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Group Psychotherapy: A Review of Literature

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GROUP PSYCHOTHERAPY

A REVIEW OF LITERATURE

by

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HISTORY OF GROUP PSYCHOTHERAPY

The early period

Group psychotherapy has been described as uniquely American. It is indeed a consequence of the pragmatism of American psychiatry, which appeared willing to explore any new and possibly helpful technique.

Viewed in perspective, group psychotherapy's historical roots go back to the beginning of recorded time. Every great religious movement from Moses on has been psychotherapeutic and has reached masses of people. The Greek dramatists of the Hellenic era were deeply concerned about family relationships. The day-long performances of the Grecian classics were a form of mass psychotherapy in that the audience watched actors interpret many of the themes of family involvement. The dramas of Shakespeare, although set in the Elizabethan area, are concerned with many of the same themes. Formal group psychotherapy as such may be traced to Anton Mesmer's group hypnotic sessions of the early 1700's.

Glanz (6, p. 24) disclosed the following history:

> Investigations of the group as a social unit date back to efforts at the turn of the century, when observers and experimenters such as Triplett (1898), Simmel (1951), and Cooley (1909) were concerned with competition and cooperation within groups, group size and its influence, and similar topics. Beginning research in the area of leadership was carried out by Terman (1904); in social control, Thrasher (1927), F. H. Allport (1920), and Furfey (1927); and in subgroup cultures and small group effects, by Puffer (1912), and Riddle (1925). Piaget's (1926) observations and knowledge, gathered by examination of children's games

and other activities, were also important contributions for all persons in group research and theory building.

Today, most observers credit Joseph Hersey Pratt, a Boston internist, with the beginning of group psychotherapy. It is believed that Pratt originated the technique in 1905, when he organized tuberculosis patients into groups in class-type settings.

It has been suggested that Pratt was not entirely clear as to what he was doing. His first theoretical awareness seemed to develop in 1913, after he had been practicing his early version of group psychotherapy for a few years.

Before World War I, several physicians in the United States quite independently began using group approaches to patients. In an article published in 1921, Lazell described some of his experiences in treating mentally ill patients, however, his treatment consisted mainly of lectures to patients.

Ten years after the publication of Lazell's article, indicating that he was among the first to use group methods, L. Cody Marsh published an article that described in detail his method of group psychotherapy. A good deal of his work was related to the theory that patients could be supportive to one another.

Although Moreno has stated that from 1910 to 1914 he carried on experiments with groups of children, displaced persons, and prostitutes in Vienna, and classified this work with Pratt's class method as the beginning of modern group psychotherapy, he, too, has described group psychotherapy as an "American product."

Alfred Adler was credited with being the first European psychiatrist to use group methods. Combining his interest in intensive psychotherapy with his political philosophy of socialism, Adler was concerned

with ways of bringing psychotherapy to the working class. The group

method of treatment seemed to be an excellent solution to the problem,

since psychoanalysis, which stemmed from the environment of the Viennese

intellectual elite, had little impact upon the working people of that

time.

Mullan (13, p. 10) commented on the advances made by Burrow

in analysis.

> Trigant L. Burrow used the term "group analysis"
> as early as 1925. Little attention has been paid to
> Burrow, who was a great and original thinker. . .
> Burrow wrote sixty-eight articles and five books that
> summarized much of his research and concepts. However,
> his involved style has discouraged many readers.

He continued:

> Burrow's work took a new direction after he met
> Clarence Shields. Shields, an intuitive and somewhat
> retiring young man, was being analyzed by Burrow in 1918.
> As a result of this relationship, Burrow "discovered" the
> authoritarian attitude inherent in the analytic relation-
> ship. Burrow had been dissatisfied with the emphasis
> psychoanalysis placed on the individual, an emphasis that
> he felt excluded social forces. He believed that behavioral
> disorders should be traced back to social relatedness and
> that research should be carried out in a group setting.

> After 1932, Burrow became more and more interested in
> the biological principles underlying group behavior. His
> thesis is quite simple: Man is part of a group and the
> analysis of the individual can never be completed without
> real study of the group of which he is an essential part.
> He, therefore, devised a technique of group analysis,
> which was his distinctive contribution to psychoanalysis
> and group psychotherapy.

Mullan (13, p. 12) related more history when he wrote about

Slavson's contribution to the field of psychotherapy.

> During the 1930's, Samuel Slavson, originally an
> engineer who later entered group work and group education,
> began working with activity group therapy at the Jewish
> Board of Guardians. His concepts were a blend of group
> work, progressive education, and psychoanalysis. Activity
> group therapy emphasized the acting out of conflicts,
> impulses, and behavior patterns in the group setting.

Group psychotherapy had received a tremendous stimulus during World War II, when, largely due to the limitations of trained personnel and the number of psychiatric casualties who could not be treated, there was a strong effort to explore newer and briefer treatment methods. Techniques were explored in the years following the war.

Carl Rogers and his theories came forward during this period. Mullen (13, p. 13) reported:

> . . . his efforts were directed toward interaction with other group members, rather than toward insight as conceived of by psychoanalysis. The phenomenological and client-centered point of view is essentially devoted to the resolution of situational conflicts on conscious levels. Help is believed to be the most useful if first directed toward the problem that causes the individual (or group) concern. An individual is believed to have the capacity to heal himself if he is provided with a secure setting in which he can discuss his problems. The focus is on present behavior, and the client is urged to cope with his present perceptions, which should lead to a clarification of the self-concept.

Carl Rogers, while not directly interested in group psychotherapy, encouraged students of his "client-centered psychotherapy" to apply his techniques to the group. In 1942 Rogers presented an extensive picture of his views of counseling and therapy and at that time said: "Group therapy is the name given to the attempt to translate principles of individual treatment into procedures for groups, drawing heavily upon play techniques." (Mullen, 13, p. 13)

In many periods like that of the "mystery religions" of the Greeks or the guilds of the Medieval Period, special interests and skills permitted a strongly inculcated sense of identification. The informal groups that gathered at a bridge on the river Cam in the thirteenth century developed a fellow feeling and gave strength and discipline to individual members.

