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Process-Psychodynamic Groups for Men Who Batter: A Brief Treatment Model

Kevin O. Browne,
Daniel G. Saunders, &
Kathryn M. Staecker

ABSTRACT

The prevailing method of working with men who batter is through structured psychoeducational groups and cognitive-behavioral therapy. The authors contrast the assumptions of cognitive-behavioral with those of process-psychodynamic approaches in working with men who batter. They describe a process-psychodynamic treatment model that was implemented at an abuser-treatment program. The major phases of the group process are illustrated with excerpts of group dialogue.

Kevin Browne is a psychotherapist and a doctoral candidate, Department of Anthropology, University of Wisconsin-Madison, Madison, Wisconsin. Daniel G. Sanders is associate professor, School of Social Work, University of Michigan, Ann Arbor, Michigan. Kathryn M. Staecker is a psychotherapist in private practice, Astoria, Oregon. This article is based on work funded by a Centers for Disease Control grant (R49/CCR 502584). The article's content represents the views of the authors and not necessarily those of the Centers for Disease Control. The authors wish to thank Family Service in Madison, Wisconsin, and its Alternatives to Aggression Program for their cooperation. The authors extend particular thanks to the group leaders and supervisors Darald Hanusa, Pauline Thome, Dorothy Helman, Larry Cohen, James Gerndt, Jean Warrior, Catherine Vine, Donald Coleman, Beth Lindner, and Stephanie Karwacki.

Programs for men who batter their wives or girl friends have proliferated during the past 20 years. Most of these programs are based on social-learning principles that assume that the men are imitating what they saw or experienced as children and that they usually gain what they want from being abusive (Saunders & Azar, 1989; Tolman & Edleson, 1995). In addition, most of these programs operated within a profeminist framework and assume that patriarchal culture allows batterers to rationalize their domination and abuse of women. A frequent corollary of these assumptions is that interventions need to be highly structured and emphasize education more than therapy. Cognitive restructuring, behavioral rehearsal, and lectures and confrontations about male privilege are the usual components of such programs (Feazell, Myers, & Deschner, 1984).

Challenging these predominant methods, Jennings (1887) argues that abusive men can best overcome their violence by learning to

nurture one another in a supportive and relatively unstructured group. Others argue that the experience of childhood violence has a profound effect on the personality, leaving men with a subconscious reservoir of rage that they were not allowed to express in childhood (e.g., Waldo, 1987). A recent experimental comparison of a structured cognitive-behavioral model and an unstructured process-psychodynamic model (described here) showed no differences in recidivism rates as reported by the men's partners at an average of two years after treatment (Saunders, in press). However, the process-psychodynamic model had two advantages. First, it retained a higher percentage of men in treatment. Similarly, in another experiment, better treatment involvement and retention resulted from use of methods aimed at arousing the men's compassion for their own childhood traumas (Stosny, 1994). Second, the process-psychodynamic model was more successful with

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men who had dependent personality disorders. The cognitive-behavioral model was more successful with men who had antisocial personality disorders. This evidence runs counter to the prevailing notion that "one size fits all" when treating these men (Saunders, 1992), but it is consistent with evidence of variability in their abuse histories, personalities, and behavior (Holtzworth-Munroe & Stuart, 1994). Conclusions about treatment effectiveness remain tentative because few studies exist and results are sometimes inconsistent. One experiment showed somewhat better outcomes for structured psychoeducational groups compared with unstructured self-help groups (Edleson & Syers, 1991).

This article reviews the assumptions behind the process and psychodynamic approaches to working with men who batter and describes the content of a 20-session program. The program was developed and implemented as part of the experimental comparison mentioned above (Saunders, *in press*) and involved 92 men in nine separate groups.

