# Use of the labyrinth in mutual aid groupwork

Olga Molina[1], Hadidja Nyiransekuye[2], and George A. Jacinto[3]

**Abstract**: *Labyrinth walking is a centuries old practice that has been used by many diverse cultural groups for spiritual growth and self-awareness. In the last few decades, labyrinths have been used in hospitals, schools, prisons, and churches for psychotherapeutic purposes. Today social workers and mental health practitioners, to aid in individual and family counseling, use the finger labyrinth, wherein participants use the index finger to trace within lines of a paper labyrinth. The purpose of this article is to introduce the use of the finger labyrinth in mutual aid groupwork, because it offers a dynamic approach to problem solving and enhances cognitive, emotional, and spiritual dimensions of groupwork. The auditory, visual, and kinesthetic nature of finger walking the labyrinth allows group members to use all the senses when working through a range of issues. This article discusses and demonstrates how the finger labyrinth can be utilized in mutual aid groupwork. An example of a 7-week mutual aid group using the finger labyrinth technique is presented. Groupworkers are encouraged to incorporate the finger walking labyrinth techniques into mutual aid groups in a variety of settings.*

**Keywords**: *groupwork; labyrinth; finger labyrinth; problem solving; mutual aid groups*

*1. School of Social Work, College of Health Professions & Sciences, Academic Health Sciences Center, University of Central Florida*
*2. Department of Social Work, College of Health and Public Service, University of North Texas*
*3. Associate professor (retired), University of Central Florida School of Social Work.*

**Address for correspondence**: *omolina@ucf.edu*

**Date of first (online) publication:**

# Introduction

Labyrinths have been used over the past 1,500 years to assist individuals in their ability to focus mentally, reach group cohesion, and increase spiritual connections (Harris, 2002). Throughout history, people of many cultures and religions have used labyrinths. In the past few decades, labyrinth walking has been used as an alternative medicine offered at medical centers and other therapeutic settings (Hong & Jacinto, 2012). The labyrinth is an archetypal symbol of wholeness that includes an unobstructed path from the entrance to the center (Hong & Jacinto, 2012). Its users view it as a metaphor for their spiritual life journey (Harris, 2002).

Finger labyrinths work the same as a labyrinth. The design of a labyrinth is on a paper, and when walking the paper finger labyrinth, participants use the index finger to trace within lines of the labyrinth. The finger tracing consists of three sections: entrance, middle, and exit. The finger walking labyrinths are used in psychotherapeutic settings because they are easier to access than walking labyrinths and are readily available. They can also assure confidentiality, because they can be used in an office setting (Hong & Jacinto, 2012).

The purpose of this article is to propose that groupworkers use the finger labyrinth technique in mutual aid groups. This old and yet innovative practice is intended for social workers, family therapists, groupworkers, other professionals working with groups for which traditional practices have limitations, and other mental health practitioners willing to explore nontraditional intervention models. So far, finger labyrinth walking has been utilized in psychotherapeutic settings using individual or family methods but not in groupwork. The use of the finger labyrinth in mutual aid groupwork offers group members the opportunity to examine the presenting problem from different perspectives and enhances cognitive, emotional, and spiritual dimensions of groupwork (Nieves-Serrano, Jacinto, & Chapple, 2015). The auditory, visual, and kinesthetic nature of finger walking the labyrinth allows group members to use all the senses when working through a range of issues. This article discusses and demonstrates how the finger labyrinth can be utilized in mutual aid groups. An example of a 7-week mutual aid group using the finger labyrinth technique is presented. The group was held in a graduate groupwork course in a

school of social work at a southeast university in the United States. The mutual aid group focused on the stress of being a graduate student (Molina & Jacinto, 2015). A mutual aid group is defined as a group in which the priority for the worker is to help the members learn how to help one another (Steinberg, 2014). This paper provides a review of the literature of finger labyrinth walking use with a variety of psychotherapeutic approaches; the mutual aid model of groupwork; and the labyrinth, a framework for the 7-week mutual aid group; as well as implications for practice.

