

DYNAMICS OF GROUP COUNSELING *

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THE Jewish Community Services of Long Island has been providing group counseling for about four years. Most of the experience has been with groups of mothers who have applied for help with the problems of their children, or wives who have requested help with marital problems. We have had some limited experience so far with parallel groups of children and parallel groups of husbands.

The nature of our client group, coming from our suburban communities in Long Island, is especially favorable for a group counseling program. A large proportion of the women who apply for help are young, capable, intelligent women, able to function as wives and mothers and maintain stable homes. They are suitable for a counseling service which is geared to helping with reality or adjustment problems, because their difficulties are those of strains and distortions in intra-familial relationships reflecting a variety of psycho-social factors. In terms of ego-strength, motivation, flexibility of attitude patterns, the treatability potential is high. There is sufficient similarity of cultural, economic, educational and other background factors creating a basis for mutual identification and a

minimum of communication barriers. Many are sophisticated in the use of psychological concepts. This intellectual stimulation is helpfully broadening but can also be a hindrance to the kind of emotional involvement necessary for effective treatment.

Applying to our agency, the client's presenting concern is primarily with the marriage relationship or with a problem child. Some mothers feel unable to cope with the aggressive behavior of their children, while others are worried because their children are anti-social, lonely and isolated. There are other problems, such as bed-wetting, feeding difficulties, various manifestations of anxiety, or poor school adjustment. Wives (or husbands) apply for help with marital problems perhaps due to temperamental differences, "in-law-difficulties," conflicts about money, sexual incompatability and various combinations thereof.

Group counseling is offered to selected clients who during the intake process express some recognition of their part in the relationship difficulty and are willing to accept that they need help for themselves. Our groups consisting of six to eight members, and the group counselor, are closed, and meet for a predetermined time span of approximately twenty weeks.

Selection of clients for appropriate

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groups is based on a variety of factors related to the composition of the group and the personality of the client. Sufficient similarity of problem is necessary in problem-centered, time-limited groups to insure mutual identification and interest, while diversity, essential for dynamic inter-play is inherent in the individuality of the members, and the manifestations of their problem relationships. For example, mothers of adolescent children do not find a quick identification with mothers of pre-school children.

Atmosphere and Interaction in the Group

One striking and significant aspect of our experience with group counseling has been the readiness with which so many of our clients have accepted this type of service at intake, without extended preparation. Practical factors, such as the longer waiting list for individual service, and the lower fee for our group service may influence some. While this receptivity undoubtedly is influenced by public enlightenment about mental hygiene and therapy, the willingness to participate in a group experience may be a reflection of the need to overcome uncomfortable feelings of isolation and difference from others. Certainly our clients who meet in groups because of their problems feel an immediate bond with one another. Whatever their protective rationalizations and projections, they feel deeply that they have failed in fundamental functions in life, that is, to achieve a "good" marriage, and to rear "well-adjusted" children. For these anxious, guilt-ridden wives and mothers, the group provides a favorable climate for a treatment experience. The presence of others with similar or different problems is immensely reassuring. It is a tremendous release to learn that hostile feelings towards husbands and children are experienced as well by others in the group.

The permissive accepting atmosphere of the group, while a necessary condition for movement and change, does not in itself provide the dynamics through which defenses are altered, and significant changes in attitude and behavior takes place. We know that in individual counseling, the relationship between worker and client provides the medium which enables the client to become aware of and to begin to shift the distorted attitudes about himself and others which interfere with satisfying and constructive interpersonal relationships. In group counseling instead of the one-to-one relationship between worker and client, the group offers a multiple relationship experience among members of the group and with the group counselor. Multiple-inter-action of the group including the group counselor, as against a one-to-one experience, is an outstanding therapeutic potential in the group process. The achievement of greater self-understanding is a component of any helping experience. This requires the client's participation in the exploration of his attitudes and behavior in outside relationships and within the treatment experience itself, since they are interrelated. Much of the content of group discussion centers around the individual member's effort to self-understanding, sharing problems, feelings and attitudes, and through submitting to the response and reaction of the group members. One's acceptance of his own individual difference is often facilitated when the assurance is given by peers, rather than by an authoritative person, and there is freedom to accept or reject the other's opinion. An atypical or distorted attitude is more readily seen as such by a client in the face of unanimity of group reaction, particularly when the group manifestly has a helpful intent, which the client recognizes. Additionally flashes of insight frequently occur for the member who sees his own patterns in the behavior of others.

Perhaps the most telling acquisition of insight occurs through group reaction to the person as such, and his behavior and attitudes as manifested within the group. This is sometimes referred to by group therapists as "reality testing" and tends to become a progressively potent dynamic as the group process develops, and the group members become freer to react spontaneously and consciously to the immediate experience.

