

Group Therapy: The Elgin Plan

The Aim of Group Therapy Is the Furtherance
Of Fellowship and the Exchange of
Experience Regarding the Laws
Of the Spiritual Life

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SHORTLY after my arrival at Elgin State Hospital in the spring of 1932, I stopped one day in the bay of our convalescent receiving ward. I found there a group of ten or twelve men. Two of them were playing checkers, two were talking, one was reading, and the rest were just sitting. Dropping into a chair beside one of the latter, I remarked, "You seem to be doing some very hard thinking." "Yes," he replied, "I guess I was." Further conversation brought out the fact that his commitment had followed a period of preoccupation and sleeplessness and that he had had some very strange ideas. It had come to him that some great world change was impending and he was to have a lot of responsibility therein. As I was pointing out that many of our patients come here because they have serious personal

problems which they are trying desperately to solve and that such ideas, strange as they seemed, were by no means unique, one of the checker players turned from his game to remark, "I had those same ideas." Soon the entire group was engaged in an animated exchange of experience. They had not all had the same set of ideas. It seemed that three of them had come in because of hard drinking rather than hard thinking; one had been told that there was something wrong with his blood; another talked bitterly about his wife, but they were all keenly interested.

This informal conversation marked the beginning of a plan which has been in operation during the past nineteen years. Part of the time we have talked informally with small groups, drawing them out and encouraging them to tell of their difficulties; part of the time we have assembled certain groups at stated intervals, usually once a week.

In my own formal group meetings I usually begin with a case drawn from

another hospital. Asking them to assume that they are the medical staff, I present the case as graphically as I can and call upon them to figure out what the trouble is, what is likely to happen and what ought to be done about it. The response is generally most gratifying. There is often a lively discussion which reveals surprisingly good insight and develops a warm, friendly spirit.

It is obvious that in discussing the case under consideration each patient will be thinking of his or her own problems. Some will want to tell the group about those problems. This, however, is not encouraged. We ask such persons to wait and talk with the leader individually. One of the features of this plan is to be found in the many patients who are eager to talk. Group therapy is thus an invaluable adjunct to individual therapy.

Our usual practice is to hold a weekly conference on the women's admission service and another on the men's. We extend a general invitation to all those on the two convalescent wards and we welcome all who care to come. The group may thus vary in size from a dozen to forty or fifty. The cases used are so selected as to cover the various problems and the different reaction patterns common among any group of new patients and we try to bring out the therapeutic significance of facing one's difficulties honestly as contrasted with the reactions of withdrawal and concealment. We also call attention to the ideas which characterize the acute disturbances and we hazard some guesses as to the meaning of those ideas. We always lay stress upon the therapeutic principles involved and upon what the patients can do themselves to help each other. Following the discussion of the case, we throw the meeting open for general

questions—questions which usually pertain to such problems as the locked door, the way to get home, the censoring of their letters, the meaning of psychiatric labels, the restrictions placed upon smoking and the significance of other hospital rules and regulations.

THE effectiveness of these sessions will of course vary greatly, depending upon the case under consideration, upon the way it is handled and upon the make-up of the group. A nucleus of intelligent patients is a great help provided they are not allowed to monopolize the discussion.

It will be clear that my approach is not "non-directive." There are certain principles, certain laws of human nature which I want to make clear to them, and that purpose determines my selection of cases. I try to find cases which throw into clear relief the consequences of the different ways of dealing with one's moral problems and the significance of certain forms of mental illness as attempts at re-organization and manifestations of nature's power to heal. I also raise many questions, and if a particular question evokes no response, I may supply the answer myself and go on to other questions. I look upon the question as a teaching device. I want to stress the question and to stimulate thinking, but I consider my answers also of some importance. And always I seek to awaken interest and to foster the warm, friendly, hopeful atmosphere which seems to me the all-important factor in group therapy.