## Literature review

The earlier use of the labyrinth with groups was in cathedrals for liturgical rites and cultural rituals, such as funeral rites, rites of passage, and annual harvest festival celebrations (Barzon, 2017). The 11th circuit labyrinth on the floor of Chartres Cathedral in France is the pattern for many labyrinths built in the United States since the 1990s. Artress (1995), from Grace Cathedral in San Francisco, visited Chartres Cathedral in the 1990s and uncovered the labyrinth in order to walk the path. Grace Cathedral has two public labyrinths, and Artress has produced a video highlighting the types of people who use the labyrinth. Those using the labyrinth include artists seeking inspiration and cancer survivors who use the labyrinth as part of their spiritual practice during treatment (Artress, 1995, 2009; Johnson, 2001). One might construe the labyrinth as a place where some members discover spiritual existential awareness associated with finding meaning and purpose in the present period of their lives.

Since the 1990s, there is a growing literature on labyrinth walking as not only a spiritual tool but also a therapeutic tool that can be used by social workers and other mental health professionals in a variety of settings (Artress, 1995; Harris, 1999). In addition to the walking labyrinth, the literature also includes articles on the use of the finger labyrinth in psychotherapy. Harris (2002) wrote that the influx of the finger labyrinth into a variety of settings, such as hospitals, schools, prisons, and private practice, is due to its effectiveness in facilitating relaxation and brain synchrony, which can result in a faster development of trust, creativity, and learning (Harris, 2002).

One type of finger labyrinth that the literature focuses on is the Intuipath. The Intuipath is a two-person to labyrinth board that is used by both the therapist and the client while talking (photographs of finger labyrinths can be viewed at http://relax4life.com). The convenience of the office maintains confidentiality not afforded by public walking labyrinths. Harris (2002) stated that in his experience, the finger labyrinths enhance both interpersonal and intrapersonal communication. The two-person finger labyrinth or Intuipath facilitates the experiences of intuitive discovery and increased problem-solving abilities (Harris, 1999, 2002, 2008). The Intuipath is processed by using it on a desktop where the therapist and client finger walk the labyrinth at the same time. The Intuipath is reported to assist clients in experiencing insight into current life circumstances, problem solving, and goal setting (Harris, 2002; Hong & Jacinto, 2012). The other type of finger labyrinth reported in the literature is a single labyrinth. The authors recommend the use of the single labyrinth for groupwork.

There are several articles in the literature describing use of the finger labyrinth in combination with various psychotherapeutic models (Bloos & O'Connor, 2004; Hong & Jacinto, 2012; Nieves-Serrano et al., 2015). These authors have described therapeutic approaches that are used effectively in labyrinth work, which include narrative therapy, solution-focused therapy, and reality therapy.

Bloos and O'Connor (2004) discussed the use of the labyrinth in narrative therapy, pointing out the similarities between narrative therapy and labyrinth work. This experience offers the individual the possibility of alternative solutions to the issue(s) the individual brings to therapy. The labyrinth becomes a territory that provides a stage for a psychodrama where the individual constructs new meaning about life events (Bloos & O'Connor, 2004). Hong and Jacinto (2012) wrote about the use of the labyrinth as an adjunctive element of reality therapy, which helps move an individual from being stuck in verbal therapy to a place where physical movement in association with affective, behavioral, cognitive, emotional, and spiritual processes is able to solve the focal issues of therapy. In their article about the use of the finger labyrinth in solution-focused therapy, Nieves-Serrano et al. (2015) explained that the finger labyrinth is an engaging tool for use in the practice of solution-focused therapy. They integrated the miracle, scaling, and exception questions with the labyrinth finger walking and concluded

that as clients move through the labyrinth, they can be holistically focused on solutions to the problem they have chosen to work on and develop a sense of how the issue is impacting their lives.

Peel (2004) observed that use of the labyrinth can be effective in family therapy, pointing out that family labyrinth work allows the therapist to "observe family members in a situation requiring cooperation" (p. 290). The labyrinth becomes neutral ground in which family members can join to address problems they encounter. Peel cautioned that one must assess the family's opinions about spiritual matters to decide whether the labyrinth might be a beneficial tool in therapy.