Group interaction reaches a level which is conducive to shifting of defenses, and to the acquisition of self-understanding when it has developed free expression of feeling, both positive and negative among group members, and on occasion to the group counselor. While a degree of expression of negative, hostile feelings is constructive and is encouraged, it is limited by the nature of this kind of group, which unlike group analytic-therapy, is not geared to the uncovering of deep unconscious conflicts. There are sometimes sharp inter-changes between members which can be useful in reaching some who tend to present a facade rather than their real selves. This may happen, with telling effect, to the member who needs to appear as excessively strong and independent and who covers feelings of weakness by controlling and attacking others. A client needs to be confronted with such attitudes within the group experience, and when this occurs, the member in question, as well as others who identify, negatively or positively, may have a rather disturbing, but also often a very meaningful therapeutic experience.

While group interaction is a basic aspect of the group process, facilitating the modification of defenses, the acquisition of insight and change in attitude and behavior, I believe we must look to the group, as an entity in itself, a whole which is more than the sum of its parts, for the most potent dynamic of the group counseling experience. Each member of

our groups has come for help with her own individual problem, and it is the group's purpose to help her achieve her individual goal. The group as such becomes the instrument through which help is provided. This is possible through the individual member's developing identification with the group's purpose. Thus, the group, in a vital sense takes on the collective positive will of all of its members. As Dr. Ackerman expressed it, "in the group, a structured human situation evolves, which epitomizes an individual's relations with society. The group is a micro-society."^{*} To this social and therapeutic experience each member brings her natural way of interacting.

Out of their own experience and emotional identification, members recognize and express sympathy with the struggle, the natural resistance, each feels during the effort to uncover attitudes which have been suppressed or denied. This understanding provides the support which makes acceptable for the member the group's expectation that she will "listen," take in, and accept a truer evaluation of her own behavior and attitudes. The individual member's own healthy strivings are often palpably reinforced by the group's expression of commendation and appreciation when a member is finally able to report a genuine shift in self-understanding. I use the term "genuine" advisedly, because capitulation and too easy acquiescence on a defensive basis is usually spotted, sometimes, with the help of the counselor, and is worked with.

In our groups, centered around problems in living and in family relationships, there is an emphasis on "doing" as well as "being." The group is concerned

^{*} Nathan W. Ackerman, M.D., "Some Structural Problems in the Relations of Psychoanalysis and Group Psychotherapy," *International Journal of Group Psychotherapy*, Vol. 14, No. 2, April, 1954, p. 134.

with changes in feeling as these are translated into modification of behavior, within the group, but primarily in outside relationships. Members report on how they are attempting to cope with the problems which brought them to the agency, and with other related problems which have been identified. They bring in difficulties and failures for the group's appraisal and help. They are not told what to do, though many would naturally wish for an easy formula for removing problems and overcoming the barriers to change within themselves and in others. They are rather held to striving in the direction of their own constructive goals as clarified through group discussion. That the group is a living, dynamic factor in the client's life experience is attested by repeated comment of one or another member that while attempting to deal with a problem between sessions, she "tried to think how the group would have felt about this," or she "had wished it was possible to talk it over with the group." Successful, gratifying reports are also brought in for which the member takes and is given credit by the group. It is in this more successful handling of problems in living, through conscious, directed effort, that personal growth and a sense of wholeness and capacity for self-directed, effective action is accomplished.

The kind of group cohesiveness which makes this possible is present, potentially, but needs to be fostered by the group counselor. What the counselor contributes will vary, depending upon the kind of group, its purpose and structure as well as upon the less tangible factors of the counselor's personality and professional orientation.

Because of the short time span of our groups, various structure methods are set up, and are used as dynamics for helping the members move into the group process. In the first session each member identified herself through a brief state-

ment of the composition of her family and the nature of the problem for which she is seeking help. Anxiety about extreme difference from others is thus allayed and the members feel a beginning sense of unity and belonging. From the beginning and throughout the process, the counselor encourages spontaneous participation by the clients in every aspect of the group experience.

We have also introduced the method of "presentations" as a further way of accelerating the members' involvement in using help for themselves. After the first session each member "presents" in rotation, on a voluntary basis and in her own way, an account of her problem as she sees it. Other members, as well as the group counselor, participate with the presenting member in an effort to understand the person in relation to her problem. Needless to say, the experience for the presenting member, as well as the others who react with their own projections and identifications, is a highly charged, emotional experience. These presentations are diagnostically revealing in terms of group relatedness, with dynamic significance which transcends the value of the factual content itself. Each presentation may be spread over a two session span, so that after-reactions to the experience, including the impact of group response, can be picked up and worked with. Members welcome this opportunity to "explain" themselves. As one member put it:—"It is hard to face that what we saw as the problem turns out to be so different, but that is, after all, what we are here for."