The two things that are new are first the secular, rather than the religious, spirit in which individual aims are redirected, and secondly, the sense of skill or technique. This emphasis on skill is a part of the scientific, technological movement which began in the seventeenth and eighteenth centuries, underlying the growth of science on the one hand and the Industrial Revolution on the other.

Group psychotherapy offers a unique and important setting for the student of small groups. While the experimental group of college sophomores is artificially created and somewhat unreal, the therapy group became very real to the patient who was deeply involved in studying therapy groups. Until recently there were few students of small groups who had sufficient therapeutic awareness or clinical experience to be aware of the complexities of psychotherapy. The patient must be consistently seen as an individual in distress and not as an experimental subject. Therefore, the patient's interest must always come first, no matter how much this upsets the usual research patterns.

The practicing group psychotherapist has fumbled along with little established theory of group functioning to guide him. He has generally learned through experience to solve such problems as the optimal size of a group and the various clinical entities with whom he can best work. The various theories of psychoanalytic psychology have been helpful as the group psychotherapist gropes along. For the most part, the language of psychoanalysis has been used as a framework for group psychotherapy theory and in the formulation of hypotheses. Until recently, there has been little systematic attention paid to the group variables which operate specifically in the group psychotherapy setting.

Glanz (6, p. 25) reminded us:

Groups may be formal or informal, organized or dis-
organized, open or secret, task-centered or growth-centered.
Each of these facts about a group can change its function,
objective, and method of operation. Each group is a sub-
culture and sub-unit of society with lesser or greater
ability to cope with the demands of a total society when
compared with the larger, organized complexes of society
such as education, business or the church.

SKELETAL DIMENSIONS OF GROUPS

What is new about a group? Man has dealt with groups since the beginning of time. These groups included such gatherings as family, friends, classes, etc. What is new involves kinds, size, purpose, and methods of communication.

Three concepts in group theory aid in clarifying the meaning and the use of the term "group." These concepts are interaction, size, and function. Interaction of members (group dynamics) and the inter-action between the group and its members (group field) are very essential to the existence of the group.

Groups are usually organized for three reasons: (1) to accomplish a task (task-centered groups), (2) to develop or change the participants' growth (growth-centered groups), or (3) to provide a structured learning situation (such as observed in a class). The terms content (what) and process (how) represent the major dimensions of the group.

The degree of interrelatedness of the members in a group can help to differentiate among mobs, crowds, collections, lectures, classes, and other groups. The environment in which a group is established, or the need that is felt for the initiation of group discussion offers the content out of which special group topics may be chosen. Glantz (6) has written a very informative volume concerning this aspect of group.

Glanz (6, p. 25) informed interested researchers that the analysis of the total process of a group in operation included many elements. The following process factors are important when groups

are used in guidance:

      Organization and purpose;

      Structure and function;

      Communication and perception;

      Motivation and learning; and

      Movement and progress.

The major elements necessary for an understanding of the operation of groups can be presented in many patterns.

Group composition

Groups have many forms, many structures, and may fulfill many purposes and functions. Regardless of the initiation process in a group, the first task which must be made is the determination of the task to be solved, the time to be resolved, or the purpose to be achieved. Groups can be spontaneous. The psychological needs operating are varied: (1) protection, (2) enhancement, and (3) action.

The success of a therapeutic group is related somewhat to its organization. For example, the size of the group, the heterogeneity of its members, and the personality types represented all influence the manner in which communcation between members is achieved and the degree to which it results in meeting the group objectives.

Although opinions will vary as to the degree of heterogeneity that is desirable in a group, Bach and Driver feel that they should be heterogeneous in regard to such factors as age, sex, socio-economic background, racial background, and educational level.

Slavson (21, p. 4) has reported: "However, the closer one can establish syndrome similarity for all the participants in a therapy group, the better. The procedure is then more efficient and the therapy

more effective." He did make a clear-cut observation when he said:

> Symptoms, as differentiated from the pathological
> syndrome, are not a valid criteria for grouping patients.
> . . . Thus, the nature of the pathology and the core or
> nucleus of the problem should be the unifying element
> of the patients.

Consequently, he would advocate such groupings as drug addicts, un-

wed mothers, alcoholics, etc., on the basis that they had many psychic

difficulties in common. However, he has warned, "There seldom exists a

sufficient pool from which one can select patients who fall within any

rigidly defined category."

In addition, Slavson (21, p. 134) had this to say about the

composition of the group:

> One of the chief aims of grouping is to prevent the
> density of pathology and aggression from rising above the
> limits of the patients tolerance. Too many intensely
> disturbed persons who reinforce one another many create
> tensions that even the therapist may find it difficult to
> tolerate. Just as in activity groups, so in analytic
> groups some members should act as neutralizers, that is,
> persons who dilute emotional tensions and introduce the
> element of self-control. Acting out can become extremely
> disturbing of too many participate in it at the same time
> and if it occurs too frequently. Emotions such as rage,
> anger, distress, self-pity, and hopelessness are infectious.
> The aim should be to have enough variety in personalities
> (even though similar in their syndromes) and problems to
> prevent too great reinforcement and overintensification.
>
> Patients are well suited for interview psychotherapy
> together if they act so as to catalize one another. To
> do this, (1) there must be adequate feeling of similarity
> of problems (identification); (2) some of the members must
> be less conflicted and less shy than others; (3) they must
> help one another decrease anxiety (through neutralization);
> and (4) they must act to diminish the homoerotic drives
> toward one another.

