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An Expressive Therapy and Psychotherapy Group Program for Adult Female Survivors of Childhood Incest

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ABSTRACT

This is a study of self-developing & group treatment
program **AN EXPRESSIVE THERAPY AND PSYCHOTHERAPY**
The program **GROUP PROGRAM FOR ADULT FEMALE**
intended for **SURVIVORS OF CHILDHOOD INCEST**

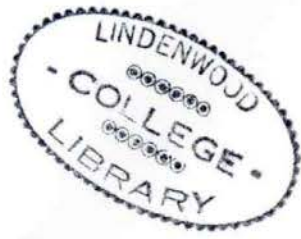
combines the use of expressive therapy and
psychotherapy. It consists of several
sessions.

JANICE KAY HINTON, B.S.

Each session is devoted to a specific area of concern
adult female survivors of childhood incest. An effort is
explore the meaning of all parts of the self
guided process of self-discovery.

An Abstract Presented to the Faculty of the
Graduate School of Lindenwood College in
Partial Fulfillment of the Requirements
for the Degree of Master of Arts

1989



ABSTRACT

This project involved developing a group treatment program for adult female survivors of childhood incest. The program is time-limited and task-oriented, and it is intended to be used with a closed group of eight to ten women and conducted by two female therapists. The program combines the techniques of expressive therapy and psychodynamic group therapy. It consists of twelve sessions that are an hour-and-a-half to two hours long. Each session is devoted to a specific issue of concern to adult female survivors of childhood incest. Each issue is explored through the making of art projects, the use of guided imagery, and/or psychodynamic group therapy.

**AN EXPRESSIVE THERAPY AND PSYCHOTHERAPY
GROUP PROGRAM FOR ADULT FEMALE
SURVIVORS OF CHILDHOOD INCEST**

JANICE KAY HINTON, B.S.

**A Culminating Project Presented to the Faculty of the
Graduate School of Lindenwood College in
Partial Fulfillment of the Requirements
for the Degree of Master of Arts**

1989

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CHAPTER ONE

INTRODUCTION

In recent years, the mental health community and the population as a whole have focused a great deal of attention on the problem of childhood incest and sexual abuse. This problem has become increasingly prevalent in society, and research has shown that victims suffer consequences that are serious and longlasting. Much of the attention to the problem has been directed toward children who are victims of incest. Very little attention has been focused on adult survivors of this type of abuse, primarily due to the secrecy which usually surrounds most cases of childhood incest. Many children therefore grow into adulthood with little or no opportunity to deal with the devastating psychological effects of their having been sexually abused.

Estimates indicate that as many as 5% of all women have been incestuously abused (Goodman & Nowak-Scibelli, 1985). The substantial numbers of adult female survivors of childhood incest indicate a need for the mental health community to dedicate a greater amount of effort and resources to the treatment of this population. Meiselman discusses incest as a "transmissible phenomenon, wherein the incestuous daughter may reinact her mother's role

and set her own daughter up for incest" (cited in Zuelzer & Reposa, 1983, p. 103). In order to prevent the perpetuation of this cycle of incest in future generations, there is a need for early identification and treatment of incest survivors.

Because of the traumatic childhood usually experienced by the adult female survivor of childhood incest, numerous areas of life become problematic in day to day functioning. These problems may include severe depression, drug or alcohol abuse, difficulty in maintaining relationships, and even suicidal ideation (Lindberg & Distad, 1985).

Many adult survivors of childhood incest often have no memory of having been abused. They may be considered walking time bombs awaiting the effects of a full-blown post-traumatic stress syndrome such as occurs in many war veterans. Diagnosing a survivor of childhood incest may be very difficult when such a loss of memory has occurred (Lindberg & Distad, 1985).

The following issues appear to be common to women who have been incestuously abused as children: (a) problems interacting in social situations, (b) trusting others, (c) dealing with feelings of anger, (d) dealing with shame and guilt, (e) seeing themselves as individuals who have

value and worth, and (f) mourning the loss of the normal childhood they were denied (Lindberg & Distad, 1985).

Other important areas of concern include suicidal ideation, feelings of hopelessness and despair, and feelings of responsibility coupled with a sense of lack of control. These issues deserve special consideration because incest survivors often feel that they have little or no control in their lives and that they have few choices. As they learn to take control of their lives as adults, something which they were unable to do as children, they also learn about making choices and taking responsibility for their choices. In turn, the women learn to feel good about their choices, whether the choices they have made are viewed as right or wrong. In this manner they start the process of becoming survivors where they were once victims (Lindberg & Distad, 1985).

Statement of Purpose

The purpose of this project was to design a program for a time-limited, psycho-educational therapy group to deal specifically with problems experienced by adult female survivors of childhood incest. The program that was developed encompasses a variety of therapeutic methods using art, literature, and image formation as well as the more conventional methods of psychodynamic group therapy.

The goal of the group therapy program was to provide an arena in which adult female survivors of childhood incest would be able to face those issues which prevent them from living their lives in a useful and productive manner.

... the data... research... difficulty... confirm... that... incest... National Commission... those... suggest... at least... that all... family... sexually... perpetrators... victims... male...

... incest... actual contact... child... activity... adoption... parent... that person... and Frank... authors are... from those of...

CHAPTER TWO

LITERATURE REVIEW

Statistics concerning the incidence of childhood incest vary greatly depending on the methods used to gather the raw data. Because of the difficulty in confirming that incest has indeed taken place, little likelihood exists that accurate figures can ever be completely known. The National Center on Child Abuse and Neglect estimates that at least 100,000 children are abused sexually each year and that all but a small fraction of the perpetrators are family members. Approximately 92% of the children who are sexually abused are female, and approximately 97% of the perpetrators are male. Similarly, in cases of incest the victims are primarily female and the perpetrators primarily male (Brooks, 1983).

Incest can be defined clinically by two criteria: sexual contact and a pre-existing relationship between an adult and a child. This definition includes any sexual activity between close relatives by blood, marriage, or adoption. It also includes the sexual companion of a parent, but only if the relationship is longstanding and if that person has acted as a surrogate parent. As Forward and Buck (1978) have indicated, the acts of surrogate fathers are indistinguishable from those of biological

fathers in terms of effects on the child. In other words, whether or not the child is a blood relative matters little. It is the nature of the relationship which appears to be of importance. Sexual activity refers "to some overt sexual behavior such as fondling of sexual areas, oral-genital contact, and vaginal or anal intercourse" (Verleur, Hughes, & Dobkin de Rios, 1986, p. 845).

Ellenson (1986) gives another definition of incest: "[Incest is] the physical contact of a sexual nature between a minor and a sexually mature person whom the minor perceives as trustworthy, whether that person would be reckoned as trustworthy or as a family member by others" (p. 526).

So that cases of sex play and experimentation between peers may be distinguished from incest, some researchers consider age criteria in defining incest. Fromuth (1986) states that "if the woman was 12 years or younger at the time of the abuse, the older partner had to be at least 16 years old and at least 5 years older than the woman. If the woman was aged 13-16 at the time of the abuse, the partner had to be at least 10 years older than the woman" (p. 7).

Sexual abuse ranges from genital fondling, to anal or oral sex, to actual rape. The abuse sometimes produces a

certain amount of physical pleasure for the victim as well as a false sense of being loved and cared for in an otherwise non-nurturing environment. In many cases, the pleasure the child feels becomes the basis for feelings of guilt and shame, not only while the act is taking place but also later on in adulthood (Blake-White & Kline, 1985).

The trauma caused by the incest contributes to the child feeling overwhelmed, anxious and, in many cases, terrified. Since the perpetrator is someone who is trusted, the young girl questions herself and wonders what she has done to contribute to the situation. Because the family may have problems in other areas of functioning, the victim seldom has anyone to whom she can turn in order to test the misconceptions she has about herself and her situation (Blake-White & Kline, 1985).

The Incestuous Family: A Profile

In order to fully understand the cycle of the incestuous relationship and therefore the incest survivor, it is necessary to examine how the incestuous family functions as a family unit.

The incestuous family neither nurtures nor protects its members. Usually, emotional and physical abuse are present along with the sexual abuse. To those outside the family, a generally "good family" picture is presented. However,

in the incestuous family the father or male caretaker usually exercises excessive control and is the dominating force from within the family, using physical force to assert his power. He tends to be introverted and suspicious, and as a result he typically has few friends and little outside social life. He may present himself as a quiet, solid family man, a good provider and churchgoer. He is careful never to draw attention to himself or his family lest anyone who gets close should find out what is happening (Zuelzer & Raposa, 1983).

The 1983 Zuelzer and Raposa study found that incest is a generational phenomenon. They refer to Meiselman's book Incest (1978) in which she discusses the possibility that incest is a "transmissible phenomenon," where the abused daughter may reenact her mother's role and set her own daughter up for incest. Identification with the masochistic stance of the mother can eventually prevent the adult daughter from actively working out expressed dissatisfactions regarding her own marriage, which usually is poorly integrated and experienced as frustrating. As a result of early incest experiences within disturbed families, fear of intimacy may cause long-term problems with sexual identity and sexual responsiveness in the daughter's marriage. This can frustrate and deprive her

husband of both sexual and emotional intimacy. Women from such families can become "incest carriers" across generations (Meiselman, 1978, p. 217 as cited by Zuelzer & Reposa, 1983, p. 103).

In incestuous families the mother is often physically ill. She may even be a battered wife, disabled by physical, emotional, and sexual abuse. If she is not disabled by the abuse, she may absent herself from the home in order to escape further injury. She is generally cold, distant, and non-nurturing, or she is abusive and rejecting of her children. Her marital relationship may be poor and conflictual, and this may lead to incest between her husband and her daughter (Blake-White & Kline, 1985).

As the mother seeks a way to escape from home and family, the oldest daughter may begin to assume the role of mother to her siblings as well as the role of her father's sexual partner, perhaps with the mother's tacit approval since this is a way for the mother to escape from the intimacy she dreads. In order to escape an intolerable situation, the daughter may run away from home, abuse drugs or alcohol, or become promiscuous; anything to find a way out. The role of replacement mother may then be passed on to a younger sister. In this way the family can continue to function as a family unit (Zuelzer & Reposa, 1983).

In most incestuous families, the members will go to nearly any lengths to keep the family together. The incestuous relationship between the father and daughter, perhaps even with the mother's collusion, are often unconscious attempts to keep the family from disintegrating. The most shocking behavior between family members is unconsciously tolerated because it conforms to a basic family loyalty. The daughter allows the situation to continue because she perceives that seeking outside help would generate more guilt and shame than allowing the incest to continue (Zuelzer & Repos, 1983).

