Group Therapy for Self-Esteem, Using Creative Approaches and Metaphor as Clinical Tools

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Abstract. This was a cognitive-behavioural therapy (CBT) group for formulation and treatment of low self-esteem, with emphasis on the use of creative approaches (stories, metaphors and experiential exercises) to enhance memory and learning. Evaluation of outcome for 72 clients attending these groups indicates that this is a successful intervention in terms of self-esteem, anxiety and depression. Qualitative feedback has been very positive and there has been a steady and increasing demand in terms of referrals.

Keywords: Cognitive behavioural, group therapy, self esteem, metaphor.

Introduction

Low self-esteem ranks amongst the best predictors of emotional and behavioural problems, yet relatively few people have directly focused on attempts to improve it. Overholser (1996) described a cognitive behavioural treatment for depression by making changes in self-esteem, emphasizing how clients can be helped to attend to existing areas of strength and modify their standards for self-evaluation. Fennell (1998) provided a cognitive treatment programme, intended for use within the framework of short-term therapy. This formed the basis of our group intervention, with the addition of experiential exercises. Social anxiety is prevalent in individuals with low self-esteem and it was hoped that clients would therefore benefit from the group therapy format, to provide a positive experience of feeling accepted and valued by others and address fears of unacceptability by disconfirming expectations about others being critical or demeaning.

The emphasis in CBT is on the independent use of skills outside sessions and to this end information needs to be communicated in ways that clients are most likely to understand and retain. Work on the therapeutic use of imagery tells us that memory for verbal information is enhanced when the material is organized and interesting and utilizes a number of sensory realms (Otto, 2000). Experiential exercises, stories and metaphors "chunk" information in a logical form and can be valuable therapeutic tools, aiding memory and understanding through commonplace examples and allowing an individual to externalize an issue. They can provide a way to think through a problem and develop a shared conceptualization of it and the change process.

The group

The group's aim was to achieve a shift in negative perceptual bias. Clients are encouraged to actively search for counter-evidence, question and reinterpret experiences, gather information through behavioural experiments, question the validity of previous standards and formulate alternatives.

The group consisted of 10 weekly sessions, each of 2 hours, and follow-up at 2 months. Clients were assessed by clinical interview and psychometric scales using a CBT framework and offered the chance to join the group if low self-esteem was their primary presenting problem or a significant maintaining factor in their difficulties. At the end of assessment, more detail on the group format was given and at this stage some clients declined to attend, primarily due to their social anxiety and a preference for individual therapy. Exclusion decisions made by the therapists related to severity of suicidal ideation, self-harm, substance abuse, or instability of social or environmental circumstances.

Sessions 1–5 focused on the CBT model and 6–9 on application of principles to particular problems (e.g. assertiveness). Action planning and relapse prevention occurred in the final session and follow-up. The Rosenberg Self Esteem Scale (RSE) (Rosenberg, 1965) and Hospital Anxiety and Depression Scale (HADS) (Zigmond and Snaith, 1983) were completed at the start, end and follow-up. Qualitative feedback was through a questionnaire at the end of the 10 weeks.

Results

Data were derived from 9 separate groups and a total of 72 clients (21 male, 51 female). The ratio of males to females in each group was approximately 2:5. RSE and HADS scores were collated at pre- and post-group and at 2-month follow-up. Data on group drop-outs are available for six of the nine groups. Across these groups there was a drop-out rate of 11.6%. Mean scores across the 72 clients are given in Table 1. The mean change in self-esteem, anxiety and depression scores from pre- to post-group and pre-group to follow-up were calculated. Paired samples *t*-tests were used to compare the means (Table 1). This analysis showed significant increases in self-esteem pre- to post-group and pre-group to follow-up. This study utilizes an RSE scoring system whereby higher scores on the RSE indicate lower self-esteem. Anxiety and depression scores followed a similar pattern, with significant decreases from pre- to post-group and between pre-group and follow-up.