Slavson (21, p. 159) became more specific about the problem of

heterogeniety:

> It may, I believe, be fairly said, that most clinicians
> hold that heterogeniety is a sound criterion for group
> composition. However, each therapist seems to make his own
> exceptions. Some make up groups that are homogeneous as to

the nature of the psychological problems, taking, for
example, only psychosomatic cases, or even only asthmatics.
Others limit the group as to age, or as to the ages of the
children of the patients; still others, as to education
or socioeconomic status, and so on. By necessity I, too,
make exceptions. My mothers groups are sexually homogeneous
because it is difficult to get fathers to come in the daytime.
On the whole, though, I believe that heterogeneity in every
possible area is desirable, because it stimulates dynamic
interaction.

Lifton (10, p. 128) reported:

> If the group atmosphere is a function of the com-
> position of its membership, the question of who shall be
> included in the group is of importance. Slavson working
> from a psychoanalytic point of view believes a potential
> group member must be evaluated in terms of (a) having had
> at least minimal satisfaction in his primary relationships
> during his childhood, (b) not being too sexually disturbed,
> (c) needing a quantity of ego strength, and (d) having
> minimal development of the superego.

> Bach, working from a different orientation excludes
> people from the groups he leads if (a) they have in-
> sufficient reality contact, (b) have culturally deviant
> symptomology, (c) are chronic monopolists, or (d) have
> psychopathic defenses of an impulsive nature.

Size of group

When does a congregation of people constitute a group as op-

posed to a mob or crowd? What is an ideal size of therapeutic practice?

To be sure, many "mass" groups (such as Alchoholics Anonymous and

Christian Science) have no special maximum limits or minimum limits.

However, therapeutic psychologists feel that group size is a major

factor in the success of the group experience.

Kemp (9, p. 96) quoted Schellenberg in regard to group size.

> Sociologists and social psychologists have
> developed a growing body of data concerning the effects
> of size upon small groups. Among some of the more in-
> teresting of various findings are that idea productivity
> appears to vary inversely with size; that groups of
> four are slower on concrete problems than groups of
> two, but faster on abstract problems; that consensus,
> interaction, and satisfaction are all higher in groups

of five persons than in those of twelve; that accuracy in decision-making is better in groups of six than in those of two or three persons; and that member satisfaction is greater for groups of five persons than for either larger or smaller groups.

Lifton (10, p. 133) placed the upper limits between 8 and 15 while Slavson maintains the maximum should be placed at 8 to 10. Bennet (2, p. 148) established, "The minimum number might be from three to five in order to form an effective social unit, and the maximum from ten to twelve."

Rosenbaum and Berger (17, p. 411) included a paper by Geller in which Geller maintains that group size can be related to depth of therapy. Deep therapy requiring a smaller and closer knit group (maximum six to ten), general therapy requiring a maximum of eight to fifteen, and repressive-inspirational approaching thirty to fifty patients.

Bach emphasized that a well organized group represents more than simply placing eight or nine people together for the purpose of counseling. He advocates that careful selection of members is intimitable to the successful functioning of the group and even suggested screening procedures prior to admittance to group therapy.

Glantz (6, p. 80) reported:

Power and size are two major factors in group structure. Power provides the force for order and regularity in interpersonal relationships in and out of groups. . . size variables are related to inter- action and learning in groups.

Group arrangement

Sommer (22) revealed that the systematic study of the arrange- ment of individuals in small groups began in 1950. "Only recently have investigators begun to design experiments with group ecology as the

major independent variable." Results have shown that spatial arrange-
ment is a function of group task, the degree of relationship of
individuals, personalities of the individuals, and the amount and
kind of available space.

The resulting arrangement in turn affects communication, friend-
ship, and status differentiation between individuals.

Systematic study of spatial arrangements in face-to-face groups,
or small group ecology as the field has been termed, is a comparatively
recent development. Typically the arrangement of people has been an
incidental or background variable in psychological experimentation.
The use of spatial arrangement as an independent variable in small group
research can be traced to Steinzor, who noted some unusual spatial
effects while he was doing a study on other aspects of interaction.

Despite consistent and clear data, psychologists seem reluctant
to make the arrangement of people a major independent variable.

Mehrabian (11, p. 53) postulated an interesting position
relating to ecology, "A great many forms of nonverbal behavior can
communicate feelings; touching, facial expression, tone of voice, spatial
distance from the addressee, relaxation of posture, rate of speech,
number of errors in speech." He also related such items as body
position, gestures, self-manipulation, etc., to positive and negative
attitudes that affect and reflect status relationships. Other ideas
expressed by Mehrabian included close spatial arrangement as a technique
conducive to more positive feelings.

Berger's paper on nonverbal communication in Rosenbaum (17,
p. 429) extended Mehrabian's position on the subject:

These and other internal body reactions which may
be intuitive and unconscious in their connecting link-
ages occur in one moment to communicate to us and
influence us in our relations to self and others.
Particularly significant are the eyes, referred to
popularly as the "windows of the soul." The eyes,
face, and hands perform a major portion of our NVC
through the various nonverbal pictures they create.

Role of the therapist

What or who determines the role of the therapist? Is the role

determined by a specific "school," or is the role pre-cast by the in-

dividuals with whom the therapist works?

Rosenbaum (17, p. 397) revealed a multiple role for the therapist.

Some therapists attempt to impose roles on the patients. Reeve finds

that patients impose roles upon their therapists. His findings are

supported by Warkentin, Johnson, and Whittaker.

Salzberg (8) found that, although there was more patient-to-

patient interaction, there were at the same time more environment

responses (responses that were not relevant to personal problems) while

the therapist was silent than when he was talking. In another study,

Salzberg, Brokaw, and Strahley (1964) found that problem relevant

responses increased rapidly as the therapist shaped the responses of

group members. Spontaniety was found to be relatively more stable and

less dependent on the therapists' efforts to increase it.

Mowrer (12, p. 235) warned, "Professional therapists have long

presented a pedagogical anomaly: namely, failure to demonstrate the

very accomplishments which they urge upon their patients."

