read the labels on stuff when I'd run out of books or magazines. My sister and brother teased me and called me a bookworm. They also said I was mom's favorite. I don't know why. I didn't get any special attention from her.

*Therapist:* Your role in the family was the invisible one. You stayed out of mom's way, and thus out of harm's way, as much as possible. As mom didn't have much interaction with you, you probably didn't get punished as much as your siblings. Thus they felt you were the favorite.

*Faye:* I hated that my sister always got punished and I didn't. She did so much that mom should have been grateful to her. I also remember my brother would get punished whenever I did something wrong. I would hide and watch him get punished. I was too afraid to say I did it. I feel so ashamed about that.

*Therapist:* It sounds like your brother was the scapegoat in the family. What's your relationship with your brother now?

*Faye:* It's actually quite good. I've told him how bad I feel that he always got punished instead of me, and he just brushes it off. I feel he needs to be in a group like this, but both he and my sister say, "Why do you have to dig up the past? Just forget it."

*Therapist:* Often people just want to forget the past—they feel that suppressing their feelings is an appropriate mechanism. The drawback with suppressing all the time and never getting rid of pent-up hurts is that we can end up with psychosomatic illnesses or project our anger onto innocent family members.

## **F. Concept: Intergenerational Process**

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

## **G. Concept: How Dysfunctional Family Dynamics From the Past Affect Your Present Situation**

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

*Intervention 2: Group Discussion*

### *Example*

*Therapist:* Let's look at some of your current roles and see if there's a connection between them and your childhood roles in the family.

*Faye:* Well, I guess all that reading had an effect, because as an ad copywriter I still create fantasy worlds; but because I'm so used to being the invisible child, I have a hard time presenting my ideas to others effectively. I've let co-workers take the credit for my ideas on occasion because I don't have the nerve to confront them.

*Diane:* I'm still a caretaker, because I'm actually taking care of my boyfriend by paying the bills and stuff when he's out of work, which is pretty often. I also cook for him and wash his clothes.

*Therapist:* You're both gaining an awareness about how we perpetuate our childhood roles as adults. Awareness is the first step to change. With awareness, you realize that you have choices. For instance, Faye, next time your co-worker tries to take credit for your work, you have the option to confront him. I realize that right now that may seem too scary for you to do; but when you're ready, I want you to know that the group and I are here to support your experiments with new behaviors.

## **Homework**

Continue journal writing, focusing on family rules, boundaries, and roles.

## **Closing the Group—Centering and Hugs**

### *Weeks 4 and 5*

#### **Check-in**

Now is the time to start moving from the cognitive level to the level of feelings, which most clients will have suppressed or denied. The expression of feelings will be foreign and uncomfortable to many group members.

#### **H. Concept: Real Self or Inner Child**

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

#### **I. Concept: Shame Versus Guilt**

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

*Intervention 3: Exercise—List-Making*

Hand out paper and pencils.

Have group members do a short relaxation exercise before continuing.

Everyone can sit quietly with eyes closed.

"I would like you to take a few deep breaths. With every exhalation, let go of any tension, stress, anxiety, or fears you might have been feeling in your body. With every inhalation, take in peace of mind, harmony, and contentment. Again, exhale [pause], letting go [pause], and inhale, feeling centered. When you're ready, open your eyes.

"I would now like you to make a list of adjectives or phrases that your caretaker would have used to describe you when you were a child (for example, stubborn, lazy, bad, unhelpful, selfish, a nuisance, dumb, a burden, and so on). [Give group members time to make notes.] Now I'd like you to make a list of adjectives or phrases you would use to describe yourself as a child (such as obedient, tried to do it right, sad, afraid, the scapegoat, the caretaker for my siblings, and so on). [Pause for writing.] Now make a list describing yourself as an adult. [Pause for writing.]

"Now I'd like you to make a list of how you'd like to be described (for example, creative, healthy, thoughtful, nurturing, strong, helpful, confident)."

#### *Intervention 4: Group Sharing*

Have individual group members share their answers for each of the four lists above. With your aid, and the help of other group members, have each

client explore the possibility that he or she may already possess many of the qualities described by the list of ideal adjectives. You can draw from the examples below.

