GROUPS

GROUP COUNSELING

BASIC TASKS OF A GROUP LEADER
- Create the machinery of therapy
- Set the machinery of therapy in motion
- Keep the machinery of therapy operating effectively
- Remember than no technique takes precedence over CHASE - the core conditions of charm, honesty, acceptable self-disclosure (limited) and empathy

FUNDAMENTAL TASKS
- Create and maintain group
- Build culture of group
- Activate and illuminate the here-and-now

CREATION/Maintenance
- Preparation before the group begins is crucial
- Gate keeping
- Stability
- Unification: The therapist is the primary unifying force
- Deterring anti-cohesiveness: Continued tardiness, absences, subgrouping, disruptive extra group formation
- Socialization, scapegoating
- The more members want time, the more energy the group will have
Effective management of a person who tries to take over: "I wonder what hunches you have about how the two new members might be feeling today"

Physical survival of the group takes precedence

**CULTURE BUILDING**

- Unwritten code of behavioral rules (norms) must be established.
- Therapeutic factors help guide norm development. In individual therapy, the therapist is the primary agent of change; in group therapy, the group AND the therapist are agents of change.

**GROUP NORMS**

It is the therapist's function to assist members in the development of group norms by:

- Helping members develop norms both indirectly and directly via guidance
- Active involvement
- Non-judgmental acceptance
- Extensive self-disclosure
- Fostering dissatisfaction with present modes of behavior
- Creating a desire for self-understanding within members
- Promoting an eagerness for change

**HOW TO ACHIEVE NORMS**

- Present the group with a list, asking them to determine norms from that list
- If facilitative norms do not evolve automatically, the therapist must:
  - Intervene to guide group members to be constructive
  - Provide directions (implicit and explicit, verbalize members’ expectations)
  - Realize that the leader powerfully influences norms whether or not that is his/her plan
  - Know that norms are difficult to change once established

**THERAPIST ROLES**

- As the technical expert, the counselor will:
  - Employ obvious techniques such as giving explicit directions

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Be aware of subtle reinforcements and less subtle manipulations used (nodding, attending to some statements and not others)

Use cues to reinforce increasingly mature behavior patterns as the working through process is a conditioned learning in which overt/covert responses act as rewards or punishments

Model OP conditioning

Teach by example

- Modeling occurs as clients observe therapists, whether the modeling is intentional or not. If counselors model acceptance, the group will follow.
  - The counselor models with statements such as, “I don’t think it is healthy to...."
  - Respect and appropriate restraint are necessary; total disinhibition is not.
  - Limited self-disclosure is good.
  - Modeling at beginning of a task can help pave the way for clients to follow.
  - Humor can communicate acceptance and ability to move on.
  - The leader must be aware of personal values as they will be revealed in the process.
  - If the group has healthy members, less modeling is required.

- Certain actions hamper the process:
  - The counselor should not be omnipotent, non self-disclosing, overly self-protective or overly cautious.
  - The group process does not require the therapist to be confrontive.

Examples of Therapeutic Group Norms:

Self-monitoring group

- As the group begins to take responsibility for its own functioning, the therapist must not allow clients to become spectators.
  - The counselor should teach members about "good groups," then transfer the responsibility for the group to them.
  - By asking questions such as "Are you satisfied with group today?" the leader shifts evaluation to group members.

Self-Disclosure

- For group function, self-disclosure is necessary but must be paced.
  - The therapist must make self-disclosure an explicit expectation.
  - The subjective aspect of self-disclosure is key.
It should be made clear ahead of time that big secrets need to be let out, otherwise group member may guard every possible avenue that leads to them.

Delay self-disclosure if necessary, but realize too much delay harms the group.

Vertical vs. horizontal self-disclosure:
  o Vertical self-disclosure – In-depth revelation of a secret
  o Horizontal self-disclosure – Meta disclosure about disclosure (feelings about disclosing)

Reactions to self-disclosure are what is important!

Procedural norms

The ideal procedural norm is marked by unstructured, spontaneous and heart-felt interaction.

If the first person to speak holds the floor all session, ask: “How does the group feel about this process?” rather than making an evaluative statement.

Some groups have formal checks in place.

The downside of procedural norms is that they can evoke a then-and-there meeting.

Specialized groups often require different procedural norms and rituals.

Importance of group to its members

Ideally members see the group as very significant in their lives.

The group should be told in advance when the leader needs to miss a session.

Continuity is built as issues continue from one meeting to the next. "That's a lot like what ____ said last week."

The group leader might write a group summary and mail it to members.

Members as agents of help

“Which comments from group members have been most helpful tonight?”

The leader should thank individuals for their contributions.

Each member should feel the support of the group.
GROUP PROCESS

THE INTERVIEW

Groups can be complicated. Group sizes and formats, their duration and meeting intervals, whether involvement in them is voluntary or not, their progress, and members' roles all contribute to group dynamics. The American Therapy Association and American Specialists in Group Work both recommend interviewing each prospective group participant to see if he/she will fit into and benefit from the group.

