



**INTRODUCTION TO
GROUP COUNSELING
AND
PSYCHOTHERAPY**

CHARLES J. VANDER KOLK

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Preface

The goal of this book is to present introductory material about group counseling and psychotherapy to the beginning student and those who are relatively new to the field. The organization is from the general to the specific. I believe interpersonal conditions, best explicated by Carl Rogers, form the foundation for successful group work in most situations. Systems theory provides a general frame of reference because it stimulates comprehension of human behavior at the intrapersonal, interpersonal, small group, organizational, and community levels.

Part 1 presents models of group counseling, chosen for their historical importance and current popularity, around which the reader may shape techniques for practice.

Part 2 concerns actual practice, with guidelines and applications. The content of these chapters delineates what appears to be common practice today and is based on my own model of group counseling—an integration of existing models. The breadth of information in Part 2 results because there is little evidence to support the superiority of one approach over another. I have collected significant material in the field and organized it so that it makes sense to the novice. Chapter 8 presents the basic elements of group dynamics. Without an awareness of group dynamics, the group leader would be lost. Chapter 9 includes information for organizing a group and keeping it going. This may be the chapter the beginning counselor finds most useful;

other chapters will take on greater significance with experience. Chapter 10 describes leadership styles as well as practical ideas on what and what not to do when leading a group. Chapter 11 provides a brief introduction to the systems approach.

Because group counseling and psychotherapy developed primarily in mental health settings, most of the information in Parts 1 and 2 applies particularly to mental health clients. Fortunately, much of the information is also useful with other populations, but Part 3 demonstrates additional ideas for working with disabled and disadvantaged clients, children and adolescents, and families and couples. The family is approached in two ways. First, the family is a small group, and consequently has a place in a group counseling text. Second, chapter 14 also includes ideas on multiple family counseling, an interesting combination of group and family counseling. Couple or marital counseling is approached exclusively from the perspective of working with more than one couple at a time.

Part 4, Special Applications, addresses topics of interest to many counselors. Vocational concerns make up a large portion of most people's lives, and are especially amenable to group counseling. Chapter 16, Vocational Development Groups, is applicable to high school students, college students, and adults. These groups are useful for people who are seeking their first job, who need job readiness skills, or who want a career change. Chapter 17 addresses those clients who need to improve their social and work adjustment skills.

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Introduction to Group Counseling

Group counseling has developed in this century from the efforts of a few people trained in individual therapy and guidance. It now appears in multiple forms and applications and serves many consumer populations. An historical perspective shows us how much has been accomplished in a relatively brief time. Group counseling has only recently gained general acceptance as an effective and often preferred mode of assistance. Group leadership skills are now considered required for counselors who wish to be adequately trained.

Historical Perspective

Psychology's Contribution to Group Work

The major contribution to group work comes from the field of psychology. It has been the primary influence in theory, research, and practice. Group counseling is primarily a psychological activity, whether conducted by a psychologist, counselor, social worker, psychiatrist, or nonprofessional.

Joseph Hersey Pratt, a physician, is credited with starting the first psychotherapy group in 1905. Its members were tubercular outpatients at Boston's Massachusetts General Hospital, organized into groups of about 20 for "inspirational, persuasive, and supportive" purposes. Although the sessions dealt with some medical topics, the emphasis seems to have been mainly psychological. Pratt was the

first to recognize some of the dynamics that occur in group therapy: the need for mutual support and the positive influence one member can have on another.

As psychoanalysis became more popular, its approach to working with individuals was applied to group work. The psychoanalytic approach offered a conceptual framework for understanding human behavior, a theoretical stance not previously available to the group therapist. Louis Wender observed transference phenomena in the group, and Paul Schilder applied free association techniques by encouraging group members to say whatever they wished.

Slavson's Activity Group Therapy resulted from his experience as a psychoanalytic patient, his involvement in progressive education, and the wish to work with children and adolescents in groups. He was able to get children to express themselves through various group activities and expanded his approach to include verbal therapy with older children. In the 1940s, Alexander Wolf worked with adults in therapy groups, and began the Postgraduate Center for Psychotherapy at New York Medical College in 1948. Wolf and his student, Emanuel Schwartz, eventually introduced the first certification program in group therapy. Slavson, Wolf, and Schwartz believed the group evoked psychoanalytic concepts more strikingly than did one-to-one therapy. The therapist's role as analyst and interpreter remained the same, but the interactions and dynamics in a group yielded more behavioral data. The individual remained the focus of treatment. "Multiple transference" was the one additional concept that emerged after the therapists observed that group members engaged in transference with other participants as well as with the group leader.

