The Codification and Treatment of Emotional Abuse in Structured Group Therapy

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ABSTRACT

Emotional abuse in childhood, in contrast to physical or sexual abuse, is a form of maltreatment which has been slow to receive widespread discussion. Categorizing emotional abuse highlights the ongoing realities of emotionally abused individuals. The five categories introduced here help to classify developmental problems, create treatment plans, and identify preventive opportunities. After a discussion of these categories, representative case histories from therapy groups are presented. These case histories are then traced through major phases of group therapy conducted within a structured setting and occurring on a time-limited basis.

Emotional abuse is a form of psychological manipulation and acute victimization that gets considerably less attention in the literature than its counterparts, sexual and physical abuse (Hart & Brassard, 1987; Kent, Waller, & Dagnan, 1999; Sidebotham, 2000), although, as Higgins and McCabe (2000) and Wolfe and McGee (1994) suggest, emotional abuse is nearly always involved in physical abuse and sexual abuse. In one recent study, for example, 90% of physically abused children had experienced emotional abuse as well (Claussen & Crittenden, 1991). At least one recent study has found emotional abuse to be the most prevalent form of abuse (Sidebotham, 2000). While emotional abuse tends to be somewhat overlooked, Hart and Brassard (1987) suggest that its importance as a concept "clarifies and unifies the dynamics that underlie the destructive power of all forms of childhood abuse and neglect" (p. 161).

The lack of serious study about emotional abuse as an entity in its own right is slowly beginning to change. In 1997, the *Journal of Emotional Abuse* began its publication. Documents such as the American Humane Fact Sheet (2004) have emerged, stating that those "who are constantly ignored, shamed, terrorized, or humiliated suffer at least as much, if not more, than if they are physically assaulted" (p. 1). In fact, the seeds for the recent reaction of the therapeutic community to the widespread nature and brutal quality of emotional abuse were actually sown--albeit incompletely--over two decades ago. In 1987, the National Committee for the Prevention of Child Abuse created the following definition of *emotional abuse*:

> Emotional abuse is a pattern of behavior that attacks a child's emotional development and sense of self-worth. Emotional abuse includes excessive, aggressive or unreasonable demands that place expectations on a child beyond his or her capacity. Constant criticizing, belittling, insulting, rejecting and teasing are some of the forms these verbal attacks can take. Emotional abuse also includes failure to provide the psychological nurturing necessary for a child's psychological growth and development—providing no love, support or guidance. (Cohn, 1987, p. 12)

CODIFICATION OF EMOTIONAL ABUSE

The first codification of emotional abuse was constructed by Garbarino, Guttmann, and Seeley (1986). This codification, its extension by Pearl (1994), and the acceptance of that extension by Hamarman and Bernet (2000), has contributed greatly to the literature of emotional abuse. The Garbarino et al. codification defines *psychological maltreatment* as "a concerted attack by an adult on a child's development of self and social competence." They also classifiy five "patterns of psychically destructive behavior": *rejecting*, defining the child as a failure, refusing to legitimize the child's worth or show affection to the child; *isolating*, cutting the child off from normal social experiences, including the forming of friendships; *terrorizing*, creating a climate of fear through threatening, bullying, or frightening the child; *ignoring*, depriving the child of essential stimulation and responsiveness; and *corrupting*, encouraging the child to participate in antisocial or deviant behavior. These categories were extended by Pearl in 1994 with the inclusion of *verbally assaulting*, humiliating the child through constant name-calling and sarcastic comments which beat down the child's self-esteem; and *overpressuring*, imposing consistent pressure on a child to mature too quickly and decrying age-appropriate behaviors through punishment or criticism.

The Garbarino et al. codification also traced the dynamics of each type of emotional abuse through various developmental stages; for example, investigating the characteristic behaviors and specific effects of terrorizing through infancy, early childhood, school age, and adolescence. The codification also presented the "ecological perspective," which views emotional abuse as occurring not solely within a parent-child dyad but within a larger dynamic sphere involving all caregivers and children within the family system and beyond that to the environmental context as a whole.

