Individual & Group Psychotherapy

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Cancer Support Groups: Goals

• Helping members to learn about themselves in relation to cancer & buffering their stress by offering a safe, confidential atmosphere

• Creating a place where members can talk about their emotions & recognize & accept the uncertainty of the future

• Providing intervention when members face critical moments, aiding members’ communication, encouraging assertive behaviour & reality testing

• Providing relief from a sense of guilt, & helping members deal with grief & bereavement
Cancer Support Groups: Goals

• Supporting the process of treatment-related discussion, which allows patients to determine whether they are in harmony with their medical plans

• Discussing the issues & feelings that are on patients’ mind

• Encouraging patients’ psychological movement from emotion-focused coping to action-oriented coping

• Providing a network of people who can provide an accepting, nurturing space, for one another on a regular weekly basis
Cancer Support Groups: Goals

• The focus of the group (can be led by members themselves):
  - counselling & support (supportive counselling)
  - education & discussion
  - self-help

• Can be organize by:
  - a particular medical service
  - a specific diagnosis
  - a specific age group

• Essential resources for support groups:
  - a large enough no. of patients who want or need the service
  - leaders who have the time
  - a group plan & concept
  - appropriate physical locations, dates & times
Cancer Support Groups: Goals

Closed Groups:

• Supportive expressive therapy groups offer an excellent model for achieving those goals in group therapy

• The goals are to help members normalize their cancer experience, feel less isolated, incorporate a changed self-image, increase their ability to express emotions, improve their coping skills, improve their ability to concentrate, & increase social & family support
Treatment Phase Support

NCC Support Group – My Journey Through Cancer Begins

Acceptance Issues

Sharing personal experiences of illness

Help to move on with life
Treatment Phase Support

NCC Support Group – Breaking the Silence

Protecting each other from knowing the truth about illness

What to say? Who to say it to?

Patient’s hidden inner world
Treatment Phase Support

NCC Support Group – When Caring Doesn’t Help Anymore

For care-givers and family members

How to care?

What does caring entail?

Self-care
Treatment Phase Support

NCC Support Group – What Is This Feeling?

A group process that explores common feelings such as generalised anxiety, fears, grief, anger, and depressive moods

How others deal with them
Treatment Phase Support

NCC Support Group – Rediscovering Resources Within

Rediscovering one’s inner strengths

Finding one’s resilience
Cancer Support Groups: Summary

• Educational workshops may be the most acceptable offering for patients during their acute phase of treatment

• Emotionally-oriented groups can be offered for disease-free patients for 3-4 months

• Open-ended groups can be offered for a year or more to patients with ongoing or recurrent diseases who are receiving maintenance treatment
The Process:

- Explore the extent of client’s *self-awareness* & your own awareness of client’s problems
- Help client to attain *self-acknowledgement* of the issues, resources & difficulties
- Help client to gain *self-acceptance* of the issues, resources & difficulties
- Help client to *self-appreciate* efforts & difficulties
- Encourage & facilitate client’s *self-action / direction* in decisions made where appropriate
Therapeutic Groupwork

The Process Outcome:

• ‘Add-on’ to create transformation
• That clients will be congruent within themselves when they engaged themselves in self-learning and self-discovery throughout the therapeutic process
Therapeutic Groupwork

• Growth, not stability, is the goal of therapy
  - increased personal integrity leading to congruence between inner experience and outer behaviour

• Areas of growth:
  1. Self-esteem
  2. Decision-making (choice-makers)
  3. Self-responsibility
  4. Congruence
Individual & Group Therapies

Overall goals:

• To locate patients’ inner resources and to empower them to cope more positively with positive directional goals
  - experiential exercises include visualization exercise (the swimming pool experience) and coping exercise (The Typhoon / Virgin Island)
Individual & Group Therapies: The Pool

The Pool Visualisation Exercise

- This exercise explores patients’ current beliefs, values, cultural background, strengths and blocks in coping with difficulties. When patients were made to face a hypothetical negative event / situation in the visualization exercise, their current sense of self and overall coping experiences will surface as they are also likely to relate their current coping to past traumatic experiences, including coping with the early onset of their illnesses. Some may have moved on and others might still be locked up in their difficulties.
Individual & Group Therapies: The Pool

• An illustration can be drawn to help participants to visualise their illness experience. When doing the visualisation, participants are to focus on their present state of falling into the swimming pool without reference to their illness experience. Their illness experience will be discussed and be integrated as they share their visualisations – the idea is for them to perceive any difference in their thoughts and emotions, now and then. Facilitators can explore participants’ current beliefs, values, cultural background, family dynamics, and build on positive coping and look into current difficult aspects of coping.
Individual & Group Therapies: The Pool

Instruction:

- You may close your eyes as I lead you throughout this visualisation exercise. Imagine that you suddenly fall into a swimming pool.