- *Creative.* The client may already express creativity in dress, work, or ways of thinking.
- *Healthy.* The fact that these individuals have recognized that they have some issues to deal with, and are seeking help, is a healthy step to recovery.
- *Thoughtful.* The client may have already expressed this quality during group or in anecdotes relating to a spouse or child.
- *Nurturing.* Many clients are very nurturing to other group members, but have trouble nurturing themselves or accepting nurturing from other members of the group.
- *Strong.* These people are already strong, or else they would not have survived.
- *Helpful.* These people are probably already helpful and were so as a child, but were never acknowledged as such. They now need to acknowledge their helpfulness to themselves.
- *Confident.* This is something that clients can work on in the group.

The therapist can also ask group members to share the difference

between how they are now as opposed to how they were perceived by their caregivers. This is a good time for clients to do some reality checking in terms of who they are in reality versus the image of them promoted by their parents.

### **Homework**

Continue journal writing, focusing on how clients perceive themselves and how others in daily life perceive them.

### **Closing the Group—Centering and Hugs**

## *Week 6*

### **Check-in**

### **J. Concept: Post-Traumatic Stress Disorder**

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

It is important to emphasize that many individuals who were raised in abusive families experience some degree of PTSD as adults. The PTSD model is helpful in explaining to such a group why their lives may not have proceeded in the orderly, happy way they would have liked. Learning that the reasons for one's behavior are a result of early childhood experience can be

the first step toward relieving individuals of years of accumulated guilt and shame. It helps them separate themselves from their experience in such a way that their inner child or real self is free to emerge.

### **K. Skill: Learning About and Coping With Feelings**

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

"As a result of the work you'll be doing in this group, you'll become more and more aware of suppressed events and feelings. As these are exposed, you can and should seek nurturing from within the group. You can also choose to suppress these feelings again, and let them out when you feel a little safer, always knowing that you have the choice to move back and forth between uncovering and covering up feelings."

#### *Intervention 3: Exercise—Learning To Identify Feelings*

Hand out paper and pencils. Have clients do a short relaxation exercise as in Weeks 4 and 5.

"To help you learn what you are really feeling, I would like to start by doing a word-association exercise.

As each word is spoken, write down the first emotion or feeling that comes to mind. Here are the words: night, family, mother, father, birthday,



holiday, baby, sister, brother, friend, gift, dinnertime, home, parents, vacation, celebration, school, grandmother, grandfather, love, home, significant other, work, and marriage."

Have group members share their responses. Help them understand the difference between the vague sort of feelings they might be used to feeling and specific emotions felt in response to specific persons or events. Give clients permission to choose what, and whether or not, to share.

"If you find that your responses include such answers as 'nothing,' 'bad,' 'terrible,' 'I don't remember,' try doing the exercise again. This time choose one of the following responses: angry, sad, afraid, lonely, left out, abandoned, confused, jealous. If more than one response applies, write each response that does apply. If none applies, write 'none.' Don't be concerned if your responses aren't specific at first, as it often takes time to be comfortable with the process of uncovering your feelings about these people or events. Let's do this again."

Encourage discussion of the fears group members may have regarding confronting their feelings about the past, as well as about current issues. Point out the difference between the real self and adaptive self in terms of feelings; for example, the adaptive self may deny angry feelings toward someone for fear that expressing any resentment will trigger abandonment.

Point out that once group members know their real feelings, they will be clearer about their needs. It's also important to emphasize that the ability to modulate their feelings in a balanced way is an ongoing process.

Some group members may feel uncomfortable with this exercise at first; it's inadvisable to push them beyond their capacity. Rather, it's sufficient at this point if they're aware that they may have been stifling their feelings, and that this habit accounts for their isolation, alienation, loneliness, or tendency to withdraw. Eventually, individuals in the group will feel safe enough to explore their new-found feelings more deeply. You can remind them that they are in a safe environment in which they have permission to express their feelings.

Since members of the group may be getting in touch with some overwhelming feelings, you must be available for individual clients to help them contain their feelings. Touching a hand or a shoulder, hugging a client or allowing him or her to cry are all appropriate ways of containment.