The Garbarino et al. codification was based on clinical material derived from child therapy. In contrast, my efforts at codification (Smullens, 2002a) takes a different perspective; namely, the retrospective narratives of adults in treatment. I draw inferences from the self-reports of adults who are experiencing current dysfunctional and self-destructive patterns in their love, work, and

spiritual relations (Smullens, 2002b) about how these patterns arose in childhood. While there is always the danger of taking client self-assessments at face value, and accepting certain distortions that may be present, there remains a critical benefit of being able to reflect on the idea that such patterns re-emerge and repeat throughout the individual's life.

This perspective has led me to a somewhat different codification of emotional abuse. In the next section, I describe each of my categories in terms of their childhood dynamic and adult ramifications, with reference to the Garbarino et al. codification (with the exception of *corrupting*, which has been infrequently encountered in my experience). This is followed by part of a case history representative of each category. A continuation and culmination of these histories will be found in a succeeding section on contracting.

The specific categories have been chosen because they isolate and describe discrete states of humiliation and shame, the core of emotional abuse, that clients bring to treatment. I am aware that the codifications have some overlap. David M. Sachs, a Training and Supervising Analyst in the Psychoanalytic Center of Philadelphia, noted that "All diagnoses (and your descriptive categories are similar to psychiatric descriptive categories) share defenses. In most cases, one defensive system is dominant... the important issue is that the categorizations you define are *useful* in doing group therapy. These categories are something patients can hold onto in the group experience. They are touchstones to help them individually and collectively to attain the experience of insight and change. It is not possible to make your classifications so neat and precise that overlap does not occur" (Sachs, personal communication, March 2008).

A CODIFICATION OF EMOTIONAL ABUSE
AS EXPRESSED IN GROUP THERAPY

Rage

My classification of *rage* essentially combines Garbarino et al.'s categories of *terrorizing* and *verbally assaulting*--where bullying or threatening a child's well-being is combined with demeaning. Of-

ten, for the parent or caregiver, "the urge to aggress is stronger than willpower. Acts of maltreatment are totally irrational and are the results of uncontrollable urges: psychological violence results from a loss of control by the parent due to these urges" (Gagné & Bouchard, 2004, p. 124). The anger that can permeate a home following one of these rages can frighten children so badly that it keeps them from thinking for themselves, from learning to trust their own judgments, or from creating their own paths (Hamarman & Bernet, 2000). It can also leave victims ill-equipped to deal with the legitimate emotional reactions of others. The rages that are experienced by those abused in this cycle can create a pendulum swing of emotional reactions, ranging from terror, helplessness, and inability to be assertive, to an identification with the abuser (Ganzarain & Buchele, 1988).

> Celeste's mother felt that she had "married down" and treated her husband as if he were a chair to sit on or a living paycheck. At the same time, her ambitions for her children were as sky high as her daughter's name: they were to be stars. She expected her children to become fiercely ambitious as well as ruthless and taught them her full arsenal of verbally abusive maneuvers. For her, winning was everything and stabbing people in the back to get ahead was fine. She also taught her children how to be exceptionally charming. If Celeste questioned her mother's tactics or values her mother screamed at her for days on end, labeling Celeste an "ungrateful bitch"–until Celeste apologized for "being unkind to Mommy, who wants only the best for me."

> Celeste identified with her mother by acting out anger toward her friends, gleefully ridiculing them behind their backs any time pain or difficulty was revealed. One by one Celeste's friends slipped away, until the only ones remaining in Celeste's life were those seduced by her charm who had not yet felt the inevitable sting of an intimate relationship with her. It was finally the breakdown of one of her closest female friendships that brought Celeste to group therapy.