More recently, researchers have begun conducting studies to determine the effectiveness of the labyrinth in mental health. Researchers in Brazil conducted a qualitative study at an institute for psychotherapies (Lizier, Silva-Filho, Umada, Melo, & Neves, 2018). This was a cross-sectional non-randomized study with a sample of 30 participants. The study concluded that labyrinth walking teaches clients a new way of addressing their potential for concentration and a reduction in dysfunctional thoughts. The practice was found to improve the quality of life of individuals in therapy. Another qualitative study that explored the experience of walking the labyrinth for a sample of 12 clients residing at a forensic mental health care facility in Canada found that labyrinth walking gave a new sense of hope, resilience, accomplishment, meaning, freedom, and autonomy to clients (Heard, Scott, & Yeo, 2015). Although there is a growing literature on the use of the labyrinth in individual therapy, family therapy, and mental health, there are no articles focusing on labyrinths in groupwork. This paper addresses this gap in the literature by presenting a framework for incorporating the finger labyrinth in a short-term mutual aid group. Next, a discussion of mutual aid groupwork and the labyrinth will explore how joining the two may provide a different approach to exploring solution to members' problems.

## Mutual aid groupwork and the labyrinth

When reviewing the literature about mutual aid groupwork, it is helpful to review some of the antecedents to that developed over time among practitioners. Mutual aid has been a constitutive aspect of social

groupwork practice since the beginning of the profession in the United States (Addams, 2008). The antecedents to mutual aid groupwork can be found in the settlement house movement and its use of democratic principles with groups (Addams, 2001, 2008). Moreover, researchers observed that members could learn new skills more effectively through experiential learning that engages auditory, visual and kinesthetic learning pathways (Coyle, 1980; Jacinto, 2003).

In keeping with the democratic ethos of social groupwork, Schwartz (1976/1994a; 1961/1994b) coined the term 'interactionist approach' to describe the groupworker's engagement with members as they focus on holistic elements of their life circumstances. Schwartz was concerned about the complex interaction between the members and group with their neighborhoods and societal institutions. Schwartz described the groupworker as a mediator between the members, group, and society. Using the democratic approach to group work, the groupworker is one among equals assisting members in discovery of pathways and solutions to problems.

Today the mutual aid model is a holistic and strength-based practice approach. The model is based on the belief that we work with groups because of their potential for mutual aid (Molina & Chapple, 2017; Steinberg, 2014). Group members both receive and give help to one another; and in helping others, they also help themselves (Steinberg, 2014). Mutual aid groups help members cope with stressful life circumstances and improve coping abilities. According to Steinberg (2014), mutual aid groups have three main functions: They (a) help the group identify the strengths of each member, (b) help use members' strengths to build a community based on mutual aid, and (c) teach group members the process of purposeful use of self so that they engage in mutual aid. When group members begin sharing with each other and realize they are not alone, their sense of isolation decreases and they can start managing the challenges they face (Beggs, Molina, & Jacinto, 2018; Knight & Gitterman, 2014).

Group members find common ground that leads to cohesiveness, and they can achieve a sense of personal, interpersonal, and environmental control over their lives (Hyde, 2013). Seebohm et al. (2013), conducted a study in the United Kingdom, interviewing 21 groupworkers to explore the relation of mutual aid groups to mental well-being. The authors found that group members increased self-esteem, knowledge,

and confidence through the mutual aid groups. They concluded that mutual aid groups contribute to members' well-being by enhancing a sense of control, increasing resilience, and facilitating participation (Seebohm et al., 2013). Group members in mutual aid groups benefit from their participation, especially in receiving instrumental and emotional support from other members (Matto, 2014).

