

INTRODUCTION

GROUPS FOR PSYCHOTHERAPY AND LEARNING:

THE INEVITABLE GROUP

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ESTUDOS E PESQUISAS NA
ABORDAGEM CENTRADA NA PESSOA

One human being is no human being. *

The human being is socius. Among other things, we are intimately connected to each other, not only through the linkage of kinship or through everyday commerce, but also in ways that the mere presence of others affects our thoughts, emotions, muscle tension, galvanic skin response, and respiration and heart rate. This observation has prompted Kamiya (1981), a researcher in physiological psychology, to say, "The autonomic nervous system is as much a social structure as a vegetative one."

Doubtless, there was never a time when the infliction and the healing of individual psychological disorders did not occur in a group setting. Today many approaches are attempted to alleviate suffering attributed to the mind or the nervous system. Among these is group psychotherapy.

When members of an encounter group or a psychotherapy group gather informally, for a coffee break for example, the conversation frequently turns to theories about what is happening in the group. If some member of the group has just had an encounter with the group facilitator, someone might suggest that the interaction was a "power struggle for male dominance of the

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* Chimpanzees are held to be so social, spending nearly their entire lives in a group, as to provoke Robert Yerkes's remark, "One chimpanzee is no chimpanzee." (see Midgley, p.69)

herd." Another might suggest, using the metaphor of a family, that the group participant was "rebeling against the authority of the father." Someone else might add that a squabble between participants represented "sibling rivalry." Some might liken the group sessions to theater; others to a "laboratory for learning." Some may find the group valuable for finding out what others think of them; others, in removing their "social masks." In spite of having little training in psychology, group participants will also suggest explanations which involve "emotional support," "dependency," "resistance," "group pressure," and other concepts. Occasionally, someone will speak about the group as though it had a life of its own, as a "something" that was animated and was effecting the individual lives of its members.

Though few group participants realize it, their casual discussions survey the history of group therapy in this century. This chapter will present ^{this} a brief history of group psychotherapy, ~~to review these major ideas.~~

The first North American occurrence of group psychotherapy is widely regarded to have been the 1905 "classes" conducted by Reverend Elwood Worcester, Ph.D., and an internist, Joseph Henry Pratt, M.D., with tuberculosis patients in Boston. Isolation, pessimism, depression, desperation and other psychological effects of their disease were relieved through emotional support and the comfort as well as the challenge of belonging to a stable group of people with similar concerns.

Worcester described the group leaders' attitude toward their innovative work: "As we are attempting to establish no new dogma, and as our motives are entirely disinterested, our single desire

is to give each patient the best opportunity of life and health which our means allow." (Pinney, 1978, p. 111) The present day psychotherapy group leader would do no worse for his groups from adopting this attitude.

In Vienna, at that same time, Sigmund Freud was convening his famous study group: The Psychological Wednesday Society. Sandor Ferenczi, Alfred Adler, Otto Rank, and others who would become notable psychologists, were among the group's members. They explored Freud's theories by sharing with one another their thoughts, feelings, fantasies, and personal experiences. Doubtless, as is the practice today, the group leader also participated in this procedure.

Although the group was not organized for group therapy (1) and followed a somewhat formal pattern, in certain ways it resembled a therapy group. For example, as an interest in oneself is so compelling, the meetings drifted from case discussions and analysis of patients to self-analysis of group members. Members of the Society also did not avoid the common temptation to find a religious significance for their experiences: Graf compared Freud to Moses presiding over his followers; Taush called the process "scientific religion." Whatever positive results were obtained by members of this group, the group itself was never able to deal effectively with several knotty problems. As a result of the gathering together of active intellectuals, each formulating his own ideas and theories in a common field of interest, competition over the ownership of ideas eventually contributed to the collapse of the group. This

reaction to "intellectual communism," as one member characterised it, was joined by other hostilities between members and a challenge to Freud's leadership in the group's downfall. As frequently happens, reorganization of the group to a broader institutionalized form was the solution to its inability to deal with hostility and competitiveness and the other feelings which constituted an "ill humor in the empire." (Kanzer, 1983)

Many groups face the problems of Freud's study group. The fact that the group could not resolve the various conflicts between its members could be accounted for by their inexperience in groups and their inattention to interpersonal relations as well as placing too much emphasis on interpsychic events. Of course, as any university professor attending committee meetings with colleagues knows, one should not underestimate the force of stubbornness in preventing the group's effectiveness. Logan Pearsall Smith (1934) put the matter this way in one of his witty aphorisms: "It's an odd thing about the Universe that though we all disagree with each other, we are all of us always in the right."

