



## The group context

### INTRODUCTION

The theoretical models of counselling described in earlier chapters are applicable to group as well as to individual counselling. Indeed it is probably true that the group approach is increasingly favoured by many practitioners, and is quite likely to supersede individual psychotherapy as a method of helping clients in the future. There are a number of important reasons for this increasing popularity and we shall consider these, along with other distinctive aspects of group counselling, in the course of this chapter. The evolution of group work

and its application to psychotherapeutic counselling will also be considered, as will the variety of group settings currently in use.

Counsellors of all theoretical approaches have modified or adapted their skills so that they may be used within the therapy group setting. These include Psychodynamic, Adlerian, Existential Humanistic, Transactional Analysis, Gestalt, Behavioural and Rational Emotive Behaviour counsellors. Groups may also be used in a wide variety of settings including hospitals, out patients departments, schools, churches, day centres, children's homes and youth centres to name just a few. However, not all these settings conduct psychotherapeutic group work, although many of them do, and in some cases therapy, education and other therapeutic factors overlap. In this chapter, we shall look at characteristics common to all these groups regardless of their purpose or setting, but we shall also define the distinguishing features of the therapy group and its advantages and disadvantages for clients in counselling.

### How groups evolved

The beneficial effects of groups have always been apparent to those who participate in them. Groups with a common purpose or goal tend to draw people closer together. After a while individual members develop a sense of loyalty – not just towards other participants but also to the concept of the group itself. This is true regardless of the nature of the group, and is just as applicable to religious groups as it is to those with a political, educational, youth, sports or indeed any other focus. However, the beneficial effects of groups for people

with health or psychological problems were not always so obvious, and it wasn't until the Second World War that the true potential of the approach was identified.

### Joseph Pratt

At the beginning of the twentieth century several other significant developments also took place in the history of therapeutic groups. The first of these developments was initiated in 1905 by Joseph Pratt, an American doctor who lived and practised in Boston. Pratt advocated a holistic approach to the treatment of the people in his care. His patients suffered from tuberculosis and because he felt that they needed support, instruction and encouragement, Pratt brought them together for weekly meetings. These group meetings were highly successful in the sense that the health and general well-being of the participants improved appreciably. Pratt's patients made progress because they helped each other, mainly through the sharing of information. They also, and perhaps more importantly, provided emotional support for each other, and in doing so improved the emotional and mental health of all group members. Pratt came to realise that the group was in itself therapeutic, regardless of teaching or other input.

### Alcoholics Anonymous

Alcoholics Anonymous is one of the most famous and successful developments in the history of group work. The organisation was formed in 1935 in Ohio when the first meeting took place. A fundamental purpose of this group approach is to offer help and support to people who suffer from alcohol addiction. Since all members of the group have the same problem, there is an atmosphere and ethos of total equality and mutual respect. Alcoholics Anonymous is perhaps the best known example of a self-help group, and its success has led to the development of many similar groups set up to help people with a wide variety of problems.

### Moreno and psychodrama

We have already considered Moreno's contribution to psychotherapy (Chapter 6) but it is worth indicating again that his was a group approach to helping clients. Many of the techniques of psychodrama, including role play, have now been incorporated into other therapies and group work models. Moreno started his work at the beginning of the twentieth century and his pioneering ideas influenced many other psychologists, including Kurt Lewin, who were interested in exploring the potential benefits of working in groups.

### Kurt Lewin

Kurt Lewin, a German social psychologist, was instrumental in setting up the first 'Training' or 'T' groups in America during and after the

Second World War. These groups were formed in many organisations, including schools and industry, and the purpose was to facilitate the development of interpersonal and social skills among participants so that tension among racial groups could be reduced. Lewin worked with the National Training Laboratories in Washington, and a basic focus of the programmes devised by them was the training of leaders who would then pass on their newly acquired skills and knowledge to members of the organisations for which they worked. Group participants were encouraged to become sensitive to their and other peoples' needs, and to become more spontaneous in the expression of personal feelings. Many important issues relating to the organisations in which people worked were also addressed through T-group training, including issues of authority, leadership and the dynamics of change. Though the primary aim of Lewin's groups was the development of better social and relationship skills, many participants experienced other, more personal, benefits from group membership.

## ■ Developments in Britain

During the Second World War many of the developments pioneered by Lewin were taken up and integrated into psychiatric practice in Britain. Bion and Rickman at the Tavistock Clinic were, for example, involved in the development of a group approach to the training and rehabilitation of army personnel who suffered from neurotic disability (Hyde, 1988). Bion, who was influenced by the work of Melanie Klein and Object relations theory, was innovative and original in his approach and provided a framework for understanding group dynamics. He also identified various aspects of group mentality, and in doing so established a model which could be used by leaders and others who were involved in group participation.

### S. H. Foulkes

Foulkes, who trained as a psychoanalyst in Germany, came to England in 1933 and founded the Group Analytic Society. He was also involved in the foundation of the Institute of Group Analysis, an organisation which provides training courses for therapists and others interested in group work. In Foulke's view, individuals within a psychotherapy group form a relationship network and their behaviour can, therefore, only be understood in the context of the group as a whole. The Gestalt concept of wholeness is applicable here since it illustrates the point made by Gestalt psychologists that the whole is greater than the sum of its parts. This approach differs from another model, popular in America, in which the individual is treated within the group by a therapist who concentrates on each person separately, with the other participants looking on. Many

of Foulkes' most important ideas, some of which we shall consider in this chapter, have been taken up and used by a wide variety of group therapists.

## Encounter groups

The success of Training groups in America led to the growth of the 'encounter' group movement, also known as 'sensitivity' groups, or 'personal growth' groups, which started first in California and then spread during the 1960s to other parts of America and eventually to Britain. The potential for self-development and greater awareness through group participation became obvious to psychologists who were involved in the 'human potential' or 'humanistic' movement. The therapeutic value of groups was also apparent and Carl Rogers, whose person-centred approach emphasises personal growth and self-actualisation, became active in the encounter group movement. Rogers' groups were intended to facilitate open and honest expression of feelings, both verbal and non-verbal, within a supportive and non-judgemental environment. Catharsis, which refers to the release of pent-up feelings, was actively encouraged and became synonymous with the encounter group experience.

The original Training groups developed by Lewin did not emphasise personal growth in the way that Rogers did. However, there is an important point of similarity between the two models, in that both enhance social and communication skills through the feedback which participants supply to each other. Membership of the original Training and Encounter groups was a voluntary commitment, and those people who joined did not regard themselves as emotionally unwell or in need of remedial treatment of any kind. The humanistic dimension, derived from the work of Rogers, Fritz Perls, Abraham Maslow, Rollo May and Eric Fromm, became a strong influence in group work generally.

## Self-help groups

We have already noted that, in the history of groups, people with similar problems or difficulties have traditionally helped each other through a process of mutual support and the sharing of experience and information. Self-help groups have, in other words, always existed in some form, though it is only fairly recently that their real benefits and potential have been recognised. The number and variety of self-help voluntary organisations continues to increase. They address a diverse range of problems and situations, including the following:

- addictions and dependence
- physical illness
- disability
- mental health and well-being

- bereavement
- step-parents
- divorce and separation
- single parents
- women's issues
- men's issues
- carer's support
- survivors of sexual abuse
- gay and lesbian support
- social issues
- community self-help.