Mutual aid encompasses democratic values and humanistic assumptions regarding human nature (Jacinto, 2003). The labyrinth serves as a platform for groupwork that allows members to engage all the senses and develop art expressions to anchor their work. Art expressions are visual renderings of the miracle vision upon which members are focused. The labyrinth is a metaphor for the member's current path through life. The groupwork room becomes a safe environment in which members can walk, explore, share support and gain insight among each other, and construe their locus in the here-and-now as it relates to personal interactions with others in the group and the greater society outside of the groupwork room.

After completing the labyrinth finger walk and artwork, members will share their experiences in the group. Members share their plan and timeline with the group and seek their mutual aid input regarding their plan. After discussing the plan, members will then share their work, depicting their reaching the goal, and talk about how that feels emotionally. Group members will engage in reciprocal interactions to exchange feelings, needs, experiences, and support (Steinberg, 2014). Integrating the labyrinth finger walk, artwork, and the mutual aid approach provides the opportunity for group members to connect with one another and therefore offer the social support they need, which enhances resilience and self-efficacy.

More recently, mutual aid groups have merged with the solution-focused approach to introduce the emergence of the solution-focused mutual aid group model (Cohen & Graybeal, 2007). The incorporation of solution-focused techniques in the group encourages members to ask one another questions, listen, and be empathetic. The emphasis in solution-focused mutual aid groups is on the present and future and builds on the strengths of group members. The model has been found to be effective in moving away from problem-saturated member stories to focusing on solutions. According to Cohen and Graybeal (2007), this focus builds on the strengths and resilience that Schwartz (1961/1994b)

described as central to the mutual aid process.

The following outline of a 7-week group combines the solution-focused mutual aid group model with the use of a labyrinth. Over time, as group members learn the group process, group workers are able to take a less directive role and members are encouraged to help one another. This framework was piloted with a 7-week group held in a graduate groupwork course. The group had 15 members ranging in age from 20s to 50s. Three of the members were males and the rest, females. Seven members were Black; five, Latinos; and three, White. One of the authors, who is a professor of social work and a licensed clinical social worker, facilitated the group.

## Framework for a 7-Week Mutual Aid Group

The importance of the 7-week group is to optimize mutual aid as members work on their concerns. The development of a caring atmosphere of mutual aid benefits individual members and the group. This approach uses solution-focused therapy techniques and a range of flexible interchangeable activities. Handouts and questions are developed to assist members in their progression toward solution to their problems.

The weekly sessions provide a framework of vehicles where the group members are in the driver's seat, shaping their individual and group interactions characterized by mutual and reciprocal aid. For instance, in the 'Somewhere Along the Road' worksheet in session one, the metaphor is like a mirror that allows members to depict current life circumstances. The construction and mutual aid discussion will lead to the discovery of a different perspective and ways of construing the presenting problem. An outline of a 7-week group follows.

### Week 1

**Focal Question:** How will exploration of my key concerns reveal areas I need to examine?

Each session will start with a focal question. Groupworkers can frame their own focal questions or not use them. The focal question helps

provide direction for the weekly meeting. The first session provides direction about the group and its goals. Members will introduce themselves and share their experience of issues associated with the group members' concerns. As members share, others will engage in mutual aid support of the member's emerging story. As members discuss the current period of life, they will talk about strengths they have used in the past to overcome similar obstacles they faced. At this point, the groupworker may want to have members complete their own version of a 'My Strengths' form. Facilitators remind them that they will bring the 'My Strengths' worksheet with them to be used at the last session where members write their impression of each other's strengths. When members finish sharing their stories, have them respond to the following coping and scaling questions:

**Coping Question:** Describe a period in your life where you were able to overcome a similar problem? To what degree can your example help you figure out how to solve your current questions? (1 = *not at all*, 10 = *a great degree*). Explain reason for choice.

**Scaling Question:** Based on the discussion today, where would you place yourself on the continuum toward your goal? (1 = *no progress*, 10 = *goal attainment*).

**Scaling Question:** Having discussed your strengths, how confident are you that those strengths will help you accomplish your goal? (1 = *no confidence*, 10 = *most confident*). Encourage them to remember the number they choose.

