One

INTRODUCTION TO GROUP THERAPY

One of the principles most fundamental to group therapy is that an individual is affected by the system in which he or she functions. What applies to individuals also applies to the modality of group therapy: The sociocultural context in which group therapy is embedded has over the years critically influenced the course of its development. For example, group therapy was born in the United States at a time when the philosophical school of pragmatism was the dominant intellectual orientation. Pragmatism, espoused by such writers as Charles Pierce, William James (1907), and John Dewey (1900), put forth the principle that the practical value of our ideas of self, other, and the world is the measure of their truth. Whether an idea should be retained or discarded turned on its workability, its capacity to enable an individual to adapt to his or her environment. Pragmatism also emphasized how identity emerges out of one's relationships with others (i.e., having an identity means being in relationship to others). These notions were highly compatible with fundamental tenets of most theoretical approaches to group therapy. For example, if one's identity relates to how others see the self, then what could be more useful in consolidating one's identity than to ask others how one is perceived? If the test of one's concepts about self and others is whether they are adaptive and functional, then what could be more helpful than learning about the effects of one's conceptions on others? Some of the educational concepts of the pragmatists, especially Dewey, were directly applied to the therapy groups.

A thumbnail sketch of its history will introduce the reader to group therapy. However, rather than merely describing the evolution of this modality, we will consider those intellectual trends and historical events that most affected its course over time, and we will identify elements in past approaches that have reached fuller fruition in the present. Through this discussion, the reader will be led to the question: What is group therapy?

THE HISTORY OF GROUP THERAPY

The following sections note the significant events in the evolution of group therapy, broken down by developmental periods.

1900–1920: Practical Beginnings

At the beginning of the twentieth century, tuberculosis was a disease of epidemic proportions. A Boston internist, Joseph Pratt, after seeing patient after patient individually, developed a growing curiosity as to whether patients would provide solace to one another if given the opportunity to converse. His curiosity found fruition in groups that he organized and led, which he called "thought control classes" because they included didactic elements such as tips for how to cope with the illness. However, gradually he became impressed with the power of the interactional components of group. Pratt not only functioned as a trailblazer in establishing a path for this new modality but also anticipated many aspects of contemporary approaches. For example, his work foreshadowed the use of group treatment with many populations of individuals with physical problems such as breast cancer, irritable bowel syndrome, lupus, heart problems, and so on. He provided the first example of a homogeneous group that revolves around a difficulty shared by members. Especially prescient of later work was Pratt's clear recognition of the social component of physical illness, a component that made it very amenable to treatment through the group. Pratt was also attentive to the effects of group treatment. For example, he tracked members' weight changes because weight gains might be seen as one positive consequence of treatment. His data collection effort was typical of rich empirical tradition in the practice of group therapy in America.

In the next decade, L. Cody Marsh published an article describing a group treatment format he developed for a psychiatric population. Marsh's approach was multidimensional, relying upon lectures, art, music, and dance. Marsh recognized that members could act altruistically toward one another, find common ground in their thoughts and feelings, experience acceptance, and enjoy an esprit de corps, all of which would ameliorate suffering. Marsh, who is credited with the founding of milieu therapy, is remembered for his dictum "By the crowd they have been broken, by the crowd they shall be healed," an optimistic view that is very much at odds with some dominant theoretical positions of the next decades.

In the work of L. Cody Marsh we see two elements that were drawn from the broader American culture (Van Schoor, 2000). The first was a religious inspira-

tional component. In a country that was populated by the descendants of immigrants who were escaping persecution, religious ideas had a fundamental importance and were expressed in many mediums, including group therapy. Marsh was a former minister and introduced inspirational elements into the group sessions. Connected to this religious value is a belief in education. As Van Schoor (2000) notes, it was the great religious groups of the United States that founded so many of its educational institutions. There was a belief of unlimited self-improvement through education. This value is seen in the work of Marsh, Pratt, and other pioneers in their emphasis on group therapy as an educational experience.