This list details only a fraction of the number of self-help groups now in existence. Other groups exist for any number of physical illnesses, including diabetes, stroke, arthritis, epilepsy and chronic fatigue syndrome. In addition, there are groups representing a broad spectrum of mental and emotional illness, including schizophrenia, stress and anxiety, obsessive compulsive disorder and a myriad of addictive behaviours. In the last chapter we looked at the proliferation of online CBT counselling programmes that are now available for a wide variety of psychological problems. This trend can also be seen in the number of online support groups that are available to members of the public who want help with a specific problem. These online groups cover just about every known (and little known) illness and syndrome, personal problem and relationship issue.

One of the most positive aspects of self-help or support groups is that members feel empowered once they realise just how much they can, in fact, help themselves and others. No two groups ever function in exactly the same way, and they obviously differ a great deal in terms of structure, purpose, organisation and duration. However, there are factors common to them all, the most obvious being that members experience the same problem. This means that they are in a unique position to offer understanding, information and help to everyone else, while at the same time receiving support and assistance themselves. Perhaps the most significant aspect of self-help groups is that they are 'expert free', and there is no one leader to whom people turn for guidance, authority or advice. A corollary of this is that striving for recognition or position among members is kept to a minimum, and indeed in many instances members do not even meet as a body but communicate by phone, letter or other media instead.

## EXERCISE

### Practical details

Working in groups of three to four, spend about twenty minutes discussing the practical aspects of starting a support group. Consider the following questions:

- What are the factors which would have to be addressed before starting such a group?
- Are there any problems or difficulties which might arise in the life of a support group?

## CASE STUDY Oliver

Oliver, who was thirty, had suffered from anxiety and feelings of dislocation or disconnectedness for many years. In fact, in conversation with a counsellor, he revealed that he had never really known a time when he did not experience these feelings. Oliver had spent most of his early life in America, and had moved to Wales with his family when he was six. He remembered his parents telling him that he was adopted, and ever since then the strange feelings which he described became very pronounced. When he asked for details about his birth parents, Oliver's mother became evasive and assumed what he called 'a distant look in her eyes'. As a result of these responses he suppressed his curiosity (on the surface at least), but deep down he made a decision to protect, or keep separate, his real or inner self and wait until adulthood to seek details of his birth.

In spite of the control which he exercised, Oliver still felt overwhelmed with anger at times. He also went through an extremely rebellious phase at puberty and even ran away from home on several occasions. By the time he came to seek counselling Oliver had already met his birth mother, though for various reasons, the experience had not been a satisfactory one. The counsellor, with whom he established a good relationship, helped him to identify and explore many of the angry and negative feelings he had. He was especially angry about his birth mother's abandonment of him, but he was also furious with his parents who adopted him and withheld vital details of his personal history and antecedents. Oliver also loved his adoptive parents and was deeply guilty about his negative feelings in relation to them. With the help of the counsellor he was able to locate and join a support group for adoptees whose problems were similar to his own. This was a very liberating experience for him, and although he continued to receive counselling for a time he derived enormous support from other participants within the group.

**COMMENTARY** This is a fairly detailed account of a particular client's difficulties in relation to a specific issue. However, it also serves to illustrate the point that other helping strategies (in this case a self-help or support group) are often available, and sometimes more appropriate, for certain people. It is important to state once again that counselling has limitations, and although it can help many clients it cannot always provide everything clients need or seek. The counsellor who helped this client was aware that she did not appreciate fully all the complex and turbulent emotions he tried to express. The core condition of empathy, espoused by Rogers, does go a long way towards helping counsellors understand their clients, but there are some experiences which are so profound and intimate they cannot be accessed except by those who have actually been there too. An important counselling skill is the ability and willingness to acknowledge this fundamental fact.

## CASE STUDY Jenna

Jenna was referred to counselling by her General Practitioner. Her twenty-year-old son Maurice, a university student, had been killed in a road accident a year previously. Jenna had sleep problems and severe anxiety attacks, which had diminished little since her son's death. She was divorced and living alone, and her contact with her ex-husband was fraught and angry.

When Jenna met the GP practice counsellor, Helen, she agreed to six counselling sessions to begin with. Jenna talked at length about the traumatic events surrounding her son's death, but she mentioned on several occasions that it would help her more to talk to other people who had suffered loss as she had. During her third session with her counsellor, Jenna said that she had located an online support group for bereaved parents of adult children. The support group was very specific, since it was meant for parents whose children had been killed in accidents. Locating such a source of support meant that Jenna felt totally understood for the first time, although she decided to continue with Helen for the remainder of the contracted counselling sessions.

**COMMENTARY** This case study highlights the point once again that support systems, other than counselling, are often more helpful for clients with specific needs. In Jenna's case she derived great consolation and understanding from the online support group, but she also benefited from the individual counselling which gave her the confidence and impetus to seek further help.

## EXERCISE

### Looking at groups

Work with a partner and consider the general function and purpose of groups. Can you say exactly what a group is? Make a list of as many different types of groups you can think of. The following are some examples:

- family groups
- friendship groups
- work groups
- committee groups

- creative groups
- problem- or task-solving groups.

Are there characteristics which are common to all groups? If so, what are these characteristics? Another point to consider is why people join groups. Spend about thirty minutes on this exercise, write your ideas down and then share and discuss them with other members of your own (training) group.

## ■ Psychotherapy and counselling groups

In contrast to both training and encounter groups, counselling and psychotherapy groups exist to help people who experience emotional, relational or psychological difficulties. Patients or clients who joined these groups are likely to need the extra support and help this model of therapy offers them. Many of the people who come into group counselling have had some previous experience of individual counselling too, and indeed some of them may receive both individual and group counselling concurrently. Clients may also be hospital patients, or they may be out-patients attending a psychiatric day centre. Sometimes these clients are referred for group counselling so that specific problems, such as drug or alcohol relapse, eating disorders, bereavement, sexual abuse and difficulties relating to anger control, can be addressed. However, counselling groups are often set up by trained counsellors who work privately and accept clients on a paying basis. It goes without saying that these initiatives need careful planning, commitment, regular supervision and, above all, specialised training in group theory and practice.

### Some overlap

In many instances there is an overlap between a support and counselling focus within these groups. One reason for this is that a designated trained leader is likely to act as a facilitator with responsibility for conducting sessions and the overall administration of the group. Support, therefore, comes from the trained leader, as well as from other participants within the group. Along with the many groups which are meant to address specific problems, there are also those set up to help clients remedy specific deficits which are usually directly related to the emotional problems they have. Such deficits include, for example, social skills and assertiveness, and there is an increasing emphasis on helping people access skills they already possess but do not know how to use.

### Relationship problems

Many of the relationship problems people experience originate within their own families. The group situation is effective in recreating many of the tensions, conflicts, dynamics and issues which exist in all families. This means that the group is also an ideal medium through which clients can be helped to examine their personal interactional styles. Through observation of themselves and others, and with the support and accurate interventions of the leader, clients can then be encouraged to consider, and if possible change, their problem behaviour. A major benefit of group work is that members can participate themselves, while having the added advantage of watching others participate too. As Whitaker (1992)

indicates, it is not unusual for seemingly passive group members to watch, listen and then take notes of events which have personal relevance for them. Counselling groups are therefore effective in promoting individual growth and awareness, but they also encourage members to remedy any emotional or relationship difficulties which may have caused problems for them in the past.

