AN EVALUATION OF INNER CHILD GROUP THERAPY

by

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AN EVALUATION OF INNER CHILD GROUP THERAPY

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Literature on a wide range of related therapeutic theories, philosophies and methods were reviewed concerning the content and format of Inner Child group therapy. Perceptions about a wide range of aspects of an Inner Child group practice were measured through the use of a questionnaire administered to members of that group being offered at the practice in Scottsdale, Arizona, the Institute for Emotional Healing (IEM).

Questionnaires were administered to previous group members by mail, fax, and hand delivery, resulting in a return of just over 63%.

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ABSTRACT

The objective of this study was to assess the effectiveness of the Inner Child group therapy experience being offered by one private counseling practice in Scottsdale, Arizona and to determine what impact has been felt by members who have completed the program.

Literature on a wide range of related therapeutic theories, philosophies and methods were reviewed concerning appropriate content and format of Inner Child group therapy. Perceptions about a wide range of aspects of an Inner Child group therapy program were tested through the use of a questionnaire administered to members of that group being offered by a private counseling practice in Scottsdale, Arizona, the Institute for Emotional Healing (IEH). Questionnaires were administered to 75 previous group members by mail, fax, and hand delivery, resulting in a return of just over 85%.

Results indicated that overall the Inner Child group has been perceived by its members as helpful in working through a great deal of childhood trauma and grief; instrumental in facilitating improvements in current relationships; and valuable in encouraging greater self awareness and self acceptance.

All three phases of the Inner Child group process, while sometimes disturbing, have nevertheless been experienced
quite successfully by a strong majority of group members. Many members describe their success as part of an ongoing journey toward healthy and peaceful living rather than as an end point to have achieved.

The Institute for Emotional Healing seems to have effectively created an environment in which group members develop and practice skills that serve to protect and guide them through life experiences in healthier, more nurturing ways. As a result, the Inner Child, in the relative safety of self acceptance, can be authentic in its expression and reaction to the world.
ACKNOWLEDGEMENTS

To the wounded Inner Children who have come frightened through my door in search of grace and healing. Your courage has been inspirational. You have both my respect and my deepest gratitude.

To Steven Elliot Berger, whose support was unconditional and whose faith was true. Your encouragement and love has made all the difference.

Dedicated to the memory of Christopher DeVita, whose vision and love transformed my life. Safe journeys.
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John Bradshaw has no doubt become the most widely known and respected expert on the topic and offering mini-workshops as well as hosting nationwide special on PBS TV. His best-selling books, Healing The Shame of the Childhood In America, and Healing The Shame of the Inner Child, have introduced the concept of the "Inner Child." His lectures and seminars have appeared on PBS TV, and excerpts from the Inner Child groups that he and his staff facilitate. This introduction has inspired many people to seek out similar therapy groups in their home towns. Four and one half years
CHAPTER ONE

THE PROBLEM

Introduction and Background

"Inner Child" work as a therapy modality has become very popular in the past five years. Many people are getting an introduction to the concept through such varied experiences as 12-step programs, "Omega" intensive weekends, and church sermons (Whitfield 1989).

Inner Child work refers to a process of looking back at one's childhood experience in order to understand the lessons that were learned regarding how to feel about oneself, the world, and one's own place in that world. Its purpose is also to facilitate the grieving of old losses and the healing of old wounds from that impressionable time (Lerner 1990).

John Bradshaw has no doubt become the most widely known Inner Child therapist, having traveled nationwide speaking on the topic and offering mini-workshops as well as having written three bestselling books on family-of-origin work called Bradshaw On: The Family (1988), Healing The Shame That Binds You (1988), and Homecoming (1990); in which he introduced the concept of the "Inner Child." His lectures, having appeared on PBS TV, show excerpts from the Inner Child groups that he and his staff facilitate. This introduction has inspired many people to seek out similar therapy groups in their home towns. Four and one half years
ago, the greater Phoenix area had few therapists offering Inner Child work on an individual basis and no therapists offering it in a group format at all (based on informal inquiry in October 1990 undertaken by Christopher DeVita, therapist for the Institute for Emotional Healing, Scottsdale, AZ). One private practice in Scottsdale began offering an eight-week Inner Child group in response to the growing need four years ago and has been running this group regularly since that time.

**Purpose of Study**

For purposes of accountability, it was helpful to assess the effectiveness of this group. The group format being evaluated has been in use for four years. Within that time, there had been no official gathering of feedback with which to assess the need for any possible changes to the group’s format or its contents. Also, little information had been available to help prospective group members assess the effectiveness of this therapy modality. The Inner Child group being evaluated integrates aspects of Transactional Analysis, guided imagery, Gestalt, psychodrama, and experiential exercises into a psychodynamic program designed to gently guide adults through a non-confrontational, non-shaming process of grieving, healing and re-parenting themselves. The purpose of this study was to evaluate whether this Inner Child group is effectively assisting members with the processing and healing of their family-of-origin issues. The evaluation of this Inner Child
group facilitates the therapist's adjustments of any aspects of the program which may show need for change. It also provides the therapist with feedback to share with future prospective group members as they attempt to determine the validity of this therapy method and the value that it may have in their lives.

**Statement of Problem**

The objective of this study was to assess the effectiveness of the Inner Child group experience being offered by one private counseling practice in Scottsdale, AZ., and to determine what impact is being felt by members who complete the program.

**Theoretical Basis of Study**

Inner Child work is a particular type of family-of-origin therapy that was first popularized in 1989 by John Bradshaw who developed the concept into a theory. His book *Homecoming* (1990) describes in detail the typical traumas that may impact people at each developmental stage of childhood. It then outlines different ways in which an adult may begin healing those traumas, including specific exercises such as letter writings and affirmations.

Transactional Analysis (TA) is a model of personality that was developed by Eric Berne in the 1960s (Corey 1991). TA's delineation of separate ego-states provides the basis for the concept of the "Inner Child." By defining the parent ego state, the adult ego state, and the child ego
state, permission is given to see oneself as a feeling child separate from judgments of how one "should" act or feel, and separate from the logic with which one may have learned to guide life.

Gestalt therapy techniques, developed by Fritz Perls in the 1950s help clients to gain awareness of what they are experiencing in the present moment (Corey 1991). These techniques are often integrated into Inner Child work as a way to re-connect with the client's "feeling world" in order to finish "unfinished business"—the Gestalt term referring to unexpressed feelings.

Group therapy is a format in which clients benefit not only from direct contact with a therapist but from contact with other group members with some type of shared issue. Donald Nathanson (1992), in his book Shame and Pride, suggests that one of the most significant ways to heal shame is to talk about it, to tell one's story often enough that one is no longer traumatized by it. Since shame is often an issue stemming from childhood, one can benefit from seeking a safe environment in which to tell the story of those shaming childhood experiences. A group therapy format offers this environment, making group an appropriate format for Inner Child work.

Effective Inner Child work offers participants relief from shame and from long held or long denied feelings such as pain, sadness, anger and fear while it teaches them to reframe their perceptions and become more accepting of themselves and others.
Significance of Study

This study helps to determine whether any changes should be made to the format or content of the Inner Child group in question. It will assist the private practice which offers this group in tracking perceived effectiveness longitudinally. This information will facilitate more accurate placement of prospective group members. The information learned in this study may also assist future therapists in the design of similar group formats.

Definitions

Ego states: three aspects of the human personality as defined by Eric Berne in Transactional analysis. Ego states are actually distinct patterns of behavior that can be recognized and then consciously chosen in order to first understand and then to modify one’s own behavior (Corey 1991).

Family-of-origin: the family in which one was raised or from which one derives a sense of heritage. This might include natural parents who were or were not a part of one’s childhood experience; siblings; other caregivers such as adoptive parents or extended family in which one was raised; or any number of other individuals that may have played a significant part through their presence in or their absence from the home life of an individual during childhood.

Gestalt: a therapeutic theory developed by Fritz Pearls in which an individual is encouraged to become aware of what they are experiencing in the present moment (Corey 1991).

Grieving: the process of experiencing emotions surrounding a painful event, working through those emotions and then resolving them or letting go of them so that one can move forward in life. The grieving process involves four fairly distinct phases: denial, depression, anger, and acceptance (Whitfield 1987).

Group therapy: a therapeutic setting where in a number of individuals come together to participate in therapy based on a common issue or theme (Corey 1977).
Guided imagery: a therapeutic technique in which individuals in a relaxed state are asked to allow their imaginations to follow along as a scene or story line is suggested by the therapist (Elman 1968).

Healing: refers to the successful working through of various painful or traumatic aspects of one’s life experience on an emotional level.

Inner Child: that aspect of one’s psyche which feels emotions, experiences activities and responds to the world from the point of view developed in one’s childhood as a result of treatment received during that impressionable time. The "childlike" part existing in every person (Bradshaw 1990).

Processing: the act of working through one’s emotions and issues.

Psychodrama: a therapeutic technique in which individuals are asked to play-act roles in response to a particular suggested scene by the therapist (Courtois 1988).

Re-frame: to change the way in which one looks at a certain experience; to experience it from another perspective.

Re-parent: to "do over" the parenting one received in a way that more effectively meets one’s needs. This can be done internally for oneself or can be done by others who temporarily take on a parenting role (Wallas 1991).

Therapy: a process of introspection, action and resulting growth entered into by an individual who has recognized some aspect of life that is troublesome or disturbing and has expressed a desire to make changes in that area.

Transactional analysis: a therapeutic theory developed by Eric Berne emphasizing the thinking, feeling, and behavioral aspects of personality. The interaction of these aspects, referred to as ego states can be analyzed and then decisions can be made to change or to continue to act out old patterns (Corey 1991).

Unfinished business: from Gestalt theory, referring to unexpressed feelings which linger in the background of one’s consciousness interfering with current relationships and communications (Corey 1991).

Work: refers specifically to the process one must go through in order to accomplish therapeutic goals or to resolve unfinished business.
Assumptions and Limitations

This researcher has specialized in Inner Child work for four and one half years and believes strongly in its effectiveness. Also, the researcher is the therapist who has facilitated the group in question since its inception. This fact could impact the researcher's objectivity and could also influence the responses of previous group members; especially those who may still be clients of the researcher. Given the intimate nature of the typical relationship that develops between the group members and this therapist, it is likely that the respondents will be highly motivated to participate fully and honestly in this study. This researcher will assume that data obtained from group members will be honestly given.

The application of results of this study will be rather limited and will not lend itself well to predicting future results of this or similar group experiences. "Effectiveness" is necessarily a subjective measure and therefore the individual perspectives of the group members will ultimately be what is measured. There will be no way to control for external experiences that may impact past group members' perspectives on the healing that they experienced. There is no absolute measure of the healing process that this study will attempt to assess.
CHAPTER TWO

THE LITERATURE REVIEW

Introduction

This chapter will serve to review literature pertinent to both the format and content of the Inner Child group being evaluated.

The Inner Child group being evaluated integrates aspects of Transactional Analysis, guided imagery, Gestalt, psychodrama, and experiential exercises into a psychodynamic program designed to gently guide adults through a non-confrontational, non-shaming process of grieving, healing and re-parenting themselves. A brief review of the philosophy of Inner Child work will follow. Then the aforementioned therapeutic aspects, both theory and technique, that make up the group content in question will be reviewed, as will the format of group therapy itself.

Inner Child Work

The concept of the Inner Child is not a new one. It has been around for a very long time although has not always been referred to as such. Carl Jung (1969) referred to the "Divine Child" while Alice Miller (1983) and Donald Winnicott (1958) talk about the "true self." The Inner Child, called by any name refers to "that part of each of us which is ultimately alive, energetic, creative and fulfilled; it is our Real Self--who we truly are" (Whitfield
The current, therapeutic use of the concept of the Inner Child has its roots in the 12-step movement and in treatment for alcoholics and their families. Inner Child work is a particular type of family-of-origin therapy focused on childhood needs, roles and lessons learned. Denial of the needs of the Inner Child and the subsequent traumas or "wounds" that this creates is particularly common among children who were raised in families with issues such as substance abuse, chronic physical or mental illness, rigidity, physical or sexual abuse, or neglect (Whitfield 1987). The individual credited for bringing the concept of Inner Child work into popularity is John Bradshaw. Bradshaw has written three bestselling books on the topic of family-of-origin work called *Bradshaw On: The Family* (1988), *Healing The Shame That Binds You* (1988), and *Homecoming* (1990). In addition, he has traveled nationwide offering lectures and mini-workshops. His lectures, highlighted by excerpts from the Inner Child groups that he and his staff facilitate, have appeared regularly on PBS TV exposing multitudes of people to the concept of Inner Child work. Bradshaw says this about Inner Child work and the development of his workshop:

Three things strike me about inner child work: the speed with which people change when they do this work; the depth of that change; and the power and creativity that result when wounds from the past have healed...I developed an entire workshop to help people find and embrace their inner child. [The workshop] focuses on helping people finish their unresolved grief from childhood--griefs resulting from abandonment, abuse in all forms, the neglect of childhood developmental
dependency needs, and the enmeshments that result from family-system dysfunction. (Bradshaw 1990, xi)

The development of an internalized concept of the Inner Child is crucial to this therapy. "What it involves is making contact with the hurt and lonely inner child who was abandoned long ago" (Bradshaw 1988, 134). Adults must develop a sense of ownership of and responsibility for this Inner Child in order to successfully heal the old wounds from childhood. They must struggle to find compassion for the child whom they were and for what that child experienced and felt; "trauma must be validated as real or it cannot be resolved" (Bradshaw 1988, 137). In other words, the Child must be allowed to have felt feelings and had needs, and they must allow themselves to begin to experience how it would have been to have those feelings validated and those needs met.

In his book, Healing the Child Within Charles Whitfield (1989) describes the steps needed to facilitate the healing of one's Inner Child. He speaks first of the need to discover the Child and to practice being that Child. Next, one must learn to identify one's own needs, both physical, emotional and spiritual and then practice getting those needs met in an environment with safe and supportive people. One needs also to identify and grieve the old losses or traumas of childhood among safe and supportive people. Finally, he speaks of identifying and working through one's "core issues" or subconscious belief systems that sabotage healthy life choices.
Whitfield's (1989) above mentioned steps have all been integrated into the Inner Child group therapy being studied by this researcher. For a detailed description of the eight-week program under evaluation, please see appendix A.

Transactional Analysis

Transactional Analysis (TA) provides the basis for current Inner Child work through its delineation of separate ego states. Eric Berne, the originator of TA identified three ego states (parent, adult and child) which offer a perspective from which to explain different aspects of personality: thinking, feeling and behaving (Dusay & Dusay 1989).

The parent ego state is an internalized rule structure based on one's perceptions of the parenting received by primary caregivers. This ego state exists as a combination of the "critical parent," or judgmental aspect of self and the "nurturing parent," or comforting, forgiving aspect of self.

The adult ego state refers to the objective, data-gathering part of one's personality. This part neither expresses emotion nor passes judgment but rather works with the "facts" surrounding an event.