Rosenbaum (17, p. 282) reported:

The therapist does what he can to prolong the
informaility. When the meeting opens, he seats his
patients in a circle which he has joined himself and

outlines procedures. No activity is urged upon
anyone during the first two or three meetings.
This enables the therapist to utilize this time
to describe group analytic theory and technique.

Rogers (16, p. 27) had this to say in clarifying the therapists'

role:

Another formulation of the counselor's role is
that it is his task to clarify and objectify the
client's feelings. The present author, in a paper
given in 1940 stated, "As material is given by the
client, it is the therapist's function to help him
recognize and clarify the emotions he feels."

Kadis, felt that the therapist's control in a group is only

indirect. He reported in Rosenbaum (17, p. 446):

It has been charged that group regulatory
defenses will not permit patients to maintain group
structure and boundaries. However, my experience
indicates that the therapist's control is only in-
direct; in practice the group acts as his agent.
As we well know the gang acts either positively or
negatively and often endorses much stricter dis-
ciplinary measures than does the authority. And
each member's earnest wish to identify with the
therapist makes the group carry out his wishes.
Group control is thus exerted mainly by the members--
out of their positive identification and transference--
not by the therapist.

Karn and Gilmer (8, p. 328) did not reveal feelings concerning

the influence of the leader in the group as being stronger or weaker

than the group but they did stress the power position the leader can

maintain in group relationships.

Recent theories have stressed the needs of group
members as key aspects of the all-important situation.
The successful or valued or obeyed leader is one who
can help group members achieve their goals. This
emphasis on group members' needs and goals appears
sound, at least as one beginning of a theory of leader-
ship. In any kind of situation, a basic postulate is
that the more the leader (or any member) helps other
members achieve their goals, the greater will be the
members' acceptance of him. By "acceptance" is meant

that members are willing to follow the leader's
suggestions, express satisfaction with the leader's
conduct, etc. (Pelz, 14, p. 324)

All authors expressed concern over the therapists' value
system, adaptability, toleration, and probably most important--self-
understanding. Also mentioned frequently were the problems of trans-
ference and counter-transference.

Group interaction

The success of the group will depend on the dynamics of the
group. The content and process represent the major dimensions of the
group procedure. Glanz (6, p. 129) reported on the findings of Benne,
Bradford, and Lippitt. They describe step-by-step actions of most
groups in discussion and group thinking. Nine stages are offered as
characteristic within groups:

1. Clarification of group procedures.

2. Building a feeling of permissiveness to have problems.

3. Getting the problems out.

4. Boiling the problems down and selecting a common problem.

5. Developing and maintaining group direction.

6. Maintaining "realism" in group discussion.

7. How a group informs itself (obtaining facts and data).

8. Making group decisions.

9. Evaluation of group processess.

Because interaction plays such an important role, Glanz (6,
p. 87) pointed out the aspect of the individual personalities as a
major determinant of the group outcome.

Interaction of the group is dependent on the
perceptual field of each individual and the communica-

tion variables. How the individual perceives his
own role, how he perceives the "other person" is
essential to the productivity of the group. The
"self" is a dimension that is somewhat out of the
world of reality as its connotation depends on the
participant. Words and connotations make up much of
the environment in which the group operates. Com-
munication with a group is dependent upon variables
arising out of the personalities of the persons
involved and the nature of the communication pattern.
Variables other than the self and the other person are
the organizational structure of the group; the complex
factors of interpersonal feelings and attitudes
toward members by members; and even problems of
perspective group members arising out of position or
prestige.

Tiffin and McCormick (24, pp. 404-405) felt that group integra-

tion was directly related to the cohesiveness of the members participat-

ing in the group activity.

The cohesiveness of groups varies greatly from
group to group, some being very loose, others being
tightly knit. While different definitions of groups
integration have been proposed, Stogdill defines the
real test of integration as the ability of the group
to maintain structure and function under stress. The
stress presumably can be either internal or external.
From the point of view of the individual members,
integration is high when the members are loyal to the
group, are willing to make strong efforts to support
it, and are closely agreed on the goals of the group
and methods of attaining the goals.

The participation in group activities by
individuals is attributed by Stogdill to the
"expectancy" of the individuals, defined as a
"readiness for reinforcement." He suggest, further
that it is a function of the individual's drive,
of the desirability to him of the possible outcome
of his participation in the group, and of the prob-
ability of that outcome.

The nature of the expectancy for individuals
obviously varies with one's value system. One person
might be active in a group because it bolsters his
sagging ego, another because it offers the oppor-
tunity to exert authority, another because he wants
to work off his aggressions, another because of the
social interchange, etc. It would be expected that
individuals tend to seek affiliation with other per-
sons who are perceived to have the same value systems

as their own--and who might then "reinforce"
their own value systems.

Reflection of the basic training of the counselor, has recalled
that the very basic factors of acceptance, understanding, and per-
missiveness are essential in the interaction of the group. A person
is not free to explore new learnings in a threatening atmosphere.
Therefore, the climate of the group is an essential element in the
success of the meetings.

Description of the observable variables in a group and
delineation of the dynamics of interaction are the contributions of
the field now known as "group dynamics." This field is distinctive
from that of "personality dynamics," of which psychoanalysis is the
best known representative, which applies itself to the why of human
behavior, and deals with motivational determinants.

Perhaps the major contribution to group dynamics was made by
Kurt Lewin who focused attention on the complex and shifting nature
of group life. Lewin emphasized that in a group there is an inter-
dependence of individuals who characterize the "dynamic whole," a
change in one sub-part influencing change in the state of any sub-
part. Under Lewin's leadership experimental studies attempted to
delineate the internal structure, processes, phenomena and laws of
group life as well as to apply this data to such practical problems
as group productivity, leadership cohesiveness, etc., that occurred in
industry, education, correctional work and other fields.