## CASE STUDY Wayne

Twenty-six-year-old Wayne agreed to join an anger management group which had just been set up at the out-patients department of the local hospital. He was committed to working hard in the group, but found it difficult at first to identify exactly what his problem was. During each group meeting he sat near the door, and slightly away from the other members. Often, when someone else spoke, he showed signs of impatience by lowering and shaking his head, and sometimes he appeared not to listen at all. Wayne made no attempt to contribute to discussions, and in place of his usual tendency to become angry he displayed a great deal of passive aggression instead. During the third session one of the group members, called Frank, confronted him:

- FRANK:** I wish that you would join the group. If you don't want to be with us, why did you come?
- WAYNE:** I'm listening. I'm here.
- FRANK:** [becoming irritated] Yes, you're here, but you look as if you know better than the rest of us.
- WAYNE:** Well, I reckon with some of the stories I've heard here, I don't have the level of anger some people have.
- GROUP LEADER:** Being in the group has shed some light on your own feelings?
- WAYNE:** My anger is not as bad as some people's ...
- GROUP LEADER:** Could it be that you are showing yours in a different way here?
- WAYNE:** In what way?
- GROUP LEADER:** Well I'm just thinking ... People have different ways of being angry. Some people show it by disapproval and lack of involvement with others.
- WAYNE:** That's not what I had a problem with. My problem was losing my temper.
- FRANK:** Well, I can tell you I would lose my temper with someone who disapproved like you do. You could make someone else mad, and that would start a fight. Maybe that's what's been happening to you.

**COMMENTARY** Following these exchanges and further clarifying comments from the group leader, Wayne began to recognise a pattern in his interactions with other people. When he was not openly angry with others, his passive and sullen aggression tended to act as a catalyst for bitter confrontation and rows. Once these confrontations were set in motion, Wayne then usually lost all control of his temper. In the group setting he learned how these triggers worked, and afterwards he set about the challenging task of changing his behaviour. An important point to make here is that Wayne's membership of the group was entirely voluntary. Clients should never be put under pressure to join a group, or indeed individual counselling, and if clients do feel under pressure they are unlikely to give the commitment necessary for real change.

## Benefits of group counselling

Both individual and group counselling have their own particular advantages for clients. Perhaps the most significant advantage of group work is that it enables clients to develop and broaden their range of social skills. The interaction which takes place among participants means that skills are constantly being tried out, observed and often emulated by less outgoing or inhibited members of the group. In the same way very gregarious or dominant members often learn to modify their approach, especially when alternative, more reflective, communication styles are welcomed by other participants. Yalom (1995) includes 'the development of socialising techniques' among the therapeutic factors he lists in relation to group work. He refers to several other factors, including the following:

- Clients see that other group members have experienced similar problems and have dealt effectively with them. This inspires hope that they too will recover.
- Clients receive teaching instruction on any number of topics including, for example, the stages of bereavement or the effects of depression, from the leader of the group.
- Clients learn to help each other. Yalom (1995) points out that people with low self-esteem often believe they have nothing of value to give. When they have the experience of giving, their confidence increases.
- Clients are helped, through feedback from others, to identify and change distorted views of the self. A client who believes that she does not express herself well might, for example, be told by others that she is, in fact, very articulate when she decides to speak in the group.
- In the context of a safe and supportive group, clients may express strong (often negative, but sometimes very positive) feelings like anger, resentment or deep empathy for someone else. For certain clients, especially those who are cut off from their feelings, such expressions involve great personal risk. The fact that others continue to accept and support them means that these clients learn to trust their own emotions, and in many cases they learn to express them more appropriately too.
- Clients learn that most human problems stem from faulty or disturbed interpersonal relationships. The therapy group, which resembles a family, allows them to develop more positive and effective ways of relating to others.
- Through participation in the group, clients also learn to confront their existential anxieties, especially those concerning death, suffering, loneliness and isolation. Group discussion facilitates such considerations, and as a result clients often learn to take more responsibility for themselves and to dispense with needless, materialistic or trivial concerns.

(Adapted from Yalom, 1995)

## The social microcosm

Once a group is established and members know each other well, each person's habitual interpersonal style will begin to emerge. This happens despite the fact that people often try to control or mask their customary styles of behaviour in relation to others. For some members, customary transactions are revealed at an early stage, while for others habitual styles take time to emerge. The group is a microcosm of society in general, and within it each participant will display, at some point, those attitudes, feelings, needs or patterns of behaviour evident in other social contexts.

The ways in which people draw attention to themselves is especially interesting, though it should be remembered here that we all need attention and we all have our own ways of getting it. For some people, however, the method of gaining attention may be such that it actually alienates others in the long term. One example of this is the group member who is excessively vocal and dominant; other people may use humour, flirtation, drama or even lateness in order to capture the recognition they need. There are those who display disparaging attitudes towards others, but regardless of the various individual relationship styles, participants are in the group to learn more about themselves, and for this reason must be given specific feedback about their behaviour. In addition to feedback, members should also be encouraged to observe their own behaviour, to experiment with new, more open, communication styles, and to transfer the learning which takes place in the group to social and family situations outside. In the case study described earlier, Wayne was encouraged to consider the negative way he expressed his anger, but he was also encouraged later on to talk about his aggressive feelings and to consider less harmful ways of expressing these.

## Group members as therapists

An outstanding advantage of group counselling is the sense of community which is established among participants. By supporting and helping each other, group members become additional therapists who, in some instances, may prove more effective than the group leader or facilitator. When members of a group share a common problem, they offer a degree of empathy, trust, openness and understanding which is very therapeutic for everyone concerned. Participants also learn about different, more creative, ways of tackling problems, and when membership is drawn from a variety of occupations, cultures and backgrounds there is unlimited potential for learning, acceptance, creativity and support. Personal insight tends to be gained more readily in groups, especially when several people are offering help and contributing ideas. It should be emphasised though, that direct advice giving is not helpful in either individual or group counselling, but participants in a group can, by relating and discussing their own experiences, shed light on the problems

other members have. Advice giving among members is, as Yalom (1995) indicates, common in the early stages of group work. Later on, however, when the group has reached a more sophisticated and cohesive stage of development, direct advice giving is less likely to occur.

## Transference in groups

Since more people are present in group therapy, transference responses are obviously wider and more varied than they are in the context of individual counselling. Interpersonal distortions (which is what transference responses are) involve not only the relationship of each individual member to the leader, but also the wide diversity of relationships which exist among group members themselves. The group leader or facilitator is, as Yalom (1995) suggests 'the personification of parental images'. These parental figures include teachers, people in authority, established values and, of course, the actual parents of each participant. Group members expect the leader to make decisions for them, in the early stages at least, and one of the aims of group counselling is to help clients realise that they too are capable of making decisions and taking responsibility for themselves. The distortions which exist among participants in relation to the leader are often quite exaggerated, though there is less likelihood that the intense and dependent transference distortions of individual therapy will flourish in the group work context.