Enmeshment

The category of *enmeshment* shares something of the Garbarino et al. category of *rejecting*, in that the child's individual worth or legitimate needs are repudiated. It is more closely akin to the category of *isolating*, where the adult cuts the child off from nor-

mal social experiences, including the forming of friendships. In the enmeshed family, there is no place for privacy, for individual thoughts. Those outside of the family unit are treated as outsiders. Enmeshment leaves an individual unable to feel and function like a whole and separate person or to choose other whole people with whom to develop meaningful friendships, to work with effectively, or to love intimately. Even if professional and financial success occurs, individuals who are a product of this environment cannot feel pride or contentment unless those feelings are mirrored by other blood family members.

> Lionel, now in his mid-forties, grew up in what he described as an unusually close family that always took vacations together, even until he was in his late twenties. His mother was very strict about all contact with those she openly labeled as "outsiders–not one of us." As a child, Lionel's friendships outside of the home were carefully monitored and restricted. While peer relationships with other boys--and eventually with girls as well–were frowned upon, Lionel was expected to have a "special and close relationship" to his sister Ellen, six years his junior—for in the repeatedly stated view of his mother, "No one can love you and be relied upon like blood." When Ellen graduated from college their mother insisted that she and Lionel live together, and she purchased a condominium for them.

> When Lionel, at age 28, met Karen, whom he identified immediately as his "soul mate," a triangular conflict arose that brought Lionel to my office. Lionel felt terrible guilt when he decided to move out of the condo he and Ellen shared to move in with Karen–guilt exacerbated by Ellen's manipulations. She had repeated crying spells. When the three went out to dinner she sat next to Lionel, placing Karen across from them. Ellen would call Lionel and Karen's apartment at 1:30 a.m. to discuss what the siblings were going to do about minor or nonexistent parental problems, imploring Lionel not to discuss these difficulties with Karen.

Rejection/Abandonment

This category refers to the withdrawing of love by caretakers when a child expresses an opinion that differs from the caregivers, leaving the child feeling isolated and terrified to think independently (Weiss, 1993). Garbarino et al. terms the category simply *rejecting*, noting behaviors such as defining the child as a failure and refus-

ing to acknowledge the child's accomplishments. If the abused in the cycle of rejection/abandonment threatens the parent's fragile self-esteem by actions not agreed with, or does not look or act like the ideal offspring a parent's narcissistic needs demand, love will be denied. In this classification, rejection is experienced as personal. Even if conciliatory advances on the part of the child are finally accepted, the lingering effects of those suffering this dynamic may include emotional unresponsiveness, hostility or aggression, poor self-esteem, and emotional instability (Rohner, 1986). Understandably, those enduring this cycle learn to view love and control as one and the same–as a weapon–and trust neither, which leaves them clinging, forever fearful of loss, or rejecting people who can offer fulfillment, growth, and contentment. Clients who have had this experience will often "test" their therapist as well as the other members of the group by alternating between flattery and praise and expressions of righteous indignation and disappointment over minor or imaginary infractions (Weiss, 1993).

April's parents rejected her in favor of their other daughter, Catherine, in part because April received the skin coloration of the two girls' paternal grandmother, who was hated by both her son and daughter-in-law. In addition, Catherine was long-legged and athletic, a gifted pianist with a beautiful singing voice–all crucial qualities to excessively narcissistic parents who were climbing the social ladder and denying their pasts. April had hair that was, in her mother's words, "dirty, ugly, and unruly." Ignored even at meals, as if she were not at the table, April taught herself to read by age 5. Her pitiful attempts to show her parents her accomplishments resulted in remarks like, "What good is that when you look like you do. Leave us alone."

By the time April was 6 she verbalized that her parents hated her and wished she were "gone." At first Catherine expressed protection of her younger sister, praising her accomplishments and telling her that their parents did not mean to hurt her. But during adolescence, Catherine began to identify with their cruelty, taking pleasure in its expression, excessively so when at her mother's insistence she entered the competitive world of modeling. Any time Catherine experienced a frustration or disappointment, she used April as an available scapegoat, parroting her mother's ugly words to her sister.