Assumptions About Social and Individual Etiology

A general assumption of the process-psychodynamic approach is that men's attitudes and behaviors toward themselves and women come primarily from childhood lessons created by various individual and cultural factors (Scher & Stevens, 1987). Psychosocial conditioning teaches most boys to suppress emotions and devalue intima-

cy (Hartley, 1974). Society's ambivalence about male roles means that boys learn contradictory notions about themselves. They learn to restrict their capacity to feel and view their longing for intimacy as shameful. They may compensate by overconforming to cultural ideals of manhood (Hartley, 1974; Taubman, 1986). A lingering sense of

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shame, isolation, powerlessness, and rage usually results. Most men then fear appearing weak and out of control. Consequently, men's violence is probably an attempt to reduce anxiety and maintain control (Pleck, 1980; Taubman, 1986). Miller (1981) presents insights into the origins of narcissism in aggressive men. Although Miller is not explicitly feminist, she holds fast to the basic feminist principle of "not blaming the victim" (van Gelder, 1987). She believes that most men learn to seek admiration rather than love, which leads to denial of the true self (Miller, 1981). A false self then generates shame, which in turn leads to the suppression of emotions and of the need for intimacy (Whitfield, 1987).

Pleck (1980) describes a way of viewing men's oppression of women that focuses on underlying emotions. One view is that it is usually in men's rational self-interest to exploit their privileges over women. Another view is that men perceive women as being superior in expressive power and come to depend on them for their emotive needs. Pleck argues that men rely on women to validate their masculinity. When women do not meet these perceived needs, men often react with anxiety and anger.

Growing evidence links childhood traumas with men's violence against their intimate partners. Whereas women with similar traumatic childhoods are likely to turn their anger inward, men tend to turn it outward (Carmen, Rieker, & Mills, 1984). The childhood traumas of men who batter are also probably linked to their high levels of posttraumatic stress symptoms (Dutton, 1995), depression (Maiuro, Cahn, Vitaliano, Wagner, & Zegree, 1988), low self-esteem, and personality disorders (Hamberger & Hastings, 1986). It is difficult to present a single profile of men who batter, however, because their childhood experiences and subsequent problems are highly variable.

Holtzworth-Munroe and Stuart (1994) conclude from their literature review that three major types of men can be categorized as batterers: family only (or rigid/conforming), dysphoric/borderline, and generally violent/antisocial. Family-only batterers experienced the least amount of childhood physical abuse. They also perpetrate the least severe violence, have low to moderate levels of impulsivity, and show some depen-

dency on their spouses. Though they have some ability to empathize with others, they also show social-skill deficits. They may be perfectionistic and tend to suppress feelings of anger (Saunders, 1992).

Dysphoric/borderline batterers report high levels of emotions that are often in flux. They are likely to have experienced parental rejection (Dutton & Starzomski, 1993), be preoccupied with their partners, and fear abandonment. As a result, they may be most likely to abuse when they perceive the relationship is threatened. They do not tend to be severely abusive physically, but they are the most psychologically abusive (Saunders, 1992).

Generally violent/antisocial batterers experienced the highest level of childhood physical abuse. They are the most likely to abuse alcohol and are more likely to have a criminal lifestyle. They tend to view violence as an appropriate method of problem solving and are violent both outside and inside the home. They tend to lack empathy for others, have high levels of narcissism, and hold the most rigid attitudes about gender roles.

The above findings need to be viewed cautiously because they are based often on treatment samples or on those who volunteer for studies. For example, in one study, batterers from a general community sample were not depressed, whereas batterers in treatment were depressed (Hamberger & Hastings, 1986). Nonetheless, evidence suggests the need for diverse treatment approaches. In particular, the needs of those with severe childhood victimization, border-

line and dependent traits, and posttraumatic-stress-disorder symptoms may be overlooked in most current programs. The common view that abusers cannot benefit from insight into childhood events may be quite limiting (Jennings, 1987).

The process-psychodynamic model assumes that men who batter need to grieve their childhood pains and losses in a safe environment (Gil, 1983; Miller, 1981; Whitfield, 1987). Recovery of previously disowned connections can then occur, and the men can learn to relate intimately and equally with women. Although these men must be held accountable for their violence through criminal justice sanctions and therapeutic confrontation, strictly punitive interventions may increase their feelings of shame and isolation. Confrontation needs to be combined with support. If abuse is partly an expression of childhood traumas, the recovery and integration of traumatic memories seems necessary (Herman, Perry, & van der Kolk, 1989). Jennings (1987) emphasizes the benefits of process groups for reaching these goals with men who batter. He believes they help the men develop self-help skills, learn tolerance and patience, feel emotional safety, and experience mutually supportive relationships. Men have more opportunity to experience and develop empathy and to experience grief and related emotions. Process groups seem to aid the expression of shame and related emotions and help detach shame from one's identity (Wallace & Nosko, 1993). Unstructured groups can also respond more flexibly to the unique needs of each group.