The interview accomplishes three things:

1. Screens out psychopaths and sociopaths as well as those who are hostile, egocentric, domineering or suspicious and those who possess inadequate ego strength for group dynamics.
2. Allows potential members to get to know the group leader (although a potential member may already be a client in individual therapy).
3. Lets the group leader explain members’ rights and the group’s goals and format.

Interview questions:

As much as possible, the interview should focus on interpersonal functioning. Suggested questions include:

- What is your earliest memory of your mother? Father?
- Describe your best friends and what has become of them.
- Have you experienced any group involvement? What was it like?
- Tell about your memberships, work and other involvements.
- What is your last remembered dream?

Looking for the DSM diagnosis is the least helpful factor to predict group behavior.

GROUP DYNAMICS

There are seven areas of internal group dynamics:
1. **Communication patterns** – Attending to verbal and nonverbal communication helps the therapist to effectively move the group toward its goals.

2. **Cohesiveness** – Irvin Yalom argues that group cohesiveness is a major factor in successful outcome. The members' strong affinity for each other and toward the group as a whole makes an open, supportive and accepting group.

3. **Social control** – This includes norms, roles, expectations and status that let a group function effectively, if not always smoothly.

4. **Norms** – Rules of behavior may be tacit or explicit, informal or formal, veiled or overt. The therapist tries to head off automatic conforming responses.

5. **Role expectations** – Individual group members perform different functions including task and maintenance roles (helping to keep the group on track) and individual roles (often selfishly at odds with group goals).

6. **Status** – Status outside the group, combined with behavior within the group, contributes in-group ranking of members. Willingness to conform to group norms is effected by this status.

7. **Group culture** – Arising from beliefs, customs and values of its members and the environment in which a group is set, group culture influences objectives, tasks, interaction and methods. Additionally, as Yalom observed, the group is a therapeutic social system in microcosm, making the group an agent of change.

**R.W. Toseland** and **R.F. Rivas** list the five theories important to group practice:

- Psychoanalytic theory (Freud, et al.)
- Learning theory (Bandura)
- Field theory (Lewin)
- Social exchange or interaction theory (Blau; Homans; Thibaut & Kelly)
- Systems theory (Anderson; Olsen)

**Cartwright** and **Zander** add four others:

- Sociometric orientation (Jennings; Moreno)
- General psychology orientation (looking at individual group members)
- Empiricist-statistical orientation or group syntality theory (Cattell)
- Formal models orientation (French & Snyder; Horary, Norman & Cartwright;)
- Simon)

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Types of Groups

Since the 19th century, the scientific method has been applied to investigating, categorizing, and working with groups. In 1986, Daley, Gaza, and Pistole defined groups as psychologically interdependent and interactive individuals joined in a common goal.

Groups may come together for remedy, prevention or enrichment through guidance, therapy or psychotherapy. Following are some of the most common group classifications by task:

- **Problem solving groups** – Although these groups deal with problems that could probably have been solved through individual effort, the group adds diverse resources, error safeguards and motivation.
- **Education groups** – Exemplified by study groups and designed to advance learning, education groups should have demographically similar members with different ability levels according to Shaw.
- **Experimental groups** – These include T-groups as well as therapy, encounter, personal growth and sensitivity-training groups. Since the idea is that simply being part of the group will be good for its members, screening is almost always recommended.

Types of Therapeutic Groups

Categorized by Corey and Corey as T-groups, therapeutic groups include encounter, awareness, self-help and leaderless groups as well as consciousness raising, sensitivity training, and personal growth groups.

- **T-groups** – Emphasizing feedback, problem solving and decision making, T-groups aim to improve organizational relationship skills by focusing on the group process.
- **Personal growth and encounter groups** – Typically meeting for a set time, these groups encourage risk taking for personal growth and development.

Therapy and counseling groups

Using unconscious needs and past experiences to prompt positive change is the purpose of group therapy. Not just for those with specific problems, group therapy appeals to well-adjusted folks who seek self-improvement. Nevertheless,
since counseling groups may address neurotic (and in some settings, psychotic) disorders, group leaders typically hold advanced degrees in therapy, psychology, social work or psychiatry. Dealing primarily with personal, career, educational or other conscious problems, group therapy requires skilled, but less advanced, training. Group therapy is not long term; resolutions are expected to come in a relatively short time. Basic types of groups can be divided into:

- Natural – These are groups that develop on their own, including families, peers, friends and gangs.
- Formed – External factors give rise to these groups that are formed for a specific purpose.
- Treatment – Roles in these groups develop as group members interrelate, so communication is relatively casual and open-ended.
- Task – With roles often assigned, task group communication tends to reflect the designated task.
- Personal correction – Personal correction groups include psychotherapy, therapy, employee, relief and mutual help groups.
- Personal enhancement – Types of personal enhancement groups include personal and team development, life transition and T-groups.

Gaza recognizes three types of groups:

- Guidance – Primarily for prevention of problems facing high-risk populations, guidance groups focus on improvement of life skills and overall direction of members.
- Counseling – For secondary prevention and/or correction, these groups include encounter, sensitivity and organizational development groups.
- Psychotherapy – Psychotherapy groups are tertiary prevention groups with the purpose of reeducating, rehabilitating and generally bringing members to healthy function.