In 1919 and into the next decade, psychiatrist Edward Lazell developed a group approach for the treatment of schizophrenic and manic-depressive individuals at St. Elizabeth's Hospital in Washington, D.C. His method consisted of presenting patients with basic psychoanalytic concepts. Lazell believed that once individuals see that their symptoms are understandable, those symptoms are likely to abate. Like Pratt, Lazell believed it was important to track members' progress to see if in fact the group experience was beneficial: He had nursing staff note changes in patients' need for nightly sedatives over the course of their group experience (Fuhriman & Burlingame, 1994a). This empiricism exhibited by early practitioners was highly congruent with the philosophy of pragmatism given the latter's emphasis upon the testing out of ideas.

The accomplishments of group therapy's first decade are summarized in Rapid Reference 1.1.

Rapid Reference 1.1

Achievements from 1900 to 1920

- The first therapy group was conducted with individuals with physical illness.
- A therapy group format was developed for psychiatrically hospitalized patients.
- Psychoeducational techniques were developed for therapy groups.
- The pioneers of group therapy demonstrated interest in tracking members' progress.
- Therapists began to identify therapeutic mechanisms such as universality, hope, and altruism.

1920–1930: Theoretical Beginnings

The next decade distinguished itself by its theoretical developments, many of which took place in Europe. At the beginning of the 1900s, Europe was in a state of disarray, a spirit of nationalism held sway, and many countries sought to extend their borders. Europe's great powers such as France, Great Britain, Austria-Hungary, and Germany were fiercely

rivalrous with one another. The Ottoman Empire, including the Balkan region, was in a state of rapid decline. Europe was a veritable land mine, whose ignition led to World War I.

Given these circumstances, scholarly interest was naturally drawn to group psychology and the dangers inherent in group life. A theorist who had some rather provocative ideas on group life was Gustav LeBon, a scholar of the French Revolution. Although LeBon published his seminal work, The Crowd, in the late 1800s, it was not until its republication in 1920 that it achieved scholarly attention. Because his ideas were so provocative, he succeeded in creating some intellectual interest in the problem of how large groups affect the mental lives of individuals within them. LeBon held that when individuals come together in a large group, they exhibit, in aggregate, a kind of group mind or collective mentality wherein participants show a willingness to engage in behaviors that they would never exhibit when operating individually. This lack of inhibition is rooted in a sense of invincibility: Being in a crowd enables individuals to feel that they can escape both external punishments and their own consciences. The large group or crowd is highly suggestive and vulnerable to the manipulations of charismatic but unscrupulous leaders. Members are also subject to contagion or the readiness to take on without reflection the psychological elements manifested by those around them. For example, one person's fear can easily lead to an entire group's becoming fearful. The reader will see in Chapter 7 that, like LeBon, new members of therapy groups often believe that the symptoms of other members are contagious (e.g., saying, "I don't want to catch their depression"; MacKenzie, 1990).

Also interested in collective mental life was William McDougall (1923), who shared many of LeBon's views of the primitive functioning of the large group. However, McDougall made a distinction between the organized and unorganized group, with the former having a capacity for work and the latter being dominated by its own impulse life. The differences between LeBon and McDougall anticipated differences among later theorists concerning whether group life brings greater peril or promise (Ettin, Cohen, & Fidler, 1997).

DON'T FORGET

Contagion, identified by Le Bon, is the readiness of members to take on the psychological elements manifested by those around them.

Sigmund Freud's 1921 text *Group Psychology and the Analysis of the Ego* set forth important notions about group life that would be used and further developed by psychodynamic group scholars in later decades. In this classic text, Freud raised the basic question of what is a group. He

distinguished a group from a mere collection of individuals and held that the key element for a group was the presence of a leader with whom members could identify and with whom they could form an attachment. Out of members' common relationship with the leader comes their identification with one another. This identification sets the stage for empathy, whereby members can participate in one another's psychological lives. Freud's ideas about the primacy of members' relationships with authority have been incorporated into group developmental theory (see Chapter 7), which holds that members can grapple with their relationship with one another only after they have dealt with their impulses and feelings about the leader. Also influential was his delineation of the role of identification and empathy in producing change.

DON'T FORGET

Freud believed that members' relationships with one another in a group are forged out of their relationship with the leader.