Group Context and Process

Our group treatment model was developed out of the above assumptions. The groups were designed to end abusive behavior by (a) decreasing isolation and increasing emotional investment in others' welfare, (b) exploring the childhood roots of sex-role expectations and shame-based behaviors, and (c) increasing the capacity to express feelings directly and responsibly.

Treatment Context and Safety Planning

The groups arose out of an established domestic-violence program at a nonprofit family service agency. In addition to groups for men who batter, the agency offered some long-term counseling for battered women and their children. The program participated in a county-wide plan to coordinate victim and offender services with the response of the criminal-justice system. The major law-enforcement jurisdictions had pro-arrest policies, and the prosecutor had a first-offenders' program and a victim-support program. Probation officers and first-offender program staff were trained in the field of domestic violence. At the time of this treatment study, 59% of the men were referred by the courts, 17% from first offenders, and most of the remainder from social service agencies. Sometimes a man's partner would give him an ultimatum to attend or she would not return to him.

Attempts were made to contact the men's partners to give them information about the treatment process. It was important for the women not to be overly opti-

mistic about their partners' treatment success and to be ready to rely on the criminal-justice system for protection. Findings of this and other studies indicate that 30% to 50% of the men can be expected to be violent again following treatment (Tolman & Edelson, 1995). The women were informed of available emergency, legal, and counseling resources. They were also informed of the reasons to delay any couples or family counseling until after their partner successfully completed men's group treatment. The women were helped with a safety plan if they did not have one in place. Because the men were part of a research study, the women were also contacted up to four times after treatment for information that would help gauge treatment success. At these times they were asked if they desired services for themselves or their children. Information from the women was not shared with the men.

Assessment

Prior to being accepted into treatment, the men were required to attend four to six individual-assessment interviews. These interviews covered past help seeking, suicide potential, childhood experiences with violence, substance-abuse history, history of abuse in adult relationships, and other areas. The history of relationship abuse covered 26 forms of psychological and physical abuse (Saunders, 1992). The interviews also provided an opportunity for the intake worker to confront the minimizing that typically occurs with these clients and to reinforce client self-disclosure and acceptance of responsibility. The assessment phase ended with a brief interven-

tion to help the men build awareness of cognitive and physiological cues related to aggression. A small percentage of the men were not accepted into treatment because of complete denial of problems or severe mental problems.

Group Format

Treatment consisted of process-oriented, primarily unstructured weekly two-and-one-half hour sessions in a group format that lasted 20 weeks. The 20-session format was chosen (a) because of the constraints of the experimental study in which these groups were being compared with cognitive-behavioral groups of the same length, (b) to provide a sufficient treatment length for meaningful process work to occur, and (c) to meet the needs of the program to treat relatively many batterers. Group leaders and supervisors generally believed that longer treatment would have been more effective. Exercises were designed to fit into a process model, taking into account stages of group development (Yalom, 1975). These stages included the initial searching for commonality and trust, power and control issues that arise in groups, issues of closeness and cohesion, and termination. However, group leaders and supervisors decided to provide a more structured format than is typical in process groups because the men were often resistant and manipulative.

Groups always used two co-leaders, usually one female and one male. The groups were supervised by an experienced group-therapy practitioner. The role of the supervisor was to comment on the group process and content, the process occurring between co-lead-

ers, and the therapeutic issues arising in the group.