We noted that relationships among group participants may also be clouded by outdated unconscious ideas which are wholly irrelevant in the present situation. Here are some examples of how this can happen:

- An older woman in a group is perceived by younger members as stuffy and old fashioned. This opinion is formed early on, regardless of the fact that the older woman has not yet spoken or expressed a view.
- A twenty-year-old female participant is regarded as immature by older group members. Again, she hasn't said or done anything to warrant this opinion.
- A middle-aged man is unaccountably irritated by, and defensive towards, a middle-aged woman in the group. Later he realises that she reminds him of his bossy and controlling mother.
- A thirty-year-old woman feels drawn to another, slightly younger, member of the group. Later she realises that the younger woman reminds her of a much loved sister who died two years previously.
- A middle-aged woman feels intense dislike for a member of the group who is a nun. Later she analyses the feeling and realises that her perceptions are clouded by her childhood experience of being taught by a very strict order of nuns.

**COMMENTARY** It should be added that the feelings, perceptions and views described in these examples were not necessarily articulated. In fact, one of the problems with transference distortions is that they are

often not clarified so people continue to relate to each other as if they were somebody else. Within a supportive and cohesive group setting, however, clients are given the opportunity to explore and challenge outdated perceptions so that more realistic and reflective modes of communication are fostered. Clients can also learn, often through observation of other group members, how to respond more realistically, and with greater self-assurance, to the leader. If the leader is challenged by confident members, for example, then less confident participants may find the courage to do this too. The same principle of modelling applies to those clients who are demanding, manipulative or excessively idealising in relation to the person leading the group. When more confident group members are seen to communicate as equals with the leader, and without resorting to manipulation or excessive demands, their attitudes prompt others to become more open too. Once these new and more confident attitudes are developed, participants are also in a position to use them in other relationships exist outside the group.

## Countertransference and groups

We have noted in previous chapters that counsellors, like clients, may have unresolved issues stemming from their own childhood or early experiences. Even when personal development and therapy are integral to counsellor training, there is no guarantee that certain areas of vulnerability or sensitivity will be comprehensively examined or dealt with. In any case, it would be impossible not to experience a wide range of emotional responses in relation to clients, and when so many clients are present in one group, problematic or puzzling responses to some of them at least are almost sure to develop. The following example illustrates this point.

### CASE STUDY Countertransference

Eleanor, a group leader, acted as facilitator for a number of students who were completing a group work module as part of their training. This was an experiential course and Robert, another trainer, acted as co-leader. Right from the beginning of the course Eleanor felt some antipathy towards a female member of the group called Polly, who was about her age and also quite similar in appearance. These feelings made a difference to the way Eleanor related to this particular student, and on quite a few occasions she found herself 'switching off' when Polly contributed to group discussion. Eleanor talked to her co-leader about her responses during their processing sessions which took place between meetings. These sessions are a necessary part of group work, and provide an opportunity for co-leaders to analyse what has happened in individual

## CASE STUDY continued

sessions. They also provide what Conyne (1989) refers to as 'ongoing mutual supervision'. The open sharing of feelings, information and feedback is essential if co-leaders hope to work successfully together. In both Eleanor's and Robert's case these processing sessions were invaluable. Through discussion with her partner, Eleanor was able to identify the basis of her antipathy towards Polly. It took some courage for her to admit it, but Eleanor felt some rivalry towards her student who, in fact, reminded her of herself. Polly exhibited some of the characteristics which Eleanor disowned and disliked in herself. Included among these characteristics was a tendency to over-intellectualise and show off. Once she acknowledged these feelings, Eleanor gained control over them. She also, of course, realised that her attitude to her student had been irrational, prejudiced and unfair. As Corey (1995) indicates, group leaders need to be vigilant about detecting their own unresolved conflicts, especially those which could impede the effective functioning of the group. It should be emphasised here that transference and countertransference responses occur in all groups, though therapists and counsellors who work from a psychodynamic perspective regard these concepts as key issues and are more concerned to identify their presence within the group.

## Defence mechanisms in the group

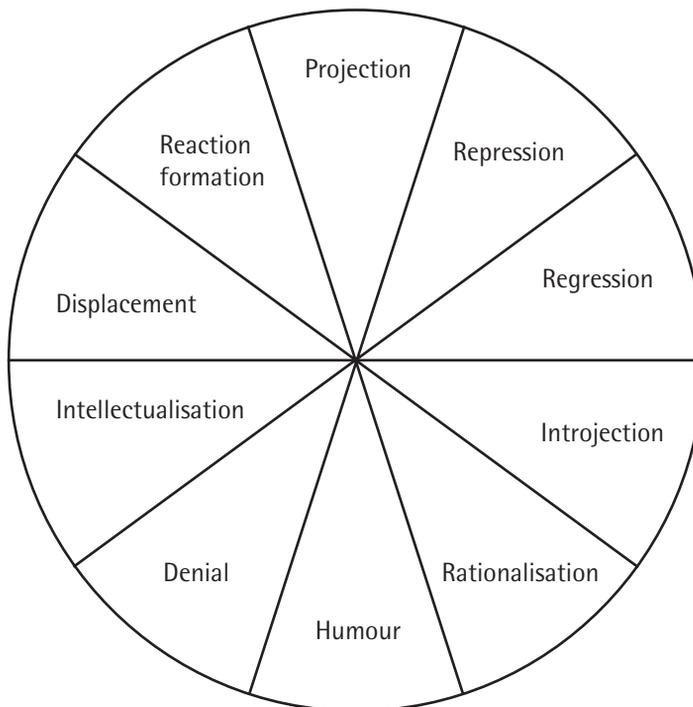
The ego defence mechanisms discussed in previous chapters are relevant in the context of both individual and group counselling. However, a group offers greater opportunity for the observation of a wide variety of defences at work. On the other hand, defence mechanisms are less likely to be sustained in a group setting, because participants will, at some stage, challenge them. Accountability to the group also ensures that members are under some pressure to observe agreed rules – when these rules are ignored by an individual member someone else in the group will certainly ask why.

Some participants may show resistance to personal involvement in the group, and they can do this in a variety of ways. Arriving late and leaving early may indicate resistance; such activities can also represent statements of specialness or separateness on the part of the group member responsible. Indifference, hostility, distrust and lack of cooperation are attitudes which betray resistance, while verbally dominating the group or silently withdrawing from it are resistant strategies too. A member who talks too much fails to listen to others, while the member who remains silent fails to engage with or place trust in others. An important group leader skill is to help individual members recognise and understand their own

defences, and to discuss the ways in which certain aspects of defensive behaviour help to shield us from the anxiety which is often elicited in a group context. Identification of defences should, of course, be done with the client's best interests in mind, and should never be accompanied by blame or accusation. A client in one group described her defences like this:

*I wasn't consciously aware of my tendency to arrive late and to stay silent while everyone else contributed to group discussion. If anyone had asked me directly why I did this, I would have given the answer that traffic was slow on my way to the session. As it was, another member of the group simply commented that he noticed some reluctance on my part to fully participate in the life of the group. A group discussion followed his comments, and the leader highlighted the importance of looking at all aspects of our behaviour in (and outside) the group.*

*For the first time I was able to talk about my memories of growing up as an only child. I felt I had to be everything to my parents, and I was constantly on the receiving end of their attention. To make matters worse, there were no cousins to divert attention away from me, so all my adult relatives expected a great deal from me too. I remember being stared at and scrutinised when I was taken to visit relatives, and often there seemed to be dozens of them claiming my attention. All their hopes were invested in me, and I felt I had to fulfil all their ambitions, accept all the responsibility for their future*



**Figure 9.1** Defence mechanisms in groups

## EXERCISE

### Defences in the group

Working in pairs, look at the following list of defence mechanisms and discuss the ways in which these might be used by members of a group. What purpose might each defence strategy serve, and what are the underlying dynamics which prompt these behaviour patterns?