Contributions to interaction process analysis have been
attributed primarily to Bales and Lewin. Shepherd (19, p. 27)
reviewed the major contributions of each.

Lewin's field theory is a perspective that has excited social psychologists because it is challenging, theoretically simple, and its use has led to empirical research. A major focus of field theory has been the individual and his relation to the group, with less attention to the characteristics of the group itself. A second theory which has placed more emphasis on the group and less on the individual has been the theory and observational scheme of Robert F. Bales. Bales' interaction process analysis (IPA) has had a considerable impact on the study of small groups, though for different reasons and with different consequences than Lewin's field theory. Where Lewin draws on the psychology of the individual for his point of departure, Bales draws on the sociology of groups and social systems, and where Lewin's major contribution is an overall perspective, Bales' major contribution is an observational scheme.

The researches and bibliography in group dynamics have been very substantial, including among others the work of French, Festinger, Bavelas, Deutsch, Cartright, Homans, Bales, Lippitt, and Hare.

According to Wolbert (25, p. 107):

The concern of psychotherapists with group dynamics is predicated on the basis that behavioral changes are constantly being consummated through the individual's interactions with family, peer, occupational, religious and other groups of which he is a member.

Common to all groups are a number of phenomena: (1) All groups possess some kind of structure; (2) the members assume or are assigned specific roles; (3) goals toward which the group strives are implicitly accepted or explicitly defined; (4) a communication network mediates the interactions among members; (5) group norms are applied with varying pressure to each individual; and (6) both cohesive and disorganizing forces are at all times operative.

Dynamic interaction is the essence of group activity. Never static, the group constellations alter themselves as new fusions, enmities and alliances allocate different roles for the members. A status hierarchy soon precipitates out which determines the nature and direction of communication. Interacting patterns are evolved which reflect role expectancies.

GROUP FORMATION

Types of groups

Within the framework of group psychotherapy, we find that there are various types of encounter groups. During the past few years, extensive groundwork has been done by leaders in the field to develop basic guidelines for the utilization of several types of groups in the field of therapy.

Harper (7, pp. 133-134) described group psychotherapy thus:

This system of group psychotherapy is the application of the client-centered therapeutic theories and techniques to the group setting. It is believed that each member of a group needs to find the same feeling of acceptance from other group members, as the client finds from the therapist in individual therapy. The genuine expression of such feeling of acceptance by the group therapist, it is contended, spreads contagiously through the group, but it may take some time for it to do so. When it happens, however, it has more beneficial effects than acceptance by the therapist alone, for it is a more potent experience according to Rogerians, to be understood and accepted by several people who are honestly sharing their feelings in a joint enterprise than simply by a professionally understanding therapist.

The therapeutic role in group-centered therapy of ten falls to other members of the group other than the therapist. Studies made by the client-centered school seem to indicate that in later sessions, group members become more adept at assuming the therapeutic role for fellow members. That is to say, that they seem to become more permissive and accepting and less inclined to be interpretive, evaluative, and critical. They are thus able more adequately to function in a way that assists other group members to explore their own feelings futher.

One of the advantages of group-centered over individual client-centered therapy, according to its proponents, is the immediate opportunity it affords the group member to test the effectiveness of his ability to relate to people.

Training group (T-Group)

       One of the group methods most employed toaday is the T-Group or Training Group. According to Glanz (6) the significant value of the training group lies in the self-examining attitude which prevails within the group at all times. Tasks are completed, tasks are rejected, progress or lack of progress is a function of the group as a whole; the examination of the process which leads to the actual happenings is the crucial step which must be taken within the training group. The threat of the possible failures and skill inabilities of the group make it necessary for the members to establish a secure atmosphere for experimentation. The training group provides the first level of experience out of which learnings may be acquired, though it needs to be integrated with other approaches in the training process.

       In an evaluation of the T-Group, Bradford, Gibb, and Benne (4, p. 1) describe the T-Group as:

> An innovation in the technology of education.
> As a technology, work with T-Groups has generated
> a variety of technical problems concerning stimulation,
> support, and stablization of certain learning out-
> comes. Many methods have been developed and tested
> in efforts toward solutions.

> To the educators who work with T-Groups,
> however, and to the thousands of men and women who
> have participated in them, the T-Group is more than
> an educational technology. It has its roots in a
> system of values relative to mature, productive,
> and right relationships among people. It is grounded
> in assumptions about human nature, human learning,
> and human change. Part of its meaning stems from
> the commitment of its practitioners and participants
> to a set of educational goals--both personal and
> social. This story will attempt to clarify the
> deeper meaning of T-Group experience.

> A T-Group is a relatively unstructured group
> in which individuals participate as learners. The
> data for learning are not outside these individuals
> or remote from their immediate experience within the

T-Group. The data are the transactions among
members, their own behavior in the group, as they
struggle to create a productive and viable organiza-
tion, a miniature society; and as they work to
stimulate and support one another's learning with-
in that society. Involving experiences are a
necessary, but not the only, condition of learning.
T-Group members must establish a process of inquiry
in which data about their own behaviors are collected
and analyzed simultaneously with the experience which
generates behaviors.

Each individual may learn about his motives,
feelings, and strategies in dealing with other
persons. He learns also of the reactions he produces
in others as he interacts with them. From the con-
frontation of intentions and effects, he locates
barriers to full and autonomous functioning in his
relations with others. Out of these he develops new
images of potentialities into actualities.

While there are many obvious similarities
between the T-Group and the therapy group--in part
because any effective education has therapeutic
overtones--the T-Group differs in a number of
important ways. It tends to utilize data about
present behavior and its consequences rather than
delving into genetic causes. It tends to deal with
conscious and preconscious behavior rather than with
unconscious motivation. The T-Group makes the
important assumption that persons participating
are well rather than ill.

