



## Heal My Heart: Stories of Hurt and Healing from Group Therapy

by Dr Zelda Knight

*This paper records four stories that emerged from four group therapy members. These stories are stories of fundamentally broken hearts. I utilise this material to address two psychological phenomena in group therapy - self-disclosure and the corrective emotional experience. The overarching theoretical framework is the existential approach to group therapy, and the underlying theoretical assumptions of relational psychoanalysis applied to group therapy. In the context of the material I present several theoretical points. Some of the chief points are the notion of the “in-between-ness of healing” and the importance of two processes in healing - i) the process of telling the story (remembering) in such a way that it is relived both emotionally and physically, and ii) followed closely by a corrective emotional experience. The emphasis in this paper is that remembering and reliving in therapy is not enough and a corrective emotional experience is required. Broadening this perspective of the healing mechanism of a corrective emotional experience, a principle argument of this paper is that the therapeutic action in group therapy (as it can be in individual therapy) is not insight but a new relationship*

### Introduction

This paper is based on the clinical material that emerged from various residential group therapy groups that over the years I have facilitated at a Wild Game Reserve in Eastern Cape province of South Africa. The introduction is divided into three sections; a) the theoretical framework, b) the groups, and c) what this paper is about

#### A) The theoretical framework

The overarching theoretical framework of the experiential group therapy process is based on the underlying assumptions of the existential approach to group therapy and relational psychoanalysis. These two perspectives include the promotion of, and commitment to, creating an awareness of self and self in relation to other.

Existential therapy can be considered as an approach or philosophy, by which a therapist

works, and is not a separate school of psychology or a neatly defined model with specific therapeutic tools or techniques. Existential therapy is grounded in the assumption that we are free and therefore responsible for our choices and actions (Bugental, 1978; Frankl, 1963). “We are the architects of our lives, and we draw up the blueprints for its design” (Corey, 2000, p.249). This approach means that we are not the victims of circumstances in our life, and to a large extent, we are what we choose to be (Frankl, 1963). Frankl, an existential psychiatrist, stresses the notion of ‘the will to meaning’ and that we have the freedom to find meaning. In this regard, choice and the freedom to choose are major themes within existential therapy. Frankl believes that human freedom is not freedom from conditions, but, rather, the ability to take a stand in the face of conditions. Existential therapy is

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ultimately a process of exploring the value and meaning we find in living, and to discover alternatives and to choose among them (van Deurzen-Smith, 1988). In other words, the existential approach (to groups) involves exploring options that create a meaningful life. In the context of the group process, “a group can enable us to recognise that we do not have to remain passive victims of our circumstances, and that we can become the authors of our lives” (Corey, 2000, p. 247). In a similar vein, Rollo May (1961, p.41) articulates, “no matter how great the forces victimising the human being, man has the capacity to know that he is being victimised and thus to influence in some way how he will relate to his fate”.

The purpose of an existential group is that members represent a “microcosm” (Yalom, 1995). In summary, the existential approach is phenomenological in that it emphasises how each of us sees the world, interprets the world, and how we choose to create our experience or reality of the world. In these experiential groups that I facilitate, using an existential approach, the individuals are invited to participate in the interpersonal re-learning of the group member who is working through his or her conflicts within the group. They are encouraged to express emotions, thoughts, views and behaviours, the goal of which is to enable the members to see how others perceive and experience them and their behaviours through feedback and discussion.

Relational psychoanalysis is not normally an approach used in group therapy. However, I have found that this theoretical framework is helpful and can be successfully applied to the therapeutic process of making meaning of ‘things that happen’ in the group context.

Briefly, relational psychoanalysis, sometimes referred to as the ‘interpersonal approach’, has the assumption that individuals are defined by their relationships with other people. From

1995) of the world in which participants live. Its members meet for the purpose of “discovering themselves as they are by sharing their existential concerns” (Corey, 2000, p. 249). Several broad goals of existential group therapy have been documented (Corey, 2000; Yalom, 1980). I have identified three of the most common goals; a) enabling members to become truthful with themselves, b) widening their perspective on themselves and the world, c) clarifying what gives meaning to their lives. The group begins to provide encouragement for members to begin to listen to themselves and pay attention to their own interpretations of the world. The existential approach to groups consists of helping people face their own attitudes, and take responsibility for their phenomenological ‘situatedness’ in the world.

within this perspective, relationships are the very substance of life, they define who we are. However, it is not just that interpersonal relationships are necessary for the formation of the psychological structure of the ego/self, but that the very nature of all individuals is inherently relational (Gill, 1983). Put into a wider theoretical context: if one views Freud’s drive-ego model as relatively neglectful of interpersonal relations and the object relations model (such theorists as Melanie Klein and Donald Winnicott) as emphasizing them, the interpersonal model is the next step: a theory based on interpersonal relations (Summers, 1994).