April survived because she liked school even though she was a with-drawn student. Evening following evening she comforted herself with books of all kinds, withdrawing to their fantasized sanctuary. She would pretend that the books said goodnight to her. Desperate to feel wanted, though now also rejected by her sister, April contin-ued to reach out to her, a pattern that continued until the day that April, age 12, begged Catherine to invite her to accompany her and their mother to a fashion luncheon where Catherine would be modeling. On the schoolyard Catherine screamed out for all to hear: "Keep away from me. Do not touch me. You do not exist to me. Can't you see that I hate you as much as Mom and Dad do! Get away this moment! Just having you near me makes me feel ugly, like you." That weekend April attempted suicide.

Severe Neglect

This category refers to a severe lack of emotional closeness, termed *ignoring* in the Garbarino et al. codification, and includes depriving "the child of essential stimulation and responsiveness, stifling emotional growth and intellectual development" (Garba-rino et al., 1986, p. 8). Kent and colleagues (1999) report the in-ternal experiences of the abused in this cycle as: "Experiences of loneliness, feeling unwanted, being of no interest to others, and feeling largely responsible for one's needs" (p. 162). Although this category may appear similar to the previous category of re-jection/abandonment, the dynamics are quite different: in the case of rejection/abandonment, the child can be comforted by having (or by the fantasy of having) an ally in a sibling, other rela-tives, or meaningful contacts outside the family. In instances of severe neglect there is usually no sense of connection to another (Sachs, personal communication, March 2008).

Oblivious to their daughter's remarkable abilities, Benita's parents had been emotionally unavailable to her throughout her early for-mative years and they died in an automobile crash when she was 16 years old. An only child, Benita's despair continued when she went to live with her cold and rejecting maternal grandmother.

When Benita came to see me for her initial interview, she could not control her tears. She visibly shook as she spoke of periodic fantasies of ending her own life. What was clear was her pattern of turning anger and rage inward, leading to periods of intense

depression with intermittent suicidal ideation. Despite her intense psychic pain, Benita had never before sought psychotherapy. She was motivated to do so when her twin 6-month boys had both developed alarming viral infections and she had spent two nights in the hospital with them; upon their return home her housekeeper told her that on both nights that she was away her husband, Eric, had another woman in their bed.

Benita was aware that her marriage had not been satisfactory for some time; Eric was deceitful and dictatorial, starting with small invasions of her privacy. At first Benita welcomed these incidents, such as opening her mail or demanding to know where she was every moment of the day, viewing them as signs of the interest, caring, and involvement she had yearned for all of her life. Yet, in time, her husband's intrusions became suffocating: "I feel choked, as if I lose my ability to breathe, as soon as I hear Eric's footsteps approaching me," Benita told me in this initial session. She further explained that though Eric was determined to control every aspect of her life, any questions she asked him about his friendships and time away from home resulted in one of two reactions: His ire raised, Eric would be silent for hours, or even days, or he would leave their home--as he did after Benita, no longer able to control her escalating anger, demanded an explanation.

Extreme Overprotection and Overindulgence

This category involves the parental compulsion to "protect the child against harmful influences that are liable to interfere with his or her success" (Gagné & Bouchard, 2004, p. 124). Parents may want to make up for what they did not have in their own childhood, or they may want to live vicariously through the child. While some have argued that such an intention does not constitute abuse, because the parent is frequently protecting the child as an expression of parental anxieties about the world, children caught in this cycle do not learn how to face and cope competently with life's realities. This results in adults who feel crippled without constant parental support and indulgence. Such vulnerability, even to the moderate breezes of life's difficulties, leave those suffering from this cycle with addictions, anxiety disorders, depression, eating disorders, and assorted self-destructive behaviors (Levine, 2006). Those who have been overprotected fear normal separation. To allay their anxieties, they often take on

the role of overprotector toward their partners, siblings, children, friends, employees, and coworkers. Enormous pressure is placed on these relationships, which become exceedingly troubled and difficult to maintain as those "protected" against their will begin to chafe under the new restrictions.