Man's image of himself and his society has always been the

most important determinant of his behavior. Group life has always

been an integral part of any culture. Groups have banded together

for religious purposes, social purposes, protection, etc. As we

catapult into the Space Age, we find that man now tends to feel more

and more isolated in a mechanistic world. Mowrer (12, p. 1) points

out that "As man, through science, acquires more and more control

over the external world, he has come to feel less and less capable

of controlling himself, less and less the master of his own soul

and destiny."

As man has tried to understand and unravel the complexities of living in a modern world, various techniques and ideas have been conceived as to the how's and why's of human behavior. Psychologists and psychiatrists have used individual techniques and various methods of group techniques other than the T-Group. Other attempts include diagnostic sensitivity, group marathons, "attack-ins," etc.

Again, referring to the T-Group, we must remember that this training program refers to a laboratory method of training in human relations. Under this plan there is no leader, no agenda, no procedure. All group members have equal status regardless of the position or prestige in back-home life. Driver (4, p. 342) related the historical beginning of group by informing us that the T-Group method originated in the work of Kurt Lewin. In a T-Group situation, all members MUST assume the leadership function.

Driver (4, p. 343) maintained:

The goals of individual group members relate in varying degrees to one of the four objectives of human relations institutes and workshops:

1. Diagnositc sensitivity--awaremenss of one's own feelings and the feelings of others; ability to analyze interactions and performance in a problem-solving group.

2. Group development concepts--group dynamics, change-agents in groups, factors favoring or preventing progress in group problem-solving.

3. Behavioral skill in groups--how group members fill the needed roles of participation and leadership.

4. Carryover of knowledge and skills--how to put them to work in back-home situations.

The task of the T-Group is explained in the first session by the staff member: to develop its own leadership; define the problems it wants to work on; agree on

Glanz (6, p. 158) also reported:

> T-Group use helps new group workers to center
> upon the process of a group rather than the task
> assigned to it. They must work on something in order
> to examine their own behaviors, feelings and attitudes,
> but the growth of the group members is the primary
> emphasis in the group procedures that are carried
> on in the training program. . .

Lifton finalized the intent and purpose of the National

Training Laboratory when he report (10, p. 22):

> The early concern (1947) in the basic Skills
> Training Group of the National Training Laboratory
> has shifted from a major preoccupation with skills
> development to a deeper and more sensitive concern
> with the problems confronting people who recognize
> the need to change. This awareness that the re-
> educative task has deeper therapeutic dimensions
> has led to the foundation of what is called the
> T-Group.

Sensitivity training

Sensitivity training stems from the theories of group dynamics.

While the recognition of the phenomenon of group interaction is nothing

new, Lewin systematically investigated this phenomenon over a period

of years and focused attention on this process. He reported that group

discussion was markedly more effective in bringing about change of

attitudes than was the lecture presentation.

Sensitivity training is now used in many facets of our society.

One area that uses sensitivity training quite extensively is the area

of industry. Tiffin (24, p. 308) reported on procedure.

> In sensitivity training it is usually the practice
> to have the training group brought together in a place
> away from their jobs for a period of several days.
> During this time they are under the very general
> direction of a training leader, but his role is a very
> nominal one, typically that of simply setting the stage
> and observing. He may or may not assign some topic for
> discussion. Basically, however, the group is on its
> own. As it tries to organize itself and grapple with

discussion problems, the interaction of the members comes into play, with the associated human reactions to the successes, frustrations, failures, personal differences, irritations, and jealousies that are usually manifest. Out of the welter of this unstructured, sometimes aimless process, the participants are supposed to develop greater understanding of the behavior of others, and sensitivity to their attitudes (hence the name "sensitivity training").

The general trend is for the individual to try to see himself somewhat objectively. He should become aware of his affect on others, his strengths, and his weaknesses.

From the world of business Strauss (22, pp. 560-561) reported on the value of group interaction.

What has been called "sensitivity training," however, is more concerned with helping supervisors gain greater insight into themselves and in the manner in which others react to them. Instead of talking about the abstract problems outside the group, discussion is centered on what is happening within the group itself. Sensitivity training helps each man understand how he actually does behave--an awareness that he must have before he can decide in theory how he should behave. . .

In a well-conducted sensitivity-training program, the trainees in effect train one another, though the trainer helps by asking a few skillful questions which raise problems that the group may (purposely, but perhaps unconsciously) have been ignoring. Learning takes place through analyzing one's own emotions rather than on intellectual logic. There is no fixed agenda, and often no apparent limits are set on the content of the discussion. . .

Whereas the lecture is the most rigidly controlled form of training, sensitivity training is the most loosely controlled form. Yet, paradoxically, the very fact that the trainer exercises such loose control demands that he be highly skillful. . .

Since sensitivity training often touches on areas of high tension and deep frustration, the trainer must be able to recognize when a trainee is being subjected to more criticism than he can handle, and must take immediate steps to protect him. If the criticism grows too sharp, the victim may even suffer a mental breakdown. Certainly he will become so tense and defensive that he is no longer

able to learn. Moreover, if the session becomes overly painful, the participants may turn their aggressiveness against the trainer, or may decide that the program is useless and abandon it altogether.

The skill of the therapist is, of course, of the most important considerations of the sensitivity session.

Marathon group

Over a period of years psychologist have experimented with the idea of extending the group situation into one long session to see what final outcomes of such an experience would be.

The basic marathon is a group situation of not less than 20 to 24 hours of intimate intensive human interaction designed to break down barriers and to force participants to remove their masks. Such a situation has resulted in a change of attitude on the part of the participants. Bindrim (3, pp. 25-26) offered a new concept in the marathon procedure. He reported:

> Such round-the-clock pressure leads the partici-
> pants to take off their social masks, stop playing
> games, and start communicating openly and authentically.
> In theory, anyway, a marathon group moves from mis-
> trust to trust, from polite acceptance to genuine
> critique, from peeping-Tomism to participation, from
> dependency to autonomy, from autonomy to democracy.
> During this trial by intimacy, one's roles, masks and
> pretenses, tend to peel away layer by layer, revealing
> a more authentic self.