A subgroup within the psychoanalytic school disagreed with the orthodox view of group therapy. Foulkes, Bion, and Ezriel in Britain and Whitaker and Lieberman in the U.S. believed that group therapy varied significantly from individual therapy. They pointed out that different and more complex dynamics occurred, and new concepts for understanding group process had to be developed. Social psychology and respect for the group as a whole were necessary for effective group leadership. Shaffer and Galinsky point out the difficulty people have in perceiving the group as a distinct entity to be studied and understood apart from the study of individuals. Those who have previously worked exclusively in individual therapy often focus on the needs and behaviors of the individuals rather than on the dynamics of the group as a whole.

Another offshoot of the psychoanalytic model is European existentialism. Its proponents considered the group leader free to

express personal feelings, attitudes, or concerns. Group discussion focused on the here-and-now, and there was more spontaneous interaction between group leader and participants. Ludwig Binswanger, Medard Boss, and others maintained the general psychoanalytic methodology and way of conceptualizing group behavior.

The most significant early divergence from the psychoanalytic model was that of Jacob Moreno and his Psychodrama Model. Although he had formulated his ideas earlier, in 1921 he formalized them into his Theatre of Spontaneity. In fact, Moreno was the first to use the term "group psychotherapy." He had observed how children were able to act out their feelings and thoughts, and decided to employ theatrical techniques with people who had psychiatric problems. One group member took center stage, acting out some important aspects of his present or past life. Other group members played the roles of significant others and auxiliary ego roles (different parts of the self). The group member and the leader "staged" the scenario, thus bringing psychological concerns into the here-and-now in a dramatic, concrete way. This action method allowed cathartic release, confrontation with the life situation, and prevention of avoidance or resistance. Moreno had a strong influence on Perls's Gestalt therapy as well as on other figures in the encounter group movement. Psychodrama is still taught at the Moreno Institute, and used in some form, such as role playing, by a large number of group therapists.

Another group approach, Gestalt therapy, was also action-oriented and called for the involvement of the group leader. Fritz Perls received psychoanalytic training, but came to disagree with many analytic concepts. He was influenced by Moreno's psychodrama, Zen, Gestalt psychology, and existentialism, among other concepts. He rejected the analytic emphasis on transference, going back to early childhood events, interpretation, and the more knowing stance of the therapist. Rather, Perls's groups dealt with the here-and-now, with the leader acting as facilitator/catalyst/describer of behavior. Perls placed the therapist-client relationship in a group context. He worked first with one group member only, using the other members only as observers, then encouraged interaction between the target member and other participants.

Behavior therapy had its beginnings in early experimental psychology that stressed learning principles as the best method for understanding and changing human behavior. The early work and concepts of Pavlov, Watson, and Skinner were adapted to psychotherapeutic situations. Stimulus-response, reinforcement, reward, contingency schedules, and other concepts could readily be used to plan modification of client behaviors. In the 1950s and 1960s, behav-

ior modification approaches made a significant impact on counseling and therapy, especially in working with more difficult populations. This active approach continually sought behavior change as an objective, rather than relief of symptoms or talking “about” problems. The group soon became a good place to do behavior therapy. Structured group sessions were devised to deal with specific phobias, anxieties, efforts to stop smoking, and assertiveness training.

Growth and encounter groups are usually conducted for persons who function relatively well in society. Kurt Lewin’s field theory of the 1930s and 1940s was the basis for the Tavistock small study groups in Britain, and the T-group (popularized by the National Training Laboratory) in the U.S. that became popular in the 1950s and 1960s. Although the Tavistock groups were similar to the T-groups in that they were unstructured and focused on members learning about themselves and group dynamics, the Tavistock group adhered to psychoanalytic concepts. Bion was one of the Tavistock group who focused on group cohesiveness and the regressive and progressive forces in a group. The small study group was to deal with its own dynamics and to understand itself as a group.

