Surviving Dysfunctional Families

TI 055 - Thematic

By

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INTRODUCTION

The chaos and unpredictability characteristic of dysfunctional families can leave survivors deficient in their sense of trust, a critical component of healthy development. Drawing on Erik Erikson’s work on human development, this group helps participants explore the issue of trust in their family experiences and gain insight into their current adult relationships. The first six stages of Erikson’s developmental theory are used as a thematic focus for exploring the developmental challenges of trust vs. mistrust, autonomy vs. shame and doubt, initiative vs. guilt, industry vs. inferiority, identity vs. identity confusion, and intimacy vs. isolation.

The group is composed of eight, two-hour-long sessions, with the second through seventh sessions based on one of the six stages just noted. The first session is an introductory session intended to explain the content and structure of the group; and the last session is devoted to formulating an action plan for continued exploration and implementation of the concepts presented in the group.

This manual is intended to give potential group leaders sufficient information for conducting the group with various populations. Brief outlines for each session are presented with approximate time lines for each activity, followed by an extended discussion about each section. Samples of handouts are also included. The manual is written for two co-leaders, although the group can also be run by one person.

The group is best suited for persons who are moderate-to-high functioning, i.e., are sufficiently verbal and insightful to profit from the lectures and experiential exercises. Because the group is highly structured, it is possible that persons who are low functioning (such as those in hospital or residential treatment settings) could also benefit from this group. The important factor would be to ensure that the group does not contain a member who would be disruptive to the process of the group. Some of the material might also have to be modified so as to be sensitive to the educational level of the participants.

For optimal group participation, an enrollment limit of 10 to 12 persons is recommended. Though this group has been successfully run with all women, a balanced gender grouping is best in order to highlight male/female differences in psychological development. The room should be large enough to accommodate a group of this size and should be equipped with a chalkboard for lecture purposes. Also, floor or table space should be available to allow group members to draw on poster paper or similar sized paper.

Although we have not conducted screening for this group, potential leaders could certainly conduct pre-group interviews to ascertain each person’s appropriateness. Important dimensions to consider would be each person’s age (the group is best run with persons who are at least in their late adolescence to early adulthood); verbal ability; and overall psychological mindedness and insight into one’s troubled family background.
The authors used the following references in designing the group. Potential users of this manual are encouraged to become familiar with as many of these works as possible before implementing the group. References with an asterisk (*) are especially recommended.

Christopher Biffle, *A Journey Through Your Childhood.*


*John Bradshaw, *Bradshaw on: The Family.*

*John Bradshaw, *Healing the Shame that Binds You.*


*Erik Erikson, *Childhood and Society.*


Howard Halpern, *How to Break Your Addiction to a Person.*


Luis Nieves, *College Achievement Through Self-Help.*


*Randolph Paterson & Greg Moran, *Attachment theory, personality development, and psychotherapy.*

(Clinical Psychology Review, 1988).

Virginia Satir, *Peoplemaking.*

Virginia Satir, *Your many faces.*

Brenda Schaeffer, *Signs of Addictive Love.*

Malcolm West, Classification of pathological attachment patterns in adults. (J. of Personality, 1988).

*Charles Whitfield, *Healing the Child Within.*

**CAUTION:** Some of the handouts and exercises used in this group are based on copyrighted material appearing in these references. The material is reproduced in the manual for educational, non-profit purposes. Users of this manual should be careful not to reproduce copyrighted material for profit-making, non-educational purposes without the written permission of the appropriate author and publisher.
Content and Process Goals for the Group

Content Goals:
1. To set realistic goals about what participants can accomplish in this group.
2. To connect present problems with ways in which early family history affected development.
3. To present Erik Erikson's Stages of Development.
4. To help participants understand how dysfunctions in their families impeded healthy development.
5. To help participants assess particular areas which they need to resolve.
6. To help participants develop strategies to overcome the impediments.
7. To help participants develop individualized plans for further growth.

Process Goals:
1. To develop a safe environment which will promote openness and self-disclosure.
2. To develop group cohesiveness.
3. To assure confidentiality.
4. To design exercises which will maximize participation.
Session I: Introduction & Overview

Goals: To give an overview of the group. To review group rules, expectations, and responsibilities. To initiate a discussion of developmental concepts.

1. Establishing Rules and Expectations (10 minutes) *(Handout: "Rights & Responsibilities")*
2. Icebreaker Exercise (20 minutes)
3. Goals & Overview of the Group (10 minutes)
4. Lecture: An Overview of Erik Erikson’s Stages of Development (20 minutes) *(Handout: "Erik Erikson’s Developmental Stages")*
5. Processing the Ice Breaker Exercise as an Example of Trust (20 minutes)
6. Poster Paper Exercise (15 minutes)
7. Processing of Exercise (15 minutes)
8. Optional Homework: Self-Assessment (10 minutes) *(Handout: "Measures of Psychosocial Development")*

Annotated Outline

1. **Establishing Rules and Expectations**: Using the handout on "Rights and Responsibilities," group members are informed about expectations regarding active participation, issues of confidentiality, the importance of attendance and promptness, what can be expected from the leaders, etc. An opportunity to ask questions about the overall nature of the group is also provided.

2. **Icebreaker Exercise**: As a way to get the group interacting, members are asked to pair up with someone in the group whom they do not know. They are instructed to begin a conversation about each other’s background, such as occupation, hobbies, etc. They should also be instructed to ask each other what their reasons were for signing up for the group. After 10 - 15 minutes of conversation, each member is asked to introduce the person with whom he or she has been speaking. Each member may be asked to add any additional information to whatever introduction the partner has already given. The leaders should also participate in this exercise by introducing each other, stating whatever background information they would like to share especially as it relates to the nature of the group. After everyone
has introduced themselves, the leaders can ask if anyone is able to recall all the names as a way of reviewing each person's name once again.

3. Goals and Overview of the Group: One of the leaders explains that the group is based on Erik Erikson's stages of development. It is important to convey the idea that as young children develop they go through certain stages, each dealing with a certain phase of personality development. Each stage has a positive, as well as a negative, component, for example, Stage I: Trust vs. Mistrust (Infancy). A child growing up in a dysfunctional family experiences more negative than positive consequences in the resolution of each stage. Each session of the group deals with one of the developmental stages. Exercises and discussion will help participants explore their experiences at each stage and then help them begin to resolve the tasks in a positive manner. In describing the group, it is useful to employ information gleaned from the Ice Breaker Exercise to personalize and deepen understanding about the group goals.

4. Lecture: An Overview of Erik Erikson's Stages of Development. Using the handout, "Erik Erikson's Developmental Stages," the first six stages to be covered by the group are highlighted. Because the group is designed for a college population, the discussion will end with the stage covering young adulthood. Members should be asked to read over the handout. One group leader can then highlight the main points. Especially important is the first stage, Trust vs. Mistrust, since it is the basis for all other stages. If basic trust is not instilled early on, then problems will occur in subsequent stages.

5. Processing of the Ice Breaker Exercise as an Example of Trust Building: The Ice Breaker exercise can be an anxiety provoking experience because it calls on people to introduce themselves before a group. Performance anxiety can be high. Thus, it poses a threat to self-esteem, security, etc. Members should be asked questions such as the following to explore early issues of trust building in the group: Was it difficult to initially self disclose to your partner? How might this relate to trust issues? How did each person feel about trying to recall every group member's name? How might this exercise relate to overall comfort level in social situations and is this related to upbringing in any way?

6. Poster Paper Exercise: Six pieces of poster paper should be taped to the walls. Each paper should be headed by one of the developmental stages that will be dealt with in the group. Each member should be given a magic marker or crayon and asked to circulate around the room, free-associating about events, persons, etc. related to each stage. These may include statements made by significant people, specific memories about events in the family, etc.

7. Processing of Exercise: Once all members are done, the group leaders focus on each poster paper and extract common themes related to each stage. Group members may need to clarify some of their writings since they may contain metaphorical and/or abbreviated notations. The main task is to get a sense of each person's understanding about the developmental tasks and what experiences, both
positive and negative, they have had related to each stage. This is intended to personalize the nature of each stage for each group member.