As the marathon develops into emotional intimacy, the partici-
pants have apparently felt more secure in their relationships and have exhibited a tendency to disrobe. Apparently on one occasion, members of a marathon group did actually disrobe and engage in a swimming "fellowship" following the marathon. Aided by Abraham Maslow (3, pp. 25-26) psychologists began probing the idea of nude marathons as a technique that might accelerate the process of becoming emotionally open and intimate.

A study was conducted of the benefits derived from belonging to a nudist colony. As a result, nude marathons began as a test to see if self-acceptance could be hastened through a situation where society's material values would have no effect.

Bindrim continued:

> Examples of benefits from the nude encounter continue to multiply, though the nude marathon is still too new for long-term follow-up and evaluation. Frigid females, impotent males, and sexual exhibitionists have become at least temporarily symptom free. Arthritics have been relieved of pain. Long-standing bachelors who could not commit themselves emotionally have married. Depressed individuals have been freed of suicidal tendencies. Psychotics in remission have lost their compulsive gestures and behaved normally by the end of the session. Swingers at one nude marathon found a new need for emotional relatedness in sexual expression. Marriages have been revitalized.

The concept of self-acceptance seems to be a predominate consideration of the organization of group marathons. Members report that at first they are very conscious of their physical defects, but once the initial self-examination is over they feel very much at home. The underlying feeling seems to be that with self-acceptance ego-strength will be greatly enhanced.

At the present time, nude marathon is accepted by some psychologists as a meaningful learning situation; others reject it as an attempt at sensationalism and manipulation.

Attack-in

Many authors have reported on the scucess of the treatment offered drug addicts at the Synanon center. The key to this group seems to be aligned with the theory behind Alcoholics Anonymous--that only those who have experienced the malady can truly have empathy for the position of the affected.

The prime therapeutic tool at Synanon is the group encounter--
a game of rough and relentless "attack therapy." The game is rough
but in a warm and supportive context.

Daytop Village is another treatment center for drug addicts
that has been very successful. Bassin (1, p. 48) revealed the basic
philosophy at the Village. "The Daytop philosophy is to consider the
drug addict as an adult acting like a baby; childisly immature, full
of demands, empty of offerings." This philosophy, obviously, differs
radically from conventional methods.

Bassin continued:

> Conventional methods of treating drug addicts
> have been grossly ineffective. For example, follow-
> up studies in the U. S. Public Health Service Hospitals
> in Lexington, Kentucky, and in Fort Worth, Texas,
> reveal that more than 90 per cent of released patients
> relapsed patients relape into drug addiction within
> a few years.

Intake procedures at Daytop are organized to challenge the
applicant's sincerity to break the habit. One rule is that applicants
MUST make application personally. He must be over 16 years of age and
must not be a pillhead. Initially the applicant is told that the
institution is crowded and that the space is limited. He is told to
"call back" at a specific time. If he does not call back at the
indicated time, he is told that apparently he is not sincere in his
desire to "break the habit." He is given another time to call back.
If he calls back again he is instructed to appear at the Village but
that he must be clean of drugs for a 24 hour period. Once he arrives
at the Daytop, he must go through a series of planned "hurdles" before
he will be considered. One such hurdle is the problem of sitting in
the reception room waiting for a three or four hour period before he is
admitted.

Interviews are conducted by past ex-junkies who present the image of social workers. These therapists are polite and interested until they feel the addict thinks he has figures them out--then the "attack-in" begins.

Therapists jeer at the addict and make fun of him. They inform him that they understand him because they have "been the route." They tell the new member that despite his physical size and age, he is a baby in terms of maturity, responsibility, and judgment. Then they stress new structures by suggesting, "act as if you're a man; act as if you were intelligent, etc." The addict is then told that, "the only acceptable explanation for addiction is: STUPIDITY.

Parents are also counseled. They are told to stop blaming themselves and to face the fact that "junior" must be responsible for his own acts. Thus, they are counseled to be cold and hostile to their offspring. It is important that they reject him should he try to leave the Village and return home.

Encounter groups meet three times a week and evolve into real "reality" testings where other members are assigned to the "hot seat" and attacked by other group members.

Dr. Lewis Yablonsky, research consultant to Synanon, after his first 25 sessions found that, "the group attack was an act of love in which was entwined the assumption: If we did not care about you or have concern for you we would not bother to point out something that might reduce your psychic pain or clarify something for you that might save your life." (Bassin, 1, p. 42)

Reprimands to offending members range from a verbal barrage to a haircut, from a haircut to banishment. If the addict can stay at

Daytom Village three months or more, he has a good chance for recovery.

Daytop involves inself in a form of marathon as well as in long retreats. It is an outgrowth of Synanon and is a halfway house for addicts.

Bassin (1, p. 68) said: "Abraham Maslow, president of the American Psychological Association, and O. Hobart Mowrer, a former president, both have proclaimed Daytop as one of the great therapeutic community developments of our time." Mowrer is now writing a book on Daytop, The Dayton Dynamic.

GROUP LIMITATIONS

The literature revealed many authors praising the technique of the group encounter; while an abundant supply of literature sounded a warning of the dangers involved. Shostrom (20, pp. 37-40) warned:

> These are dangers in all group encounters--
> groups are crucibles of intense emotional and intellectual
> reaction, and one can never say exactly what will happen.
> It can be said generally, however, that well-trained
> people are equipped to recognize and deal with problems
> (and successes) before, while and after they happen, and
> that illtrained or untrained people are not. Yet training--
> in the sense of specialized, formally accredited education--
> will not guarantee that a man or woman will be a helpful
> or successful group leader.

Shostrom's article listed seven DON'Ts for people who want to engage in the group encounter. The author pointed out several group situations which he considered dangerous--these were merely warning signals and to be used as a general guide.