> An attractive and highly successful lawyer, Nathan, age 40 when we met, had parents who cushioned his road and lived to respond to his every demand. Nathan went to the same esteemed prep school that his father had attended, and his parents' financial contributions to this school were in the millions. From kindergarten through middle school, Nathan's mom was not stopped from bringing a hot lunch to him daily. Nathan's school was only a mile from his home, but he was never allowed to take the school bus in the snow. He was driven. Nathan's Christmas and birthday gifts were so abundant that even his enormous play room could not house them. Nathan's father's legal staff researched Nathan's high school and college papers; it was a call from his father to the dean of his father's alma mater, which also received a fortune from this family, that assured Nathan's acceptance.

APPLICATION OF EMOTIONAL ABUSE CATEGORIES IN STRUCTURED GROUP THERAPY

The development, features, and philosophy of the group experience I have designed over a 30-year period have several goals: to enhance patient insight into the origins of self-destructive behavior, particularly in terms of these patterns of emotional abuse; to assist patients in finding constructive, healthy coping mechanisms; and to help patients develop "an emotional sense of direction" (Smullens, 2002c). Treatment progress rests on three pillars: time limitations, a carefully structured setting, and the use of contracts. These time-limited, 9-month therapy groups meet weekly for two hours. The inspiration for this time stricture comes from Rank (see Taft, 1936), who advocated a defined ending of treatment as key to therapeutic success and believed that the inevitability of an ending propelled clients toward rebirth.

What lends the backbone to the structure of the 9-month treatment is the implementation and use of contracts, entailing five phases: contracting, focus on contracts and change, mid-process review of contracts, final contract review, and evaluation.

CONTRACTING

Before they begin group therapy, clients meet individually with me several times, exploring the presenting problems, such as Benita's question, "Can I stay in this marriage?" or Lionel's dilemma, "How can I balance the needs of my girlfriend and my sister?" Clients are asked to answer three questions: (1) What are the issues that brought you to therapy? (2) What do you want to achieve for yourself in therapy? (3) Why have you chosen this particular contract goal? In the early weeks of the group, clients read their contracts aloud. Their signature to the contract symbolizes the commitment to address their stated issues and goals.

Contracting is akin to goal-setting work. By focusing on goals in the contract, it becomes easier for client and therapist to understand the problem, analyze new developments, and prevent problematic distractions (Turner, 1974). This is especially important for time-limited therapy, as is constructing a solvable problem and creating goals that can be checked (Cade & O'Hanlon, 1993). Another benefit of the contracting phase is that it serves as a warm-up for the open-ended inquiry that group members will be exposed to as well as the type of self-disclosure that will be required of them in the group.

> For Nathan, this contracting was particularly difficult. When he came for our first contracting session, I was struck by his superficial charm and familiar pose. In a friendly way he asked me about confidentiality, and joked that in law school he had learned to trust no one. He had no trouble adapting a relaxed posture, answering my preliminary questions with speed and humor. However, as soon as we turned to deeper issues, such as the loss of an important love interest, he either froze or gave answers that were either off the point or disconnected. When I pressed him, asking if he had any part in the difficulty and loss, Nathan became offended, experiencing my non-acceptance of his evasive answers as a non-acceptance of him, something that his all-accepting parents would never have done. In a loud, angry voice he implored: "Are you calling me a liar? Why don't you believe me?"

> Nathan rescheduled his second contracting appointment less than a day before it was to have occurred; for this rescheduled time he showed up 20 minutes late. He spoke in glowing terms about his

"devoted parents," but in an unkind, even brutal way about some of the women he was meeting. He was especially angered when women he liked objected to his repetitive "I worry about you." I interrupted what became a tirade against the women he knew, asking if his anticipations were realistic. I wondered if he expected the coddling he has experienced from his parents. I also wondered what he wanted for himself, independent of his parents.