Incest usually begins during the prepubertal stage of development, which means at least 50% of children who are incestuously abused are under the age of nine (Blake-White & Kline, 1985). According to Erikson (1963), this age child usually will have completed the developmental stages of trust, autonomy, initiative, and industry. If the incest occurs before these stages are reached, it is especially difficult for the child to understand the sexual advances of the adult. She may be afraid to defy him because he is an authority figure and will feel her mother cannot and will not protect her by virtue of the fact that she is not doing so. She may have no one whom she can trust and may feel she will cause the family to break up if

she seeks help (Blake-White & Kline, 1985).

The Adult Incest Survivor

Many adult women who have been incestuously abused as children seek professional help for problems that they cannot relate to their having been abused. Their complaints often deal with difficulties in maintaining everyday relationships, which may result in a feeling of isolation within the community where they live. Their symptoms generally include a lack of trust, drug and alcohol abuse, sexual dysfunction, and lengthy periods of depression. Some even may exhibit suicidal tendencies. They also fear their own actions as a parent, becoming more and more concerned about how they might pass the incest on to their own children (Deighton & McPeck, 1985).

Lindberg and Distad (1985) examined the symptoms of 17 adult women who had incest experiences as children, and based on their findings they suggest that the long-term effects of incest could be related to post-traumatic stress disorder. The symptoms and the onset of symptoms of women in their study correlated with the diagnostic criteria for severe stress reaction as defined by the 1980 Diagnostic and Statistical Manual of Mental Disorders (DSM III). These same symptoms have been well-documented in victims of war, rape, and terrorism and include anxiety, recurring

nightmares or intrusive daytime imagery, insomnia, depression, anger, guilt, and mistrust. Other long-term self-destructive behavior patterns common to incest victims include substance abuse, feelings of worthlessness, suicide or suicide attempts, isolation and/or emotional numbing.

The Dissociative Process

Many women present themselves in therapy for a variety of reasons with complaints which, on the surface, seem to have little to do with incest. Indeed, most incest survivors have little memory of the incest. Initially, this was thought to stem from feelings of guilt and shame, and for a few, having kept a secret for a very long time. Current thought, however, views the repression of memories of incest as a more complex process. Blake-White and Kline (1985) state that the confusion of experiencing the trauma of incest while denying its existence can cause a child to adapt in the only way she knows how. They believe that many children succeed in keeping the trauma out of their consciousness by dissociating themselves from the act when it occurs by pushing it into their unconscious. The loss of memory later, as an adult, is maintained by a variety of symptoms including total denial, substance abuse and/or excessive use of prescription drugs and non-prescription

drugs, suicidal acting out, and sexual acting out (Blake-White & Kline, 1985).

In support of the argument for dissociation, Nemiah and associates (cited by Blake-White & Kline, 1985) found that when patients were faced with a situation that had aroused overwhelming feelings of grief, despair, anxiety, or abandonment, they responded by totally repressing memories of the disturbing event. Repression can be extremely useful as a defense mechanism, for as memories are repressed, the feelings associated with them disappear (Blake-White & Kline, 1985).

Recovery Process

For the victim to resolve her feelings related to the incest, she must move from victim status to survivor status. This occurs as she learns to understand and appreciate her position in her family of origin. Understanding the determinants of her role as the victim helps the incest survivor to develop an objective view of herself in relation to her family and gain control over her emotional reactions to family members (Deighton & McPeck, 1985).

For the incest survivor to take the first halting steps down the road to recovery and understanding, she must first allow herself to remember what happened to her as a child.

For women who are incest survivors, remembering the past can be extremely difficult due to their use of repression and denial in order to survive emotionally. In order to deal with their painful feelings, they had to become numb so as to remain detached not only from the feelings but also from those around them (Lindberg & Distad, 1985).

The anxiety generated by remembering the incest tends to impede their progress. With the remembering also comes the "thawing" of their feelings which have been held in check for so long. Feelings of rage, sadness, and/or ambivalence begin to emerge toward a family that betrayed them. According to C. Lark (personal communication, May, 1988), "Such feelings tend to be primitive and unintegrated, similar to those experienced by the borderline personality and victims of post-traumatic stress disorder. Central to such feelings are issues concerning affect, splitting, and identifying boundaries".

Goodman and Nowak-Scibelli (1985) discuss three assumptions based on the contextual theory of Boszormenyi-Nagy and Sparks (1973). The first assumption is that in any relationship where sexual contact occurs between an adult and a child, the adult bears responsibility. The adult has the power, the maturity, the knowledge, and the judgment to know the appropriate

relationship between the two of them. The child is unable to consent to the sexual act because, in order for the child to consent, she must possess the knowledge "of the meaning, responsibilities, and consequences of the behavior, and the ability to say no" (Goodman & Nowak-Scibelli 1985, p. 536). The adult survivor of childhood incest must begin to understand that she cannot be held responsible for the inappropriate acts of the offender (Goodman & Nowak-Scibelli, 1985).

The second assumption builds on the first. As the incest survivor reaches an understanding of the first assumption, she develops an awareness of the need to hold the offender accountable without scapegoating him. Such understanding can come from exploring the life of the offender and finding factors which may have led him to commit the sexual abuse. The authors state, "This helps facilitate the realization that they (the survivor) are not flawed or evil, but rather, the incest was a result of a set of circumstances that the abuser could not handle in a more acceptable manner" (Goodman & Nowak-Scibelli, 1985, p. 537). By developing an understanding of the perpetrator's weaknesses and strengths, the survivor can see that person in a more realistic light.

The third assumption addresses the loyalty of the

incest survivor to her family. She may engage in sexual behavior not necessarily because she is afraid of being punished but because of the natural loyalty she feels toward her parents. In essence, she is doing her part in keeping the family together. Even as an adult, feelings are mixed toward the parents and she continues to carry a sense of loyalty for the parents. By not recognizing this loyalty, the therapist runs the risk of alienating the client, causing her to leave therapy prematurely (Goodman & Nowak-Scibelli, 1985).

Group Therapy Approaches for Treating Incest Survivors

As the body of literature concerned with adult survivors of childhood incest continues to grow, exploration also continues into the best way to treat the devastating effects of incest. Much of the literature on treatment has focused on the many benefits of group therapy. Fowler, Burns, and Roehl (1983) state that "group counseling [or therapy] is an interpersonal process where a counselor and several clients examine themselves and their life situations in an attempt to modify behavior and attitudes" (p. 127).

According to Yalom (1983), those who advocate the use of group therapy hope that participants will benefit not only through relief of symptoms but also through being

enabled to make changes in their characterological structure. He also states that group members are helped to identify and modify long standing problematic interpersonal patterns of behavior. Such an outcome is beneficial because it affords resolution of the current crisis situation and "so alters a patient's mode of experience and behavior that future crippling crisis will not materialize" (p. 40).

According to Hazzard, King, and Webb (1986), group therapy is particularly well suited for the treatment of adolescents who have been sexually abused because it affords an opportunity for the discussion of experiences and feelings common to all members without the intimacy or intensity of individual therapy. All members share in the same experience, so that in a sense, when one member is sharing her story all are able to be empathic and understanding. In addition, group support permits the adolescent to depend on peers for this understanding rather than adults.

Carozza and Heirsteiner (1983) have found other advantages of group therapy. Such advantages include: (a) the reduction of anxiety due to the universal issues faced by all group members, (b) the presence of peers which reduces feelings of isolation, and (c) increased opportunities for trying new behaviors through role

modeling. Carozza and Heirsteiner (1983) mention some practical considerations as well. One advantage for agencies is the greater number of clients who can be served in a more efficient manner than is possible through individual therapy. The use of co-therapists is another advantage because they can provide support for one another as the intensity of the group becomes stronger. As the co-leaders provide support for one another so do those who are involved as participants provide support for one another. They begin to see their group evolve into something of a supportive club and their resistance to attending is lowered.

Group therapy is helpful in decreasing feelings of shame and guilt as well as facilitating member identification with others who have been subjected to similar experiences. Members find new ways of handling situations which elicit feelings about the incest. They are able to explore how the incest experience affects their situation in regard to present relationships and their own present behavior. Through group support, some members can find the courage to confront those who abused them, and they discover that they are able to rebalance relationships and behaviors. In order to prevent further victimization, an educational component can be added to group therapy by

discussing risk factors that contribute to incest (Goodman & Nowak-Scibelli, 1985).

The key to successful group therapy lies in providing a corrective emotional learning experience in which members are able to express fears in the open and be accepted. Such expression leads to more disclosure and consequently more group support (Hazzard et al., 1986).

In a study of 15 female survivors of incest using homogeneous group therapy and sex education, Verleur et al. (1986) found that incest survivors showed a significant improvement in positive self-esteem. The group experience also fostered the development of healthy relationships and the ability of the group members to appreciate both themselves and others within the group. To many, the group became an extended family where new and old behaviors and feelings were explored.

One major goal of the therapy group was to develop in group members the ability to experience and express feelings with regard to their own incest experience. The survivors were able to recognize that their participation in the incest was in no way their fault or responsibility. Another group goal was to understand how the incest experience leads to self-defeating behavioral patterns in the present. The group served to reduce stress and build

self-esteem by facilitating the learning of new adaptive behaviors (Verleur et al., 1986).

Herman and Schatzow (1984) discuss the advantages of short-term group therapy in treating incest survivors. They found that the pressure of a time limit worked to facilitate bonding and to diminish member resistance to the sharing of emotionally charged material. They expected the focus on the incest experience to be intense and disorganizing. As this was experienced, participants quickly became emotionally drained. The time limit provided a structure "within which the regressive aspect of the treatment could be contained" (p. 608). In other words, members could relive the past and then, hopefully, put it behind them and get on with their lives. The short-term design permitted a concentrated focus on the common experience of incest rather than on the present differences and interpersonal conflicts of the group.

Expressive Therapy

Carozza and Heirsteiner (1983) employed art therapy in a group therapy setting in the treatment of young female children who were survivors of incest. The use of art to express feelings encouraged individual and group growth and awareness. The members of the group were able to externalize and work through conflict using art materials.

Their strong underlying assumption of the use of art therapy is that the members' natural drive toward self-actualization uses the powerful healing elements of art and group process.