The child ego state consists of feelings, impulses and needs. The child can, at best be spontaneous, expressive, intuitive and creative but can also learn to protect itself in response to traumatic experiences through adaptations such as manipulation, demands or compliance.
Gerald Corey (1991) explains the goal behind focusing on TA's ego states in this way:

TA clients are taught how to recognize the ego state in which they are functioning when there is a problem...As clients become more aware of the ego state they are in, they also become more aware of their adaptive behavior... With this awareness they are better able to choose other options knowingly. (266)

By differentiating one's feelings and needs (child ego state) from one's judgments of how one should feel or act (critical parent ego state) and also from one's logical accounting of an event (adult ego state), a person may be more able to accept, acknowledge and truly own those feelings and needs that exist. This is to see oneself as a feeling child. From this awareness there is potential for learning to nurture, honor and protect one's own Inner Child. For this to happen, one must develop more fully the nurturing parent ego state and the adult ego state. Through the development of these two aspects of self, the Inner Child, or child ego state is offered a safe environment in which to authentically express and respond to the world (Bradshaw 1990). Goulding and Goulding (1979) discuss the concept of the "life script"; a life plan based on one's early existential decisions about self and others. One's life script includes old, internalized parental messages; past decisions made; defense of and justification for those decisions; and expectations for how one's life drama will continue to play out. They believe "that the individual writes his own script and can rewrite it with the help of a strong Parent he builds himself" (42).
The Inner Child group being evaluated integrates a brief TA background and a continuous modeling and practicing of nurturing parent development into its ongoing, experiential process of grieving childhood wounds.

**Guided Imagery**

Guided imagery is a mild form of hypnosis where an individual is guided through a story line while in a state of relaxation, letting one’s imagination create the images suggested in the story (Elman 1968). Guided imagery can be utilized as a tool to "assist in the recapturing of lost memories, in the abreaction of the trauma, [and] in the identification of and reconnection with disowned parts of the self" (Courtois 1988, 199). Courtois (1988) goes on to explain that guided imagery may help to bypass defenses allowing memories to emerge, thus giving one a sense of greater control. This kind of light trance work can assist the breaking down of stereotyped thinking, helping individuals to begin to imagine alternatives.

It is believed that the reason for the relative power of guided imagery work in uncovering both actual memory and feeling memory is that "imagery, unlike other modes of communication, usually has not been punished in the individual’s past and is therefore less susceptible to personal censorship in the present" (Kearney-Cooke 1988, 6). Bradshaw (1990) describes the "hypnotic trance" that is the unconscious belief system in each of us. He believes that hypnosis or guided imagery simply connects with the
trance that one's Inner Child is already in, aiding expansion and change of one's core beliefs directly and quickly by bypassing the conscious mind's defenses. The conscious mind often protects adult children (adults who were raised in dysfunctional family systems) from experiencing their legitimate pain by keeping them "in their heads"; in other words keeping them busy trying to figure things out. This may take the form of obsessing, analyzing, discussing or reading; all ways to try to make sense of things that seem difficult to understand. This need to figure thing out is a direct reaction to the confusing and unpredictable nature of growing up in a dysfunctional setting. By staying in one's head, one does not have to feel.

But of course, one must feel in order to heal—thus the significance of bypassing the conscious mind and tapping into the subconscious, feeling world of the Inner Child. As previously stated, this trance state is not unfamiliar territory. Most people go in and out of a trance state several times each day. By participating in guided imagery work, one is simply taking control of this process that so often happens spontaneously.

The Inner Child group being evaluated uses guided imagery consistently throughout the eight week experience. Guided imagery in this environment is used at times to access actual or feeling memory, and at other times in order to re-experience a childhood scene in a healthier more nurturing way. Some imageries help members to find and get
to know parts of themselves while others offer ways to say "good-byes" to old places, people and beliefs. Always, guided imagery is used as a way to reconnect with one's feeling world, one's Inner Child.

**Gestalt**

Gestalt therapy, developed by Fritz Perls encourages clients to become aware of their feelings and actions in the present moment. In doing so, one may gain further understanding of self as well as an awareness that changes can be made. A sense of responsibility for and ownership of one's thoughts, feelings and actions leads to personal power and growth (Corey 1991).

Perls introduced the concept of "unfinished business" which refers to unexpressed feelings. Although unexpressed, these feelings are associated with specific memories and because they have been blocked or denied expression they are carried into adult life creating undesirable patterns of reaction to the world (Corey 1991). One goal of Gestalt therapy is to finish one's unfinished business. Rather than talk about the past, one is encouraged to bring it into the present by reenacting the scene as though it were being lived now. This might be accomplished for example, by having the client "become" the seven year old they once were and then talk to an imagined image of Daddy who used to ignore that child.

Corey explains the importance of body language and other nonverbal cues to Gestalt work. One's posture, movements,
gestures, voice, and hesitations for example can all provide valuable information about subconscious feelings. Taking particular notice of these cues and bringing them to conscious awareness allows one further opportunities to address and resolve unfinished business that may not otherwise be readily uncovered or worked through.

By dramatizing or playing out problem situations or relationships in the relative safety of therapy, clients increase their range of flexibility of behavior...imagining a threatening future encounter; setting up a dialogue between a client and some significant person in his or her life; dramatizing the memory of a painful event; reliving a particularly profound early experience in the present; assuming the identity of one’s mother or father through role playing; focusing on gestures, posture, and other nonverbal signs of inner expression; or carrying on a dialogue between two conflicting aspects within the person...clients actually experience the feelings associated with their conflicts, as opposed to merely talking about their problems in a detached fashion. (Corey 1991, 245)

One’s growth in Gestalt therapy can be seen as a three-stage process of integration. The first stage, called discovery is marked by surprising new realizations about oneself or one’s life situation, past or present. The second stage, accommodation, is marked by the recognition that one has choice; that alternatives exist. In the presence of a strong therapeutic support system, one may safely experiment with new behaviors and gain new coping skills. The third stage of integration is called assimilation. This stage involves a process of learning how to influence one’s environment. Eventually, one develops confidence in one’s own ability to improve and improvise rather than simply accepting the environment as is. This
stage marks the emergence of personal power (Polster 1987).

The Inner Child group being evaluated attempts to facilitate a similar sequence of integration and growth in its members as that described by Miriam Polster (1987). The effectiveness with which it accomplishes this will be assessed in chapter five. The group incorporates many Gestalt techniques in order to guide members through reconnecting, grieving and moving beyond their unfinished business.

**Experiential Techniques**

Experiential techniques such as psychodrama, art or movement therapy, journaling, and letter writing are "most useful in breaking through denial and promoting ventilation, catharsis, and (resolving) abreaction of trauma" (Courtois 1988, 192). By creating a symbolic, nonverbal form of communication, these techniques succeed by circumventing inhibitions which often arise in "talk" therapy, therefore allowing the exploration of feelings which may otherwise be inaccessible or "out of bounds."

Psychodrama is a technique which offers a safe way to explore relationships with family members and allow the expression of previously disowned or unexpressed feelings. By acting out in psychodrama a confrontation one never got to have with someone seen as more "powerful," one works to increase awareness and replace old feelings of powerlessness and victimization with a sense of personal power and self protection.
Christine Courtois (1988), in discussing her work with survivors of childhood sexual abuse suggests the use of journaling and other writings. She believes that writing about one's past experiences and memories can help survivors acknowledge those experiences and can serve as a framework to elicit additional memory. Therapeutic letter writing (not intended to be sent), offers one a format for uncensored, freely expressed emotional ventilation. In Bradshaw's (1990) book, *Homecoming* he describes certain, very specific letter writing exercises for those attempting to heal emotional wounds from childhood. One such letter is to be written to one's "infant self" from the "grown up You." He explains that

the letter need not be long... Tell [the child] that you love him... Assure him that you know what he needs from you, that you will give it to him, and that you will work hard to see him as the precious and wonderfully unique person he is. When you've finished your letter, read it aloud very slowly and notice how you're feeling. It's okay to be sad and to cry if you want to. (1990, 91)

Both Bradshaw (1990) and Courtois (1988) discuss the use of photographs in family-of-origin work. Photos can help to bring one's distant sense of childhood into clearer focus, to access memory of how it was to be a child in one's family. Photos can be used in conjunction with many experiential exercises as an added step toward emotional connection and expression.

The Inner Child group being evaluated utilizes many experiential exercises throughout the eight weeks of therapy. Photos as well as stuffed animals are used as
accessing tools; letter writings, sometimes using the non-dominant hand (to intensify feelings of childlike-ness), are used for expressing emotion and uncovering memory; psychodrama and "batakas" (for anger work) are used for cathartic release; and movement/touch oriented exercises are used for re-parenting and nurturing.

**Group Therapy**

Group therapy is a unique therapeutic environment where members find support, caring, confrontation and a safe place to apply and practice new ways of responding to the world. Group therapy actually originated "in response to a shortage, which developed during World War II, of personnel trained to provide individual therapy" (Corey and Corey 1977, 7). Since that time, group therapy has found legitimacy, in its own right as a venue for alleviating emotional problems such as depression, sexual abuse issues or any dysfunction that impedes people's desired functioning. Groups are often formulated around a particular topic bringing together individuals with some type of shared issue.

Gerald Corey (1981), a leading authority on group therapy explains;

In many ways the counseling group provides a re-creation of the participant's everyday world, especially if the membership is diverse with respect to age, interest, background, socioeconomic status, and type of problem. It is this kind of diversity that makes the group a microcosm of society. The group process provides a sample of reality, for the struggles and conflicts that people experience in the group situation are no different from those that they
experience outside of it. The diversity that characterizes most groups also results in unusually rich feedback for the participants, who can see themselves through the eyes of a wide range of people.  

In addition to the importance of screening interviews, to determine a potential member's appropriateness for group, Courtois (1988) defines some basic "ground rules" that she believes are important and standard in all therapy groups: Confidentiality, "to insure the privacy and comfort necessary for trust to develop"; Attendance, which "fosters group stability and consistency promot[ing] the development of reliability and trust"; Rules regarding emotional discharge, encouraging the expression of feeling as a necessary part of the recovery process while at the same time disallowing physical violence which threatens self or others; and a Commitment to active participation, being as "open as possible while encouraging and supporting other group members to do the same" (258).

The group format, when designed with enough structure to keep its members safe, is an ideal one for healing shame. Donald Nathanson (1992), in his book Shame and Pride tells us that "discomfort with praise is directly proportional to our propensity to shame; it is a measure of our expectation that someone might make a joke at our expense" (384). He goes on to suggest that one of the most significant ways to heal shame is to talk about it; to tell one's story often enough that one is no longer traumatized by it. Courtois (1988) agrees that sharing stories, memories and feelings works to normalize experiences, helping to teach that
reactions or ways of coping weren't "crazy" or shameful but rather very creative and actually allowed one to survive. Since shame so often stems from childhood, one can benefit from seeking out a safe environment in which to tell the story of those shaming childhood experiences. Group therapy can be this environment, helping members to grieve and therefore release their shame.

Bradshaw (1990) believes that one will heal naturally if allowed to grieve. "The wounded inner child is frozen because there was no way he could do his grief work. All his emotions are bound by toxic shame" (76). The grieving process is actually a train of feelings that one experiences as a result of loss or trauma. When one allows oneself to feel these painful feelings, and when the grief can be shared with others who are safe and supportive, that grief can be processed and resolved (Whitfield 1989).

In the protective confines of a psychodynamic group, where members are gently encouraged to explore their unconscious as well as conscious feelings, members discover their grief. They need to feel their feelings. They need to "stomp and storm; to sob and cry; to perspire and tremble" (Bradshaw 1990, 80) and witness each other in this process. Often times, the group acts as a catalyst for breaking through denial and allowing the exploration and ventilation of feelings and beliefs. A "chaining effect" occurs repeatedly: The disclosures of some members and group discussion enable others to focus on aspects [of their childhood experience] which were previously unavailable to them due to repression or some other defense. Group can be very powerful in this regard. (Courtois 1988, 247)
Group members benefit from exposure to others who are in touch with feelings that they themselves have denied (Whitfield 1990). Some enter group fully in touch with their pain and they bring the gift of tears to others in group who may not have ever been given permission to feel their hurt. Others bring their anger and their expression of it opens the door for those whom have never allowed themselves to consider being angry at the treatment they experienced. When permissions are given to feel one’s true feelings and those feelings are validated, emotional wounds can begin to heal.

Through hearing the stories of others in recovery, we slowly learn what mistreatment, abuse or neglect actually is. In recovery in group therapy...becoming and being aware of our feelings and expressing them, is shown to be a distinct advantage in eventually living a successful and peaceful life. (Whitfield 1989, 99)

As Inner Child group members begin to uncover memory and allow feelings from childhood to surface, and they begin to connect with current feeling-level responses to childhood experiences, pain in such forms as hurt, sadness, fear or loneliness is brought to consciousness. Anger begins to arise as well, though often times abuses are rationalized and anger is denied, classified as an unacceptable emotion. Or it is run from, seen as something too frightening to face and process. The process of grieving necessarily includes times of denial, feelings of anger and depression and ultimately resolution. As Bradshaw (1988) reminds us, there are no shortcuts, one cannot skip uncomfortable steps in the grieving process. In some way or another these two
emotions, pain and anger play a part in the healing work of each person who enters into this type of therapy.

Effective Inner Child group therapy offers participants an opportunity to grieve and to find relief from shame while teaching them to reparent themselves. "Reparenting is unlearning what does not serve us and replacing it with what enables us to develop our own greatest potential" (Wallas 1991, 3). This is the intent and highest goal of the Inner Child group being evaluated by this researcher.
CHAPTER THREE

METHODOLOGY

Purpose of Study

For purposes of accountability, this project assessed the effectiveness of the Inner Child group being offered at the Institute for Emotional Healing, a private practice in Scottsdale, Arizona. The group format being evaluated has been in use for four years. Within that time there has been no official gathering of feedback with which to assess the need for any possible changes to the group's format or its content. Also, little information has been available to help prospective group members assess the effectiveness of this therapy modality. The objective of this study was to evaluate whether this Inner Child group is effectively assisting members with the processing and healing of their family-of-origin issues. Results from this study will facilitate the therapist's adjustments of any aspects of the program which may show need for change. It will also provide the therapist with feedback to share with future prospective group members as they attempt to determine the validity of this therapy method and the value that it may have in their lives.

Methodology

Descriptive study has been chosen as the research design as this method allows for a more natural setting for the
respondents, without manipulation of variables or a highly controlled environment which might impact the effectiveness of the program both directly after the experience and longitudinally. The descriptive method allows for a systematic description of a behavior or process as it exists currently. "The central focus of descriptive research is to examine facts about people, their opinions and attitudes" (Merriam & Simpson 1984, 59). In this study the effectiveness of the Inner Child group therapy experience was measured through the use of a questionnaire.

Sample Population

The sample population was comprised of 86 individuals who each had completed the 8-week group therapy experience at some time over the past four year period during which 17 different groups had been run. There was to be one group taken through the 8-week experience and then given a questionnaire shortly after completion. Members from past groups were also to be given the questionnaire regardless of how long ago they attended the group therapy.

