An Interval *of* GROUP Therapies

BY DR. EARL HARDIN

A solo approach to group treatments in 1970s Vancouver

ONCE MORE Gabrielle has asked me to write about elements of my psychiatric practice, and a component which I could describe in a single page is a reflection of the group therapies which were an active and productive part of my work for a period of time.

From the time of my training I had an avid interest in getting started at it, but it took a couple of decades for me to see a collection of patients in my practice who would be suitable. First a homogeneous group mostly in their 20s, and then a second in their 30s and 40s. Both ran simultaneously for a few years. A third less homogeneous group continued only a shorter time.

There were a number of reminders and opportunities for me to give thought to starting group treatments.

The Proliferation of 1960s Group Exploration In that decade people were joining groups everywhere. Friends and acquaintances were going to Cold Mountain, Esalen, EST, later Context, and any number of "encounter" gatherings for personal discovery.

That was not a route for me to learn about myself. In my Menninger training in Topeka only one of my classmates was able to afford a start of psychoanalysis for training purposes, but a few including myself took advantage of a free evaluation by the Institute. Accordingly, I was then able back in Vancouver to undertake a three year, three times a week classical analysis with Don Watterson. The feedback from residents observing the demonstration psychotherapy I was invited to do and from psychiatry buddies in a discussion group where I turned out to be the main presenter was also helpful.

The exception was a no-leader couples group orchestrated by our close friend Ruth Sigal who would become the long-time head of the Women's Resources program. It was attended by 14 educated and well informed peers. It was very much like the course I'd taken in Second year in Topeka so accordingly I was completely comfortable throughout. I tried to comment only when it was helpful. I contributed self-revelations, but selectively.

"Nevertheless, while it lasted this was another very gratifying component of my practice. When it buzzed I felt the pleasure. Patients' appreciation was also more visible. However, it was harder work, more of a sense of responsibility, and I never again did I have a suitable selection of candidates like that time in the early 70s.

My wife Rosalee also was not keen on the encounter groups otherwise. She was quite happy with herself, enjoyed motherhood, bridge, golf and close friendships. Interestingly, although she had worked six years as a bacteriologist supporting me throughout my training, when there was an opportunity for a job in a helping profession, she undertook it and succeeded well with virtually no formal training (except all she had learned second hand in Topeka). For 26 years she was a Counselor at the Richmond Family Court.

The Possibility of Group Therapy in my Practice With an active solo practice in the Fairmont Building and numbers of patients in Vancouver General Hospital Emergency and inpatient units A3 and A5, I hadn't given any thought to starting therapy groups. However, a notice was circulated by three older women psychologists about workshops on group therapy. These meetings were monthly for a while and held at the Burnaby Mental Health Centre. They had enlisted the originator of Studio 54 to demonstrate warm up exercises which actors use. I don't remember if any of the women themselves actually formulated therapy groups.

However, it prompted my interest in the prospect. I started going to symposiums at APA Annual Meetings, took a course at one meeting. I went to talks and saw demonstration movies by Fritz Perls and George Bach, had conversations with Dr. Bach during his two visits to Vancouver. However, I found fault in the strategies by all the presenters. In my view they were too harsh with patients in their quest to educate them.

In any case, at the start of the 1970s, I recognized that there were so many among the patients who had been referred to me at that time who would be candidates for a homogeneous group, and so I inaugurated it. That first group were in their 20s and early 30s, more women but some men. My plan was to employ psychodynamic strategies similar to my individual therapies, and I quickly found it to be workable. While each patient was comfortable talking about family of origin, friendships, work adaptation, and setbacks, it was not long before they all caught on they were welcome to and adept at asking the same sorts of questions of the others. One particular eventuality was particularly helpful—discoveries that they had shared similar life experiences with others, a great bonding mechanism.

Meanwhile, while this looked like it was going to be profitable, I kept looking in literature for meaningful protocols to incorporate. Most of what I read was too formal and rigid. However, Irvin Yalom's *Theories and Practice of Group Psychotherapy* was published at about that time. Some of his examples resembled my strategies and I adapted others in my fashion.

I had to decide if friendship outside the group setting was permissible, forbidden by many programs, but it seemed OK when it began. For a few these were their very first comfortable social liaisons. After a year the first group had an occasional evening party. One night

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they went dancing. The young woman who was the most self-conscious and quietest apparently wowed them all with her nifty dance moves, and her presence in the group immediately magnified. They also began helping others find employment opportunities and new social connections. Many would stay in touch with each other after the groups closed down.

The word had gotten around early on, so some new young people had been referred to me specifically for this. However, some of the referred patients were not at all suitable for that group, and I realized that these specific referrals and some of my existing patients could form another homogeneous group, these in their 40s and 50s. This cohort was quite different, men and women who had been around the block, with relationships that had faltered, careers begun and ended, and more evident past decompensations. Their interactions were at the beginning more strident.

Nevertheless, within a few months they began to gel and were more supportive of one another. Their levels of interpersonal sophistication were greater, as well. So, it too, was quite viable.

Accordingly, in both groups there was satisfying progress in almost all the patients. As well as benefiting from the groups, I periodically had necessary individual meetings with a few. Let me provide one example. This fellow was a UBC student referred specifically for group therapy, but in my initial evaluation I learned that he had had periods of despondency throughout his life. Even a profound depression he still remembered from when he was six years old. He had pretty good protection with amitriptyline which was the best we had at that time. He later would be one of those who continued to see me after the groups ended. In the years to come I'd see him every six months to monitor his moods, adding fluvoxamine when that came on the market, and much later changed him to duloxetine which was the best of all for him. Meanwhile, from being a total loner, in the group he had developed enough social confidence that he courted and married a psychiatric nurse, and they continued to have a very compatible relationship. My reward was getting ongoing reports of the personal and academic achievements of their two sons.

At some later point in those 1970s I had also started a third group with candidates not suitable for either existing group. They had a wider variety of ages, and I had the impression after a few months it wasn't gelling, so disbanded it and resumed seeing them individually.

All in all, the two main groups operated for a few years, with some graduating and new people being assimilated in their places. However, there came a time when most had accomplished all they had needed from the experience, so we wound them down. As well, it was becoming a burden for me. By necessity for their lifestyles the meetings had to be late afternoon, and my own family life dictated I should get home earlier.

Nevertheless, while it lasted this was another very gratifying component of my practice. When it buzzed I felt the pleasure. Patients' appreciation was also more visible. However, it was harder work, more of a sense of responsibility, and I never again did I have a suitable selection of candidates like that time in the early 70s. Meanwhile, if you asked me to document the specific therapeutic manoeuvres I employed, I cannot remember well enough to even try to spell them out.

So, decades went by without thinking much about it until, behold, my recollections got triggered when I had a chance social conversation with Vancouver's best known group therapist Dr. Sherry De Reppard, which reminded me of my own experiences, and I felt tempted to write about them. **<END>**

•**Earl Hardin** MD, DLFAPA
ehardin@telus.net

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