Also in Vienna, Jacob Moreno, the founder of the psychodrama approach, was conducting group therapy in a theater setting as early as 1910. Moreno encouraged acting out problem situations to increase the participant's awareness of his conflict and for insight into possible solutions. By virtue of the active participation of other group members in the "drama", light was shed on their problems as well. Moreno introduced the terms group therapy and group psychotherapy. Many group therapy techniques and concepts originated with him. In fact, he claims,

"Modern group psychotherapy started in the sexual ghetto of Vienna, in a natural setting" (Moreno, 1966)

Back in the United States, in 1919, L. Cody Marsh, an Episcopal minister who later entered psychiatry, began to treat institutionalized mental patients in a group setting. Marsh used inspirational lectures, music, art, and dance among his methods of involving patients. He also formed discussion groups among the doctors, nurses, social workers, and the other hospital personnel who attended patients, creating a form of "therapeutic community." Marsh recognized that every interaction of the patient with the surroundings has an influence and must be considered part of the treatment. He liked to say, "By the crowd they have been broken; by the crowd they shall be healed."

Around the same time, E.W.Lazell worked with institutionalized schizophrenic patients in groups. As part of the group treatment, patients were provided instruction in the accepted theory of the day concerning their disorder. Lazell credited the process of patients getting to know one another in the group as bringing about positive changes.

In 1918 Alfred Adler, Freud's patient, colleague, and principal rival for the leadership of the Psychological Wednesday Society, organized child guidance clinics in which group therapy was widely used. Although Adler conducted what could be called individual therapy in a group setting (a sort of demonstration with junior therapists and other patients looking on), he drew attention to the value of social equality in the group and the positive effects of mutual encouragement and support between

anticipated many modern group developments by applying group therapy to non-institutionalized patients - normal people with the common problems of life. Burrow, who was analyzed by Carl Jung in Zurich, also used psychoanalysis in the group setting. The term group analysis originated with him. Also, he encouraged frank and truthful expression of feelings and thoughts between members of the group. Burrow felt that psychological awareness was best gained through the consensual perception of the group toward each member. Ironically, his enthusiasm for group treatment got him excluded from the American Psychoanalytic Association in 1933, the organization he had founded. This perhaps suggests the depth of protectionism for the concept of the rugged individual. That uninitiated patients could help each other to improve does not fit with the image of an all-important therapist who, through the force of his character and the application of a correct theory, single-handedly effects cures.

In the 1920's Burrow organized Lifewyn - a group of some twenty associates, students, and patients, living and working together in an Adirondack mountains summer camp in the northeast of the United States. He gave attention to the interactions between the members of the community, with particular focus on the façades people wear in social and professional roles.

Louis Wender in the 1930's put into practice Freud's view that the group constituted a "family": the therapist a parent figure; members, siblings. Patients' reactions to each other and to the therapist were interpreted in this framework.

encouraging a pattern of individual treatment combined with ~~the~~ weekly group therapy sessions. He included family members in outpatient groups, recognizing the role of the environment in mental disorders.

During this same period at Bellevue Hospital in New York City Paul Schilder conducted group therapy using these same concepts. He also pioneered work with group therapy with inmates in prison. ~~Schilder believed that the group's value was realized in the stimulation of thoughts and feelings one patient received from another.~~ ^{Schilder} Patients learn, he observed, that the thoughts and feelings they believe to be unique with them and to isolate them from society, in reality, are shared by others.

Also in the 1940's Kurt Lewin was developing a method of group work based on a radically different viewpoint: the group is not a mere collection of individuals, but an entity in its own right, with qualities that may differ from those of its members. Lewin first used the term group dynamics for the study of the group qualities. Individual consciousness and behavior, he held, must be understood on the basis of the social field in which the individual is embedded. Group pressure was also coined by Lewin to describe the influence of the group in altering the behavior of a member. Members, of course, also influence the behavior and character of the group as a whole.