For entrance into this Inner Child group therapy, group members were chosen based first on their expressed desire to participate in the program; and second on the therapist's determination of the prospective member's preparedness for the group experience and the appropriateness of the particular group format and content for that individual. Only group members who completed the entire 8-week program were considered for this study.
Instrumentation

The questionnaire was designed by the researcher and pilot tested by a group of fellow therapists and then by a group of three Inner Child group members. It includes 25 statements; all of which are structured as forced choice with optional open-ended comments. In addition, optional, general comments are requested at the conclusion of the questionnaire. See appendix B for a copy of the questionnaire and cover letter that was distributed to the sample population.

Data Collection

The questionnaire was administered first to three members from a group that began with six individuals who were expected to complete the 8-week program. Only three group members actually completed the full 8-week program and therefore, the questionnaire was first sampled on this group of three one month following completion of the program. In addition, 83 individuals who were group members completing the program anywhere from one year ago to four years ago were also given the questionnaire.

This researcher attempted to administer the questionnaire to 100% of the population of group members who completed the 8-week program. Phone contact was first attempted in order to verify mailing addresses on all members. Of the 86 individuals participating in the group therapy, 66 addresses and one overseas fax number were verified while no successful contact was made with the
remaining 19. Of the 67 verified contacts; three questionnaires were hand delivered, 61 questionnaires were mailed to confirmed addresses, one questionnaire was sent by fax and two individuals were dropped from the study at their own request. Of the 19 remaining individuals, delivery of the questionnaire was attempted through the use of (likely non-current) addresses on file in 10 cases. No attempt was made for the remaining nine as information was obtained indicating that there was no known whereabouts for over one year. To summarize, responses in the form of questionnaire were solicited from 75 group members while 11 group members were dropped from the study.
CHAPTER FOUR

PRESENTATION AND ANALYSIS

Introduction

Of the 75 individuals from whom responses were solicited through the use of a questionnaire, 64 were successfully administered, 7 were returned due to expired addresses, and 4 never responded although receipt of the questionnaire by the individual was assumed.

The questionnaire is made up of two separate sections, each of which consists of both forced choice response and optional additional comments.

The first section includes statements investigating respondent’s perceptions of seven different elements of the group experience: preparedness for commitment to the group; development of a sense of ownership of and responsibility for the needs of their Inner Child; success in processing specific emotions from childhood; group as a safe and helpful environment; possible need for additional emotional support; usefulness of guided imagery as an accessing tool; and finally reflections on the Inner Child group as a whole and its impact on current relationships.

The second section of the questionnaire investigates respondent’s specific memories of the contents of each of the weekly sessions within the eight week format. The format itself, is divided into three distinct phases of experience: the "opening up", or exploratory phase; the
"acting out" phase involving emotional expression and cathartic release; and the "empowerment" phase in which personal power is explored.

Data from each section of the questionnaire are shown first as raw score and percentage results, listed item by item and then data are broken down and discussed in terms of the elements and phases of the group experience listed above. Finally, the optional comments from both sections as well as summary comments are discussed with regard to common themes that appear among responses to specific statements.

Section One

The results of the forced choice portion of the first section of the questionnaire were as follows:

Statement 1: I had a clear understanding of the commitment to the 8 weeks of group therapy that I was making.

<table>
<thead>
<tr>
<th>Option</th>
<th>Raw</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>F (false)</td>
<td>00</td>
<td>0.0%</td>
</tr>
<tr>
<td>ST (somewhat true)</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>MT (mostly true)</td>
<td>5</td>
<td>7.8%</td>
</tr>
<tr>
<td>VT (very true)</td>
<td>58</td>
<td>90.6%</td>
</tr>
</tbody>
</table>

Statement 2: I received adequate answers to my questions about the group prior to making my commitment to the group.

<table>
<thead>
<tr>
<th>Option</th>
<th>Raw</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>F (false)</td>
<td>00</td>
<td>0.0%</td>
</tr>
<tr>
<td>ST (somewhat true)</td>
<td>2</td>
<td>3.1%</td>
</tr>
<tr>
<td>MT (mostly true)</td>
<td>7</td>
<td>10.9%</td>
</tr>
<tr>
<td>VT (very true)</td>
<td>54</td>
<td>84.4%</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>1.6%</td>
</tr>
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</table>
Statement 3: I feel as though I gained insight into the needs I had as a child as a result of the group experience.

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>F (false)</td>
<td>00</td>
<td>00.0%</td>
</tr>
<tr>
<td>ST (somewhat true)</td>
<td>2</td>
<td>3.1%</td>
</tr>
<tr>
<td>MT (mostly true)</td>
<td>19</td>
<td>29.7%</td>
</tr>
<tr>
<td>VT (very true)</td>
<td>43</td>
<td>67.2%</td>
</tr>
</tbody>
</table>

Statement 4: I was able to work through some of my pain about my childhood experience in the group.

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>F (false)</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>ST (somewhat true)</td>
<td>11</td>
<td>17.2%</td>
</tr>
<tr>
<td>MT (mostly true)</td>
<td>24</td>
<td>37.5%</td>
</tr>
<tr>
<td>VT (very true)</td>
<td>28</td>
<td>43.8%</td>
</tr>
</tbody>
</table>

Statement 5: I was able to work through some of my anger about my childhood experience in the group.

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>F (false)</td>
<td>2</td>
<td>3.1%</td>
</tr>
<tr>
<td>ST (somewhat true)</td>
<td>11</td>
<td>17.2%</td>
</tr>
<tr>
<td>MT (mostly true)</td>
<td>25</td>
<td>39.1%</td>
</tr>
<tr>
<td>VT (very true)</td>
<td>26</td>
<td>40.6%</td>
</tr>
</tbody>
</table>

Statement 6: I feel more prepared to meet the needs of my inner child as a result of the group experience.

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>F (false)</td>
<td>00</td>
<td>00.0%</td>
</tr>
<tr>
<td>ST (somewhat true)</td>
<td>12</td>
<td>18.8%</td>
</tr>
<tr>
<td>MT (mostly true)</td>
<td>23</td>
<td>35.9%</td>
</tr>
<tr>
<td>VT (very true)</td>
<td>29</td>
<td>45.3%</td>
</tr>
</tbody>
</table>

Statement 7: I felt safe enough within the group environment to address and explore my childhood issues.

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
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<td>2</td>
<td>3.1%</td>
</tr>
<tr>
<td>ST (somewhat true)</td>
<td>6</td>
<td>9.4%</td>
</tr>
<tr>
<td>MT (mostly true)</td>
<td>25</td>
<td>39.1%</td>
</tr>
<tr>
<td>VT (very true)</td>
<td>31</td>
<td>48.4%</td>
</tr>
</tbody>
</table>

Statement 8: The support and feedback from the other members of my group was helpful to my healing process.

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>F (false)</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>ST (somewhat true)</td>
<td>6</td>
<td>9.4%</td>
</tr>
<tr>
<td>MT (mostly true)</td>
<td>22</td>
<td>34.4%</td>
</tr>
<tr>
<td>VT (very true)</td>
<td>35</td>
<td>54.7%</td>
</tr>
</tbody>
</table>
Statement 9: I feel more accepting of my own needs as a result of the group experience.

F (false) 00 00.0%
ST (somewhat true) 7 10.9%
MT (mostly true) 24 37.5%
VT (very true) 33 51.6%

Statement 10: I found that I needed additional emotional support outside of the group environment during the course of the 8 week group (If F, skip #11).

F (false) 16 25.0%
ST (somewhat true) 16 25.0%
MT (mostly true) 16 25.0%
VT (very true) 15 23.4%
no response 1 1.6%

Statement 11: I received this additional emotional support from the therapists at IEH (phone contact, private sessions, etc.) during the course of the 8 week group.

F (false) 7 14.6% (of those responding
ST (somewhat true) 7 14.6% either ST, MT or VT
MT (mostly true) 13 27.1% to statement #10)
VT (very true) 20 41.7%
no response 1 2.1%

Statement 12: The healing that I experienced as a result of the inner child group has been worthwhile.

F (false) 00 00.0%
ST (somewhat true) 4 6.3%
MT (mostly true) 14 21.9%
VT (very true) 46 71.9%

Statement 13: I have experienced improvements in my relationships as an adult since beginning the inner child group.

F (false) 1 1.6%
ST (somewhat true) 12 18.8%
MT (mostly true) 17 26.6%
VT (very true) 34 53.1%
Statement 14: The guided imageries used during the group helped me to access childhood feelings and/or memories.

F (false) 1  1.6%
ST (somewhat true) 7  10.9%
MT (mostly true) 16  25.0%
VT (very true) 40  62.5%

Statement 15: Looking back, I am glad that I participated in the inner child group.

F (false) 00  00.0%
ST (somewhat true) 1  1.6%
MT (mostly true) 4  6.3%
VT (very true) 59  92.2%

Statement 16: I would recommend this group work to others.

F (false) 00  00.0%
ST (somewhat true) 1  1.6%
MT (mostly true) 6  9.4%
VT (very true) 57  89.1%

Section One Breakdown

The results of this section of the questionnaire can be broken down into seven different aspects of the inner child group therapy experience to be measured.

Statements 1 & 2 measure preparedness for a commitment to the eight weeks of therapy. The results show that a vast majority of the respondents felt it to be "very true" that they understood the commitment to the full eight weeks of group therapy (90.6%) and received answers to their questions about the group prior to making a commitment to the group (84.4%). A smaller percentage felt it to be "mostly true" that they understood the commitment (7.8%) and that they received answers to their questions (10.9%). One
respondent (1.6%) felt it to be "somewhat true" that they understood the commitment and two felt similarly about receiving answers to their questions.

Statements 3, 6 & 9 measure the development of a sense of ownership of and responsibility for the needs of one's own Inner Child. The results show that a small percentage of respondents felt it to be "somewhat true" that they gained insights into their needs (3.1%), developed an acceptance of them (18.8%) and are more prepared to meet those needs (10.9%), while greater percentages believed it to be "mostly true" or "very true" that they gained insights (29.7% and 67.2% respectively), that they developed an acceptance of their needs (35.9% and 45.3% respectively) and that they are more prepared to meet the needs of their Inner Child (37.5% and 51.6% respectively) as a result of the group.

Statements 4 & 5 measure the degree to which the Inner Child group therapy allowed members to work through emotions about their childhood experience. Specifically, the statements focus on pain and anger since virtually all individuals who have participated in this group therapy are conscious of or become conscious of both these emotions as they experience this grieving process called Inner Child work. The results show widely varying degrees of perceived success in working through pain and anger. Of respondents, 17.2% felt that it was "somewhat true" that they were able to work through some of their pain and 17.2% felt similarly about their anger, 37.5% and 39.1% (respectively) felt that
this was "mostly true" and 43.8% and 40.6% (respectively) felt that this was "very true." One respondent (1.6%) felt that it was "false" that some pain had been worked through and two respondents (3.1%) felt that it was "false" that some anger had been worked through.

Often times, individuals contemplating group therapy are concerned about whether they will feel safe in a group environment and whether the presence of others will be disrupting or disturbing to them or to the work that they are attempting to do. Statements 7 & 8 measure perceptions regarding these aspects of group therapy. Results show that a high percentage of respondents felt that it was "very true" or "mostly true" that they felt safe enough within the group environment to explore their childhood issues (48.4% and 39.1% respectively) and felt that the support and feedback of other group members was helpful (54.7% and 34.4% respectively). A small percentage of respondents felt that it was "somewhat true" that they felt safe (9.4%) and that support and feedback was helpful (9.4%). Two respondents (3.1%) felt that it was "false" that they felt safe and another respondent (1.6%) felt that it was "false" that the support and feedback was helpful.

Statements 10 & 11 measure how much, if any, additional emotional support was needed by group members during the course of the group and whether those needs were met by the Institute for Emotional Healing (the private practice offering the Inner Child group therapy). Responses varied greatly, as would be expected with regard to the need for
additional emotional support. Indicating that they did not find that they needed additional emotional support, 25% responded "false" to this item; 25% indicated that it was "somewhat true" that they needed additional support; 25% indicated that it was "mostly true" and 23.4% indicated that it was "very true." There was no response given by one respondent (1.6%). Of those who indicated that it was "somewhat true," "mostly true" or "very true" that they needed additional emotional support, 14.6% indicated that it was "somewhat true" that they received this support from IEH; 27.1% indicated that it was "mostly true;" and 41.7% indicated that it was "very true;" while 14.6% responded "false"—that they did not receive their additional support from IEH. Also, one respondent (2.1%) gave no response.

Since guided imageries were used extensively throughout the eight weeks of group therapy, statement 14 was designed to measure members' perceptions of the usefulness of these guided imageries in general as a tool for accessing feelings and memories (members were questioned regarding specific guided imageries in the second section of the questionnaire). Results of statement 14 show that the majority of respondents felt that it was "very true" (62.5%) that the guided imageries were helpful in accessing childhood feelings and memories. Another 25% felt this to be "mostly true" and a small percentage felt it to be "somewhat true" (10.6%). One person (1.6%) felt that it was "false" that guided imageries were helpful.

Statements 12, 13, 15 & 16 measure the group member's
perceptions of the Inner Child group therapy experience as a whole as well as how their lives and relationships have been impacted by this experience. A majority of respondents felt that it was "very true" (71.9%) that their healing experienced as a result of the group has been worthwhile, and that it was "very true" (53.1%) that they have experienced improvements in relationships since the group. "Mostly true" was the response by 21.9% and 6.3% felt that it was "somewhat true" that their healing had been worthwhile. Similarly, 26.6% felt that it was "mostly true" and 18.8% felt that it was "somewhat true" that relationships have improved since the group.

The vast majority of respondents indicated that it was "very true" that they are glad that they participated in the group (92.2%) and that they would recommend this group experience to others (89.1%), while a small percentage of others indicated that these two statements were "mostly true" (6.3% and 9.4% respectively) and one respondent felt that they were each "somewhat true" (1.6%).

Section Two

Responses to the forced choice portion of the second section of the questionnaire were computed differently since respondents were asked to choose all responses which felt true to them, causing multiple responses to some statements. This resulted in percentages that exist irrespective of one another within the same item. Another important factor to recognize when noting the following results is that this
section questioned specific memory regarding weekly content of the entire eight week program. This may have been more difficult for those who participated in the group therapy years ago than it was for those more recently completing the group experience.

Results for this section were as follows:

Week 1, introductory information and group expectations.

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>WT (waste of time)</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>D (disturbing to me)</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>NI (gave me new insights)</td>
<td>12</td>
<td>18.8%</td>
</tr>
<tr>
<td>PE (positive experience)</td>
<td>38</td>
<td>59.4%</td>
</tr>
<tr>
<td>S (significant to me)</td>
<td>20</td>
<td>31.3%</td>
</tr>
<tr>
<td>no response</td>
<td>2</td>
<td>3.1%</td>
</tr>
</tbody>
</table>

Week 1, guided imagery-full body relaxation with sentence completion.

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>WT (waste of time)</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>D (disturbing to me)</td>
<td>2</td>
<td>3.1%</td>
</tr>
<tr>
<td>NI (gave me new insights)</td>
<td>11</td>
<td>17.2%</td>
</tr>
<tr>
<td>PE (positive experience)</td>
<td>41</td>
<td>64.1%</td>
</tr>
<tr>
<td>S (significant to me)</td>
<td>25</td>
<td>39.1%</td>
</tr>
<tr>
<td>no response</td>
<td>1</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

Week 2, guided imagery-meeting your inner child and pledging acceptance, support and protection.