- denial
- rationalisation
- humour
- intellectualisation
- displacement
- reaction formation
- projection
- repression
- regressing
- introjection.

These defences, which are discussed in the chapters dealing with psychodynamic theory, are evident in both individual and group counselling. Discuss with your partner the ways in which clients can be helped to understand and acknowledge them, bearing in mind that any help given should be free of censure, labelling or blame.

*happiness, and provide all the entertainment and love which they needed. At some stage I rebelled against the pressure, and though on the surface I was still the 'good' only child, deep down I resolved to resist any attempts to make me the centre of group expectations.*

*Bringing these things to light in the group helped me a great deal, and for the first time I was able to see how my past affected my present behaviour. I could see that my attitude was a defensive one and I was able to recognise that I often behaved like this in social situations too. On some level, I must have experienced the group members as family members, and this perception gave rise to my defensive behaviour.*

### Counselling skills in group work

The basic counselling skills, which are central to individual counselling, are used in group counselling too. These include the skills of listening, paraphrasing, asking questions and summarising. In addition to these basic skills, however, a group leader needs to be in possession of specialised theoretical knowledge, as well as thorough experiential and practical training. This means that counsellors who wish to work with groups should gain as much experience as possible as participants in

groups. The specialised skills of coordinating, linking and monitoring contributions from group members need to be seen in action, and personal experience of self-disclosure is necessary too. It is unreasonable to expect clients to make themselves vulnerable through self-disclosure, when leaders themselves have had no experience of doing so. The benefits of self-disclosure and trust in others needs to be familiar to leaders, and both these essential areas of competency (self-disclosure and the development of trust in others) can only be gained through personal experience and training. Other skills used by group leaders include the following:

#### Clarifying

This involves simplifying and illuminating statements clients make, so that confused feelings or thoughts become clearer for the speaker and for other group members.

Interpreting	This means offering tentative explanations for what is happening at various stages of group interaction. Well considered interpretations encourage clients to look more closely at their own and other peoples' behaviour. They also serve to present new perspectives and enhance possibilities for change.
Confronting	This means challenging clients when they give conflicting messages, or when there is evident discrepancy between their words and their actions. Sensitive confrontation helps clients to challenge themselves so that personal contradictions are highlighted and dealt with.
Showing support	Group leaders need to ensure that members feel supported, valued and respected. Encouragement, feedback and reinforcement help to foster an atmosphere of trust and support
Reflecting feelings	In addition to the skill of paraphrasing (which means re-phrasing what clients have said) group leaders need to communicate to clients that their feelings are understood as well. To reflect feelings accurately it is important to listen carefully to the words clients use, but it is just as important to note the emotional content of the verbal message.
Activating	At various stages of group experience, the leader will have to act as initiator so that communication is started and participation of all members encouraged. Unless this is done occasionally, group momentum may come to a halt. Information, suggestions and new ideas are frequently offered by the group leader as well, and these interventions are designed to encourage creative thinking and alternative courses of action.
Ensuring a safe environment	All group members should be told in advance that certain risks are involved in group participation. These risks include, for example, feelings of discomfort, sadness and catharsis to name just a few. However, it is the leader's task to ensure that members are not subjected to abuse or damaging psychological experience as a result of being in the group.

As well as the skills listed above, group leaders should possess the skills of monitoring and evaluating process. Clients need to know what is

happening in the group, and they need to understand the goals and directions towards which they are working. To work effectively with clients in this way, the group leader must experience a high level of empathy for individual group participants. In order to achieve this some measure of self-disclosure is necessary on the leader's part. This does not mean talking about personal problems to the group: what it does mean is that the leader should reveal her reactions to events taking place in the group at any given time. Self-disclosure done in this way is effective as a model of openness and trust. Finally, the leader should prepare the group for its final meeting together so that the experience of ending is placed in context and linked to other ending experiences clients may have had. The ending of a group can be anticipated well in advance, and this can be achieved when individual sessions focus on and acknowledge their time constraints.

## ■ Setting up a group

### Leadership

Successful group work depends on scrupulous planning and attention to detail. This is true regardless of whether the group is being led by one person or by two. If the group is to have two leaders, they need to know that they can work effectively together, and there should be a high level of communication and commitment between them. Co-leadership of a group has major advantages over individual leadership for several reasons. In the first place, two leaders can lend each other support while sharing overall responsibility for the running of the group. In the second place, two leaders can spread themselves out more, which means that individual group members are likely to receive a higher degree of attention and support. Additionally, it is much easier to monitor a group when two leaders are present to do so, and the feedback which leaders give each other between sessions means that countertransference distortions and any other problems are dealt with quickly.

At an unconscious level, leaders also represent parental figures, and when one is male and the other female group members are given an ideal medium in which to explore their own relationships with parents and with authority figures in general. When one leader is less experienced than the other, co-leadership provides a safe context in which the learner is able to acquire and develop group work skills. This means that clients are unlikely to suffer, as they might do at the hands of one inexperienced person working without direction or support.

However, disagreement between two leaders is almost inevitable, though this is not necessarily an impediment in the context of co-counselling. Indeed, it is difficult to imagine how two people working in such close proximity could possibly concur on every issue.

What is important is a willingness to discuss and explore differences between sessions, so that unresolved tensions are not harboured and then transmitted to clients during group meetings. It is important to remember that clients can identify acrimony between leaders, and when such feeling is present it interferes with the therapeutic function and purpose of the group. In other words, clients are in group therapy to receive help, so they should not be side-tracked into needless worry or resentment about their leaders. Co-leaders should be sure about roles and responsibilities beforehand, and all aspects of group planning should be shared and agreed between them.

## Leadership styles

Group leaders obviously differ a great deal in terms of individual approach, manner and style. Various writers have identified broad categories of leadership style, although it should be emphasised that their description cannot totally encompass the diversity of personality differences which exist among people who facilitate groups. Benson (1987) describes what he calls the 'directive', the 'permissive', the 'facilitating', and the 'flexible' styles of leadership. The directive leader is one who takes overall responsibility for group organisation tasks and goals, while the permissive leader assumes that members can make most decisions for themselves. A flexible leader will, as the term suggests, adapt to suit the needs of members and the group, and the facilitating leader sees himself as both a 'member' of the group and the person with the knowledge and skills needed for group functioning. Benson also makes the point that it is possible to pinpoint a style of leadership which will suit the needs of specific group memberships and goals.

In addition to this, the leader's own theoretical training and preference needs to be considered (Benson, 1987). We can see from this that group leaders need to take account of membership composition and requirements: a group of adolescents may benefit from a directive approach for example, while a group of adults might adjust more easily to a facilitating or permissive style. The point to be emphasised here is that leadership style should always be geared to the needs of the group and its members, but it must also be congruent with the leader's personality, preference and training.