The pioneering work of Harry Stack Sullivan (1953) has been credited with developing the interpersonal or relational approach to psychoanalysis, but it is the contemporary theorists such as Merton Gill (1981, 1983), Jay Greenberg and Stephen Mitchell (1983), both who parted conceptual company later on (Greenberg, 1991, Mitchell, 1988), Irwin Hoffman (1991), Edgar Levenson (1981), and Edward Teyber (1997), who have developed variations of the relational psychoanalysis model.

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The position of relational psychoanalysis, as outlined by Mitchell (1988), is that the young child learns the range of possibilities and limits of relating to others first from the parents. Such relating is anchored in the child learning what she/he needs to do interpersonally in order to reduce anxiety that comes from the imagined and/or real threat of loss of contact with them, and therefore, through this compliance, become acceptable and lovable to them. From within this perspective, these modes of engagement with the world become the child's template for all subsequent relationships. Out of these patterns of relating or templates, the child begins to construct a self. "Each person is a specifically self-designed creation, styled to fit within a particular interpersonal context" (Mitchell, 1988, p.277). Problems in living are viewed from within this perspective as rooted in the understanding that these (now limiting) relational patterns or relational configurations, formed in childhood, are not easy to discard as they were a means of safely reducing the anxiety of loss of contact (and thus loss of self identity) but that they continue to play a role in the now adult's life. "It is the degree of rigidity of the relational configuration, that is, the extent of attachment to The two-and-a-half or three day experiential therapy groups comprise between six to ten members of both gender, and sometimes mixed race, aged between 21 - 30 years of age. Participants are briefed several weeks prior to the group as to what they may be expected to do. Some of the activities may include artwork, dance/movement, breath-work, meditation, walking, being silent ("noble silence") between sessions, as well as self-disclosure in the group. They are warned weeks before about the intensive psychotherapeutic nature of the work. This warning gives them time to think about their commitment to the group, and whether it is something that they really want to do now. Moreover, they are cautioned that additional individual therapy may be required in order to continue to deal with issues that emerged during the intensive group therapy process. Each person

the archaic childhood objects, that determines the extent of maladjustment of the personality. Flexibility of the self-organisation, the freedom to experience different relationships in different ways, is Mitchell's concept of mental health" (Summers, 1994, p.321).

The relational psychoanalysis viewpoint of treatment or therapeutic intervention would therefore include helping the individual to begin to experience a wider sense of self, as indicated at the start of this paper, and this is done by experiencing a new relationship, and thereby altering the individual's relational world, rather than the use of interpretation as in the classical psychoanalysis sense (making the unconscious conscious).

Thus the therapeutic process involves the broadening of the relational possibilities of the individual, broadening the structure of the individual's relational world beyond the restrictions of childhood limitations (Summers, 1994).

### **B) The Groups**

is assessed for their psychological stability and suitability for the group process. Follow-up group therapy sessions are provided for a limited period of time, and group members are expected to attend these. Issues of confidentiality and ethics are addressed in the group itself, and the clinical material documented in this paper is used with permission, and the appropriate steps have been taken to ensure confidentiality. Participants are encouraged to take full responsibility for their own personal enrichment and development and full participation from everyone is strongly encouraged, and a willingness to share personal information is also fostered. Participants are invited to write a private journal during and after the group therapy, and are provided with guidelines as to 'how to write' a journal as some had not done so before. It seems that 'journaling' helps participants identify their

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moment to moment feelings and thoughts. They are however, as part of the contract, required to write-up a report about their experiences of the group therapy. This is done as I believe that it completes the process of closure. There are guidelines given for this too.

The points I make in this paper are based on more than a decade of experience and observations as either a co-facilitator or therapist of experiential group therapy. During this time, I have come to honour and respect the mysterious workings of the human psyche.

### C) What this paper is about

This paper briefly documents four stories that emerged from four group members, not all from the same therapy group. The group members are “Ellen”, “Thomas”, “Julia” and “William”. These stories are stories of essentially broken hearts. I utilise the clinical material to address two common psychological phenomena in group therapy - ‘self-disclosure’ and ‘the corrective “Ellen” is a 23 year old woman who, while a member of the group, remembered a scene when she was 11 years old: It was Christmas day and she desperately wanted her father to stay with the family in the house but he had wanted to spend the day flying his newly acquired small twin-engine plane. Ellen remembered hopelessly begging him not to go but to stay and be with her. She felt that she hardly ever saw him during the other days, and she had hoped that during this particular day he would remain at home, sharing himself with her and the family. This hope turned to disappointment when she saw him continue to prepare to leave the house. Feeling deeply let down, sad and rejected, she called out to him as he left the house, ‘I hope you die!’ But he only turned and waved to her, saying that he loved her very much but that he wanted to fly only for a few hours and would be back soon. His words fell on deaf ears. Ellen had become outraged as the pain of rejection deepened and she repeated, “go then! I hope you die”. He left the house and she remained on the door step,