<table>
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<th>Category</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
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<td>1.6%</td>
</tr>
<tr>
<td>D (disturbing to me)</td>
<td>8</td>
<td>12.5%</td>
</tr>
<tr>
<td>NI (gave me new insights)</td>
<td>18</td>
<td>28.1%</td>
</tr>
<tr>
<td>PE (positive experience)</td>
<td>31</td>
<td>48.4%</td>
</tr>
<tr>
<td>S (significant to me)</td>
<td>31</td>
<td>48.4%</td>
</tr>
<tr>
<td>no response</td>
<td>2</td>
<td>3.1%</td>
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Week 3, guided imagery-rebirth.

<table>
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<tbody>
<tr>
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<td>6</td>
<td>9.4%</td>
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<tr>
<td>NI (gave me new insights)</td>
<td>16</td>
<td>25.0%</td>
</tr>
<tr>
<td>PE (positive experience)</td>
<td>29</td>
<td>45.3%</td>
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<tr>
<td>S (significant to me)</td>
<td>24</td>
<td>37.5%</td>
</tr>
<tr>
<td>no response</td>
<td>2</td>
<td>3.1%</td>
</tr>
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</table>
Week 3, "welcome to the world" exercise.

<table>
<thead>
<tr>
<th></th>
<th>WT</th>
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<th>PE</th>
<th>S</th>
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<tr>
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<td>0</td>
<td>0</td>
<td>35</td>
<td>21</td>
<td>3</td>
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<tr>
<td>disturbing to me</td>
<td>0</td>
<td>6</td>
<td>18</td>
<td>27</td>
<td>43</td>
<td></td>
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<tr>
<td>gave me new insights</td>
<td>35</td>
<td>27</td>
<td>22</td>
<td>27</td>
<td>43</td>
<td></td>
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<tr>
<td>positive experience</td>
<td>35</td>
<td>27</td>
<td>22</td>
<td>27</td>
<td>43</td>
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<tr>
<td>significant to me</td>
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<td>4</td>
<td>3</td>
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Weeks 4 through 6, letters to Mom and Dad with group sharing.

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Week 7, guided imagery—meeting Mom and Dad and giving them back their shame and other "stuff".

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Week 8, guided imagery—changing a shaming scene through self empowerment.

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Week 8, guided imagery—championing the inner child.

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Section Two Breakdown

The results from this, the second section of the
questionnaire can be broken down into three different general phases of the Inner Child group experience.

Statements regarding content from weeks one, two and three involve an exploratory phase of therapy that is referred to as the "opening up" phase. In this phase, members are encouraged to remember and to feel; to connect with their Inner Child. Results show that a majority of respondents believed that their experiences during the opening up phase were a "positive experience" (54.4%), and were "significant" (37.8%). Many also believed that this phase "gave new insights" (21.4%). Quite a few respondents found some aspects of this phase to be "disturbing" (7.2%). "No response" was given by 3.1% of respondents to statements regarding this phase. One respondent (1.6%) found week one's introductory information to be a "waste of time," one found both guided imageries from weeks one and two to be a "waste of time," and 4 respondents (6.3%) found the specific guided imagery from week three to be a "waste of time." 7.8% of respondents gave "no response" to statements about the second phase of the therapy process is referred to in statements about weeks four, five, six and seven. This phase, called the "acting out" phase, often involves a great deal of painful and highly charged emotional expression and cathartic release regarding childhood relationships with primary caregivers. Results from statements about the acting out phase show that a majority of respondents found this phase to be "significant" (62.5%). A high number also believed it to be a "positive experience" (43%) that "gave
new insights" (32.9%). As might be expected, a relatively high number of respondents found this acting out phase to be "disturbing" (15.7%). Also, one respondent (1.6) gave no response to the statement regarding week seven’s guided imagery and another felt it was a "waste of time" (1.6).

The final phase of this therapy process is the "empowerment" phase. In this phase, members begin to move beyond the pain and anger of their childhood experiences into a sense of self-assurance, self-reliance, and personal power. Results from statements regarding the empowerment phase of therapy show that the largest majority of respondents found this phase to be a "positive experience" (55.5%). A high percentage also described it to be a "significant" experience (43%) that "gave new insights" (29.7%). A small number of respondents found this phase to be "disturbing" (4.7%). One respondent found both the guided imageries from week eight to be a "waste of time" and another agreed about the final guided imagery (3.2%). Finally, 7.8% of respondents gave "no response" to statements regarding the empowerment phase of this therapy.

Please note that the percentages discussed in this section are averaged from the response percentages from each item that refers to the particular phase described.

**Section One: Additional Comments**

Of the 64 respondents, only 13 returned questionnaires in which they made no additional comments to any of the statements. The remaining 51 elaborated on one statement to
nearly all statements. For a complete listing of additional responses given, arranged item by item, see appendix C.

What follows is a generalized reporting of the types of 'additional comment' responses given to each statement seen in relationship to the other statements addressing the same element or phase of the Inner Child group.

Statements 1 and 2, regarding members' preparedness for making a commitment to group were each commented on by six respondents. All comments expressed a clear understanding of the commitment and satisfaction with the answers received in response to questions asked. Although three acknowledged that they asked few or no questions, none expressed dissatisfaction with that fact.

Statements 3, 6 and 9 were designed to measure the development of a sense of ownership of and responsibility for the needs of one's own Inner Child. There were 12 comments made to statement 3, 10 comments made to statement 6, and 11 comments made to statement 9. Overall, comments expressed success with this developmental task. Nine respondents to #3, 8 to #6, and 9 to #9 all expressed success; many also acknowledging the ongoing nature of this task. Three respondents made generalized, positive comments to #3. There were two respondents who described some difficulty meeting their own needs (#6), and two who described difficulty learning to accept their own needs (#9).

Statements 4 and 5 measured the degree to which respondents perceived themselves to have worked through the
pain and the anger that existed about their childhood experiences. Responses to these two items were much more scattered. Of the 14 comments made in response to #4, 10 expressed some success in working through pain and/or an ongoing attempt to do so. Of the 19 comments made in response to #5, 12 responded similarly with regard to anger. Four respondents expressed some difficulty working on their pain within the group atmosphere, and one expressed the same sentiment regarding anger. One person expressed frustration at not yet feeling forgiveness toward parents. There were 4 who acknowledged the presence of anger currently in their lives, and some seemed disturbed by its presence. On the other hand, 2 denied either feeling or expressing anger at all.

Perceptions regarding the group therapy environment were measured by statements 7 and 8 to which there was a higher rate of 'additional comment' response than to almost any other items on the questionnaire. There were 18 comments made to #7 and 17 comments made to #8. While 9 expressed feelings of safety within the group (#7) and 12 expressed an appreciation for the support and feedback of other group members (#8), the remaining comments were quite varied. Five respondents experienced difficulty feeling safe and trusting, and each owned responsibility for that difficulty. One respondent acknowledged an ongoing struggle with trust issues. Two described difficulty that gave way to feelings of safety as the group progressed. One recognized a reluctance to address certain issues regardless of a feeling
of safety within the group, and one expressed surprise at experiencing difficulty crying in group. One respondent felt that although the group offered little feedback, it was very supportive, and conversely one felt that the group was not highly supportive but offered valuable feedback. Of two other respondents, one felt that there was no useful feedback and one described feeling anger and some resentment from fellow group members.

Statements 10 and 11 explore the need group members felt for additional emotional support during the course of the group and the extent to which they sought it out, either at IEH or elsewhere. Fourteen and 15 respondents commented respectively. All comments in response to #10 positively expressed a need for additional emotional support. Five acknowledged the need in general, 5 identified themselves as IEH private clients, 3 expressed a need that was related to other issues, and 1 did not request help although it was needed. Only individuals who identified themselves as in need of additional emotional support responded to #11. Of the 15 comments, 7 identified themselves as IEH private clients, 5 were receiving support primarily elsewhere, and 3 never requested the help of which they were in need.

Statement 14 assessed the perceived effectiveness of the use of guided imagery throughout the eight weeks of group as an accessing tool. Of 15 comments made, 13 were positive in nature: 8 described guided imagery as a helpful tool, 2 acknowledged initial skepticism that developed into an appreciation for this method of accessing feelings and
memories, and 3 noted their own particular favorites. Two respondents expressed difficulty either in focusing during the guided imageries or in bearing the pain that was accessed by them.

Statements 12, 13, 15, and 16 measured perceptions regarding the group experience in general as well as the impact felt within relationships by its members. Statements 12 and 13 focused on the healing value of the group experience and the impact on relationships felt up to present. Of the 15 comments regarding the group's value (#12), all were very favorable in nature. Eight reflected on the ongoing process of introspection and growth, citing the group experience as a significant part of that process. One respondent drew attention to the physical component of the healing that she experienced as a result of her group participation. She described the cessation of "chronic female disorders" as "a miracle". Of the 14 comments regarding improved relationships, 10 expressed positive and ongoing improvements while 2 respondents identified continued difficulties. Two acknowledged the presence of both healthy relationships and dysfunctional ones and recognized their own powerlessness to change others.

The final two statements, 15 and 16 measured first, satisfaction with the Inner Child group and then, the desire to refer others into the program. Of the 11 comments reflecting on the members' satisfaction, 10 expressed appreciation for having participated, 2 of those acknowledging a desire for continued work. Also one
respondent commented on an experience of spontaneous, latent memory retrieval as evidence of satisfaction with the group experience. Of the 17 respondents who commented on their likelihood of referring others into the program, response was overwhelming. Thirteen have already referred others, 2 would refer, and 1 would refer yet believes the group should be longer. Also, one respondent offered a comment reflecting on the human condition in general.

Section Two: Additional Comments

The second section of the questionnaire explored respondents’ specific memories of the weekly content of the eight weeks of group therapy. Not surprisingly, a number of respondents had difficulty recalling the details of the weekly sessions. For well over half the respondents, at least two years have elapsed since their participation in the Inner Child group.

Content from weeks one, two and three make up the "opening up" or exploratory phase of the group experience. Five offered comments to week one’s introductory information, 7 commented on week one’s guided imagery, 8 commented on week two’s guided imagery, 6 commented on week three’s guided imagery, and 11 made comments about week three’s experiential exercise. Of the respondents who elaborated on aspects of this phase, the majority found them to be helpful, powerful and positive experiences in general; the one exception being the introductory information from week one. Only 1 respondent commented that this information
was necessary and helpful, while 2 could not recall the specifics and 1 felt that it was a waste of time because the information was already known to the respondent. Of the respondents commenting on the guided imageries from weeks one, two and three; 4 of 7 (wk. 1), 6 of 8 (wk. 2), and 3 of 6 (wk. 3) offered enthusiastic response. Two noted difficulty recalling the guided imagery from week one, 1 could not recall the guided imagery from week two, and 2 could not recall week three's guided imagery. One described experiencing a great deal of emotional pain throughout the guided imageries, 1 expressed continued attempts to support and protect the Inner Child (in response to the content from both week two's and week three's guided imageries), and one respondent explained that the guided imagery from week three had been a waste of time because it had duplicated a dream previously experienced. The experiential exercise from week three garnered more comments than any other element of this "opening up" phase. Eleven respondents commented on this exercise. Six of those found it to be extremely meaningful, 3 elaborated on their experience and 2 could not recall the exercise.

Contents from weeks four through six and the guided imagery from week seven, together make up the "acting out" phase of the Inner Child group. Throughout these sessions there is much emotional expression and cathartic release. Overall, comments illustrated that this phase was very powerful and often times quite disturbing. Of the 13 respondents who commented on the letter writing exercises
from weeks four through six, 6 described the experience as helpful and significant while some also acknowledged how very difficult it had been. Three commented on the fact that the letter writings helped to uncover previously unacknowledged or denied feelings and reactions to childhood caregivers. There were 5 respondents whose comments elaborated on their particular experience of the letter writings. Of the 10 comments regarding the guided imagery from week seven, 5 described it as a helpful and empowering experience while 3 found it to be difficult and somewhat disturbing. One respondent could not recall the guided imagery, and one simply described a humorous aspect of his experience.

The final session of the eight week group is dedicated to "empowerment." In this phase members begin to move beyond their pain and anger into an exploration of personal power, self assurance and self reliance. The two guided imageries from this phase drew a great deal of written response: 13 comments and 12 comments respectively. Seven described the first guided imagery as a helpful, moving experience and 5 described the final guided imagery similarly. There were 2 generalized comments made about the first guided imagery and 3 respondents described some difficulty grasping and maintaining the concept of the final guided imagery. However, the most dramatic aspect of the 'additional comment' response to note is the high level of difficulty with recall. Four of 13 and 5 of 12 respondents respectively, could not recall the guided imageries as they
were described.

**Summary Comments**

Finally, respondents were given an opportunity to offer additional comments at the conclusion of the questionnaire. Of the 64 respondents, 36 chose to do so, and the resulting comments were overwhelmingly positive and appreciative. Comments ranged from reflections on the positive experience of group to proclamations about how the group experience changed their lives. Four respondents expressed a wish to participate in the group again. Two offered suggestions for continuation groups to pick up where this group left off, and one final respondent reflected on disappointment felt at not having made the most of the experience.
CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

The objective of this study has been to assess the effectiveness of the Inner Child group therapy experience being offered by one private counseling practice in Scottsdale, Arizona and to determine what impact has been felt by members who have completed the program.

Literature on a wide range of related issues were reviewed concerning content and format of Inner Child group therapy. A questionnaire was administered to group members who had successfully completed the program under examination. Of the 86 individuals who had participated in the group over the past four years, 75 questionnaires were administered by mail, fax and hand delivery, and of those, 64 were completed and returned.

Data showed that, overall, the Inner Child group has been well received and has, in the opinion of the respondents been helpful in guiding them through the processing of a great deal of childhood trauma and grief. It has been instrumental in facilitating improvements in current relationships. The Inner Child group experience has also helped to encourage greater self-awareness, improve self esteem, and develop self acceptance. All 64 respondents expressed an appreciation for having participated in the Inner Child group therapy.
Conclusions: Section One

With regard to data results from the first section of the questionnaire, many helpful and interesting conclusions can be drawn.

The issue of fully understood commitment to the 8-week group has been of concern to the group’s facilitator. The group process is damaged considerably when members drop out prematurely or fail to participate. Trust issues are raised and adequate group feedback becomes threatened (Courtois 1988). There has been a varied and sporadic drop-out rate over the course of the four years in which this Inner Child group has been offered. For this reason, statements 1 and 2 were designed to measure the preparedness for full commitment as perceived by those who did, in fact, complete the program. Results indicate that, overwhelmingly, respondents received adequate answers to their questions and clearly understood the commitment that they were making to the group. Nearly 90% of respondents indicated that both of these facts were "very true" for them. Although some respondents acknowledged not having asked many questions, none seemed particularly disturbed by that fact, and of course none left the group prematurely. If others who had in fact dropped out of the group had been questioned, perhaps more would be learned about the effectiveness of the pre-group consultation in which group content and commitment is explained and discussed. However, based on the information available from respondents, it can be inferred that the consultation is adequately preparing members for
the group experience.