**Homework**: Ask members to think of a situation they can use in a role play that will help them master a skill they need to reach their goal while working in this group. (Skill would be an interpersonal or personal skill, such as time management, etc.).

## Week 2

**Focal Question**: How did the role play increase your mastery of the skill you have chosen?

Welcome group back and ask that they think of a role-play situation they

would like to experience that would help them master a skill to help them reach their goals. You might say, 'Our problems are sometimes less severe and sometimes absent. Knowing the frequency, severity, and duration of the problem helps us understand ways we might solve the problem.' Ask the group an Exception Question, such as 'Describe a time during the past week when you did not notice your problem?' Allow members to share their experiences and discuss how they felt having a break from the problem.

Go around and ask members what skills they would like to work on in a role play. When they have all shared, begin by picking one member to start the role-play exercise. Allow each member to choose who they want to work with in the role play. You might say, 'Having heard the group share the skills they want to learn, think of someone who has a similar choice as yours and consider doing the role play with that person.' Have the members describe the role-play situation that was chosen, and the role of the partner assisting them. Other members of the group will observe the role play and note strengths and areas for improvement that they will share with the role-playing member. Allow members to share mutual aid feedback before moving to the next member of the group. At the end of the session, you might ask them to respond to one or two scaling questions, such as the following:

**Scaling Question:** How helpful was role-play? (1 = *not helpful*, 10 = *most helpful*).

**Scaling Question**: Based on your work today, how likely do you believe you will be able to reach your goal? (1 = *not likely*, 10 = *will reach my goal*).

## Week 3

**Focal Question**: What specifically have you learned from the role play that increases your quality of relating with others?

Welcome members, state the focal questions for the week, and lead a discussion of the members' learning. Next, you may want to pose a scaling question as follows:

**Scaling Question:** During the past week, describe how the role play

affected your encounters with others? (1 = *not at all*, 10 = *greatly affected my encounters in a positive way*). Have members explain the reason for the number they selected.

Introduce the finger labyrinth and describe the process and how members will take notes as they walk. They will share their experience in the group after finger walking the paper labyrinth. The first time you facilitate the labyrinth in the group, the group worker will need to describe the labyrinth walk and discuss the benefits of walking the labyrinth with group members. If the group consents to the request to walk the labyrinth, the groupworker will plan how the labyrinth may facilitate the process of group members in attaining their goals. The labyrinth experience is a holistic approach that includes use of the senses, including auditory, visual, and kinesthetic learning pathways. The group worker will provide an overview of the stages of the labyrinth and what members may experience during each stage of the walk. A discussion of the stages of the labyrinth walk would include an overview of the work at each stage. The stages of the walk include (a) clarification, (b) synthesis solution anchor, and (c) implementation. The groupworker will clarify any questions participants have regarding the labyrinth walk. The labyrinth walk allows participants to synthesize and assemble a clear statement of their presenting issue and reflection on possible ways to work through the issue and implementation of the plan.

The following script (see Table 1) may assist the groupworker in explaining each of the stages of the labyrinth and what the members will do at each stage:

## Week 4

**Focal Question:** What insights will I gain from my work in the center of the labyrinth?

Welcome the group and highlight the focal question. Briefly explain the process of finger walking the labyrinth. Remind them that when they reach the center space, they will spend some time there. You will complete several tasks in order to begin walking out of the labyrinth. If you were to awaken tomorrow morning and your concerns are solved, what would be different for you? This image of solving the problem we will refer to as the 'miracle vision.' Take a few minutes to enter your

miracle vision and note what images, words, or phrases may emerge. After developing a vivid miracle vision, plan the steps you need to take beginning today to reach your goal. Before leaving the center, select an inspirational word and reflect on how it informs your work and can inspire you.

## Week 5

**Focal Question:** How can I develop a plan to reach my miracle vision with the assistance of group members and my way of looking at the miracle vision from different angles?