emotional experience’. Furthermore, in the light of the case material, I present several theoretical points. Some of the main points are the notion of the “in-between-ness of healing” and that it is fundamentally the psychological presence of two interconnected processes of healing that facilitate the participants therapeutic progress and change. These two processes are i) the process of telling the story (remembering) in such a way that it is *relived* both emotionally and physically, ii) *followed closely by* a corrective emotional experience. The emphasis here is that remembering and reliving in therapy is not enough and a corrective emotional experience is required at a specific time - soon after the relived experience. Extending this perspective of the healing mechanism of a corrective emotional experience, a principle argument of this paper is that the therapeutic action is not insight but a *new relationship*.

### Stories of hurt

*feeling the rage and pain mix into a constellation of loss, abandonment, and isolation.*

During that morning her father’s plane crashed and he was killed instantly. When Ellen heard the news, the echoes of her last words to him lashed and hammered into her, and she felt an enormous monster of guilt and remorse engulf her. Crying, and filled with bitter grief and regret, she realised that she would never see him again. She believed that somehow she had ‘caused’ the death of her father and longed to take back those hateful words of “I hope you die”. She had carried that pain of abandonment and the consuming guilt within her for more than a decade. She had believed that she was basically unworthy of self-forgiveness.

“Thomas” had fallen in love with a girl when he was 16 years old. He had felt as if his heart had opened and a wholeness within had emerged. After several weeks of visiting her and spending time with her he approached her and shared his

feelings of love for her. He felt relief and yet anxiety as he told her that he wanted to date her, and he felt excitement as he asked her how she felt about him. But she was not in love with him. She told him that she had an interest in another young man, and that she would wish to pursue a relationship with him. Thomas remembered that dreadful day. It was as if the sun itself had melted and turned black and fallen into some hidden and dark abyss. Thomas felt his heart break into pieces, falling about and shattering his sense of self. On a metaphorical level, a door had closed deep within him. Thomas remembers that day feeling hurt, rejected, numb and a sense of slowly dying. It was not only rejection that he had experienced, but a breaking down of his blossoming capacity for love and intimacy. He felt destroyed, his self-image as a lovable person had disintegrated. For months he saw his “Julia” remembered being 11 years old during the group therapy process. She shared the following experience:

“ When I was 11 years old, I had decided that I wanted to be a part of the popular group. So, I made a deal with one girl that she would be my best friend. I dropped my old best friend, and became a part of the popular group. I made things even worse by telling my mother that my old best friend and I had had an argument and that it was all her fault and not mine. In my family, lying is possibly one of the worst things that we could ever do, and today I carry with me the guilt of lying to my mother about a situation that I had actually induced (just so that she would not think badly of me). Even when I was given the chance to sort out things with my old best friend, my pride held me back, and I never did anything to put the situation right. I did not “I lived with a group of girls last year, and there were strained relations between me and two of the girls. I am, I understand, allowed to be friends with people if we do not get along. I know that people are different and that not every body is going to like everybody else. My problem is that I see everybody else likes these

beloved with this other man, and it became a painful reminder of his loss, and it deepened his sense of failure and impotence.

Now as a 25 year old member of the group therapy process, he had found himself remembering again that lost love. He felt a sadness and a deadness within. The wounded unrequited love had left him feeling empty and alone. This hollowness within became an on-going way of being in the world, creating within him the belief that he would always be alone, always be unable to have a love/intimate relationship. But above all, that he would always end up with a broken heart, rejected and displaced. In his pain he had shut himself down, becoming cynical and angry, pushing people away, moving against possible partners in hasty fear of intimacy and loss.

explain myself, I did not apologise, I did not even care, I pretended as if nothing had ever happened. To this day, I wish I had done things differently”.

The sense of guilt and feeling that she should have done something to restore things, to heal broken friendships has weighed heavily with Julia for a long time. She speaks now of not being able to connect authentically with her friends and establish and maintain close and trusting relationships. She feels that some of her friends she had managed to make, she “pushed away”.

