

TRANSFORMATIONAL MOMENTS IN GROUP PSYCHOTHERAPY
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ABSTRACT

Psychodynamic group therapy is a widely used and empirically established form of group treatment. After establishing the effectiveness of group therapy, researchers have turned their focus to how psychodynamic group therapy helps its members. This study aims to understand which types of experiences with facilitators and other group members are helpful for participants. Further, the study explores what may have contributed to helpful experiences as well as the perceived effect of those moments on the lives of the group therapy participants. With a better understanding of transformational moments, therapists will be more likely to facilitate transformational experiences in group settings.

This study used a qualitative method of semi-structured interviews with group therapists that have at least twenty years of experience. Nine group therapists participated in the study; each provided a case example of an experience that occurred in the therapy groups they facilitate, which they believe was transformational for a member. The significant themes that arose from the interviews conducted revealed that transformational moments often involve members taking interpersonal risks; members being authentic and honest with one another; and therapists being supportive and encouraging of direct and open communication. Therapists also viewed their role at times as redirecting the interpersonal approach of members to insure that people were not overwhelmed or harmed by the open communication with one another. The therapists interviewed believe that being in a community where the focus is joining together to be deeply known and to deeply understand others are important elements in allowing transformational experiences to take place.

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Chapter I

Introduction

In 1905, Joseph Prat, an internist at the Massachusetts General Hospital in Boston, founded the first psychotherapy group when he brought together 15 tuberculosis patients to discuss and learn about their common illness (Rutan, Stone, & Shay, 2007). Since that time, group therapy has flourished as a modality and has become a widely used and empirically established method of therapeutic treatment.

In the 1940's, scholarly debates over the most effective ways to facilitate patient healing and change through group treatment emerged and have continued to this day. The current debate has been further complicated by varied theoretical orientations that guide group goals and structure. Therapists from diverse theoretical orientations frame their groups differently and encourage members to use group in varied ways based on the goals and guiding principles of their orientation. The role of the group therapist for example can vary, as some therapists see their role as facilitating communication between members and maintaining group boundaries, while others see themselves as an active leader within the group. Similarly, the types of interventions used also may differ. While some group therapists make interpretations pertaining to the entire group and the here-and-now, others focus on individual-level interpretations and allow patients to bring in material from their outside lives or their past (Rutan, 1993).

With so many varied routes to healing within the group tradition, it can be overwhelming for a clinician to know what types of experiences are most helpful for patients at any given moment within a group setting. The present study therefore

examines how group facilitators participate in and initiate “transformational experiences.” Transformational experiences are broadly defined in this study as specific experiences that members have which allow them to grow. Nine seasoned psychodynamic group therapists relate experiences they have observed among members which they believe have helped their patients improve. The participants also provide insight into what they feel contributed to the occurrence of these patients’ transformational experiences and the impact these experiences had on the patient, therapist and other group members.

Review of the Literature

Group Therapy Practice

Group therapy began to be widely used for treatment in the 1940s when World War II produced more patients than there were individual therapists. While other theories were developing at that time, most psychoanalytic therapists predominantly focused on the intrapsychic experience of each individual. Patients took turns receiving treatment from the therapist as others watched (Rutan, 1993).

The intrapsychic theorists believed that the group setting produced greater anxiety for individuals than if they were working with a therapist one-on-one. Increased anxiety allowed members to regress in ways that enabled them to understand themselves better. The presence of diverse members in groups enhanced the possibility for having multiple transferences during a session. Neurotic conflicts and character styles were analyzed by the leader and the group members through the interpretation of these transferences and defenses. According to this theory the “interpersonal is translated into the intrapersonal” (Rutan et al., 2007, p. 15) and the group was used to help members learn more about how their internal experiences were projected onto their external realities.

Since that time, many other approaches of psychodynamic therapy have been applied to group therapy, providing differing emphases and unique points of view, potentially altering the focus and impact of the group experience for members (Rutan et al., 2007). After the publication of Yalom’s seminal book on group psychotherapy in 1970, The Theory and Practice of Group Psychotherapy, the interpersonal approach became widely known and utilized. The interpersonal approach emphasizes the value of

the here-and-now interactions of group members. Within this framework, the group setting provides an opportunity for members to learn how to form more intimate and satisfying relationships, while understanding what obstacles may prevent them from forming these relationships. As group members often repeat relationship patterns from their past within the group, members, with the help of the rest of the group, can explore the impact of their own interactional styles on others. Through feedback from other group members and self observation, members come to discover that their perceptual distortions are based on past experiences that are groundless in the present. Group members can then alter the behaviors and perceptions those distortions were interfering with in order to have a more satisfying and close connection with others (Yalom & Leszcz, 2005).

While helpful, it is not believed necessary for group members to understand the origins of these perceptions in order to allow them to alter their behaviors. The necessary elements for change, according to Yalom & Leszcz (2005), involve group members' understanding of how others experience them, how they contribute to and participate in that perception, and why they behave in that way. The therapist's task is to facilitate a safe and cohesive environment for group members' interpersonal learning and feedback (Yalom & Leszcz, 2005).

In these interpersonal groups, members have an opportunity to identify and address interpersonal blocks and deficits affecting their perception of others, and to understand the way they are experienced by others. Group members can explore why they are behaving in a particular manner. They are also given the opportunity to change some of their interactional patterns so that they can have more satisfying relationships. The group process is rich with opportunities to achieve breakthroughs in insight and in

self-awareness. Members make assumptions about one another and “in a moment to moment fashion, treatment provides the potential for self-fulfilling or self-defeating sequences in the form of transference enactments” (Leszcz & Malat, 2012, p. 37). The interpersonal group method allows for group members to have an experience that is different from and more meaningful than the experiences they are having in their life outside of the group.

Rutan et al. (2007), the authors of Psychodynamic Group Psychotherapy, note that “although we still have not achieved a unitary theory, therapists have come to use a combination of intrapsychic, psychodynamic, group dynamic, general systems, and interpersonal theories as the foundation of group psychotherapy practice” (p. 14). They also explain that what members receive from the group process is going to be partially based on their group leader’s orientation and perspective.

Therapeutic Factors of Group Psychotherapy

There is much evidence that patients' benefit from group therapy (Lorentzen, Bogwald, & Hoglend, 2002). To better understand the process by which members benefit from group, Yalom interviewed participants and group therapists and also brought insight from his own experience as a group leader. Yalom (1985) identified eleven factors, which summarize the therapeutic elements of group. Those factors are described in Table 1.

Table 1

Yalom's Therapeutic Elements of a Group

Therapeutic Element	Description
Group Cohesiveness	Acceptance of one another, being supportive, and being inclined to form meaningful relationships in the group. Recognition that every member of the group is important and appreciated. Revealing intimate and embarrassing details and still being accepted. A feeling of belonging and no longer feeling alone.
Universality	Members learn they are not alone in their suffering and that they are not uniquely "defective" or inadequate.
Interpersonal Learning	The group serves as a social microcosm for clients to display their interpersonal patterns and as a laboratory to study those behaviors and understand and change them. There is a correction of interpersonal distortions thus enabling a person to obtain interpersonal satisfaction in the context of realistic, mutually satisfying interpersonal relationships.
Catharsis	Expressing negative and positive feelings and learning that expression of affect can be safe and even meaningful. The client is able to have a corrective emotional experience.
Imparting Information	Members receive didactic information about mental health, illness, interpersonal and group dynamics from the therapist as well as advice, suggestions, or direct guidance from both the therapist and other clients.
Altruism	Members are able to be there for others, thereby learning they have something to offer and empowering themselves. They offer support, reassurance, suggestions, insight, and observations and they share similar problems with each other. They help others and become important parts of others' lives.

Table 1

Yalom's Therapeutic Elements of a Group (continued).

Therapeutic Element	Description
Corrective Recapitulation of the Primary Family Group	The group resembles a family with authority figures (parents) and other members (siblings). People may interact with the group in ways similar to how they interacted with their family and learn how to change some of the painful aspects of their typical role in groups and have a corrective experience.
Development of Socializing Techniques	Through feedback from other members and leaders, group members learn social skills and learn about people's reactions to their current social behavior.
Imitative Behavior	Members learn new ways of interacting, like engaging in self-disclosure or offering support, from other members and leaders.
Installation of Hope	Members are given the hope that group can help them by watching others improve as they utilize the group.
Existential Factors	Members explore their own experiences and hear the experiences of others, which helps members to recognize that life is often unfair, unjust, and that there is no escape from pain and death. Members realize that no matter how close you get to other people you are still alone in some ways. Recognizing that life is limited, members often focus on living a more honest and value-based life rather than hiding from fears and living a life of trivialities.

Note. Adapted from Yalom, I.D. (1985). *The theory and practice of group psychotherapy* (3rd ed.), New York: Basic Books pp. 1- 68.

Yalom's (1985) factors have served as a basis for an agreed upon model of the healing factors of group therapy. Many researchers and therapists use Yalom's categories to catalog the reports and experiences of individuals as well as to understand the benefits of the group process.

Several authors have suggested alternative ways of presenting the change factors underlying group therapy (Crouch, Block, & Wanlass, 1994). There are diverse opinions about how pathology develops, how to help members overcome pathology, and what constitute the most important elements of the therapeutic process (Rutan et al. 2007).

Yalom (1985) himself notes that his classification is no more or less arbitrary than factors that others have suggested. Yalom (1985) explains that therapeutic change is “an enormously complex process that occurs through an intricate interplay of human experiences” (p. 1) and cannot be fully captured by concrete concepts. Rutan et al. (2007) add that “the therapeutic mechanisms are made more complete by linking them to the process by which they occur with therapy groups” (p. 80).

There is reason to believe that one of the most influential elements of therapy is the tangible feeling of an authentic personal experience with another person that alters the patient’s perspective. Referring to change mechanisms within individual therapy, Stern et al. (1998) state:

Anecdotal evidence suggests that after most patients have completed a successful treatment they tend to remember two kinds of nodal events they believe changed them. One concerns the key interpretations that rearranged their intrapsychic landscape. The other concerns special moments of authentic person to person connection with the therapist that altered the relationship with him or her and thereby the patient’s sense of self. (p. 904)

The present study gathers more systematic evidence of these moments of experiential break-through occurring between one or more members of a therapy group. Studying examples of authentic personal experiences that allowed for potentially transformational moments in the therapeutic process may be an important window into a deeper understanding of therapeutic change and how it might be best facilitated. One example would be of a member helping another person in a group. This experience enables the receiver to feel recognized and appreciated for her struggles. Others may feel closer to her because they relate to her struggle. Being given the attention and care in the group may bring to this member a sense of being touched, moved and validated. The

helper may feel a sense of mastery which could bring with it joy, exuberance, pride and happiness. Many of Yalom's factors (1985) would be relevant to a discussion about the therapeutic experience for these group members, including cohesion, altruism, corrective experiences (if in the past things went differently), interpersonal learning and catharsis. Although this therapeutic experience relates to some of the elements which Yalom lists, there is a visceral moment being experienced by members of the group which is playing out in the therapy room. In these healing moments, group members may be coming to a place where they are experiencing a powerful connection to others and/or feeling as though they are overcoming a powerful disruption in their ability to feel connected to another. This experience may have further meaning if a member is overcoming something she initially thought would never be surmountable.

Diana Fosha (2000b), a psychodynamic therapist, argues that these cathartic experiences are markers for processes that are healing, but she also considers them affects that are healing in and of themselves. If a clinician can encourage the group to recognize, explore, and cherish such moments, this might be an important way to foster growth and healing in the group process.

Many psychodynamic therapists and theorists have begun to focus on the importance of experience within the therapeutic relationship and have developed a framework known as the "relational movement". While most of the literature regarding relational psychotherapy is written with regard to individual therapy, its concepts are just as relevant for group therapy. Many contemporary group therapists use a relational approach in analyzing the interaction between the intrapsychic, interpersonal, and inter-subjective experience of its members (Goldfinger, 2012). The remainder of the present

review of literature explores how relational theory explains the therapeutic nature of the patient-therapist relationship and describes how the concepts of this theoretical model lend themselves to group therapy. The present study will then explore whether the change mechanisms focused on in the relational literature are viewed by the therapists interviewed as important elements of the healing potential of group therapy.

Relational Psychotherapy

The relational movement focuses on how the experiences a person has throughout his life impacts his personality and the way he relates to and understands the world. When certain aspects of his experience are not being given the same respect, attention, or articulation as others, the person is viewed as restricting himself. This theory believes that “disturbances in early relationships with caretakers seriously distort subsequent relatedness not by freezing infantile needs in place but by setting in motion a complex process through which the child builds an interpersonal world from what is available” (Wachtel, 2008 p. 103). The interaction between a person’s temperament, biological predispositions and early histories begin to shape his personality. However, an individual’s personality continues to develop or remain the same based on the subsequent lifetime experiences.

Relational psychotherapy focuses on providing an experience which broadens the patient’s horizons of what is possible. In relational therapy, the object is to co-create a healing relationship with the patient. This section elaborates on some relational theorists understanding of how psychopathology emerges and is maintained, and how relational psychotherapy can help patients improve the quality of their lives.

Part I: Development. Babies are born needing to rely on their parents to survive. This is true on the most fundamental level as babies cannot independently feed, take care of themselves, nor protect themselves from danger. Furthermore, a baby can only understand his feelings and be able to know himself based on others mirroring and responding to him. Babies turn to their parents to find out about themselves, others and the world around them (Wallin, 2007).

Wallin (2007) explains that a child needs a parent to help them understand and regulate their feelings in order to know and feel comfortable with the different parts of themselves. A parent must sensitively balance responding to her child's need for proximity and support and at the same time his need for autonomy to explore his individuality and the world to provide a secure attachment base.

Wallin (2007) explains that a parent can foster secure attachment through being receptive to the whole range of the child's experience and demonstrating that they, as independent beings, have a different experience than the child. For that to be possible, the parent must be interested in understanding what the child feels, wants and believes. The parent should communicate that she understands the child by mirroring the child's affect. At the same time, the parent should show the child her own feelings about what the child is reacting to. This involves empathizing with the child's experience without being completely affected by the child's experience (i.e. staying calm but being empathic toward how scared the child is in a certain circumstance), which helps the child understand that he is affected by his context and associations to that context, and that others have a different perspective that is equally valid and limited based on their experiences. This also teaches the child that his feelings can be tolerated and that other people will not be overwhelmed by his experience.