## **Homework**

Group members are to record any feelings that come up during the week. These include feelings regarding childhood experiences, and also feelings regarding day-to-day events. Intense feelings are to be brought to group the next week, where group members can be free to feel or re-

experience them in a contained environment.

## **Closing the Group—Centering and Hugs**

### *Week 7*

#### **Check-in**

#### **L. Concept: Anger**

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

#### **M. Skill: Empowerment Through the Release of Anger**

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

Clients need to learn that they have choices. Throughout the duration of the group meetings, you as the therapist must remain aware of, and make clients aware of, the range of their choices. If individual clients feel stuck, you can remind them, "You're in your 'comfort zone' now. This doesn't mean that you like this feeling—it means you know this feeling. When you change your behavior and experience new, positive feelings or interactions with people, you're outside your comfort zone. The more you explore being outside your comfort zone, the easier it becomes to let go of the old and accept the new."

#### *Intervention 4: Group Sharing*

Have group members refer back to the homework when they recorded their feelings about childhood experiences and day-to-day feelings. They should share any angry feelings that may have come up. Ask them if these angry feelings were

1. From their childhood
2. A result of abuse or neglect experienced or witnessed
3. From present-day situations

What feeling triggered the anger? Some examples would be hopelessness, inferiority, feeling out of control.

Now have clients look at what their choices were (in childhood there were probably few to none). As adults, clients may still not see any choices; so it's up to the therapist to point out some available options.

#### *Example*

*Melanie:* Monday, my boss blamed me for a mistake I made in a letter I typed for him. His handwriting is so terrible, it's very hard to read; so I showed him what he'd given me to type from, so he could see it wasn't me being careless. He just said I should have checked with him before guessing wrong. I tried to explain that he was gone all morning and I couldn't reach him, and that I thought it was best to at least try getting the letter done instead of putting it off until he returned. He just cut me off in mid-sentence and gave me a list of

all the people I had to get for him on the phone. I was so angry and upset I couldn't concentrate the rest of the afternoon, so I wrote about it in my journal.

*Therapist:* Did your parents get angry at you for innocent mistakes, then refuse to hear your explanation?

*Melanie:* Yes, lots of times.

*Therapist:* When your boss did the same thing, did you feel powerless, like you were as a child?

*Melanie:* Definitely. Even though I knew the error was as much his fault as mine.

*Therapist:* Just as you felt as a child?

*Melanie:* Yes, and that feeling feels lousy.

*Therapist:* Do you see that your parents and your boss were being unfair, and that you are not a bad person?

### *Intervention 5: Individual Exercise*

When feelings are bottled up and cannot be released, have the group member kneel down on the floor, sitting on his heels. The therapist is in the same position next to the client (about 1½ feet away from him), with the therapist's hand on the group member's back (if touching is all right with the client). The client is given a bataka or a rolled-up towel and directed to hit the floor in front of him. He is encouraged to breathe through his mouth and also to verbalize his feelings. The therapist may say the words for the client, "I hate you! How can you call yourself a mother? A mother is not supposed to

hurt a child. You never cared about me!"

*Intervention 1: Didactic Presentation (See Concepts and Skills section—  
Assertiveness Material)*

*Intervention 3: Exercise*

Have group members privately list current issues and problem situations to which they react with anger. Encourage them to think of at least two situations that cause a relatively low level of anger, two in the moderate anger category, and two that evoke high anger. Now ask for a volunteer to describe a low-anger situation. Ask the group as a whole to help this member develop an assertiveness "script" that includes a description of the problem, "I" statements about feelings, and a specific statement of the client's need. Repeat this process with medium- and high-anger situations. Emphasize the importance of assertive communication for overcoming the feeling of powerlessness. Assertive problem solving not only reduces angry feelings, it very often results in positive change in very frustrating situations.

## **Homework**

Continue journal writing.

## **Closing the Group—Centering and Hugs**

## Week 8

### Check-in

#### N. Concept: Cognitive Distortions and Automatic Thoughts

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

*Intervention 3: Exercise—Practice for Recognizing Automatic Thoughts*

Ask group members to close their eyes for a few moments and think of a situation in their lives in which they felt inadequate. After asking members to share, you can then help zero in on their automatic thought process.