Not only has she pushed away potential friends but she finds herself repeating her earlier pattern of making friends with people because she feels these people are the “in group”, the “popular group”. She remarked,

two girls, and so I pretend to be friends with them in order to keep everyone else happy - just so that I do not have to explain why I am such a horrible person because I do not get on with them. I am too much of a coward to say what I feel ... I hate what I did to my friend when I was 11, but it seems that I cannot stop or change my

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behaviour. It feels like I am destined never to have close friends again because of what I did. It also seems that people notice this horrible quality and before we get too close, something in the relationship causes them to move away from me. It makes me feel guilty and inadequate, and because I feel like this, it affects all my relationships with friends. I notice that even with the boyfriends that I have had, I would rather that they break up with me than me break up with them, because I know that I can deal with being hurt, but I am not able to change the situation if I hurt somebody else. I think that this relates to how I would rather deal with being betrayed, then having to betray someone else again”.

“William” remembers growing up. In the group he recalls one painful experience when he was a very young boy. He had fallen asleep only to be awakened by a nightmare. Fearful and confused he had sought out his parents. Stumbling down the darkened corridor of the large family house, he stood outside the closed door of his parents bedroom. There he had tried to open the door, calling out to them in his panic and terror, feeling as if the demons of his dream still stalked him. He felt so frightened and so small. As he frantically called out to them, face pressed

The group process itself becomes therapeutic when it facilitates a process of what Alexander and French (1946) first termed ‘a corrective emotional experience’. Many authors, for example, Corey (2000), Corey and Corey (1992), Davanloo (1980), Friedman, (1994), Malan, (1963, 1979), Mander, (2000), Sifneos (1987), Posthuma (1996), Teyber, (1997), and Yalom (1995), have subsequently written about the psychological significance and value of ‘the corrective emotional experience’ in psychotherapy. “A corrective emotional experience occurs when the therapist responds in a new and safer way that resolves, rather than metaphorically re-enacts, clients original conflicts (Teyber, 1997, p. 143). The notion of corrective emotional experience is equally applied to the group therapy context. The

against the closed door, he felt a sense of being shut out and so alone. He called to his parents repeatedly but the door remained shut, blocking out any nurturing comfort from his parents within. He felt a rising panic, and a certainty that something dark and evil was advancing along the corridor towards him. He repeatedly cried out. No one reached out and took care of him.

William does not remember how long he stood there as a small boy calling out, fearful and alone in the dark. He does not know where his parents were and why they did not reach out to him. All he remembers is that in his fear there was no one to comfort him, no father to hug him and make the world safe again. No mother to warmly envelop his trembling body. He was alone, totally alone, and no one heard his calling. Now at 26 William has this constant anxiety about being left alone, and metaphorically ‘outside’ of things - not belonging. He worries that he may not find someone to listen to him, to really care about him, to stop the trembling within. He fears abandonment and yet also believes that he does not deserve to have loving protection from the demons of his world.

#### **The group as an “alchemical vessel”**

individual working through their issues or conflicts within the group may relive experiences that they were unable to resolve by themselves, and the other group members contribute to the experience by assisting individuals to undergo or relive an experience which previously had traumatic results or consequences, but now will be experienced differently in terms of providing them with a different response to which they *imagined* would result. Thus they experience within the group new and positive emotional responses to the experience of the original event.

In the light of this, the group can be metaphorically viewed as an “alchemical vessel” as it provides the basis for experiential re-learning in that the alchemical vessel provides members with a feeling of containment and

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support, and from within this, the possibility of transformation and healing. This alchemical vessel, that is the group, generates an interpersonal containment similar to a “psychic womb”. This containment can be likened to a ‘potential space’ (Winnicott, 1971) which is as a safe psychological space, sheltered and shielded wherein a person can feel open to psychological possibilities.

I have re-interpreted this idea of potential space in terms of the interpersonal processes inherent in group therapy. Furthermore, this psychological healing (of the metaphoric heart) happens in the ‘therapeutic space’ in which psychic *things between people* become better known and are healed. In other words, healing happens *between* people (within the therapeutic space) rather than within the person in the group.

Within the therapeutic space of the group: Self-disclosure and the “in-between-ness of healing”

Before a client or group therapy member can feel safe enough in a group to self-disclose, and the group as an alchemical vessel, to present a corrective emotional experience, it is necessary

In any modality or context of group therapy, the overall aim is the same, namely, to overcome inner conflicts that the individual members are experiencing (Slavson, 1979). Many people believe that they are unique in their personal problems, therefore listening to other group members disclose highlights the fact that “there is no human deed or thought that is fully outside the experience of other people” (Yalom, 1995, p. 6). Self-disclosure is a process by which the self is revealed and it is often referred to as the ‘talking cure’ (Stricker & Fisher, 1990). However, if self-disclosure is not consistent with the experiential sense of self then individual members of the group will not procure the benefits of disclosure, and will in turn, become alienated from the group process, the group members and themselves. “Finding the words to represent, evoke, and express the experiential self

that individuals engaging in therapy feel ‘unconditional acceptance - empathy, genuineness and warmth’ (Rogers, 1951) and experience a non-judgmental environment from both the therapist and the group members (deSchill, 1974; Friedman, 1994). This psychological atmosphere is not easy to create in a group for members often feel afraid of expressing because they are often anxious about the consequences of self-disclosure. Compatibility and cohesiveness are vital conditions for the therapeutic group encounter. A cohesive group promotes self-disclosure, and this cohesiveness can create and sustain trust from group members, and, in turn, members will feel safe enough to express their conflicts within the group (Corey & Corey, 1992; Oster & Gould, 1987; Yalom, 1995).