Sensitivity training has also been under attack. Strauss (22, pp. 561-562) pointed out the controversy regarding sensitivity training:

> As might be expected, sensitivity training has
> aroused considerable controversy. The critics of this
> technique charge that at worst it creates levels of
> tension higher than many people can handle, and that
> at best it is a highly frustrating series of un-
> productive conferences. In particular, it has been
> attacked as leading to enmity and bad feelings rather
> than to insight and improved behavior. Defenders of
> the technique respond that all true learning entails
> tension and frustration, and that only through an
> emotional experience can trainees evolve answers
> that really fill their needs.

Peters (15, pp. 282-283) discussed both the positive and negative aspects of the group experience:

What many practitioners of group counseling
refer to as the content and process of their work
would appear to be much more a discussion of common
topics and the manipulation of symbolic meanings rather
than a real-personal integration of one's experience.
Group situations can be permissive and accepting to
a degree, but too frequently individual group members
may feel great trust of the counselor, but the feeling
of trust of the other clients of the group is some-
what less than complete. This imposes limits on the
real exploration and meaning of one's experiences,
their continuity and their integration.

It is our position that because group processes
are employed in the conjunction with counseling, the
individual is helped with his integration and his
development as a more fully functioning person.
Semantic confusion is just compounded by placing an
adjective like group before the word counseling. We
would like it to be carefully noted at this time
that we are not denying the learning potential in
or the existnece of group relationships within the
context of developmental guidance. We would emphasize
that great controversy is present.

AN OVERVIEW

After consideration of the general implications of group psychotherapy, one could not feel the review as completed without relating some of the ideas present in Mowrer's book, The New Group Therapy, in which he postulated a new conception of the mind-body problem which has intersting implications for a philosophy of guidance. Most guidance workers and psychologists would agree that this work promotes a move toward re-evaluation of the acceptance phenomenological model of human behavior. Mowrer, together with Rollo May, Viktor Frankl, Dugold Arbuckle, Gordon Allport, Leona Tyler, William Luijpen, C. Gilbert Wrenn, Carl Rogers, and C. H. Patterson, has been urging for the return to concern for the individual for sincere commitments and sincerity. One might seriously consider thinking of these men as guidance moves toward a new level in its development. They are perhaps the guiding light in the revitalization of the field of guidance.

Group procedures have been explored throughout the general field of psychology and psychiatry. One must not assume that because it has been explored, it has been accepted. Slavson (3, p. xii) reported:

> However one must not be lulled into a state of self-deception and assume that group psychotherapy is universally accepted by all schools of psychiatry and psychotherapy, or by all practitioners. There exists an aloofness on the part of some because the idea of group psychotherapy does not fully accord with their specific systems of thought, perhaps even dogma . . . There is also on the other hand a healthy skepticism-- an attitude of watchful waiting until this new clinical fledgling will grow its wings and demon- strate its potency.

Mowrer (7) maintains that there is perhaps new briefer or more accurate wyas to epitomize the trend, during the past decade or so, in secular thought concerning psychopathology than to note the gradual loss of confidence in Freudian theories and the growing acceptance of the view that in neurosis guilt is real rather than illusory and that effective therapy must somehow take its reality into account. This trend has, inevitably, resulted in a new interest in the mental-health implications of religion and in numerous attempts at reconciliation between religion and the secular professions into whose hands responsibility in this area has largely gravitated.

Mowrer (7, pp. 174-175) also stated:

> Because Protestants do not use the word "scrupulosity," it may be assumed that they have eliminated the problem. By no matter of means! In fact, we may fairly say that every Protestant minister or layman who becomes "neurotic" is an instance of "scrupulosity" in the sense that he had either not been properly led to use the healing resources which are available to him or that these resources are themselves quite insufficient to his need. There are literally millions of Protestants who have followed Reformation theology as exactly as they know how and still have found no deliverance from the onslaughts of an aggrieved conscience. Conscience is a product of community life and experience and is designed to keep the individual "in community;" i.e., "good."
>
> Sin, in its most broadly defensible definition, is a rupture of this relationship; and there is by the very nature of the case, no private solution possible for the personal "condition" thus created. "Scrupulosity" is the forlorn and inevitable outcome of the effort to devise a private solution to the problemof personal guilt and alienation in a religious context, just as "transference" is the equally unfortunate and confused expression of the effort to find, through psychoanalysis, a private solution in a secular context. A radically new (actually very old but "lost") form of group therapy seems to be the only remaining hope--for the Church, for the secular healing professions and for mankind.

The purpose of psychotherapy was condensed quite adequately by Harper (7, p. 156):

Psychotherapy is, if we may now generalize from
our list of common effects, a contemporary means for
individuals with poorly functioning value systems to
find the support of an apparently strong and successful
person in learning a new value system and how to live
more effectively thereby. None of these value systems
learned in therapy may be considered totally satis-
factory for meeting the problems of present-day social
turbulence. They are varying successful stopgap measures
for persons who no longer get sufficient ego strength
and relationship support from such long-standing
institutions (value systems) as the church, the school,
marriage, and the family.

The accelerated tempo of social life today coupled with the

problem of living in a mechanistic world has created more problems for

the individual. Mowrer (7, p. 1) contemplated on this paradox:

In the same decade in which we produced the atomic
submarine and started probing interstellar space, we have
also seen, significantly, the emergence of the beatnik,
personality disintegration has become endemic, and
society itself is commonly said to be "sick." We remain,
to be sure, optimistic about what man can continue to do
"through science" by way of dealing with his environment;
but we have become extremely doubtful and pessimistic
about man. This reciprocal relationship is not, it seems,
accidental: the same presuppositions and intellectual
operations that have given us such unprededented power
over nature, when extended to ourselves, produce a
pervasive feeling of helplessness, confusion, resignation,
desperation.

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