8. **Optional Homework: "Measures of Psychosocial Development (MPD)"** (Assessment Instrument by Gwen A. Hawley, Ph.D.). Copies of the MPD are distributed and members are asked to fill them out for the next week's session. The MPD is a self-assessment measure based on Erikson's developmental stages. The instrument is scored by the leaders with results presented in Session III. Members are also asked to consider keeping personal journals in which they write about weekly experiences related to the session topics. They are also asked to begin obtaining and selecting baby or childhood photos of themselves which they can use to deepen their thoughts, feelings, and memories of childhood.

The MPD may be obtained by contacting:

Psychological Assessment Resources, Inc.
P. O. Box 998
Odessa, Florida 33556
(1-800-331-TEST)
RIGHTS AND RESPONSIBILITIES FOR PERSONS
ENROLLED IN GROUP PROGRAMS AT THE COUNSELING CENTER

As a member of a group sponsored by the Counseling-Psychological Services Center you have certain rights and responsibilities. Among your rights are:

A. VOLUNTARY PARTICIPATION

You should not participate in a group other than on a voluntary basis. The group facilitators will protect your right of honorable withdrawal from the group without being subjected to undue pressure from other group members.

1. The primary purposes, the basic guidelines, the potential benefits, and the potential risks involved in the group experience will be established and discussed candidly with you prior to the beginning of the group or at the first group session.

2. The facilitators will support your freedom of choice and see that you are not required or unduly urged to participate in any specific activity of the group against your better judgment.

B. PHYSICAL AND EMOTIONAL WELFARE

The group facilitators will protect the physical and emotional welfare of the individuals in the group.

1. The facilitators will take the responsibility to observe, attend, and intervene on your behalf should it become apparent that emotional stress has developed to a point that it threatens your well-being.

2. Competent referral sources will be arranged for you in the event you require help beyond that which is being received in the group.

C. RESPECT FOR THE INDIVIDUAL

The group facilitators will strive to establish and maintain a climate of respect within the group for your values, principles, and beliefs.

D. CONFIDENTIALITY

The group facilitators will respect the confidentiality of information obtained about individual members of the group.

1. The facilitators will discuss a group or individuals within the group only with fellow professionals clearly concerned with the group, and then only for professional consultation.

2. Although guarantees cannot be provided by the group facilitators, group members have a mutual responsibility to refrain from revealing outside the group any information obtained from fellow group members.

3. On occasion, a video or audiotape of group sessions may be requested by the group leaders. However, this will not be done without your signed consent.

E. RESPONSIBILITIES AFTER TERMINATION OF THE GROUP

The group facilitators' responsibilities for the members do not automatically end with the termination of the group experience. The facilitators will make themselves available to deal with individual members' needs arising at the end of a group or refer the individual to more appropriate sources when deemed necessary.

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In order to better guarantee these rights, you as a group member have certain responsibilities. Among these are:

A. TO ACTIVELY PARTICIPATE

In order for a group to be more effective, it is necessary for you to take an active role in the process. Being open and honest with the group facilitators, discussing concerns about the group process, working on outside assignments when appropriate, and providing feedback to the counselor are some of the ways that this may happen.

B. TO ATTEND GROUP MEETINGS

For a group to work effectively, it is important that you attend all scheduled sessions and be on time. If an emergency arises and you cannot attend a particular group session, or if you will be late, please call the Counseling Center receptionist, 471-3515, and leave a message for the group facilitators as much in advance as possible.

C. TO CONTACT THE GROUP FACILITATORS SHOULD YOU DECIDE TO WITHDRAW FROM THE GROUP

If, during the course of your group experience, you decide to withdraw, you should discuss your decision with the group facilitators. This will enable the facilitators to make alternate arrangements for you, if necessary, and to obtain feedback from you which is more important in planning future group programs.

D. YOUR COOPERATION IS EXPECTED IN EVALUATING THE SERVICES YOU HAVE RECEIVED

The evaluation may be in the form of a brief interview or questionnaire conducted after you have finished participation in the group.

Thank you for taking the time to read this list of rights and responsibilities. We believe that this information will help make your contact with us more productive and satisfying.
ERIK ERIKSON'S DEVELOPMENTAL STAGES


1. Trust versus mistrust (infancy). At birth, infants are dominated by biological needs and drives. The quality of their relationship with caregivers will influence the extent to which trust (or mistrust) in others and the world in general is sensed. The virtue of hope is associated with Stage One.

2. Autonomy versus doubt and shame (early childhood). Social demands for self-control and bodily regulation (toilet training) influence feelings of self-efficacy versus self-doubt. The quality of will -- the will to do what is expected and expectable -- emerges at Stage Two.

3. Initiative versus guilt (preschool age). Here children begin actively to explore and intrude upon their environment. Will they sense guilt about these self-initiated activities, or will they feel justified in planning and asserting control over their activities? The virtue of purpose -- the courage to pursue personally valued goals in spite of risks and possible failure -- now ascends at Stage Three.

4. Industry versus inferiority (school age). The social context in which the first three crises are negotiated is predominantly the home and immediate family. In Stage Four, however, children begin formal instruction of some sort. Mastery of the tasks and skills valued by one's teachers and the larger society is now the focal concern. The quality of competence (with the tools and ways of the adult world) is said to develop.

5. Identity versus diffusion (adolescence). This is the pivotal step in Erikson's scheme, when adolescents actively attempt to synthesize their experiences in order to formulate a stable sense of personal identity. While this process is psychosocial in nature -- a social fit or "solidarity with group ideals" must occur -- Erikson emphasizes the role of accurate self-knowledge and reality testing. Individuals come to view themselves as products of their previous experiences; a continuity of experience is sensed. Positive resolutions of prior crises -- being trusting, autonomous, willful, and industrious -- facilitate identity formation, whereas previous failures may lead to identity diffusion. Fidelity, the ability to maintain commitments in spite of contradictory value systems, is the virtue that emerges during adolescence (Stage Five).

6. Intimacy versus isolation (young adulthood). In this stage one must be willing and able to unite one's own identity with another's. Since authentic disclosure and mutuality leave one vulnerable, a firm sense of identity is prerequisite. Love is the quality that ascends during Stage Six.
Session II: Trust vs. Mistrust (Infancy)

Goals: To help members understand the issues of this first stage. To introduce John Bowlby's Attachment Theory as a way to explicate trust/mistrust. To provide opportunities for beginning to resolve trust issues in a positive direction. To continue building group cohesion.

1. Review of the Week and Collection of the MPD (15 minutes)
2. Lecture: John Bowlby's Attachment Theory & Review of First the Stage (Handout: "Attachment Theory") (20 minutes)
3. Imagery Exercise: "The Strange Situation." (15 minutes)
4. Processing of the Exercise (15 minutes)
5. Drawing Exercise: "Your Most and Least Trusted Person" (10 minutes)
6. Processing of the Exercise (15 minutes)
7. Imagery Exercise: "Your Trusted Person") (10 minutes)
8. Processing of the Exercise (15 minutes)
9. Homework: Practice of Imagery Exercises (5 minutes)

Annotated Outline

1. Review of the Week & Collection of the MPD: Group members are asked to share any awareness of trust issues during the last week, or any other thoughts and feelings experienced which are related to the group material. The MPD booklets and answer sheets are collected for scoring and any questions members may have about the measure are addressed by the leaders.

2. Lecture on Bowlby's Attachment Theory and Erikson's First Stage: First, a review of Erikson's first stage is given, emphasizing that the quality of the infant's relationship with caregivers will influence the extent to which trust (or mistrust) in others and the world in general is sensed. John Bowlby's contribution in the area of early childhood development is also introduced, with emphasis on mother-infant attachment patterns. Using the handout, "Attachment Theory," the lines of healthy and unhealthy development are outlined especially as they relate to our views of
ourselves and of others. It is also pointed out that sometimes, in infancy, our primary
caregiver is absent or ill or depressed, with the result that our basic human needs may
not be met (or well met) and our resulting view of the world is one of mistrust. Group
members are asked to recall any early experiences or family stories that might relate to
these points. Members are told that developmental issues are not necessarily
resolved once and for all at any given age, but may re-appear at a later time as the
family situation changes.