When the child approaches boundaries, the parent should set limits but also be accepting of protest. The parent should also initiate efforts to repair the relationship when the child is upset with them. When a parent responds to the child's behavior in light of the child's feelings, beliefs and desires, even when the behavior in question is at odds

with the parent's point of view, that enables the child to learn that he can remain close to the parent even when the parent has a different perspective (Wallin, 2007).

Emotions and emotional health. Fosha (2000a) explains that affect allows a person to stay aware of herself and with her own take on the world. The child knows herself well by being able to know and tolerate her feelings. A child can feel safe enough to know and express her feelings when her parent can genuinely tolerate and respond to those feelings. The intimacy that comes with such a relationship with the parent gives the child the confidence and courage for a self-expanding exploration of the world. In cases when these emotions cannot be tolerated by the other person in a relationship, those same feelings can feel terrifying for the child and the child can lose touch with those feelings and a part of herself.

The ways in which the same powerful emotion can lead to either intimacy or conflict in the child based on the receptiveness of the caregiver to emotional openness and expression is outlined in Table 2 below. Fosha (2000a) explains there are “emotional forces designed against experience (defenses) and fears that fuel those forces (anxiety, helplessness and shame)” (p. 15). Table 2 contrasts the impact of a child being able to express her emotions versus being in an environment that does not have room for her feelings.

Table 2

Triangle of Conflict vs. Intimacy

Core emotional experience: Grief, joy, longing, rage, love, sexual desire, experience of intimacy and closeness, attachment strivings, true self states, vulnerability, in sync states of affective resonance, core state of relaxation, openness and clarity about one's own subjective truth



Negative receptive experiences: Feeling hated, dismissed, criticized, or abandoned; experiencing oneself and one's affects as objects of contempt, discomfort, revulsion and pain.

Positive receptive experiences: Feeling held, understood, appreciated, supported, loved, encouraged, helped, experiencing oneself and one's affect as welcomed, accepted and responded to



Reaction of child: Fear, shame, emotional pain, feeling alone, primary depressive reaction, helplessness, hopelessness and despair, anxiety, pain

Reaction of child: Feeling of safety, trust, in sync states, intimacy and closeness, curiosity, excitement, trust, self confidence



Red signal affect: Affect phobia, pain phobia, fears (of loss of love, helplessness, loss)

Green signal affect: Hope, anticipation of pleasurable consequences, curiosity, excitement, trust, self confidence



Defenses: Against emotional experience, emotional closeness, emotional perception

Soft Defenses: Coping strategies, social manner, defenses that can be bypassed



Consequences: Excruciating despair, emotional isolation, loneliness, depression, chronic anxiety

Consequences: Affective competence, resilience, capacity to feel and deal, capacity to postpone

Note. From Fosha, D. (2000a). *The transforming power of affect the model for accelerated change*. New York: Basic Books pp 111-112.

Part II: The development and maintenance of psychopathology.

The development of psychopathology. Fosha (2000a) explains that “when the child's affective needs stretch beyond the limits of the caregiver's affective competence the caregiver most often leads with defense reactions, spurred by feeling inadequate, helpless, and panicked” (p. 73). As attachment is crucial for a child, the emotional unavailability of a caregiver is one of the scariest experiences a child in need can have. A child will do everything to avoid expressing emotions that overwhelm the caregiver to restore the availability and responsiveness of the caregiver. When the child's affect has a negative effect on the caregiver, that affect becomes a source of anxiety, helplessness, guilt, shame and fear for the child. That which becomes off-limits in communication with the caregiver eventually becomes off-limits even in the privacy of the child's inner life. A parent teaches a child what cannot be tolerated; the child internalizes that and teaches it to his own children. The parent thereby passes down insecure attachment and difficulty tolerating certain emotions from one generation to the next (Fosha, 2000a).

Attachment research has shown that insecurely attached people fall into one of three categories (Ainsworth et al., 1978). On one extreme of these attachment patterns is the parent-child dyad in which both cope with the anxiety related to attachment by pretending that feeling attached is not important to them. In this attachment style, feelings are avoided to help the parent and child hide their attachment yearning from themselves and the other. This attachment style is therefore known as the avoidant/dismissive attachment pattern because the parent and child avoid their emotions through being dismissive of them. The avoidant/dismissive attachment style is further elaborated upon in Table 3.

Table 3

Avoidant/Dismissive Attachment

Caregiver's Role	Tend to ignore, reject or attempt to suppress the child's need for connection by defensively minimizing the importance of relationships. The caregiver ignores her own attachment yearnings and her child's.
Child's response	A child initially responds with grief and anger (core affect) to separation from the caretaker. The child feels rejected when the caretaker ignores him. This brings fear, pain and shame to the child, as well as more grief and anger. Since emotional arousal only exacerbates emotional distance, the avoidant child internalizes the caregiver's internal working model; attachment is maintained through disowning of affect.
Consequences for the child	This emotional style sets the stage for future isolation, alienation, emotional impoverishment and a brittle consolidation of self.

Note. Adapted from Fosha, D. (2000a). *The transforming power of affect the model for accelerated change*. New York: Basic Books pp 78, 117-118.

On the opposite extreme of the insecure attachment categories is the child-parent dyad that is preoccupied with attachment yearnings. This pattern is known as the preoccupied/ambivalent pattern because the parent is ambivalent about being responsive to the child, making the child preoccupied with insuring the availability of the parent. In this attachment pattern, attachment yearnings are overstated in a way that discourages the child's need to feel autonomous. This attachment style is further described in Table 4.

Table 4

Preoccupied/Ambivalent Attachment

Caregiver's Role	Ambivalent parents are unpredictable and have inconsistent responses. At times, the caregiver has trouble modulating her own affect. The caregiver's anxiety overpowers her and interferes with her ability to be attuned to the child. The child might even be called upon to take care of his caregiver.
Child's response	The child will do everything he can to avoid overwhelming feelings of aloneness, vulnerability, anger and grief. The child will be highly emotional and clingy because this increases emotional contact with the parent. The child will be attuned and responsive to his caregiver's needs to try and keep the caregiver available to him. The child will overemphasize the inadequacy of the self and selectively gloss over the limitations of the caregiver.
Consequences for the child	The child will be far too preoccupied with his caregiver's whereabouts to explore the world around him freely. Consequently, the child will experience overwhelming grief and anxiety, devoting much energy into defending against his anger.

Note. Adapted from Fosha, D. (2000a). *The transforming power of affect: The model for accelerated change*. New York: Basic Books p. 118.

The last and most disturbed attachment category is known as the disorganized attachment pattern (Ainsworth et al., 1978). In this situation, a child and parent are not effectively able to cope with attachment needs at all. It is too scary to be aware of the attachment yearning and/or other feelings they are having and too terrifying to avoid those feelings. The parent and child use dissociation and splitting to cope with the overwhelming nature of their emotional experience. The disorganized attachment style is further elaborated upon in Table 5.

Table 5

Disorganized Attachment

Caregiver's Role	The caretaker feels out of control, helpless, and shamed by an inability to tolerate certain affects in his child. He resents the child for exposing him as unable to do so. The caretaker shames, blames, rejects or punishes the expression of certain emotions in his child.
Child's response	The child views her parent as the source of safety and danger at the same time. When danger is present she has the impulse to both approach and avoid her caretaker. For the child, dissociation and splitting become necessary to tolerate that experience.
Consequences for the child	When the child expresses feelings the caretaker cannot tolerate the child experiences fears of abandonment, shame, guilt, disappointment, rejection and humiliation. The child is taught that natural and important feelings are objects of powerful disdain.

Note. Adapted from Fosha, D. (2000a). *The transforming power of affect: The model for accelerated change*. New York: Basic Books p. 79.

How psychopathology is maintained as an adult. Individuals continue to engage with others in ways similar to early family interactions; continuing to see the world from their initial perspective. They unconsciously engage with others in a way that reinforces their world view; recreating what they expect by misinterpreting others and provoking others to respond the way they expect them to. Wachtel (2008) explains:

To a significant degree, we see what we expect to see and often what we want or need to see. Consistency is maintained by our perceptual inclination to see the old in the new and by our behavioral inclination to evoke the old in the new. (p. 104)

The desire to feel connected, held, accepted, and understood does not end when a child grows up. Wallin (2007) explains, “Our lives, from the cradle to the grave, revolve around intimate attachments” (p. 1). An adult continues to avoid doing things that would compromise feeling safely connected to others. When individuals express feelings they believe they should have disowned, they often do so in a way that reinforces the destructive and humiliating potential of those emotions. Individuals also find themselves attracted to familiar ways of relating. As Wachtel (2008) describes:

we may unconsciously cling to or long for ties to early sources of comfort, to the figures who, however much they may have disappointed us, even harmed us, were all that stood between us and the utter terror and devastation of aloneness (p. 70).

Part III: How therapy heals.

Relationships that provide space for something new. Although a person has preconceived notions about what to expect from another person, if that other person continually acts differently than expected, it will eventually be registered. While people are slow to change their view and are suspicious of things not looking the way they expect, a person is able to accept that he is being treated differently than expected if his experience remains distinct despite his unconscious behavior which invites the other person to act the way in which he expects (Wachtel, 2008).

Second chances. Through our experiences in relationships, individuals are constantly developing and revising an internal working model of how to be in the world and how to view the world (Wachtel, 2008). Even if a child does not securely attach to a parent, subsequent relationships can offer second chances to love, feel, and reflect with the freedom that flows from secure attachment (Wallin, 2007). Fosha (2000a) writes:

The discovery that the other is ready to receive the formerly unthinkable and previously unbearable creates an enlarging and endless universe; reaching a state of affective coordination with others releases adaptive relational tendencies that foster further development of the relationship, deepen the bond, promote intimacy and closeness and within it, deepen knowledge of the other and the self. (p. 28)

Psychotherapy as a new attachment relationship. According to the relational approach, therapy provides an opportunity for a new kind of relationship which makes room for the thoughts and feelings that the patient once found most frightening and shameful (Fosha, 2000a). The therapist responds acceptingly to aspects of the patient's experience that others previously had met with indifference or contempt. This approach can both validate the patient and allow him to tolerate, modulate, and communicate

difficult feelings. The patient can accept previously disowned parts of himself and what those parts communicate. Therapy can also provide patients with a safe space to unlock their awareness of and grief about the suffering they have undergone by those feelings not being tolerated in the past (Fosha, 2000a).

Therapy is a gradual process because the patient is already programmed to disown certain feelings. It takes time for the patient to learn the feelings that can be tolerated and appreciated by the therapist. The therapist must also work through dynamics which prevent her from fully accepting the patient's experience. The therapist must be consistently attentive to her own subjective experience including the transference—countertransference enactments jointly created by the patient and herself, as well as the nonverbal language of emotion. According to Wachtel (2008) “At times patients will indirectly convey or unconsciously attempt to evoke in the therapist what they cannot bear on their own; aspects of their experience that are hard for them to tolerate and difficult for them to put into words” (p. 179). Wallin also explains that “to engage with what they cannot verbalize, we have to tune in as much to the music as the words” (Wallin, p. 126). The therapist must attend to the non-verbal communication of the patient.

When the patient learns that the therapist can know about the part of him he thought he needed to disown and still accept him, the patient can feel understood and further acknowledge and accept those parts of self. A patient can also reflect on the impact that trying to disown parts of himself has on his life. This deeper self awareness allows patients to make connections between past patterns and current relationships.

The patient can also gain insight into the active role they play in generating the scenarios of their adult lives through previously unconscious choices. The patient can learn how unconscious choices to hide parts of his experience contribute to vicious cycles which perpetuate distressing patterns with others. The therapist can also respond to the patient differently than others have in the past thereby disrupting the pattern and expanding the patient's knowledge of what is possible. The patient can then differentiate between which aspects of a pattern are based on his limitations, distorted perceptions and fears, and which aspects are coming from others and the role they are playing in the dynamic (Fosha, 2000a; Wachtel, 2008).

At times patients will also actively take risks to explore whether they can have a different experience with their therapist than they have had before (Silberschatz, 2005). They will re-create a similar scenario to the one where their pathologies emerged with the hope that the therapist will help them have different experiences. Patients will unconsciously provoke the therapist to act the way they expect to be treated rather than the way that they hope to be treated as a transference test to know whether they are indeed safe. At other times they unconsciously place the therapist in a similar position to one they were placed in by their caregiver to see whether the therapist can develop a different way of dealing with that dynamic (Silberschatz, 2005).

Therapists also have an unconscious that impacts their perceptions and behaviors. Their unconscious is an important contributor to the patient-therapist dynamic. Therapists therefore regard their patients as potentially helpful collaborators in identifying aspects of themselves of which they are unaware. This identification helps them reflect on how they, as therapists, are contributing to the relationship between them. The therapist will

invite the patient to share his interpretation of her and explore what behavior or attitude led to the patient's perception of her. The therapist will also respond to a patient regarding what is plausible or simply accurate in the patient's view of the transference. This will allow the patient to reflect on how much of her interpretation of the therapist was related to her own perceptual biases. The patient will reflect upon why, among the many credible interpretations of the therapist's behavior, she was compelled to interpret the therapist's actions the way that she did. The patient can then gain insight into how she is rigidly interpreting vague situations as a result of what she expects to find and experience (Wallin, 2007).

Wallin (2007) explains that therapists' contributions to co-constructed intersubjective experiences with their patients are not only inevitable but also ideal. He writes:

Therapists are well advised to allow themselves the latitude to be moved by the prevailing interpersonal currents. The authentic, emotionally charged encounters that are catalysts for change depend not only on the patient being deeply engaged but also the therapist. Veteran clinicians are often more effective not because they work through more countertransference and enact it less, but rather because they are less defensive about countertransference and more confident of their ability to work with their patients' reactions to it. (Wallin, 2007, p. 178)

Transformational Moments in Psychotherapy

Wallin (2007) explains that therapy unfolds through a series of present moments.