Process Dilemmas

A dilemma typically faced by the women leaders was how to deal with sexist comments. Responses varied among female leaders in particular but generally provided a good context for discussing how sexist attitudes affect women. Except in extreme cases, one leader preferred to wait until trust had developed before disclosing the impact such comments had on her. She stated,

My goal is not just to get the men to talk differently but to think differently and to respond to women differently.... By waiting until you have developed a positive relationship with the group members, I think you have a better chance of really getting them to consider how their sexist language affects you (and by extension other women) and developing their empathic abilities, rather than just teaching them that they'd better watch their language around you, because if they don't, you'll make them feel stupid, bad, mean, or whatever. My belief is that changes made out of increased awareness and empathy last a lot longer and generalize a lot better than changes made out of fear of humiliation. (Warrior, 1989)

Another dilemma faced in every group was the amount and type of leader self-disclosure to use. Given that men with various personality disorders were included in each group, the amount and type of such disclosure varied accordingly. In general, group leaders used self-disclosure in an effort to build trust and cohesion and to model expressions of feeling and intimacy. The leaders expressed both positive and negative emotions to individual group members and the group as a whole.

The following describes typical group phases and group exercises. The goals of the exercises were agreed on by all leaders, though specific exercises may have varied across the groups.

Group Phases and Exercises

Phase One: Sessions 1–5. Early sessions were designed to establish the relevance of the group for members and to establish emotional safety and trust. Exercises included dyadic interactions in which members shared information about their work and hobbies, their prior group experiences, their hopes and fears about the group, and their experiences as men in today's society. Norms regarding sharing in the group were discussed and agreed upon. One man expressed his initial ambivalence as follows:

I do not see why I should come here and tell you that I got into a fight... I am not going to risk my probation by coming here and telling you I got into a fight. I understand the significance of talking about it ... but I personally will not tell you about it.

Sessions three to five focused on personal histories and on building a sense of commonality. Autobiographies were first written as homework and then shared in group. These autobiographies included descriptions of childhood experiences of abuse, relationships with parents and siblings, feelings about these experiences, and how these experiences have affected their lives. For many men these exercises were emotionally evocative, revealing long-suppressed experiences and feelings. Below are some examples of men's reactions to writing their autobiographies.

Female leader: I want to know not what you wrote in your autobiogra-

phy, but how you felt when you were writing it.

Group member: I try to live up to the standard that my father set. I have a mixture of emotions that I could not be as good as he was, but I am a better person.... Writing about my life reminded me of the past choices I made. I made the wrong choices, or the choices I made turned out the wrong way. It hurts to look at your bad choices.

Male leader: How does it feel being a victim of your father?

Group member: It is not a good feeling seeing your father kick you and your brother every day. What I learned from it was nothing until I came here.... He hit me with his fist, kicked, [used a] stick.... As a child you do not learn anything, but as you grow up you learn. I always thought, when my father hit me and told me that it hurts him more, why are you doing it then? They feel guilty when they do it so that is why they say that.

Integration of such trauma is often necessary for the development of better impulse control and tolerance of emotions. Validation of the trauma is necessary for this integration and for subsequent improvement in relationships (Gil, 1983; Herman et al., 1989).

Phase two: Sessions 6–9.

Many of these men also had problems with addictive behaviors or had been exposed to such behaviors in their families of origin. Such experiences may contribute to their feelings of being out of control. Sessions six and seven addressed the impact of substance abuse on adult functioning, including self-destructive tendencies. One man reported

My son at 14 was using pot, and I told him that I did not want to see him with his friends anymore and that he could not leave the house for a while. Then, I sat next to him and told him that I did not want him to go through the things I had

gone through with drugs. I have never seen him use pot again. I did not want to use violence with him and it worked.

The shame and defensiveness many of these men display appear to rise partly from the body's unmet needs with regard to early attachment difficulties. The body may incorporate and suppress early childhood trauma, resulting in disguised yet habitual patterns of defense (van der Kolk, 1988).

Exercises were designed to elicit some of these somaticized traumas. In one exercise the men walked slowly toward one another, taking turns, while noting their feelings. They noted the distance at which comfort shifted to discomfort. This helped many men sense the nature of personal boundaries between people. In one group an exercise commonly used in martial arts, called the "unbendable arm," was used. The goal was to develop an inner sense of control and discipline. The men learned that a relaxed, centered, nonresisting arm is stronger than a tense, resisting arm. Force and tension are experienced as counterproductive to one's goals. Some groups used a "trust walk," whereby a blindfolded man was guided around the building by one who could see. Both being the leader and the person led often evoked strong feelings.