3. Imagery Exercise: "The Strange Situation." An imagery exercise is
introduced based on the work of Mary Ainsworth's "Strange Situation" Research
Paradigm which is related to Attachment Theory. The following script is used:

"Settle back and get as comfortable as you can in your chair. Or you might like
to lie down if you want. Begin to focusing on your breathing. Just notice the air going
in and out of your nostrils. Is it warm or cold? Whatever it is, just focus on the
sensations and let other cares and concerns drift away. (Pause) And as you do that,
we're going to take a brief trip through your imagination. Try to recall how you looked
when you were about two or three or four years old. What did you look like? What are
you wearing? How is your hair cut? (Pause) Now imagine that you are going to
school with an adult walking beside you, someone whom you trust or feel comfortable
with. Just imagine walking together toward your school building. (Pause) You walk
through the front door and then you both enter a waiting room that's full of toys and
books and chairs. Nobody else is in the room, just you and your adult person.
(Pause) And as you settle down there, for a few moments, you notice that the adult
you're with gets up to go to another room and you are left there by yourself. Notice
how you feel as that person leaves the room. (Pause) After about a minute or two,
another adult, a stranger, walks into the room. Notice all you can about this unknown
person. How do you feel as this person walks in and the two of you are there alone.
(Pause) After a minute or two, your adult person walks back into the room. How do
you feel now? How are you feeling towards your familiar adult now? (Pause) Now it's
time to leave the school and get ready to return to the here and now. Imagine yourself
leaving the waiting room and as you go out of the front doors to the school, you will
find yourself back in this group room, alert and ready to continue with the session."

4. Processing the Exercise: The "Strange Situation" Research Paradigm is
used to investigate patterns of attachment in children. Three primary classifications of
infants have been found: Securely attached children use the caretaker as a secure
base, perhaps becoming upset at separation, and then greeting the adult (typically the
mother) upon reunion, and returning to exploration afterward; Avoidant children
substantially ignore the caretaker when playing and ignore or avoid her when she
returns; and Resistant or Ambivalent children mix contact-seeking with angry rejection
of the caretaker and are so focused on the caretaker that they do not play
independently. These concepts are introduced to help debrief the imagery exercise.
Typically, people have some vivid reactions to the stranger in the room as well as
reactions to the adult with whom they are going to the school. Using Attachment
Theory, people can begin to understand that early childhood experiences which
developed trust will usually lead to secure attachment, while experiences which
involve erratic acceptance and rejection by caregivers gives way to anxious
attachment, and consistent rejection leads to angry avoidant attachment. This
exercise is likely to highlight what kinds of attachments members had and which adults
they felt most secure with in their childhoods.

5. **Drawing Exercise:** "Your Most and Least Trusted Person." Group members
are instructed to draw pictures of the person they most trusted and the person they
least trusted when they were children. They are asked to use their non-preferred hand
to deepen child-like feelings.

6. **Processing of the Exercise:** Group members are asked how it felt to
capture each person in a drawing. Each member should address what it was about
each person that evoked trust vs. mistrust.

7. **Imagery Exercise:** "Your Trusted Person." This is an extension of the first
imagery exercise and the drawing exercise. Following some brief relaxation and
focusing instructions, the following script is used:

   "Using the person you selected as the trusted person in the drawing exercise,
imagine yourself back in the school waiting room with a strange person there. Just
focus again on the waiting room and the strange person there. But remember that
your trusted person is there, too. Once you've been able to return to the school waiting
room with their trusted person, go to another scene which might be anxiety provoking
for you. It might be a scene with other people. Maybe someone else who really
intimidates you or whatever scary scene it might be. Hold on tight to your trusted
person as you enter that new challenging scene and just stay there until a comfortable
feeling arises. If the feeling doesn't come, then feel free to go to another, more
pleasant scene and enjoy each other's company for a little bit. And just continue to be
there with your trusted person as you enter a world of trust and security."

8. **Processing of the Exercise:** Group members are asked how it felt to be in
the presence of their trusted person while they experienced some challenging
situations, people, etc. The exercise is related back to building internal sensations of
security and trust.

9. **Homework:** Group members are asked to practice the last imagery exercise
at least three times during the coming week. The purpose is to use the feelings of trust
engendered by recalling the trusted person in moments which challenge one's sense
of security and confidence. They are also asked to record any thoughts and feelings
they have during the week about the material related to Bowlby and the trust vs.
mistrust stage. Using their baby or childhood photos is also encouraged in order to
deepen the feelings and memories of childhood.
## ATTACHMENT THEORY

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<thead>
<tr>
<th>HEALTHY DEVELOPMENT</th>
<th>UNHEALTHY DEVELOPMENT</th>
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<tbody>
<tr>
<td><strong>VIEW OF</strong></td>
<td></td>
</tr>
<tr>
<td>SELF</td>
<td>I am worthy of attention from others.</td>
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<tr>
<td></td>
<td>I am capable of influencing their behavior.</td>
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<td></td>
<td>I am worthwhile; my needs will be met.</td>
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<tr>
<td><strong>VIEW OF</strong></td>
<td></td>
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<tr>
<td>OTHERS</td>
<td>They will be accessible.</td>
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<tr>
<td></td>
<td>They will be caring, responsive.</td>
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<tr>
<td><strong>OUTCOME</strong></td>
<td>Exploratory system is activated.</td>
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<td></td>
<td>Approaches the world with optimism.</td>
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<td>Basic sense of security.</td>
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Session III: Autonomy vs. Shame and Doubt (Early Childhood)

Goals: To help members understand the issues of this stage. To provide opportunities for resolving this developmental stage in a positive manner. To use the MPD results to aid understanding of key developmental issues for each participant.

1. Review the Homework and the Previous Week. (15 minutes)
2. Lecture on Autonomy vs. Shame and Doubt (15 minutes)
3. Processing the Lecture (20 minutes)
4. Discussion of Negative Rules and Messages (30 minutes)
   (Handouts: "Negative Rules and Negative Messages Commonly Heard in Alcoholic or Other Troubled Families")
5. Exercise: "Guided Imagery on Shame" (10 minutes)
6. Processing of the Exercise (20 minutes)
7. Homework: Focusing on a Shaming Person (10 minutes)

Annotated Outline

1. Review the Homework and the Previous Week: Members are asked about their use of the imagery exercise during the previous week. A general discussion about the happenings of the week in reference to the concepts already covered is also conducted. (Review the optional homework, Measures of Psychosocial Development.)

2. Lecture on Autonomy vs. Shame and Doubt: The following points are made about this second stage of development. The group is told that at this stage social demands for self-control and body regulation (i.e., toilet training) influence feelings of self-efficacy versus self-doubt. Also this stage builds on the child's newly developing motor and mental abilities. The child takes pride in these accomplishments and wants to do everything "by myself." In a healthy family, there is tolerance and encouragement for the child's slow and often clumsy efforts as he or she develops a sense of autonomy. However, in a more dysfunctional family, distracted by poor physical and/or mental health, the caretakers are often impatient and overly critical (i.e., shaming), which leads to a child's internalized sense of shame and doubt.
upbringing or that of a sibling are elicited and related to the fostering of autonomy vs. shame and doubt.

4. Lecture & Discussion of Negative Rules and Messages: Participants are asked to read the handout, "Negative Rules and Negative Messages Commonly Heard in Alcoholic and Other Troubled Families." They are then instructed to gather into dyads or triads to discuss which of these rules and messages were active in their families as children. Once sufficient discussion has taken place, the members are brought back together as a group and the main points of their discussions are highlighted. Special emphasis should be placed by the leaders on the subtle, covert messages which were communicated since these are often difficult to consciously discern by children (e.g., innuendos, meta messages, double binds, etc.).