State the focal question and then have each member spend some time sharing their art expression while seeking group members' mutual aid. Going around the group, have the members attempt to interpret the artwork and then individually ask the members sharing the miracle vision if that was what they were intending to convey. Next, allow time for members to receive mutual aid in considering different perspectives of the problem. The interaction will assist the presenting member to examine the implications of new insights and discovery of alternative paths to solving the current problem. As the members share their metaphorical images in the art expression, they observe how the differing solutions fit with the miracle reality they envisioned in the center of the labyrinth.

After members share and receive feedback about the art expression, move to a discussion of the inspirational words. Ask the following questions:

**Scaling Question:** During the past week, how has the inspirational word helped you to stay focused on solutions to the problem? (1 = *not at all focused*, 10 = *greatly focused*).

Follow up by asking them to explain why they are at a 1, 5, 10, etc.

**Question for Further Discussion**: Ask other members to share how they might respond to the inspirational word if they had selected it.

**Other Process Questions:** Other possible process questions the

groupworker might want to use during this group session include the following:

1. What insight discovery stands out for you from your work in the labyrinth?
2. How has your labyrinth experience brought you closer to your goal?
3. What do you need to do in response to your work in the 4. labyrinth?
4. How will you use the inspirational word to realize your goals?

Next, to further anchor the miracle vision in the members' memory, have them engage in a conversation with themselves after they have reached their goal. You might make this a homework assignment.

**Directions for the Conversation**: Visualize yourself after experiencing your miracle vision for a year. Have a conversation with yourself about what steps you had to take to reach the miracle vision.

## Week 6

**Focal Question**: What is the most important message you receive from your successful self?

If the members completed the homework assignment, you may begin processing the members' conversations. Review the directions and have members who did not do the homework take a few minutes to complete the dialogue activity. Ask others who completed the homework to enter their conversation and visualize themselves after experiencing the miracle vision for a year. You might say, 'Quietly read the conversation with yourself that was completed and note what steps you took to reach the miracle vision.' Then facilitate the group members in mutual aid sharing to share and explore what it will be like for them after reaching their goal and what wisdom they discovered in the conversation with their successful self.

## Week 7

**Focal Question:** What new information did I learn from group members' perceptions of my strengths compared with my own perceptions of my strengths?

In the closing activity, members will share the perceived strengths they observed with each other. The group will use a sheet with a large circle on it, labeled 'My Strengths.' Each member will pass the 'My Strengths' sheet around, and each of the group members will write one or more strengths they observed the member demonstrated during their time together. The strongest of the strengths will be in the middle of the circle, and other strengths will be listed around the middle or outer edge. While writing strengths, members will affirm and discuss examples of times they observed the member display the strengths listed. The member receiving the feedback will look at the 'My Strengths' page they completed about themselves at the first session of the group and discuss how they feel about strengths shared by other group members. You may ask a coping and scaling question, as follows:

> **Coping Question**: Based on how I was coping with my problem when I came to group, I have successfully developed new coping skills through my work in this group? (1 = *no success*, 10 = *successfully developed one or more new coping skills*).

> **Scaling Question:** To what extent have I accomplished my goal by working in this group? (1 = *not at all,* 10 = *reached my goal*).

## Implications for practice

This paper presents a framework for the use of the finger labyrinth in solution-focused mutual aid groups. The mutual aid model has a long tradition for empowering group members and emphasizing strengths, resources, and resilience (Cohen & Graybeal, 2007). Solution-focused techniques are a natural fit with the mutual aid model (Cohen & Graybeal, 2007). Adding the finger walking labyrinth to solution-focused mutual aid groups enhances the ability of group members to set individual and group goals, increases their problem-solving abilities and creativity, and helps them maintain a focus on the present and future. The authors suggest group members participate in the finger walking labyrinth activity in the middle stage of group development, because the group is more cohesive in this stage. Group members share their experiences walking the labyrinth and incorporate artwork to reflect

on their goals. Studies have found that the use of program activities increases social skills and develops mutual aid in group settings (Lynn & Nisivoccia, 2015). The activities proposed for this group are the finger walking labyrinth, discovering meaning and purpose in the here and now, and artwork.