1. What image appears in front of you now?
2. Which part of the pool are you at?
3. How are you feeling right now?
4. What are you doing right now?
5. Are you able to help yourself? If not, are you expecting help to come by?
6. What happen to you right now?
7. Where are you now?

You may now open your eyes. What meaning do you make out of this visualisation?
Individual & Group Therapies: The Pool

Participants will be given time to express their visualisations and also to accrue meaning to their own coping with cancer. Facilitators assist participants to gain self-awareness of their personal and familial circumstances, emotions and coping behaviours by relating to their visualisations (questions in brackets) with the following sets of key questions:

1. What image appears in front of you now?
2. Which part of the pool are you at? (How have you been coping with your illness so far?)
3. How are you feeling right now?
4. What are you doing right now? (What surprises did you have of yourself in the way you coped?)
Individual & Group Therapies: The Pool

5. Are you able to help yourself? (What have been helpful for you?)

6. Are you expecting help to come by? (What has been/is difficult for you?)

7. What meaning do you make out of this visualisation? (What lessons did you learn about yourself after having cancer?)

8. What do you need to change in order to feel and cope better? (Any positive directional goals that you yearn to have now?)
Example of a participant’s experience and participant-group facilitator-assisted analysis of the experience during the exercise:

Participant One:

Visualization: Falling into the pool

- Participant visualised himself falling into the pool. Though he was aware that he is a good swimmer, he had struggles when he reached the bottom of the pool. There was fear and out of a sudden, he did not know how to keep himself afloat – as if there was a paralysis. He then panicked but his instinct to survive come on strongly.
Individual & Group Therapies: The Pool

• Though he struggled, he focused on staying afloat. With his focus and strong determination that he could survive, he managed to recall his swimming techniques to keep himself afloat. He had a sense of relief and awakening.

Struggles: (intuitive/automatic response)
   Panic – fight / flight

Comes out / Afloat: Strong sense of confidence, fighting spirit & ability

Awakening: Doing and thinking about what helps (own approach to self-help)
Participant-Group Analysis:

- Helpful coping in the past but what’s it now?
  - past copings that fuel the fight response
  - impact of strict family upbringing
  - strong character-building
  - ability to withstand pressures
- Anxiety / fear sets in now
  - can my abilities in the past help now?
  - what other choices do I have? (maintaining what has helped would be helpful and familiar now)
  - giving up is not in my blood!
- Latent Issue / Concern:
  - deep inside (Can I survive?)
  - underlying insecurity and anxiety; anticipatory fear of loss
Individual & Group Therapies:  
The Typhoon

The Typhoon Visualisation Exercise

- This exercises explores patients’ current beliefs, values, cultural background, strengths and blocks in coping with difficulties. When patients were made to face a hypothetical negative event / situation in the visualization exercise, their current sense of self and overall coping experiences will surface as they are also likely to relate their current coping to past traumatic experiences, including coping with the early onset of their illnesses. Some may have moved on and others might still be locked up in their difficulties.
The Typhoon Exercise explores the overall attitude of the patients towards life. It critically examines how patients might cope with a future crisis situation. Many patients will consciously or sub-consciously utilize their old familiar ways of coping as identified in the Visualization Exercise when coping with the crisis. Similarly, others may also face similar blocks as identified in that exercise. Facilitators may have to plant / hypothesize critical scenarios to each of the patient’s shared responses in order to bring up potential threats, blocks that might pose a problem. It is thus important to solicit alternative responses from patients as possible choices of coping.
Individual & Group Therapies: The Typhoon

Patients will share how they respond to the radio announcement of The Typhoon.

Coping criteria examined & guiding questions:

1. Consistency in coping (prior experience & current scenario):
   - How similarly or differently have you coped in this exercise as compared to the Visualization of The Pool?

2. Creativity & Adaptability in coping:
   - Comment on the unique differences in how each patient go about responding to the news and making preparations for The Typhoon.
Individual & Group Therapies: The Typhoon

3. Decision-making processes:
   - Comment on how some patients ‘see only the forest and miss the trees’ and others ‘see the trees and miss the forest’. Check on what helps in making decisions. If there were difficulties in making decisions, check on the blocks.