5. Exercise: Guided Imagery on Shame. Using the attached script, "Fantasy Exercise," the members are taken through an imagery exercise which focuses attention on relating to an intimidating, shaming person. The participants are asked to write signs in their imagination which will convey important messages back to the shaming person.

6. Processing the Exercise: Using the questions which appear at the end of the script (see attached handout), the exercise is debriefed with the group. The signs written out in the exercise used as examples of self-empowerment and preserving integrity.

7. Homework: Focusing on the Shaming Person. The members are asked to practice the Imagery Exercise at least three times during the next week so that they can explore further memories, reactions, etc. to shame and empowerment. Members are encouraged to write their thoughts down in their journals.
NEGATIVE RULES AND NEGATIVE MESSAGES
COMMONLY HEARD IN ALCOHOLIC OR OTHER TROUBLED FAMILIES
(Taken from Charles Whitfield, Healing the Child Within)

Negative Rules

Don’t express your feelings.
Don’t get angry.
Don’t get upset.
Don’t cry.
Do as I say, not as I do.
Be good, "nice," perfect.
Avoid conflict (or avoid dealing with conflict).
Don’t think or talk; just follow directions.
Do well in school.
Don’t ask questions.
Don’t betray the family.
Don’t discuss the family with outsiders; keep the family secret.

Be seen and not heard!
No back talk.
Don’t contradict me.
Always look good.
I’m always right, you’re always wrong.
Always be in control.
Focus on the alcoholic’s drinking (or troubled person’s behavior).
Drinking (or other person’s troubled behavior) is not the cause of our problems.
Always maintain the status quo.
Everyone in the family must be an enabler.

Negative Messages

Shame on you.
You’re not good enough.
I wish I’d never had you.
Your needs are not all right with me.
Hurry up and grow up.
Be dependent.
Be a man.
Big boys don’t cry.
Act like a nice girl (or lady).
You don’t feel that way.
Don’t be like that.
You’re so stupid (or bad, etc).
You caused it.
You owe it to us.
Of course we love you!
I’m sacrificing myself for you.
How can you do this to me?
We won’t love you if you . . .
You’re driving me crazy!
You’ll never accomplish anything.
It didn’t really hurt.
You’re so selfish.
You’ll be the death of me yet.
That’s not true.
I promise (though breaks it).
Fantasy Exercise

This fantasy or imagery exercise is about you and your capabilities that might help you to get in touch with ways in which you DE-SKILL yourself, put yourself down, or shame yourself.

Get in a comfortable position, close your eyes and imagine the kinds of settings in which one second you feel capable and competent, and the next moment you feel awkward, as if anything you might do or say might be wrong...

...try and pinpoint the behaviors which get to you most, which de-skill or embarrass you the most...

Step 2: Now pick one person who really de-skills or shames you and focus on that person,

Step 3: Keeping your eyes closed, raise your right hand if you have not yet isolated one person...

Now imagine you are going to be seeing this person in about a minute.... how does that make you feel? ... What is your body doing to prepare itself?... Are you feeling tall or small? Is your heart pounding; are your shoulders slumping?... Start walking down to the meeting with that person.

Step 4: Now imagine yourself actually being with this person... You are wearing a sign on your chest which you have specially written for this person to read... What does your sign say?

Step 5: The Indians have a saying that before you can fully understand a person, you must walk in that person's moccasins... so for the next minute or so I want you to become that other person... What does it feel like to be in that person's body? How does that person feel about him or herself: About the world in general?

Step 6: Now, still remaining in that other person's body, look at yourself through that person's eyes... what do you look like? Big or small, calm or angry, frightened, frightening?... Whatever... HOW DOES THIS PERSON SEE YOU???

Step 7: Now go back into your body... You have a chance to write yourself a new sign. There's the magic marker and paper. Pick it up and make yourself a new sign,... What does it say???

Step 8: When you are ready, come back into this room, breathe deeply a few times, and when you feel comfortable, open your eyes...

Discussion Questions

What kinds of things de-skill or shame you?... Make you feel put down? Is the concept of de-skilling useful to you?

What did your first sign say and how did it change the second time?

What did it feel like to be that other person? What new insights did you gain.. Did he/she lose some of their power to de-skill you? Why, do you think?

What was it like to see yourself from the other person's eyes? Did your appearance surprise you? Etc.
Session IV: Initiative vs. Guilt (Pre-School)

Goals: To help members understand the issues of Stage 3. To provide opportunities for resolving the problems arising from this stage.

1. Review the Homework and the Previous Week. (15 minutes)
2. Lecture on Initiative vs. Guilt. (20 minutes)
3. Exercise: Guided Imagery on Initiative vs. Guilt. (15 minutes)
4. Processing of the Exercise (30 minutes) (Handout: "Affirmations for Initiative")
5. Exercise: Blocks to Initiative (30 minutes)
6. Homework: Taking Initiative (10 minutes)

Annotated Outline

1. Review the Homework and the Previous Week: Members are asked to share their experiences in practicing the Imagery Exercise from last week's session. Any other occurrences related to the group material are also elicited.

2. Lecture on Initiative vs. Guilt: The following points are highlighted: At this stage, children become masters of their bodies, and expand many physical and verbal skills. They don't just initiate, they expand and create. Imagination and fantasy develop at this time. How a child leaves this stage depends on parents' (or others') responses to these self-initiated activities. Is the child told, "What a wonderful imagination you have!"? Or is he or she told, "You're being silly. Stop acting foolishly! You're lying! Nobody likes a liar."? If something is broken in the act of a child exploring the home, is the child called bad? Or is the child given understanding? Is he/she made to feel ashamed about sexual exploration, motor activity, endless questions of curiosity? If so, then guilt ensues. If efforts are supported and encouraged, then initiative is stimulated.

3. Exercise: Guided Imagery on Initiative vs. Guilt: Using some introductory relaxation and focusing instructions, the group is asked to think back to their earliest recollection of taking initiative on a task. It may have been in the family or in school or some other situation. Whatever age one can discern to explore early initiative-taking is appropriate for this exercise. By this time, the group is familiar with imagery exercises so relatively little coaching is necessary by the leaders.
Nonetheless, they can provide some minimal prompts along the way to deepen the imagery by having the members recall sights, sounds, textures, smells and tastes associated with the scene they are remembering.

4. **Processing the Exercise:** The members are asked to share in some detail how their initiative-taking was reacted to by primary caregivers. Implications for present-day functioning in taking initiative are also extrapolated by the leaders. As a way of finishing the exercise, the handout, "Affirmation for Initiative," is given as a strategy for building in affirming cognitions on a daily basis.

5. **Exercise: Blocks to Initiative.** The members are asked to generate ways in which they would like to take initiative now, typically new directions they have not taken up to now. These are written by one of the leaders on the left-hand side of the chalkboard. On the other side, members then address the blocks to taking initiative on those desired goals. Finally, members are asked to generate possible solutions to the blocks. These may also be written on the board alongside the corresponding block.

6. **Homework: Taking Initiative.** Members are asked to focus on one task they would like to focus on for the coming week and take the initiative to complete or at least begin. They are encouraged to keep careful notes in their journals about the thoughts and feelings they experience as they attempt to carry out the task.
Affirmations for Initiative
(Taken from John Bradshaw [undated]. "Healing the Child Within.
The Center for Recovering Families, Houston, Texas)

It's okay for you to have your own view of the world, to be who you are and to
test your power.

It's okay to imagine things without being afraid they will come true.

You don't have to act scared, sick, sad or mad in order to get your needs met.

You can be powerful and still have needs.

It's okay to find out the consequences of your behavior.

It's okay to be curious about sex and gender differences.

It's okay to be a boy or girl.

It's okay to explore who you are.

It's important to find out what you're about.

It's okay to feel what you feel.
Session V: Industry vs. Inferiority (School Age)

Goal: To highlight the importance of school-related activities and experiences which help or hinder the development of personal competence.