Triggant Burrow integrated the theoretical notions of his former mentors, Freud and Carl Jung, in his approach to group work (Fried, 1972). Burrow organized experiential groups with students, patients, and colleagues, which were held in the Adirondack Mountains in upstate New York. Here he endeavored to foster a group process whereby members would be freed from their everyday social images or masks. He felt that underneath the social masks lay the defensive patterns described by Freud. Once the defenses were stripped away, what remained were experiences that were rooted in a phylogenetic substructure. This latter notion was inspired by and congruent with Jung's postulation of the existence of archetypes as knowledge passed through the species. Although Burrow's search for the evolutionary undergirding of group process was one that did not take hold, what was of interest to group practitioners was his emphasis on the usefulness of examining contemporary experience. Burrow was the first theorist to use the term *group as a whole* and one of the first to recognize that group phenomena exist beyond behaviors and reactions of any individual member of the group (Burrow, 1928; Ettin, 1997). Scheidlinger (2003) noted that it may have been Burrow's work on groups that discouraged Freud from pursuing them beyond his initial publication. Burrow's claims about the success of his groups were quite extreme and his scientific explanations of their workings highly speculative. These factors may have led Freud to want to distance psychoanalysis from group practice lest the former be discredited by the manner in which the latter was being practiced.

Rapid Reference 1.2 summarizes some of the accomplishments of this period.

Rapid Reference 1.2

Achievements from 1920 to 1930

- Large-group phenomena, such as contagion, were identified.
- Preliminary formulations on the role of the leader, especially in relation to group development, were made.
- The roles of identification and empathy were elucidated.
- Aggression in groups was explored.

Rapid Reference 1.3

Achievements from 1931 to 1945

- The term *group therapy* was coined by Jacob Moreno.
- Group therapy was first used with children and adolescents.
- The American Group Psychotherapy Association was founded.
- The American Society for Group Psychotherapy and Psychodrama was founded.
- Psychoanalytic approaches to group treatment were developed.
- Action-oriented approaches to group treatment, particularly psychodrama, emerged.

1930s–1945: The Age of Integration

The next 15 years saw the integration of the theoretical and applied efforts of the prior 2 decades (see Rapid Reference 1.3). Louis Wender came to the practice of group therapy with a strong psychoanalytic background. He had attended Freud's seminars in Vienna and was analyzed by one of Freud's associates. Wender is credited with conducting the first psychoanalytic group, at Hastings Hillside Hospital in New York (Anthony, 1972b). He viewed his groups as employing four types of process, the first of which he referred to as intellectualization. Wender wrote, "a synthesis of intellect and emotion dominates every phase of our lives and is the basis of all social adjustment" (p. 44). This notion of the importance of cognition alongside affect anticipated the concept of interpersonal learning (Yalom, 1995) and also led Wender to intervene in ways consistent with the strategies of contemporary cognitive therapists. The second element, patient-to-patient transference, recognized that elements of members' relationships with one another can be derivative of earlier relationships.

Wender's last two elements are those that are special aspects of the group experience. The third element, catharsis in the family, was based on his awareness that the group as a whole may be evocative of each member's early family unit and elicit reactions that the individual had to that earliest of relationship configurations. The last element is one that will figure prominently in our definition of group therapy. For Wender, the interaction among members was key to their improvement. Con-

sistent with the philosophy of pragmatism, Wender felt that one's view of self is socially based. In order for it to be altered, a social experience is required that has greater richness and variety than what individual therapy can provide.

Samuel Slavson in New York developed group therapy applications for the treatment of children. His notion was that children, rather than sitting and talking like adults, need to act out their conflicts within the sessions. For younger children, the medium for action was play therapy; for older children (up to about age 15), activity therapy involving the planning and execution of projects of various sorts was the preferred method. In both formats, younger people were offered an environment in which they were "free to express a wide range of wishes, fears, and fantasies without endangering themselves, their peers, or the therapists" (Schamess, 1993, p. 562). The nonjudgmental and permissive stance of the therapist encouraged a healthy regression that constituted a corrective emotional experience for participants (Lomonaco, Scheidlinger, & Aronson, 2000).