He notes:

When a present moment evokes an authentic personal response from the therapist that resonates deeply with the patient, the therapeutic couple may experience a memorable moment of meeting that transforms the shared implicit relationship. A moment of meeting offers the patient a glimpse into new ways of being, beyond the constraints of preexisting transference predispositions or implicit relational knowing. Such a corrective relational experience can open the door to sudden, dramatic change. Therapeutically, such moments are not scriptable; they can only be genuinely spontaneous. (Wallin, 2007, p. 125)

When a patient and therapist have an experience where they feel uniquely present with one another, such a moment can be a powerful and transformative experience. Fosha (2000b) provides an example of a transformational experience from her clinical work with a patient who had been focused on her deep grief and anger about her father's failure to understand, nurture and appreciate her. Fosha (2000b) writes, "In the course of doing the work, the patient was deeply moved by what she experienced as my loving interest in her, an experience she was encouraged to explore and articulate (p. 75)." The patient's experience with Fosha helped her remember forgotten memories of her father when he had been loving and proud of her. "She remembered a nickname he had for her, which she had not thought of in years, and she remembered how proud she had been of his interest in her writing when, at the age of 6, she had declared herself an 'authoress'" (Fosha 2000b, p. 75). Fosha (2000b) explains:

The recovery of these positive memories allowed us to better understand her dynamics. She had had her father's love up until she lost it irrevocably and inexplicably during the latency years (the loss appeared related to the birth of another child, who became father's favorite, as well as to the patient's turning nine, the exact age at which her father had lost his

father). While the loss of her father's love and subsequent starkness of her relationship with both parents shaped her adult personality and concerns, the recovery of early memories of her father's love solidified her core sense of herself as good and worthy of love and understanding. It also shed light on the origins of her incapacitating fears of loss, which had inhibited her growth and development. (p. 75)

The relational movement emphasizes the importance of a personal experience with the therapist that provides a healing experience for the patient. This theory holds that it is not only through insight but also through a corrective emotional experience that fear and self-mistrust can be overcome and that a greater self-acceptance can be achieved.

Group Therapy and the Potential for Transformational Experiences

Group treatment arguably offers even more opportunity to have authentic and genuine interaction with others. Members offer each other maternal, paternal, sibling and even peer transferences. According to Rutan et al. (2007) “the group, with its social/family like atmosphere, provides opportunities to evoke associations to current life relationships or to family-of-origin experiences” (p. 79). In fact, Rutan (2012) observed that “most people come to therapy to work on relationships with peers not with authority figures; therefore, group mirrors the kinds of attachments people are often searching for in their life more closely than does individual therapy.” Members have the opportunity to experience their longing to connect with others in the group and to remind each other of different people that they long for in their lives. The member’s patterns for trying to form connection and defenses against being hurt are activated as they attempt to engage with each other in the group (Goldfinger, 2012).

Frank & Ascher (1951) offer an example of a growth producing experience for a group member. They describe a group member who, like his mother, grew up feeling intellectually superior to others. He tried to conceal anger toward others for not being as smart as he was, so he tended to distance himself from them. When other members of the group were connecting over small talk he became angry and called them stupid. They responded by acknowledging that he was smarter than they were. After they accepted what he was saying he realized that he did not have to hide his contempt and that it was not a catastrophic criticism for others to feel less smart because they valued things other than intellect. After that experience, he realized that his anger stemmed from his own

isolation. He was actually jealous of their ability to connect in ways that he could not because he isolated himself by feeling smarter than others.

This example highlights how emotionally laden material can be brought up and worked on in a therapy group. Through experiences within the group, members can explore feelings related to longing, emotional and physical distance, attunement, criticism, hurt, rejection, judgment, anger, competition, absence, loss, jealousy, envy and limitation of themselves and others. These experiences give members material to respond to and learn to struggle with more effectively. The group process provides for the members pathological ways of relating to interact with one another. Unlike in individual therapy, these issues can be explored without the therapist always being the other person in the difficult dynamic. The therapist can thereby feel more like an ally when conflict and hurt emerge. Members can turn to the therapist for support in understanding their experience and for working through these issues together (Goldfinger, 2012).

Members also learn from the way other people handle similar situations and come to appreciate the uniqueness of each person's response pattern to a similar or identical event. People with dismissive attachment styles tend to become activated by those with preoccupied attachment styles and get more in touch with the feelings they tend to hide from. Those with preoccupied attachment styles tend to learn more about how to contain their feelings from the people with dismissive attachment styles (Goldfinger, 2012).

Members join together to learn, grow and heal and are given the opportunity to experience how they are all struggling with similar issues. There is the potential in the group setting for more collaborators in patients' understanding of themselves and others.

Each can ask the other directly about her underlying intentions, beliefs, feelings, and desires which allow a member to challenge the assumptions they made about the other members. They can also learn about the reaction of other people to them. Rutan et al. (2007) explain that “repeated opportunities for patients to examine the many facets of their problems are a major contributor to change” (p.96).

This study is designed to explore the relevance of transformational moments in group psychotherapy. It aims to further the understanding of potential growth-enhancing experiences members have in therapy groups and how these moments are facilitated. Insight into the process which enables growth can potentially provide more guidance to therapists for providing effective group methods. The study design consists of nine interviews with therapists of general interpersonal psychotherapy groups. Participants were asked whether or not they believed their patients had transformational moments in the group and the nature of those experiences. Therapists were also asked what they felt may have contributed to the development of these experiences for their patients.

Chapter II

Methods

Participants

Participants included nine licensed psychologists with over twenty years of experience as psychodynamic group therapists. Their years of experience ranged from 20 years to over 40 years with a mean of 29. All participants were situated on the northeast coast of the United States. The therapists were personally invited to participate in this study through email or in person based on affiliation to the dissertation writer or based on the recommendation of someone who knows this dissertation writer. With one exception, participants were also members of the American Group Psychotherapy Association.

Four of the nine therapists who participated in this research project also had co-therapists but their co-therapist's role was not reflected in the incidents shared. All of the therapists who participated in this study were men, as the five women asked to participate in this study were not available to complete the interview. The therapists selected six women and three men to talk about in this study.

One hundred percent of the participants had a psychodynamic theoretical orientation: 33% of the participants also described themselves as working interpersonally: 33% described themselves as object relational and 45% described themselves as relational. One therapist described himself as humanistic, another as integrating cognitive behavioral techniques, and another participant integrated a theory called the "radical interpersonal group theory" (which focuses on the self states of its members). Each of them chose to talk about an experience that occurred within the context of a private

practice psychotherapy group with the exception of one member who talked about an outpatient group that is offered in a retired living center.

Prior to meeting with participants, the principal investigator procured approval to conduct the study from the Rutgers University Institutional Review Board (IRB). Interviews were conducted over the phone. The group leaders spoke about their idea regarding how people change in group and provided an example of a transformational moment for a group member. The nine group therapist's names were kept confidential to protect the identity of their patients. Each discussed a patient in his group with de-identified information as an extra layer of protection to group members.

Measures

A semi-structured interview (see Appendix A) was used to gather the information that served as the data for this study. The interviews included open-ended questions about transformational experiences. Each therapist was asked to identify an experience he believes was transformative for a member of his group. The therapist was asked to describe the experience that happened, why he believes that experience was transformative, what may have contributed to that experience, and how he believes that moment impacted the group.

Procedures

The principal investigator confirmed the participants' eligibility for this study. Once participants were deemed eligible, an interview was arranged. Due to distance or limited availability, all the interviews were conducted over the phone. Participants who were ineligible for the study because they did not have enough experience facilitating

groups or because they were not psychodynamic psychologists were provided with an explanation of why they were not suitable for the study and debriefed. They were thanked for their time.

Participants signed an informed consent (see Appendix B) at the beginning of the interview. Signed consent forms were kept in a locked file that is separate from the participants' interview responses. Eligible participants were then interviewed with a semi-structured interview (see Appendix A) developed by the principal investigator. The semi-structured interview was audio-taped and later transcribed by a professional transcriber. The transcribed data were used to answer the following research questions:

- 1) Are there particular transformational experiences that happen in group therapy that help people change?
- 2) If so, what are some examples of those kinds of experiences?
- 3) How do those experiences help a member grow and change?
- 4) What is the impact of those transformational moments on others in the group?
- 5) What factors may contribute to allowing such experiences to occur?
- 6) What role do therapists play in those experiences?
- 7) What role do other members play in those experiences?

The principal investigator conducted all interviews in settings that were comfortable, private and convenient for the interviewees. Before the interview began, each participant was asked to sign a consent form, a copy of which was given to the participants for their records. Participants were assigned a case number which was the

only form of identification used on response materials. There was no identifying information attached to the audiotapes or transcriptions. The interview lasted from thirty minutes to an hour. All data were managed and stored in strict accordance with IRB procedures.

Data Analysis

The purpose of the data analysis was to identify themes common among the group therapists interviewed. The data collected were qualitative, content-rich interviews describing experiences of adults in general interpersonal psychotherapy groups. The purpose of the analysis was to understand the factors that contribute to transformational experiences as well as the phenomenological experience of transformational moments in group therapy.

The qualitative research methodology was selected because this research study was designed to explore subjective patterns of interrelationship within complex human interactions as opposed to well established and defined relationships between variables. McCracken (1988) explains:

The quantitative goal is to isolate and define categories as precisely as possible before the study is undertaken, and then to determine, again with great precision, the relationship between them. The qualitative goal, on the other hand, is often to isolate and define categories during the process of research (p. 16).

After the data were collected, it was analyzed using a modified grounded theory methodology developed by Strauss and Corbin (1990). The grounded theory methodology was selected because it allows the researcher to explore a phenomenon in depth and develop a theory through research questions based on flexible and semi-

structured interviews. Three phases of data analysis are included in grounded theory. They are open coding, axial coding, and selective coding. In the first stage, open coding, the data were examined and categorized by similarities and differences. Each line of each transcript was examined to understand the micro level themes. In addition, the transcript as a whole was analyzed to extract the major themes. The goal of the first stage of analysis was to extract general categories for smaller subsets of data. The data were collapsed into these general categories. Multiple categories were also grouped, so that they became sub-categories for a larger group, or placed on a continuum (Strauss & Corbin, 1990).

The second step of grounded theory is axial coding (Strauss and Corbin, 1990). In this stage, the relationships between the categories and subcategories were identified. The key part of this phase was to understand the causal relationships, main phenomena, conditions, and consequences of the various categories. Identifying these relationships results in understanding the patterns that exist in this model (Strauss and Corbin, 1990).

The last step of grounded theory is selective coding (Strauss and Corbin, 1990). Categories that were already identified were further collapsed under the main categories to form the core categories of the model. Categories were connected through a paradigm model that forms the grounded theory. The connection between the categories was refined and validated (Strauss and Corbin, 1990).

Chapter III

Results

All names and identifying information have been changed to protect confidentiality.

The results of this research have been organized into the following sections:

1. Benefits of Group Therapy
2. Transformational Experiences in Group Therapy
 - a. How the transformational experiences came about
 - b. What transformational moments look like and the perceived impact of those moments
 - c. Thematic analysis of the transformational moments

Benefits of Group Therapy

The group therapists were asked how they believe group therapy benefits members of their groups. One of the group therapists commented that he believes this question requires an oversimplified answer. He explained:

With all due respect, I think it's too simple a question, and I say that because I think that the nature of change changes. By that, I mean that for some people, at some times, it's definitely a corrective relational experience; for others it's a series of insights; for others, though this is not that common, it's a response to particular advice they get from people that lets them change certain things in their lives, and they then get the feedback from the behaviors they have changed that that is really working for them. So a lot depends on the nature of the patient's issues, what they are looking for, the nature of the group. For instance in substance abuse groups, the nature of change isn't so much about insight as about the social reinforcement for sobriety.

Nevertheless the group therapists offered similar beliefs about what helps members at times.

Corrective emotional experiences. According to the interviewees, a major benefit to the group experience is that members can have corrective emotional experiences. A number of the therapists suggested that this is perhaps the most important element of the therapeutic process. As one therapist explained:

Groups have this magical component that tend to push people to regress as if they are in their family of origin, and so it gives them an opportunity to rework past experiences, mainly wounds, unresolved complexes, by having a corrective experience with other group members.

Another group therapist described his role as primarily “creating a context for members to have growth experiences with each other.” He further explained:

Being a group analyst is somewhat like being an orchestra conductor - you need to be listening all the time to different sections of the orchestra and calling upon different people at different times in order for the piece to go well. Yet there's something very organic that happens too, that these growth experiences cannot be predicted or orchestrated, that it has to be based on the emotional risks that our patients take in group.

Coping with attachment strivings. Each of the therapists interviewed mentioned that a benefit to group therapy is that it allows group members to become more aware of the ways in which they go about trying to be connected with others. The therapists also mentioned how group provides members with an opportunity to learn what is interpersonally lost or complicated by the members' usual coping mechanisms for attachment anxiety. One of the therapists explained:

I work from the assumption that people are trying to be in a relationship, not out of one. Most of the things someone expresses, even anger, is a way of dealing with how important the relationship is, not a way to try to get out of feeling close. At the same time, members of groups often find that the way they choose to deal with their feelings now was a necessary mode of operating at one time, but the coping mechanism has outlived its usefulness.

In group, members are also given the space to experiment with other options they might have for coping and for connecting with others. One of the therapists explained that in an effort to help patients cope with attachment anxiety more effectively he often asks himself, “How much interpersonal space does this patient require and how do I help him minimize the amount of space he has between him and others?”

Open and honest communication. The therapists interviewed explained that group therapy allows members to safely express themselves and engage with others more openly and authentically: “There is a lot of tradition that if you just say what you feel and you don’t censor yourself, ultimately, good things are going to happen’ either the transmitter or the receiver or both are going to learn a lot from that.”

In group, members are able to talk openly because they come to learn that “whatever you feel, it’s earned honestly, you don’t choose your feelings and they come from a real source. You can try to fight those feelings or own them. But that is something I hope people learn is universal and not something they need to be ashamed of.”

One therapist spoke about the importance for members to feel safe enough to express things that they once thought must be kept a secret. He explained:

I agree with the AA mantra that we are only as sick as our secrets, and I am much less interested in what the secret is because that is not nearly as important or interesting as why they believe they must keep it a secret.

This process of open and honest communication allows members to better understand and accept themselves.