1. Review homework from the previous week (20 minutes)
2. Lecture on "Industry vs. Inferiority" (20 minutes)
3. Group Drawing on Industry vs. Inferiority (20 minutes)
4. Processing of the Group Drawing (20 minutes)
5. Imagery Exercise: "Your Least and Best Loved Teacher" (10 minutes)
6. Process Imagery Exercise (20 minutes)
7. Homework: Observe Yourself Starting Tasks (10 minutes)

Annotated Outline

1. Review the Homework and the Previous Week: Participants are asked about the past week and any experiences which can be related back to the concepts and/or exercises already covered in the group. In addition, they are asked about their practice of the affirmations presented in last week's session, as well as their experience in observing themselves as they initiated tasks during the week, especially challenging ones. Principles to be addressed include the hopes and fears in initiating such tasks, childhood memories which may have been triggered by such tasks, successes in beginning and completing tasks, etc.

2. Lecture on Industry vs. Inferiority: This stage encompasses expanding the child's physical and social worlds. Concepts of appropriate male and female roles develop. Communications skills are enhanced. Values become important. The influence of the school environment becomes as significant as that of the home. There are many opportunities for a sense of industry to develop as the child's expanding mind is encouraged and supported by parents and teachers. This stage is also fraught with the possibility for a sense of inferiority to develop. Who gets chosen last on the playground or in the gym for a team sport? How do scores on standardized tests in first and fifth grades label a child? Here again, what kinds of messages does the dysfunctional family give to the child at this stage? These points are related and discussed as the theme for this session.
3. **Group Drawing Exercise** (To illustrate the dynamics of industry vs. inferiority by carrying out a task as part of a small group exercise): The group is asked to divide into small groups of three or four persons, preferably with an equitable distribution of males and females. Each small group is given some crayons and/or colored felt markers and poster paper and instructed to draw a scene which captures themselves in a school setting. Drawing should be done with the non-preferred hand. The elements of the drawing should capture the kinds of activities that they enjoyed in school, as well as those they disliked. They should make some decisions as a group as to how to proceed in carrying out the task. The drawings could illustrate the members at work inside the classroom and/or out on the playground. Each member is also instructed to be aware of his or her feelings as this group project is performed.

4. **Processing of Group Drawing Exercise:** Each small group is asked to share the drawing with the rest of the group. Important elements to highlight are the activities illustrated in the drawings; how each group member is depicted; use of color, motion, and placement as possible indicators of emotional content, etc. Members should be asked what their overall emotional reactions are as they reflect on the task itself and the resulting drawing (e.g., happiness, sadness, anger, frustration, etc.).

Once all the drawings have been presented, the group as a whole is asked to focus on the roles they took in the small groups (e.g., leader, follower, mediator, active vs. passive, cooperative vs. uncooperative, etc.). They are instructed to relate their roles to the ways in which they may have been treated in school and/or at home. The purposeful or coping aspects of their behavior should also be noted so that they understand how the role has helped them function in dysfunctional situations.

5. **Imagery Exercise: "Your Least Liked and Most Liked Teachers."** (Intended to focus on the people who were most and least helpful in fostering a sense of industry and competence in school.) Group members are taken through an imagery exercise as follows:

"Settle back in your chairs (or feel free to lie down on the floor if you'd like) and get as comfortable as you can. Begin to focus on your breathing. Notice the air entering and leaving your nostrils. Is it warm or cold? Just notice whatever temperature it is and begin to feel the rhythm of your breathing, in and out. (Pause for 30 seconds.) And as you continue doing that, begin to go back to the time when you were in elementary school. Just notice all you can about being in school and/or at home. The purposeful or coping aspects of their behavior should also be noted so that they understand how the role has helped them function in dysfunctional situations.

"Now imagine your least liked teacher from elementary school. Try to remember all you can about this teacher. What did the teacher look like? Sound like?
(Pause for 30 seconds.) Now imagine something this teacher said or did to you once that was not supportive of you. What did the teacher do or say? How did it make you feel back then? How does it make you feel today? (Pause for 30 seconds.) And if you could talk to this teacher today, what would you want to tell this person? (Pause for 45 seconds.)

"Now imagine the teacher you liked the best. Try to remember all you can about this person. What did this person look and sound like? (Pause for 30 seconds.) Recall something this person did or said to you that made you feel good about you and your skills. How did it make you feel then? How does it make you feel today? (Pause for 30 seconds.) If you could say something to this teacher today, what would it be? (Pause for 45 seconds.)" 

"Now focus on both of those teachers together. What sets them apart beyond the obvious experiences you had with them? How were they the same and different? (Pause for 30 seconds.) Today, are there people who remind you of each of these teachers? And how do you react to those people today? (Pause for 45 seconds.) What would you like to say to those people today who remind you of the least liked teacher? (Pause for 45 seconds.) What would you like to say to those who remind you about your best liked teacher? (Pause for 45 seconds.) Just continue to let your images take you wherever seems natural. (Pause for 45 seconds.)"

"Now it's time to come back to the here and now. Take a few seconds to gently stretch your body and return this room, feeling alert and ready to continue."

6. **Process Imagery Exercise:** The main points in processing this exercise are to underscore the characteristics of helpful and supportive persons (e.g., teachers) versus unhelpful, demeaning persons, and the effects they have had on feelings of competence and skill. It is important to illustrate that there have been supportive people in each person's life and that experiences of encouragement are part of their history as well, so that these memories can be retrieved in moments of doubt, low self-esteem, etc. Implications for present-day functioning are also useful to draw out so that group members can see how memories of people from the past are triggered by those persons with whom they interact in the present. Gaining feelings of empowerment can be achieved by examining the kinds of statements that group members constructed in the imagery exercise which they would have liked to have said to the best and least liked people.

7. **Homework: Observing Yourself Starting Tasks.** Group members are asked to focus on one action or behavior which would illustrate a sense of industry. The task might be to speak up in a group, confront someone when a conflict arises during the next week, complete a project which has gone unfinished, initiate and complete a job around the house or apartment, etc. The main point is to experience the feelings of carrying out an action in a self-directed manner and noting the full range of thoughts and feelings which arise.
Session VI: Identity vs. Diffusion (Adolescence)

Goal: To discuss the development of various identities or roles which can arise both within the family and in school, and to ascertain present-day identities which are functional and dysfunctional.

1. Review the homework and the week (20 minutes)
2. Lecture on Identity vs. Diffusion (20 minutes)
3. Drawing Exercise on Role Identities (20 minutes)
4. Process the Drawing Exercise (20 minutes)
5. Exercise: "Who Are You Now?" (20 minutes)
6. Homework: "Observing the roles you take now." (20 minutes)

Annotated Outline

1. Review the Homework and the Week: The week is reviewed from the standpoint of the concepts and experiences covered in the group thus far. People are also asked about their experiences in carrying out and completing tasks as assigned in the previous week's sessions. Thoughts and feelings which arose as part of completing tasks should be noted.

2. Lecture on Identity vs. Diffusion: This is a stage of great physical and mental maturation. Erikson considers it a pivotal step when adolescents attempt to synthesize their experiences in order to form a stable sense of personal identity. Issues such as height for males and age of menstruation and breast development for females can have negative (or positive) consequences in identity development. Thought patterns can be very dualistic (black or white thinking). Young people develop ideals and idols, often comparing their ideals to their own imperfect families. There is a struggle for separation from parents - and often conflict between family and peer values. If a young person reaches adolescence with a vital sense of trust, autonomy, initiative and industry, the chances for also developing a meaningful sense of ego identity are enhanced. And the reverse, of course, is true. However, failure to establish a clear sense of personal identity at adolescence does not mean perpetual failure. Erikson maintains that life is a constant change and that resolving problems at one stage does not guarantee against their reappearance at later stages, or against their resolution.
3. **Drawing Exercise on Role Identities:** Using the non-preferred hand, group members are asked to draw themselves in the situations which capture the various roles which they have acted out throughout their lives, from childhood to the present moment. Each person is given crayons or colored felt tip markers and a piece of poster paper. The situations can be those in the family, at work, in school, etc. People should feel free to draw any and all situations which capture their multiple identities.