Sometimes we begin the conference with a period of group singing, in which we also give soloists and other performers a chance to express themselves. Whether we do this or not depends upon the presence of the needed

talent. This introductory singing has both advantages and disadvantages. It is worth while in itself and it draws in a larger group. On the other hand it attracts those who are not really interested in the conferences.

While these conferences must of necessity be confined to those patients who are in good contact, we do not forget the disturbed wards. It is here that the informal conference is made to order. It is often possible to talk to several patients at the same time and frequently we are able to draw out one or two of them for the benefit of the others. When skillfully handled such conferences can do much to influence the attitudes of these patients. More than that, contacts established during the disturbed period are of great help when the patient gets better.

Our experience has taught us that the best response is to be found on the admission service. The new patient is likely to be greatly puzzled regarding his experiences. He is therefore eager to talk, eager to understand. Those who have been here longer are likely to have made some adaptation to defeat and failure which they do not want to have disturbed. But there are those among the older residents who are responsive and among these the opportunities for group therapy are limited only by one's time and strength. An important difference between such groups and those on the admission service lies in the fact that they can be more carefully selected and can become more stable.

In our general plan of religious ministry in this institution these group therapy conferences correspond roughly to the Bible classes in the normal church set-up. The fact that we begin with cases instead of with the Bible means only a difference of approach. The objective is the same. Our aim is

the furtherance of fellowship among our people and the exchange of experience regarding the laws of the spiritual life. These laws, we believe, are revealed nowhere more clearly than in the experiences of those who are breaking or have broken under the strains of moral crisis.

IT MAY at this point be worth while to point out that the Sunday morning service of worship, which is still the focal point of all our activities, may also be included under the heading of "group therapy." Even though it does not provide opportunity for the worshippers to talk, it does provide opportunity for them to think and feel together regarding that which is for them supreme and abiding in their social relationships. The Christian Church with its class meetings and services of worship may thus justly be said to constitute down through the ages the outstanding exemplification of group therapy.

For this reason, here at Elgin, we have given special attention to the adaptations needed to increase the potential value of the service of worship. Convinced of the importance of music in the implanting and intensifying of religious beliefs, we have provided a special hymnal in which the inapplicable and the disturbing are so far as possible excluded and a meaningful service of worship provided in which the people may have a large part, not merely in song but in prayer and response. We have also taken advantage of the sermon period to give brief sermons dealing with problems of real concern to our people. Not only do we seek to perpetuate and re-create religious faith through the re-animation of the historic Christian symbols, beliefs, and personages, but we seek to promote understanding of such prob-

lems as the locked door, the troublesome conscience, choices, mistakes, right and wrong, moods, suffering, misfortune, faith and doubt, inspiration and hallucination, delusion and belief, the Ten Commandments and their meaning, the way of salvation, work, play, etc.

As to the results achieved under this plan I can offer no statistical evidence. Such a factor as the warm, friendly, hopeful atmosphere which is of such vital importance is least susceptible of formulation in terms of technique and least subject to measurement in terms of results. So also the relationships with the wise and understanding friend, which owe their effectiveness to their very elusiveness and spontaneity. But I am sure of the principles which underlie it. On every side we have evidence that man is a social being, that his primary need is that for love and fellowship, and that the

major evil in non-organic mental illness is not to be found in anxiety and discontent with one's present achievements but in the sense of estrangement from the inwardly conceived fellowship of the best. Salvation, or cure, is therefore to be found, not in lowering the conscience threshold and thus getting rid of inner conflict but, in release from the sense of isolation.

I am sure of the eternal validity of the message of Jesus and Paul, that the God in whom we live and move and have our being is a God of love, and that in the eyes of love any person is worthy of honor, no matter how faulty he may be, who is moving to become better and is doing the best he can with what he has to work with. That was the Good News of Early Christianity. It is the good news to-day of psychotherapy at its best. And in the implementation of that good news group therapy is an indispensable instrument.