Slavson's notion that children must be treated differently from adolescents, who in turn must be treated differently from adults, highlights an aspect of his understanding of the therapeutic process in groups. Slavson believed that it was always crucial to make the individual the target of intervention rather than the group as a whole. In fact, Slavson took the unusual position that group cohesion is not an asset to the group because it obscures the needs and reactions of the individual. The value of individualism and the freedom of the individual to engage in full, unfettered self-expression runs deep in the American ethos and is manifest in the writings of later American group theorists (Van Schoor, 2000).

Slavson recognized not only the importance of the individual but also the power of individuals' working together. In 1943, Slavson founded the American Group Therapy Association (renamed in 1952 the American Group Psychotherapy Association [AGPA]) and served as its first president. Initially, the organization bore the stamp of Slavson's own theoretical allegiance in that it was wholly Freudian and embraced the goal of personality reorganization as the aim of treatment. Slavson effectively worked to ensure that psychiatrists dominated the organization in its early years and lobbied to have strict requirements for membership criteria, requiring, for instance, supervision by a psychiatrist for entrance. Today the AGPA is an umbrella organization that includes all mental health disciplines and dominant orientations.

Also pursuing a psychoanalytic approach to group treatment was Alexander Wolf. He recognized that psychoanalysis conducted on an individual level presents an economic demand that many could not afford. He believed that psychoanalysis conducted in a group provided a more affordable alternative. Other psychoanalysts, such as Slavson, did not regard the group situation as amenable

to psychoanalysis because they believed that members are not able to achieve the same depth of transference as in the individual situation. Wolf's perspective asserted that members are able to achieve an even deeper transference in the group because the members are supported in their explorations by a group ego (Anthony, 1972). Wolf believed that members' representation of the group as a whole provides containment for those contents members find difficulty tolerating. His notion anticipated object relational notions about the function of the group.

Pioneering another type of movement altogether within group therapy was Jacob Moreno, who regarded the traditional psychoanalytic methods of Slavson and others as producing passivity and rigidity and as focusing on the past to the neglect of the present and future (Moreno, 1940). He believed that more action-oriented methods were necessary to enable group members to reach goals that he saw as worthwhile, such as developing the capacity to live creatively and spontaneously. Moreno viewed improvisational drama or psychodrama as a medium by which participants could pursue these goals in an active way. In 1942, he founded the American Society for Group Psychotherapy and Psychodrama, dedicated to the exploration of action-oriented group methods. In Chapter 2, psychodrama will be discussed in some detail. Here, we will merely note that the differences between Slavson and Moreno gave rise to a split within the group therapy field. From Slavson's vantage, the only legitimate type of group treatment was psychoanalytically informed. He claimed that psychodrama was of benefit to psychotic patients only (Scheidlinger, 1993). Moreno perceived himself to be the father of group therapy, not Joseph Pratt. He claimed that he coined the term group psychotherapy in 1931 (Moreno, 1959). Moreno also coined terms that have had usefulness in various types of group therapy, terms such as *hic et nunc* (or here-and-now) and acting out. The friction between Slavson and Moreno set the stage for a more long-standing rift between psychodramatists and other types of group therapists, most especially those with a psychoanalytic orientation. The distance between these different types of group therapy reflected other conflicts—for example, the conflict between passivity and activity. Today, group therapists who differ on levels of activity and structure show far greater collegiality and collaboration than they once had. As the reader will see, group therapists of many orientations use classic psychodramatic techniques such as role playing.

1945–1960: The Age of Expansion

The historian E. James Anthony (1972b) noted that whereas World War I was good for the development of group psychology, World War II catalyzed the growth of group therapy. British and American military hospitals were overflowing with psy-

chiatric casualties, far disproportionate to the number of professionals available to treat them. Group therapy provided a solution to this problem.

These groups functioned as laboratories for some of the greatest theoreticians on group life in the history of group therapy. A few of these theoreticians include

DON'T FORGET

Whereas World War I created an interest in group psychology, World War II precipitated the establishment of group therapy as a major treatment modality.