Group psychotherapy to this point was largely a medical treatment: persons suffering from an illness were treated by a physician and group therapy was a treatment option the physician

contacts of language taken from medicine: patient, "therapist," "diagnosis," "etiology," but because psychotherapy undeniably attempts to alleviate human suffering. Nevertheless, Strupp suggests psychotherapy is much closer to an educational process, citing Freud's characterization of therapy as "re-education." The National Training Laboratories, organized in 1947 and following Lewin's ideas, deviated from the medical model and introduced the educational emphasis to small group work. Volunteers (not patients) joined T-groups (T, for training) to learn skills in leadership as well as group efficiency in problem-solving and cooperative tasks. Personal growth groups and encounter groups in the 1960's expanded this educational concept, not just to industrial or academic leaders, but to ordinary citizens who wished to improve their personal relations and the quality of their life.

Wilfred Bion in England in the 1960's elaborated a theory of group dynamics based on the mental life of the group as a whole. Bion formulated three aspects of group members' activity which can take place independently and can be characterized roughly as follows: Members of the group are looking for a leader to sustain and protect them (dependency). When they realize no such savior exists, they turn to each other for salvation or diversion (pairing). When they realize no one can fulfill the impossible role they fantasize, they become angry and disappointed, fighting it out with each other or abandoning the group by leaving (fight or flight). Individuals taking responsibility for their decisions

and actions mark a mature level of group functioning.

S.H. Foulkes, who developed group analytic psychotherapy, attempted to intertwine the patient's past experiences with the here-and-now action of the group. Foulkes gave importance to the relation between group members and to the group as a therapeutic agent. He likened the group therapist to a conductor of music, following, not leading, the melody the group is trying to play. (Gratjahn, 1978)

Although client-centered therapy groups were being developed by his colleagues (Peres, 1947; Gordon, 1951) in the 1940's, and Carl Rogers had been involved in many group activities, it was not until the 1960's that he became seriously involved in groups.(2)

Rogers's initial interest, at this time, was in encounter groups. Following the method of process descriptions utilized in client-centered therapy, he analyzed the group process. He also defined the role of the group leader, who he called a "facilitator" and emphasized the "climate of psychological safety in which freedom of experience and reduction of differences gradually occur".

According to Rogers, the facilitator helps to develop this climate principally through "facilitator attitudes" of "genuineness, acceptance, and empathy." Although in practice he trusted, and at times was helpless to do more than merely admire, the "wisdom of the group," beyond proposing these facilitative qualities he did not formulate the group factors which make up a facilitative "psychological climate."

His work demonstrated, however, that very little direction or techniques are required on the part of the group leader in the facilitation of significant therapeutic progress in both the group's functioning and in the individual member. Rogers remarked, ingenuously, "I have a real 'thing' about artificiality.... On rare occasions, when frustrated or when a group has seemed to reach a plateau, I have tried what I think of as devices, but they rarely work. Probably this is because I myself lack faith that they are really useful." (1970, p.56)

In spite of emphasizing the role of facilitator, Rogers helped also to promote the egalitarian view anticipated by this statement of the New York Institute for Gestalt Therapy in 1952: "Group therapy is conceived as a workshop-situation in which each participant is both patient and therapist."

In the 1970's the term person-centered won favor over client-centered in Rogers's writings. The term intended to reflect the therapist's attitude toward the person. The therapist does not see a patient who is sick, nor a client who is a customer; the therapist centers attention, not primarily on a theory, not on himself, but on the other as a whole person.