4. **Processing of the Role Identity Drawings:** Each person is asked to share the drawings which capture the various identities or roles. They should be asked to clearly identify which drawing goes with which role or identity, with some clarification regarding which identities are still a part of them now and which were left behind at another age and time. Group leaders can process this exercise using the work of Virginia Satir and others on family roles (the Hero, Mascot, Lost Child, Scapegoat, etc.), as well as drawing on birth order material (as noted in John Bradshaw’s *On the Family*, pp. 33-36). Noting the differences in role behavior across various situations is also useful. For example, how do people feel in their romantic partner roles vs. their job/career roles, etc. Do role behaviors and feelings change when they are part of their family of origin vs. when they are part of a peer group. How are they the same and different?

5. **Exercise: “Who Are You Know?”** Members are asked to break into dyads or triads to discuss the predominant roles they have now both within their families and in their work (or school setting). How might their peers describe them to another person? What aspects of the roles would they like to change or keep? What new roles do they want to acquire, or which are they preparing for now? Some time is allotted for the group to share their discussions.

6. **Homework: Observing the Roles You Take Now.** Group members are instructed to take note during the week of the various roles and identities they have in their lives. The presence or absence of roles from childhood, both in the family and in school among peers, should also be noted. The main task is to see how the past is active in the present regarding identities and how new identities have been added in more recent periods in their lives. Furthermore, they should keep in mind those role aspects which are healthy and unhealthy, and how they can embrace the positive parts and acquire new, healthy aspects.
Session VII: Intimacy vs. Isolation (Young Adulthood)

Goal: To explore how trust and mistrust influence the establishment of intimacy in interpersonal relationships.

1. Review the Homework and the Week. (20 minutes)
2. Lecture on Intimacy vs. Isolation (20 minutes)
3. Questionnaire on Relationship Addiction (10 minutes) (Handout: "Relationship Addiction")
4. Discuss & Process Relationship Addiction Questionnaire (30 minutes)
5. Lecture/Discussion on Types of Intimacy (30 minutes) (Handouts: "Addiction-Breaking Aphorisms," & "Characteristics of Mature Love")
6. Homework: Problem Definition (10 minutes)

Annotated Outline

1. Review the homework and the week: Group members are asked to reflect on the happenings of the past week, especially as they relate to the concepts covered thus far in the group. Particular attention should be focused on the roles or identities that group members were aware of during the past week's activities. Both functional and dysfunctional roles and behaviors should be noted with reference to their utility in coping with challenging situations, people, etc. Satir's terminology or the birth order concepts may be repeated here to emphasize key points from last week's session.

2. Lecture on Intimacy vs. Isolation: In this stage, one must be willing and able to unite one's own identity with that of another. Since authentic disclosure and mutuality leave one vulnerable, a firm sense of identity is necessary. Intimacy means much more than love-making alone. It implies the ability to share and care about another person without losing oneself in the process. John Bowlby's work on attachment becomes significant again here. If one developed healthy attachment at that initial stage, then there is trust that another person can be there for one and that one can share and care without fear or with expectations of reciprocity. If, however, one does not trust that someone can be there, then distancing and isolation can ensue.

3. Questionnaire on Relationship Addiction: Group members are asked to fill out a brief measure of relationship addiction. (See attached copy.) This instrument
is used as a catalyst for developing a group discussion of intimacy issues in relationships.

4. **Process Relationship Addiction Questionnaire:** Members are asked to share their ratings on the various items and their overall reaction to the measure. Maximum time should be allowed for persons to disclose their thoughts and feelings. Typically, this questionnaire will elicit a good deal of discussion since it usually taps emotional issues related to current or past romantic relationships or the lack of such experiences.

5. **Lecture/Exercise/Discussion on Types of Intimacy:** Often people view intimacy in the warm context of a physical relationship. In order to broaden the concept so as to facilitate more enriching and satisfying relationships, the following exercise was designed:

Draw four vertical lines on a chalkboard so as to divide the board into five equal columns. Leave space for a heading for each column. Ask participants to describe ways that intimacy can be expressed in a relationship. As words (or phrases) are called out, put them in the appropriate column (the titles of which are known only to the leaders at the start). At the end of about 10 minutes, ask participants to guess what each column heading might be. (The five headings representing five areas of intimacy are: *Intelectual Intimacy* (encompassing such activities as going to a lecture together, discussing a book or the news, etc.); *Task Intimacy* (building, remodeling a house, going shopping together, planting a garden, etc.); *Recreational Intimacy* (going to the movies, playing tennis, chess, taking a vacation together, etc.); *Caring Intimacy* (sending flowers or a greeting card, giving a backrub, doing a house chore that the other person usually does, etc.); and *Physical Intimacy* (hugging, kissing, intercourse, etc.). If time permits, after the headings are defined, the group is asked to consider further ways to express intimacy within each category. Also, point out that these are ways to deepen intimacy within close friendships as well as within a romantic partnership.

After this exercise, two handouts are given for additional discussion: the "Addiction-Breaking Aphorisms" and "Characteristics of Mature Love." (See attached copies.) Group leaders may go through each of the items in some detail or focus only on a few items from each handout, depending on time and the group's energy. Usually, these handouts will stimulate further discussion since some group members will take issue with some of the items, especially in the "Addiction-Breaking Aphorisms" handout. These discussions can provide rich examples for further elaborating the concepts and also focusing on the needs and concerns of particular individuals in the group.

6. **Homework: Problem Definition.** Since the next session focuses on individual action plans for continued problem resolution, group members are asked to spend some time during the next week thinking about a specific problem they would like to address next week. They should be told to be as specific as possible and "to think small." That is, they should select a small, manageable problem or an aspect of a large problem which they can tackle with reasonable effort. The idea is to define a
problem which they can begin to work on with a good chance for success. Potential failure experiences should be avoided in this task so that momentum for success can be achieved. The members should then come to the next week's session prepared to focus on their problem. They should be told that further definition and focus will also occur as part of the next week's activities, along with generating possible solutions, approaches, or strategies for resolving the problem.
People who find themselves in relationships that have many addictive qualities often have the characteristics listed below.

Score your relationship for each characteristic on the following scale:
0 = Never; 1 = Rarely; 2 = Sometimes; 3 = Often; 4 = Almost Always; 5 = Always.

1. When you were growing up, were your emotional needs met in your home?

2. Do you try to become a care-giver (especially to people who appear needy) as a way to get your needs met?

3. Because you were never able to change your parent(s) into warm, loving caretaker(s), do you become attracted to emotionally unavailable partners whom you can again try to change through your love?

4. When terrified of abandonment, do you do anything to keep a relationship from dissolving?

5. Is almost nothing too much trouble, too time-consuming, or too expensive if it will "help" the person with whom you are involved?

6. Are you willing to take far more than 50% of the responsibility, guilt, and blame in any relationship?

7. Is your self-esteem so critically low that, deep inside, you believe you must earn the right to enjoy life?

8. Do you have a desperate need to control your relationships and sometimes mask your efforts to control as "being helpful?"