Another therapist highlighted how important it is for members to feel like people care enough to listen to them. He explained:

When people have experiences where somebody will stop what they're doing, (sic) make eye contact, inquire what's really going on with you, and listen, that makes a world of difference for a lot of people, because they have very little experience of that in the real world. Those of us who are a little better relating, we have that experience all the time with people, but many of our patients who suffer from depression or relational issues, they don't really have that many experiences in which people take time to deeply listen to them and to see them. One of the great things about group is that for an hour and a half, people just sit still, and the therapist tries to create a context in which they'll listen to one another and see one another. Of course that's easy to say but hard to do because people's own issues get in the way of seeing the other, that's what we call 'projection' and 'transference'. But after a while, ideally, people can see the other more for who they are, and see their own projections more for what they are.

Experiencing problems in the here-and-now. The therapists interviewed also agreed that group members benefit from “having their problems, rather than talking about them.” They re-enact the difficulties they are having in life and look at these difficulties together with others. One therapist explained: “The role that we see members take in group is not just the role they develop in the group but the role they tend to take in every place they go.” Another therapist stated that, “The advantage to group therapy is that you can really tap into the way a member is able to be relational or their difficulty in being relational.”

Learning the distinction between here-and-now and there-and-then. The therapists focused on the way members view their current experience has a lot to do with assumptions made based on past experiences. Members receive feedback which helps them realize how they are experienced and how they might behave to be experienced in that particular way. Members notice the way they are experiencing others in the group and why they are experiencing them in that way. This process helps members realize that they tend to recreate what they expect to find from their past experience through self-fulfilling prophecies. One therapist described the therapy group as being similar to being

in a “hall of mirrors; the more you expose and express your internal experience, the more it will be reflected back to you so that you can be more aware of assumptions you are making.”

Inter-subjectivity. One therapist interviewed focused on the benefit of members being able to explore the role of context in their subjective experiences. He explained:

I want a member to be able to understand and recognize that they are anxious because they are afraid of being rejected because of previous experiences of rejection – and to expose themselves to tolerating those fears and even empathize with those feelings in themselves and others. I also want members to be aware that others are struggling with similar anxieties in different ways. For example, when someone gets worried about abandonment some people get manic and some people get depressed, and the recognition of another person trying to deal with the same anxiety that you have but in an entirely different way contextualizes your own particular choice in how to cope with that anxiety. If someone usually gets depressed when feeling abandoned, he can try out other peoples’ coping strategies from the group. He can say to himself, I might take a walk even though my natural tendency is to hide under the couch. Members get to borrow each others’ coping methods as an experiment and can contextualize their own experience and ways of coping with their feelings.

Benefits of Group Therapy over Individual Therapy

Six of the group therapists interviewed also emphasized the benefits of group therapy that individual therapy cannot offer. One therapist stated:

the opportunity to relate genuinely and then examine what those emotions are with each other opens up realms that are just not possible in individual therapy since the therapist is not as able to engage fully because of the hierarchal nature of that relationship.

Another therapist noted, “There may be someone other than the therapist in the group who is more riveting than the therapist toward parental or child transferences for a member to have a corrective experience with.”

Another therapist shared that in his experience feedback from a group member is far more effective than from the therapist. He said, “The difference between getting feedback from a group member as opposed to a therapist is the difference of traveling on a four-lane highway and a bumpy road.” Another therapist further explained:

Many times patients in individual therapy will think that when a therapist is trying to say something nice that we're just trying to build self-esteem, and we can't be trusted in the same way. Group members have much more credibility, for one thing, because they've said many more hostile things in the course of a group, enhancing their credibility, and secondly because they don't really have the same kind of desire to boost somebody's self-esteem as therapists do - they're not getting paid, it's not their job, et cetera. The candor of group members allows people to take in their comments, often in a much deeper way than they can take in an individual therapist's comments.

One of the interviewees pointed out that when difficult dynamics emerge for members, a group therapist can be in a unique position to be helpful. As this participant explains:

Whatever happens outside of group will also come up in group and however you get in trouble in life will also get you into conflict in the group. That is true for individual therapy as well but when it happens in group it is often with other members of the group and the leader of the group is not in the middle of the dynamic as he would be if it was happening between him and the client. It is like a coach trying to understand how to help the player by playing against him vs. watching him play against someone else. It's much harder to coach when in the game.

Transformational Experiences in Group Therapy

Therapists were asked to focus on a specific experience that they believed helped a group member grow.

Impetuses for transformational experiences. The following table categorizes the ways in which the transformational moments the therapists selected commenced.

Table 6

<i>Impetus for Transformational Experiences</i>	
How Transformational Moments Commenced for Group Members	Number of examples provided by therapists
Response to a member or therapist coming or going from a group	2
Receiving feedback from another member of the group	4
Reacting to material that was being discussed by others	1
The therapist facilitated further exploration of a personal struggle of a group member	2

While the therapists were able to identify some of the factors that preceded the development of the transformational experience, most did not understand why that experience happened at that particular point of the group process. The therapists explained that they helped create the conditions of safety to enable members to express all of their feelings. Then they waited for these experiences to emerge.

As one of the therapists suggested:

I think groups have a very intuitive sense of timing. Who is to know exactly what let her feel safe enough to confront him at that time? But I believe in a mature group that is working along and has a strong alliance and trust, there's something about timing that is sort of automatic, things come up when they are meant to. If a therapist pushes on the group to go faster that is not going to be helpful.

Once the group therapists shared how the transformational experiences began, they then explored the details of each transformational experience. Each explained that he was going to try to capture the experience as accurately as possible. However, because he did not record the narratives presented, these narratives reflect the therapists' best attempts to recreate what happened and are not completely accurate. The following section will discuss the specifics of the transformational experiences that occurred in the groups and the therapist's perceptions of the impact of those experiences.

Transformational experience #1: Sam

Background of member. Sam is a middle-aged man who grew up as an only child. His mother would beat his father and criticize him continuously. Sam begged his father “to be nicer to mommy so she stays happy,” but this did not prevent the attacks from his mother. He tried very hard in his life to be better than his father by helping those he cared about in any way that he could. Despite his good will, he found himself hurt and abandoned each time. Sam’s ex-wife left him after he did everything he could for her and let her do whatever she wanted. For example, his ex-wife wasted hundreds of thousands of dollars on frivolous spending, had multiple affairs, and in return, offered him very little love and kindness. He then fell in love with another woman and offered her similar kindness only to be treated in a similar way. Still, he blamed himself and always asked, “What am I doing wrong that makes her unhappy?”

Background in the therapy group. Sam would describe his struggles openly and honestly and was very loquacious. He was surprised to learn that others in the group felt his childhood must have been scary and difficult and they expressed frustration toward both of his parents for contributing to his home environment. He came to realize that his childhood was unusual. Sam was surprised when he heard the stories of the less volatile and less abusive families of other members. Over time he became aware of how frightened he was as a little boy and how scary the world felt to him. Based on his experience with his parents, Sam also became aware of how little he trusted that authority figures would protect and take care of him.

As might be expected, Sam would try to offer everything he could to other members of the group. A group member would often discuss how Sam would call them at night to check up on them. Sam talked with members going through hard times for hours. Sam would bend the boundaries of group in many ways, including driving someone to group whose car was out of commission. At times within the group there was some competition between members about who Sam helped with what and what it meant for him to have that kind of relationship with one member in the group and not another.

The transformational experience. A member of the group spoke about her father being deathly ill. She described the sadness that she was experiencing because she had a complicated relationship with him. Another woman in the group, Abby, then said,

Speaking of complicated relationships, I am really confused about the fact that I am having some complicated feelings toward Sam. He has been talking to me at night a number of times this week and has been very nice to me and I feel very good about it, and yet (turning to Sam) I want to slap you. And I can't figure out why. I feel horrible even saying it.

Other members in the group resonated with Abby's statement. One member said: "Wow, that's fascinating, I don't know if I want to hit you, but yes, there's something there for me also; even though you're probably the nicest guy in the group I am angry with you." Sam was shocked, and the group leader asked him, "What is it like to be receiving the gift of honest feedback even when they don't think it's going to be easy for you to hear?" Sam replied: "My ex-wife would slap me and my mother would slap my father." Sam recognized that this could not just be a coincidence. The group sat there together in confusion about these feelings. The therapist then interjected, "I wonder if anyone knows any pacifists who weren't ultimately murdered."

Another member, Molly, offered, “It’s surprising how you try so hard to make people happy and yet they feel aggressive and angry.” She shared, “I have a similar confusion. For instance, I feel very lonely and I don’t get why people don’t reach out to me and try to be my friend.” A member in the group offered, “If I saw you at a party I don’t think I would have approached you either.” She explained, “You often have this expression on your face that looks like you don’t want to be bothered.” Molly replied, “That’s amazing because I want nothing more than for people to bother me.” The group therapist ended the group by saying, “You know this is important stuff, because people really are asking one of the most fundamental questions that we ask, which is, in what ways do I invite the world to treat me in ways that I expect rather than desire?”

The therapist’s impressions.

Impact on Sam. The therapist explained:

One reason why this experience had a positive impact on Sam was because this came from people he trusted, he knew we were on his side and it rang true. Abby’s expression of anger was an invitation to have a closer relationship not a way of trying to push him away. He [Sam] has seen over the course of two years how much this group cares about him. This experience enabled Sam to realize that he is killing people with kindness, that he is not acknowledging the anger that he has about being treated a certain way and feeling like he needs to treat others a certain way, but that the aggression is still felt. Sam will likely learn to acknowledge his anger toward his mother for being so volatile and out of control and have some anger toward his father for being aggressive in his passivity in a similar way that he is - and not feel like it’s his responsibility to be pleasing all the time to make sure that others don’t hurt him or reject him.

Role of other members. The therapist explained that it was important for Sam that another member gave him feedback: “I think feedback often gets through much more directly when it comes from a peer than an authority, particularly with Sam who has such

distrust and fear of authority figures.” The therapist also discussed how that member was providing Sam with “a new kind of experience because unlike his mother and ex-wife she was giving him feedback about the way he was being experienced without acting it out, she was containing those feelings and exploring them with him in a caring way.” The therapist also explained that it was helpful that other members in the group had similar feelings.

If one person in the group had said I feel like slapping you then it would likely have something to do with that member; if four or five people are saying it, it likely has more to do with the individual provoking those feelings.

The therapist added:

It was also valuable that another member offered her own experience of inviting something she does not want so he would know this is a very natural struggle and others are willing to be vulnerable and work on that as well.

Role of the therapist. The therapist acknowledged that he also had felt anger toward Sam and noticed the anger on the faces of other group members. He knew that anger existed but “wanted the feedback to come from another member.” When another member did provide him with the feedback, the therapist framed the feedback as a gift and was appreciative of how important the feedback was for Sam. He also offered the group some thought about how passivity can provoke aggression. Lastly, he pointed out that Sam’s unconscious invitation for something he really does not want reflects a universal struggle and is relevant for everyone in the group.

Impact of the group culture. “The group was able to contribute to Sam’s transformational experience because this group has a tradition of open and honest conversations to help each other that dates back thirty-five years.”

Impact on other members. The therapist described the group's experience as "riveting." According to the therapist:

They knew this was speaking to a core issue for this member and that this was new material for him and they were very interested and intrigued to learn what it was about. It also opened up a conversation in the group about how other people invite the world to treat them the way they expect to be treated instead of the way they hope to be treated.

The therapist's experience of the transformational moment. The therapist explained: "I loved it because I noticed this pattern myself and understood the importance of him getting this feedback."

Transformational experience #2: Jim

Background of member. Jim is a middle-aged man who never thought much of himself. He went in and out of deep precipitous depressions and struggled with social isolation and loneliness. He grew up in a single-parent family with eight siblings, many of whom were adopted. Jim's mother, who was a foster child herself, mostly ignored him to focus her attention on her adopted children, compensating for not wanting the adopted children to feel less important. He experienced considerable loss of his mother's attention and considerable envy toward his adopted siblings.

Background in the therapy group. Jim was a consistent member of the group for a number of years. He would try to contribute to the extent that he could but would often say things in a low voice. He felt less important than other members and was reluctant to initiate conversations. Jim was very careful with his words and said only a few short sentences each week. He slouched in his chair and mumbled his words when he spoke.

The transformational experience. When a member of the group shared something that she was struggling with, a lull developed in the conversation and the group became silent. Jim offered an observation about what that woman was saying, but it was expressed so quietly that most of the members in the group could not hear it. Another woman in the group, Janet, who was old enough to be Jim's mother, turned to the therapist and said, "He is so quiet and when he speaks it's so frustrating to me." The therapist turned to her and asked: "Why not be direct with Jim and let him know how you are feeling?" Janet then turned to Jim and said: "You know, Jim, I really value what you

have to say, but you mumble. I can't hear you. I want you to know it's so frustrating to me because for me it disturbs the flow of the group.”

Jim started blushing and looked uncomfortable and apologized. Janet said:

I don't want you to apologize; I want you to have a voice! I sit here and I listen to you and you're like someone who doesn't have a voice, who is not going to be heard. And I want to hear what you have to say. I like you, I respect you. I want you to have a voice.

Jim sat up in his seat and smiled. He said, “You know, no one's ever said that to me. He shared he was both embarrassed because of the focus on him, but delighted.”

They stared at each other for a moment each with big smiles on their faces. Others in the group shared having similar feelings to this woman and also related their own difficulties with being fully expressive.

The therapist's impressions.

The impact on Jim. The therapist explained this experience had a positive impact on Jim because Janet “wasn't just being critical; she was being very supportive and nurturing. She really was being genuine about wanting to hear from him.” The therapist explained:

The mother he incorporated in his head is a mother who overlooks him. And here, what he had in group was a mother who wanted to hear from him. So she conveyed this to him, and I have to tell you, when you ask questions about transformation, Jim was physically transformed. Jim simulated in the group what it was like to sit and wait for the attention from his mother that he never got, and then here's Janet who said, 'I really do want to hear from you.' So he recreated the same situation, and then it was responded to in a corrective way. He also didn't feel alone with what he was struggling with as others in the group joined in and said 'I struggle with that too.' After this experience, he [Jim] was far more expressive in the group. He clearly felt more confident, more accepted and was more expressive. He began to speak up and was thrilled to know that others wanted to hear him speak, but he would miss cues at times and

monopolize or talk over other members. So while this was an experience that helped him in important ways, the next step was going to be finding the balance between his voice and other people's.

Role of other members. Janet offered Jim the corrective emotional experience of telling him that she wanted him to have a voice and her frustration that he mumbles. Other members of the group then shared having similar feelings toward Jim and also shared how they related to what Jim was going through.