Mutual aid groups can incorporate the labyrinth in many clinical settings with diverse populations to increase members' mental well-being and problem-solving skills. In addition to labyrinth groups in clinical work, the authors have facilitated these groups in educational settings, such as social work graduate programs in groupwork and spirituality courses. Students have commented on the benefits of this approach in their classes, because it teaches them about a strength-based, holistic approach to groupwork practice. Furthermore, communities outside the Global North have been known for their preference for collective living. They would be amenable to the use of the walking labyrinth and finger labyrinth. Theirs is a cosmology with a worldview that believes in the symbiosis between the spiritual, psychological, and physical well-being. The steps of the finger labyrinth are reminiscent of the complexity and intricate nature of human living conditions that are clarified and disentangled through mutual aid and art expression. This metaphorical and yet very practical process allows the group to focus on one thing at a time, which makes any problem manageable and less overwhelming. In this regard, the walking and finger labyrinth are a positive addition to our social work toolbox for working with diverse populations. People with limited mobility can use it as well as people with limited English language use. The use of other forms of art (e.g., dance, weaving, and cooking) could be substituted to paper coloring.

Future research should continue to explore the use of the finger labyrinth in groupwork. Both quantitative and qualitative studies could be used to examine the effectiveness of labyrinth groups with different populations and in different settings. It is reasonable to postulate that group experiences might vary for different racial/ethnic groups and different ages/genders, with different cultural norms, beliefs, and traditions. Quantitative studies using pre- and post-test could be used to examine the benefits of the groups in increasing well-being and resilience.

# Conclusion

The authors have presented a strategy for mutual aid groupwork, incorporating the finger walking labyrinth. This ancient and yet innovative perspective offers participants the opportunity of working on a presenting problem from different perspectives. The labyrinth combines individual work on oneself through presenting one's personal story to the group through feedback and reciprocity that generates mutual aid. The review of the literature shows that the finger walking labyrinths have been recognized as an effective approach to psychotherapy in different parts of the United States, United Kingdom, Canada, and Brazil since the 1990s. More recently, the labyrinth has been included in education, for meditation, and for individual and family psychotherapy. The paper presents the different components of the finger labyrinth as used in mutual aid groupwork, with an explanation of what may occur at each phase of the walk.

As social workers, always striving for innovation and best practices, the authors have outlined a strategy for mutual aid groupwork that is effective with the individual's resolution to problems using solution-focused questions. The finger labyrinth is a systematic process that uses all senses, combines and enhances the benefits of working on a problem first as an individual, then moving into normalization when it is shared in group through artwork and feedback. Group workers are encouraged to incorporate finger labyrinth mutual aid groups across diverse cultures and ethnic groups. The authors offer recommendations for practice and future research and hope that groupworkers will be encouraged to incorporate the finger labyrinth techniques into mutual aid groups in a variety of settings.

# References

Addams, J. (2001) *Democracy and social ethics.* Chicago, IL: University of Chicago Press

Addams, J. (2008) *Twenty years at Hull House: With autobiographical notes.* Minneola, NY: Dover

Artress, L. (1995) *Walking a sacred path: Rediscovering the labyrinth as a spiritual tool.* New York, NY: Riverhead Press

Artress, L. (2009) *Rediscovering the labyrinth: A walking meditation* (DVD). San Francisco, CA: Grace Com Media Ministry

Barzon, R. (2017) The labyrinth doorway to the sacred. *Environmental & Architectural Phenomenology,* 28,1, 10-15

Beggs, J. J., Molina, O. & Jacinto, G. A. (2018) Mutual aid groups for grieving parents. *International Journal of Childbirth Education*, 33,3, 31-35

Bloos, I. D. & O'Connor, T. S. (2004 ) Ancient and medieval labyrinth and contemporary narrative therapy: How do they fit? *Pastoral Psychology,* 50,4, 219–230

Cohen, M. B., & Graybeal, C. T. (2007) Using solution-oriented techniques in mutual aid groups. *Social Work with Group,* 30,4, 41-58