- *Wilfred Bion.* This British theoretician examined the unconscious life of the group through the lens of the object relational theory of Melanie Klein. Throughout this text, we will be discussing Bion's basic assumptions, which are group-as-a-whole patterns or cultures based on their unconscious needs. Bion believed that the therapist should interpretively attend not to individuals but to the dynamics of the group as a whole.
- *Henry Ezriel.* While accepting of many of Bion's notions about the unconscious lives of groups, Ezriel saw it as important that the therapist attend not only to the group as a whole but also to the individuals' dynamics as they interfaced with the common group tension at any period within the group's life. He believe that the individual dynamics could best be understood through the therapist's identification of the relationship the member felt compelled to assume in the group, the relationship for which the member longed, and the catastrophe that the member feared would occur if the sought-after relationship were realized (Horwitz, 1993).
- *S. H. Foulkes.* Like McDougall, Foulkes saw in groups tremendous potential for good (Ettin et al., 1997). Foulkes was a German-Jewish psychoanalyst who fled to England in 1933. Foulkes understood group life as involving the creation of a network of communication that he referred to as the group matrix. The group matrix consists of the foundation matrix, which is the background members share by virtue of their humanity and their participation in common or overlapping cultures, and the dynamic matrix, which is their set of unique experiences of this particular group. Psychological health is the capacity for members to communicate clearly and directly. Psychopathology is the presence of significant blocks to communication. At the outset of a therapy group, members cannot tolerate communicating directly with either themselves or others. The increasing sense of safety derived from an ever-growing

fund of experience with the other members enables each member to behave in ways that reveal rather than protect themselves. The role of the therapist, whom Foulkes (1975/1986) referred to as the conductor, is to work to "broaden and deepen the expressive range of all members, while at the same time increasing their understanding of the deeper, unconscious levels" (p. 120). The conductor, nonauthoritarian and nondirective, attends to both the group matrix and the individuals within the group with the understanding that changes at the level of the group influence the individual and the individual's growth alters the group matrix. However, in the main, the conductor intervenes in a fashion that permits the group ultimately to treat itself.

- *Kurt Lewin.* A Jewish émigré to the United States in the 1930s, Lewin came with a background not as a psychotherapist but rather as a social scientist. Lewin developed a metatheory of group life. Although many prior thinkers had embraced the assumption that the whole of group life represents the accumulation of individual members' contributions, Lewin's position was that the group possesses properties that transcend those of any individual (Agazarian & Janoff, 1993). He saw the individual and group as working toward a mutual state of adaptation. Lewin's concepts about the group as a system, expressed in his field theory, have had a seminal influence on group-as-a-whole and social systems perspectives (discussed in Chapter 2).

Practitioners tended to apply these newly emerging theories in a strict, purist way. For example, psychoanalytic group therapists would generally not consider using psychodrama. Moreover, practitioners largely assumed that others practicing in a different way were misguided. Consequently, the atmosphere among unlike-minded practitioners was contentious and adversarial. See Rapid Reference 1.4 for the main advances during this period.

Rapid Reference 1.4

Achievements from 1946 to 1960

- Group therapy saw widespread use in providing treatment to World War II psychiatric casualties.
- Many theoretical approaches to group treatment were developed.
- The unique properties of groups and the existence of group dynamics received greater recognition.

1960–1970: Group Therapy Enters the Community

The community mental health movement of the 1960s effected the more widespread use of this modality. In response to the Community Mental Health Center Act of 1963, over 500 mental health centers sprang up, re-

quiring both services and human service professionals to provide those services. Group therapy was considered a cost-efficient means of providing treatment. However, often the human service professionals who were called upon to lead groups had little specific training in group therapy (Scheidlinger, 1994). The difficulties that ensued led to an awareness of the importance of group therapy training. The community mental health movement also gave rise to group approaches directed toward goals more immediate than personality structuring and a greater diversity of methods accommodating individuals at various points along the continuum of ego functioning.

The Vietnam War also stimulated the development of nontraditional group methods. Along with the mistrust of authority evoked by military involvement and the draft was a value individuals placed on self-exploration in an egalitarian setting. In this environment, the growth group movement was spawned. These groups had various names, including T-groups (T for training), sensitivity groups, encounter groups, and marathon groups. Rather than being directed toward the diminishment of psychopathology, these groups were aimed at the enhancement of members' well-being and the realization of members' potential. The growth group movement, dominant in the United States, flourished in an environment in which the creative self-expression of the individual was viewed as being of paramount importance and was catalyzed by the growth of a middle class that had the resources for such an endeavor (Van Schoor, 2000). These groups were often led by persons other than professionally trained group therapists; rather, leadership was drawn from a variety of disciplines, including education, business, and the social sciences (Reid & Reid, 1993). These groups, primarily focused on the here and now, used a variety of experimental techniques, some of which have become incorporated into mainstream group therapy. However, because of the report of some individuals who had not benefitted but had even been harmed by encounter group experiences, they also had the negative effect of creating some suspicion about the modality of group therapy. See Rapid Reference 1.5 for the main advances during this period and the next.