**Uniqueness of Group Therapy**

What makes group therapy unique? Factors include:

- **A sense of belonging**: It is part of the human experience to want to belong to a group. For those who feel they are struggling alone with problems, this is especially true.
Shared problems: Knowing others share experiences, thoughts and feelings can be highly therapeutic. In a group, generally at least one other person "gets it" when an individual discusses problems or issues.

Support: In a skillfully led group, the members provide support, understanding and caring. Individuals feel safe. Consequently, they are willing to reveal themselves in ways they do not share elsewhere, knowing others will attempt to nurture them regardless of revelations or actions.

A microcosm: Functioning as a little society, most groups contain those with various personalities. Feedback from the other group members can allow a person to see something about himself/herself as a member of society that would not be revealed alone or in a less supportive setting. Social-skill training can often be easily incorporated into a group because of this quality.

Information: A group can be a vital resource for gaining information and advice. Some groups incorporate more advice and teaching than others. Regardless of the group’s style, shared insights are inevitable.

Giving: Being an active member of a group that helps others contributes to each individual's feelings of value and purpose. What better way is there to strengthen a sense of self than by helping others?

Behavior Therapy Groups
Since applied behavior theory says that behavior is a function of its consequences, behavior therapy groups work by modifying observable and measurable behaviors, rather than thoughts, unconscious conflicts or past events. Using positive and/or negative reinforcement, stimulus control, modeling, extinction and other behavior modification techniques tailored to each member's needs, the group leader helps members to exchange negative behaviors for positive ones.

Therapeutic Aspects of Groups (Ormond)
- Groups calm self-destructive behavior
- Groups enable the members to see how others respond to them
- Group treatment affords the opportunity for immediate self-definition
- Groups afford diverse views of behavior
- Groups allow the chance to practice new behaviors

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EXISTENTIAL GROUPS

Existential Group Work focuses on the subjective aspects of a member’s experiences.

- **Central issues** in existential group and individual therapy are **freedom, responsibility** and the **anxiety** that accompanies being both free and responsible.
- The **meaning of death** is a productive focus for group sessions; from dealing with the concept of death comes realization of the meaning of living. "What does not kill me can only make me stronger."
- **People become what they choose to become.** The focus is on the individual’s potential to find his/her own way and the search for personal identity and self-actualization.
- **Existential crises** are seen as a part of living and not something to be remedied. These crises frequently concern the meaning of life, anxiety and guilt, the recognition of one’s aloneness, the awareness of death and finality, and the fear of choosing and acceptance of responsibility for one’s choices. The crisis is not necessarily pathological; it can be externally alleviated, lived through and understood in the context of a group.
- **Group leaders** become active agents in the group.
- Existential therapy is best considered as an invitation to members to recognize ways in which they are not living fully authentic lives; and to allow them to make choices that will lead them to become what they are capable of being.
- **Existential groups** focus neither on curing sickness nor on merely providing problem-solving techniques for the complexities of real life.
- **Existential Vacuum** is the condition of emptiness and hollowness that results from meaninglessness in life.
- A brand of existential therapy that literally means “healing through reason,” **Logotherapy** was developed by Viktor Frankl and focuses on challenging group members to search for the meaning in life.
- **Existential Guilt** results from the conscious effort of evading the commitment to make personal choices.
- **Meaning of Life** is sought via confronting mortality. As members of the group imagine a typical day three years previous, questions arise:
  - Are there any major differences in life then and now?
  - Was life more meaningful then?
  - Were you stuck in your comfort zone?
  - Was death a meaningful term for living day by day?

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Could you accept your own death more realistically then or now?

Does anxiety bring harmony?

Key concepts guiding the functioning of an existential group are:

- Search for authenticity
- Death and nonbeing
- Search for meaning
- Aloneness and relatedness

Existential groups:

- Challenge members to become aware of both freedom and responsibility
- Value understanding of members over techniques
- Place emphasis on the quality of relationship between the leader and members
- Focus on the here-and-now forces within the group
- Work toward the following goals:
  - Enabling people to become truthful with themselves
  - Widening clients' perspectives about themselves and the world
  - Finding clarity of meaning for present and future living
  - Helping members make a commitment to begin and pursue a lifelong journey of self-exploration

The focus on responsibility rather than on social conditions is a limitation of the existential approach in working with a culturally diverse client population.

Psychoanalytic Groups

In group work, it is particularly important to focus on experiences of the first six years of life because roots of present conflicts usually lie there. Group work encourages participants to relive significant relationships. Ideally the group functions as a symbolic family so that members can work through these early relationships.

Insight, understanding and working through repressed material should be given primary focus in group therapy. Free association, dream work, analysis, and interpretation are essential components of effective group work. Due to the reconstructive elements of the analytic group, group work is usually long term.

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Object-relations theory focuses on predictable developmental sequences in which early experiences of the self shift in relation to an expanding awareness of others. It holds that individuals go through phases of autism, normal symbiosis, separation and individuation, culminating in a state of integration.