Much of the purpose of the Inner Child group is to facilitate awareness of one's own feelings and needs from childhood, and acceptance of the Inner Child Self who lived through one's childhood experiences. In doing so, one may finally learn to be a better parent to Self today. Statements 3, 6 and 9 attempt to measure the development of insights and acceptance of and responsibility for the needs and feelings of the Inner Child. Data suggests that respondents have quite successfully internalized the concept of their Inner Child. Some typical comments were: "before this group I wasn't aware of my needs at all" and "this is an understatement--I gained GREAT insight--life altering insight!" Data also seems to indicate that members tend to develop a mature understanding that this is an ongoing process of self awareness and acceptance, as illustrated by one respondent who explained,

Sometimes I catch myself being an abusive parent to Me. Then I'll stop and remind myself to be as loving, good and kind to Me as I am to my kids and others.

and another who said "this is an ongoing process. Layers of awareness continue to be uncovered."

The majority of respondents acknowledged a great deal of success developing this internal sense of the Inner Child with an average of well over 88% expressing that it was "mostly true" or "very true" that they gained insight into their needs, became more accepting of them and are more prepared to meet the needs of their Inner Child as a result of the group.
It is quite significant that no one expressed a sense of failure with regard to this developmental task, although some expressed difficulty maintaining awareness: "this is an area I still need to work on. I know 'what to do', [but] I just do not always do it for myself."

Exploring and processing pain and anger is a significant part of Inner Child therapy. Statements 4 and 5 from the questionnaire measure the degree to which members perceive themselves to have worked through some of their pain and anger about their childhood experiences. Response was fairly mixed in reaction to these statements due, in part, to the fact that individuals enter into the group at varying levels of self awareness and therapy experience, and with varying degrees of childhood abuse and trauma to work through.

Approximately 80% of respondents felt that it was "mostly true" or "very true" that they worked through some pain and anger. Many acknowledged that this is a continuous process: "what I knew at the time I was able to work with" and "as far as I had awareness about issues...I think at the time I was surprised at my anger toward my parents that came out." Just over 17% said that it was "somewhat true" that some pain and some anger had been worked through. For example one clarified: "more than working through it, I realized how much more [anger] I had than I thought I did."

Many of these individuals expressed continued uncomfortableness with their anger. A little over 2% of respondents did not feel that they had successfully worked
through any pain or anger. One said, "I had a difficult
time showing anger— I really could not do it." Another
lamented, "just wish I could have displayed my anger more,
but [I] still feel guilt."

An individual's ability to find safety within the group
environment is critical to the success of the healing which
is sought. Statements 7 and 8 were designed to measure
members' perceptions about the group environment and the
place that they made for themselves within that environment.
Responses indicated that, for the most part members have
successfully entered into the group environment, found an
adequate level of safety and developed an appreciation for
the support and feedback that fellow group members offered.

One group member expressed it in this way:

I learned from each individual. I will never forget the
gentleman who cried when I shared my deep, dark secret.
I even met men who care and cry...for real! [It was]
scary but truly touched me—to share this had impact.

Over 88% of respondents felt that it was "mostly true"
or "very true" that they felt safe enough in group to
address and explore their childhood issues and that the
support and feedback from other group members had been
helpful. One respondent stated, "I felt safe enough to
admit and explore out loud some of my abuse issues" and
another remembered, "as I realized each person's issues, my
comfort increased; 'I can handle this'."

Slightly less than 10% were more conservative in their
judgment of their success in finding safety in group and in
appreciating response from other group members. "My
reluctance came more from my own fears than from the group response" and "I'm not sure, at the time, that I felt safe anywhere." Finally, just over 2% did not feel safe or did not feel that group feedback or support was helpful. One respondent explained that "other members of my group did not seem that capable of genuinely useful feedback." Also, one member described how he "felt anger and some resentment from a few group members." This client was, unfortunately reliving or reexperiencing old aspects of his life script by hearing (accurately or inaccurately) echoes of old, internalized parental messages and old defenses were likely brought into play in response (Goulding and Goulding 1979). It is important for group facilitators to be keenly aware of nonverbal cues which might indicate that a member is experiencing re-injury in group so that the issue can be brought into conscious awareness and processed by the group. Gestalt techniques can be effectively utilized in order to facilitate the resolution of this unfinished business by bringing the awareness of the old wound into the here and now (Corey 1991).

It is important for group facilitators to be aware of and sensitive to the needs for additional support that members might face while participating in group therapy. Members may find this support in many different ways. Statements 10 and 11 from the questionnaire attempt to assess the needs that existed for additional emotional support among group members and whether or not members met those needs through further contact with therapists at IEH.
Responses were spread quite evenly between the options. Twenty five percent stated that they needed no additional support, 25% felt that it was "somewhat true" that they needed support, and another 25% felt this was "mostly true." Just over 23% felt it was "very true." These variations are not at all surprising. As explained previously, individuals enter into this Inner Child group therapy at many different levels of awareness and many different levels of unresolved trauma. Their needs for support are related to where they are in their journey toward healing. Some respondents elaborated on their needs for support: "the challenges of the group were dealt with within a short period of time--without additional sessions, I may not have returned a couple of times" and "I needed daily support at that time. Once a week group was not enough--though VERY helpful." Others explained that "the additional counseling [that I received] was not as a direct result of the group experience" or that the support was needed "mostly because I couldn't contain my exuberance--I had to talk to someone!" Of those who acknowledged needing additional emotional support, some received that help elsewhere, others utilized both a base of supportive friends and additional therapy, some relied entirely on support through therapy and a few were unable to allow themselves to reach out for the support they needed at all.

Approximately 14% found their support elsewhere than at IEH: "I was also seeing an individual counselor/friend." Another 14% sought out some of their needed support at IEH:
"I did this mostly with friends, but I do recall calling IEH once or twice." Slightly more than 27% stated that it was "mostly true" and nearly 42% stated that it was "very true" that they found their needed support at IEH: "[I] would not have wanted to 'treat' with anyone else--firsthand knowledge of my case, I feel was important to me" and "I was experiencing a lot of emotional stress because of my marriage. My husband and I both had individual counseling and [joint sessions] with Tina."

It is unfortunate and somewhat disturbing to note that, apparently some of those who did not get their needed, additional support from IEH, in fact did not receive it at all. Some described their dilemma: "I just don't think I knew enough to ask" and "I called Tina on two occasions. I felt that unless it was a therapy session/paid for; I really shouldn't bother her." This inability to request help when needed leaves clients vulnerable and at risk (Bradshaw 1990). Thankfully, this dilemma does not appear to be particularly common among members of this Inner Child group experience; only two respondents commented on the inability to request support. Nevertheless, group facilitators would do well to implement some kind of emergency "safety net" that is easily accessed by group members in times of extreme vulnerability and need (Courtois 1988).

The Inner Child group being evaluated employs six major guided imageries and two minor ones over the course of the eight weeks of therapy. Chris DeVita, a therapist for IEH, developed an original score of music to layer behind the
narration of each of the guided imageries used. His music was a great gift and surely contributed to the emotional impact of the guided imageries used throughout the eight weeks of group (Elman 1968). These guided imageries have all been copied onto audio cassette, available for purchase by members wishing to do continued work on issues uncovered in any particular week's session.

It should be noted that many of the guided imageries and letter writing exercises used within the Inner Child group have been patterned after the work done by John Bradshaw in his Inner Child workshops and books. Many of the themes are similar and this therapist is indebted to Mr. Bradshaw for his inroads into this area and its resulting guidance.

Since guided imagery is used so extensively in this group experience, statement 14 of the questionnaire was designed to measure member response to the experience, in general. Results clearly indicate that guided imagery was well received. Over 87% indicated that it was either "mostly true" or "very true" that guided imageries were helpful as accessing tools. Some typical comments explained: "each time I [was] able to recall more feeling and actual memories" and "I couldn't believe what I could remember." Some respondents remembered initial skepticism about the use of guided imagery:

I was very leery of this at first but as the group progressed, I got very comfortable with this tool and did find it to be very helpful in locating my little, wounded child so I could help her.

Many respondents seemed to have come away from their
group experience remembering a particular, favorite guided imagery. One commented that "the birthing experience was the best for me" and another said "[I] especially [liked] the one about being your own parent--going back and being good to that child." Given the high rate of favorable response to them, this study seems to validate the importance given guided imageries by Bradshaw (1990), Courtois (1988), and Kearney-Cooke (1988). Further attention will be given to each guided imagery, individually in conclusions of section two of the questionnaire, where in members were asked to report their perceptions of the specific guided imageries.

The final element of the Inner Child group to be measured was members' perceptions of the impact this work has had on their lives and relationships and their reflections on their participation in the program. Nearly 72% of respondents felt that it was "very true" that their healing has been worthwhile. "I reflect on this often as my most valuable experience." Over 21% felt that this was "mostly true" and nearly 7% felt it was "somewhat true." It should be noted that no one responded "false" to this item. Many respondents recognized that the healing process, encouraged by this group work, is an ongoing experience: "it was a start on my road to a new way of living" and "some issues were brought to my attention which needed years of additional work."

Although life scripts can be altered, they do not change overnight. It takes persistence to replace internalized
parental messages. It takes great effort to work through the shame and defense of past decisions. It takes time to alter one's expectations for how one's life drama will play out (Goulding and Goulding 1979). If group members feel as though their healing has been worthwhile, it matters not where they were when they started the group or where they were at the end of the group experience; the movement itself is growth along a continuum. This is true also for the relationships in which one engages. The measure of growth is in the improvements noted, not in the end product itself (May 1988).

Statement 13 assessed members' perceptions of these improvements within their relationships since participating in the group. Over 79% of respondents reported it being "very true" or "mostly true" that they have experienced improvements in relationships. One commented that "I am currently involved in the healthiest relationship ever... 7 months after this group, we met. All of my friendships are also very open and I discuss mutual needs with that person." Others expressed their continual efforts to alter their life script: "I'm still 'working' on all of these [relationships] and expect I will always; but at least I'm able now to comfort myself and support myself and yes, even love myself! Remarkable!!" and "those [relationships] that have not improved, I have accepted that I can not change them and moved on..." An additional 18% of respondents felt that it was at least "somewhat true" that relationships had improved and one individual did not feel that any improvements had
been achieved, stating that "I keep trying but relationships can still be a little tough."

Statements 15 and 16 of the questionnaire measured members' perceptions of the Inner Child group experience as a whole by reflecting on their satisfaction with having participated and by measuring their likelihood of referring others into this work. The overwhelming response was that they were very pleased to have participated: "I hated to see my group come to an end" and "it was a crucial part of my growth" and "I would like to do it again sometime."

Also, all respondents expressed that they would recommend this group to others: "If someone feels emotional baggage from their childhood, the inner child work is very helpful." In fact, most who elaborated on statement 16 already had referred others to the program. One responded; "very true...I have recommended this several times" and another "I have [recommended] and will continue to do so."

Responses to statements 15 and 16 resulted in percentages that were quite remarkable. Over 90% believed both of these statements to be "very true". It is also significant that no one gave a "false" response to either item.

The appreciation for this program was illustrated further by the additional comments made by many respondents at the conclusion of the questionnaire. One respondent described her experience in this way:

This was a very difficult and disturbing time for me. I was suffering from anxiety attacks and border line agoraphobia. The only thing that kept me going was my commitment to the group and the knowledge that I must have help to find my way through this. I did not want
just the 'easy fix' of medication. I wanted to be whole and healthy. The memories were extremely painful. There were several times I did not think I could go through it anymore. But everyone seemed to care so much and they were hurting too. [This] kept me from just feeling sorry for myself and made me want to get better. It was only a start. I did not fully understand at the time what 'doors' had been opened. I just kept 'walking' out of sheer need. Fortunately for me, I had excellent guidance. When the 8 weeks was up, rather than being relieved it was over, I found I 'craved' more...I wasn't ready to let go. So I set on a course to expand on what I had learned in group. I cannot say I am 100% healthy yet, but I'm working on it...I can honestly say [that] if I hadn't taken that first step in group and had that initial support, I could not have achieved all [that I have].

Another said, "I enjoyed being in the group. It helped me immensely. I was able to take control of my life;" and yet another: "gentle therapists, caring and concerned... It was a sweet and gentle experience and I liked it a lot."

Conclusions: Section Two

The second section of the questionnaire focused on the weekly contents of the 8-week Inner Child group; measuring members' perceptions of the various experiences, guided imageries and exercises in which they participated.

Clearly, a great deal of thought and effort has been put into the development of the content for this Inner Child group experience. The conclusions of this study will be used to guide the fine tuning of any aspects of the group process that show need for improvement.

As mentioned previously, over half the respondents entered into this group therapy experience at least two years ago. This may help to explain the existence of "no response" results collected in the data. It also may be
true that due to variations in the length of time elapsed between participation in group and data collection, some respondents would have benefited from lengthier, more detailed descriptions of the weekly contents of group. This possible defect in the questionnaire could not have been uncovered by pilot testing because no one but past group members would have had insight into how much detail might be necessary to trigger recall of the various guided imageries or exercises experienced some time ago. Studies indicate that the greater the emotional charge an experience holds, the more likely it is to be logged as conscious memory (Elman 1968). Therefore one can expect to find that the rate of "no response" to questionnaire items will be related to the degree of emotional intensity involved in the corresponding contents of the group process. This possible correlation will be explored as each phase of the Inner Child group process is discussed.

Phase one, the "opening up" phase of the process includes contents from weeks one through three of the group. Results suggest that members were for the most part gaining new insights; that this phase was primarily a positive experience; and that they considered its contents to be significant to them. As might be expected, the level of disturbance increased as the group moved beyond the introductory information into guided imageries that uncovered increasingly greater levels of childhood trauma or hurt. Only one respondent found the introductory information to be disturbing. Two found the first guided
imagery (primarily a full-body relaxation with some accessing of feelings at its conclusion) disturbing. Eight were disturbed by the second guided imagery, which took them back to a childhood home to meet and talk to themselves as children, pledging acceptance, support and protection. One respondent's comment described the typical way in which members found this to be a disturbing experience: "[this was] a little scary. 'Can I keep these promises and pledges?' Now I know that I can 99% of the time." Six respondents found the guided imagery on rebirth to be disturbing as did six regarding the accompanying group exercise.

The existence of some level of disturbance within the population of group members, about any of the guided imageries or experiential exercises should not be seen as an undesirable occurrence. This is in fact, often times very disturbing work. Bradshaw (1990) recommends that this work not be attempted alone, due to the likelihood of overwhelming feelings and reactions to disturbing memories and experiences. Many of those who identified an experience as disturbing also recognized that the same experience was significant to them or gave them new insights. These individuals are sure to have experienced growth from their experience of Inner Child work.

One respondent had actually participated in the group twice; the second time one and one half years after the first experience. Her comment regarding the "welcome to the world" group exercise illustrates the power of facing that
which is disturbing. She had had to struggle in her first group experience to set boundaries that would create the safety she needed in order to participate in an exercise in which other group members were to nurture her with both gentle, welcoming comments and with touch. She explained:

This was disturbing because I am tactile defensive and was disturbed by being touched—so I asked and was excused from this the first [time I was in] group. The second time through [this exercise] 'gave me new insights.'