Carozza and Heirsteiner (1983) also found the use of art expression to be helpful in exploring the concept that sexually exploited children produce predictable themes and images through their art work. This greatly aids in the process of identification and treatment of victims whether they be children or adults.

Art therapy also offered specific benefits to the treatment of incest survivors. Such activity, i.e., the making of art, provided an opportunity for the building of positive self-esteem in nonsexual areas. The use of art materials and the subsequent products by Carozza and Heirsteiner (1983) encouraged an awakening of "tactile, kinesthetic, and visual impulses or sensations which are often blocked when attempts are made to cope with incestuous assault" (p. 167). Art as a means of expression helped participants to know themselves and others in their group by encouraging the taking of risks in a way that was not nearly as threatening as verbal therapy. The art process and product were seeable and touchable, making them concrete and knowable. They found that not only can the

art maker observe progress, but so can the therapists, making individual and group growth tangible.

In their program for young female incest survivors, Carozza and Heirsteiner (1983) found that the act of sexual exploitation is a private experience, and while it is extremely difficult for incest survivors to verbally process what has happened to them, participation in an art project is not nearly as threatening for them. The authors state, "This structure provides great comfort and opportunities for the girls to experience their own images and process and to externalize powerful introjected thoughts and feelings which may have been verbally inaccessible" (p. 167).

Group Therapy Programs for Incest Survivors

All therapy programs have the same goal: to enable participants to function in a more psychologically healthy manner. Some of the more significant studies using group therapy with incest survivors have been conducted by Herman and Schatzow (1984), Hazzard et al. (1986), and Carozza and Heirsteiner (1983).

Herman and Schatzow (1984) conducted a group for incest survivors which lasted ten weeks. Session 1 introduced group members and established ground rules such as confidentiality and the importance of being present at

every meeting.

In Sessions 2 through 5, group members were asked to share their goals and to tell their incest story in detail. They were asked to think in terms of specific goals and the actions to be taken in order to reach those goals (Herman & Schatzow, 1984).

In Sessions 6 through 9, group members shared actions they had taken such as disclosing incest secrets to someone they trusted or seeking out further information from relatives in order to recover memories. Group time was also devoted to helping individuals prepare and plan disclosure or other actions they wanted to take. This was done to decrease their magical thinking and encourage them to have realistic expectations for what might take place when their secret of incest was revealed. The best outcomes occurred for those group members who had devoted considerable time to careful anticipation and rehearsal of their secret of incest. As some group members reported their own disclosure experiences, others were prompted to follow suit. This orientation toward action helped group members feel competent and strong (Herman & Schatzow, 1984).

The tenth and final session was reserved for ending the group and having the members say goodbye to each other

and to the leaders. The leaders issued guidelines on how the group members might give feedback to each other and evaluate the group experience (Herman & Schatzow, 1984).

In another study, Hazzard et al. (1986) designed a group specifically for incestuously abused adolescents between the ages of 11 and 18. This study showed that individual maturity was more important in dealing with the effects of incest than chronological age. The authors decided their group should be open-ended rather than time-limited so that new members could join as needed. Some backtracking may have resulted but reworking issues such as trust was beneficial. Another advantage was that members who had been in the group longer were able to assume leadership roles (Hazzard et al., 1986).

Hazzard et al. (1986) emphasized the importance of food as a therapeutic tool within the context of group therapy. The authors believed that food could be viewed as symbolic nurturance as well as a way to foster appropriate social skills and strengthen relationships among group members.

Hazzard et al. (1986) used a variety of intervention techniques to facilitate growth in their group. Some meetings were planned around art therapy activities such as "draw-a-feeling" pictures, mask making, and body tracings. Role playing and psychodrama also were considered an

important part of the therapeutic process due to their effectiveness in exploring group members' feelings about other members of their individual families. Group sessions were also used to educate members about normal sexual relationships and to help them view sexual relationships as potentially pleasurable mutual experiences rather than exploitation (Hazzard et al., 1986).

Carozza and Heirsteiner (1983) used art therapy in a therapy group designed specifically for young female survivors of incest. However, much of their work can also be applied to adult survivors. The authors believed that the group process suggested movement through five stages: gathering, self-disclosure, regression, reconstruction, and ending. They found these stages were closely related to the steps Rubin (1978) observed in the process of art therapy: testing, trusting, risking, communicating, facing, understanding, accepting, coping, and separating. Rubin states that these steps can overlap as well as occur simultaneously in a group at any one time.

The initial stage of gathering was used by Carozza and Heirsteiner (1983) to present ground rules, to enable group members to get to know one another, and to share the commonality of having been incestuously abused. Group members were told that they were not expected to talk, but

that they were expected to participate in various art projects. Some members were able to verbalize their experiences rather easily while others used their art as a way of sharing with the group (Carozza & Heirsteiner, 1983).

The Draw-a-Person and the Kinetic Family Drawing tests were administered to each participant in the early sessions of the group. From these, predictable themes began to emerge which were helpful in determining the extent of damage caused by the incest (Carozza & Heirsteiner, 1983).

The second stage of development for the group was self-disclosure. The film, Incest, The Victim Nobody Believes, was presented so group members could see others disclosing their own very personal experiences. Another session was devoted to sex education which served two purposes: (a) to provide correct information about sex and birth control; and (b) to inform group members it was "okay" to talk about sex (Carozza & Heirsteiner, 1983).

Group cohesion began to develop with the help of several art therapy activities. Guided imagery was used by group members to safely say something to someone, most likely a family member, with whom they needed to communicate (Carozza & Heirsteiner, 1983).

Regression followed the stage of group cohesiveness.

Group members were encouraged to use paint, which is free flowing and allows the unconscious to work unfettered. The researchers emphasize the importance of this phase since it permits the externalization of intense inner conflict and permits a "free child" experience often denied victims because of adult responsibility inherent in the incest (Carozza & Heirsteiner, 1983).

During the reconstruction phase, group members defined and explored how they fit into the world. The construction of a collage was used to enhance awareness of how they are seen by others and how they see others. In another session members explored themselves in relation to their past, present, and future by producing drawings with the themes "Where Am I Coming From?", "Where Am I Now?", "Where Am I Going?", and "What's Stopping Me?" (Carozza & Heirsteiner, 1983).

Group members had now reached some resolution enabling themselves to talk about their experience with less anxiety and more straight-forwardness (Carozza & Heirsteiner, 1983).

As the group prepared for termination, activities were conducted to help group members deal with separation issues. These issues are very often particularly painful for incest survivors (Carozza & Heirsteiner, 1983).

The therapy group developed by Carozza and Heirsteiner (1983) appears to set forth an appropriate model on which to base the design for a group of adult survivors of childhood incest. Significant growth was measured through the artwork and on the pretest and posttest. Certain trends were noted. Among these were: an increase in figure size; addition of a body in the posttest by participants who had previously drawn a floating head to represent a person; fewer erasures; decreased pencil pressure and enhanced line quality; less emphasis on clothing which tends to conceal the body; more central placement of figures on the page; and more realistic representation of self. These trends indicated that the needs of those involved were met in terms of issues covered, activities which facilitated resolution of those issues, and creation of an atmosphere in which members could share feelings, needs, and ideas common to most members of the target population.

Hypothesis

The hypothesis of this project was as follows: a task-oriented, time-limited, closed-group, psychotherapy program using expressive therapy techniques can rapidly facilitate resolution of issues which are specific to adult female survivors of childhood incest.

This hypothesis was formulated on the basis of theoretical and empirical research. This research has indicated that expressive therapy methods are useful in identifying and treating adult female survivors of childhood incest. The process of expressive therapy has been shown to be especially valuable as a means of rapidly eliciting feelings that have been repressed as a result of the experience of incest. In addition, as a vehicle for the expression of feelings, expressive therapy is less threatening to clients than traditional individual or group psychotherapy.

Although the stated hypothesis was the foundation of this project, the project did not test the validity of the hypothesis. The project was limited to designing a twelve-session program for a psychotherapy group for adult female survivors of childhood incest. Expressive therapy methods were incorporated into this program.

CHAPTER THREE

AN EXPRESSIVE THERAPY AND PSYCHOTHERAPY GROUP PROGRAM
FOR ADULT FEMALE SURVIVORS OF CHILDHOOD INCESTDescription of Project

This project involved designing a therapy group program for adult female survivors of childhood incest and preparing the program in the form of a manual for group leaders (see Appendix). The program consists of twelve sessions, each to last from one-and-a-half to two hours. Expressive therapy as well as standard psychotherapy techniques are employed in the design of the sessions. Each session is devoted to a topic of special significance to adult female survivors of childhood incest. These topics include the exploration of the dynamics of the group members' families of origin; the relating of personal incest stories; the inability to trust; fears of abandonment; the recognition of feelings, pleasant and unpleasant; and the development of a realistic view of the past, present, and future.

Group Participants

The therapy group program has been designed specifically for use with adult females who were incestuously abused during childhood. It is recommended that the group participants be at least eighteen years

old. Ideally the group should be composed of participants of different ages so there will be a variety of viewpoints within the group.

Also, each person should have positive feelings about her involvement in the group. An initial interview with the group leaders is recommended to determine the feelings of prospective members about becoming a part of a group dealing with incest issues. If a reluctance to discuss the incest experience is demonstrated by a prospective member, that person should probably be discouraged from joining the group. Those women who are ambivalent about joining such a group usually are unable to see the group therapy to the end. Prospective group members' motivation and positive expectations outweigh other factors such as age, race, sexual orientation, or diagnosis in predicting a successful outcome.

Prospective members should function reasonably well in everyday life due to the stressful and regressive nature of the group experience. Women recently hospitalized on a psychiatric unit, who are recovering from a major loss within the last year, or who are actively drinking or drug dependent should usually be excluded from the group.

Due to the stress that may be experienced while participating in this group, members should be in a

well-established therapy relationship. An ongoing therapy relationship is important in dealing with the intense feelings which may arise during the course of the group and in building support for the individual after the group ends. Services can also be coordinated between the individual therapists and group leaders should members become extremely disorganized or distressed.

Group Leaders

The group is designed to be led by two female therapists well grounded in the issues of primary importance to adult female survivors of childhood incest. The therapists may have varied backgrounds in psychotherapeutic techniques but should have attained at least a master's degree in social work, counseling, psychology, or a related discipline. One of the more difficult issues with which adult female survivors of incest struggle is that of trust in male authority figures. Since incest is usually perpetrated by an older male, the use of female therapists eliminates the potential of negative identification problems caused by the presence of a male.