The therapist frequently makes interpretation for individuals in the group session.

In analytic group therapy, dealing with transference and resistance constitutes the bulk of the work.

Resistance in the psychoanalytic approach is viewed as an unconscious dynamic.

Uncovering early experiences is the primary goal of analytic group work.

Free association can be used for uncovering repressed material, helping members develop more spontaneity, working on dreams and promoting meaningful interactions within the group.

Psychoanalytic dream work consists of interpreting the latent meaning of a dream. The manifest meaning of the dream is the actual dream.

Advantages of group work with a psychoanalytic approach are:

- Members benefit from each other's work
- Multiple transferences can be formed
- Members learn to identify their own transferences
- The group can function as a family

Establishing an identity is an ongoing process during most of a life cycle.

Group disequilibrium occurs when members experience too little intimacy (isolation) or too much intimacy (engulfment).

Group malequilibrium exists when group members become so comfortable with one another, they avoid challenging each other's defenses.

GROUP STAGES

Leadership, communication, decision-making and developmental stages all help form a group’s dynamics. By noting and adjusting group processes as they occur, the therapist/leader both participates in and steers the group toward its goals. Johnson and Johnson demonstrated therapy skills form a practiced combination for both observation of and participation in the group process.
Group development stages

Without slighting any individual’s needs, the therapist should try to move the group through several phases. Corey and Corey presented the following developmental stages:

- Initial
- Transition
- Working
- Final
- Post group

Other designations include Tuckman’s progression:

- Forming
- Storming
- Norming
- Performing

And Klien’s arrangement:

- Orientation and resistance
- Negotiation and intimacy
- Termination

RATIONAL EMOTIVE BEHAVIOR THERAPY (REBT) GROUPS

REBT groups seek to replace members' irrational, self-defeating beliefs with rational, self-enhancing ones. With the leader pointing out applicable unreasonable beliefs, the group examines the problems of one member at a time, confronting, challenging, and persuading. This approach encourages members to examine beliefs that are negative and perhaps irrational. Since screening is a part of this model, the group should not be confronted with a member whose beliefs are completely irrational.

Rational emotive behavior therapy is a cognitive-behavioral therapy. Believing that individuals have potential for rational thinking, the REBT therapist views self-talk as the source of emotional disturbance, using the ABC framework:

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Developed by Albert Ellis in the 1950s, rational emotive behavior therapy envisions emotional consequences as being created by an individual's belief system rather than by significant causal events. The individual's intrapersonal and interpersonal life are viewed as the source of growth and happiness. Each person is born with abilities to create or destroy, to relate or withdraw, to choose or not choose and to like or dislike, all affected by culture/environment, family and social group. By using rational emotive behavior methods, the counselor aims to help the client desire rather than demand, positively changing those aspects the client wants to change and working toward acceptance of what cannot be changed.

According to Ellis, people possess innate capacities for self-preservation/self-destruction and rationality/irrationality. Since the influence of others is strongest during the early years, an individual's early family environment is of major importance. As individuals perceive, think, emote and behave simultaneously, cognitive, connotative and motoric behaviors coexist. Yielding both normal and abnormal behaviors, perceptions, thoughts, emotions and actions are key elements in the REBT client/counselor relationship. Although remaining accepting of a client, the counselor may need to be critical of that client's negative behaviors, illustrating deficiencies as needed. If the client remains dependent, the counselor must emphasize independent self-discipline. Because of its cognitive core, rational emotive behavior therapy does not require a warm relationship between counselor and client.

Employing various methods to help clients achieve basic cognitive changes, rational emotive behavior therapy aims to alter an individual's belief system and values. Among the techniques used are:

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Didactic discussion
- Behavior modification
- Bibliotherapy
- Audiovisual aids
- Activity-based homework
- Role-playing
- Assertion training
- Desensitization
- Humor
- Operant conditioning
- Suggestion
- Emotional support

Usually, general rational emotive behavior therapy (learning appropriate behaviors) is included in preferential rational emotive behavior therapy (internalizing logic and empirical thinking to counter irrational ideas and behaviors). In this model, the true cause of an individual's problems is viewed as adherence to dogmatic and irrational beliefs. Therefore, the individual needs to see what difficulties result from those beliefs instead of focusing upon antecedent causes and conditions. Although problems will not go away by themselves, they can be minimized through rational emotive thinking and action. The active-directive approach of rational emotive behavior therapy treats the client holistically with emphasis on the biological factors of personality development. In order to help the client replace a self-defeating outlook with a realistic and acceptable worldview, a REBT therapist identifies and strongly challenges the client's irrational beliefs.

**TRANSACTIONAL ANALYSIS (TA) GROUPS**

Rather than beginning as an extension of individual therapy, TA started as a specifically conceived group therapy model with an established framework, structure and nomenclature. Open membership and an honest, egalitarian spirit between therapist and members distinguish TA groups, with each member
submitting personal decisions to multiple assessments to learn how to make better choices. Members determine how to implement goals they have chosen. The group leader teaches TA concepts/terms and helps members with their self-critiques, getting them to think about their behaviors in terms of TA “life scripts”.