Role of the therapist. The therapist encouraged the interaction between Janet and Jim and he was visibly excited as the experience played out. He explained that this experience was able to happen because Janet took a risk to try and come closer to Jim and Jim was receptive. The therapist said:

If Jim was just defensive; if after Janet told him to have a voice he said, "no thank you," then this experience would not have been transformational. It was his emotional receptiveness that allowed this moment to have the kind of impact on him that it did. Sometimes the openings are taken, and sometimes they're not taken, and the analyst is not in charge of that. But when it happened, I must have been glowing myself, and it's important that I can reflect, in this case, the same kind of maternal attitude that Janet was reflecting. And Jim had this way, as infants do, of checking in with the parent: 'Is it all right? Can I go ahead with this? And so I was supportive of Jim having a voice. I didn't just sit back and let this conversation happen; I supported it.

Contributions of the group culture. The group culture of basic trust and alliance built over fifteen years helped to enable this experience to occur. There was a comfort level, a sense of trust, a willingness to take emotional risks. Group therapy is not just about listening to other peoples' pain. You quickly learn that you get the most out of group when you take emotional risks. In this case, Jim and Janet were willing to take an emotional risk and instead of fading into the background, Jim was now someone in the foreground.

Impact on other members. The therapist explained:

Jim was not the only one in the group struggling with feeling less important than others. In fact, Janet's statement of 'I want you to have a voice' was meaningful for her own life as she had a difficult relationship with her father who tended to be domineering, difficult, and inaccessible. She also wasn't attended to as much as her siblings. So when she turned to Jim and said, 'I want you to have a voice', she was also addressing her own situation. Janet's confrontation and Jim's corrective experience also reified how open and honest communication helps to produce growth.

The therapist's experience of the transformational moment. The therapist shared, "I was thrilled when this happened, and it reinforces the value of group for me when these kinds of moments do happen."

Transformational experience #3: Joe

Background of member. Joe, a gay man in his mid twenties, struggles with social anxiety and depression. Joe feels that his parents favor his brother despite his efforts to be favored by them. Joe feels isolated, lonely and absorbed in pain.

Background in the therapy group. Joe was in a young adult group for a few months. It became clear from his interactions in the group that much of Joe's loneliness resulted from his having a hard time empathizing with others or focusing on anyone other than himself. He presented very self-referentially and became annoyed whenever the attention shifted away from him. He would also challenge other members in the group. He would explain, "I want to be like the therapist and challenge other members." The therapist would remind him, "I am the therapist who is taking care of the group, and you only need to take care of yourself."

Other members often got frustrated with Joe's anger when conversations moved away from him. The week before, two women in the group who initially had animosity toward one another were beginning to appreciate each other. These two women, Mary and Gina, were beginning to see each other more objectively and realized ways in which they had been helpful to each other. Mary said to Gina, "Gina, I am less afraid of you, and I really have developed a respect for you, and it feels good, because I feel like you're appreciating what I have been giving you." And Gina, in turn, said, "Mary, I am not as threatened by you as I was, and I am finding you more helpful, and I am grateful for that." Joe shared being impatient with what they were talking about. Mary said, "Look Joe, it can't be all about you all the time." Mary's statement made Joe very upset.

The transformational experience. Mary began group by sharing that she wanted to learn more about Gina. Mary asked Gina to say more about a struggle she was having in her romantic relationship that she had mentioned briefly the week before. The therapist asked some clarifying questions to facilitate the intimacy between Gina and Mary. Joe became angry at the therapist saying, "This is boring! I don't care what happens between Mary and Gina, and I do not like you doing individual therapy with group members." The therapist asked him to elaborate. Joe explained that he wanted everybody to be working in the here-and-now, and the therapist replied, "I thought we were." Joe became even angrier and the therapist encouraged him to continue to articulate what his anger was about.

The therapist noticed that as Joe was speaking his eyes were filling up with tears, and he was squirming, twisting and doubling over. The therapist asked, "Joe you are speaking about anger but you are feeling something else as well." Joe replied, "I don't know what it is. You tell me." The therapist said, "No, I can make some guesses, but I'm wondering, can you find out?" Joe said, "I am not sure." The therapist suggested: "Well, looks to me like maybe you're feeling sad." Joe then began to cry.

Joe shared, "My boyfriend is leaving me and it is my fault." Joe explained, "I would avoid him. After speaking about this in group last week I realized I needed to change and started to spend more time with him but it was too late." The therapist responded sarcastically but empathically, "Oh! Well, group really helped you then!" Joe replied: "Not enough! I am so annoyed with myself for not making time available for my boyfriend and for not telling my boyfriend how much I care about him." Joe then said, "I am jealous of Gina and Mary who are able to connect with one another. I am sad and I

feel so alone because I did not connect with my boyfriend the same way they are. However, I feel like the group is helping me acknowledge the importance that my partner has to me.”

A number of group members empathized with how hard it is to lose your first love. Members of the group asked him some questions to help him think about managing separating, while others offered him advice regarding how he might be able to get his boyfriend back. Joe turned to a woman that had joined the group that day and who had not said much and asked, "What do you think about what I've been talking about?"

The new group member joked, “Do you mean to say, enough about me, what do you think about me?” Other members were confused by what she meant and so the therapist explained the joke about a man on a date who says:

Oh my God, I've been here talking about myself for fifteen minutes and I feel like I don't know a thing about you, and I really would like to learn something about you. You look like such an interesting person, and you've been such a good listener. Tell me, what do you think of me?

The therapist then turned to the new member and said, “I think your joke is articulating something important for Joe to hear, but it sounds like there is also something important to him about hearing your impression of him because he is feeling vulnerable.” The woman shared that she felt compassion towards him. The therapist then turned back to Mary and Gina and asked, “Do you have more to say to each other or more to say to Joe.” They shared their feelings of compassion toward Joe. Another member then talked about the way in which the group was helping him make important changes in his life.

The therapist's impressions.

Impact on Joe. The therapist explained:

I think the key thing is that Joe needs to learn, and is learning, that a purely aggressive stance only causes others, except, hopefully, the leader, to get defensive, put up their defenses, and then resist, or hide themselves or run away, or get angry. And then, if that's what you want, you can have an angry relationship. But clearly, he's a person who wants more intimacy and is very responsive; he doesn't fight for that long. He's willing to look at things. And as that example last night illustrates, he softened with a kind of tender, compassionate, caring approach on my part. He softened, he opened, he shared his sadness and vulnerability.

The therapist explained that Joe was willing to express that group was important to him, although, while he was expressing his anger, it was not easy for it to be seen that group mattered to him. According to the therapist, Joe “really wants to be close to the other members and not do things that isolate him.”

Role of other members. Joe's anger emerged when members were intimately relating to one another because it brought about feelings of jealousy and envy. Group members modeled the kind of connection that Joe was missing in his life and he was eventually able to acknowledge his pain and loss. He received feedback from other members that they were hurt when he was angry and aggressive and that they were interested and caring when he was open and vulnerable.

Role of the therapist. The therapist prefaced his remarks about the role he played with Joe by explaining the general premise to his method of working. He explained, “I facilitate people talking as openly and honestly as possible, saying things to each other like, ‘I like you; you're so caring; you're so smart,’ ‘I hate you; you're so self-centered; so self-absorbed’ et cetera.” The therapist explained that he does this through facilitating

direct communication. For example, “If someone shares a feeling I will ask ‘who here evokes that feeling in you?’ You say you really like people, who in here do you like? You say you are angry and upset, who are you angry and upset at? That’s one of the things that will always heat it up.” At the same time the therapist explained:

Sometimes a member in the group will be overwhelmed if I don’t cool things down. Or the conversation might heat up in a destructive or less helpful way. Sometimes I will cool things down to help them get hot in a more effective way later. I often use humor to do this and at times I can throw something as random into the conversation as, ‘gosh, isn’t it a nice day outside?’ ‘What do you think about those Red Sox?’ I’m going to allow a hell of a lot of hot stuff to go on, a lot of anger, fighting, love and hate, but I’m not going to allow ‘name-calling’ or destructive stuff. When someone is getting really out of control I will bring a halt to that instantly and say, ‘look, what’s going on with you, you’ve got to look at what you are doing because this is destructive.’ This helps people trust the safety of the group and to take more risks because they know I will be there for them if they need me to step in.

The therapist explained how he applied this principle to his interaction with Joe:

The group was feeling frustrated with Joe because all he was showing them was his anger and self absorption. He was not willing to show them his sadness and vulnerability. He really wanted the group’s support but was not able to figure out how to connect without engaging through the defensive position of his anger. He was making the group hot but not in a way that was effectively providing him with what he wanted.

Through a combination of humor, curiosity and empathy, the therapist helped Joe explore what he felt. He helped him realize he had other feelings beneath his anger. As soon as Joe opened up and said he was sad about his partner leaving, the group began to soften to him. And then, as the therapist invited him to speak more and gently probed, the group members shifted to a very compassionate stance.

The therapist shared:

I was sad when he asked the new member, 'well what do you think?' He couldn't understand that half the group was on the brink of tears for most of the time he was describing his pain. He had to literally ask her to know how she felt. But at that point, I was very gentle with him because he was so opened and vulnerable; and so I encouraged her to reassure him she was listening. But I also told the full joke she was alluding to both to relieve confusion about it, and partially as a time-filler at that point because I wanted everybody to reconstitute, and I wanted to reconstitute myself.

Impact of the group culture on this experience. The therapist explained that since the group has been in existence for thirty-years, there is always a core group of members who know the way that the process works and they talk to each other more openly and honestly.

Impact on others. This experience was a reassurance for other members of the group that "group works." Joe's acknowledgement of the group's impact on him led another member to express how experiences in group helped him improve his life.

The therapist's experience of the transformational moment. The therapist stated:

This transformational experience was tremendously moving and immensely satisfying. It's an affirmation for me of the work I do. I couldn't do this work as long as I've been doing it if I didn't pretty routinely have these kinds of moments. In that group I felt many feelings including anger, sadness, disappointment, joy, delight and excitement; but by the end of the group I was deeply satisfied.

Transformational experience #4: Melissa

Background of member. Melissa is a woman in her early seventies who struggles with feeling isolated and unwanted. Melissa is a very bright woman who is able to articulate herself well but is puzzled as to why people tend not to like her. She was in group therapy once before and she left after a year when she got into conflict with another member. She has a history of being pushed away and of pushing others away. Melissa was an only child and her mother was very critical of her. She feels that not having siblings made it harder for her to “play nicely with others.” She felt closer to her father who was less critical of her. She had a long successful career as a teacher. However, she never had a successful romantic relationship or long term friendship. Melissa has been married twice and has two daughters. Though she maintains a very caring relationship with them, she wishes she was closer with her daughters.

Background in the therapy group. The experience happened in Melissa’s first group session. She is entering the group as the group’s oldest member. The group had been around for ten years and its members have been waiting for new members for a few months.

The transformational experience. The therapist began the group by stating, “We have a new group member tonight. This is a time for all of us to say hello.” The other members of the group were visibly pleased to meet her and invited her to share about herself. Melissa responded with much openness, sharing about her loneliness, her early experiences, and about her daughters. At one point the group members were asking several questions. The therapist suggested, “Let’s check in with Melissa about the numbers of questions that have been occurring.” The therapist turned to Melissa and

asked, “Let’s talk about whether it's too much for you. Do you want a break from the action so to speak? Or do you have some curiosity about other members of the group. Would you like to have some give and take here?” Melissa said that she was fine and so the questions continued.

The therapist’s impressions.

Impact on Melissa. The therapist believes “she felt welcome by the other members expressing interest in her through asking questions and listening intently and appreciating her openness.” The next week Melissa returned and expressed her appreciation for how welcome she felt. She was surprised as she had never had that kind of experience with a group before. The therapist explained that this was a corrective experience for her because she is someone who was “expecting tomatoes to be thrown at her and instead she received applause. I think it helped her be more open to the process of group therapy, which will be helpful for her.” The therapist explained:

The cohesion she is feeling now will hopefully help her stick with it when she starts to feel less welcome and explores the way that she participates in and contributes to dynamics that bring her to a place where she feels unwelcome. It’s important to understand that this is just the beginning. She has to understand what she enacts and where she gets into trouble.

Role of other members. The therapist felt that their “curiosity and inviting interest were incredibly welcoming and accepting of Melissa.”

Role of the therapist. The therapist was the first individual to introduce Melissa and encourage others to welcome her. According to the therapist:

I intervened to make sure that it was okay that we weren't going too fast because it can be very overwhelming, particularly at the beginning when someone's getting so much attention and curiosity focused on them. I

wasn't forgetting that she's a young fawn in the forest and that she might need a little extra care, feeding and protection.

The therapist recognized that he was there as a familiar face and that he was going to take care of her if she needed his assistance. "I served as an important bridge that was part of creating a safe place for her."

Impact of the group culture. The therapist explained that the group was able to be welcoming to Melissa because "there is an understanding that developed over the course of the ten-year history of this group that we benefit from learning from one another, from being open and honest with one another, and from caring for one another." The therapist explained that the group was excited that Melissa was joining the group because she was going to be bringing in materials which would benefit the group. For example, "She can potentially bring in the issue of ageism, discrimination, stereotyping, assumptions, economic issues about retirement, real life issues, and career issues since she's been at this work for many years." The therapist also explained that it was helpful for Melissa that the group members had a tradition of staying in the group until they felt like they had resolved the pattern that they entered group wishing to correct.

The impact on other members. The other members felt Melissa was a good fit for the group. They experienced the way in which their cohesion can be inviting. "They felt this is a good person to learn with, this is a good person we could learn from and that we can give to at the same time." There was a mutual meeting between what Melissa needed and what this group longed for. The therapist thought that the group's welcoming acceptance of Melissa was going to help deepen the group and its members' abilities to be more intimate with each other.

The therapist's experience of the transformational moment. The therapist explained, "Examples like this one are why I love being a group therapist, because it's such a greater medium for human learning. For me, it reified the sense that people can really use this work, use it well and benefit from it."

Transformational experience # 5: Sheila

Background of member. Sheila is a middle-aged woman who experiences much anxiety especially related to performance in her work. She had an emotionally and physically abusive relationship with her mother growing up and her mother continues to be emotionally abusive to her to this day.