The T-group evolved from an emphasis on group relations within organizations to include interpersonal relationships and personal growth as legitimate group goals. Leading encounter group figures who emerged from T-group training were William Schutz and Jack Gibb. In the 1950s and 1960s, group objectives expanded beyond training in group dynamics and effective leadership techniques to enhancing one’s personal growth. Stronger beliefs in humanistic principles and the more permissive atmosphere that encouraged greater self-expression and finding oneself, along with the need to cope with an increasingly depersonalized society contributed to the popularity of encounter groups.

In the early 1960s, Rogers used the term “Basic Encounter Group” and went beyond his previous group experience when training graduate students. His nondirective approach was in contrast to the gestalt and psychodrama groups, but shared many of the same basic beliefs about human nature. Rogers was the prototype of the group leader who believed in the person’s ability to grow and function well if given the proper group environment. Perls and others also had this confidence in the group member and placed primary responsibility for growth on the individual participant. Encounter group leaders tended to deal with the here-and-now, had a phenomenological philosophy (valuing the perception of the person as his own reality), encouraged free expression, and tried to foster a close, supportive group environment. Systematic Human Relations Train-

ing and structured skill groups have evolved recently in response to society's wish to see concrete results from group work as well as abstract personal growth.

Group Guidance

Gazda (1977) traces the history of the group guidance movement to a 1907 class on "Vocational and Moral Guidance" in a Cedar Rapids, Iowa, high school. A course in occupational information was introduced at the high school in Westport, Connecticut, in 1908. Although these classes were instructional, they could be considered the forerunner of vocational group counseling. During the 1930s, classes like these became extremely popular throughout the country and led to the publication of numerous group guidance texts. At the same time, nonvocational themes appeared as part of the group guidance process. Homeroom teachers acquired a guidance function that included helping to establish relationships, determining student needs and abilities, and developing proper attitudes. Group guidance remained in the classroom until the 1950s. Gazda contends that because there were few counselors during this time and because teachers were not trained in group dynamics, classroom guidance was not very effective; since then, teachers have acquired group leadership skills and have become concerned with students' affective as well as cognitive development. School counselors are now better trained and able to consult with classroom teachers to facilitate students' personal development. It is not uncommon for classroom teachers to lead discussions about students' feelings, and to lead exercises for developing body-image. We now understand that knowledge of group dynamics is extremely important for the classroom teacher.

Group guidance and counseling outside the classroom is a more recent phenomenon. The few counselors there were before the 1950s did little group counseling, and very little of any kind of counseling as we know it today. Giving students vocational information, helping with selection of a college, discipline, and scheduling took most of their time. In some schools, counselors now lead counseling groups that go beyond vocational exploration, to focus on interpersonal, behavioral, attitudinal, and other dimensions.

Social Group Work

Social group work dates back to the settlement houses of the 1800s and early 1900s (Galinsky & Shaffer, 1974). The poor had so many

problems besides their economic plight that social workers became a strong force in the attempt to improve their situation. Jane Addams's founding of Hull House in Chicago in 1889 was the highlight of this reform era. Group work was employed to address the many needs of the poor; thus, social workers were probably the first professionals to use group techniques for social and personal development. These group counseling procedures were not, however, based on knowledge of group dynamics; they resembled group guidance in that they served relatively large groups, were structured, sometimes had an outside speaker, and were usually formed to convey information or motivate participants. After World War I, social group work also dealt with teaching skills and values, often in youth service and community agencies, and often led by interested but untrained people.

During the 1940s, the focus enlarged to a treatment model. The influence of psychoanalysts, the desire for greater professional acceptance, and the opportunity to expand work settings to the many treatment centers changed the nature of group work. At this time social workers learned the psychoanalytic model of psychotherapy and often worked under the supervision of psychiatrists. They were able to obtain positions in mental health settings, child guidance centers, prisons, and other helping agencies. The methods and goals of social group work have changed over time. Originally, the concern was with changes in the environment, such as housing and jobs, that would benefit the individual group member. The psychoanalytic influence added an understanding of the individual to the existing concern with the impact of the environment on the individual.