**Psychodrama Groups**

With members playing assigned roles, individuals in the group act out problems, experiences, wishes and fantasies. Personal change and growth come from encountering buried feelings and experiencing new situations. Since the group leader designs and monitors these enactments, obviously his/her knowledge, skill, judgment and good character are pivotal.

**Group Client Screening**

**Screening is absolutely necessary!** Although specific groups call for different components, certain similarities exist among groups.

- **Selection of Members:** To frame this positively, it is important to determine who will be successful in the context of a particular group. Inclusion does not guarantee success. Clients will fail if they are unable to participate in the primary task of the group. Certain personalities have strong influences on counter group forces, and this must be considered.
  - In the screening process, several questions arise:
    - How might this person impede progress of the group?
    - Will this deviance be helpful or lead to early dropout?
    - Will this person get satisfaction from the group?
    - Will he/she be valued?
  - As the interviewer interacts with the client, observations of severe pathology and ego strength should be made:
    - How well does the person seem to understand himself/herself?
    - Is the self-structure healthy?

Those who will become marked deviants should be screened out. When interviewing, keep in mind the following:

- Does the person have the skills to do the tasks?
Will this social role create problems of intimacy such as schizoid withdrawal or instant intimacy?

Will this individual's differences demand maladaptive self-disclosure?

Is this person likely to become overwhelmed by the problems of others (emotional flooding)?

How should issues of acceptance, adaptability and inclusion of the group deviant be weighed against needs of other members of the group?

Will motivation issues be caused by differences?

**Studies say people are most likely to be successful in a group if they have:**

- Interacted well with the interviewer
- Been able to arrive at a clear dynamic formulation during the interview
- Been found likable by others
- Had a high level of successful sexual adjustment
- And if patient feels that he/she is getting:
  - Personal needs met (therapy goals)
  - Satisfactory relationships with the other members
  - Satisfaction from participation in the group task
  - Encouragement from the group to face the outside world

The closer the therapy group can be approximated in observation of individuals, the more accurately subsequent in-group behaviors can be predicted.

**The task of therapy groups is to:**

- Engage members in meaningful communication with other members
- Allow members to reveal themselves
- Give valid feedback
- Examine hidden and unconscious aspects of feelings, behavior and motivation

**Risks and dependence:**

Although dependent upon the type of group and possibly techniques used, typical commitments and risks of group work include:

- Participants become deeply involved in an acute situational crises
- Commitment to attendance of regular meetings is important for continuity
- Since attrition can be disruptive and dispiriting, the goal is to prevent early dropout.

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Members need be able to withstand stress, possess a desire for empathy and have the ability to achieve emotional rapport.

The group provides a motivation to work.

**Group Deviant** – This person represents an extreme in at least one of these dimensions:

- The youngest
- The one with a different marital status
- The sickest
- The only one who ______

**What makes a good group composition?**

- As a microcosm, a heterogeneous group has long-term advantages.
- With built-in cohesiveness, a homogeneous group provides support relief for a brief period of time.
- To benefit from the array of viewpoints, it is wise to strive for a heterogeneous group in conflict areas and patterns of coping.
- To create a safe environment, it is beneficial to strive for a homogeneous group in degree of vulnerability and capacity to tolerate anxiety.
- Some degree of incompatibility is positive as it stimulates dissonance or incongruity, and thus, change.
- To focus on interpersonal incompatibility, members must have the ego strength to withstand conflict.
- According to **Omond**, a 20-year age span is beneficial.
- When a group is intended to be brief and highly structured, compositional issues decline in significance.

**Preparing the client for the group:**

**Common Group Problems**

- As evidenced by questions such as, “What does this have to do with my depression?” the client may not understand the function of the group.
- High turnover and attendance issues will affect the success of the group.
- Clients may be frustrated that they do not feel better immediately.
- Airtime may become a concern for some clients.
- The group leader must anticipate and address frustrations as well as being aware of subgrouping.

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Although people hope the group experience will help them, obviously guarantees cannot be offered. In a very positive way, the leader should provide facts, personal experience and a rational explanation to demystify the therapy process.

**GROUP AS SOCIAL MICROCOSM**

Given enough time, people begin to act in the group as they do elsewhere, so intragroup relationships will eventually manifest interpersonal maladaptive behaviors. Of course, members will also demonstrate areas of strength, resourcefulness, sensitivity and empathy. If group members feel safe enough to be real, they will behave in an unguarded, unselfconscious way.

**Recognize behavioral patterns in social microcosm**

Although group members spend only an hour a week together, psychologically the effect is much greater than time alone indicates. The social microcosm is real. Clues of behavior patterns include:

- The responses of other members to the behavior
- Repetitive patterns in a person's behavior
- Consensual validation from the group

**ROLES OF CLIENTS IN A GROUP**

Three types of roles that group members play are: building and maintenance roles which are positive, group task roles which help build the group, and negative individual roles which hinder group progress.