Rapid Reference 1.5

Achievements from 1961 to 1985

- The community mental health movement enhanced the popularity of group therapy.
- The development of the growth group movement gave rise to many new techniques.
- Interpersonal theory was introduced by Irvin Yalom.
- A research base accumulated that showed that group therapy is at least as effective as other modalities.
- The need for training for group therapists met with increased recognition.

1970–1985

In 1970, Irvin Yalom published the first edition of *The Theory and Practice of Group Psychotherapy,* a text many consider to be the bible of group treatment. In this seminal work, Yalom described an interpersonal approach to group treatment. This model posits both goals and methods that have an interpersonal character. The overarching goal of an interpersonal group is to enable the individual to improve his or her capacity to have positive relationships with others. The method is to address the member's manner of relating to other members in the group within the here and now of the sessions. The interpersonal approach is considered to be one of three dominant approaches to group therapy (Dies, 1992b). It has stimulated a fund of studies on therapeutic factors—that is, the mechanisms within group responsible for positive change. In Chapter 2, this model will be more fully explicated and illustrated.

Although a good deal of outcome research occurred in the 1960s, much of it was methodologically flawed. In the 1970s, outcome studies possessed far greater methodological rigor (Fuhriman & Burlingame, 1994a). Control groups, random assignment, and therapists adequately trained in the approach being examined were more characteristic than not of the research of the day. In general, research findings supported the value of group therapy, independently and relative to other treatment modalities.

1985–Present

In the beginning of the 1980s, the mental health field in the United States and many other countries experienced the emergence of managed care systems that attempted to place controls on reimbursement for health care services. The managed care industry positively regarded group therapy because it enabled the provision of cost-effective treatment (MacKenzie, 1994). At the same time, group therapy needed to adapt to economic changes. The greater inaccessibility of long-term therapy necessitated the construction of approaches that could be used in short time frames. Through the eighties and nineties, such short-term models did indeed appear for a great variety of populations, problems, and settings. Some of these models will be featured in Chapter 10. Cognitive-behavioral interventions, which have historically been applied within a short-term time frame, increased in popularity.

A related trend has been the practitioner's greater accountability for the usefulness of his or her interventions. No longer can group therapists establish for members vaguely defined goals pursued through unspecified processes and mea-

sured in impressionistic ways. Third-party payers require clear treatment plans. Goals must be operationalized, methods clearly detailed, and outcomes explicitly identified. Group therapists are expected to use validated approaches. Fortunately, research questions in the eighties and nineties and through the present have become much more specific (Fuhriman & Burlingame, 1993), so that therapists have data to buttress their decision making. Rarely do researchers ask "Does group therapy work?" but rather "Does Approach X work with this problem in this time frame in this setting?" Still, some approaches are far better studied than others. For example, cognitive-behavioral group treatments have been validated far more substantially than interpersonal approaches.

The accumulation of research showing not only that group therapy is effective but also that different approaches have value that depends on the characteristics of the group member, the time frame, the setting, the characteristics of the therapist, and so on has led to the emergence of a pluralistic value in the group therapy community of professionals (Scheidlinger, 1993). No longer do practitioners adopt an adversarial attitude toward other practitioners using different theoretical approaches. Rather, an awareness that a multiplicity of approaches may benefit clients has led to a rise in a more collegial atmosphere. Moreover, there is a greater tendency than existed in the 50s and 60s for practitioners who pay allegiance to a given theory to borrow concepts and techniques from others. For example, psychoanalytic group therapists working in a short-term time frame occasionally use the cognitive-behavioral technique of assigning homework between sessions.