It would be helpful for the therapists to have worked together prior to the beginning of the group. A previous working relationship may help them develop a cohesiveness that will minimize the possibility of cognitive and

affective confusion within the group.

The Therapy Group Program: Description of the Sessions

The therapy group program consists of twelve sessions. Each session focuses on a central issue that is considered important to women who have been incestuously abused as children. Activities are planned for each meeting to address the issue central to that session using art materials, guided imagery exercises, and/or traditional group therapy.

Session 1 of the therapy group program begins with an activity that allows group members to become acquainted with one another. Following this activity, the leaders review the ground rules for the group and the topics that will be covered in the group sessions. The tasks for the first meeting encourage getting to know each other, learning the ground rules and agenda, journal writing, and setting goals.

Also during Session 1, members receive folders for storing the work to be produced during the upcoming group sessions. These folders are to be kept by the group leaders and returned to the members at the end of the twelve sessions.

Session 2 is designed to initiate each member's exploration of herself. Art therapy is employed to create

a self-portrait to assist in this process.

Session 3 is designed to help group members continue their exploration of themselves and the feelings they have as adult survivors of childhood incest. The group leaders conduct a discussion in which the sharing of these feelings is encouraged. Afterwards, participants make masks depicting four feeling words and parts of themselves that they hide from others.

Sessions 4 and 5 explore the relationships in group members' families of origin. The group members use clay to create representations of their family members, and this enables them to obtain a tactile and spacial feel for their family members. Group members also gain a sense of power through their ability to figuratively reshape the relationships in their family.

Session 6 is devoted to the issue of trust. Participants learn how not trusting is a way of protecting one's self from hurt. They are encouraged to look at this protection as an ineffective way of preventing hurt since it also keeps them from forming the kinds of relationships they want. By not trusting, they keep themselves in positions of loneliness and fear.

Psychodynamic group psychotherapy is used during Sessions 7 and 8. Group members, in response to the

leaders' request, begin voluntarily telling personal stories of their incest experiences.

It is important for incest survivors to examine and understand what happened to them in the past and to assess and take charge of the present and future. Sessions 9 and 10 employ art therapy activities that help group members engage in this process. In Session 9, group members identify their present life stressors and coping techniques. They attempt to symbolically balance everyday stressors by constructing mobiles depicting their own situations.

In Session 10, group members construct individual time lines, which encourages them to look not only at the past but also to look forward to the future. The lines are a visual representation of each member's life and demonstrate the lack of control over what happened in their past. The lines also help them grasp the reality that the ability to control events in their lives exists only in the present and the future.

In Session 11, the process of termination or saying goodbye is begun. Often incest survivors equate goodbyes with endings and/or abandonment. Group members share gifts that they make for each other. These gifts are essentially wishes they have for each other that they write down and

exchange. The members also discuss the plans for the last session concerning food or other special arrangements should they decide to ceremonialize the occasion.

In Session 12, group members make self-portraits again. The portraits are a means of summarizing the progress members have made. The group leaders conduct a discussion about the portraits and the ways group members may or may not have changed during the previous eleven sessions of the program. The self-portrait activity and the discussion are designed to help group members bring their relationships with each other to a close.

CHAPTER FOUR

DISCUSSION

This project involved designing a task-oriented, time-limited, closed psychotherapy group program whose purpose is to suggest an alternative therapeutic method which may be useful in rapidly facilitating the resolution of certain issues specific to adult female survivors of childhood incest. A manual was prepared that describes the twelve-session program (see the Appendix). Each of the program sessions in the manual presents a task which uses expressive therapy methods, a goal to be accomplished, materials to be used, and questions to stimulate discussion and elicit feelings.

The Benefits of Using a Group Psychotherapy Approach

The many benefits of group psychotherapy have been discussed by Irvin D. Yalom in his books, The Theory and Practice of Group Psychotherapy (1975) and Inpatient Group Psychotherapy (1983). Therapeutic factors proposed by Yalom and generally found in most group therapy situations are: instillation of hope, universality, imparting of information, altruism, the corrective recapitulation of the primary family group, development of socializing techniques, imitative behavior, catharsis, existential factors, cohesiveness, and interpersonal learning.

According to Yalom (1975), group therapy instills hope in group members as they recognize that others with similar problems have been able to profit from their own group experience. In addition, in the group setting the members learn that they are not alone in their feelings, thoughts, and behaviors. They discover that their problems and experiences of suffering are universal rather than unique, and their discovery results in feelings of relief and a lessening of a sense of isolation (Yalom, 1975). As members share their situations and feelings, they are able to identify with one another (Yalom, 1983).

Given Yalom's (1975, 1983) view that group therapy instills hope in its participants and a sense of the universality of their experiences, it is a highly appropriate mode of treatment to use with incest survivors because they often feel hopeless and are isolated from others. The proposed group program for incest survivors was intentionally designed to foster the development of universality and hope. Specifically, it includes activities that encourage the members to share their experiences and feelings. As the members become aware through this sharing that other incest survivors have experiences and feelings similar to their own, they may feel less isolated because of their identification with one

another. As they learn how other incest survivors have coped with their problems, they may also realize that they can change their lives for the better.

Yalom (1983) has observed that an important aspect of therapy groups is that they impart information to members about the meaning of symptoms, interpersonal and group dynamics, and the basic process of psychotherapy. In the proposed group program for incest survivors, it is anticipated that the group members will educate each other as they discuss and learn about mutual symptoms such as chemical dependency, difficulties in sexual relationships, flashbacks, nightmares, and/or relationship difficulties. Some of the group members may not be aware that problems such as these can be related to their incest experience.

Yalom (1975) has pointed out that group therapy promotes the development of altruism in its participants. The group context provides each group member with the opportunity to encourage positive feelings in the other members. According to Yalom (1983), helping one another in this reciprocal manner becomes an effective tool in the building of positive self-esteem in the members.

The development of altruism is an important component of groups for incest survivors because many such survivors are unable to have positive feelings about themselves as a

result of their incest experience. In the proposed group program, incest survivors' self-esteem may be increased through their altruistic interaction with one another.

Yalom (1983) has observed that through psychodynamic group therapy group members may re-experience many of the same conflicts present in their primary family group.

Incest survivors are especially vulnerable to these conflicts because as children they were unable to find effective means to resolve conflicts. Consequently they may have developed certain maladaptive behavior patterns. In the proposed program for incest survivors, the therapists as well as other group members may challenge these patterns in order that more appropriate behaviors can be learned and reinforced.

In his own therapy groups, Yalom (1983) encourages the development of socialization techniques through the role-playing of difficult social situations. He thinks that group feedback can be helpful in identifying maladaptive social behavior. Members can learn how to listen, to be responsive to others, to be less judgmental, and to be more adept at expressing empathy and sympathy (Yalom, 1983).

The fact that socialization techniques can be learned in group therapy makes such therapy particularly beneficial

to incest survivors. This is because many incest survivors feel uncomfortable in the presence of others and lack effective social skills. In the proposed program for incest survivors, role playing activities such as Yalom (1983) employs are used to help the group members improve their social skills and increase their sense of self-confidence.

Yalom (1983) has noted that group therapy fosters imitative behavior and provides group members with the opportunity to experiment with new behaviors in a safe environment. Group members can receive feedback from each other on the appropriateness of their behavior, and such feedback can be delivered in a non-threatening manner.

In the proposed group for incest survivors, the participants may spontaneously engage in imitative behavior as happens in other therapy groups. They will also be directly encouraged by their leaders to explore and try out new effective behaviors.

A phenomenon that Yalom (1983) has identified as occurring in group therapy and as being beneficial is catharsis. Catharsis involves the release of intense feelings, particularly unpleasant feelings that have been repressed.

For incest survivors in group therapy, catharsis is

members plays an important role in developing group cohesiveness. This cohesiveness helps to solidify the relationships members have with one another, with the therapist, and with the group as a whole, thereby enhancing the interpersonal learning process (Yalom, 1983). In a therapy group composed of incest survivors, the members may quickly develop cohesiveness and expand the interpersonal learning process as they express sensitive feelings and thoughts and are accepted by other group members as a result.

The Benefits of Using Expressive and/or Art Therapy in Group Therapy

Art-making is a significant feature of the proposed group program because it provides concrete realization of therapeutic metaphors. As Judith A. Rubin describes in her book, The Art of Art Therapy (1984), the act of art-making in therapy promotes creative thinking and acting which relates rather significantly to the larger task of creative problem solving in life.

Creativity encompasses fluency, flexibility, elaboration, and originality. Fluency refers to the ability to search for and find many different possible solutions to a problem (Rubin, 1984). Incest survivors often feel helpless and hopeless in the face of problems

which appear overwhelming. Through the use of art making, the incest survivor begins to see that problem solving choices are available and that she has the power to make those choices.

Flexibility is the ability to perceive a problem from more than one frame of reference; to be able to shift gears and deal with unforeseen events with a minimal amount of frustration (Rubin, 1984). Incest survivors often experience overwhelming feelings of frustration when faced with the unexpected. In the proposed project, art therapy affords group members the opportunity to solve problems as they arise by exploring solutions from many different angles.

Elaboration refers to the ability to extend, decorate, and refine. Such an ability is relevant not only to the process of art making but also to the process of living. Perseverance is developed as one learns to stay with a project once the initial inspiration has passed (Rubin, 1984). Incest survivors typically have little confidence in themselves or their abilities. As a result, they tend to quickly abandon the search for solutions to their problems. By participating in the making of art in a group therapy situation such as the one proposed, they are encouraged to continue to search for solutions with which

they can be satisfied. They are continually confronted and supported by their own creative activity.

The use of inanimate materials in expressive therapy allows for the safe expression of feelings and makes the experience concrete. Art gives form to the act of incest and associated feelings. For example, the shaping of figures representing family members, especially those who might have been the perpetrator and/or his colluder(s), will most likely bring up feelings such as anger, hurt, and abandonment. As these feelings are experienced, group members may choose to express them in various ways with no harm to themselves or others.

If, through her art work, the incest survivor can face the past incest event and experience the associated feelings, she may learn to cope with those feelings.

Learning to tolerate unpleasant feelings in a safe and secure environment within the group will have a beneficial effect in dealing with unpleasant feelings outside the group as well.

Expressive therapy allows participants to use unique symbols, permitting each person to personally define the direction needed to be taken to resolve her own issues. As this takes place, each group member can tangibly perceive her own progress and can perhaps continue to find new ways

of interpreting her work after the act of creating is over. She is also able to concretely judge her own degree of growth because the art work is knowable, feelable, and seeable.