**Some examples of building and maintenance roles are:**

- Facilitators – Those who like to make others feel at ease
- Gatekeepers or expediters – Those who like things to stay on track
- Conciliators – Those who smooth out conflicts
- Compromisers or neutralizers – Those who offer thinking solutions
- Observers – Those who like to comment on and sum up what is happening
- Followers – Those who help things along by their agreement although they may be unsure of themselves

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Some important group task roles are: initiators and energizers, information and/or opinion seekers and givers, coordinators, elaborators, evaluators and procedure facilitators.

**GROUP PROCESS - FACTORS**

Group dynamics both help and hinder successful outcomes.

**Factors that effect group dynamics and function:**

- **Setting** – Members should feel secure and comfortable in a private, non-threatening setting.

- **Size** – Groups should be large enough for dynamic interaction and yet small enough for individual participation. Having more than 10-12 members decreases the likelihood that a group will achieve its goals. The therapy group leader's experience, the group’s purpose, members' ages, and whether members are adults, teens, or children are other components that effect group function.

- **Format** – An open group allows new members to join as others leave. New members can refresh the group, but may have trouble assimilating and can disturb trust and cohesion among earlier members. A closed group keeps only original members throughout its duration. This exclusivity encourages interaction and trust, but can cause problems if too many leave before the group's conclusion.

- **Duration and frequency** – The group dynamic is effected by the frequency and duration of meetings. How often and for how long a group meets can depend on ages of members. Adults do well with sixty to ninety-minute sessions once a week, while teens and children usually need shorter but more frequent sessions. At the first session, a closed group should determine the duration of treatment.

- **Voluntary or required participation** – Unlike volunteers, people who are required by a mental health center, court or other institution to attend group are, by definition, not self-motivated. In these cases, the therapist may try to spur motivation during the initial interview by allowing the client to gripe about the requirement of group participation.

- **Developmental stages** – Though groups are idiosyncratically different from each other, they have stages with fairly predictable dynamics. First, a group forms, identifies itself and determines goals. Then it begins to work toward these goals which participants start to assume responsibility for achieving. It is at the end of this working stage that members begin to move toward terminating the group.
THERAPIST TRANSPARENCY AND TRANSFERENCE

A therapist cannot focus solely on transference while at the same time hoping to utilize other potential therapeutic factors.

- Ends of the spectrum: Anonymous and neutral vs. totally honest and open
- Transference toward leader, toward members, and toward group
- Sibling rivalry
- Members often expect the leader to sense their needs, a lofty expectation indeed.

Transference: Viewed as new editions of old impulses, transference provides false connections. Providing an analysis of transference is a major task of the therapist.

- OPAQUE - blank screen
- Interpretation is key aspect of transference

Yalom on transference:

- It does happen
- It is important to understand
- A therapist who either attends only to transference or denies it is blinded
- Some clients require transference; others do not
- Attitudes toward therapists are not all distortions

Transference in therapy group:

- Most clients have issues with parental authority, dependency, autonomy, rebellion or their relationships to God, any of which may be personified by the therapist.
- To be aware of dependency, the therapist should watch seating patterns.
- Clients distort - research shows they perceive the therapist in very different manners and perceive each other relatively accurately.
- The therapist needs to beware of favorite child syndrome. Treating all clients as equally as possible, it is important that the leader have no favorites.
- Particularly because transference leads clients to see the therapist as superhuman, his/her actions are important.
- At times, members challenge the therapist continuously; other times they are subservient and compliant.

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Why leaders are seen unrealistically:

- True transference or displacement
- Conflicted attitudes toward authority
- Existential dread causes members to imbue therapists with godlike qualities

Approaches to facilitate transference:

- Transference occurs; resolution is the goal.
- Consensual validation allows members to validate their impressions regarding others in the group.
- With increased therapist transparency, the counselor is able to share personal feelings, to refute incorrect motives/feelings attributed to him/her and to examine personal blind spots. It is vital to respect the feedback offered.
- As time goes on, the therapist interacts more with each of the members.
- Interpersonal learning occurs as therapist and group interact.

Psychotherapist and transparency:

- One goal is the demystification of therapy.
- Greater transparency challenges the old authoritarian model of a mystical healer who met the patient's needs for a superior being.

Effect of transparency on the group:

- Although the therapist must be real, therapeutic factors are equal to or more important than the illumination provided by transparency.
- Some therapists fear escalation, thinking the group will continue to demand increasing self-revelation. Actually, group members want to retain the therapist as somewhat mystical.
- Autonomy and cohesiveness are increased as authoritarianism decreases.

Pitfalls of transparency:

- Extreme freedom and spontaneity achieve tyranny rather than freedom.
- The balance between transference and transparency must be found.

Research indicates:

- Group members tend to prefer leaders who disclose personal and professional ambitions or goals and emotions such as loneliness, anger or sadness.
- Negative emotions expressed to one member or about the group experience (such as boredom) tend to be received negatively.
Is it healthy to be completely transparent?