#### *Example*

*Therapist:* All right, Karen, your example is a good one. You were at work and a new phone system had just been installed. You were trying to transfer a call to your boss and you lost the call. If you can't remember what you said to yourself when that happened, try to imagine what you might typically have thought to yourself.

*Karen:* I know I was really frustrated and angry at myself for being so stupid. It's really a very easy system and this was the call my boss had been waiting for.

*Therapist:* How did your body react?

*Karen:* Well, my heart pounded, I had butterflies and a knot in my stomach, and I couldn't think straight.

*Therapist:* Can you remember any similar situations from childhood that resulted

in similar feelings of frustration, heart pounding, butterflies and a knot in your stomach?

*Karen:* Yes, it reminds me of when it was my turn to cook. All the girls had to take turns cooking, and I hated to cook. I would invariably spill something in the process, and the food would either be overcooked or undercooked because I was always trying so hard to get it right. My father would always criticize and make fun of me. I can still hear him say, "I can't understand why you are so stupid!"

*Therapist:* Do you see now where all those feelings of being stupid and frustrated and the physical reactions are coming from? Not only are you dealing with a situation at work, you're also responding to all those meals you had to cook. What do you think your chances would be of correcting your error in that state of mind?

*Karen:* Not very good at all. I remember it was very hard for me to recover and put the call through correctly, even though I actually did know how to do it fairly well. My concentration was really lousy.

*Therapist:* As Karen's story shows, automatic thoughts often originate in our childhood. They are self-critical messages to ourselves about ourselves, which affect how we feel and our ability to perform. They make us feel bad about ourselves and can make it very difficult for us to function well. Although you are away from your critical or abusive parent, you carry that person inside of you and continue to criticize yourself in your parent's absence. Once you catch yourself automatically criticizing yourself or being judgmental, you can then say, "Shut up, Dad! I can do this."

## **O. Skill: Identifying and Responding to Cognitive Distortions**

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

Give clients the handout. Go through it with the group, discuss any



confusion, and answer any questions about the different types of distortions. Remind group members that thought distortions result from parental programming that convinced them they were no good or were defective in some way; such thoughts are not reliable evidence the individual is actually defective or bad.

*Intervention 2: Group Discussion*

Go over the handout with the group again, concentrating now on "talking back" to these thoughts. Focus on making comebacks accurate and specific rather than global and generalized. Emphasize balancing positive realities that provide counterweight to the critical parent's indictment. Ask group members to suggest additional logical comebacks. Then ask them how these logical, realistic, non-self-blaming comebacks make them feel. Emphasize to clients that when they stop negative self-messages in their tracks and replace them with calming, nurturing, positive self-talk, they will automatically feel better—calmer, clearer, more capable.

*Intervention 6: Role-Play—Practicing Talking Back to Automatic Thoughts and Cognitive Distortions*

Having the therapist play the role of the negative thinker is excellent practice for clients, as it is often easier to see another's distorted thinking as illogical.

## Example

*Therapist:* I'm out to dinner with friends and I'm telling a story about something funny that happened at work. I'm feeling kind of witty and am really getting into it, gesturing with my hands, when all of a sudden I knock over the glass of wine the person next to me was drinking. It goes all over the table, drips onto my friend's lap and onto the floor. My automatic thoughts are, "Oh no, I've done it again. I've made a total fool of myself in front of everyone. They'll think I'm completely stupid, awkward and socially undesirable. They know I'm a blithering idiot now. I'm just no good. I'm always doing stuff like that. No wonder everyone hates me. I'll never change. It's useless to try. I'll be doing dumb things like this for the rest of my life. I might as well stop trying to improve myself. I'm a loser and a failure.

All right, group, who has the nerve to try to argue me out of my conviction that I'm the worst person who ever lived? [Laughter in reaction to the therapist's exaggeration.]

*Melanie:* Well, for starters, just spilling a glass of wine does not literally make you a "total fool." It just makes you human because you accidentally knocked over the glass. Maybe the glass was too close to your plate or something. Who says it was all your fault you knocked it over anyway?

*John:* Also, knocking over a glass of wine doesn't indicate that you're even partially stupid, much less completely stupid. Intelligence has nothing to do with it.