Of some concern to the researcher is the occurrence of responses indicating that particular aspects of this phase of group work were a "waste of time" to some respondents. One described the introductory information as such, explaining that having already participated in a similar workshop, the information was repetitive. Of greater concern however, was the response of four members who felt that the "rebirthimg" guided imagery was a "waste of time."

This guided imagery is one which calls for a great deal of imaginative creativity; asking members to feel the experience of being in the womb and then coming into the world. Unlike suggested scenes from other of the guided imageries, this scene has no basis in one's conscious memory and therefore offers a greater creative challenge to participants. This may explain a level of frustration with the experience which could have caused some group members to feel that it was less than a success for them.

Also interesting to note is that one respondent described each guided imagery, throughout the entire program as a waste of time explaining that, "for me, I don't believe
the guided imagery accomplished too much," and yet this respondent went on to say that "overall the experience was good" and indicated that it is "very true" that the healing was worthwhile and that he is glad that he participated in the group.

An average of two respondents gave "no response" to each of the items within this phase of the group. Although members often enter group in a fair amount of emotional pain or distress, this first phase of the group work is less emotionally charged than the second phase. One would therefore expect to find a greater degree of difficulty recalling the specific experiences in this phase than in the second phase (Elman 1968).

The second phase of the group process, the "acting out" phase, includes contents from weeks four through seven in which the group focuses on childhood relationships with primary caregivers (for most, this means Mom and Dad). In this phase, group members spend time remembering what abuses occurred and what of their needs went unmet. They explore, through letter writing exercises, feelings toward parents who may have abused them or ignored their needs. Therapeutic letter writing allows members to freely express, in an uncensored way, emotions that are being uncovered (Courtois 1988). This phase of the group experience concludes with a guided imagery in which members are taken back to a childhood home where they tell Mom and Dad what they've learned about their needs and they give back the shame, pain, and other burdens that they have carried for
years.

The exercises making up this phase were described as significant by a higher percentage of respondents than any other aspect of the group experience. This phase also elicited the highest percentage of responses indicating that it had been "disturbing." Some respondents commented that "this was a good exercise. It brought up things I didn't know about my feelings toward my parents and perhaps more importantly it caused some memories to resurface—that surprised me!" and "I found out that I had 'pushed down' anger about their lack of time for me!" and "empowering and very insightful to think of my parents as children—and accept that no way could they [have met] my needs."

In response to this phase, only one person gave "no response" regarding the guided imagery. Being the most highly emotionally charged part of the Inner Child group experience, it is not surprising that most remembered it well (Elman 1968).

The final "empowerment" phase of this Inner Child group process includes two guided imageries which help to enable members to move beyond their pain and anger into a sense of personal power. Exploring new found self reliance through recognition of this power is what Bradshaw (1990) refers to as "championing" one's Inner Child.

In this phase group members work toward the resolution of some aspects of their grief about childhood experience. Of course, the resolution stage of the grieving process is not an end point, for one moves back and forth through the
different stages of grieving as some issues are resolved and others become uncovered (Whitfield 1987).

A majority of respondents described the contents of this phase of group as a positive experience. One stated that "this type of exercise has proven to be the most useful to me in moving on, healing, taking control of my life." Many also felt that they gained new insights and that the guided imageries were significant to them: "this was the most healing exercise for me" and "so helpful to me to begin [the] process of integration (literally to help pull myself together)."

A few also found this phase to be disturbing. One explained "confronting my father, I had no idea how much shame I was holding inside."

Interestingly, this phase resulted in the highest incident of "no response" of the entire group process. Five responded accordingly to each of the two guided imageries. This may be explained by the phenomena discussed previously in which the likelihood of conscious memory is related to the degree of emotional charge that an experience holds (Elman 1968). If the group process has successfully resolved much of one’s childhood grief, then it follows that this final stage of the process may carry the least amount of highly charged emotion. The participant may be experiencing a time of emotional relief and quiet and therefore may not be creating strong conscious memory.

Another explanation for the degree of "no response" to this phase, as previously mentioned, may be that the
specific descriptions used in the questionnaire were not extremely helpful in triggering memory. Specific words used in the descriptions of this stage were not words used within the actual group experience. For example, the word "championing" appears in the description of week eight's guided imagery in the questionnaire. Although this word had been used by the facilitators between themselves to define the final guided imagery, and the accompanying audio tape was labeled similarly, the word was rarely used within the group session itself.

Overall, results indicate that the Inner Child group, as it is being run currently, is highly effective in helping members to process and heal childhood grief. It effectively creates an environment in which members can develop and practice the skills that serve to protect and guide them through life experiences in healthier, more nurturing ways. One member explained;

...this was a life-altering experience; changing the ways in which I viewed myself and the world in which I live. More than anything, it gave me the tools I needed to feel in control and successfully meet all the challenges ahead awaiting me!

As a result, the Inner Child can, in the relative safety of self acceptance, be authentic in its expression and reaction to the world.

Recommendations

This researcher would make very few recommendations for changes in the Inner Child group which was evaluated. Based on respondent feedback, the introductory information might
be condensed a bit, or simply presented in a more concise manner so that the attention of members who are typically anxious to begin the process is not lost. The facilitator might consider beginning the first group session with a poignant children's story or poem before continuing with the introductory information in order to start the group off on an emotional plane, more congruent with the flavor of the rest of the group experience. One to consider would be For Children Who Were Broken by Elia Wise (1991).

Also, it might be beneficial to re-think the "rebirth" guided imagery. Making the images more concrete for those who are less imaginatively creative might keep those individuals from becoming frustrated with the imagery. On the other hand, making the imagery even more symbolic, less concrete, would serve to more effectively bypass the conscious mind, for it is the conscious that gets "in the way" of creative imagination (Elman 1968). By bypassing this obstacle, the guided imagery might be more effective to more participants.

One final recommendation would be to create, as previously discussed a "safety net" of emergency contacts to assist those group members who may be in need of additional emotional support yet find it difficult to reach out. This could be accomplished by distributing a listing of crisis hotline phone numbers along with written encouragement for members to reach out when needed. Group members should also understand clearly their options for individual therapy at IEH. Groups might also be encouraged to create a phone
support network among themselves.

For this type of family-of-origin therapy to be as successful as this group therapy seems to be, members must have a clear understanding of the types of experiences in which they will be encouraged to take part. They must be prepared to make a strong commitment to the work and be emotionally open to challenging themselves; pushing beyond their comfort zones. The environment must be maintained as safe and non-shaming so that group members can learn what it is to trust self and others. Facilitators must be open to outcome, recognizing that each group will develop its own "personality" and each participant will move forward at his or her own pace. It will be the group members themselves who define the success of the experience. If they feel that they have been helped along their paths, then it will have been a success, and if they experience no movement, it will have been a failure, regardless of how the facilitator defines those members' accomplishments (Bloomfield and McWilliams 1994).

In this study, since 17 different groups were run over the course of four years, it was impossible to control for differences in the facilitation of the group or for the environmental changes that occurred. Other researchers might attempt a more precise, longitudinal study of the effectiveness of this type of therapy by studying the members of one group over a period of time. In this way, less variables would impact the results. Also, in future research, it would be helpful to expand on the descriptions
given in the questionnaire about specific group exercises and activities to better control for memory loss and confusion by group members.

This is a fascinating therapy modality and researchers stand to gain a great deal of insight into the process of personal growth by studying Inner Child work further.
REFERENCES


Borysenko, Joan. 1990. Guilt is the teacher, love is the lesson. New York: Warner.


APPENDIX A

INNER CHILD GROUP DESCRIPTION
INNER CHILD GROUP DESCRIPTION

What follows is a brief description of the format of the Inner Child Group offered at the Institute for Emotional Healing.

This group therapy is designed as a closed group in which six to eight members begin first having made a commitment to an eight week program. They start the program together and end it together. The group meets weekly for one and one half hours. Group members are all strangers to one another. There is typically a wide age range and a fairly even mix of men and women in the group although these statistics are not manipulated by the therapist while forming the group (some groups have consisted of individuals of very similar ages and one group formed itself entirely of women).

After acquiring commitments from six to eight individuals for the full 8-week program, a start date is established. The first week of group begins with a brief description of the group’s purpose. It is important at this time to discuss what members can expect from the group experience, from each other, and from the therapist during the course of the 8 weeks. The basic principles of Transactional Analysis’ ego states are explained as a backdrop for all of the work that will follow. Then the group is led in an introduction exercise whereby members introduce each other to the rest of the group. Finally, the therapist leads a guided imagery consisting of a lengthy full-body
relaxation, "safe place" creation, and a visit to a childhood home where a sentence completion begins to bring up feelings, memories and old perceptions. The session wraps up with some group sharing about the guided imagery experience.

Session #2 begins with some discussion about the concept of the "inner child." Then the group is led in a letter-writing exercise in which the adult writes to the "inner child" about how they remember it being and then asks the "child" to consider coming to live with them. This exercise is followed immediately by a guided imagery about meeting the "inner child" and pledging acceptance, support and protection. The remainder of the session is spent sharing letters and reactions to the guided imagery.

The focus of session #3 is "rebirthing"; discovering and exploring the most basic emotional needs an infant has. It begins with a guided imagery about the birth process and being welcomed into the world lovingly. The group is then led through an experiential exercise of imagined infancy with group members playing roles of welcoming, reassuring parent figures. There is then time for group sharing and processing. This experience is often an extremely powerful one.

Session #4 begins what is often the most difficult portion of the group process. This session and the two following are spent focusing on primary relationships with childhood caregivers; most often Mom and Dad. A short guided imagery is used to bring up memory of Mom and of
being her child. Then in a letter writing exercise, the "inner child" writes a letter to Mom telling her what he or she needed from her that wasn’t received. These letters are shared within the group eliciting nurturing, validating responses from fellow group members. Much work is done around learning to nurture rather than to question or minimize the "child’s" experience. A great deal of grieving and anger work is done at this stage using Gestalt techniques and role playing. The same work is then done focusing on Dad. Then the group does a psychodrama exercise to continue releasing old emotions and traumas. This work usually takes the group through week #6 and sometimes into week #7. This portion of the group work is wrapped up with a guided imagery about meeting Mom and Dad and giving them back their shame and other "stuff" (emotions that the child learns to carry for the parent). The group spends time sharing their experience of this guided imagery.

In the second half of week #7 or the beginning of week #8, a guided imagery is led teaching the group members to change their experience of an old shaming scene. First, time is spent reflecting on how they were victimized as children, ie: size meant they couldn’t fight back; financial dependence meant they couldn’t move out; naivete meant they were easily lied to; and other concerns. Then time is spent creating a list of powers, abilities, strengths that have the ability to keep them safe today from the kinds of hurts they experienced as children. This list of powers is incorporated into the above mentioned guided imagery. The
stories that are shared about these "changed" shaming scenes from childhood are encouraging and illustrate the group’s unconscious shift from grieving into healing and empowerment.

The final session includes a last guided imagery; this one about going back to a childhood house, championing and claiming the "inner child" and taking the "child" back to present day integrated as a part of the full self. Once again the group spends time sharing their experience of the guided imagery, and finally the group says its goodbyes through sharing personal insight gifts with one another.

By the conclusion of the group therapy, the group members have often bonded strongly to one another and many of the groups decide to continue meeting to work on current day issues in an environment in which they have learned to feel safe and accepted.
APPENDIX B

COVER LETTER AND QUESTIONNAIRE

hope that this letter finds you healing well as you move forward into the

studying your participation in the study of the Inner Child Group in

problem that if you have been

...
Dear

It is my hope that this letter finds you healthy and enjoying your life as you move forward into the new year.

I am writing to request your participation in the research for my Master's thesis. My thesis will be an evaluative study of the Inner Child Group in which you participated. I realize that it may have been quite some time since your participation and that your memory of the experience may be hazy—that's OK! I trust that whatever feedback you have to offer will be invaluable.

I am enclosing a questionnaire for you to complete and return to me in the envelope provided. You will find the questionnaire to be quite specific and (hopefully) quite easy to complete. Your name will not be used in this research paper. If you would prefer not to participate in this questionnaire, please fill out the top portion and return the questionnaire in the enclosed envelope so that I know that you have received it and made a choice. If you are willing to participate, please take your time responding. The basic format is "multiple choice" and your response to EACH statement is important. In addition, any comments you would like to include will be appreciated and will help to round out the study.

I invite you to call me any time with questions, or just to "check in". I am still running the Inner Child Group and am still available for individual counseling. With any luck I'll be graduating with my Master's in May!

Please know that you have been an important part of my growth as you opened yourself to the experiences that we shared. You have both my respect and my gratitude.

Sincerely,

Christina DeVita
INSTITUTE FOR EMOTIONAL HEALING

Questionnaire for Inner Child Group

NAME:__________________________________________________________

ADDRESS:_____________________________________________________

PHONE:________________________________________________________


Please respond to the following statements honestly. Read each statement carefully and decide whether it is an accurate statement about you. Please complete all items by circling the response that best describes your view.

F false, not at all true.
ST somewhat true.
MT mostly true.
VT very true.

You will also be given an opportunity to elaborate on your response to each statement if you so desire—this is NOT required.

1. I had a clear understanding of the commitment to the 8 weeks of group therapy that I was making.

   F  ST  MT  VT

additional comments:__________________________________________

2. I received adequate answers to my questions about the group prior to making my commitment to the group.

   F  ST  MT  VT

additional comments:__________________________________________

3. I feel as though I gained insight into the needs I had as a child as a result of the group experience.

   F  ST  MT  VT

additional comments:__________________________________________

4. I was able to work through some of my pain about my childhood experience in the group.

   F  ST  MT  VT

additional comments:__________________________________________

5. I was able to work through some of my anger about my childhood experience in the group.

   F  ST  MT  VT

additional comments:__________________________________________

_____________________________________________________________
6. I feel more prepared to meet the needs of my inner child as a result of the group experience.

   F  ST  MT  VT
additional comments:__________________________

7. I felt safe enough within the group environment to address and explore my childhood issues.

   F  ST  MT  VT
additional comments:__________________________

8. The support and feedback from the other members of my group was helpful to my healing process.

   F  ST  MT  VT
additional comments:__________________________

9. I feel more accepting of my own needs as a result of the group experience.

   F  ST  MT  VT
additional comments:__________________________

10. I found that I needed additional emotional support outside of the group environment during the course of the 8 week group (If F, skip #11).

    F  ST  MT  VT
additional comments:__________________________

11. I received this additional emotional support from the therapists at IEH (phone contact, private sessions, etc.) during the course of the 8 week group.