Qualitative feedback

Clients reported fears prior to starting the group that they would feel intimidated and/or vulnerable. Contrary to expectation, many commented on the "normality" of others and the relaxed, friendly atmosphere ("open, honest and supportive, all with problems and expectations that I could relate to"). The realization that others have similar problems and the support and encouragement that this engendered was highly valued ("talking to others and realizing I wasn't different"). A number commented that the use of metaphor and creative approaches was particularly useful ("we were given a variety of ways to show us and therefore help us to realize what we were doing to ourselves"; "tasks and exercises made things very clear . . . easy to understand"). Clients felt the group could be improved by having sessions slightly longer and more in-depth, as they expressed anxieties about putting skills into practice.

Table 1. Mean and mean change in self-esteem, anxiety and depression scores pre- and post-group and follow-up

	Pre-group		Post-group		Follow-up	
	Mean	SD	Mean	SD	Mean	SD
Self-esteem (RSE)**	29.14	4.572	24.02	5.630	21.21	6.527
Anxiety (HADS)	12.48	4.053	9.26	3.800	8.40	4.243
Depression (HADS)	9.11	3.930	5.53	3.707	4.86	3.931
	Pre- to post-group			Pre-group to follow-up		
	Mean	SD	t	Mean	SD	t
Self-esteem (RSE)	−5.095	5.038	−8.028*	−8.452	5.948	−9.210*
Anxiety (HADS)	−3.103	3.434	−7.450*	−3.930	4.437	−5.809*
Depression (HADS)	−3.382	4.168	−6.691*	−4.465	4.490	−6.521*

(*) indicates significance at 95% confidence level.
(**) lower score indicates higher self-esteem.

Discussion

The group was effective at improving self-esteem and reducing depression and anxiety. These are encouraging results demonstrating an effective form of intervention ("it has put almost a lifetime's negative thoughts and feelings into their correct context"; "Each week was a revelation for me in my understanding of low self-esteem and how much it had affected and blighted my life").

Advantages

In our view, the use of experiential exercises and metaphor had a significant impact in terms of enabling clients to make sense of cognitive processes and remember material in a way that made it easier to apply. We felt that the exercises contributed to positive group dynamics and nurtured a supportive, creative atmosphere, which we believe was key to positive change. This is in line with Yalom's (2005) thesis proposing that group cohesiveness is directly related to curative factors such as the development of collective group self-esteem, which in turn positively relates to increased individual self-esteem.

The group situation provided clients with the opportunity to observe patterns of thinking in others, to recognize biases and their negative impact and thereby gain insights into themselves. It provided a safe place to consider alternative, more realistic ways of interpreting and evaluating experiences. Another important element was the opportunity to directly challenge negative beliefs and fears about social acceptability and to promote a sense of belonging. It seemed that the group restored a sense of hope ("my feeling of isolation started going almost immediately"; "I felt so isolated and abnormal . . . wonderful to realize the group consisted of lovely people with so much to offer and this made me feel more positive about myself".

Limitations

We found that there was a tendency for some clients to make comparisons with other group members and find themselves to be lacking. This is a potential problem in all therapeutic

groups and one that therapists need to be mindful of and discuss as part of the group process. Groups also offer less flexibility for tailoring therapy to individual needs. Whilst we have demonstrated that change has occurred, we are aware that we have not demonstrated the precise mechanism by which this takes place. We suspect that improvements in self-esteem are attributable to cognitive changes, such as shifts in negative biases towards the self and a reduction in negative automatic thoughts, which are primary in maintaining low self-esteem. This was not a controlled study and it therefore may be possible that reported improvements are due to recovery over time or for others, change may be more strongly linked to the process of sharing experiences and decreasing social isolation, which challenges their sense of unacceptability and lack of worth.

Conclusion

This was shown to be a successful intervention for clients with low self-esteem. The rate of referral has steadily increased and feedback from clients and referrers indicates it is valued and well-liked. In our view, and those of clients, the use of experiential exercises and metaphor is beneficial in enhancing understanding and retention of key learning points, making it more likely that they will put skills into practice. We also feel that this approach serves to lighten the formality of the group and is very positive in terms of establishing good collaboration and positive therapeutic relationships, which aid motivation and engagement.

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