At the same time, there is a stronger recognition than there was in earlier decades that group therapists need to be well trained and that training must be a lifelong endeavor. Professional organizations devoted to group therapy such as AGPA have taken greater responsibility for this training by developing educational programs for the new therapist and credentialing opportunities for the senior individual. There is also greater attention to the legal and ethical aspects of group therapy. For example, there have been many more contributions to the literature on the problems of confidentiality and privacy in therapy groups. Organizations have also provided educational offerings to support group therapists in conducting their practices in a legal and ethical way, such as the training course in the area of ethics that AGPA has developed.

As part of being an ethical and competent practitioner, the group therapist must understand individual differences and how the various attributes of group members affect how they are likely to participate in the group and benefit from it. This recognition has given rise to a burgeoning literature on diversity and group therapy. The 1990s saw a dramatic increase in the number of articles on such topics as group therapy and race, culture, and gender, an increase that con-

Rapid Reference 1.6

Achievements from 1985 to the Present

- Short-term applications are necessitated by greater economic controls on mental health treatment.
- Group therapists respond to the demand by third-party payers for greater accountability for members' progress.
- Greater specificity of research findings is obtained about what approaches are successful in what conditions.
- Theoretical pluralism, theoretical integrative work, and collegiality characterize the community of group therapy professionals.
- There is increased focus on training and credentialing of group therapists.
- There is increased attention to ethical and legal issues.
- There is increased attention to diversity topics.

tinues in the present decade. We will cite many of these contributions in Chapter 9 but also note that there are certain areas of diversity such as religion that have still been only scantily explored.

Increasingly, group therapists recognize the power of group therapy to help members respond adaptively to challenges presented by the environment, even those of the most extreme sort. For example, group therapists working with children have developed crisis intervention formats for children who have experienced natural disasters, suffered the death of a teacher, or witnessed episodes of violence between divorced parents (Lomonaco et al., 2000). Group therapists conducted crisis groups for the victim-survivors of the September 11th attack upon the World Trade Center in New York (see Roth, 2002, for a description of such groups with members who were in the vicinity of Ground Zero on the day of the attack). As did the participants in many crisis groups before them, these individuals found that discovering how their reactions to this horrific occurrence were both the same as and different from those of others enabled them to bear those reactions and to marshal their resources. See Rapid Reference 1.6 for the main advances during this period.

THE DEFINITION OF GROUP THERAPY

Group therapy is a treatment modality involving a small group of members and one or more therapists with specialized training in group therapy. It is designed to promote psychological growth and ameliorate psychological problems

through the cognitive and affective exploration of the interactions among members, and between members and the therapist. There are three elements of this definition that require commentary.

- *"Group therapy is designed to promote psychological growth and ameliorate psychological problems."* This element distinguishes therapy groups from self-help and support groups. Whereas group therapy seeks to effect psychological change, self-help and support groups have the more limited goal of assisting members in coping with their immediate problems. Nonetheless, all of these groups have in common great potential to alleviate psychological suffering. Further discussion of the differences and similarities among these three types of groups will occur in Chapter 11.
- *". . . through the cognitive and affective exploration of the interactions among members, and between members and the therapist."* Imagine a group situation in which a therapist came in, gave a brief lecture on a mental health topic, and went around the circle of members, individually speaking with each one about his or her difficulties. Such a circumstance might be therapeutic, but it would not be group therapy. Over the years of the study of this modality, it has been learned that unless members are given an opportunity to interact with one another, and unless the interactions are a focus of study, the potential benefits of members' being in a group together are not realized (Fuhriman & Burlingame, 1993).
- The group therapist must be a mental health professional skilled in intervening both within the group and on an individual level. Why must a group therapist be a mental health professional? Although the history of group treatments includes the long-standing facilitation of various types of groups by laypersons and paraprofessionals, group therapy necessitates professional-level training. Group therapy is a powerful modality, which in most cases produces positive effects. However, like most powerful instruments, it is capable of producing negative consequences for certain participants (Roback, 2000). From

DON'T FORGET

Therapy groups must be conducted by mental health professionals with specialized training in group therapy in order that they may minimize the risk of negative outcomes, respond appropriately to emergency situations, and access the therapeutic processes that are specific to group therapy.