As indicated, even when all the optimal conditions or ‘therapeutic factors’ (Yalom, 1995) are present within the therapeutic space of the group, healing (of the heart) is difficult because self-disclosure still may be experienced as difficult. Undoubtedly, self-disclosure is a vital part of group therapy, regardless of the theoretical modality adopted.

constitutes the integrative process through which the patient gains a sense of her own reality, wholeness and sense of genuineness as a person” (Stricker & Fisher, 1990, p. 76).

Within the therapeutic space of the group, self-disclosure has a potential to move the individual into a deepening and greater self-awareness as it presents the potential for dealing with inner conflicts some of which are perhaps hidden and unconscious. However, self-disclosure is a complex act, and is frequently initially presented with some uneasiness concerning the *imagined* possible outcome and reactions of others, particularly if the information disclosed is of an intimate nature. Disclosure becomes anxiety-provoking as there is the potential for, and fear of, betrayal, rejection, and psychic impingement or damage. Within an existential framework,

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anxiety about disclosing results in having to make choices without clear guidelines and without knowing what the outcome will be and from being aware that we are ultimately responsible for the consequences of our actions. Kierkegaard (1813 - 1855) writes of existential anxiety or this fear as 'the dizziness of freedom'.

In the context of therapeutic change in group work three closely linked points are made below which pepper the rest of the paper. Firstly, fear of self-disclosure is often an *imagined fear* based on the original wound or trauma, and secondly, gives rise to the emergence of psychological themes that are repeatedly re-enacted in a *series* of pivotal (mostly negative) past experiences. One of these pivotal experiences (for example, William as a small boy remembers and relives being locked outside of his parents bedroom when he desperately needed their comfort after a nightmare), is remembered in group therapy. This remembered experience or event in the group context is not necessarily the original wound, but has re-enacted again 'faulty relational templates' (Teyber, 1997) that first emerged in the generic familial interactions between parent (or caregiver) and child, and that now dominate and guide all current thinking and behaviour. Teyber describes these 'relational templates' as "ingrained relational responses and expectations" (p.18). These are relational patterns or "relationship themes that are more pervasive ... across the different narratives the client relates" (p.50). 'Faulty' relational templates are understood as repetitive self-defeating relational patterns. Thirdly, linked to the fourth point, to remember *and* relive (even the original experience) is not enough. What is essential for therapeutic change in group work is the occurrence of a corrective emotional experience

"I was nervous. I knew that I wanted to work with my guilty feelings but I wanted to pull out and continue avoiding my feelings. When it came time to disclose, I felt worried about embarrassing myself, and I was not quite sure what to expect.

Within the therapeutic space of the group it is often a frightening risk to let go of the old confining parts of ourselves and open up to the potentiality of transformation. "At some level we know that for new dimensions of ourselves to emerge old parts of ourselves must die. The knowledge that as we grow we must exchange familiar and secure ways for new and unknown ones is in itself a source of anxiety" (Corey, 2000, p. 255).

which needs to occur soon after the relived experience. I shall re-visit this third point later. The imagined fear of self-disclosure becomes immobilising and can result in a sense of troubled defensiveness and neurotic suspicion of others. Thomas writes in his journal before the start of one session:

"I don't know what will come out of me today, or what I will let out. Try as I may, I am not calm. I am suspecting and distrustful ... I sit, awaiting some kind of question, awaiting the invasiveness which I am sure will present itself. I taunt my body, holding it in rigid defensiveness ... For I have told myself that I am a mere presence, ungenerous and distanced. I will not be breached, and so I can't be damaged. And so with my troubled heart I stay quiet and unrevealing".

William remembered his feelings

"my greatest fear was in knowing that I had to self-disclose. Most of us find this difficult to do with our friends let alone in a group ... What I find difficult is what they do with the information that I have just given them. Because I am insecure about myself, I needed to know what the other person is thinking and how they feel about what I have just said, and whether they see me in a different light. Once I had self-disclosed, I did not know where I stood with people and that made me uncomfortable and unsure of myself.