When Nathan arrived for his third and final contracting session there was an obvious shift. He was already outside my office when I opened the door and had some notes scribbled on a piece of paper. He made me promise for the second time that he would be protected by confidentiality. However, this time he did not say that the reason for this request was what lawyers are taught in school: "You can't be too careful." This time he allowed himself to experience his request on a very personal level. "I've been thinking about something you said last week," he began, "and I have to say it may not be the first time I've ever heard it, but it's the first time I can remember it sinking in, and staying with me. You said you didn't hear me talk about my life as an individual, but only in relation to my parents, and that when I did I sounded angry. I am angry. I don't want to deny the good things they did, but I was spoiled rotten at great cost to myself. I do not know how to get along with people. I feel used and I'm angry. I'm ready to do something about that."

Focus on Contracts and Change

During the second or third week in the life of the group, the carefully constructed contracts are shared in the group, thus serving as an impetus toward "developing cohesion" (MacKenzie, 1990, p. 121). Contracts, while being quite different in content, are similar in form and thus establish continuity and community. Each participant shares his or her issues, while the others resonate, based on what is touched in them about their own life journeys. The client in focus accepts the offers of help from the other members of the group. In a few instances clients reject an offer, asking for time to get used to the group process or to process their reactions to a member of the group or to the group as a whole.

The enmeshment in Lionel's family of origin had led him to believe that he should only open up to his immediate family and close relatives. While he was very polite and well-mannered in the opening

weeks of his group therapy, his demeanor changed immediately upon the sharing of his contract. After stuttering through the reading of it, he strenuously objected to the first two reactions from individuals of the group about what was touched in them, and then shut down completely for the remainder of the session, staring at the floor or making side comments to those next to him. When one member of his group, in reading his contract, shared experiences somewhat similar to Lionel's, concerning the emotional abuse pattern of enmeshment, another group member commented, "I can see why you would put yourself in a shell. It's the only way you could feel control, a 'don't you dare touch me' shell, just like Lionel's."

Lionel was stunned when I asked him if his shell was his form of self protection, although his response was reflective: "Well, it is my way of not being eaten up and forced to do what I do not want to do." As more contracts were shared, Lionel began to talk about how suffocating his life seemed. He explained that he paid a horrible price for staying glued to his blood relatives, but said he did not know how to change, as this is what they expected of him. Then his face grew flushed, and he suddenly dissolved into sobs. As moments passed Lionel's sobs began to be more intense and his body shook. I walked over to his chair and touched his arm: "Everything is ok," I told him. "Everything is safe. Just be who you are." Lionel quieted and spoke, "I saw a grave as I cried, and I saw myself crawling out of it . . ."

Lionel's awareness grew from the safety and honest sharing he experienced in the group, and he was eventually able to let go of what he described as "the chains around me." Near the end of his 9 month group experience Lionel described what he called an 'aha moment.' In his words: "I sat at my family dinner table. Though Karen was there, my parents and sister pointedly kept her out of the conversation. In a sudden flash I understood what all of our work in group was about. I got what enmeshment had done to me and my sister, and I also saw that I was not alone. Everyone in group was dealing with imprisoning blind spots of one kind or another. At that moment I knew what I needed to do."

Lionel was able to take a "time out intermission" from his sister Ellen, and to do so in a way that was explained rationally, free from the consuming anger that often welled up between the two of them. In this way their exchange became a learning experience for each of them, rather than an act of destruction. He was also able to negotiate his way through some difficult conversations with Karen as

together they sorted out their conflicts and were able to strengthen their new and committed life together.

Mid-Process Review of Contracts

As the weeks progress, contracts are often altered as new awarenesses are attained; frequently new plans to accomplish newly identified goals are added to the contract. Throughout the first few months of working together, clients experience both support and pressure from others in the group to address their stated contract issues and to move forward. By the mid-point of the sessions, members are usually actively helping each other to stay focused and reminding each other when behaviors or attitudes will sabotage their individually stated goals. They remind each other that they cannot afford to be their own worst enemy.