Benefits of the Holistic and Structured Approach of the Proposed Program

The proposed program encompasses a holistic approach to providing therapy; that is, the affective, cognitive, and physical or behavioral components of the self are used. As members begin to experience uncomfortable feelings in their art-making, they learn to use their cognitive skills to understand those feelings, allowing them a sense of control over their behavior. The art activities and the associated discussions in the proposed program add structure and organization to the processes of feeling, thinking, and behaving that formerly have been fraught with confusion for the group members.

This task-oriented group also provides structure in terms of time, place, activity, and leadership. Many incest survivors find they have little structure in their lives due to the disorganizing effect of their incest experience. By completing the tasks outlined in the group sessions, a sense of accomplishment can help group participants realize the benefits of structure in their

lives. Time limits within the proposed group therapy setting

assist in maintaining focus and not allowing the group as a whole or as individuals to be distracted by other issues. Providing a closed setting by restricting new members from joining in mid-program provides a sense of security to the participants. The security comes in the form of knowing that the process of trust does not have to begin over and over.

Limitations and Recommendations

A limitation of this expressive therapy and psychotherapy group program for adult female survivors of childhood incest is that its effectiveness has not yet been tested. Another limitation is that the group is designed for women who are functional at an outpatient level even if they demonstrate a significant amount of impaired interpersonal functioning. Due to the regressive nature of some of the materials used in the program, clay for example, participants should have sufficient ego-strength and coping skills to allow them to regress, to experience and to tolerate the unpleasant feelings which may be evoked.

Because the program incorporates the use of special materials, the facilities where the group meets must have

sufficient storage and work space so as not to inhibit creativity. Each member should have plenty of personal space in which to conduct the assigned activities.

Although not absolutely necessary, special equipment such as a kiln is helpful should participants want to preserve their work. Group leaders need to have the expertise to operate a kiln or at least have access to someone who is knowledgeable in this area.

The use of art materials creates some monetary considerations. Either the participants or the sponsoring agency will have to be responsible for the expense of the materials. Costs could be minimized by asking participants to provide their own materials. This will depend on the specific structure and sponsorship of any group actually conducted.

Because of the use of two therapeutic modalities, expressive therapy and psychodynamic psychotherapy, it is recommended that the group leaders have knowledge of the dynamics of both therapeutic areas. At least one leader should be trained as an art therapist and both should be psychodynamically oriented.

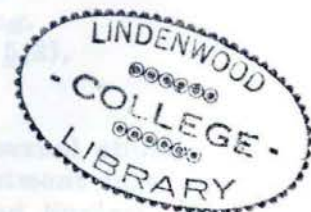
Because there is a possibility that group members may form a strong support system among themselves, group leaders may want to offer an aftercare group. Such a group

might be open-ended, with its membership restricted to women who have finished the initial group.

Suggestions for Future Research

A suggestion for future research is to conduct the group proposed in this paper and another group that uses a strictly psychodynamic modality. Use of a pretest and posttest could indicate if significant differences exist between the two groups at the conclusion of therapy in terms of improved self-esteem and coping abilities. The overall impressions of group members about their group experience could also be measured.

Another research suggestion is to compare the effectiveness of the proposed group, which is highly structured, with the effectiveness of a therapy group in which there is very little structure. In the group with minimal structure, the issues to be addressed and the directions to be taken to resolve them could be decided by the group members as the issues arise. The leaders of this group would be responsible for designing activities to correspond to the concerns of the group.



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This manual presents a group therapy treatment program for adult female survivors of childhood incest. The program uses an integrative approach that combines traditional psychotherapy techniques with expressive therapy techniques.

The program consists of twelve weekly sessions, each lasting from one and a half to two hours. Each session

addresses a specific issue related to the experience of survivors of incest. A MANUAL FOR

**AN EXPRESSIVE THERAPY AND PSYCHOTHERAPY
GROUP PROGRAM FOR ADULT FEMALE SURVIVORS
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special significance is addressed in this program through the inability to love, sense of abandonment, difficult family relationships, and recognition of feelings, pleasure and attachment. The goal is to help participants at the group process and

The manual includes specific expressive therapy activities designed to facilitate resolution of these issues. The manual is primarily for use as a manual and guided work for a psychoanalytic group therapy technique. However, it is assumed that the group leaders ask questions to facilitate working and discussion in the group members.

Introduction

This manual presents a group therapy treatment program for adult female survivors of childhood incest. The program uses art therapy in conjunction with traditional psychotherapy techniques.

The program consists of twelve weekly sessions, lasting from one-and-a-half to two hours. Each session concentrates on a specific issue common to adult female survivors of incest. Special emphasis is given to exploring the dynamics of group members' families of origin and to their relating of personal stories. Two sessions are dedicated to each of these activities. Other issues of special significance addressed in this program include the inability to trust; fears of abandonment; difficult family relationships; the recognition of feelings, pleasant and unpleasant; and how to look realistically at the past, present, and future.

The treatment sessions include specific expressive therapy activities designed to facilitate resolution of these issues. The activities generally use art materials and guided imagery as well as psychodynamic group therapy techniques. Following the activities, the group leaders ask questions to stimulate thinking and discussion among the group members.

Guidelines for Selection of Participants

It is suggested that individuals who participate in this program meet certain criteria. These criteria are based on studies performed by Herman and Schatzow in 1984.

First, each person should have positive feelings about her involvement in the group. If a reluctance to discuss the incest experience is demonstrated, that person should be discouraged from joining the group (Herman & Schatzow, 1984).

The second criterion for participating in the group is that prospective members should function reasonably well in everyday life. The group experience may produce feelings of a stressful and regressive nature due to the unresolved issues being discussed. Women recently hospitalized on a psychiatric unit, who are recovering from a major loss within the last year, or who are actively drinking or drug dependent should be excluded from the group (Herman & Schatzow, 1984).

The third criterion is that participants must be in a well-established therapy relationship. This stems from a concern for the effect of added stress upon becoming part of a therapy group such as this one. Services can be coordinated between the individual therapists and group leaders should members become extremely disorganized or

distressed (Herman & Schatzow, 1984).

Ideally, the group should consist of eight to ten women between the ages of 18 and 50 years who were incestuously abused as children and meet the previously mentioned criteria. Participants in the group should be required to make a firm commitment to meet for the entire twelve sessions. Each meeting will last from one-and-a-half to two hours. Each participant should have an interview with group leaders in order to confirm that the criteria for group participation have been met.

Group Leaders

The group is designed to be led by two female therapists well grounded in the issues of primary importance to incest survivors. The therapists may have varied backgrounds in psychotherapeutic techniques but should have attained at least a master's degree in social work, counseling, psychology, or a related discipline.

One of the more difficult issues with which female survivors of incest struggle is that of trust in males, especially those who are perceived to be authority figures. By using female therapists this issue is avoided. Since incest is usually perpetrated on a younger female by an older male, this is an important consideration (Hazzard et al., 1986).

A previous working relationship between the therapists is desirable. This may help them develop a cohesiveness that will minimize the possibility of cognitive and affective confusion among group members (Hazzard et al., 1986).

Metaphor will be used to describe paper, relationships.

Introspective

To help you understand the process of working about our weather, we will be using a metaphor. The metaphor is a word or a phrase that you use to describe something in a practical way. For example, you might say, "I'm as tired as a dog" or "I'm as happy as a child." The metaphor "I'm as tired as a dog" is a comparison of one's state of mind to a dog's state of mind. The metaphor "I'm as happy as a child" is a comparison of one's state of mind to a child's state of mind. The metaphor "I'm as tired as a dog" is a comparison of one's state of mind to a dog's state of mind. The metaphor "I'm as happy as a child" is a comparison of one's state of mind to a child's state of mind.

Additionally, we will be using a metaphor to describe the following task. The metaphor is a word or a phrase that you use to describe something in a practical way.

The handout for this task is:

1. What is your definition of "group" and toward which you might want to be specific as you define it?
2. What do you think is your best about this group so far? Be as specific as possible.
3. What do you think you are willing to share with the group? (For example, concerns about particular group members, how you are going to share your opinion with the group, your interpersonal relationships, etc.)
4. Is there anything you have accomplished in life of which you are proud and would like to share with the group?

Session One

Getting Started

Purpose: To begin the process of relationship building among members.

Activities: Introduce one another.
Discuss agenda for the next twelve weeks.
Set goals.

Materials needed: Pencils, paper, notebooks.

Introductions

To facilitate the process of learning about one another, separate group members into pairs and have them conduct mutual interviews. As leaders, you are to provide practical guidelines regarding questions members could ask of one another. Questions regarding name, occupation, family situation (are they married, do they have children, etc.), hobbies or outside interests, may be asked. Additionally, each group member should ask her partner the following four questions (these questions can be provided in handout form):

1. What personal goals do you have toward which you might work in this group? Be as specific as possible.
2. What concerns do you have about this group so far? Be as specific as possible.
3. What concerns are you willing to share with the group right now? (For example, concerns about particular group members, how you see yourself, your impact on the group, your interpersonal relationships)
4. Is there one thing you have accomplished in your life of which you are proud and would like to share with the group?

After all members have conducted their interviews, reassemble the group. Have group members introduce each other to the group using as much of the interview information as possible. As each member finishes telling the group all she can about her partner, have her share with the group one strength she discerned about her partner during their interview.

This is one of the most important meetings since it sets the tone of the group for the next eleven sessions. Members are questioning if the others in the group can be trusted with individual feelings of guilt and shame as well as with secrets that have been hidden for many years.

Group Ground Rules and Agenda

After the introductions are completed, discuss the agenda for the next eleven sessions. Indicate that topics such as family relationships, self-esteem, difficult feelings, and trust issues will be among those emphasized in the weeks to come.

The importance of discussing how it will feel to talk and think about events and emotions which may have been hidden for a very long time cannot be overstated. Make it clear to the group that, as individuals, they may begin to experience depression and other unpleasant feelings due to the topics under discussion. Most will not have allowed

themselves to deal with the very sensitive issues which will be raised in the course of this group. Encourage members to nurture themselves during this time and to establish a support system of family and friends.

Confidentiality should be emphasized. Assure participants that the sessions will not be discussed outside the group except where the leaders may need to share some information with a member's personal therapist. Also talk with group members about their own responsibility to maintain confidentiality outside the group.