*Therapist:* But I was right in saying, "I'm completely awkward and socially inept."

*John:* "Completely" is a really all-or-nothing term and doesn't apply here; neither does "socially undesirable." Maybe if you'd *thrown* the glass of wine at someone...but you just accidentally knocked it over.

*Therapist:* Okay, so I didn't do it on purpose, but I'm always doing stuff like that.

*Sally:* Always? You mean every time you go out to dinner you knock over the wine?

*Therapist:* No, just once in a while.

*Sally:* Like once a month or what?

*Therapist:* Well, actually, more like once a year.

*Jerry:* So "always" was an overgeneralization that wasn't true!

*Therapist:* But still, everyone probably thinks I'm a dope for knocking it over.

*Susan:* That's mind reading and you don't have any idea of what the others are thinking. They are just likely to be thinking they're glad they didn't do it and would like to thank you for being the one to do it instead of them! If you're going to try to read minds or tell fortunes, you may as well make it more or less positive.

*Therapist:* Why?

*Susan:* Because if it's at least sort of positive, you won't feel so bad.

*Therapist:* But even if I don't knock over glasses of wine all the time, I'll still do dumb things in public, no matter how hard I try; and I won't be able to change. Doing stuff like that makes me feel like a loser.

*Judy:* Now you're fortunetelling again and using emotional reasoning.

At this point, group members can switch and practice arguing each other out of their own illogical thinking. At the end of the practice session, reiterate, with the group's help, the following points:

1. Our automatic thoughts about ourselves have the power to affect how we feel about ourselves and lives in general.
2. Replacing negative, distorted, automatic thoughts with positive, logical ones makes us feel better about ourselves and the

world in general.

3. Continuing to feed yourself negative self-messages will almost certainly guarantee negative outcomes, while reversing those messages gives you a much better chance at a better outcome in any situation.
4. We are entitled to the same benefit of the doubt as we give others.

## **Homework**

"In order to catch your automatic thoughts, become very observant of yourself. Give yourself permission to be more self-absorbed than usual as you go through your day. Keep a small notebook handy, and whenever something happens that starts a chain of automatic thoughts, write them down immediately. It will take practice, but within a few days you'll be quite aware of that constant stream of silent self-talk."

Ask the group to come back the following week with at least three events that started the automatic thought process. Have them write the event on the left half of the page and their automatic thoughts on the right. If they can remember similar thoughts or situations from childhood, they should write those down as well.

## **Closing the Group—Centering and Hugs**

## Week 9

### Check-in

#### **P. Skill: Learning To Refute and Stop Automatic Thoughts and Cognitive Distortions**

##### *Intervention 2: Group Discussion*

Go over the homework from Week 8 and discuss any problems or confusion with recognizing automatic thoughts. Ask each member to share at least one event and its accompanying automatic thoughts.

It's important again to mention the powerful effect automatic thoughts have on how people feel. This reinforces the concept that thoughts can create emotions and feelings, and will help clients to learn eventually how to control negative self-messages and improve their self-image and performance.

##### *Intervention 6: Role-Play*

Continue the role-plays in which a group member presents his or her automatic thoughts while other group members label the distortions and offer comebacks. Emphasize accurate and specific thinking with balancing positive realities.

### Homework

- Ask group members to continue to list their automatic thoughts, adding a third column labeled "Logical Comebacks." They should write at least one positive comeback to counteract each negative self-message.
- Clients should continue journal writing.
- Ask group members to bring in a cartoon, joke, or funny anecdote for next week.

## **Closing the Group—Centering and Hugs**

### *Week 10*

#### **Check-in**

Go over the homework. By now the group members probably have a fairly clear idea about what automatic thoughts and logical comebacks are. Check for any questions or confusion.

This group will begin with the intervention and will conclude with the concept and skill to be explained at the end of the intervention.

#### **Q. Concept: Humor**

##### *Intervention 7: Experiential Process*

Have group members rate their mood, at the present time, on a scale of one to ten (one being very depressed and ten being very happy). Also have them rate their physical condition at the present time, on a scale of one to ten (one being in a lot of pain and ten being pain-free).