According to Yalom:

- No, some concealment helps retain social order.
- Freedom to self-disclose should be balanced by responsibility.
- As delineated by Frankl, freedom is possible only when coupled with responsibility; people can be destructive.
- Responsibility, rather than total disclosure, is the superordinate principle. For this reason, the therapist should not be completely self-disclosing.
- Holding back can be an aid to the group; the therapist should not disclose if unsure that it is best for the group.
- Processing must follow disclosure.

When receiving negative feedback:

- The therapist must take it seriously by listening, considering and responding to it. To do otherwise, increases the clients’ sense of impotence.
- The next step is to obtain consensual validation, determining what other members feel. Is the feedback primarily a transference reaction, or does it closely correspond to reality about the therapist? If it is reality, the therapist must confirm it; otherwise, comparison is preferable to facilitate a patient’s reality testing.
- Another check is internal experience. Does the feedback fit? What questions does it answer and why?

COHESIVENESS

Research indicates that group therapy works (as does individual therapy). Reasons include:

- The quality of treatment is not dependent on theoretical orientation.
- Cohesiveness is provided by factors that propel a person to remain in group therapy. Conditions for cohesion include warmth, comfort, sense of belonging, value placed upon the group and the feeling of being unconditionally accepted.
- Esprit de corps and individual cohesion (the attraction of an individual to the group) are interdependent.
- Cohesiveness can be considered as the sum of feelings of togetherness of all members.

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Understanding group cohesiveness:

By definition, cohesiveness refers to the attraction that members have to their group and to its members. Members of cohesive groups are supportive and accepting of each other and inclined to form meaningful relationships within the group. Cohesiveness seems to be a significant factor in successful group therapy outcomes.

Those with a greater sense of solidarity or wellness value the group more highly and will defend it against internal and external threats via voluntary attendance, participation in sessions, mutual help and upholding the group standards.

Cohesiveness as a therapeutic factor in group psychotherapy:

Being accepted by others despite personal fantasies of being unacceptable or unlovable is a potent healing force. Provided a person adheres to the group’s procedural norms, the group will accept that individual regardless of his past life, transgressions or perceived social failings. Deep human contact is experienced.

Responding as if the group were watching actions outside sessions, individuals may internalize the group’s attitudes and standards. Often therapeutic changes persist and are consolidated because the members are disinclined to let the group down.

Yalom concluded that group cohesiveness is in itself of therapeutic value and is essential for perpetuation of the group.

Mechanism of action:

As a patient is increasingly free in expressing feelings, he/she begins to test reality and to become more discriminatory in perceiving experiences, the environment, himself/herself and other persons. Awareness of feelings that have been previously denied or distorted increases. The concept of “self” becomes more congruent with experience. Experiencing the therapist’s unconditional positive regard, the individual’s self-regard becomes more positive. Increasingly, reactions to experiences arise from an analysis of their place in personal

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development rather than perceptions of others’ responses. Self-exploration is the first task of the individual; he/she must begin to validate feelings and experiences previously denied awareness.

**Group cohesiveness and self-esteem:**

**Low self-esteem** results when an individual's determination of personal worth is set by the way he/she believes others value him/her. Generally, the person does not realize this value is much higher than perceived. Change is possible; self-esteem can be raised.

How can the therapy group assist? Most therapy groups come to value:

- Self-disclosure
- Honesty regarding feelings toward oneself and group members
- Non-defensiveness
- Interest in and acceptance of others
- Support of the group
- Personal improvement

The group rewards those who adhere to valued behaviors. In fact, it has been indicated that the member who abides most closely to the group norms is the member who is considered by the rest of the group as the most popular and the most influential.

**Group cohesiveness and attendance:**

Stability of membership is a necessary condition for effective group therapy.

**Group cohesiveness and the expression of hostility:**

Cohesiveness must not be confused with comfort. Unless hostility is openly expressed, a persistent and impenetrable wall is built up which increasingly hampers effective interpersonal learning. Adversaries must continue to work together in a meaningful way, to take responsibility for their statements and to go beyond name-calling; they must learn to bear the discomfort of working through
the conflict. Once conditions allow conflict to be constructively dealt with in the group, therapy is enhanced in many ways.

To many clients, the experience of receiving aggression is important. In the struggle, each party becomes better acquainted with the reasons for his/her position and learns to withstand pressure from another. This applies to families and couples as well.

How is a group defined?

According to Wilfred Bion, a group is not a function of any one part separately, nor is it an aggregate without a function. For example, a dozen strangers lying in the sun on the same beach does not constitute a group according to this definition. But if someone in the water cries for help and the twelve respond, they have become a group in their unified function. A group may last for seconds or years.

Bion's central thought is that within every group two groups are actually present: the work group and the basic assumption group. This may sound less mysterious if one says that in every group there are two aspects or two different ways of behaving.

The work group aspect of group function has to do with the real group task. Although it may seem simple to structure a group around an open task, such clear structure is rare.

This basic assumption identifies three emotional states:

- **Dependency seeking security**: The leader is omnipotent; the leader will come forth with the wise cure. If a leader falls into this role, failure is assured because the group will focus on one “sick” member and then try to wring healing out of the leader by pushing this person forward (religious cult).