In 1968 the La Jolla Program, an institute of the Center for Studies of the Person in California, began a program for training group facilitators. (Rogers, 1970) This program featured brief plenary sessions where 50 to 100 persons interacted as in the small encounter groups. The meetings demonstrated, as others had also demonstrated, that a large group could participate in one intelligible and at times significant conversation. In 1973 Rogers and other colleagues departed from this controlled format

and initiated a new form of person-centered group work: more than 100 persons living together for two weeks or so in a group-directed workshop, a community for learning; their only planned activity, besides meals, being to gather in one large meeting where all plans and decisions were made together. The organizers' initial goal was to explore, together with all the participants, the hypotheses of client-centered therapy in a complex social setting. It soon became clear, however, that the actual task of these groups was to learn, "How one can function specifically, locally and privately in such a way that personal actions -- and particularly personal growth -- are enhanced and not at odds with, but actually contribute to, the welfare of humanity." Significant learnings were subsequentially realized in relation to self-governance, how to solve complex problems which arose in their collective, and how to resolve sticky conflicts of values, as well as improving individual self-esteem and other aspects of "personal growth." These large group workshops have been convened in North and South America, Asia, and Europe. (Rogers, 1977; Wood, 1984)

A very different approach to groups has developed recently.

It is mentioned here since group approaches tend to ^{adopt} ~~be~~ many techniques, including those from systems ~~that~~ with opposite philosophies. ~~amalgamated.~~ ^{Certain} Aspects of all the approaches mentioned may appear in any one of the others. The behavior therapy approach differs from most of the other approaches in its view of psychological disorders. It is not because ~~people have~~ ^{of} conflicts, inhibitions, resistances, psychological barriers ~~that must be dealt with~~ that some people suffer, suggests Arnold Lazarus

(1982). "Many people," he states, "suffer emotionally because their learning histories failed to provide them with the necessary coping skills." (p.214)

The behavior therapist recognizes the value of mutual support and encouragement provided by the group. Sheldon Rose (1983) adds, "...a unique characteristic of [behavior] therapy in groups is the opportunity for peer reinforcement. Each person is given a chance to learn or to improve his or her ability to mediate rewards for others in social interactive situations." (p.102) Behavioral methods in the group setting are apparently most easily applied to groups of people who: are trying to quit smoking, who lack assertiveness, who experience sexual problems, who have eating problems, are phobic, and so forth. Modeling, rehearsal, coaching, and feedback are terms used to describe group interactions.

Although therapy groups may often function much more similarly than differently, ~~in the literature on groups~~ one gets the impression of an infinite variety. A current list of the bewildering array of terms used to describe various approaches would include: Group Psychoanalysis, Psychodrama, Analytic Group Psychotherapy, Existential Group Therapy, Transactional Analysis in Group, Encounter Group, T-Group, Self-Help Group, EST group, Sensitivity Group, Sensory-awareness Group, Synonon group, Rolfing group, Non-verbal Group, Art Therapy Group, Dance Therapy Group, Creativity Group, Gestalt Therapy Group, Person Centered Therapy Group, ConJoint Family Therapy, Reality Therapy in Group, Rational Emotive Group Therapy, Group Behavior Therapy, Multimodal Group Therapy, Life-Skills Training Groups, Psycho-

It is difficult to say what is, and is not, group psychotherapy: partly because of no agreed upon definition and partly because of the overlapping natures of "non-therapy" groups achieving much of the same results as "therapy" groups.

Kaplan and Sadock (1983) define Group Psychotherapy as "a form of treatment for problems assumed to be emotional in nature in which a specially trained practitioner deliberately establishes a professional relationship with a size-limited group of patients for the purpose of using their interaction as a means of removing, modifying, or retarding existing symptoms; of attenuating or reversing disturbed patterns of behavior; and of promoting positive personality growth and development in the participants who have been specifically selected for this purpose." (p. 351)

This definition fits well enough for groups of "patients" organized for "treatment" of "disturbed patterns of behavior." This probably could be called a medical approach. Behavior therapy, because it follows the rules of science in advancing hypotheses and testing them, might be termed a scientific approach. Each approach has value. It is only problematical when it is inconsistent with itself. Laing (1972), for example, reminds us that it is reckless to attempt treatment in a medical approach without a diagnosis. An educational approach, (also therapeutic but) organized for the improvement of successful patterns of functioning or for such things as clarification of values and personal growth, on the other hand, centers on the

tries to include the educational approach. Faith healers and those utilizing religious or supernaturalistic theories would form another category.