Journal Writing

Instruct group members to begin a journal to be maintained for the next eleven sessions. Explain that the journal is to be a personal account of their group experience, a place to process feelings and events as the past is brought into the present. Tell them the journal need not be shared with anyone unless they choose to do so. A notebook should be provided to each group member for the journal.

Goal Setting

The last activity of this session is designed to help group members set goals for themselves in order to enable them to measure their progress in a tangible manner. Provide forms to each person in the group on which long and

short term goals are to be written (see Appendix A). Direct group members to define goals for themselves, and tell them to keep these goals in mind as the next eleven sessions progress. Also tell the participants that they may revise their goals at any time if they choose to do so. Mention that during the last session they will examine the work they have done in order to reach their goals.

At the end of this first session, give each participant a folder to be used for keeping all the work produced for the twelve sessions. The participants should place their goals sheets in their folders, and then the leaders should collect the folders.

Next, ask the group members to sign a consent form giving permission for their art work to be photographed (see Appendix B). There are two reasons for asking this of the group members: (a) to make it possible to prepare a slide show of their work for the final session, and (b) to permit the leaders to use their art work in other groups or for publication. Signing the consent form should not be required for participation in the group.

1. What was the most difficult part and why?
2. Was anyone surprised by the finished product of any way?
3. Would anyone like to share her portrait with the group in order to receive feedback?

Session Two

Getting to Know Ourselves: A Place to Begin

Purpose: To allow group members to begin to define how they see themselves in a realistic manner.

Activity: Design a self-portrait.

Materials needed: Paper, construction paper, markers, glue, collage materials such as magazines, bits of cloth, glitter, rick-rack, etc.

Self-Portrait

Give the group members all the materials needed for this activity, then ask them to make a self-portrait. Plenty of time should be allowed for participants to complete this activity. Encourage them to elaborate as much possible on how they see themselves in the present.

After the portraits are completed, ask participants to make notes on a separate sheet of paper describing the finished product or any other thoughts that they had before, during, or after completing the project.

Discussion

When the group members have finished writing, begin a discussion by asking members for their comments about their portraits and the exercise in general. Then ask more specific questions such as:

1. What was the most difficult part and why?
2. Was anyone surprised by the finished product; if so, how?
3. Would anyone care to share her portrait with the group in order to receive feedback?

Session Three

Feelings

Purpose: To identify feelings which are often present yet are denied because they are unpleasant.

Activity: Make a mask.

Materials: Tag board, glue, construction paper, glitter, feathers, aluminum foil, scissors, magic markers, yarn, chalk board or large sheet of paper.

The purpose of the following exercise is to prepare group members to think of and then discuss feelings which they have experienced in the past and continue to experience as a result of their incest experience.

Instruct the group members to take a few minutes to brainstorm feeling words and to call them out as one of the leaders lists them on the chalk board. Allow plenty of time for this part of the activity so that as many feeling words are displayed as possible. Appendix C contains a list of some feeling words which may be given to group members if they have difficulty identifying such words on their own.

Next, have the group discuss the following questions:

1. Is it okay to have some feelings more than others?
Why?
2. How do we want people to respond to us when we are feeling _____?
3. How do others respond to us when we feel _____?
4. How difficult is it to tell people how we are feeling?
5. What kinds of masks do we wear when we do not want

others to know how we are feeling?

Mask-making

Have group members use the available materials to make masks for themselves which express at least four feelings.

Discussion

In ending the session, the following questions may be used to encourage discussion:

1. How do these masks keep others from knowing us?
2. How did we use these masks when we were children to keep ourselves from being hurt?
3. How do we use these masks to keep others from hurting us now?

Session Four

Families

Purpose: To explore family relationships.

Activity: Create a family portrait.

Materials needed: Clay, a large piece of stiff cardboard for each member to use as a foundation for her family portrait.

Family Portrait

The purpose of this session is to encourage the exploration of the dynamics of each group member's family of origin. Begin by giving group members a piece of clay which they are to hold in their hands. As they manipulate the clay, they should try to visualize how family members feel to them and then create this feeling in clay. Have group members make three dimensional family portraits, using the clay to depict each family member in shapes and symbols. Tell them that they must include themselves in their portraits. After the portraits are completed, ask each participant to arrange her pieces on the cardboard and then write a brief description of each piece on the cardboard.

Discussion

The following questions are suggested to get discussion started:

1. Who does each piece of clay represent?
2. Why was this particular symbol or shape used for this particular family member?

3. Why are the members arranged on the cardboard as they are? Does the arrangement have any significance concerning your place in the family?
4. How can the group rearrange their portraits so that the family looks the way they wish their family had looked had the incest never taken place? How do you think that might have changed things in your family?
5. How was each family member protecting herself or himself from childhood hurts and how does each continue to protect herself or himself from those hurts?
6. How are you protecting yourselves in your present relationships so that you can avoid being hurt?
7. What role are you playing now in your family of origin? How would it feel to give up that role? When you think of the role you would like to play now, what kinds of feelings do you experience?

Store the family portraits in a safe place. They will be used for discussion in the next session.

Session Five

Families: Continuing the Healing Process

Purpose: To assist group members in moving from victim status to survivor status.

Materials needed: Family portraits from previous session.

The importance of this session becomes evident as each group member looks at her family situation and begins to make the painful realization that things were not as she wishes they had been. Group members must experience feelings of grief and disappointment as they begin to mourn their lost childhood. The acceptance of the childhood situation and the feelings associated with that situation are essential to the healing process. Once the incest survivor can see herself as just that, a survivor as opposed to a victim, she can potentially go on to live a more meaningful and fulfilling life.

Incest survivors' feelings toward family members tend to be ambivalent. The mother-daughter relationship is frequently conflicted because the daughter wants very much to believe that her mother loves her, yet she comes to the conclusion that her mother did not, for whatever reason, protect her from being abused.

Discussion

Begin this discussion by asking if anyone wishes to discuss any unresolved feelings from the previous session.

Then move into discussion of how members find they are similar to their mothers and to their fathers. Encourage them to examine the differences. Some questions that might be asked are as follows:

1. Do your parents have any qualities you would like to have for yourself?
2. What do you think your role was as a child?
3. How do you think that role affected who you were as a child? As an adult?

Session Six

Learning to Trust

Purpose: To discuss how members learn to trust themselves, their feelings, and other people.

Activity: Share a secret.

Materials: Paper, pencils.

The Secret

Begin the group by discussing the subject of trust.

Questions that might be asked to facilitate the discussion are as follows:

1. Who do you trust?
2. What factors make it possible for you to trust this person?
3. With what kinds of things do you trust this person?
4. What kinds of risks are involved when you trust someone?

Instruct group members to write on a piece of paper a secret they have never shared with anyone else. If members feel uncomfortable about doing this, suggest they write only a key word or phrase on the paper. Tell them to fold it up as small as they possibly can and hold it in their hand.

Lead the group in an exercise using guided imagery. Begin by instructing the group members to close their eyes. Then conduct a relaxation exercise (see Appendix D) leading into the following:

1. Imagine you are in a room with a trusted friend or with someone you would like to trust. Visualize the room in detail.
2. Imagine you are handing your secret to your friend.

3. What would you like to say to this person as you hand him or her your secret?
4. Imagine your friend opening the paper and reading your secret.
5. Imagine the look on your friend's face is one of acceptance, kindness, and caring.
6. Imagine saying good-bye and leaving the room.

The leaders should now ask the group to slowly come back into the room. Continue the exercise by discussing the following questions:

1. How was this exercise for you?
2. Were you able to imagine that trusted friend?
3. When you gave this person your secret and you saw the look of understanding, how did you feel?
4. How did you respond to your friend and were you able to tell him or her how you were feeling?
5. When you said good-bye and parted company how did you feel?

Ask the group if there is anyone who would like to share her secret with another trusted member. Should some of the group members share their secret, ask them how it feels to trust the group enough to divulge this information. If no one responds positively, ask if anyone feels she can trust another member to just hold her secret without looking at it. If the group is having a difficult time with either one of these instructions, assure them it is perfectly acceptable for them not to trust yet, and that maybe there will come a time when trusting will be easier.

If some of the group members are able to follow through with allowing another to hold their secret, have them discuss what it is like to give their pieces of paper to

this person. Ask the following questions:

1. How long do you feel you can trust your friend to hold your secret and not look at it?
2. What would it take for you to allow your friend to read your secret?
3. Before you allow her to read your secret what would you like to say to her?
4. What would you like for her to say to you?
5. If you decide not to allow your friend to read your secret, can you ask for it back?
6. Can you trust your friend to continue to care about you even though you are not ready to share your secret? If yes, what does it feel like to have that kind of friend?
7. Can you tell your friend how you feel about her?
8. For those in the group who have had a difficult time with this exercise, talk about why it was hard to carry it through. What has been your experience in the past with trust?
9. Have you been in situations in the past when you felt your trust had been betrayed?
10. What do you look for in someone you trust?
11. Will you know someone can be trusted and if so how will you know?
12. What about that person tells you he or she is trustworthy?
13. What if you trust someone and find you get hurt?
14. Does this mean your friend is untrustworthy or that you are in some way flawed?
15. Does a breach of confidence, a disappointment, or a misunderstanding signal the end of a relationship or your ability to trust your friend again?

As a way of ending the group discussion, talk about how trusting makes one vulnerable to hurt and how the group members can find ways to protect themselves. However, their protection should not keep them from developing the kinds of relationships they want for themselves. In an effort to keep themselves safe, they can sometimes cut off all avenues through which they may find those very special

people in whom they can trust.

To prepare for the next two sessions, tell the group members that Sessions 7 and 8 will both be devoted to the telling of their personal incest experience. Emphasize that revealing their experience will be strictly voluntary.

Sessions Seven and Eight

Personal Experiences

Purpose: To allow group members an opportunity to talk about their incest experiences and confront the effects of those experiences.

Activity: Share personal incest experiences.

Materials: None.

Discussion

Begin by asking how it feels for group members to be in this time and place, especially since this session's topic is one that is difficult to talk about under any circumstances. Inform the members that the discussion may generate unpleasant feelings but that the importance of allowing themselves to experience those feelings cannot be overstated.

Ask the members to share their incest experiences. Be supportive and encourage honesty and openness.

Session Nine

Your World Today

Purpose: To allow group members to see themselves in the world in which they live.

Activity: Make mobiles depicting group members' lives as they see themselves now.