Coyle, G. L. (1980) Education for social action. in A. Alissi (Ed.) *Perspectives on social group work practice: A book of readings.* (Original work published in 1939) New York, NY: Free Press. (pp.20-60)

Harris, N. (1999) Off the couch: An introduction to labyrinths and their therapeutic properties. *Annals of the American Psychotherapy Association,* 2, 2, 1-5

Harris, N. (2002 ) Effective, short-term therapy: Utilizing finger labyrinths to promote brain synchrony. *Annals of the American Psychotherapy, Association,* 5, 5, 22–23

Harris, N. (2008) *Labyrinths: Catalysts for therapeutic growth.* [Accessed at 03/02/20) http:// www.relax4life.com/articles.html]

Heard, C. P., Scott, J. & Yeo, S. (2015) Walking the labyrinth: Considering mental health consumer experience, meaning making, and the illumination of the sacred in a forensic mental health setting. *Journal of Pastoral Care & Counseling*, 69, 4, 240-250

Hong, Y. J. & Jacinto, G. A. (2012) Reality therapy and the labyrinth: A strategy for practice. *Journal of Human Behavior in the Social Environment,* 22, 619-634

Hyde, B. (2013) Mutual aid group work: Social work leading the way to recovery-focused mental health practice. *Social Work with Groups*, 36, 1, 43-58

Jacinto, G. A. (2003) *Groupwork Theorists.* Unpublished graduate paper. Barry University, Miami Shores, FL.

Johnson, R. (Producer) (2001) *Rediscovering the labyrinth: A walking meditation.* [DVD]  San Francisco, CA: GraceCom Media Ministry

Knight, C. & Gitterman, A. (2014) Group work with bereaved individuals: The power of mutual aid. *Social Work*, 59, 1, 5-12

Lizier, D. S., Silva-Filho, R., Umada, J., Melo, R. & Neves, A. C. (2018) Effects of reflective labyrinth walking assessed using a questionnaire. *Medicines*, 5, 4, 111

Lynn, M. & Nisivoccia, D. (2015) Activity-oriented group work with the mentally ill: Enhancing socialization. *Social Work with Groups*, 18, 2-3, 95-106

Matto, H.C. (2014) Mutual aid support groups: Benefits and recommendations. *Journal of Groups in Addiction & Recovery,* 9, 3, 197-198

Molina, O. & Chapple, R. (2017) A mutual-aid group for Latino and Latina adolescent survivors of parental intimate partner violence. *Groupwork,* 29, 1, 66-86

Molina, O, & Jacinto, G.A. (2015) The advantages and benefits of a student mutual-aid group in developing groupwork skills. *Groupwork,* 25,1, 78-92

Nieves-Serrano, B., Jacinto, G. A. & Chapple, R. (2015) The use of the labyrinth in solution focused therapy. *Journal of the American Association of Integrative Medicine.*[ Accessed at 03/02/20 http://www,aaimedicine.com/blog/2015/ use-of-the-finger-labyrinth-in-solution-focused-therapy/ ]

Peel, J. M. (2004) The labyrinth: An innovative therapeutic tool for problem solving or achieving mental focus. *The Family Journal: Counseling and Therapy for Couples and Families,* 12, 3, 387–391

Schwartz, W. (1994a) Between client and system: The mediating function. in T. Berman-Rossi (Ed.) *Social work: The collected writings of William Schwartz.* (Original work published in 1976) Itasca, IL: Peacock. (pp.324-346)

Schwartz, W. (1994b) The social worker in the group. in T. Berman-Rossi (Ed.) *Social work: The collected writings of William Schwartz.* (Original work published in 1961) Itasca, IL: Peacock (pp.257-276)

Seebohm, P., Chaudhary, S., Boyce, M., Elkan, R., Avis, M. & Munn-Giddings, C. (2013) The contribution of self-help/mutual aid groups to mental well-being. *Health & Science Care in the Community,* 21, 4, 391-401

Steinberg, D. M. (2014) *A mutual-aid model for social work groups* (3rd ed.). New York, NY: Routledge