## Practical planning

We have already seen that careful planning is essential for successful group work. In order to plan successfully the reasons for setting up the

### EXERCISE

#### Leadership styles

Working individually, think of occasions when you found yourself in the role of leader, either at work, at home or socially. What was your preferred leadership style, and how successful were you in helping others to define objectives, set goals or complete any tasks required of them?

group, and its purpose, need to be examined in some detail. Libemann (1991) suggests that the main purpose of a group is 'to provide a warm, trusting environment' in which members will feel respected and sufficiently safe to talk about personal feelings and confidential matters. The physical environment should be such that members do indeed feel safe and free to talk with confidence, and to that end the following questions need to be considered:

- Where will meetings be held?
- How convenient is it for group members?
- Is the room large enough, and is the area quiet?
- Are there liable to be any interruptions?
- Is there suitable access for members with physical disability, and are toilet facilities available?
- Are heating and ventilation adequate?
- Are there enough chairs, and are they comfortable?
- Is the lighting adequate, and are there power points for use if required?
- Does the environment conform to health and safety standards?

Since all groups have differing requirements, it is impossible to give a totally comprehensive list of factors to be considered when planning a group. However, there are several other important issues which need to be addressed in the planning stage of any group. These include:

- Purpose and composition of the group – who and what is it for?
- Pre-group interviews – will members receive some preparation beforehand?
- Size of the group – how many members?
- Frequency of meetings – how often should they take place?
- Dates of meetings – when will they take place?
- Duration of meetings – how long will they last?
- Open or closed – will new members be allowed to join at any stage, or is this group closed to additional members once it is started?
- Number of leaders – one or two?
- Supervision for leaders – is this available and adequate?
- Activities and resources – how will the group operate and what resources are needed?
- Monitoring and evaluating – how is progress to be monitored and what form of evaluation should be used?

In addition to the factors listed, special attention should be directed to the first meeting of the group. The issue of confidentiality is important here, since clients need to know that what they say will not be repeated outside. In a therapeutic or counselling group there should be an emphasis on honesty, respect, caring for others and confidentiality. The subject of confidentiality can be addressed in pre-group interviews, but it

should also be discussed along with other ground rules during the first meeting with group members.

The establishment of clear ground rules is essential if clients are to feel safe and supported within the group. Ground rules refer to those aspects of group behaviour which are defined by the leader for the benefit of the group as a whole. In other words, a code of conduct, explicitly stated, is described by the leader, and this can also be discussed with clients in a pre-group interview. Members of a group need to know, for example, why it is important to attend all sessions if possible. They should also be aware of the value of starting and finishing on time, and of the detrimental effects that breaching these rules can have on others. When people arrive late or leave early, others in the group tend to resent it; on the other hand, good time-keeping ensures that members experience the group as a trustworthy environment to be in. For some very vulnerable clients, this sense of trust is essential if they are to derive any real benefit from being in a group.

## ■ Stages of group life

Although not all groups conform to an exact pattern, it is possible to identify certain key stages through which they commonly progress from the beginning to the end. Various writers, including Tuckman (1965), Bion (1961) and Benson (1987) have focused on these stages, and Yalom (1995) describes three:

- Stage One – Orientation
- Stage Two – Conflict
- Stage Three – Cohesion.

## EXERCISE

### Setting up a group

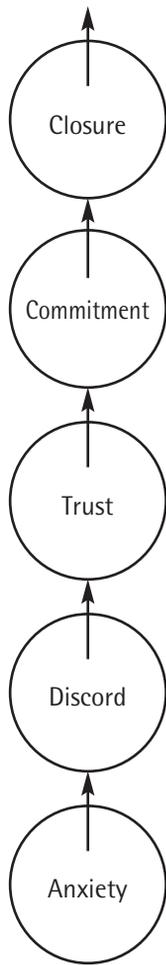
Working in pairs, think of issues which might benefit from a group work approach. The following are some examples:

- stress management at work
- teenagers and drug awareness
- assertiveness for women
- carer's support
- health awareness for men.

Having selected your group, answer the questions listed below:

- What are your aims and objectives for the group?
- Who will lead the group, and where will meetings be held?
- Is the group open or closed? For example, can other members join after the first meeting?
- How many meetings should there be, and how long will they last?
- How many members in the group, and how should they be selected?
- What are the ground rules, and when are these discussed with group members?
- Is there a set programme of activities for the group and if so, what is it to be?
- How is group progress to be monitored and evaluated?
- What are your plans for the first meeting?
- How can you help group members get to know each other?

When you have completed the exercise (which should take about forty-five minutes), discuss it with your trainer and other members of the training group.



**Figure 9.2**  
Stages of group development

Anxiety

Discord

Trust

It is important to consider these phases of group life and to recognise them as they appear in different groups. Unless leaders are aware of group stages it is impossible for them to offer effective leadership, or to intervene appropriately when members need them to do so.

During the initial phase participants are concerned to establish their place in the group, to form relationships and to clarify the purpose of being there. Group members tend to ask many questions in their first session, and there is often some confusion about the goals and purpose of group therapy. Most people silently wonder if they will be liked in the group, and as Yalom (1995) observes, there is a common fear of rejection by others as well.

In the second, conflict stage, members jostle for roles and position within the group. Sub-groups may form in this second phase and there is often criticism of the leader, whose authority is challenged. Participants also tend to be judgemental, critical and advice is freely offered without any real understanding of the problems which people have.

During the third, cohesive, stage, members of the group draw closer together; there is a marked shift in mood and morale and mutual trust is increased. This last phase accommodates greater self-disclosure, although as Yalom (1995) points out, negative feelings may be suppressed at the beginning of it. Later, however, conflict again emerges, but unlike the conflict of the initial stage, it is more constructive and mature.

### Another model

As a result of my own experience with different groups, I have identified five stages which seem to occur frequently (see Figure 9.2). The stages are as follows:

Group members are anxious and very dependent on the leader. They want to know the rules and what is expected of them. The leader is assumed to know all the answers. Members engage nervously in verbal exchanges, but since people are unlikely to know each other the conversation lacks depth and intimacy.

Differences of opinion emerge in the group. Aggressive criticism of the leader and other members is common at this stage. Competitiveness, antagonism, lack of cooperation, poor time keeping and absenteeism may also be evident.

A sense of community develops in the group and

common rules are accepted. People now feel they belong and become more authentic and natural in their responses to each other. The leader is seen in a more realistic light too: thus the person who was viewed in the conflict stage as either wholly competent or wholly incompetent, is now seen as a real and fallible person like everyone else.

Commitment	During this important stage group members feel sufficiently safe to talk intimately about themselves and the problems they have. There is a high level of commitment and self-disclosure, and participants show genuine attitudes of support and caring.
Closure	Issues of separation and loss are highlighted in the final phase, and these feelings may be reminiscent of other losses or experiences of bereavement group members have had. Members may also be reluctant to leave the group, and plans may be made to meet socially in the future. Group counsellors need to be sensitive to the needs of clients at this stage, and sufficient time should be allocated to preparation for group closure.

**COMMENTARY** As we noted earlier, it is important to be familiar with the stages of group development if we are to be effective in helping clients to work through them. We need to understand, for example, the complex range of emotions which people experience when they first find themselves in a group of strangers. For some people, including those who come from large overwhelming families, or only children who have been sheltered or isolated, this initial stage may be more threatening than for others. However, these are often the very people who benefit most from group therapy in the long term. The stages of discord, trust, commitment and closure also present their own characteristic problems and difficulties for group members, and it is only through identification and awareness of these stages that we can hope to offer appropriate helping strategies for clients.