Now have clients share their cartoons, jokes, or anecdotes collected during the week. Remaining attuned to individuals' responses, ask particular group members to share their feelings and thoughts about the material.

This process is to be kept light, happy, and fun. Group members may remember and share other jokes or even personal incidents that are funny.

Now have group members rate their mood again on a scale from one to ten, and then rate their physical condition on the same scale. Note the difference in the "before" and "after" ratings.

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

#### **R. Skill: Find Out What Makes You Laugh**

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

#### **S. Concept: Self-Nurturance**

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

### *Intervention 3: Exercise—List-Making*

Hand out paper and pencils. Have group members share self-nourishment activities. They should write these down for themselves and take them home to have at hand when needed.

### **Homework**

Clients should watch a funny movie on television, at the theater, or on the VCR during the next week.

"Before seeing the movie, take an inventory of your body as to any physical complaints, and also of your mood, each on a scale of one to ten.

Watch the movie.

After the movie's over, rate yourself again and note if there is a difference between the two scores. Now rate the movie on a scale of one to ten, one being serious and ten being very funny.

If the movie wasn't very funny, then I would like you to do this exercise again on another day, this time trying to find a funnier movie.

Next week is our last session and I'm planning to bring some refreshments and make this a fun session to socialize and wind down. I'd like



you to review your journal and take a look at how you've grown. We'll also discuss whether or not group members would like to continue in a support group, or if they plan to discontinue. For this last session, I would like you all to bring in a symbolic memento for each member of the group. This can be a flower, a seashell, a rock, a candle, a poem, a quote—whatever feels right to you. Be sure to bring a little token for each member of the group."

### **Closing—Centering and Hugs**

#### *Week 11*

This week is the Re-Birthday Party and closing of the group. The group room should reflect a birthday party theme: a birthday cake, nonalcoholic beverages, balloons, and so on. The therapist may also choose to bring in some toys, such as drawing paraphernalia, clay or play dough, or small toys such as hand puppets, cars, stuffed animals, and blocks.

### **Check-in**

Review homework, having group members share what they learned about what makes them feel better.

Allow time for group members to play with the toys and/or socialize—approximately 20 minutes—and allow time again at the end of the group

session.

Reconvening, group members can share what they have learned about themselves and how they feel they have grown. The therapist reflects out loud about each person—where the individual was at the beginning of the group and how he or she has grown. Discuss the importance of ongoing therapy and a support group to aid clients in their continuing growth and to keep them from sliding back into their "comfort zones."

Then exchange presents. One person at a time gives each group member his or her memento and also makes a positive statement to that person. The recipient of the gift may only say "Thank you," as compliments are difficult for these clients to accept.

Allow group members to socialize before leaving.

## **Closing—Centering and Hugs**

### **Ongoing Group**

This particular client population needs an ongoing group in order to continue to grow. Growth is a gradual process. These individuals are having to learn new ways of looking at themselves and the world around them. They need frequent reality checks and re-parenting, which an ongoing therapy

group can provide.

### **Possible Topics for Future Group Sessions**

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Fear of being abandoned	Fear of commitment
Fears in general	Self-image
Growing older	Body image
Weddings	Marriage
Birthdays	Divorce
Death	Holidays
Graduation	Illness
Issues around food and eating	Tears and crying
Money	Having fun
Family gatherings	Bedtime rituals
Whom can you trust?	Are you trustworthy?
Sexuality: homosexuality, heterosexuality	

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### **Problems Specific to the Group**

#### **Non-cooperative or Resistant Clients**

It's crucial not to force this population to do anything they do not want to do. These are people who did not have choices as children. They are generally very obliging and feel extremely guilty when they do not follow

through. The group must be a safe, supportive place in which clients can just be themselves.

Most of the group members will be open to any suggestion to improve their lives. Any noncooperation is in actuality resistance to change, which comes from a fear of failure and disappointment. Perhaps the most significant source or resistance is the fear of leaving one's comfort zone, even though the comfort zone may also be painful and non-nurturing.

There are some people who are so invested in maintaining their anger toward their abusive parents that they have difficulty letting go and accepting change. These individuals will not do well in this group and must be referred to individual therapy before they will be ready for a group setting.

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