4. Resilience:
   - Comment on how resilient patients were and how resilience came about for some of them (eg. socio-cultural factors, spiritual beliefs etc as identified in the Visualization of The Pool).

5. Focus:
   - Ask patients whether they have focused on any particular goal(s) that guided them throughout this exercise.
Individual & Group Therapies: The Virgin Island

The Virgin Island Visualisation

Facilitators will read the following synopsis:

Seawater is seeping in as your boat is peddling close to the shore of an island. Your boatman has asked you to walk along the shallow waters towards this virgin island while he tries to get help to mend his boat. There is no other sign of life or other islands within your sight. There is also no satellite reception around the area for any form of telecommunications. Getting help is uncertain but your boatman must find his way around to get help so that both of you need not be stranded at sea or on this virgin island. All you have with you is a haversack with a handphone, some clothes to change and a medicine box with some panadol and diarrhea tablets, a penknife and plasters. Your boatman gave you his spare torch. Should he arrive at the virgin island after sunset, he would flash his torch to guide you to his boat.
Individual & Group Therapies: The Virgin Island

• Facilitators can create barriers for patients, for eg by asking:
  – what if you are hungry and you need to find food somewhere on the island
  – what if you suddenly fall into a pit as deep as your height
  – what if you got lost and was going in circles to the same spot
  – what if you could not find your markings
  – what if you were spotted by a wild boar at a distance
  – what if the boatman never return to pick you up

• Patients’ accounts of their coping could range from sitting at the beach to wait for the boatman to spontaneous adventurous exploration of the island to carefully planned trekking of the island.
In a mock-up practice session, one participant mentioned that she would not have travelled with the boatman without her family – her family has been by her side all her life.

The facilitator allowed this participant to explore both scenarios and then check on how differently she would cope with such a crisis – with and without her family. Participant got stuck with the family scenario as she had a difficult time figuring out how her family would respond to the crisis in unison as all of them have different coping styles.

Facilitator anchored one important learning point to participant in that “to be inclusive, you have to accept differences”. It would also be interesting to explore how this participant would explore the island on her own when she is ‘freed’ from her family’s expectations of her.
Individual & Group Therapies: The Virgin Island

In the same practice session where a couple had disagreements over treatment - in that patient declined chemotherapy whilst her husband’s expectations of her is to undergo chemotherapy. Both have very different views about chemotherapy and both are concerned for each other’s well being.

Patient described how she would venture very quickly into a not too distant scenic spot on the island surrounded by colourful plants and enjoy nature there. Facilitator then contrasted her scenario hypothetically by telling her how her husband would dock himself into a very dull looking bush nearest to him to discover a paradise behind the bushes.
Facilitator then checks with patient whether she can sense her husband’s anxiety over what she might miss out from the chemotherapy treatment. Facilitator also pointed out that husband might be afraid of losing her to cancer.

Facilitator ended this illustration by asking the couple to remember their respective positions as depicted in this exercise and to reflect and discuss the issue some other time. Facilitator managed to externalize the couple’s differences in opinion and outlook so that they could discuss their differences objectively.
Individual & Group Therapies: Reconstructing Your Life

Session Objectives:

To help participants to:

• let-go of negative experiences if they could

• use positive inner resources that they have to help them take charge / take care of their negative experiences
Redecision Exercise

• Facilitators will ask patients to identify and share what they feel as the strongest feeling or experience that they want to either get rid of, to take better care of or to change / transform.

• Facilitators will assist patients to do this by relating back to their journey from within from the previous session. Patients need to write the strongest unwanted feeling / experience on the front-side of the folded paper provided.
Facilitators need to gauge the intent and the possibility for patients to let-go of these most unwanted feelings / experiences. Should it be unrealistic for the patient to let-go, examine which of the patient’s inner resources can take care of the strongest unwanted feeling / experience.
Individual & Group Therapies: Reconstructing Your Life

• If the patient can let-go of the unwanted feeling / experience realistically, he / she could perform a ritual by tearing the portion of the paper that contains that feeling / experience. Patients could be prompted to say what they feel as they tear the paper (eg. Patient A: Anger has been with me for a long long time. It need not be there anymore. I don’t need it to protect me anymore).
Conversely, facilitators could help patients to strengthen the letting-go by checking with them whether there is a need to utilize any inner resources to protect themselves (eg. Facilitator: When anger is no longer be with you, what would you like to have more to take its place – to protect you? Patient may answer: to forgive)
If conducted in a group setting, this session should be done interactively where the facilitator could open questions to the entire group.
Individual & Group Therapies: Reconstructing Your Life

Here is a hypothetical script of a facilitator - one patient scenario:

Patient: Anger has been with me for a long long time. It need not be there anymore. I don’t need it to protect me anymore.