## EXERCISE

### Personal experience of group stages

Working individually, think of a group that you have been a member of recently and answer the following questions about its composition and stages:

- How many people were in the group?
- How long were group members together?
- How did group members behave at the beginning?
- Did behaviour among group members change at different stages in the life of the group?
- If the group has now ended, what was the ending like?

When you have answered the questions, discuss your findings with other members of the training group. Are there recognisable group stages that you can all identify?

## ■ What people contribute to groups

In considering the way groups work, it is useful to look at them from two perspectives: group life and individual roles in groups. Group life refers to the way the group functions as a whole, while the term 'roles' describes the range of characteristics which individual group members display at any given time. In the section entitled 'The social microcosm', we highlighted certain aspects of individual behaviour which can cause problems within the group, though it should be added that people seldom make a conscious decision to create problems for others. However, the fact remains that unconscious forces often prompt members to behave in certain ways, and this effect tends to be enhanced when people are under stress in a group. Behaviour need not always, of course, be problematic, and it is often the case that contributions are made by group members which serve to facilitate the work of the whole group. In this section we shall look at a number of positive contributions made by group members which are generally helpful to the group as a whole, bearing in mind that some people take on several roles in the life of any group.

### Interactive process analysis

Bales (1950) describes a range of behaviours which are shown by members in almost any group situation. Through what he described as 'interactive process analysis', Bales observed the behaviour of small groups in a laboratory setting, and in doing so provided a useful way of measuring group dynamics and structure. According to Bales' research, group members' verbal and non-verbal behaviour can be listed under two broad headings: the task area and the socio-emotional area.

### The task area

Some group members are more concerned than others to get the job (as they perceive it) done. To that end they will engage in a number of behaviours meant to clarify the situation and move forward towards a successful conclusion. These behaviours include:

- asking questions
- giving opinions, suggestions, direction and information
- asking for direction, suggestions, information and opinion
- repeating, clarifying and confirming what others say.

Group members who contribute to the task area seldom worry too much about other people's feelings. This does not mean that they are deliberately insensitive, however, but it does imply that their first priority is to move ahead without too much focus on emotions. Task roles are very important in a group, and leaders need to understand and appreciate

their contributions. It would be easy to view the persistent questioner as troublesome or critical, for example. But the group does require answers to many questions, so the person who asks can be an invaluable asset to the other members.

## The socio-emotional area

The range of socio-emotional behaviours can, according to Bales, be described under two headings: positive and negative. Positive contributions include the following:

- showing solidarity
- making jokes and laughing
- showing satisfaction and giving help
- showing understanding, acceptance and agreement.

People who contribute in positive ways to the socio-emotional life of the group help to foster cohesion and a feeling of solidarity among the members. They also help to lessen tension, and this is largely achieved through the use of humour at appropriate times. There is an acknowledgement among contributors to this area that people's emotions are just as important as the rational, practical aspects of the group's existence. Task roles and socio-emotional roles complement each other and both types are necessary in any group. On the other hand, some negative socio-emotional contributions may prove problematic in a group, although even here they may prove positive in the end if they succeed in promoting self-awareness and learning.

Aspects of negative socio-emotional behaviour include the following:

- becoming withdrawn
- showing antagonism or rejection of others
- refusing help and putting others down
- disagreeing.

It should be emphasised that a group requires a range of contributions, no matter how objectionable some of them may seem at first glance. The task for the group leader is to help members understand the meaning of different kinds of behaviour, and to encourage all participants to value what others have to offer. It is essential that task orientated people should recognise the importance of feelings, for example, while those members who shun task contributions need to consider their value in the group too. People who display negative socio-emotional traits can be helped to understand the effects they have on other members of the group. Once this understanding is achieved, it often serves to illuminate the difficulties certain people have in other contexts, especially those involving close relationships outside the group (adapted from Bales, 1950).

## Theoretical approaches to groupwork

### Psychodynamic

Psychodynamic group therapy is usually conducted in closed groups. Once the group has started there is little opportunity for anyone else to join. Sessions usually take place once a week and last for an hour and a half on average. There is a recognition that group communication takes place at two levels: the conscious and the unconscious. The concept of transference is important in psychodynamic group work, and members are given the opportunity to experience and work through a range of transference feelings. These feelings may be directed towards the leader or other participants, or both. Individual defence mechanisms become obvious in groups, and these can be examined and replaced by more open, less defensive, forms of communication. Influences from the past, and the effects of childhood experience on current reality, can also be examined in group therapy.

### The Jungian perspective

Jungian therapy has been, until fairly recently, an exclusively individual approach. However, some Jungian therapists are now interested in the benefits of group work. Boyd (1994) describes the ways in which personal change may be facilitated in small groups. He refers to the composition and structure of such groups, stipulating that membership should be no more than twelve, and no fewer than eight. Groups are closed and members must give a commitment to attend all sessions. The ideal number of sessions is sixteen to twenty, and ten sessions is an absolute minimum. The leader must be clear and explicit about the group's aims and objectives, methods and procedures used, and the kinds of interactions likely to occur. Themes of Jungian group work include the identification of archetypal images among members, recognition of the collective unconscious, focus on critical life issues and the reassessment of early experience.

### Adlerian group work

Because of its emphasis on relationships and social influences, Adlerian therapy is ideally suited to group work. Groups may meet on a weekly basis, and sessions last for one and a half hours to two hours. Adler believed that human behaviour could best be understood in a social context. He also rejected Freud's psychic determinism and highlighted instead the individual's desire and ability to grow, develop and accomplish goals. In the context of the group, members both give and receive help which fosters a sense of belonging and achievement. The role of the leader is an active one, and involves challenge, interpretation,

setting guidelines for behaviour and giving support. The nature of the relationship between therapist and clients is important, and qualities of honesty and mutual respect are valued.

## The person-centred approach

Person-centred group therapy also usually takes place on a weekly basis. Sessions may last for one and a half to two hours, though groups are sometimes conducted over a weekend period. Group members are presented with very few rules by the leader, and those which evolve come from consensus among participants. Groups may be open or closed, though once again decisions about this are generally discussed among group members. The person-centred leader should demonstrate the Rogerian core conditions of respect, unconditional positive regard and genuineness. In addition, the leader should accept the humanistic view that each person has the potential for growth and self-actualisation.

## Gestalt therapy in groups

Gestalt groups may meet on a weekly basis, though therapy is sometimes conducted in blocks of two to three days. An interesting aspect of the Gestalt approach is its application to large groups of more than fifty members. Philippon and Harris (1992) offer some useful ideas about the benefits of working in large groups. Gestalt groups are usually closed, and members may be selected on the basis of their interest in this particular approach. Perceptual and bodily awareness are central ideas in Gestalt therapy, so too is the experience of the here and now. The leader's task is to challenge participants to assume responsibility for themselves and to create an environment conducive to creativity, experimentation and change. Members say what they need and want, and they enlist the help of other group participants. There is an emphasis on the expression of feelings and on the use of verbal and non-verbal language. Gestalt group methods also include working with dreams, fantasy exercises, changing language from passive to active, using exaggeration and experimenting with dialogue.