Materials: Thin balsa sticks, glue, scissors, string, magazines, construction paper, markers, chalk board or large sheet of paper.

Mobiles of Daily Life

Have group members brainstorm to identify areas in their lives that take a great deal of emotional and physical energy. Examples might be work, families, hobbies, outside interests, school, divorce, money, church, therapy, etc. List these on the board as they are expressed. Instruct group members to cut construction paper into 2 inch x 2 inch pieces of paper. Tell the participants to illustrate or symbolize on these pieces of paper those people, things, or events in their lives, some of which have been listed, that involve time and energy in their daily lives. Instruct them to do this by cutting pictures out of magazines or by drawing symbols. Next tell them to make mobiles, with a symbol of themselves hanging from the middle of the mobile with their other pictures or symbols rotating and balancing around their own.

Discussion

Ask the participants the questions that follow:

1. Can you find parallels between balancing the parts of the mobile and balancing the different facets of your life?
2. Was there anything difficult about completing this activity?
3. Did you have to make decisions concerning those things you could leave as part of the mobile and what you would have to leave out due to the difficulty of balancing everything?
4. How did you make those decisions?
5. Did you have symbols left over?
6. Did you need any help in making your mobile? If so, did you consider asking for help?
7. Are you able to ask for help when you need it to balance your life?
8. Did you learn anything about yourself as you participated in this activity? If so, what?

Session Ten

The Journey

Purpose: To talk about group members' past, present, and future.

Activities: Produce drawings depicting group members past, present, and future through the use of personal time lines.

Materials: 12" x 14" sheets of paper, markers, paints, crayons, pastels or colored pencils.

Discussion of Past, Present, and Future

Ask the group the following questions:

1. How does where you have come from affect where you are now?
2. Will it affect where you are going? If so, will it stop you from attaining your goals?
3. What would help you to get where you want to be?
4. Who can help you get there? How can he or she do this?
5. Can you tell that person what it is you need from them?
6. When you think about where you are now, how do you feel?
7. When you think about where you have been how do you feel?
8. When you think about where you are going how do you feel?
9. When you think about where you want to go how do you feel?
10. When you think about what's stopping you how do you feel?

Time Lines

Have each group member design a time line using the long sheets of paper and drawing materials. Tell them to begin with their day of birth and end 20 years from now. Instruct them to depict as many major events as possible in

that time span.

Discussion of the Time Line

Ask the group to look at their time lines, concentrating on their incest experience. Have them look at the events depicted on their time lines that occurred after the incest. Ask them the following questions:

1. Can you see any relationship between what happened during your incest experience and those experiences taking place afterwards?
2. What thoughts and feelings are you experiencing right now? Are they pleasant or unpleasant?
3. As you look 20 years on down the time line what kinds of thoughts and feelings are you experiencing?
4. Are you hopeful about the future? Why or why not?
5. What kinds of things can you do now and in this place which might have an effect on the next 20 years?
6. What kinds of events did you have control over in the past? How about the present?
7. How much control will you have over the future?
8. Are you able to accept responsibility for taking control of your life where you can?
9. Are you able to accept that you do not have control over all aspects of your life?

At the end of this session ask group members to bring their journals the following week.

Session Eleven

Special Gifts for Special People

Purpose: To begin the process of group members' saying good-bye to one another and to the group leaders.

Activity: Give and receive gifts.

Materials: Construction paper, scissors, markers, glue.

Begin the group by talking about the process of members' saying good-bye not only to friends, but to a way of life and a way of thinking about themselves and others. Explain to the group that when friends say good-bye they often give a parting gift. This session's activity will include the giving of a gift to themselves as well as to others in the group.

First, discuss with the group what one does when one considers giving a gift to another person. Have them consider the following questions:

1. Why are gifts given?
2. How many people take gift giving very seriously?
3. Do you take a long time to pick out just the right gift?
4. What is it like to receive a gift?
5. Do you usually know when the giver has given a great deal of thought and time to selecting a special gift?
6. What was the most special gift you have ever received?
7. Has anyone ever given you a gift for no special reason?
8. What was that occasion?
9. Did you ever receive a gift from someone that may have not been particularly valuable in a monetary sense but was nonetheless valuable to you?
10. How did that feel?
11. Have you ever given someone a special gift that was

out of the ordinary? What was it and how was it special?

12. Do you have a gift that someone gave you which you continue to cherish and by which you are able to remember that person?

Have group members think about each other and what they might give to one another in the way of a gift. This gift cannot cost money but should instead be a wish, a special thought, or a compliment. Suggest the group brainstorm for these special gifts. Start the discussion by suggesting gifts the group members might like to receive. Examples might include a whole day of free time, time to read a good book, a special poem, a warm day, a cozy fire in the fireplace in the winter time, or any bit of wisdom group members wish to share.

Have group members write or symbolize a gift for every other member of the group on pieces of construction paper. On each piece of paper, tell them to write the name of the one to receive the gift as well as the giver's name. Instruct them to pass their gifts out to one another and then glue the gifts they receive in their journals. Suggest that as the gifts are glued in the journal they write a brief note about the giver. This will be helpful in future remembering as the receiver looks back on the group experience. Next, instruct each person to make a gift to give to herself. Again a brief note should be

written next to the gift identifying the giver after it is placed in the journal.

Discussion

Ask the group members these questions:

1. How did it feel to receive these gifts?
2. How did it feel to give them?
3. Did you find it easier to give or to receive?
4. Do you think it is easier to do either one of these now than at the beginning of the group? What's the difference?
5. What are the gifts you have that you can give to others?
6. How do you decide how you are going to use your gifts and on whom will you bestow them?
7. Is there a gift you do not have or did not get tonight that you wish you had?
8. Is it possible to have this gift and if so how can you get that gift for yourself?

Discuss the last session with the group. Ask if there is anything special they would like to do for that session such as having food.

Using the art work produced during the sessions to date, prepare a slide presentation to be shown during the final session. This should be completed sometime prior to the final session.

Session Twelve

Learning to Let Go

Purpose: To have group members and leaders review the last eleven sessions and to say good-bye to each other.

Activity: Create a self-portrait.

Materials: Paper, construction paper, markers, collage materials such as magazines, bits of cloth, glue, scissors, glitter, rick-rack, etc. and slide projector with screen.

Optional: Party food.

Self-portrait

Begin the group by instructing members to make a self-portrait using the available materials. They should not look at the portrait from the earlier session. Post both the new portrait and the old one. Invite the group to take some time to look at their own two portraits and those of other members.

Discussion

Ask the group to consider the following questions:

1. Is there a difference between the old and new portraits? If so what is it?
2. To what do you attribute that difference?
3. Do you like the difference?
4. What other changes would you like to see take place in the future?
5. Would others see the change or would you be the only one to be aware that a change had taken place?
6. If others were aware of the change how would that awareness come about? Some members may be unable to see a difference. If so, ask them how the inability to see a difference makes them feel.
7. Do other members in the group see you differently? If so, what differences are they able to discern?

Slide Show

At this time set up the projector and screen to show the prepared slides of participants' art work. Soft background music may be provided during the showing of the slides.

Group Feedback

This is a time for all who choose to do so to give and receive feedback. Invite group members to give feedback to one another individually or as a group as well as respond to the feedback they are given. Be prepared to provide feedback about the progress of each one of the members in addition to the group in general.

Allow each member an opportunity to give feedback to the group leaders. If this seems to be uncomfortable for group members, they can choose to write their comments down anonymously and put them in unmarked envelopes in a box in another part of the room.

Talk to the group about letting go and how each person experiences that process differently. Ask the group the following questions:

1. What have you been holding on to?
2. Are you holding on to anger, hurt, or frustration from the past?
3. By choosing to hang on to these things, what have you accomplished? (Suggest that by hanging on to those things which bring them down, they are merely maintaining the status quo because no matter how

uncomfortable it is, at least it is a "known" way of being.

Have the group recognize that "letting go" is not easy for anyone but is especially difficult for them because they have been abused. Only the individual herself can choose a different method of coping; only she can decide that she will no longer be abused by her past. Remind group members that they have choices and control over their own lives which serve to give them permission to let go of the old habits.

In addition to the above feelings, feelings of guilt and shame can seem to overpower all other emotions. Explain that denial of these feelings can keep group members stuck in their own mire of frustration and hurt. Often the most important aspect of treatment for survivors of incest is to be able to "own" their own feelings for, as they are able to accept their feelings, they are able to accept themselves. Explain that as they are able to accept themselves, they are able to like and maybe even love themselves.

I, _____, hereby
 certify that the work performed during
 the trip for the purpose of a mission and
 the results thereof are the property of the
 Agency. My identity will be protected as the rules
 of the Agency require.

APPENDIX A
PERMISSION SLIP

Signature
 Address

I _____ give _____ permission to photograph and to reproduce the art work produced during the incest survivors group for the purpose of education and publication in professional journals, books, and/or any publication related to survivors of incest research. I understand that my identity will be protected by the rules governing confidentiality of the American Art Therapist Association.

Signature

Address

Witness

Date

FEDERAL PLAN OF ACTION

1. Goals I want to achieve:

- a.
- b.
- c.
- d.

2. Reasons I have for achieving my goals:
(Circle 1-5 for each reason)

- a. Fear of failure
- b. Desire for power
- c. Need to be liked
- d. Not being liked
- e. Fear of being rejected

**APPENDIX B
PERSONAL GOALS**

3. How can I achieve my goals? (List specific steps)

4. How might I overcome obstacles that may be in my way?

5. What goals do I have for the next year?
My stated goals are:

6. What might I do to achieve my stated goals?

7. What steps do I need to take in order to reach my stated goals?

PERSONAL PLAN OF ACTION

1. Goal(s) I want to achieve.
 - a.
 - b.
 - c.
 - d.
2. Reasons for not achieving my goal(s).
(Circle those that apply)
 - a. Fear of failure.
 - b. Unrealistically high.
 - c. Reaction of others.
 - d. Not important enough.
 - e. Someone else may keep me from reaching my stated goal(s).
3. How can I ensure that the above reasons don't keep me from achieving my stated goal(s)?
4. How might I build a support system of others which may be of help in achieving my stated goal(s)?
5. What positive things can happen if I achieve my stated goal(s)?
6. What negative things might happen if I achieve my stated goal(s)?
7. What steps do I need to take in order to reach my stated goal(s)?