Background in the therapy group. Sheila has a history in the group of talking about many disturbing highly-charged events with a deep smile on her face. The therapist described her as a “good girl” and that term rang true for her. Sheila would often share, “I was being a good girl again” and then she would tell a story about something that happened in her life.

The transformational experience. In the beginning of a group session Sheila began to speak about one of her experiences at work. She began: "here is my dilemma at work, and here is how I am being the ‘good girl’ again." The therapist then asked, "How are you being the 'good girl' in how you tell this story in the group?" Sheila began to experience some disorientation. She said, "I'm not sure." She started to try to answer, but another member offered "maybe the way you're answering the therapist right now, you're being the “good girl?” She then became even more confused. At that point, the therapist asked, "What are you feeling right now?" Sheila said something about what she was feeling, and she traced the anxiety she was feeling in the session and at work to the experience with her mother. The therapist asked her a number of questions: "Where is the anger in your body? Did your mother ever hit you? Where on your body did she hit you? What would you do when she hit you? How angry are you at your mother?" As Sheila

was answering these questions she was able to get closer to the emotional intensity of her inner feelings. Sheila was crying and there were times where she was not able to talk and times when she was filled with tears. Throughout the process the therapist would check in with her and ask her about her feelings.

After recounting a memory of an abusive experience with her mother, Sheila said, "My mother makes it so I don't count, and damn it, I do count!" Then the group was silent and the therapist looked at the group members to invite others to share their experience about what was happening in the group. One of the members turned to Sheila and said, "I don't trust you in some of what you just said." The therapist asked the other group member, "are you more upset with me or her for that?" This member agreed that she was upset at him and shared that she felt he was abusive to Sheila. She explained how she felt the therapist had coerced Sheila into saying what she did and abusively pushed her to speak about her past in order to help create action in the group.

The therapist responded:

Gee, hearing you say that is hard to hear, so it does give me a reaction, but, that being said, I really want to understand you more. I appreciate your point of view and feel it's courageous of you to express it.

The other member explained to the therapist that he usually asks someone if he could push them before doing so and he did not do that. The therapist responded, "I am not sure why I didn't ask her that as I sometimes do." This member turned to Sheila and asked, "From your point of view, was this hurtful or abusive? Did the therapist go too far?" Sheila responded:

In this moment, I'm not 'being the good girl'; this is real for me. I trusted him. I feel like he cared about me. I don't feel cared about in my home,

and that is a big difference for me in how this goes, and I actually really appreciated what he did, and how he was with me in this and I appreciate that you are saying what you are but this is my truth.

A larger conversation opened up in the group, which allowed everybody to have his or her point of view about what had occurred in the session.

The therapist's impressions.

Impact for Sheila. This experience impacted Sheila in several ways. First, it enabled Sheila to feel like she counted because this is a group of people who cared about her and did not want her to feel like she had to be the “good girl” in order to be treated properly. The therapist and other members sought to protect Sheila from experiences that make her feel like she had to be that “good girl.” Additionally, Sheila felt safe experiencing feelings in the group that she usually did everything to avoid thus helping to expand her emotional tolerance. She managed to tolerate the feelings that she invested so much of her energy in trying to avoid. This experience enabled Sheila to also become much more aware of the way a complex developed from injuries in her childhood and how that scar is affecting her in the here and now. Sheila realized that she could see herself differently and that she could be a better parent to herself than her mother was to her. The group members did work which allowed Sheila to feel that her perspective and their perspectives did count even when they were different from one another.

According to the therapist, many more experiences like this transformational experience must develop before Sheila is able to fully internalize this new experience and move further away from feeling like she needs to be the “good girl.” The therapist acknowledged that that this experience was an important step in freeing her from that role.

Role of other members. Other members in the group helped explore with Sheila the times she was potentially trying to be a “good girl” and checked in with her regarding whether she was feeling safe and comfortable or being taken advantage of in the group. One member also modeled how you do not need to be submissive in order for your perspective to be appreciated.

Role of the therapist. The therapist explained his belief that “members can only go as far as the leaders are willing; our limitations create the ceiling for the growth that can happen in the group.” The therapist explained:

When it seems there is something a patient would benefit from looking at, I will probe them and try to lead the person to an intense emotional experience, to push them to the edge of their emotional tolerance, to expand their ability to tolerate those feelings and to help them let go of the complex which gets them stuck in those feelings. However, I must be able to help them go there and take care of them while they are there. With regard to Sheila, I did that by being attuned to my experience of her in light of what I know about her and my understanding of what might be going on for her, and also what that brings up in me. It is only when I can tolerate all of the feelings coming up for me in connection with her that I can be attuned and helpful to her in that experience.

The therapist further explained that it was important for him to respond to the other member without being defensive. He had to tolerate her feelings and shift from his natural inclination to defend his behavior to trying to understand her point of view instead. He thereby displayed his ability to appreciate being challenged; a member does not need to be submissive to be valued by him.

Impact of the group culture. The group culture contributed to this transformational experience as the group appreciated opportunities to look deeply at the origins of feelings. The group was a culture where different individuals’ perspectives were appreciated. There was no notion of a right and a wrong perspective.

Impact on other members. The therapist believes that everyone in the group and the group itself was transformed by this experience. “If it happens in one, then everybody changes. So, not just the catalyst to change changes; everything changes - both elements in a chemical reaction change.” The therapist explained how members “also felt like they counted and resonated with the struggle to feel that way based on past experiences. Sheila, taking this risk in the group, also encouraged others to do the same by their seeing the benefits and safety in the group around doing that kind of work.”

The therapist’s experience of the transformational moment. When this transformational experience occurred for Sheila and for the group, the therapist described the experience as follows:

I felt like I was in “flow”. I lost a sense of time; it was an experience of euphoria. I was totally focused and concentrated on the task at hand, and lost sight of almost everything else in the environment. It was an important growth experience for me to stay with Sheila in that intense place and to trust that the process would help her and then to be able to listen to the other member’s reaction to that experience. My natural inclination was to be defensive and prove her wrong. I have older brothers and we were very competitive with each other, but instead I tolerated my anger and discomfort and in that way grew beyond my natural, emotional tolerance myself.

Transformational experience #6: Lisa

Background of member. Lisa is a woman in her late twenties suffering with feelings of worthlessness and a deep depression. Lisa has a romantic partner who is emotionally and physically abusive to her. Lisa's father had been very critical and invasive of her space. Her mother was never able to support her in the face of her father's emotional abuse and never engaged in any kind of personal or intimate conversations with her.

Background in the therapy group. She started group in her early twenties after she was hospitalized for suicidality. Lisa felt that she wasn't worthy of time. She focused on trying to help others with their struggles despite her own intense and difficult struggles.

The transformational experience. Lisa would share, "I was so stupid and selfish with my boyfriend and I hate how selfish I can be. It has driven my father crazy and now my boyfriend also." The therapist asked, "Well, what do other people think? And this is a good time to be candid." A member of the group responded

In my time with you I have never seen you selfish in any way. On the other hand I have been struck by how much you transcend your own issues and give to others. Last week, you reported to us at the end of the session you were very depressed, but I had no idea because during the session, you were constantly attending to the issues that I was bringing forward, and to other members' issues, and that's not what selfishness looks like.

The other members of the group agreed with him and felt he articulated their feeling about her as well.

The therapist's impressions.

Impact for the member. Lisa was one of those clients who defined her identity in terms of how other people saw her. Her father and boyfriend saw her as selfish so she assumed she must be. At the same time, she was confused that she could be so selfish while trying so hard to help others. The group helped her modify her perception of herself by properly reflecting the way she was in reality. She came to realize that people from her past were projecting onto her when they called her selfish and that members of the group were offering her more accurate representations of her self. According to the therapist, "the group was seeing her for who she was."

The therapist explained that the moment when another member shared with Lisa how he did not feel like she ever came off as selfish was "actually part and parcel of a consistent series of such moments which challenged her self-perception. According to the therapist,

As a result of a number of instances like this one, Lisa began to challenge the notion of herself as selfish and see that, without evidence for it, it really was not something that existed for her. She really felt "seen" by the group in reflecting back to her very specifically what it is they saw her doing, and what they saw her as not doing. Ultimately, she would say things like, 'well I used to think of myself as selfish.' So it clearly got through to her.

After many experiences like this one, the therapist explained how Lisa came to realize she had this toxic, self-hating introject. Lisa realized that she actually had a gift for giving to other people. She felt as if the best parts of her were being seen and being used in this group. She broke up with her boyfriend and found a new romantic partner who is kind to her. After six years of being a part of the group, Lisa announced that she would be leaving to attend graduate school in social work.

In her goodbye to the group, which occurred over several sessions, Lisa brought in a CD for every member of the group including the therapist. The songs on the CD corresponded to the struggles of each group member while also depicting the impact other members had on her. Lisa described what it was about a particular song that made her think of each person. Group members then shared their impressions with her. The therapist shared, “There was not a dry eye in the room. It was really a magnificent moment; a beautiful experience.”

Role of other members. The other members contributed to this moving moment for Lisa by listening carefully to her and by reflecting back to her what they experienced. The therapist explained that when a number of people share the same impression of a group member it has a greater impact. The therapist stated:

It is not just because people said nice things to her that these moments were able to get through to her. It is also that they felt free to give her negative feedback that the positive feedback had meaning. On many occasions they had offered negative feedback to one another and so she knows they were free to do so.

Role of therapist. The therapist explained that he “helped create an environment where people can share openly and honestly.” He asked them to give candid feedback to encourage them to be as honest as possible even if the feedback was negative.

Impact of the group culture. The group culture contributed to making this transformational experience possible as there was a true feeling of safety in the group and the group alliance was strong. The therapist explained, “There was safety and trust built up among the group members over time, so that all feelings, including primitive feelings and negative feelings, were able to be expressed in the group. Consequently, when people did not share negative feelings about her, she really could believe it because sometimes

people in that group would criticize each other; they would let someone know when they thought they were acting selfish and so on.”

Impact on other members. The therapist explained that he imagines other members had different reactions to witnessing Lisa get positive feedback from the group which depended on the issues they had themselves. The therapist explained that some members might wonder why she was getting all of this attention when they were not receiving attention. Some members might wonder why other members were favoring Lisa by telling her that she was not selfish when the group may not necessarily do the same for them. Some members might have felt warm because this experience enabled them to feel like they were giving a gift to someone else. The therapist explained that in any event, “As she was ending the group and they saw the overall impact they had on her and she had on them each member appeared deeply appreciative and moved.”

The therapist's experience of the transformational moment. The therapist stated that he loves these moments because “it's the kind of thing that you hope for, that somebody will finally make themselves vulnerable, share some shameful or negative or primitive part of themselves, and have the group offer them something that undermines that view and helps them modify that template.” The therapist described transformational moments being “very gratifying,” noting “I have many moments that are not as gratifying, but that's for another research study.”

Transformational moment #7: Amanda

Background of member. Amanda is a middle-aged woman who suffers from anxiety and a long history of being in abusive relationships. She was afraid to be in a relationship and afraid to end relationships. Amanda was an alcoholic and a drug addict, but was in recovery by the time she joined the therapy group. When Amanda was twelve-years-old, her mother committed suicide in front of her. Throughout her life her father was emotionally unavailable. Amanda felt her previous therapist abandoned her when she ran out of money to pay for her sessions.

Background in the therapy group. The group was facilitated by two therapists. Amanda felt very close to the female therapist and distant from the male therapist (the interviewee). The female therapist served as the mother Amanda never had. Amanda saw the female therapist as warm and caring and she perceived the male therapist to be a smart hard-ass, who was just like her father. When the female therapist gave the group ten months' notice that she was retiring, Amanda reacted by becoming "very angry, sullen, petulant, and carrying on" and she refused to speak with the male therapist whom she saw as a dangerous man.

The transformational experience. Amanda began talking about how upset and disturbed she was that the female therapist was leaving. The male therapist asked, "I wonder if the way you are feeling now is related to the way you felt when you were left before." Amanda responded, "That's a load of psycho-babble. You do not get it." The male therapist replied, "Well, then we have to figure out a way where I can show you that I do understand, or you are going to have to help me to understand." Amanda then said in

an angry tone, "How many times am I going to have to go through this with you?!" The male therapist replied, "until we get it right." The therapist described Amanda as having a big smile on her face and a visual reduction in tension.

Therapist's impressions.

Impact on Amanda. The therapist explained that he communicated genuinely to Amanda that he was not leaving, that he was willing to work with her to resolve her problems and that he was not going to counterattack Amanda or withhold anything from her when she was negative toward him.

He stated further that this was one moment of many where Amanda slowly became "able to tolerate my co-therapist leaving, and to not feel totally annihilated." The therapist explained:

She learned that when my co-therapist left, she [Amanda] was still standing, she was not devastated and decimated, but she actually felt intact. This moment and many others like it also helped her appreciate that just because one relationship ends it doesn't mean that other relationships can't develop, or that you can't continue to have close relationships.

Amanda learned that she could get very angry and upset and no matter what, the female therapist continued to participate fully in the group until the ten months concluded. This helped her to internalize that it was not because of her that the female therapist was leaving. Amanda would ask the retiring therapist, "Okay, now what are you going to do?" and the therapist talked about some of the things she was going to do. The therapist explained that "Amanda was able to differentiate the scars of the past from what was happening now and to experience the events differently."

This ending was particularly transformational for Amanda as it allowed her to make some major changes in both her vocation and her relationships. About one year later, Amanda left the group in a much different place. The therapist stated that Amanda almost always referenced the ending of the relationship with the female therapist as a key factor in her recovery.

Role of other members. The other group members enabled this moment to occur because they encouraged Amanda's feelings and identified with her. The therapist explained how members told Amanda that they appreciated her expressing feelings that they were having as well with regard to the departure of the female therapist. For example, at one point when Amanda was angry with the male therapist, another member validated her anger by saying to the male therapist, "Maybe you are misunderstanding her because you have your head up your ass."

Impact of the group culture. The group had twenty years of history of people continuing to come to the group until they worked out their problems. They were as open and honest with one another and the therapists about what they were feeling.

Impact on other members. The therapist believes his co-therapist leaving was the most powerful experience that he and any of the other members had about ending a relationship. To know she was leaving and to have ten months to process the ending enabled everyone in the group to look at it openly and honestly. The therapist believes that "everybody felt it to be an unbelievable experience."