Julia remarked that

I was unaware of my tension in my body. When I did speak, afterwards I felt relief but also a gnawing sense of may be others think less of me now. What did they think about me?"

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Within the therapeutic space of the alchemical vessel that is the group, when individuals choose to disclose, despite the existential and phenomenological anxiety and the complex matrix of interpersonal projections and distortions, healing begins in a small but definite way. William, with his deep wounds of childhood abandonment, Thomas with his broken heart, Ellen with her guilt and remorse over the death of her father, and Julia, carrying a sense of shame in betraying a childhood best friend and lying to her mother, all began to self-disclose, to risk, to share, to open a closed door within, to speak an unspoken truth, and to lean towards a greater sense of authenticity and freedom. I invited each to experience the impact of their revelations on the other group members. Each asked every group member what they thought about them now that they had told their stories. They all received positive feedback which became a powerful corrective emotional experience.

Doubts and conflicted feelings seem to pervade group members' intuitions regarding the Thomas had told himself that he could protect himself and be safe by not disclosing, by not speaking out his truth and his pain. He had chosen to remain silent: "I am a mere presence, ungenerous and distanced. I will not be breached, and so I can't be damaged. And so with my troubled heart I stay quiet and unrevealing". When he did eventually speak, with trembling hesitation, his fears of self-disclosure arose dramatically. But in the complex act of disclosure, he metaphorically 'opened a door'. He felt anxious but he spoke and in that moment, the healing process began to take place. His *imagined* fears of being rejected and dismissed by the group, as he had once been, were grossly unfounded and quickly displaced when he received instead positive affirmation from the group members. In that moment he had experienced a corrective emotional experience.

interpersonal and psychological space which they all occupy within the therapeutic space of the group and beyond, and such uncertainties have both conscious and unconscious influences on the exactness which they all hope define their perception of themselves and 'the world of other'. It is possible within the alchemical vessel that is the group that our intuitions regarding the other, and our understanding of ourselves in terms of those others are entirely inaccurate. Self-disclosure so often defines the process of group work, and affects the healing of group members and reveals how they situate themselves in the world. The group therapy process allowed these four group members to begin to examine their situatedness in the world, and explore their shaky distorted self-perceptions. The therapeutic encounter of the group sets the scene for the members to test the reality of their perceptions of self and others, and can dissolve these self-generated interpersonal distortions (faulty relational templates). In other words, the group as the alchemical vessel presents the therapeutic space in which reparations can be made, projections withdrawn, and inaccurate interpretations corrected.

**The alchemical vessel had done its transformational work.**

Returning to the notion that healing happens *between people*, or the "in-between-ness of healing", one of the central points that I am making in this paper is that the prime source of healing is *between people* within the therapeutic space of the group. It is *the interpersonal relationships* in the group that heal - it is the complex matrix of the interpersonal dynamics of the people in the group that provide the interpersonal healing. This is illustrated in terms of Thomas. Thomas's prime source of healing was *between people* in the group. Thomas was not rejected or shunned by the group members as he had perhaps *imagined* would happen because of his on-going current beliefs about himself based on the past event/old trauma documented above. The group accepted him. What he had

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feared most had not happened. The affirming response to Thomas by the group members provided the avenue to resolution and self-transformation. The corrective emotional experience - the experience of sharing his most profound feelings with others who remained attuned, connected and validating - had loosened the hold of old relational templates and imagined negative expectations.

The corrective emotional experience is the basic mechanism of therapeutic progress and change (Teyber, 1997; Yalom, 1995). Clients change when they live through emotionally painful and ingrained relational scenarios with the therapist, and the therapeutic relationship gives rise to outcomes different from those expected, anticipated, or feared (Strupp, 1980). "When the client re-enacts important aspects of his or her conflict with the therapist and the therapist's response does not fit the old relational templates, schema, or expectations, the client has the *experience* that the relationship can be another way. It is powerful and enlivening to find out that, at least this time, the same unwanted relational pattern did not occur" (Teyber, 1997, p. A critical point is that it was fundamentally the psychological presence of two interconnected processes of healing that helped the participants in the group therapy context. These processes are i) the process of telling the story in such a way that it is *relived* emotionally and physically, ii) *followed closely* by a corrective emotional experience. As indicated earlier, remembering and reliving in therapy is not enough. What is required (and to some extent demonstrated in the documentation of the clinical material), is this corrective emotional experience which must be experienced within the group soon after the relived experience for this relived (and often traumatic) experience to be therapeutic. From within this perspective, a primary contention of this paper is that the therapeutic action is not insight but a *new relationship*.

20). Similarly, Fromm-Reichmann (1960) states that the therapist must provide the client with an *experience* rather than an explanation. To restate, in the context of group therapy, this healing mechanism occurs *between* the group members. The therapist is included as a group member.