At this point, the group members are encouraged to discuss what the passage of time means to or touches in them. Contracts are again shared, with each client offering individual feedback and exploration. These responses range from what has been touched in them by each group member's contract issues; how they see growth and change; and what work they see still to be done. This phase of the group therapy corresponds with MacKenzie's (1990) fourth and fifth stages, intimacy and mutuality, respectively, as the group members are not only drawn increasingly closer together but also accept responsibility for their influence and impact on each other. It was this phase of group therapy that proved to be a turning point for Celeste, who had lived in a home consumed by rage.

> From the outset, Celeste's body language in the group radiated hostility and mistrust. Her face literally looked contorted, and when she spoke it was always through clenched teeth. Her interactions with a few group members were memorable for her misunderstanding of what they were saying to her as well as her subsequent rants about their failings. When members of her group told her that her way of acting made them want to "run from her," she winced, and proceeded to rant about their rejection of her, "just like everyone else!" Still, Celeste kept coming to group, ever on time, ever closed.
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> As the time came to share contracts at mid-point and receive feedback, an important shift began to unfold visibly. Feeling more con-

nected in what was obviously a life of disconnection, Celeste began expressing anger at how the other members of her group were treated, and she praised them for their hard work. Her demeanor became noticeably different: she relaxed in her chair; she smiled; and she told the others how much she would miss them when group ended, how sad she was that "group cannot go on and on." But she added: "I know I'll be able to do it." At this point I told Celeste that I could see that her caring and support meant a great deal to the others of her group and had touched them very much. And I asked if, as she addressed their feelings so accurately, she also was speaking about herself. Celeste began to cry, and another member took her hand.

A week later one group member described how he was finally able to confront one of his tormentors (from outside the group), using words that Celeste had used in her mid-process feedback to him to describe his feelings of helpless rage. Celeste's words evidenced her shock: "What I said helped you to do what felt for me would be impossible." In the second half of Celeste's group therapy she began experimenting more and more with breaking free from her internalized aggressor and in revealing her own underlying vulnerability to fellow group members. In doing so a whole new world of perception and opportunity began to open up to her. One notable example, a new friend called and asked Celeste where she got her hair cut. Celeste arrived at group angry and hurt that all people ever did was try to use her. One of the members of her group shared that her new friend was not using her, but the opposite–complimenting her style and attractiveness. Celeste then turned to me, smiling: "Now I see why you have told me I have one helluva case of 'emotional dyslexia."

Final Contract Review

Contracts are shared for the final time in the last month of the group experience. At this time clients take a bird's eye view and assess their own progress as completely as possible: what they were able to address and how they felt about it, what work still remained, where they might go from here. The group feedback for each individual is sustained, richly insightful, and caring. This is also the time when group members express their feelings about endings in general, assess how these feelings are related to other life experiences or anxieties, and, with difficulty yet strength, share their final goodbyes.

I met April a few years after her life of continuous rejection and abandonment led to her suicide attempt. She had been hospitalized, and eventually adopted by her foster parents, who treated her, in April's words, like "a somebody who mattered, not a nobody."

Although April had been in individual therapy since her suicide attempt, she was referred to me for group therapy because she was painfully shy, withdrawn, and exceedingly hypersensitive, an adaptation serving as a means of protecting herself from internal upheaval and external pain. Though she felt comfort with her adoptive parents, she let no one else into her world. And in the rare occasion that either parent sought to discipline her, she would withdraw into enraged indignation, sometimes refusing to speak to them for days.

April and I had a very positive first meeting, and although she was reluctant to enter a group, she said she was willing to try. April asked that she not be pushed to speak until she was ready, and this promise on my part was included in her contract. April did understand and accept the expectation that she share her contract. I chose a group for April where I knew the others would be most respectful of her extreme sensitivity and adaptive patterns of withdrawal. April did not say anything for the first several meetings, either about herself or in response to the stories of the others. Occasionally she would nod as others spoke. If asked to speak about the reason she was nodding, she would quietly say that she was not ready to speak.