    F  ST  MT  VT
additional comments:__________________________

12. The healing that I experienced as a result of the inner child group has been worthwhile.

    F  ST  MT  VT
additional comments:__________________________

13. I have experienced improvements in my relationships as an adult since beginning the inner child group.

    F  ST  MT  VT
additional comments:__________________________
14. The guided imageries used during the group helped me to access childhood feelings and/or memories.
   F   ST   MT   VT
additional comments:______________________________________

15. Looking back, I am glad that I participated in the inner child group.
   F   ST   MT   VT
additional comments:______________________________________

16. I would recommend this group work to others.
   F   ST   MT   VT
additional comments:______________________________________

A brief summary of the content of each of the weekly sessions follows. Please respond to the best of your memory about your reaction to each of them. Please complete all items by circling any responses that accurately describe your experience. If several responses seem to apply equally well, circle each one. Additional comments are welcomed but NOT required.

wk 1: a) introductory information; group expectations
   WT   D   NI   PE   S
comments:________________________________________________

b) guided imagery--full body relaxation with sentence completion.
   WT   D   NI   PE   S
comments:________________________________________________

wk 2: a) guided imagery--meeting your inner child and pledging acceptance, support and protection.
   WT   D   NI   PE   S
comments:________________________________________________
**wk 3: a) guided imagery--rebirth.**

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**b) "welcome to the world" group exercise.**

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Please use this space for any additional comments:

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**wk 4-6: a) letters to Mom and to Dad with group sharing.**

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**wk 7: a) guided imagery--meeting Mom and Dad and giving them back their shame and other "stuff".**

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**wk 8: a) guided imagery--changing a shaming scene through self empowerment.**

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**b) guided imagery--championing the inner child.**

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THANK YOU FOR YOUR PARTICIPATION IN THIS STUDY!
APPENDIX C

QUESTIONNAIRE COMMENTS
QUESTIONNAIRE COMMENTS

What follows is a listing of comments written by respondents as optional responses to questionnaire items. Personal comments to the researcher which were not relevant to the study have been omitted. Minor changes to spelling, punctuation and sentence structure have been made in order to facilitate a clearer understanding for the reader.

The first section of the questionnaire contained statements regarding perceptions about the experience of the group in general. The following were responses elaborating on each of the statements.

STATEMENT 1: I had a clear understanding of the commitment to the 8 weeks of group therapy that I was making.

"Eagerly, yet painfully I grew. Could not miss the sessions. Formed a class bond."

"I was clear on the 8 week time frame but didn't completely understand the nature of how much I would feel."

"I believe, and my experience has been that full commitment on the part of participants is vital to cohesiveness and progress of the group and individual parts/members."

"During the initial interview the commitment was fully explained."

"If I remember correctly, some statement to the effect of building relationship in the group helped me feel it was important to all of us if we all committed."

"I appreciated defin[ition of] goals and commitment and disclosure by therapist."

STATEMENT 2: I received adequate answers to my questions about the group prior to making my commitment to the group.
"Yes. I appreciated being strongly told I had choice to do or not do any exercises I didn’t want to."

"In so far as the questions I asked."

"I was very satisfied with the pre-group mutual 'interview'."

"I didn’t ask a lot of questions."

"I would have had clearer questions today because of my own growth."

"Tina was very truthful."

"I heard about the group through [my] significant other so I had no questions."

Statement 3: I feel as though I gained insight into the needs I had as a child as a result of the group experience.

"Most was insight into the needs that were not met as a child."

"It was available at a time in my life when I needed a sense of belonging."

"I saw how others also struggled with the same shame."

"Before this group I wasn’t aware of my needs AT ALL!"

"I had many insightful experiences while in this group in that regard."

"I began to. It is still an ongoing process."

"This is an ongoing process. Layers of awareness continue to be uncovered."

"The group provided me tools to gain greater future insight [to be used in the future] without the assistance of the group environment."

"...and that the needs I had were OK—not that I was overly needy or wrongly needful."

"I knew some of the needs [that were] unmet, discovered others, and realized [that] my perspective of my childhood was not very accurate [and were] very self-destructive."

"This is an understatement—I gained GREAT insight—life altering insight!"
"Because this was part of an ongoing 'quest', this group was also very helpful for developing and maintaining the courage to continue."

"I had a difficult time knowing anger--I really could not face my pain and sadness for a bit. I needed and did not know I was missing the opportunity to be more open and available to the pain."

"I felt I received the tools I needed, but took [my pain] home."

"I'm still having some problems in truly forgiving my parents."

"I didn't feel that comfortable in group setting to release [the pain]."

"I felt more at ease working through issues by myself or on a one-to-one basis with a therapist (Tina)."

"Some things I preferred to work through out of group; in private sessions or on my own."

"This was so new to me then. I barely opened the door. Years later, after hard work I can say I've worked through some of the pain, but back then I just came in touch with it and it scared me and I retreated."

"Reliving experiences (painful) was extremely cathartic."

"What I knew at the time I was able to work with."

"I began to but it is still an ongoing process."

"I was able to release freely and openly--feeling very safe to do so."

"It was my turning point...I let go of my pent-up angst."

"...work through and confront; therapeutic and loving. Felt the presence of love [for parents] to be okay."

"...and more so later, with greater facility and less fear."
STATEMENT 5: I was able to work through some of my anger about my childhood experience in the group.

"I had a difficult time showing anger--I really could not do it."

"I did not feel much 'anger'--a lot of pain and sadness for what I missed and did not know I was missing."

"I still have anger, but not as destructive."

"The dolls we used in group were very helpful for 'acting out' different feelings!"

"But I still have some!...and I still dislike haughty young males...probably because Dad ignored me in my childhood and teens."

"It is difficult for me to gage the depth of my anger but I did tap into it for sure."

"I began to but it is still an ongoing process."

"Yes. That is true."

"I'm pretty deep with that anger. It seems to be endless sometimes."

"does work through mean expressing it? If so--yes. Again, anger is my most dangerous enemy. I just recently learned the value of expressing and working through the anger...and I'm just beginning to do it."

"More than working through it, I realized how much more I had than I thought I did."

"As far as I had awareness about issues...I think at the time I was surprised at my anger toward my parents that came out."

"Through all my previous therapy, I never was able to get free from anger toward my father, until I went through the group with Tina."

"I was able to verbalize and experience some of my anger about my father for the first time."

"This exercise was especially helpful because I had been taught that anger is not acceptable. 'Good girls don't get angry.' I was able to get in touch with and act out some of this anger with the bat and dolls. This was very surprising to me, and although extremely emotional to be so 'out of control', also very cleansing."
"Just wish I could have displayed my anger more, but [I] still feel guilt."

"[First] discover, then express."

"In some cases, I wish I had spent more time and reached deeper."

"Yes, and I have gone on to do more specific anger work since the inner child group."

"It was easy for me to do this--I never would've believed, and I felt very angry about being left out of the group..."

"I was allowed to have feelings."

"Yes, some of my anger was dealt with, but I have decided after all this time has elapsed that I still have anger that I haven't dealt completely with yet. I know that I must in order for [Me] to be completely whole."

STATEMENT 6: I feel more prepared to meet the needs of my inner child as a result of the group experience.

"This is the area I still need to work on. I know 'what to do,' [but] I do not always do it for myself."

"Sometimes I'll catch myself being an abusive parent to Me. Then I'll stop and remind myself to be as loving, good and kind to Me as I am to my kids and others. I still use the [guided] imagery from the workshop."

"I notice [that] I tend not to carry lessons away from work sessions."

"I just don't do it often enough."

"It definitely helped me acknowledge my inner needs."

"I am a generous Grandmother to Alice. When I provide for her, it's like giving to myself. She is worthy even as I was worthy."

"I am still reaping the benefits today from my group experience."

"I still 'forget' these needs sometimes."

"Yes, but I still struggle with self-approval."

"My inner child is too controlled by the stresses of everyday life to have fun and be truly happy-go-lucky anymore."

STATEMENT 7: I felt safe enough within the group
environment to address and explore my childhood issues.

"It was very hard at first but we were all truly 'in it together' and [it] became easier."

"Very, very safe."

"Everyone chosen in the group was open enough to share with. Eventually, almost everyone shared."

"It was easy for me to do this--I never would've believed I could."

"I'm not sure, at the time, that I felt safe anywhere."

"Whatever safety I didn't feel came from my own fears."

"I felt very safe."

"After my last experience I was too scared to come back to the [continuation] group. In retrospect, I wish I had come back."

"My reluctance came more from my own fears than from the group responses."

"For me, I wasn't concerned about a deliberate violation."

"I have specific trust issues that often interfere with feeling safe in groups."

"I felt very safe, but wasn't totally ready to deal with some issues. It wasn't related to the environment."

"I felt safe enough to admit and explore out loud some of my abuse issues."

"It was a little nervy at times--but it worked."

"As I realized each person's issues, my comfort increased; I can handle this."

"For some reason, I could not cry with the group--though [I] had no trouble crying on my own."

"I am still basically a 'shy' individual but the group environment allowed me to grow tremendously."

"All but my sexual preference."

"I didn't have as many unresolved issues as the others in the group."
STATEMENT 8: The support and feedback from the other members of my group was helpful to my healing process.

"Other members did not seem that capable of genuinely useful feedback."

"I learned from each individual. I will never forget the gentleman who cried when I shared my deep, dark secret. I even met men who care and cry...for real! [It was] scary but truly touched me--to share this had an impact."

"...Judging from progress I've made since."

"As much as I valued the insight of the facilitators, [it was] the group comments [that] powerfully reinforced the 'I'm not alone' feeling."

"Our group met for a much longer period because of the support and feedback."

"I found that I was not the only person with fears and insecurities...some greater than mine."

"I thought the people in my group were great."

"Feedback from others always helps me to feel that I belong and am human."

"Accepting that I have needs is one of my largest issues. It's been a struggle for me. I've been reflecting on that--on a daily basis."

"We didn't have a lot of feedback from the other group members, but there was loving support from [both] group and Tina."

"To feel safe and supported by the group is vital to healing."

"Feedback, yes. I didn't feel supported--but that is my dilemma...I never felt supported in the past."

"I hadn't [trusted others] and still am learning to trust others."

"It is about the only thing that kept me going."

"Different outlooks and ideas aided me to more fully discover my own feelings."

"The 'tapes' [of supportive comments] kicked in this summer."

"I felt anger and some resentment from a few members."

"It was quite an experience to share with the group and feel their concern and their support."
STATEMENT 9: I feel more accepting of my own needs as a result of the group experience.

"I now feel it is OK to have 'needs' and to also fulfill them."

"Yes, I also have stopped [my] destructive denial syndrome when confronted with problems. I don't run in panic."

"...and also toward other's inner child[ren]."

"I definitely can now validate my own needs but equally as important, I can now understand the needs of others as well."

"The group helped. I still have to feel worthy enough to allow my needs to be important."

"I'm still working on that--on a daily basis."

"[I] still have a hard time getting angry about then [my childhood]."

"...an ongoing process. Requires more than 8 weeks for me."

"Accepting that I have needs is one of my largest issues."

"It made me a stronger person in many ways."

"Yes, the real 'Me' is here and well."

"Learning to meet those needs began as a result of this group."

STATEMENT 10: I found that I needed additional emotional support outside of the group environment during the course of the 8 week group.

"I can't remember completely, but I believe [that] I was still seeing Chris individually while I was in the group."

"Mostly because I couldn't contain my exuberance--I had to talk to someone!"

"The challenges of the group were dealt with within a short period of time--without additional sessions, I may not have returned a couple of times."
"I needed daily support at that time. Once a week group was not enough—though VERY helpful."

"At the beginning of my visits to IEH, the private sessions were extremely effective in dealing with particular issues. As time went on, [they] were not as much support [as they were] coaching on how to re-learn healthy habits."

"I was in individual therapy and felt that I needed to be there."

"Sometimes I just needed to verbalize thoughts about the sessions."

"...but not for the same reasons. I was/am a work in progress."

"I definitely needed emotional support, but in most cases was afraid to ask for it."

"At the time, I was pretty needy."

"[I] was already receiving weekly therapy before, during and after the group process."

"Tina was always available to me during and after the group."

"The additional counseling was not as a direct result of the group experience."

"[Yes], but relative to other issues, both unrelated to and exacerbated by the [inner] child work."

**STATEMENT 11:** I received this additional emotional support from the therapists at IEH...during the course of the 8 week group.

"I continued [with] one-to-one visits with Tina during the 8 weeks."

"...phone calls (even for a few seconds), private sessions."

"I just don’t think I knew enough to ask."

"The help was available, I didn’t ask for it."

"I was also seeing an individual counselor/friend."

"I also utilized friends with and without [the] same issues."
"I did this mostly with friends, but I do recall calling IEH once or twice."

"I had a therapist outside IEH."

"I was experiencing a lot of emotional stress because of my marriage. My husband and I both had individual counseling and [joint sessions] with Tina."

"Private sessions with Tina."

"I called Tina on 2 occasions. I felt that unless it was a therapy session/paid for; I really shouldn't bother her."

"I felt comfortable enough and welcome to call in between appointments (private) and group sessions if something came up that I needed support [with]...and I did."

"I would not have wanted to 'treat' with anyone else--firsthand knowledge of my case, I feel was important to me."

"I had another family counselor and 12-step sponsor [that] I relied on as well."

"Tina was and is very supportive."

"Chris helped me to understand things I was confused about. He was very much interested in my wellbeing and he became a good friend to me."

STATEMENT 12: The healing that I experienced as a result of the inner child group has been worthwhile.

"Very. I continue to use these tools in my life. I will never be the same."

"Some issues were brought to my attention which needed years of additional work."

"I really feel that this changed my life, I really feel that inner child work is the foundation [needed] for other therapy to be effective."

"I find [that] the healing is ongoing because of the understanding and knowledge obtained."

"...and it continues on a daily basis."

"Each experience of healing has been different and adds to my recovery."
"After working through anger related to my father, I literally had long term, physical ailments leave. I no longer experience chronic, female disorders in my body! A miracle!"

"I’ve recommended it to others."

"The path it led me down was good."

"It kept me ‘aware’ of my inner child."

"It’s a beginning. The inner child is still not whole."

"It was a start on my road to a new way of living."

"AMEN!!"

"I reflect on this often as my most valuable experience."

"I am now ‘Me’, the real Me."

"‘Healing’ as a word has taken on different meanings for me over time. I would say an ecstatic, resounding ‘very true’ by changing ‘healing’ to ‘understanding’ or even ‘insight’."

"I would like to further improve my inner child feelings."

STATEMENT 13: I have experienced improvements in my relationships as an adult since beginning the inner child group.

"I was also able to walk away from a tough parent/child situation and for the first time, not experience the self-defeating guilt in doing so."

"I am currently involved in the healthiest relationship ever...7 months after this group, we met. All of my friendships are also very open and I discuss mutual needs with that person!"

"I have found a whole new way of communicating effectively with understanding and compassion—not from anger and frustration like before."

"Especially with my mom and dad."

"The workshop was a part of it. The love of my partner was the biggest help."

"[also as a result of] the additional work I’ve done on myself."
"It's helped me understand others' needs and inner child[ren] more and to recognize [them]."

"Our relationships are as functional and dysfunctional as the participants."

"[I] still have problems with needs and communication. I lack communication skills."

"I keep trying but relationships can still be a little tough."

"I'm still 'working' on all of these and expect I will always; but at least I'm able now to comfort myself and support myself and yes, even love myself! Remarkable!!"

"[As a result of] this inner child group as well as one other intense i.e. group, individual and group therapy and reading, meditating, etc."

"Those that have not improved, I have accepted that I cannot change them and moved on..."

"[It's] hard to tell except with my daughter--we have processed a lot of our inner child experience."

"I would like to further improve my inner child feelings."

"Instead of allowing my inner child to become the dominant one in moments of emotional stress, I am now able to gather myself up emotionally in those moments and deal with it as an adult."