The therapist's experience of the transformational moment. For the male therapist this experience "underscored in a tremendous way that if you can have a healthy leaving

and experience it in a healthy way, that it really affects how you approach relationships.”

The therapist explained that the retirement of his colleague of twenty-years was a personal loss for him but that he was able to address it in a healthy way along with the other members of the group.

Transformational experience #8: Jill

Background of member. Jill, who is in her mid-sixties, was recently hospitalized and had a dual diagnosis of bipolar disorder and alcoholism. Jill is divorced and has a history of being rejected by men that she is interested in. She lost her mother when only nine years old and her father had a hard time being emotionally available to her.

Background in the therapy group. Jill is a member of a high functioning older adult group. She came into group within the past two months and is the group's newest member. The group therapist had canceled the previous group session in order to attend the American Group Psychotherapy Association's annual conference.

The transformational experience. When the group began, a member commented to the therapist, "Oh you were away on vacation again last week." The therapist explained, "Well actually, I was at a conference." One member replied "Well I wrote a book", and another member said "I have a Ph.D." Another member stated, "I was a psychology major, and I know all about this stuff", another said, "I am a social worker."

Jill commented, "I am none of those things and I can't believe that at my age, I have received the diagnosis of bipolar disorder. It is one thing to have depression, but having this bipolar diagnosis is really shameful." The therapist asked, "Why do you think you are feeling shame about that?" Jill thought about that for a moment and replied:

When my father was living he would say to me, 'buck up, you can pull yourself together, don't whine.' With this bipolar diagnosis, I have a greater sense of being defective, and in addition to that, and since I've retired, I am drinking more. The alcohol is a problem I have to stop.

One of the men in the group looked over at the therapist and said, "She really has a way about her. She is very feminine." The therapist suggested to the member, "You know, maybe you can talk directly to Jill about that." He responded, "We don't usually talk in this intimate a way here." The therapist replied, "We can, though. It's important that this be a place where we can share intimately and deeply about each other."

The male member looked very uncomfortable, but was able to look at her and say "you look very feminine and you are very intelligent and I appreciate your willingness to be so authentic and honest." The therapist asked, "Is there more to that? Is that all you want to say?" At that point, the member looked even more uncomfortable and Jill sat there very wide-eyed, looking across at him. He said, "When I look at you, you make me feel like I'm a teenager again".

With a big smile on her face Jill replied, "Oh boy! That really sounds nice." The therapist asked the other member, "So how are you feeling about Jill right now?" He looked at her and said, "You are a very pretty woman. I find you attractive." The therapist said, "Oh that sounds important."

Jill had a big wide smile on her face and stated:

I'm not feeling ashamed anymore, in fact, I am really glad I came now even though I was feeling so badly earlier today that I was not sure I would come. It flatters me that you find me attractive even when I have these problems.

The other member smiled back, and the group became very animated and excited by this 'pairing' that had occurred in the group.

Therapist's impressions.

Impact on Jill. Jill had a corrective experience because instead of rejection when she described her struggles, as was the case with her father, Jill experienced this man's attraction to her.

Role of other members. The members competing over their accomplishments initially brought up feelings of shame and inadequacy for Jill. Jill was able to share deeply and honestly with the group which led the male member to share his attraction to her honestly and directly. This comment allowed Jill to feel less defective and less ashamed. The other members encouraged the male member to express himself and were excited about the significance of that experience in the group.

Role of the therapist. The therapist believes that his contribution to this experience was giving the other member permission to tell Jill how he really felt about her.

Impact of the group culture. The group had a culture of inviting people to share their range of feelings. The group had gone through times of tension where there were a lot of negative feelings expressed and other times where positive feelings toward one another were shared. This experience opened the group up to a new form of intimacy.

Impact on other members. The therapist explained:

I think it was important for him, and I think it was important for the group, because it pushed the group to an area that they go to sometimes, and then pull away from, sexuality and attraction, and we moved closer to it than we ever had before in this experience.

The member who shared his attraction was depressed and had a history of being very passive. After this experience he began to get more in touch with passions, such as practicing his music. This experience also brought up feelings of excitement and envy for other women in the group. Other members experienced feelings of longing for sexual and romantic intimacy and a new energy was brought into the group after this experience.

The therapist's experience of the transformational moment. The therapist explained:

Sometimes, if a group is less emotionally present, I may not feel as engaged, but I really felt very engaged in that moment. I had a good time, I really enjoyed it. When those kinds of things happen, and when I see people connecting in a very real way, that's part of what it's all about for me.

Transformational experience #9: Sara

Background of member. Sara is a woman in her late twenties who is suffering from an anxiety disorder. Her anxiety mostly emerges in situations where she is concerned that someone might judge her unfavorably. For example, she would say to herself, “God what a stupid thing to say. They must hate me and they will never call me again.” Sara has been in a Cognitive Behavioral Therapy (CBT) focused treatment before but is new to group therapy.

Background in the therapy group. Sara joined the group three months ago. Sara is very verbal and helpful to others and in a style that matches her own CBT treatment. It is disconcerting for Sara to have come into the group because while she is looking to uncover more solutions for coping with the anxiety, the group’s focus is to get more in touch with the emotional undercurrent of their fears. Sara shared that facing her anxiety would be terrifying for her and expressed that “the direction is counterintuitive because why would you go toward the thing you are terrified of?”

The transformational experience. Sara was frazzled and visibly distressed when she came into group. She shared:

I almost didn’t come to group today. I was really anxious about giving a talk at work and the PowerPoint didn’t work. I was so anxious I would not get my point across. It seemed to go okay but in the end I was beating myself up and have been beating myself up ever since. All I want to do is go home, take two Tylenol and go to sleep.

The therapist offered, “That must be really hard and sounds like an awful experience.” The therapist also reflected that, “It feels important to you to get away from this anxiety. What do you think the fear about facing the anxiety and finding out where it comes from might be?” Sara explained, “If I were to go toward the anxiety I would

become a mess and then others would judge me even more.” The therapist asked, “Can you move toward the anxiety a little and touch it with a shorter stick?” Sara shared that she was unsure how to do that.

The therapist invited others in the group to talk about their reaction to her experience and a number of people mentioned this kind of situation happens to them too. One member shared, “I feel embarrassed and ashamed. It’s related to my experience with my mother who would chastise me.” Other members similarly associated with that experience and related it to struggles in their early childhood. The therapist turned back to Sara and asked if any of the other comments sounded similar or relevant. Sara, who began to tear up and then sob, observed, “I am so mean to myself.” She eventually came to realize that her parents were disengaged and so she had turned to her grandfather for male attention and emotional connection. Sara’s grandfather had an internal pressure around success and performance. Sara picked that up as a way of trying to please him. The therapist offered, “What we don’t get from parents becomes much more deeply craved.” The therapist then invited others to offer their associations and feelings. After other members shared some thoughtful and empathic responses, Sara was asked to share her reaction to the group’s thoughts. She explained, “I missed a lot of what people were saying because I have a lot going on in my head, but mostly what I was able to pick up is that you are not critical of me and my imperfections like I am to myself.”

Therapist's impressions.

Impact for Sara. The therapist explained how Sara was able to take a step back from her experience and realize how this anxiety was coming up because she was associating to the way her grandfather would deal with performance expectations. She had a corrective emotional experience because the group did not treat her the way she expected, the way she and her grandfather would treat her.

According to the therapist, this experience was also corrective because she faced the anxiety without being overwhelmed by it. She was terribly scared that "if she were to go toward the anxiety she would become a mess and that others would judge her even more." Sara learned that she can let that anxiety in without being overwhelmed or feeling like she needs to dissociate completely from those feelings. The therapist explained that this experience taught Sara how she can be aware of those feelings and self-regulate at the same time. Sara was able to be aware of what was happening to her not only internally but she was also able to reflect upon it. When Sara cried, she explained she was not crying as a three-year-old looking for her grandfather's love but because she felt bad for the part of her that is the three-year-old whom she is approaching so harshly. The therapist stated that this realization was a "huge and very positive outcome."

The next week, Sara came back to group with a very similar anxiety. The therapist explained that it will take many more experiences like the one she had the previous week in order to be able to overcome her anxiety. According to the therapist, "the adult brain is more like rubber than plastic and it takes a long time to remold a neural pathway that has been strengthened over the course of many years."

Role of other members. Other members of the group reassured Sara that they were not put off or overwhelmed by her anxiety and explained that they related to it. Sara was able to reflectively contextualize her own experience through hearing about ways others related to what she was going through. They also provided her with a corrective experience because they met her struggles with compassion rather than with criticism.

Role of the therapist. The therapist and his co-therapist helped her titrate the experience of moving closer to the anxiety. They used humor and metaphors, including, “Let’s try to touch it with a shorter stick.” They mirrored her feelings but did not get scared by them. They also invited other members to participate in the experience, partially to help her have some breathing space and have material to associate to, but also so that other members could benefit more from this experience and play an important part in it. The interviewed therapist explained:

I was trying to find the balance between allowing her to take a meaningful leap toward moving toward the anxiety and being able to self-reflect on the anxiety, without taking too big a bite that it would lead to overwhelming trouble self regulating which would reinforce her fear.

The therapist believes that after experiences similar to this transformational experience Sara will be able to reflect on the anxiety she is having even in that moment.

The therapist postulates that Sara will be able to say:

Oh I know what this is. This is my four-year old part of me wanting my grandfather’s attention. Something is happening at work which is making me feel like I am not going to get it and that is what is terrifying me.

According to the therapist, this realization will allow her to use her internal resources to realize that this is a different experience than the one she had then. Sara will be able to contextualize the feelings that are coming up for her now.

Impact of group culture. The group has a history of members benefitting from understanding the anxiety they are experiencing, where this feeling originates, and learning how to face those feelings rather than avoiding them.

Impact on other members. Group members were able to learn about the way they relate to this struggle and also were able to feel more comfortable coming closer to their own anxiety after seeing her benefit from courageously facing hers. They were also able to feel like they were helpful to her in containing her own anxiety.

Therapist's experience of the transformational moment. The therapist explained how he was really excited to see how much Sara was able to benefit from that session. He added, "It's moments like that which validate the work that I am doing."

Themes that Emerged from the Therapist's Impressions of Transformational Experiences

The impact of the moments. While the group therapists identified moments that they believed helped members grow, the interviewees also agreed that those moments were part of a larger process of change and growth that often develops over years of group therapy. As one therapist explained:

Transformative moments do take place in an instant, but they're based on a context which has led up to them, and more experiences that will follow them, and so without the context, that moment isn't going to be transformative. So it's not the moment, per se, it's the moment embedded in a context.

The therapists' roles. In addition to being in charge of the space and time of the group, the therapists took on a number of other roles in the group. For example, the therapists were responsible for finding new members that would be a good fit for the group. The therapists also helped to transition new members by providing them with initial information of what the group was about and what the expectations of being a part of the group involved. The therapists also discussed their role of intervening in a group session. The therapists would intervene in circumstances where something potentially hurtful was happening in the group. For example, therapists would help if a member was feeling attacked or a member was beyond the "edge of their emotional tolerance."

The therapists that were interviewed primarily viewed their role as encouraging members to take risks and of helping members strive to be as open and honest as possible. They emphasized their efforts to encourage members to articulate what they were feeling as well as help them most effectively state what they were looking to offer or ask for from the group.

Every one of the therapists also explained that they believe their own excitement and appreciation of open and honest communication was a significant component in allowing transformational moments to occur in the group. The therapists' confidence provided the atmosphere that allowed important moments to happen and for members to feel comfortable confronting their deepest feelings. One of the therapists also suggested that the converse of this is true in that the members of the group will only go where the therapist is willing to go. If the therapist is unable to tolerate certain expressions of feelings, the group will quickly learn to avoid those feelings.

There were notable differences in the approaches of the therapists interviewed. The therapists of Sara and Sheila gave examples in which they played an active role in inviting group members to explore issues that they thought were important. Other therapists' intentionally waited for material to be brought up by another member of the group even when they thought it was something important for exploration. These differences may reflect a variation in style between the therapists interviewed or might be related to situational differences with regard to the needs of that particular moment in the group. Most likely, these differences are a reflection of both differences in the therapists' approaches as well as differences in the needs of the examples that they offered.

Members' benefits from and contribution to these experiences. With the help of others in the group, members were able to avoid the things that often caused distance between them and other people in their lives. Members were able to hear criticism and feel that it was a gift and not a rejection. The therapists' offered examples of a loving challenge of one member to another having a positive impact. Members benefited from receiving feedback in an authentically caring context. This feedback allowed them to face

and begin to overcome flaws. According to the therapists, a member taking the risk of sharing that they want something more for and from another member was an important gift for the impacted member.

The therapists also offered examples that highlighted the impact of a group member expressing interest and sharing positive feedback with another member. For example, a member who was convinced that she was selfish and that she would be disliked by others could learn that she is in fact not experienced as selfish and begin to feel welcome in group. Members were able to be treated the way they wanted to be treated instead of the way they expected to be treated and that had a significant impact on them.

The therapists offered examples of how one member could join another member in facing feelings that are similarly uncomfortable for both of them. Knowing that others have similar feelings attenuates the shame that members have about having feelings they once thought were unacceptable to have. The member who initially expressed her struggle with those feelings did not feel alone in figuring out how to deal with those feelings. When a member expressed feelings she once thought needed to be disowned, she was able to take more ownership of that part of her and to feel more closely known and understood.

At the same time, the therapists noted, the member receiving the transformative experience was offering the sender and the group a gift when they receive feedback or accept the invitation to take the risk of facing their fears in the group. They are receptive to other members having an impact on them. They are offering others the experience of

taking a risk and being rewarded by feeling closer to the person they are reaching out to. Especially with confrontation, the experience of having someone feel closer to them because they are helping them learn something about themselves may be hard for members to replicate in other places in their life. The receptive member is also modeling how one can grow in group and get the most out of group. The impacts that the receiver has on the senders and that the sender has on the receiver are both integral parts of what is valuable about the experience; both are elements that bring the members closer to one another.

The member who has the experience. The therapists believed that one of the most influential contributors to the transformational experience was the member who was most affected by it. It is the members' who share openly or choose to be receptive to what someone else is offering that have the transforming experiences. It is the members' determination to grow past their current place in life that allows them to take the risks that they do in the group. It takes both trust and willingness to make oneself vulnerable to take such a risk. The therapists focused on the way in which members who took these risks offered something valuable to other members of the group.