Perhaps for Thomas, others outside of the group may now not continue to be perceived as potentially rejecting. Teyber (1997) is of the opinion that clients become much more open and receptive to interventions from all psychotherapeutic theoretical orientations once this corrective emotional experience has occurred. Perhaps Thomas could begin to let go of the "rigid defensiveness" that had perhaps marked his interpersonal relationships. Perhaps he could risk being revealing and generous rather than "ungenerous and distanced". As therapy progresses and the resistances are slowly peeled away, clients often painfully recognise how much energy they have put into maintaining an idealised image of themselves that lead to a restricted existence (Bugental, 1978; Corey, 2000).

#### **Making sense of things: Fear of and reluctance to self-disclosure: A form of resistance**

Ellen had stated, "I felt an overwhelming sense of fear ... fear of self-disclosure".

Much has been written about resistance in the context of group therapy (Boyd, 1990; Corey, 2000; Corey & Corey, 1994; Feder & Ronall, 1994; Friedman, 1994; Slavson, 1979; Yalom, 1995). Reluctance to self-disclose is to be respected and interpreted as a form of resistance. Julia had wanted to "pull out and continue avoiding" her feelings of guilt about betraying her old best friend. She had felt fearful and anxious about the consequences of her disclosure within the group. Julia had not only re-created and re-enacted the same scenarios later in her life with other people (Freud's 'compulsion to repeat'), she also felt that she needed to pretend she liked them as others liked them. These

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complex patterns of interpretation of experiences of self and other had rendered Julia feeling that she could never be authentic both with herself and with the other in terms of how she truly felt towards her friends in her 'digs' (shared rented student house). Her search for authenticity was constantly thwarted. Furthermore, self-disclosure was not easy for Julia as well. She had fantasies of "embarrassing" herself. "I was nervous. I As a form of resistance, reluctance to self-disclose precludes group members from the corrective emotional experience so necessary for healing (of the heart). Members of a group therapy process, and clients in individual therapy, are often unaware of their resistance. In some cases, they are aware. These four group members were aware of wanting to avoid dealing with their conflicts by remaining quite and 'ungenerous'. They were aware of the possible damaging consequences of their self-disclosure. "What would they think of me" is echoed in all their stories of resistance/reluctance to disclose. So it is at one level safer to remain silent. Many therapists stress the need to honour the resistance because it "originally served a self-preservative and adaptive function: it was the best possible response to an unsolvable conflict that the client had available at particular stages in his or her development" (Teyber, 1997, p. 67). Thomas remained quiet, a mere presence, taunting his body in the fearful expectation of being rejected and humiliated as he had once been years before. "The feelings that underlie the client's resistance always make sense historically, although they may no longer be necessary or adaptive in the current relationships" (p. 68).

Knowing the psychological history and the faulty relational templates of individuals *it makes sense* that they may be reluctant to self-disclose in the group therapy context. The fears and reluctance embedded in the act of self-disclosure hide the deep roots of our negative beliefs about ourselves. Re-framing this point in terms of Understandably Ellen did not want to disclose her story, as it meant that she would potentially

knew I wanted to work with my guilty feelings but I wanted to pull out". Resistance to self-disclose is not to be treated harshly or evaluated negatively. It is never therapeutic for the group member, or witnessing group members, to feel blamed or criticised, and they need help to re-frame their critical attitude towards their reluctance (resistance) to self-disclose.

William - because of his psychological history, and his faulty relational templates from within which he was operating, *it makes sense* that he would be reluctant to self-disclose. "My greatest fear was in knowing that I had to self-disclose ... Because I am insecure about myself, I needed to know what the other person is thinking and how they feel about what I have just said ...". William, with his over-riding sense of 'not belonging' had basically believed that people would not be able to care for him and that he would always be 'left outside' (a metaphor for his not belonging). As a reminder, in a critical moment during his early psychological development he had been left outside in a dark corridor, alone and frightened, his needs to be cared for unmet by significant others. This traumatic experience continued to haunt him in his current psychological life and existence. In other words, the reluctance becomes understandable in the context of William's life history. In the process of William also remembering and reliving the event, and later encountering a very moving corrective emotional experience, William was able to begin a process of 'making sense of things'. He was able to identify his faulty distortions and interpretations in the group, and he began to enact personal (cognitive and emotional) change.