- **Fight or flight action is essential**: Preservation is the goal. The weak are thinned out. The leader is the one who can mobilize the group for attack or flight.

- **Paring procreation**: The union will bring forth the Messiah in order to maintain hope. He must remain unborn. Members are not bored with this;
they encourage it. These aspects are fantasy centered, not oriented outward.

Although a group does not have staying power per se, activating characteristics for productive reasons can prove beneficial.

- Valency of chemistry
- Readiness to enter into a relationship with others or within a subgroup
- Dependency
- Fight or flight
- Paring
- Fission or fusion
- Merging fusion splintering fission

Task of the therapist as it relates to here-and-now:

Effective use of the here-and-now focus requires two steps:

1. Experience
2. Process illumination

By a combination of these two steps, the experiential group is imbued with compelling potency. The therapist has different tasks in each step.

First step: The here-and-now experience becomes part of the group norm structure; ultimately, the group members will assist the therapist in this chore.

Second step: Process illumination, is more difficult. The therapist is required to overcome powerful functions against process commentary in everyday social interaction. The group must be helped to understand what the interaction conveys about the nature of the members’ relationships to one another.

To think here-and-now, ask:

- How can I relate this to the group’s primary task?
- How can I make it come to life in the here-and-now? Beginning during the first meeting of the group, the therapist must be relentless in this effort.
Questions and comments for here-and-now:

- Is there something more going on?
- What if the time had ended and you were on your way home?
- I don’t know what to do, but it seems this is what is happening with me.
- Do I exercise this or not?

Equating structured exercises with competence, members generally desire leaders who lead by offering considerable structure and guidance. Yet, this confuses form and substance; too much structure and too many activating techniques are counterproductive. Rather than a slick and streamlined social organization, the goal is a group that functions well enough and engenders sufficient trust for the unfolding of each member’s social microcosm. Working through resistance to change is the key to the production of change.

The process of illumination:

Ranging from simple acts to complex patterns unfolding over a period of time, patterns must be recognized by participants. By considering the influences of their behaviors upon others through feedback received (information which eventually impacts their own self-regard), members must decide if they are satisfied with their habitual interpersonal styles. Lastly, group members must exercise the will to change. This requires subjective identification with the underlying processes of the group.

Common group tensions: Group tensions include:

- The struggle for dominance
- The antagonism between mutually supportive feelings and sibling rivalries
- The conflict between greed and selflessness in helping others.
- Choices between the desire to immerse oneself in the comforting waters of the group and the fear of losing one’s precious individuality
- Choices between the wish to get better and the wish to stay in the group
- Choices between the desire to see others improve and the fear of being left behind.

These tensions may be quiescent for months until some event wakens them.

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Primary task and secondary gratification:

Simply stated, the primary task of the patient is to achieve his/her original goals: relief of suffering, improved relationships with others or a fuller and more productive life. Goals may be unconscious or, even if conscious, well hidden from others; they do not form part of the patient’s initial contract. In fact, much therapy may need to occur before a patient can formulate an appropriate primary task. In each instance, the patient’s pathology obstructs pursuit of the primary goal. Certainly clients recreate their interpersonal worlds in the social microcosm of the group.

Resistance and acting out:

To Yalom, acting out differs slightly from resistance. To express feelings in the therapeutic process, the therapist must have reasonable confidence in their appropriateness. When the counselor responds unrealistically to a patient (on the basis of counter transference or possibly because of pressing personal problems), the presentation of feelings may even become anti-therapeutic. It is vital for the therapist to know himself/herself and to trust personal feelings as guidance for recognition and understanding of the group process. Personal psychotherapy may be needed.

Throughout therapy, clients are asked to think, to shift internal arrangements and to examine the consequences of their behaviors. It is hard and frightening work, and often unpleasant. The therapist needs to get the group involved in the describing process. Interpretative interventions should be positive, supportive and inquisitive.

How does process illumination lead to change?

- Through feedback and later through self-observation, members learn to see themselves as they are seen by others.
- “Here is how your behavior makes others feel.” Members learn about the impact of their behaviors upon other members.
- “Here is how your behavior influences the opinions others have of you.” Members learn that others value them, dislike them, respect them and avoid them all because of their behaviors.

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“Here is how your behavior influences your opinion of yourself.”

Building on the information gathered in the first steps, clients formulate self-evaluations; they make judgments about their worth and their lovability (hence Sullivan’s aphorism that the self-concept is largely constructed from reflected self-appraisals).

Once clients reach the understanding that some behaviors are not in their own best interests and that relationships to others result from their own actions, they have come to a crucial point in therapy. At this point, the therapist can help remove encumbrances including disturbing motive, reactive motive and solution. When a group arrives at a solution that is restrictive to the group and its members, intervention is required. Successful solutions are:

- Shared – Behaviors of all members are bound by the solution.
- Those that reduce reactive fears – These fears may be restrictive or enabling.

Not deliberately planned, solutions are actually a vector. The therapist should encourage group forces that support growth and change without impeding therapeutic processes.

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