Two months before the group's ending April started to interact with her group through brief verbal expressions and changes in affect (laughter, sighs, etc.). Group therapy became practice in how to live in the world that her birth parents and sister had cruelly withheld from her. By the conclusion of her first group experience, April was able to share some degree of emotion and allow some closeness, which was brought to the fore in her final contract review. The inevitability of this first group's ending propelled her to state, quite vibrantly: "I want each and everyone here to know that I now know compassion can heal me."

Her progress continued slowly and gradually--she would work in seven subsequent groups in my practice--one per year. In graduate school for nursing, April met a medical resident and their romance proceeded swiftly. She glowed in her sixth group as she held up her engagement ring, announcing joyously that she had found a "chosen family member who was a keeper." She then turned to me

quickly and said: "Please come to my wedding," explaining how important it was to her that I be there. April knew this was not possible, which allowed the opportunity for her to explore the losses and disappointments she had known, but also to hold onto the exquisite joys of her achievements. The following week I gave her a letter, which she read to the group. The essence of my message was how deeply I believed in her and her abilities to continue to create a beautiful life for herself and that all of her hard work and group relationships would ever be inside of her. April carried the note on her wedding day.

Evaluation

At the end of their group experience, clients bring a brief written evaluation of their progress. In a follow-up individual meeting, each one discusses their full experience in group therapy in detail, and reviews the written assessment. Some clients, like April, choose to come into a new group with newly defined issues discovered during their work. Others, like Benita, are satisfied with the completion of their treatment.

> Benita was clear during our first interview that she had come to consult me because she knew how deeply I believed in the benefits of group therapy above all other forms of therapy. The codification of the severe neglect she endured earlier in her life made sense to her, and by her second contracting session she was sure that she wanted a group experience. In truth, I wasn't sure about Benita's readiness for group therapy. Fearing that this exceedingly vulnerable artist who had fantasies of ending her life may not be able to withstand some of the anger expressed in the group, especially if it was directed at her, I suggested a month or two of individual therapy to strengthen her before she entered a group in my practice. However, she made the case that the callous indifference in her life had crippled her. She wanted an opportunity to learn to clearly hear what other people had to say to her and about her. She saw that she had "tuned out" people's actual reactions to her, whether of "admiration or complaint," and focused only on doing all in her power to avoid rejection by concentrating on providing what those she was close to wanted and then doing all she could to please them.

> Looking back over her group therapy experience, Benita wrote this in her evaluation: "I knew my marriage was a tragic mistake, but I

held on because of the boys. I just had no experience in how to find someone who could hear and value me. Working with the other group members really changed me. The truth is I have never experienced anything like it, and I will hold onto it. I believe in me, mostly because I see and understand what went wrong. I can describe it in words and feelings. I know that the neglect I lived with left me with a terror of rejection, and that I repeated what was familiar in my life as a child in my marriage. I know I am not the bad and evil person I felt like when nobody cared how I felt or who I really was, and I can now refuse to be controlled by an irrational fear. I have become a much better mom, no longer scared to say "no" to my children. I have gotten my pain out; I have been listened to; and I have listened to and learned from others. I am ready to leave now, feeling strong and confident, but also knowing if I want to return in a year or two, the door will be open."

CONCLUSION

The perpetuating dynamics of emotional abuse in childhood can be identified and codified. Time-limited group therapy, coupled with the use of contracts and a structured, dynamic setting offering concern and expectation, is an effective and a motivating approach through which clients can understand the emotional malignancy of their formative years, heal, and move on. The reality of passing time propels clients toward hard work. The continued use of contracts insures pressure and focus. The experience of ending offers opportunity to face the pain of other endings, as well as experience strength and opportunities through the meaningful experience of closure. At its best, this approach, based on insight, its resulting positive attitudes and behaviors, and experience in respectful relationships, provides a haven where clients can feel valued and understood, often for the first time in their lives. Once clients experience authenticity, kindness, compassion, and mutual respect in the treatment setting, it becomes far easier for them to recognize opportunities for expressions of sincerity, humanity, and creativity in the outside world. In this way the group experience leads to the birth of confidence and hope.

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