It seems that every body of people organized for cooperative activity, including science, medicine, and education, contains religious ambitions and practices. They not only protect their doctrines from being diluted by non-specialists and try to proselytize other "faiths" but also use religious rituals and concepts (laboratory animals, for example, are said to be "sacrificed" for science). Also, scientific approaches take advantage of the non-specific factors which are implicated in religious approaches (for example, placebo effects). Religious approaches, on the other hand, utilize methods of reinforcement and other devices from scientific territory. In general, each party will make use of the successful methods and concepts of the others so long as doing so does not reveal an embarrassing conflict with its own dogmas.

Furthermore, the scientific approach does not guarantee that the practitioner is dedicated to truth nor that she uses her knowledge with integrity (science was practiced by the inquisition and is today practiced by the KGB and the CIA). Likewise, a religious approach does not guarantee the healer is of a high character. Besides out-and-out swindlers, many religious groups are not beyond employing oppression and psychological control in the pursuit of their aims.

Gibb, Platts, and Miller (1951) suggest that the term Group Psychotherapy was introduced to designate "the process by which a professional therapist guides a group in which the immediate and primary objective is the therapeutic welfare of the group." While the term Group Therapy was intended to portray "personality change which is a by-product of more primary group activities carried on for other purposes than therapy."

Today these terms are used synonymously and the difference between groups for therapy and other group activities (such as encounter groups, T-groups, assertiveness training, etc.) remains confused. It is left to each practitioner and each group of people to define what they are doing, within the limits of the surrounding society and its ethics. In California, for example, the question is settled by the law: Group Psychotherapy is an activity supervised by a state-licensed psychologist or psychiatrist. Activities led by non-licensed persons cannot be called therapy or psychotherapy.

This definition, of course, does not lend itself to discussing current group practice. Furthermore, since the person centered groups are assembled for the purposes of psychotherapy as well as for "more primary group activities" and even for traditional education, this book will concentrate on the principles of the approach and not try to force a definition to fit an awkward variety of applications.

Summary

Embedded in the historical review of group psychotherapy are most of the principles of present day practice. Approaches to

individuals must function and as such embodies old and new cultural values which change participants and are changed by them. The frank and honest sharing of thoughts, feelings, fantasies, personal experiences by group members (and occasionally by the therapist) is still thought to help to bring about greater self-awareness and insight into the solutions of difficulties. This awareness may come about through experiencing directly oneself and one's personal difficulties through spoken reflection, dramatization with others, using music, dance, or other media, as well as through the other members' views of the protagonist and his difficulties (group feedback) in direct interaction with him. Members of the group, when they are not the focal point of the group, not only grow in self-awareness through their participation, but also help to facilitate the "psychological climate" of the group.

Simply discovering oneself to be not so different from others as one imagined - that others also long for undeserved luxury, have a weakness for some vice that is self-destructive, harbor vicious thoughts and unmentionable feelings even towards the people closest to them, are fed up with being nice and want to be wicked sometimes - is one of the immediate benefits of the group. Also, the group does not leave its members without their unique "positive" qualities. Through emotional support and

comfort and encouragement, it helps to bring out the person's strengths and admirable qualities and improve self-esteem. Thus, the group participant no longer stands out in society by virtue of a peculiar emotional problem, but by virtue of the special strengths she possesses.

Religious feelings, attacks on the leader, hostility, competition, loving, pairing, abandoning the group are all common occurrences. Mature functioning in the group is characterized by individuals who take responsibility for their decisions and actions and can learn how to resolve interpersonal differences as well as satisfy personal needs. A collection of persons, united by urgency, mobilizes forces for healing which may be inaccessible to the group facilitator and the methods being employed. The physical conditions, ambience, operating structure, therapist, composition of members are all important in the ability of the group to function effectively.

The group, especially the large group, can function (and can be studied) effectively from the point of view of a collection of individuals and as a relative entity in itself. Large groups contain the potentialities of learning how to learn how to solve problems they confront, how to resolve conflicts of values, how to govern themselves, as well as providing therapeutic conditions to their individual members. (3)

NOTES

(1) Kanzer (1983), in his historical review, proposes this group as the first recorded instance of analytic group therapy.

(2) See Raskin (1986) for a review of early work in client-

'centered therapy.

(3) For more information on approaches to group therapy as well as a more complete and informative historical discussion, see Gazda (1984) and Kaplan & Sadock (1983).