Facilitator: When anger is no longer be with you, what would you like to have more to take its place – to protect you?

Patient: To be able to forgive. If I can forgive, my anger disappears.
Individual & Group Therapies: Reconstructing Your Life

Facilitator: Let’s see. I like you to bring forgiveness into this room now. Can you get in touch with “forgiveness”?

Patient: Yeah. It’s here alright.

Facilitator: Can you share how you feel when you can forgive?

Patient: It is like I’m floating on a cloud, freely moving on and looking down at myself. I see myself smiled, looking comfortable. Feeling peaceful inside of me.
Facilitator: Can you take this picture with you when you wish to forgive?

Patient: Yes, I can.

Facilitator: Where’s anger now when you can forgive?

Patient: It just stood out there looking at me. It is like anger is a stranger to me when I forgive.
Individual & Group Therapies: Reconstructing Your Life

• Facilitator will ask the patient to write “to forgive” on the remaining portion of the same folded paper to bring home with – to keep as a reminder that he / she has this resource that can be of help. If patient could not work through some issues eg. ‘anger’ and ‘forgiveness’ is not strong enough as a resource to be of help but it is the only resource that he / she can think of right now, the patient will be asked to bring the folded paper home and place it inside a box.

• The patient will be asked to reflect or work through the issue after the session and to contact the facilitator / counsellor for guidance if needed. The patient is encouraged to share new insights with the facilitator / counsellor.
Individual & Group Therapies: Coin Therapy

• This is a simple technique to demonstrate to patients the negative impacts of over-worrying

• Patients are asked to describe what they see on one side of the coin (eg. the flowers on a Singapore Dollar Coin)
  - they will tend to be very descriptive to being prescriptive as they were encouraged to provide further details

• They were then asked what’s on the flip side of the coin (eg. The Singapore Crest)
  - facilitator will bring to their attention that whilst they focused so much on the negative aspects of living, they have missed out on many of the positive aspects of life

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Individual & Group Therapies: Coin Therapy

- Facilitator then encourage patients to look at both sides of the coin on a ‘need-to-look’ basis; eg. when there is a need to comprehend the negative events occurring in one’s life, take a peep but don’t stay in the negatives for prolonged periods.

- Facilitator can also ask patients whether the Singapore One Dollar Coin can roll well (this may be compared with a Singapore Fifty Cents Coin which is larger)
  - each patient rolls the coins differently and they are likely to have differing views on which coin would roll straight-on for a longer distance.
Individual & Group Therapies: Coin Therapy

- Patients often want to know the absolute truth as to why they have cancer and doctors do not have all the answers to these questions.

- The Coin Therapy demonstrates that there are many subjective truths indeed.
  - As to how far and how straight-on can the coin roll is subject to many factors: the way one holds the coin, the force utilized, the wind factor, the ground factor and the confidence of the patient (as can be seen by his/her steady hands, aiming technique and preparedness) etc.
Individual & Group Therapies: The Life Situation Matrix

- Patients will be asked to reflect on their current life situation as to which aspects of their lives that they are at. They have to choose one among the 4 quadrants as their primary life focus. The inner box signifies their level of closeness and intimacy towards all 4 inner quadrants whereas the outer box signifies their distance away from the 4 inner quadrants and thus their primary engagement could be at only one dimension at this point in time.
Individual & Group Therapies: The Life Situation Matrix

Beliefs & Values
Meaning of Life

Challenges & Struggles
Living Well

Being grounded
Individual & Group Therapies: The Life Situation Matrix

• When patients are ready, they will be asked to select their position in one of the 4 quadrants. They can sit (representing comfort), stand (representing a desire to be grounded) or squat (representing struggles). Furthermore, they can also choose to face the center of the inner quadrants (representing a desire to embrace or to deal with their life situation) or to face away from the inner quadrants (representing avoidance or denial of your life situation).
Individual & Group Therapies:
The Life Situation Matrix

• Allow time for patients to share:
  - where they are at now
  - where they want to go to