STATEMENT 14: The guided imageries used during the group helped me to access childhood feelings and/or memories.

"I am able to accept what has happened to me and have understood that I had no control over other people's actions."

"[The guided imageries made] the situations become clear enough to deal with instead of shadows and things undefined."

"Tears, tears and more tears."

"Great!"

"Parts were very difficult because of the intense pain involved."
"I was very leery of this at first but as the group progressed, I got very comfortable with this tool and did find it to be very helpful in locating my little, wounded child so I could help her."

"[I was] skeptical at first, however in time it proved to be a good tool."

"Sometimes it amazed me."

"Each time I am able to recall more feeling and actual memories."

"The birthing experience was the best for me."

"Very powerful."

"I couldn’t believe what I could remember."

"Especially confronting my father’s grip on me."

"It was sometimes hard to keep on track—was easy to ‘wander’."

"Especially the one about being your own parent—going back and being good to that child."

STATEMENT 15: Looking back, I am glad that I participated in the inner child group.

"I now feel it was the best experience I have given to Me."

"I’d like also to join another advanced group as a result of my growth."

"I would like to do it again sometime."

"I hated to see our group come to an end."

"I am glad. Whatever success I did not achieve was due to my own denials."

"The organization and structure were well planned for success."

"It was a crucial part of my growth."

"Very, very true."

"Yes, yes, yes."
"I gained confidence in myself and [learning] to become empathetic to others was a very loving and moving experience."

"Yes, I would do it again if the chance comes."

"After finishing group, latent memories came up months after."

STATEMENT 16: I would recommend this group work to others.

"...and have."

"If someone feels emotional baggage from their childhood, the inner child work is very helpful."

"Yes, in fact it wouldn’t hurt to have my wife go through the group since I know it would improve our relationship."

"I have."

"I have on many occasions."

"...and I have already done so!"

"...and have."

"However, I now see the importance of longer group work."

"If they were interested in exploring themselves."

"Many people are walking adults with a child’s mentality and emotional needs. I am one of them."

"I have and will continue to do so."

"...and have told and talked about it."

"Very true...I have recommended this several times!"

"I have and will continue to do so."

"I have, many times."

"I have recommended the group to several other people."

"I have!"
The second section of the questionnaire contained statements regarding the specific contents (guided imageries and exercises) of each week of the group. The following comments were made in response to those experiences.

**WEEK 1: introductory information; group expectations.**

"Necessary. A well laid foundation produces better results."

"This is real fuzzy for me. I don’t recall the material covered."

"BUT!!! I was ready to get going and the whole thing could have been condensed and moved along."

"Can’t really remember."

"I had completed a similar workshop previously so minimal intro was necessary."

**WEEK 1: guided imagery--full body relaxation with sentence completion.**

"Enabled me to learn to visualize peaceful images and to learn to relax."

"A lot of pain throughout."

"Don’t remember specifics."

"I sometimes still use this for nights when I cannot sleep."

"I don’t really remember this."

"I still visualize my ‘safe place’ when I’m feeling nervous, scared etc."

"Especially helpful to me. I used it while away from group and support [base] this summer."

**WEEK 2: guided imagery--meeting your inner child and pledging acceptance, support and protection.**

"Excellent!"
"[Recognized the] need for protection and acceptance [that] I found in group."

"Don’t recall this."

"[I] had done [this] before and have done [it] since. Always a healing, reassuring experience."

"BUT!!! I’m still working on it."

"[This was a] positive experience, even though it was very hard and made me very sad at the time."

"A little scary. ‘Can I keep these promises and pledges?’ Now I know that I can 99% of the time!"

"[This was] my turning point."

"This was something that was very surprising to me because I didn’t expect to feel such happiness."

WEEK 3: guided imagery--rebirth.

"An awesome experience."

"Can’t remember."

"I’m still working on it."

"The best."

"I had had a dream where I had done this prior to group."

"I could not believe the force within [the] power of rebirth."

WEEK 3: "welcome to the world" group exercise.

"That perhaps was the most moving part of the whole session--[it] was a beautiful experience."

"Very significant--I’m still writing letters and my relationship with my parents has started all over again with new affirmations and forgiveness."

"It helped me deal with anger. Writing has proved to be a place where I can surrender my anger."

"This was disturbing because I am tactile defensive and was disturbed by being touched--so I asked and was excused from this the first [time I was in] group. The second time through [the group] it ‘gave me new insights’.

"I’m still working on it."
"[This] felt weird--this is where everyone said nice and positive things about you? [It was] good for me--at that particular time [the words were] very hard to believe."

"This exercise was the most meaningful thing to me of everything we did. It was a powerful and striking demonstration of how important the words are that we say to others, and that we hear ourselves. I remember this experience the most often when I think about the group. It was a profound learning experience."

"Can't remember."

"Awesome."

"My life experience was real good, but after hearing all the others' experiences, it really made me aware of all the unwanted children in the world."

"Don't remember."

WEEKS 4 THROUGH 6: letters to Mom and Dad with group sharing.

"The letters I wrote were true feelings but nothing I would ever share with Mom and Dad. They did the best they knew how and I don't blame them for my current life situation."

"This was most significant and helpful to me; [in learning to] accept and be responsible for my feelings and my interpretations; many [of which] I did not accept during childhood."

"These helped me cope with my feelings and I could accept and let go of a lot of it."

"Tough to do but very insightful."

"I remember this!"

"Very significant--I'm still writing letters and my relationship with my parents has started all over again with new acceptance and forgiveness."

"It helped me deal with anger. Writing has proven to be a powerful tool when dealing with my emotions and confusion."

"Disturbing but insightful."

"Became aware of more anger than I thought I had toward my parents."
"This was a good exercise. It brought up things I didn’t know about my feelings toward my parents and perhaps more importantly it caused some memories to resurface—that surprised me."

"I found out that I had ‘pushed down’ anger about their lack of time for me!"

"Not as helpful as the ‘chairing’ [exercise]."

"[This] one: the most important."

"Since my letters were to my birth mom and my adopted mom, I had the opportunity to tell them both some disturbing feelings."

WEEK 7: guided imagery—meeting Mom and Dad and giving them back their shame and other "stuff".

"That has helped me to deal with [my parents] more effectively now—to tell them what my boundaries are."

"[This guided imagery was] one [of my] strengths to say good bye and return to Arizona."

"Don’t remember doing this exercise."

"Disturbing—feeling the feelings."

"I had a difficult time being as extreme as Tina wanted me to be. I just couldn’t hate my parents like I really should have in therapy."

"Very empowering to me."

"Empowering and very insightful to think of my parents as children—and accept that no way could they meet my needs."

"...and not as successful at the time as I wanted it to be!"

"I remember Dad being so surprised about it and I’ll never forget the surprised look on his face in my mind!"

"Very important."

"This was also extremely powerful and helpful. Drawing the line between my mother’s feelings [and my own]."

WEEK 8: guided imagery—changing a shaming scene through empowerment.
"This was very significant. It gave me the ability and confidence to begin to overcome stressful situations."

"I do not remember my experience of this exercise."

"This was the most healing exercise for me."

"This was important to me."

"Awesome."

"This type of exercise has proven to be the most useful to me in moving on, healing, taking control of my life."

"Especially helpful to me."

"Shaming scenes happened--I had no control--self empowerment meant realizing my lack of control and accept[ing that]. I go on from here [with the belief that] there is a reason for everything."

"Very good concept. Low self esteem is a feature of so many of us."

"Don’t recall this."

"Don’t remember."

"Confronting my father, I had no idea how much shame I was holding inside."

"Don’t remember doing this exercise."

"This gave me my life back."

WEEK 8: guided imagery--championing the inner child.

"Yeah!"

"Do not remember this part."

"All of these exercises sound wonderful. I wish I could remember them better. Is there a way to create a more lasting impression?"

"Don’t remember."

"Don’t recall this."

"Good, but will require practice to really believe it."

"So helpful to me to begin [the] process of integration (literally to help pull myself together)."
"I'm sorry, but I don't remember this session very well. Maybe it was a bad day."

"I feel that I'm a different person."

"Good reinforcement."

"I had difficulty grasping the concept."

"I still feel weak here."

At the conclusion of the questionnaire, respondents were given the opportunity to express any additional comments. Many offered personal well wishes to this researcher. These have been excluded from this appendix. Also, some comments have been edited due to excessive length.

"I had seen the Bradshaw series on PBS about a month earlier and worked through some issues as a result of that experience. The group at IEH was an extension [in order] to delve further."

"The group changed my life. I would be on a different path right now and I'm very thankful I had the chance to begin to change my life."

"As mentioned earlier, this was a life-altering experience; changing the ways in which I viewed myself and the world in which I live. More than anything, it gave me the tools I needed to feel in control and successfully meet all the challenges ahead awaiting me!"

"Since my second group, I have felt there was a missing part in the exercises. That part would be accepting responsibility that my perceptions are not reality but just my perception of reality. I also feel that the inner-child work addresses only the first half of the healing process. I think and feel that I really need a group on bringing forth the response-able, discriminating, compassionate but cautious adult who can handle the real world, which is completely uninterested in dealing with your inner child."

"I feel fortunate to have participated in the group particularly at that time in my life. I think it fortified me for the impending divorce and lifestyle I have now chosen. I have more inner peace now than before the group and I feel 'safe' around my mom--she isn't able to knock me off balance emotionally as she once [could]."

"It was time well spent--wish we could do it again."
I feel most people would benefit from this. Four out of six people had some type of trauma as a child and suffered, and [this] does alter their lives and relationships."

"For me, I don't believe the guided imagery accomplished too much. The most benefit came from dealing with current feelings and issues, and learning how to communicate effectively without putting others on the defensive... Overall the experience was good."

"Tina, this experience truly changed my life in many positive ways—the challenges ahead are not as frightening, although there are times I get stuck and feel a need to touch base with the knowledge and tools. I feel it would be helpful to have periodic follow-up. I feel this was a great beginning for growth and understanding of 'Myself'."

"Tina: again, thank you for letting me find out how strong I really am. My experience with you and the group has overflowed into my everyday life!"

"The experience was invaluable. I will never forget Chris and Tina."

"You know how much I believe in this. I really feel unless someone gets this background step—other self help groups, therapies, or other 'work' just won't 'gel'. All of the parts are floating around but this is necessary to be grounded."

"I enjoyed being in the group. It helped me immensely. I was able to take control of my life."

"A lot of the content of the 8 week group meetings is difficult to remember. However, the total body relaxation and the letter writing are the two things I still use and find most helpful."

"It was a part of my life that gave me some life back and helped me understand myself and my needs in a more positive way."

"The group was a positive experience and well structured. After 6 years of recovery and group and individual therapy, I gained new insights. I felt as if you (Tina) were supportive of everyone and every level of experience. You were encouraging and empathetic while urging us to expand our knowledge and feelings."

"I feel Tina is so qualified to facilitate this group. She is very knowledgeable and experienced and I feel she has the special gifts to bring healing to others... I'd love to go through the group again. And I'd certainly recommend it to others."
"I have found the 'Inner Child' processes through IEH to be the most profoundly helpful of all therapies I have been involved with!"

"The guided imagery exercises were powerful and worthwhile. Through them I learned to comfort my inner child at home when I feel afraid or overwhelmed. It taught me a skill I can use from now on. The music (which I purchased) provides a 'trigger' to reclaim my emotional center."

"All in all this was a very positive experience for me. I think it might have helped me after my last day, when I was so angry, if you had done a follow-up phone call (maybe you did and I don't remember) to make sure the experience wasn't too overwhelming. I was so embarrassed by my experience and behavior. It was only years later that I saw the significance of what I had done and realized it was exactly what I needed to do."

"Since age 4, through my teen years until I 'ran' away, I was molested by 'trusted' adults--approximately 13 times. One of the insights I obtained was the [recall of] the locked up [memory] of the very first experience--age 4. Because of these classes, and much, much prayer, I was able to 'see' the event extremely clearly, through a dream, and was able to at last unlock the secret and grow beyond myself."

"You are right. My memory of the workshop is hazy...I would say that in much of this period I was searching, seemingly frantically and in vain for an answer. The workshop was a beginning; a first, faltering 'baby step'. Perhaps I should do it again?"

"I feel much stronger as a person! I really enjoyed our group!"

"I thought the group was put together very well. It wasn't easy going and dealing with [my] inner child. But facing it brought positive rewards in the journey of healing."

"The truth is [that] this group plus the father/daughter workshop I attended with you were the key to my recovery. I will probably always have relapses, but that's all a part of it!"

"...I had more than one 'enlightening' experience during the group that has stayed with me all these years later."

"Thank you for being there in my time of need."

"Gentle therapists, caring and concerned...It was a sweet and gentle experience and I liked it a lot."
"This was a very difficult and disturbing time for me. I was suffering from anxiety attacks and border line agoraphobia. The only thing that kept me going was my commitment to the group and the knowledge that I must have help to find my way through this. I did not want just the 'easy fix' of medication. I wanted to be whole and healthy. The memories were extremely painful. There were several times I did not think I could go through it anymore. But everyone seemed to care so much and they were hurting too. [This] kept me from just feeling sorry for myself and made me want to get better. It was only a start. I did not fully understand at the time what 'doors' had been opened. I just kept 'walking' out of sheer need. Fortunately for me, I had excellent guidance. When the 8 weeks was up, rather than being relieved it was over, I found I 'craved' more...I wasn’t ready to let go. So I set on a course to expand on what I had learned in group. I cannot say I am 100% healthy yet, but I’m working on it...I can honestly say [that] if I hadn’t taken that first step in group and had that initial support, I could not have achieved all [that I have]."

"[The group] was positive, appreciated, [full of] new insights, and a new path of thinking that I EH shared with me. I would like to further investigate my inner feelings, especially [those] from the past to understand my present. I would highly recommend this group to anyone. Thanks."

"Not a day goes by--every waking moment--every experience--that I [don’t] have to use these newly gained insights and 'tools' to keep myself and a healthy path. I wish I would have had this experience many years before."

"I especially benefited from the guided imagery and relaxation, but it would have helped me more if I could have expressed the anger inside of me."

"I would jump at the chance to continue self-discovery in a structured environment designed to piggy-back the inner child experience."

"I have found my most significant need by having all this new knowledge, [and it is to have] validation of what I’m feeling."

"I found this group to be very enlightening in helping me come to terms with some conflicts from my past. I was able to look at my conflicts from other views than just my own."

"In many ways I am more tolerant, in many ways much less. I have more empathy for the human condition, but none for the petty dramas we create day to day, even though I am guilty of melodrama myself. ‘Mirroring’ is a technique learned from you which I can apply nearly every day."
Biographical Sketch

Christina DeVita has been a counselor in private practice for five years specializing in Inner Child work. She received her Bachelor of Arts degree from Alma College, Alma, Michigan in 1983 and received advanced training in Clinical Hypnotherapy techniques from the Atwood Institute, Phoenix, Arizona in 1990. Ms. DeVita, along with her late husband, Christopher DeVita founded the Institute for Emotional Healing in 1990, where they co-facilitated both group and individual therapy until his death in 1992. Ms. DeVita is currently pursuing a Master of Arts degree from Ottawa University, Phoenix, Arizona while maintaining her practice in Scottsdale.