For groups of longer duration, this method is not necessary or appropriate, since the individual member's personality emerges by accretion with relevant content elicited in the give and take of group discussion and interaction. As a structure, however, we have found that it can be used dynamically to strengthen

group relatedness and involvement. Every member becomes a part of each presentation, and works with her own problem through her participation in trying to understand and to be helpful to another member. Her capacity to feel concern and understanding of another person is strengthened. Group reaction in subsequent unstructured sessions tends to be more focused and meaningful against the background of some beginning understanding of each member as a person, if her social and familial situation as well as her problem as she sees it.

Role of Counselor in the Group

It must be obvious that not only the role of the group counselor, but his relationship to clients are different from that of the individual counselor. The former, while on the whole less intensive, is also necessarily more complicated. The group counselor must be related to the over-all group process, as well as to the content and quality of participation, and the direction of movement of each individual member. He tries to be aware of the impact of individual members on each other and encourages the expression of feeling, both positive and negative, among members, to the counselor, and to others on the outside.

While the group eventually takes on the collective purpose of the group, this is represented initially, and in a sustaining way throughout the process by the group counselor. His intervention may be indicated to support a particular member whose tolerance for criticism or difference in his judgment may be taxed by too strong and concerted negative group reaction, or by destructively hostile projection by another member. At times too, the counselor may introduce negative as a dynamic when there is too much group unity, or over-identification.

Individuals in the group respond in varied and different ways to the group

counselor's verbalizations and these differences must be perceived. Some members compete for leadership with the counselor, while others bid for approval or tend to agree with authoritative opinion. While there is no special emphasis on eliciting transference attitudes towards the leader, they develop and exist. Attitudes and spontaneous reactions to the counselor are recognized and worked with when indicated.

Because of the complexity of the group setting, the group counselor's role is not a simple one. While perhaps more demanding in some ways than the individual counselor's there is mitigation in the contribution the group members make through their participation to richness of understanding and to the reinforcement of a dynamic process. As others (particularly Dr. Alexander Wolf) have pointed out, the therapist's contribution to the treatment relationship is limited by his own personality and experience. Many different facets of attitude and understanding are evoked from group members, insights and opinions which would not be forthcoming from the therapist or counselor alone.

Case Illustration

Mrs. Mary M applied to Children's and Youth Service Division for help with the problems of her seven and a half year old daughter who was not performing up to her capacity in school and was unpopular with other children. Mrs. M had sought private psychiatric treatment for her daughter but was unable for practical reasons to continue. She was informed (and we later confirmed) that her daughter, while immature and insecure, was not a seriously disturbed child.

Mrs. M had good insight into her own problems as they affected her daughter, describing her own fluctuating moods, her excitability and her temper outbursts,

frequently directed to the child. She was aware, too, of her over-protectiveness and anxiety about her daughter whose social problems mirrored her own.

Mrs. M requested help for herself and was positive in her response to group treatment. She felt that she could sustain the give and take of group discussion, including the negative criticism, the probing into highly personal facts about her past and present relationships. A mutual, tentative decision was reached by the counselor and Mrs. M that she would join a mother's counseling group. Assignment to a group was confirmed after an interview with Mr. M who concurred in the plan.

The group which Mrs. M joined was a fairly "strong" group, particularly favorable for her because there were several other members with whom she could identify intellectually and emotionally. (Since members of groups use first names during group sessions, I shall refer to Mrs. M as Mary in describing her progress as a group member.)

During the first few sessions, Mary, though visibly tense, was restrained and fairly inactive. Her participation in the first few presentations was guarded and mild, consisting pretty much of intellectualized restatement. The quality and intensity of Mary's participation shifted sharply during Jane's presentation, which was the fifth. Jane, who had had prior treatment, had given an impressively detailed description of her neurotic character traits, over-emphasizing self-responsibility for all of her relationship difficulties and overwhelming the group with her total self-criticism. With some help from the counselor, the group reacted strongly to Jane's excessive demands on herself and others. Manifestly identifying deeply with Jane, both positively and negatively, Mary commented that she was in effect resigning herself to the way she was, and suggested that she make a beginning toward change by

"accepting herself" and by starting "little by little" to be different.