9. In a relationship, are you more in touch with your dream of how it could be than with the reality of your situation?

10. Do you feel that you have difficulty making commitments to your partner?

Quiz adapted from Women Who Love Too Much by R. Norwood
ADDICTION-BREAKING APHORISMS

1. You can live without him/her (probably better).
2. Love is not enough (to make a good love relationship).
3. A love relationship is mutual and helps each person feel better about him/herself, not worse.
4. Guilt is not reason enough to stay.
5. You don't have to love someone to be addicted to him/her.
6. Just because you're jealous doesn't mean you love him/her; you can be jealous of someone you can't stand.
7. What you see is what you get, so stop hanging on to the belief you can change the other person.
8. Love doesn't necessarily last forever.
9. You can't always work it out no matter how much you may want to.
10. Some people die of bad relationships. Do you want to be one of them?
11. If someone says, "I don't want to be tied down," "I'm not ready for a relationship," "I'm not going to leave my spouse," etc., believe him/her.
12. Half a loaf isn't better than none.
13. He/she doesn't have to love you.
14. It doesn't have to get better.
15. The pain of ending it won't last forever. In fact, it won't last nearly as long as the pain of not ending it.
16. If it will be the same way five or ten years from now, do you want it?
17. There will be anxiety, loneliness, depression when you end it, but these feelings will last for only a limited amount of time and then will stop.
18. You won't be alone forever; that's thinking in Infant Time.
19. It's never too late to make a change; the longer you wait, the more time is wasted.
20. The intensity of your withdrawal symptoms does not indicate the strength of your love but the strength of your addiction.
21. YOU ARE A WHOLE AND VALUABLE PERSON APART FROM THAT RELATIONSHIP.
22. When you feel inadequate, incomplete, or worthless apart from him/her, childhood feelings are taking over.
23. He/she is not the "one and only".
24. If you end this bad relationship, you will be opening your life to new possibilities.

adapted from: How To Break your Addiction To A Person, Howard Halpern
CHARACTERISTICS OF MATURE LOVE

How does your relationship rate?
With your current relationship in mind, use the following characteristics as a guide to determine the maturity (not addiction) level of your relationship:

- allows for individuality
- encourages self-sufficiency of partners
- experiences both oneness with and separateness from a partner
- accepts limitations of self and partner
- brings out best qualities of both partners
- does not crave unconditional love
- finds commitment acceptable
- accepts endings
- experiences openness to change and exploration
- enjoys solitude
- develops outside friendships and support systems
- expresses feelings spontaneously
- invites growth in the other
- welcomes closeness
- risks vulnerability
- feels free to ask honestly for what is wanted
- cares with detachment
- experiences giving and receiving in the same way
- affirms equality of self and partner
- does not attempt to change or control the other.

Adapted from Signs of Addictive Love by B. Schaeffer

Recommended Readings:

Smart Women: Foolish Choices by Connell Cowan and Melvin Kinder

How to Break Your Addiction to a Person by Howard Halpern

Women Who Love Too Much by Robin Norwood

Love and Addiction by Santon Peele and Archie Brodsky

Signs of Addictive Love by Brenda Schaeffer

Love Addiction: Help Yourself Out by Brenda Schaeffer
Session VIII: Personal Action Plan & Group Closure

Goal: To help participants define a problem they would like to focus on for the near future, and to develop personal action plans for generating approaches and strategies for resolving the problem. To review key concepts and experiences of the group as a means of bringing the sessions to a close.

1. Lecture on Defining Personal Problems (30 minutes)  
   (Handouts: "Problem-Solving Materials" by Nieves & "Potential Problem Areas")

2. Sharpening Each Member's Personal Problem (30 minutes)

3. Strategies & Tools for Problem Solving (30 minutes)

4. Recapping of the Group (10 minutes)

5. Material for Future Reading (10 minutes)  
   (Handouts: Brochure on "Self Help: Guidelines for Personal Growth" available from the University of Texas Counseling and Mental Health Center & "Adult Children of Dysfunctional Families: Annotated Bibliography")

6. Group Evaluation (10 minutes)  
   (Handout: Evaluation Form)

Annotated Outline

1. Lecture on Defining Personal Problems: Handouts are first distributed on "Personal Problem Solving" by L. Nieves (See attached copy.) These materials are intended to help people further define the problem they want to focus on by using cognitive behavior therapy principles. The main purpose of the "Personal Problem Solving" handout is to illustrate the "who, what, when, where, how, and how often" of the problem. The examples provided in the handout are discussed, along with taking a group member's problem and filling in the flow chart as further illustration of the process.

Once this first part of the handout is discussed, the second part is introduced focusing on potential problem areas. This scheme is based on the work of Arnold Lazarus's BASIC ID as presented in his book, Multimodal Behavior Therapy. It is a way of beginning to develop specific treatment or counseling techniques which will address various sub-dimensions of the problem. Once again, a group member's particular problem could be used as an illustration or a hypothetical one could be presented.
The important point would be to break down the problem into the various component parts of the BASIC ID format, while also presenting strategies for resolving each part. (N.B. For the purposes of this group, we have added an eighth category to the handouts, "Spirituality/Existential," to account for existential and religious concerns.)

2. Sharpening Each Member's Personal Problem: Time is allotted for each group member to apply the handout material to his or her own problem. Individual coaching or assistance is provided as needed by each member. Members are encouraged to use these materials for problem-solving into the future.

3. Strategies and Tools for Problem Solving: Once each member's problem has been sufficiently focused, the BASIC ID format is applied so that specific approaches, strategies, solutions, etc. can be applied. Again, individual coaching and assistance is provided, along with creative generation of strategies by the group as a whole.

4. Recapping the Group: As a means of closing the group, the group leaders should review the main conceptual points of the group (i.e., Erikson's developmental stages) with special focus on trust vs. mistrust as the key issue for survivors of dysfunctional families. Any special disclosures or significant emotional catharsis by specific group members would also be important to recall and validate. Group leaders should share their own personal reactions to the group and invite group members to to the same.

5. Material for Future Reading: Copies of the brochure, "Self Help: Guidelines for Personal Growth." (available from the University of Texas Counseling and Mental Health Center) and an annotated bibliography, "Adult Children of Dysfunctional Families," are distributed as resources for continued reading and exploration.

6. Group Evaluation: Group members are asked to fill out an evaluation form which asks for feedback about the group and the leaders. Once this form is completed, the members are free to leave. At this point, the group is officially ended.
Problem-Solving Materials

Adapted from

*College Achievement Through Self-Help*

by

Luis Nieves
Educational Testing Service
Princeton, New Jersey, 1978

and

*Multimodal Behavior Therapy*

by

Arnold Lazarus & Contributors
Springer Publishing Company
New York, N.Y., 1976
## Potential Problem Areas

1. **Behavior modality**
   - What things do you do or what habits do you have that reduce your academic, social, or interpersonal performance?
   - **Answer:**
   - **Self-help methods:** Assertiveness Training, Rehearsal Techniques, Role Playing

2. **Affect modality**
   - These are your emotional states. What feelings and emotions do you have that are troublesome, that you believe interfere with your performance?
   - **Answer:**
   - **Self-help methods:** Music Therapy, Creative Arts (Painting, Writing, etc.)

3. **Sensation modality**
   - These are physical states—headaches, muscle tension, aches—that affect your performance. Do you have these regularly?
   - **Answer:**
   - **Self-help methods:** Relaxation Training, Self-Hypnosis Tapes, Sports, Exercise, Massage

4. **Imagery modality**
   - These are imaginative states—daydreams, images, and the like—that are unpleasant and hamper your performance. Do you have any?
   - **Answer:**
   - **Self-help methods:** Positive Imagery, Self-Hypnosis, Drawing/Painting, Music

5. **Cognition modality**
   - These are your beliefs, values, and truths. Are there any that contradict your academic and social goals?
   - **Answer:**
   - **Self-help methods:** Self-Talk, Bibliotherapy
6. **Interpersonal modality**

These are your relationships with family and friends, which can be helpful or detrimental (supportive or unsupportive) to your performance. Do you have any relationships that are unsupportive?

**Answer:** 

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**Self-help methods:** Group-Related Activities

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7. **Drugs modality**

This would reflect your physical health and the drugs and medicines you take to modify the state of your health. If you are drowsy or high a large part of the time, this would interfere with your performance. Do you ingest an unnecessary amount of drugs?

**Answer:** 

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**Self-help methods:** Vitamin Therapy, Diet, exercise.

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8. **Spiritual Modality**

This is the spiritual and/or religious dimension of your life. Are there conflicts in your life related to your religious upbringing? Are you searching for meaning in your life?

**Answer:** 

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**Self-help methods:** reading, spiritual counseling, retreats, church activities, charitable projects.