## Psychodrama

Psychodrama is essentially a group approach to therapy. Both the theory and the techniques used were discussed in an earlier chapter. It is a specialised form of group work and is not widely available, though it is sometimes offered within the NHS. Groups are closed and sessions tend to be limited in number. Meetings may take place over a period of six to eight weeks, and occasionally therapy is conducted in a weekend block. However, psychodrama, in the form of drama workshops, is increasingly used to raise awareness of important issues, including suicide prevention. A drama facilitator and a counsellor usually work together in these workshops and they highlight ways of helping people who are

at risk of suicide. Using drama in this way encourages young people in particular to open up about a subject they might otherwise fear and avoid. Psychodrama is an ideal medium for exploring taboo issues because it involves action rather than just talking. Other issues, including bullying and sexual orientation, are addressed in drama workshops, but the approach does require its own form of training for counsellors.

## Transactional analysis

Transactional analysis therapy frequently takes place in groups. It is an educative and experiential approach which is widely available. Sessions are conducted on a weekly basis, though once again concentrated blocks of therapy are also sometimes used. Participants need to be committed to attending all sessions and meetings are usually closed. Group members agree to work on specific issues; contracts are stated and personal goals set. This means that participants are given a great deal of responsibility, though feedback and support are provided by others in the group. The leader is both a teacher and therapist whose role is to explain theoretical concepts and the way these apply to human experience and behaviour. The leader also interacts with individual group members rather than with the group as a whole. This means that the leader's presence is a pivotal and dominant one, though the intention is always to help members become self-reliant and achieve whatever change they require.

## Behaviour therapy in groups

Behaviour therapy is also suited to group work and, like transactional analysis, is fairly widely practised. While it is available privately, behaviour therapy in groups often take place within the NHS. Meetings may be open or closed, and usually take place on a weekly basis of approximately two hours. Group therapy tends to be short term (six to ten sessions) and members are taught a variety of coping strategies and given assignments to do at home. It is a highly adaptable approach which is time efficient and results can be easily measured. Therapy aims to help people get rid of undesirable overt behaviour and the group provides support and reinforcement for change. The leader acts as a teacher, model, supporter and reinforcer, as well as using a variety of techniques and methods whose effectiveness can be measured and objectively evaluated. Behaviour therapy has application in many areas, including social skills training, assertiveness training and stress management to name just a few.

In Chapter 8 we stressed that the cognitive aspect of behaviour is now highlighted in individual therapy. The same applies to behaviour therapy in groups; this means that the approach is likely to incorporate a focus on cognition, and to be called cognitive behaviour group therapy. Rational emotive behaviour therapy, which we described in the last chapter, is one form of cognitive behaviour therapy, and it is often used in a group context. See next section.

## Rational emotive behaviour therapy and CBT

Although initially unconvinced of the effectiveness of groups, Ellis came to value it as a suitable medium for therapy. Cognitive behaviour therapy (which is what REBT is) is usually available within the NHS, though it is also widely available privately. It is a well-focused approach which is easy to understand and use. Meetings may be closed or open, and are likely to take place over a period of six to ten weeks, though it is also ideally suited to brief therapy. Sessions usually last one and a half hours, and often start with one person presenting a problem for consideration. The leader's role is a didactic and teaching one; books are recommended and participants are given homework exercises to do. The emphasis is on action and on confronting the irrational beliefs group members hold. The group provides feedback, support, suggestions, reinforcement and challenge. Self-help is encouraged and a wide variety of audio-visual material is now available for use either individually or in groups. REBT can be used in schools to educate young people in personal growth and development and according to Ellis (1997) its potential in this context is vast. It can also be used in business management and communications, as well as in therapy.

## Clients who benefit from group work

Earlier in this chapter we looked at some of the advantages of group counselling and listed the positive aspects of it for clients in general. However, certain clients are likely to benefit more than others, and these include people with relationship difficulties or those with problems in relation to authority. In both these instances the group can be used to spotlight and clarify the exact nature of the problem, and later on new styles of relating to others can be tested and used. Because the composition of a group is so varied, it is an ideal medium in which to identify problems of communication. Prejudice and irrational thinking are also exposed: attitudes to our own or other people's sexuality can be re-assessed, and more open and respectful styles of communication adopted. In symbolic form, the group represents a family, which means that members who experienced problems in their own families are given the opportunity to receive the support they may have missed in the past. Groups are also beneficial for clients with specific problems of addiction, either to alcohol or tranquillisers. Reasons for addiction can be explored in a group setting, and it is often the case that common themes and underlying problems emerge in discussions. From a practical viewpoint, group therapy may be cheaper and more readily available for some clients. Accessibility is an important consideration for many people, and when a number of people can be helped together, time and resources are saved too.

## Some limitations

Group counselling has some disadvantages and is certainly not suitable for everyone. One disadvantage is that in a group setting it may not be possible for the therapist/leader to give every client the amount of attention needed. In addition, highly anxious clients may find groups too threatening, and those who are deeply depressed are unlikely to benefit in the acute stage of their illness. Some people are also just too afraid to try group therapy, while others may be too vulnerable to cope with all the interactions which groups entail. People who are very out of touch with reality, including those who suffer from psychotic illness, are unlikely to benefit either. However, mental illness is not in itself a barrier, but clients with this kind of experience need to recover from the acute phases of the illness before entering the group. Many of the problems relating to suitability of clients can be resolved through the simple expedient of pre-group assessment, interview and selection. In addition, people can be matched to specific groups where special attention is directed to helping members deal with a particular kind of problem. Groups function at their best when there is diversity of membership, because such composition mirrors the mix in society as a whole. On the other hand, if clients are mentally ill, their level of functioning may exclude realistic and meaningful participation with a very mixed or heterogeneous group of people.

## ■ Summary

This chapter dealt with both the theory and the practice of group counselling. Areas covered included the evolution of groups, with special reference to the proliferation of self-help and specific focus groups, and to the development of group therapy in Britain and abroad. The advantages of group work were highlighted and the concepts of transference and countertransference were discussed in the context of the group approach. The use of defence mechanisms in groups was also considered, and the skills needed for successful leadership were outlined. Leadership qualities and styles were described, along with the requirements for group planning. The stages of group development were considered and Yalom's model (1995) was used as a starting point for discussion. Another model, based on personal experience, was also presented for discussion, and comments were added to stress the importance of understanding stages of group development. An adaptation of Bales' interactive process analysis (1950) was included in the section dealing with individual contributions to groups. Theoretical approaches to group work, including psychodynamic, person-centred, Jungian, Adlerian, transactional analysis, psychodrama, behaviour therapy and cognitive therapy were described. The benefits and limitations of group counselling were indicated.

### **Skills used in groups:**

- ensuring a safe environment for members
- listening
- clarifying
- interpreting
- reflecting feelings
- asking questions
- paraphrasing and summarising
- challenging
- showing support
- activating and encouraging

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## Resources

### Websites

[www.groupdynamics.com](http://www.groupdynamics.com)

This is about groups and group dynamics.

[www.groupdynamics.org](http://www.groupdynamics.org)

Research/group dynamics

[www.grouptherapy.ie/](http://www.grouptherapy.ie/)

Provides the following services: group therapy, education groups and study groups.

[www.psychodrama.org.uk](http://www.psychodrama.org.uk)

The website of the British Psychodrama Association. Also has links with The British Association of Drama Therapists

Journals online  
[www.apa.org/pubs/journals](http://www.apa.org/pubs/journals)  
American Psychological Association journals.