Rehabilitation and Agency Group Work

Rehabilitation counseling with disabled persons began with the 1917 Smith-Hughes Vocational Act and the 1920 Smith-Fess Act. The Smith-Hughes Act initiated rehabilitation services to disabled veterans; the Smith-Fess Act expanded services to physically disabled civilians. Later, rehabilitation counselors added the psychiatric, mentally retarded, alcoholic, and nearly all different and deviant populations. There is no documentation of group rehabilitation work before World War II; however, the combined influence of group vocational guidance and Carl Rogers's group work led to the widespread use of groups in rehabilitation settings from the 1960s on. Group counseling is most often used in private rehabilitation centers and rehabilitation facilities, and sometimes in state vocational rehabilitation field offices. Counselors in field offices do not usually see

their clients on a weekly basis, and use groups less often because of the emphasis on individual case management and coordination. Field offices are increasingly recognizing the usefulness of groups in helping clients develop positive attitudes toward their disability, explore vocational alternatives, find community resources, prepare for job interviews and related job-seeking skills, form job clubs, and cope with family and community attitudes.

The needs of the clientele are so diverse that one approach could not be satisfactory to all. Because vocational guidance deals with vocational needs, group vocational counseling is often found in rehabilitation settings. Groups range from very structured, intended to develop specific skills such as job seeking or work adjustment, to a more client-centered style that allows relatively free exploration of vocational interests. Other rehabilitation counseling groups include those that focus on adjusting to a disability, behavioral group approaches with lower functioning clients, such as the mentally retarded, severe psychiatric cases, and the brain damaged, and groups for learning daily living skills.

Definition of Group Counseling

The characteristics of a group have been explained in many different ways, depending upon the type of group and its situation or goals. Because we are concerned with group counseling, we will discuss the nature of groups in which counseling takes place, but even with this narrower focus, we still do not find a consensus among professionals as to the definition of a group.

We can probably agree that a group is a collection of individuals who meet and interact with one another face-to-face. Group members believe they belong to a particular group for the purpose of achieving a goal. They meet to satisfy personal needs and become interdependent because they influence one another. Events that affect one member have an impact on the others. There are thus individual factors, personal transactions, and a unitary functioning that clearly differentiates a group from one-to-one interactions. Furthermore, roles and norms become established in a group as a kind of structure develops among the members. Roles and norms evolve from sharing common attitudes, values, and beliefs. Members' personality styles, skills, and needs contribute to the group's roles and interactions. Depending upon the purpose and make-up of the group, it needs an appropriate number of members, a degree of motivation, a purpose, and, eventually, self-direction. Finally, groups go through

stages that can be observed and described. For example, the beginning stage is often characterized by the members' getting to know each other, while being careful at first in revealing themselves. In the middle stage, a healthy group works at self-exploration and behavior change. The final stages of the group include termination and follow-up.

Gazda (1978) offers good general definition of a group:

Group work refers to the dynamic interaction between collections of individuals for prevention or remediation of difficulties or for the enhancement of personal growth/enrichment through the interaction of those who meet together for a commonly agreed-on purpose and at prearranged times. (p.260)

Rationale for Group Counseling

Each model of group counseling, each group leader, and even group participants have a rationale for the group experience, whether explicit or implicit. Although political and economic realities require human interaction, we are most concerned with family, friendship, sexual, leisure time, or work relationships. These relationships produce stress, a sense of alienation, loss of meaning, low self-esteem, dissatisfaction with self and others, a sense of failure, or a desire to improve on a good life. All these situations are interpersonal or social, involving interaction in a group.

People live their lives in many groups of two or more, and happiness is to a large extent a function of how well these groups meet one's needs and how well one contributes to the good of the others and the group as a whole. If one perceives that she belongs, is accepted in, is loved by, can contribute to, and is safe in the various groups, the chances are good that one will have a sense of well-being and satisfaction with life.

The basic rationale for group counseling, then, is that it can improve or enlarge upon the real-life group experiences we confront every day. Group counseling is often the preferred intervention or life enhancement strategy because it most closely resembles real-life situations. It gives group members opportunities to express themselves, receive feedback from others, and observe, practice, and learn new behaviors that can then be transferred to group interactions in the real world.

Group counseling has many advantages over other intervention strategies. It can, on the one hand, be an intense experience that places a person in the spotlight, confronting his own feelings and pressures from other group members. On the other hand, a group