The impact on the group. The therapists interviewed felt that members are trying to have an impact and to be impacted in a positive way. These transformational moments are what enrich the group and make it a deeper and more growth-producing environment. These experiences become most possible within the context of openness and honesty. As a result, it becomes the therapy group's task to create an atmosphere that maximizes open and honest communication. Members come to realize that always being nice and supportive is not as helpful as feeling like they can challenge others in a caring

way and be challenged by those who care about them. Members find that if they are open and honest and in tune with their feelings and willing to share those feelings, then they are going to get the most out of the group experience. The person having the transformative experience also offers a gift to the group by making it a richer and more growth-producing environment. A tradition and history of growth-producing risks develops in a group making it more and more inviting for members to want to take risks of their own.

The theme that was most consistently emphasized from the therapists interviewed was the impact of being a part of a community that embraces the process which allows members to learn, grow and heal together. Members can live in a culture where being known and getting to know others deeply is possible. The group provides a culture where that knowledge offers members something valuable and allows them to offer something valuable to others. Each therapist also talked about the transformational moments being exhilarating to them and reinforcing their belief in group therapy. While these moments were not necessarily groundbreaking, they seem to be a vital part of the group process. These experiences characterize what is therapeutic in the group process and also what keeps people engaged and excited by the process itself.

Chapter IV

Discussion

The findings of this study support the idea that there are transformational moments that occur in group therapy and that those experiences are an important part of the therapeutic nature of the group experience. Yalom's (2005) therapeutic factors (see table 1) capture the different elements that the group therapists interviewed in this study identified as growth producing for their members. However, the perspectives of the therapists interviewed offer more insight into how events in the group allow Yalom's therapeutic factors to emerge. This study adds to an understanding of the process which produces the therapeutic factors.

These findings are also consistent with Fosha (2000a) and other psychodynamic therapists' emphasis on "the healing relationship," that being open and honest with one's feelings leads to more intimate and fulfilling experiences with others. Consistent with Fosha's (2000a) perspective, the therapists interviewed emphasized the value of having a space to be fully authentic and honest about one's feelings and to co-create an environment in which those feelings are valued and invited. The therapists believed that providing that kind of environment allowed members to have a corrective emotional experience. Members' feelings that felt destructive or dangerous in earlier attachment relationships were now able to be recognized and appreciated. Members were now able to be more attached to a part of themselves that they had previously disowned. Members

came to see that they could have a healthier attachment to others when they were able to acknowledge this part of themselves.

The case studies offered by the interviewees also support the notion that group therapy enhances the potential for the corrective experiences emphasized in relational psychotherapy. The therapy group permitted deep and powerful feelings to emerge in the context of a caring community. Those feelings were shared with one another and processed in a way that led to transformation for the group members. The groups talked about in this study had long traditions of members taking risks that involved being open and honest about one's feelings and important and valuable experiences happening as a result of that openness. The community reinforced the value of open and honest communication through members quickly learning that the more open they were, the more they would get out of the experience and the greater impact they would have on others. Members were often able to use feedback offered by peers more than they could use feedback from therapists. Many of the therapists interviewed believed that group therapy has the potential to create the corrective emotional experiences that relational therapy aims to create in more powerful ways than therapists can in individual sessions with clients.

The therapists in this study offered examples which highlighted different aspects of the therapeutic potential of group. Sam gained insight from others in the group regarding ways in which he was unconsciously inviting people to treat him the way he expected to be treated rather than the way he so desperately tried to be treated. Jim felt his voice was valued after growing up feeling like it was not. Jim risked being vulnerable and acknowledged the importance of others to him rather than continue to engage

defensively with others to try and protect himself from being hurt. Melissa experienced being welcomed by a group despite her previous experiences of rejection. Sheila confronted difficult feelings which allowed her to feel like she didn't have to be submissive to other's needs in order to be treated properly. Lisa came to realize that despite previously being called selfish, people who saw her for who she was knew that was not an accurate description of her. Amanda was able to differentiate tragic and sudden losses in her past and the loss of her therapist over time in the present. Jill learned that a man can find her attractive even when they know her flaws. Lastly, Sara faced anxiety she had exerted a lifetime of energy running away from.

While the therapists focused on different experiences from one another, it is also apparent that they have slightly different ways of approaching their role. A seasoned psychodynamic group therapist, Morris Goodman (Personal Communication, August, 2011), shared,

One of the important lessons that I have learned living with an ongoing peer supervision group - is that each of us looks for and considers varying events as potentially transformational. I am particularly tuned in to 'shame' – coming from an Orthodox Jewish home. Another member of our group is searching to uncover the 'anger' in the patient whose 'shame' I am looking for. A third member is looking for the 'hidden ego states' to be exposed. We, in fact, have our own viewpoint by which we live and work and through which we filter the client.

What I Learned from the Participants of this Study

Before writing this dissertation I imagined that transformational moments were products of brilliant leaders. I imagined that seasoned therapists figured out a way to impact members to come to realizations about themselves through calculated interpretations and sharp empathic insights. What I have learned from speaking with the nine therapists, who have generously offered their time, is that skilled therapists do not facilitate groups through their brilliance; they effectively facilitate groups through their humility and their willingness to be a part of a process over which they do not have full control. Further, they are not the most important elements of the process. The therapists expressed that they viewed themselves in the process with the members but that the members offer each other most of what they need. The therapist is there primarily to create the milieu for that to happen.

Before this dissertation, I never thought to consider the importance of the person who is having the transformational experience on the experience itself. I imagined that something different happened because of the way other people were treating them. What I did not appreciate until speaking with the interviewees is that it is only through the risks that a member takes that he is able to have a corrective experience, whether that be through confronting another member or leader, authentically relating to something others are saying and/or being receptive to feedback that may be hard to hear.

I also imagined groundbreaking events that completely changed the person's life. What I did not fully appreciate is that while these moments were very powerful and remarkable, they were but a part of a process that takes years. These moments are the

smallest building blocks of a much greater process. It is not through one experience that a member changes but through multiple experiences of the same nature.

Implications for Clinical Practice

The findings of this study have broad implications for the practice of group therapy and for me as a developing group therapist. A major element to the groups described in this study is that those groups have up to 35 years of traditions and experiences to learn from. This history served as an important factor for members and therapists who learned to have confidence and a sense of openness to authentic relating. I think, as a therapist without as significant a history of seeing people benefit from group, hearing about these experiences helps me know they exist. It helps me develop the confidence I have come to understand is so essential. It also is reassuring to know I don't need to be as brilliant as I believe the therapists I interviewed are to be a good therapist. In fact, it helps me appreciate the importance of allowing others to have the greater impact on one another and to focus more on creating space for that to happen.

Limitations of this Study

This study is limited to the perception of therapists that were interviewed and their memories of what happened, their interpretations of what allowed those experiences to happen, and the impact they believe the experience had on the client. The transformational experiences were reconstructed by the therapists interviewed to the best of their ability as they did not have consent to use recording devices from their members, as that could have been disruptive to the group's process and made members feel uncomfortable. This study also used group therapists' perceptions instead of group members' perceptions of their experiences in order to protect the privacy of group members who did not need to identify themselves in order to be interviewed for this study. Because only male therapists participated in this study, as the women therapists invited to participate in this study declined to do so, I was not able to capture the perspective of any woman therapists with regards to the impact of group therapy.

This study used a qualitative approach and the hypotheses developed were exploratory. The findings neither confirm nor refute other research examining the therapeutic factors of group therapy. Additionally, the sampling of group therapists was derived from a networked sample of participants in a particular form of group therapy. The sample was not randomized nor was there a control group for comparison. The purpose of this study was to explore group therapists' perceptions of transformational moments in groups. Those perceptions will not be confirmed without future research. The findings of this study may have only limited generalizability to adults in group therapy as a whole since all the therapists interviewed were psychodynamically oriented. Some of the validity of the findings was sacrificed for reliability, as the restricted range of group

leaders insures that this study contains the perspective of psychodynamic therapists with extensive experience. Since this study is exploratory, its findings have limited applicability. The hypotheses identified here about the importance of transformational experiences and the way authentic and honest communication allows those experiences to occur may be further analyzed in future research.

Questions for Future Research

- a. Do transformational moments occur in CBT groups? Are they different in nature? How do CBT therapists understand them?
- b. Are there differences in the types of transformational moments that groups with women therapists have?
- c. Are there differences in how women therapist might perceive transformational experiences?
- d. Are there differences for single-therapist groups, vs. groups with co-therapists in the types of transformational moments that occur?
- e. Can less experienced therapists catalyze transformational moments in groups?
- f. Are there differences in the types of transformational moments that groups with less experienced therapists have?
- g. Do different kinds of transformational moments occur in groups with less of a history of transformational experiences?
- h. Do different kinds of transformational moments occur in single gender groups?
- i. Do different kinds of transformational moments occur in homogeneous groups? Like groups for people with depression.
- j. How do participants describe transformational experiences and how do they describe the impact of those moments on themselves and others?

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APPENDIX A

Semi-structured Interview questions

What is your theoretical orientation?

How would you describe in a few sentences what you believe helps group members?

How many years have you facilitated adult interpersonal groups?

With what kinds of populations/settings?

Do you believe that, at times, members have specific interactions and experiences in a group session which contribute to the group becoming a transformational experience for them?

I would like you to select an experience, a specific interaction, which a member of your group had, which will likely contribute to a growth process.

Please be prepared to address the following elements:

What were the interactions between the individual and the group?

(Provide as much of the details that can be recalled)

(What were the member to member and member to leader interactions and how do you think they contributed to that experience)

What do you believe the member was struggling with and what did that moment assist them with?

What do you imagine and observe about the impact of that moment on the client?

What was it that you believe was significant about that experience for that member? How do you believe that moment will help the member?

What do you believe allowed that moment to happen for that member at that time? What do you think other members of the group did to help that member have such a moment?

What was that moment like for you? Why do you think it had that kind of impact on you?

What was your involvement in that moment? What compelled you to play that role? How do you think your involvement influenced that moment? What do you believe you may have done to contribute to helping that member have that experience? How do you think that moment influenced the group process, other members of the group and yourself?

APPENDIX B

Informed Consent Agreement**Transformational Moments in Group Psychotherapy**

You are invited to participate in a research study. Before you agree to participate in this study, you should know enough about it to make an informed decision. If you have any questions, ask the investigator. You should be satisfied with the answers before you agree to be in the study.

Purpose of the Study

This study examines group therapists experiences of group members who have been in psychotherapy groups. The study seeks to understand whether group therapists perceive group members to have transformational moments and what those moments look like and the therapist's thoughts on how those moments may be facilitated if they exist. I am a doctoral student at the Graduate School of Applied and Professional Psychology at Rutgers University and am conducting this study as a fulfillment of my dissertation and doctoral requirements. It is anticipated that 8-12 group therapists will participate in this study. If you wish to be provided with the general results of this study, you should notify me, and this information will be shared with you at the completion of the study.

Study Procedures: You will be interviewed about whether you feel that your clients have had critical experiences in group that had an impact on them and what the nature of those experiences was and what made them possible. The interview will take about one to one and a half hours.

Interviews will be audio taped to contribute to the authenticity of the study. Interviews will be transcribed and tapes will be destroyed after transcription. I will maintain any tape recordings, transcripts of interviews, or other data collected from you in confidence in a locked file cabinet. These materials will be held onto for three years after completion of the study and then destroyed.

Subject's Initials _____

Risks: The interview focuses on clients' experiences in group. It is my hope that the interview will be a positive experience for you. Note that the study will not pay for such services – you would assume financial responsibility for such services.

Benefits: Your experience and knowledge have tremendous value to understanding what is beneficial about group and how members may benefit from the experience. The information you share has the potential to help group leaders understand what is helpful for group members. Additionally, the opportunity to share your experiences and knowledge about group and reflecting what has been beneficial for you may be valuable to you. There is no compensation for participating in this study.

Confidentiality: All records will be stored in locked files and will be kept **confidential** to the extent permitted by law. The data about your interview will be stored on an electronic data file in my personal computer in order to keep it confidential.

The data will be available only to the research team and no identifying information will be disclosed. Audiotapes and other paper work will be assigned a case number. Your responses will be grouped with other participants' responses and analyzed collectively. All common identifying information will be disguised to protect your confidentiality. This will include changing your name and other demographic information (i.e. age).

Research Standards and Rights of Participants: Your participation in this research is **VOLUNTARY**. If you decide not to participate, or if you decide later to stop participating, you will not lose any benefits to which you are otherwise entitled. Also, if you refer other individuals for participation in this study, your name may be used as the referral source only with your permission.

I understand that I may contact the investigator or the investigator's dissertation chairperson at any time at the addresses, telephone numbers or emails listed below if I have any questions, concerns or comments regarding my participation in this study.

Yair Kramer, Psy.M. (Investigator)

David Panzer, Psy.D. (Chairperson)

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If you have any questions about your rights as a research subject, you may contact the IRB Administrator at Rutgers University at:
Rutgers University, the State University of New Jersey
Institutional Review Board for the Protection of Human Subjects
Office of Research and Sponsored Programs
3 Rutgers Plaza
New Brunswick, NJ 08901-8559
Tel: 732-932-0150 ext. 2104
Email: humansubjects@orsp.rutgers.edu

I have read and understood the contents of this consent form and have received a copy of it for my files. I consent to participate in this research project.

Participant Name (Print) _____

Participant Signature _____ Date _____

Investigator Signature _____ Date _____

You have already agreed to participate in a research study entitled *Transformational Moments in Group Psychotherapy* by Yair Kramer. I am asking for your permission to allow me to audiotape (make a sound recording) as part of this research study. You do not have to agree to be recorded in order to participate in the main part of the study.

The recording(s) will be used for analysis by Mr. Kramer.

The recording(s) will be distinguished from one another by an identifying case number - not your name.

The recording(s) will be stored in a locked file cabinet by identifying number not by name or other information that might disclose your identity. The tapes will be retained until the project is completed and the dissertation has been successfully defended. It is expected that the tape will be destroyed within four years after your interview.

Your signature on this form grants the investigator named above permission to record you as described above during participation in the above-referenced study. The investigator will not use the recording(s) for any other reason than that/those stated in the consent form without your written permission.

Participant Name (Print) _____

Participant Signature _____

Date _____

Principal Investigator Signature _____ Date _____