Because many of these men carried long-term resentments against family members, their partners, and others, an exercise was included to work on forgiveness and letting go. Group members wrote a letter to someone they wanted to forgive, such as a parent.

Following this phase, group cohesion was usually quite high, and

members were asked to share their history of abuse toward others and how they now felt about such behavior. Though discussions of their abuse had come up previously in group, at this point many men were emotionally ready to reveal the pain their abuse had caused for their partners and themselves.

Phase three: Sessions 10–15.

In session 10, members were asked to assess how they had been using the group so far and what their goals were for the rest of the program. Two group members expressed themselves as follows:

Lately because of this class, when I start to get upset over something, I think to myself if it is worth it.

Sometimes you are angry at something else and you take advantage of the first opportunity to bring that anger out. It has been important for me to recognize this.

In sessions 11 and 12, exercises were included to work on members' difficulties with intimacy in the family of origin and in adulthood. They often acknowledged past disappointments while taking responsibility for creating intimacy in the present. Exercises revolved around the men's family roles, the pain of living without intimacy, and the enactment of unhealthy boundaries and controlling relationships, as is evident in the following dialogue:

Group member: I saw an ad in the newspaper that I liked a lot about a march [about] World without Rape. Female leader: I saw that ad too. Is there a part that had an impact on you?

Group member: Yeah, the part about the learned behaviors. Also when it said, "Free yourself from the prison of violence that you live in and inflict on other people," and that being a hardass does not mean shit.

I see a lot of people thinking they are tough when they really are not.

Female leader: Thank you for that reaction. Does anyone else have anything to say about that?

Group member: Yeah, I was taught as I grew up that as a man you are not supposed to be hurt or feel hurt about anything. Then I believed it, and it consumed me as I grew older. One time I sat and I cried because I needed it. It was there that I realized that I have feelings also and that I have a right to express them as [much as] anybody else. I cry harder when I realize all the time I wasted believing otherwise. Sometimes I feel alone. It took me time to realize that that macho attitude has not gotten me anywhere besides feeling frustrated and stressed.... Now that I can identify certain problems that I had in the past I feel free. I can say to _____, "I like you," without fearing that he is going to think I am gay. I feel that I have spread my wings.

Final Phase: Sessions 16–20.

Building on the theme of changing the present, the final sessions focused on exercises such as creating appropriate boundaries in relationships, developing win-win scenarios and attitudes, letting go of the need to control others, and seeing oneself from another's perspective.

The final two sessions dealt with the theme of ending relationships (and the group) and saying good-bye without withdrawing emotionally or discounting self or others. Group leaders discussed ways to end relationships with emotional integrity, acknowledging the abandonment issues that affected most of the men, and ways to remain emotionally open. Guided imagery to integrate the experiences of the group, as well as a discussion of commitment and growth, was included.

These final sessions included self-evaluations and group evaluations from members. Appreciation was extended to each of the men

for their contributions to the group. One group member expressed his feelings as follows:

I almost got molested when I was a child and I begged my parents to put me in a martial-arts class because I said I would not let anyone take me. I thought about that. The act of almost being raped bothers me to this day.... Growing up I used to have nightmares about that. I used to tell people what happened, but nobody believed me. I tried then to dismiss it. I think that is part of my inability to hug my son. When other men touch me, I get scared. You helped me. At least now I am thinking about it.

Conclusion

The model presented here shows promise as indicated by recent evidence that unstructured, psychodynamic groups seem to work better for some types of men who batter. This approach might also engage the men more readily in the treatment process. Process-psychodynamic approaches do not preclude the use of other approaches. Some programs offer different theoretical approaches in a sequential fashion (e.g., Brennan, 1985). They often focus first on increasing the men's awareness of male privilege and control tactics, then teach alternative behaviors, and finally address childhood and cultural socialization.

Increasing integration of cognitive and psychodynamic therapies has occurred because cognitive restructuring increasingly addresses core developmental issues. Some attachment-disordered men, however, may need to focus on their childhood traumas in a supportive, unstructured group prior to working on new behaviors. More clinical and research work on process-

psychodynamic models for men who batter is obviously needed; nevertheless, the benefits of approaches like the one described here merit serious consideration.

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