Following Jane's presentation Mary quickly volunteered to be next, because she saw so much that was similar about Jane, though there were also differences. During the beginning of her presentation, Mary was disarmingly free and balanced as she described herself as, like Jane, a "rejected child," who, however, had compensated by becoming thoroughly willful and spoiled. In contrast to Jane, who is tight and withholding in relationships, Mary characterized her own patterns as uncontrolled and impulsive. She expatiated on the specifics of her narcissistic, exploitive behavior toward her husband and daughter. Since she knew "exactly" what was wrong, Mary was challenged by the group to explain why she had come for help. They did not accept her too ready response that she wanted to be held to consistent efforts to change. Throughout her presentation there was a subtle kind of self-protectiveness to which the group reacted by a skeptical probing in areas where Mary had reported that her past difficulties had been overcome. One member intuitively sensed that there were present difficulties in her relationship with her husband which might have a bearing on her general attitude of self-dissatisfaction, and be a source of tension in her relationship with her daughter.

This comment "reached" Mary, having opened up an area of conflict which she was clearly reluctant to face. During the following session Mary experienced the pain and relief of sharing her persistently ambivalent attitude toward her husband, who, in a subtle way, she looked upon and treated as an inferior. The significance of this attitude was explored as it affected her daughter, who was clearly victimized by the father's lack of status in the home. Mary could not acknowledge resentment or discomfort during this

discussion; on the contrary she expressed amazement and satisfaction that she could bring herself to speak so freely in a group situation. Mary was now "in" the group. Her participation thereafter was much freer and more spontaneous. Her role shifted again to that of "helper," but on a different level.

During the remaining unstructured sessions which revolved around the consideration of day to day problems, Mary raised various specific questions concerning her daughter's school and social problems, and her efforts to be helpful. With the help of the group she struggled with her own needs as they affected her ability to find a balance between permissiveness and firmness. From her account of developments it appeared that she was making a conscious effort, with uneven success, to apply the results of her work in the group. Occasionally, in a guarded way, Mary would report post-session reactions to the group, defensively attributing to her own super-sensitivity the fact that she sometimes questioned whether she was really liked and accepted. These feelings were presented as having been worked through, and were never acknowledged in the immediate experience.

It was not until the 17th session that Mary, assertively insisting on an opportunity to speak, with much feeling shared that she had been irritable and angry all week because she had not been able to talk at the last session, though she had wanted to. Her irritability spilled over to her family so that she was able to see quite clearly that her children were not problems in themselves. She had spent a miserable week, nursing resentment toward the group as a whole, in varying degrees toward individual members, and to the group counselor, too, for not having helped her "get the floor." She had been tempted to stay away from this session, but instead, after much turmoil and struggle

with herself, had decided to come and air her feelings. She proceeded to express her feelings toward other members, and with encouragement to the group counselor, who, she felt did not like or appreciate her as much as she did her competitor, Jane. Her feelings were accepted and the courage she showed in sharing them was commended by the group. Several members expressed positive appreciation of her as a person, at the same time that they commented on her distrust of people and that her over-sensitivity was a barrier in relationship. She was helped by the counselor to put into words her satisfaction at having affirmed her right to speak without the counselor's intervention.

Thereafter, for the balance of the group sessions (this group had twenty-two sessions in all) Mary actively discussed her own problems and those of others. On the whole, her efforts in outside activities were gratifyingly successful. She had, for example, been able for the first time to speak up from the floor at a parents' meeting, and was more balanced and controlled in her relationships at home. She felt good about these developments, but her satisfaction was tempered by her uncertainty as to whether she would be able, without the group's support, to sustain her gains. This was her emphasis during the final session, when she reported marked improvement in her daughter's adjustment, expressing confidence that her daughter would not revert, though not so sure about herself. The group expressed confidence and optimism, while the counselor, less certain that Mary could continue to develop her own strength without additional help, accepted that this was possible, at the same time indicating the availability of further help should Mary feel the need for this.

During the planned joint terminal interview with Mary and her husband, which took place after several weeks, it

became clear that a shift in their relationship had occurred. This was evidenced by the fact that Mr. M this time dominated the discussion. He was extremely positive about the change in his wife who had before coming here refused to take any responsibility for her moods and outbursts on the basis that she could not change without a full analysis, which they could not afford.

Mary seems to have achieved through her group experience a re-enforcement of her own striving toward more balanced and mature behavior, deriving more satisfaction from using her strength as a person than from using her weakness to control others. It has been two years since this final interview. Without a planned follow-up, which would have been desirable, we may assume that she is continuing to do well, since she has

not returned to the agency. Should she seek therapy in the future, her group experience will have value as preparation.

Our experience with group counseling so far has convinced us that the group method can be helpful to many of our clients. There are some for whom our type of group counseling is clearly inappropriate. These include the psychotic, the pre-psychotic, and others presenting symptoms of gross emotional and social pathology. The group counseling method offers many possibilities which we are just beginning to explore. Already, however, we have substantiated that group counseling is an effective approach to the problems of certain parents and children, and to some husbands and wives with problems of marital adjustment.