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**Sensation**

My stomach and neck muscles are tight. I get headaches and a dry mouth when I have tests and have to go to certain recital courses. (Square 11)

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**Imagery**

I imagine failing courses, and what my parents will say and how disappointed they will be, or how I'll feel when I'm the only one in my class who flunks out of school. (Square 16)

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**Cognition**

I believe I'm stupid, so studying won't make any difference. (Square 21)

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**Interpersonal**

I am unassertive with others when I don't have confidence that I'm in control. (Square 26)

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**Drugs**

The worse I feel all around, the more I need a high, so I smoke more grass and pop more pills or take more medicine. (Square 31)
<table>
<thead>
<tr>
<th>POTENTIAL PROBLEM AREAS</th>
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<tbody>
<tr>
<td><strong>BEHAVIOR</strong>-What things do you do or what habits do you have that concern you?</td>
</tr>
<tr>
<td><strong>AFFECTION</strong>-What feelings and emotions do you have that are troublesome?</td>
</tr>
<tr>
<td><strong>SENSATIONS</strong>-What physical sensations do you have regularly?</td>
</tr>
<tr>
<td><strong>IMAGERY</strong>-What daydreams, images, etc., do you have that bother you?</td>
</tr>
<tr>
<td><strong>COGNITIONS</strong>-What beliefs, attitudes, values, etc. do you have that you want to change?</td>
</tr>
<tr>
<td><strong>INTERPERSONAL RELATIONS</strong>-Do you have relationships that are problematic?</td>
</tr>
<tr>
<td>DRUGS?PHYSICAL AILMENTS - Do you have any physical problems that need attention? Do you have problems with substance abuse?</td>
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<tr>
<td>TOOLS</td>
</tr>
<tr>
<td>Spiritual/Existential Concerns - Do you have religious conflicts? Do you struggle with questions of life's meaning and purpose?</td>
</tr>
<tr>
<td>TOOLS</td>
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</table>
Adult Children of Dysfunctional Families
(And Related Topics):
Annotated Bibliography

Augustine Barón, Jr.
Counseling and Mental Health Center
The University of Texas at Austin
(revised June, 1989)


This is the "Big Book" of AA. It contains the basic principles of AA and also has a variety of stories of recovery written by some of the founding members of AA.


The authors discuss their views of spirituality and use their own model of recovery stages. The final stage is "Genesis." This book offers some interesting points about the role of spirituality in recovery. Their isn't much "how to" information, but the overall perspective offered is worth reading.


Destined to become a classic in the field. Sophisticated, in-depth look at shame-based dysfunctions. Heavy on the psychological lingo, therefore most suitable for helping professionals. However, others will find it very informative. Offers the most complete discussion on the subject of Adult Children.

*Bradshaw, J. (1988). Healing the shame that binds you. Deerfield Beach, FL: Human Communications ($9.95)

A significant extension of Bradshaw's work presented in his first book cited above. Provides an excellent overview of shame-based dysfunctional conditions. Acknowledges the work of Gershen Kaufman (see below) as being central to the understanding of shame. About half of the book is devoted to self-help material intended to heal shame.


Written by a leading psychiatrist in the Adult Child field. Since it is intended for helping professionals, the discussion uses psychiatric jargon and the DSM-III structure to help understand co-dependency dynamics.

Written for the public. The introduction provides a fascinating character analysis of Huckleberry Finn as a literary example of an ACOA.


A collection of papers written by leading authorities. Some chapters are a bit lean in content. However, they do provide a good overview of the field.


Focuses on addictive dynamics within relationships. Contains a variety of checklists, exercises, etc. for the reader to explore various elements of functional and dysfunctional relationship concepts.


This is an often cited work which provides a variety of approaches and techniques for recovery from childhood traumas.


This is an extension of Fishel's other work cited above. It is written somewhat like a self-help manual with a variety of exercises and plans to follow.


The authors apply family systems theory and object relations theory to the abusive dynamics in dysfunctional families which result in various shaming tactics. This is an excellent companion to G. Kaufman's book listed below.


A superb, "all-around" book which is an ideal introduction to the Adult Child literature. It is sophisticated enough for helping professionals, yet written in a style easily understood by others.


This is an excellent work offering a model for assessing high risk factors for relapse. The first author is one of the most highly regarded professionals in the field and has developed various models for looking at substance abuse recovery and relapse prevention.


This is an in-depth, detailed exploration of the psychodynamics of shame. It is the key work cited by other writers in the Adult Child area to develop the concept of shame-based disorders.


Provides an extended discussion of chronic shock as a dynamic in Adult Children (similar to Post Traumatic Shock Disorder). Also presents a step-by-step plan for self-help recovery.


Since spiritual approaches to recovery always rely in part on meditation techniques, an introductory book is especially helpful. This reference is an excellent primer, well-written, down-to-earth, and humorous. It takes a lot of the mystery and mystique out of meditation and makes it understandable and practical.


A good introduction to Adult Child concepts incorporating object relations theory.


An excellent overview of the chemistry of mood altering drugs, activities, etc. Provides a comprehensive discussion of addictive processes.


A creative approach to presenting Adult Child concepts through the story of the Wizard of Oz. Contains detailed charts showing the progression of co-dependence across several personality types. Will appeal to readers who enjoy literature and metaphorical thinking.

Follows the 12 steps of AA, reframing the language into concepts such as the Child Within, Higher Parent (Higher Power), etc. Provides useful meditations and affirmations for each step.


A superb book which focuses on socio-cultural/political dynamics in the development of co-dependence. Provides an important feminist perspective.


A further elaboration of the thoughts presented in the 1986 book cited above. The author presents a thorough, sophisticated analysis of societal dynamics which result in addictive processes in the population at large.


This is yet another extension of Schaef's work involving the dynamics of addiction. In this book, she applies her perspectives to organizations and how addictive processes are fostered in that context.


Presents basic co-dependency concepts. Written by a well-respected leader in the field.


This is the book referred to by AA's as "the twelve and twelve." It discusses each step and tradition in greater detail than is given in the "Big Book."


This monograph contains a wide range of information about spiritual recovery. The author synthesizes quite a large amount of information from Eastern and Western schools of thought. It contains several tables and figures to illustrate commonalities across several theoretical perspectives.

Written in a gentle, warm style. An ideal primer for lay people. Lacks some depth in certain areas, but overall is a good introduction. Presents an extended discussion on Post Traumatic Shock Disorder as a characteristic of Adult Children.


A "classic" in this very young field. This is the book which has made ACOA such a popular concept.


This monograph is a reprint of a special issue of the *Journal of Homosexuality* first published in 1982. The papers discuss various aspects of alcoholism and drug abuse within the gay population. An article critiquing Alcoholics Anonymous from a gay viewpoint is especially worth reading.

(*)These are my personal favorites and are, therefore, highly recommended.
STRUCTURED GROUP EVALUATION

Name of Group: ________________________________

Group Leaders: ________________________________

Number: ________________________________

Date: ________________________________

SOME INFORMATION ABOUT YOU:

A. Sex: ___ Female ___ Male

B. Age: ___

C. Previous Counseling Experience: ___ Group ___ Individual ___ None

SOME INFORMATION ABOUT YOUR REFERRAL TO GROUP:

A. Who referred you to group? ___ intake counselor ___ individual counselor ___ psychiatrist ___ another group leader ___ self

B. Describe your thoughts at time of referral about being referred to a group (i.e. I preferred group counseling, or I was apprehensive but thought I could benefit, or I didn’t like the idea but my counselor wanted me to, etc.).

II. Please rate each item. Mark the number that best describes your degree of agreement with each statement:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral/Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
</tbody>
</table>

PERSONAL CHANGE:
Rate yourself now as compared to when you first came to the Counseling Center.

1. I feel better about myself.
2. I relate better with others.
3. I deal more effectively with my problems.
4. I think more clearly.
5. I express my feelings more easily.
6. I understand myself better.

IMPRESSIONS OF YOUR GROUP EXPERIENCE:

1. I think the group leader(s) accepted me.
2. I think the group leader(s) understood my problem.
3. My group leader(s) communicated well with me.
4. My group leader(s) were effective.
5. My group leader(s) helped me cope with my problems.
6. If I were seeking help again, I would return to group counseling.
Please write any additional comments on the following, using the reverse side if needed:

A. The progress you made

B. Your group leader(s)

C. The other group members

D. The Counseling Center

E. Other