8. Am I willing to take those steps?

- a. Yes _____
 b. No _____
 c. Not sure _____

9. If I answer yes to No. 8, I will make the following contract with myself:

I, _____, have decided to attempt to
 achieve the goal(s) of _____

 _____.

In order to reach this goal I will first _____

_____ by _____

 _____.

My target date for reaching this goal is _____.

Date _____ Signed _____

Witness _____

abandoned	accepted	adequate
affectionate	afraid	aggressive
agony	almighty	alone
aloof	ambivalent	angry
annoyed	anxious	apathetic
apprehensive	arrogant	ashamed
astounded	awed	bad
beautiful	belonging	betrayed
bitter	blissful	bold
bored	brave	burdened
calm	capable	captivated
cared for	challenged	charmed
cheated	cheerful	childish
clever	combative	competent
competitive	complete	condemned
confident	confused	conspicuous
contented	controlled	crazy
cruel	crushed	decent
deceitful	defeated	defensive
defiant	delighted	dependent
desire	desirous	desolate
despair	despondent	destructive
determined	different	diminished
disappointed	disconnected	discontented
distracted	distraught	disturbed
dominated	divided	eager
ecstatic	electrified	embarrassed
empty	enchanted	energetic
enjoy	envious	evil
exasperated	excited	exhausted
expectant	fascinated	fearful
finished	flustered	foolish
frantic	frustrated	frightened
free	fulfilled	full
fury	gay	glad
good	gratified	greedy
grief-stricken	groovy	guilty
gullible	happy	hateful
heard	heavenly	helpful
helpless	high	homesick
honored	hopeless	horrible
hostile	humiliated	hurt
hyper	hysterical	ignored
immortal	impatient	imposed upon
impressed	inadequate	incompetent
incomplete	independent	indifferent
infatuated	infuriated	insecure
insufficient	inspired	intimidated
irritated	isolated	jealous

joyous	jumpy	kind
keen	lacking	lazy
lecherous	left out	lonely
longing	lost	loved
loving	low	lustful
mad	mean	melancholy
miserable	naughty	needed
nervous	nice	nutty
obnoxious	obsessed	odd
offended	opposed	outraged
overwhelmed	pained	panicked
patient	peaceful	persecuted
petrified	pitiful	pleasant
pleased	pressured	pretty
prim	prissy	proud
punishing	quarrelsome	queer
rage	refreshed	rejected
relaxed	relieved	remorse
resentful	restless	rewarded
righteous	sad	safe
satisfied	scared	screwed up
secure	self-pitying	serene
serious	settled	sexy
shocked	silly	skeptical
sneaky	solemn	sorrowful
spiteful	startled	stingy
strange	stubborn	stuffed
stunned	stupefied	stupid
suffering	sullen	superior
sure	suspicious	sympathetic
talkative	tempted	tense
tentative	terrible	terrified
threatened	thwarted	timid
tired	tranquil	trapped
troubled	trusted	ugly
uneasy	unhappy	unloved
unsettled	untrustworthy	upset
violent	vivacious	vulnerable
weak	weepy	wicked
withdrawn	worried	zany

This is a relaxation exercise used to relieve altered states of consciousness and should be modified according to the needs of the individual.

More able to concentrate a position as well as body etc. The position is a seated position with legs crossed and arms resting on the knees.

**APPENDIX D
RELAXATION EXERCISE**

with feet on the floor. The sides of the body are supported by the arms. The eyes are closed and the mouth is slightly open.

clothing. The body is relaxed and the mind is clear. The exercise is done in a quiet room.

with your feet on the floor. The sides of the body are supported by the arms. The eyes are closed and the mouth is slightly open.

Let your feet rest on the floor. Breathe and let your body relax. Let your mind be clear.

the body relax. The mind is clear. The exercise is done in a quiet room.

and all of your attention. The exercise is done in a quiet room.

This is a visualization exercise used to induce altered states of consciousness and should be modified according to the needs of the individual.

Move into as comfortable a position as you possibly can. The position can be a seated position with legs uncrossed and arms resting comfortably . . . or it can be lying down with feet uncrossed and toes pointed slightly to the sides . . . arms down comfortably by the sides . . . Remove eyeglasses and loosen all constrictive clothing. . . Now simply close your eyes . . . This in itself is enough to produce a quietness. . . and rest . . . relaxation, begin to breathe deeply. . . and as you do . . . pay particular attention to the sensations you experience as the air leaves the body . . . Let yourself feel that with every breath you let out . . . you are breathing out tension . . . discomfort . . . stress. . . When you do that you can feel the muscles in the body relax . . . most prominently in the chest, but also in other muscles that are particularly tense . . . such as the shoulders . . . and neck . . . you are exhaling with it all your troubles . . . all of your discomforts . . . and all of your anxieties . . .

You may hear noises and sounds in your environment. . . but you can use those to even deepen your state of relaxation . . . In reality, when you breathe out you really are eliminating tension . . . discomforts and stress . . . Experience then what really does take place . . . With the breath, we eliminate toxins and waste products . . . The lungs are one of the most efficient eliminators of waste we have in the body . . . So just let yourself feel that with every breath out you are becoming more comfortable . . . With this process alone . . . you may be surprised . . . to find that you can eliminate almost all of the tension and discomfort . . . that you have accumulated . . . However, if there are still residual areas of discomfort or tension . . . you can eliminate them in a progressive fashion . . .

I'm going to ask you now to put your consciousness into your toes . . . Now that may sound difficult to do, but realize that your consciousness doesn't have to be where most of us think it is, that is the head . . . We only perceive our consciousness to be in our head because the brain, the most concentrated organ of consciousness, resides in the head . . . You can place your consciousness anywhere in the body you want to . .

in fact if you were to stub your toe . . . your consciousness would travel there instantly . . . At this time, just place your awareness there . . . not because you have to . . . but because you . . . want to . . . With your consciousness in your toes, simply let yourself experience whatever it is you experience when you think of the word . . . relax . . . It may be a heaviness . . . or a lightness . . . or a tingling . . . or numbness . . . or warmth . . . or coolness . . . or maybe something else . . . but even if you feel there has been no change, rest assured that at some level of your being there is a change . . . a lessening of tension in that toe. It may be that its change is too subtle for you to perceive at this time . . . but no matter whether you perceive it . . . or not, it still takes place.

Now, let the relaxation spread to the toes of the other foot . . . and whatever it is you feel, just let it spread upward through the feet . . . through the lower portions of the legs . . . and in the knees . . . as though you were standing knee deep in a swirling . . . warm . . . relaxing Jacuzzi . . . Allow the comfort and relaxation to spread upward into the thighs . . . and into the groin area . . . Let it spread through the

pelvis and buttocks . . . into the abdomen and back all the way to the waist . . . as though you are now standing waist deep in that warm . . . comfortable Jacuzzi . . . allowing the entire body from the waist down to feel relaxed . . . comfortable . . . loose . . . and limp . . . In fact . . . you may be surprised . . . to find parts of your body so relaxed . . . that you lose awareness for those parts . . . That's perfectly all right, those parts are still there and functioning just as your lungs and heart function when you are not aware of them. . . You can regain the awareness whenever you wish to. . . but for now . . . let the comfort and relaxation spread upward into the upper abdomen and mid-back . . . and in the chest . . . both front and back, so that the breathing that has been . . . relaxed . . . to this point . . . becomes even more comfortable and relaxed. Now. . . let the soothing wave of relaxation into the shoulders . . . an area in which we hold much of our tension. . . Just let the shoulders . . . drop . . . If you are sitting . . . feel them being pulled down by gravity and . . . if you are lying down. . . just feel your shoulders melting into the floor . . . Let this looseness and warmth and comfort travel from the shoulders . . . all the way down the arms . . . past the

elbows . . . into the wrists . . . hands . . . and . . .
fingers loose and limp . . . like a rag doll . . . Now
allow the comfort to spread into another area in which we
hold much tension . . . the neck . . . feel the neck
become loose . . . and limp . . . comfortable . . . and
feel that comfort spread into another area in which we
hold much tension . . . and rarely realize it . . . and
feel how good it will feel to let the tension go from
this area . . . so good you'll not only feel it in the
local area but also in the rest of the face . . . head
. . . and neck . . . The area I am referring to is the
. . . jaw . . . And feel how good it feels to just let
. . . the jaw drop . . . And now let the comfort spread
into the face . . . around the eyes . . . letting the
eyes become relaxed . . . the area of the temples . . .
the forehead . . . and the top of the head . . . letting
the entire head and face become very comfortable and
relaxed . . . At this point, the entire body should be
loose . . . and limp . . . and relaxed . . . If there is
any residual discomfort present . . . take a few more
deep breaths . . . and concentrating on that area of
discomfort . . . feel each breath remove more
. . . and more of that discomfort until that part of the
body is as comfortable and relaxed . . . as the remainder

of the body . . .

Remember that in this relaxed state, you are still totally . . . in control . . . of the situation . . . If any emergency were to arise, you would be able to come out of the state . . . and respond to it . . . rapidly and efficiently . . . If at any time you feel apprehensive it is only necessary to open your eyes and you can emerge from this relaxed state . . . feeling calm and comfortable . . . alert and relaxed . . . Remember, in this relaxed state you are still . . . fully in control . . . At some level, your mind will perceive everything . . . but your mind is discriminating . . . and will choose only those things that are appropriate to your growth and development . . . only the things that you are able to tolerate. . . at the present time. . .

Now begin to take a few deep breaths again . . . and become aware of what it feels like when you inhale . . . Remember the importance of the substances you take in with the breath . . . We take in water . . . but we can survive several days without water . . . However, we can only survive . . . a few minutes . . . without that which we take in through the breath . . . So feel the energy

coming back into the body . . . entering a body that is fully relaxed . . . feel it not just in the lungs . . . but feel it spread from the lungs . . . into every single cell . . . of the body . . . Feel the energy, and remember that you can feel energetic and vigorous . . . at the same time that you remain . . . comfortable and relaxed . . . And as you feel the energy coming in, become more aware of the room that you are in . . . the time and place you are experiencing . . . and become more aware of your body . . . and especially any body parts that you may have lost awareness of . . . and whenever you are fully ready . . . you can open your eyes . . . feeling the benefits of all that you have just experienced.¹

¹From "Visualization Techniques and Altered States of Consciousness" (pp. 104 - 107) by Errol R. Korn, in Anthology of Imagery Techniques edited by Anees A. Sheikh, 1986, Milwaukee, WI: American Imagery Institute. Copyright 1983 by Dow Jones-Irwin.

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