their interviews of senior group therapists Dies and Teleska (1985) estimated the adverse outcome rate to be 10 percent. Training in psychopathology that has both breadth and depth is needed to ensure that the group leader can recognize these negative effects and intervene appropriately. Furthermore, included in therapy groups are individuals who may have mental health emergencies. Professional-level training is needed for intervention that is efficient and effective. The reason specialized training is needed in group therapy is implied by the former two points in this list. If there are processes unique to the therapy group, then it is not sufficient for a therapist to be knowledgeable about other forms of therapy, such as individual therapy. The group therapist must have training that is specific to this modality (see Chapter 12 for a description of such training). That group therapists do in fact respond differently from less-trained individuals was seen in a study of participants in child group therapy. Leichtentritt and Schechtman (1998) observed that group therapists and trainees decrease and increase respectively their verbalizations over the course of the group. The behavior of the therapists was more congruent with the developmental trend that members became more self-sufficient in the group as the group progressed.

Nonetheless, there is a place for nonprofessionals in group treatments other than therapy groups. These types of groups will be discussed in Chapter 11.

SUMMARY AND CONCLUSIONS

This chapter presented a brief history of group therapy. The relationships between advancements in group treatments and the sociocultural context were described. For example, as Anthony (1972b) noted, World War I provided a context for the development of group psychology, whereas World War II created the environment for group therapy to emerge as a major treatment modality. We also saw how the value of self-liberation created a context in which the encounter or growth group movement in the United States could occur. Today, group therapy is a treatment modality that is widely used across different psychological problems, populations, and settings. Its effectiveness has been well established by many outcome studies. Although there are currently many types of therapy groups, all of them have in common (1) the direct involvement of a mental health professional trained in group therapy and (2) the use of interactions among members, and between the therapist and members, to advance the goals of the group.

TEST YOURSELF

1. **How was Joseph Pratt important to the evolution of group therapy?**
   (a) He was the first to use group treatment with a psychiatric population.
   (b) He was the first to have patients use the group format to converse about the difficulties they shared.
   (c) He recognized the social component of physical illness.
   (d) b and c only
2. **During the first two decades of the twentieth century, the pioneers of group therapy did not worry about whether their methods worked.** True or False?
3. **What is the meaning of Gustav LeBon's term *contagion?***
4. **Which component of Louis Wender's four group processes most strongly resonates with the definition of group therapy provided in this chapter?**
   (a) The idea that one's view of self is socially based
   (b) Patient-to-patient transference
   (c) Catharsis in the family
   (d) Intellectualization
5. **In what way did the differences between Samuel Slavson and Jacob Moreno (during the 1930–1945 period) set the stage for a split within the group therapy field?**
6. **The expansion of new psychological theories in the post–World War II era gave rise to many practitioners' applying theories in a strict, purist manner and an adversarial atmosphere among practitioners who differed in opinion.** True or False?
7. **The community mental health movement of the 1960s had which effect?**
   (a) It helped to alleviate tension among practitioners with opposing viewpoints.
   (b) It decreased the demand for group therapists.
   (c) It underscored the need for training of group therapists.
   (d) It showed that group treatments could not be applied to highly dysfunctional populations.
8. **Dr. Spin organizes a group format in which he converses with each member on a one-on-one basis. Members have no opportunity to interact. Is this group therapy?**
9. **How did the group therapy field adapt to changes in the health care environment and sociopolitical environments since the emergence of managed care in the early 1980s?**

(*continued*)

10. What distinguishes group therapy from self-help and support groups?

(a) Cognitive and affective exploration of the interactions among members

(b) Cognitive and affective exploration of the interactions between members and the therapist

(c) The promotion of psychological growth and amelioration of psychological problems

(d) One or more therapists with specialized training in group therapy

Answers: 1. d; 2. False; 3. The readiness of members of a group to take on without reflection the psychological elements manifested by those around them; 4. a; 5. The strong opposition between Slavson (psychoanalytic) and Moreno (psychodramatic) set a precedent for the later conflict between psychoanalytic/psychodynamic orientations and action-oriented orientations and also between passivity and activity; 6. True; 7. c; 8. No; 9. Construction of short-term group therapy, validation and increased specificity of treatment plans, increased focus on training, and greater attention to legal, ethical, and diversity issues; 10. c.