Once a therapist recognises the links between self-disclosure and the corrective emotional experience, other important aspects of what I call "making sense of things" become possible.

re-experience the old wounds of rejection, guilt and hurt. When she did decide to take the risk

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and disclose, it felt initially safer to tell the story remaining emotionally detached, suspicious and suspecting of others and herself. On the basis of her traumatic experience of the death of the father she had felt what she had done then would not be accepted by the group members. Such, what I believe are often, *imagined* but understandable threats of non-acceptance were more than Ellen could initially cope with. As with William and Thomas, her fear of self-disclosure makes sense in the light of her psychological history. She feared rejection, she feared that what she would say would be judged and she would be found wanting, and even perhaps abandoned (again). By remaining silent and initially not wanting to self-disclose to the group, she was effectively perpetuating her distortions and inaccurate assumptions about others and herself. In the telling of the story and the active reliving it experientially, Ellen too had opened a door to her own re-learning. In the alchemical vessel that is the group, Ellen spoke her truth, cried her sense of shame and regret, and grieved the lost years of living in self-unforgiveness. The group members had affirmed her story, helped create a corrective emotional experience for her, held her, creating what Winnicott (1971) termed a 'holding environment' - a close interpersonal envelope of caring - in which she could re-evaluate and test her old belief systems about herself and the world. Without the opportunity to receive immediate feedback from the group and the therapist about what they were thinking and feeling, Ellen would most likely re-enact, interpret and misunderstand reactions from others along old problematic relational lines.

There is a need then to help group members identify their habitual patterns of thinking and This is *remembering* therapy (Kahn, 1991). William remembered being left outside of his parents bedroom door and wanting to be inside, safe and protected from the dream images that haunted and terrorised him. Julia remembered being 11 years old and the feelings of shame and

behaving and their distortions and inaccurate interpretations, to understand why they originally needed to defend themselves, and recognise how they may be continuing to do so in the context of group therapy and interpersonal relations beyond therapy. It is important that therapists validate the good that this resistance (fear of self-disclosure) once provided. Moreover, as indicated above, therapists must present an opportunity where group members respond to the members currently working in the group in ways that are different from the aversive ways that others responded in the past.

#### Final comments

Returning to an earlier point - it is the experiential reliving of the event (not just simply the remembering of the story), and the experience of a corrective emotional experience soon after, that makes therapy therapeutic. Drawing from aspects of psychodynamic psychotherapy discourse, specifically the work of Merton Gill (1981, 1983) (also cited in Kahn, 1991) the notion that *remembering* (thoughts and feelings long repressed) in therapy has been viewed as a central therapeutic act, widely supported since Freud first presented his model of psychopathology. Freud believed that it was excessive repression that created and maintained problems in living for his patients. Their lives were being driven by inner forces of which they could not control or were even aware of. It was his hope that if he could make the repressed material conscious, and if this new expanded consciousness could be emotionally used, that is, made an effective part of the patients awareness, the problem would be ameliorated. He wanted his patients to *remember* and to remember *with conviction* (Kahn, 1991, my italics).

betrayal. Thomas remembered being spurned by his beloved, while Ellen remembered calling out to her father - "I hope you die!". Gill (1981) does not reject the notion that remembering is necessary in therapy to effect some change in the clients, and like many other psychotherapists, he

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believes that remembering is not enough. “If remembering is not enough, what is missing is *re-experiencing* (Kahn, 1991, p. 55). In terms of this paper, I echo Gill’s (1981) opinion that clients problems were originally acquired *experientially*, and therefore, in order to be transformed or healed, they must be transformed experientially. They must be relived. In the context of group therapy, re-experiencing or reliving must occur within a safe and caring therapeutic environment. This notion links to the related notion of the corrective emotional experience in therapy - the primary source of therapeutic healing and change for clients - in that clients must re-learn the earlier learning by recreating the old situation (in therapy) from which they originally learned things about themselves and the other. To re-phrase, the emphasis on re-experiencing or reliving represents a core component of most models of psychotherapy, both group and individual. It re-focuses the classical psychoanalytic perspective of transference as well. To Freud, the value of transference lay in its power and significance to help the patient remember and remember with conviction. For Gill (1981) and others, the value of transference lies in providing clients with an opportunity to experience once more the old wound, and the response originally encountered by it, and that now they can receive a significantly different response from the therapist, and in the case of group therapy, from the other group members.

In summary, remembering in group or individual therapy is not enough. Merely re-telling the story

(self-disclosure) is not enough. It is not by itself therapeutic. It must be accompanied by the chance for group members to re-experience or relive the old wound or trauma in the presence of others that results in new responses from others which teaches (re-learning) clients that this time it can be different to what they had expected (imagined) would happen. This is the source of healing - the corrective emotional experience - a new relationship. In this context, healing happens between people - the “in-between-ness of healing”. Finally, in order for reliving or re-experiencing in group therapy to be of value, it must be contained within the therapeutic space.

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She has published extensively in refereed journals and books, and regularly presents research at national and international conferences.

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