

**AN INVESTIGATION INTO AN EXPERIENTIAL APPROACH TO
TRAINING IN GROUP PSYCHOTHERAPY**

BY

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ABSTRACT

High-quality group psychotherapy training is considered more important than ever in the current mental health care environment. With the need for ongoing education and development in the field of group psychotherapy, concern has been raised regarding the lack of group psychotherapy training guidelines for trainee psychologists. Findings from numerous empirical studies show that at present, most training courses often maintain a rather unstructured format for fostering an experiential group process. The literature suggests that without standardized course objectives, students are vulnerable to harm, they are ill equipped to meet professional demands, and trainers are not provided with adequate guidelines for instruction.

Therefore, the purpose of this study was to review the relevant literature in order to describe the principles of group psychotherapy as they manifest in group interaction, and to compare the subjective experiences of trainee group psychotherapists with the findings from the literature. The aim of this investigation was to generate hypotheses about the effectiveness of the use of an experiential group as a training medium, in group psychotherapy. Further objectives included exploring the merits of an experiential approach to training in group psychotherapy, and identifying factors that could potentially aid/hinder trainee development.

In order to adhere to the objectives of the investigation, a qualitative, exploratory research design was used. Data for the study was gathered by means of a client-centered interview conducted with five group psychotherapy trainees who received training in a Clinical Psychology Masters program. In addition, these trainees were also required to complete a semi-structured questionnaire. The interview focused on how the trainees' subjective, affective experiences influenced their perceptions of the qualitative aspects of group life, while the questionnaire was designed to elicit information about the ways in which trainees cognitively conceptualized their understanding of group process, group dynamics and group facilitation skills. The results of the study were analysed through the qualitative method of content analysis.

Results showed that, while trainees may have perceived that they gained tremendous benefits through exposure to the experiential group, an analysis of their interaction patterns highlighted certain areas which can be considered problematic. For example, it was found that trainees did not have a theoretical understanding of group process and group dynamics, and were therefore, not equipped with the necessary skills required to facilitate groups. This is further substantiated by the finding that the group facilitator had a pervasive influence on the development of the individual trainee and on the development of the group as a whole. Furthermore, results obtained raised certain concerns regarding the suitability and adequacy of using an experiential group as a tool for training, in group psychotherapy.

The research findings suggest that, while the experiential group may provide the trainee with an invaluable experience, it alone is insufficient as a training method, in group psychotherapy. This study also raises questions about the ethics of such a training program in its current form. One of the major conclusions of this investigation is that there is a need for ongoing research and evaluation of the training programs.

Finally, recommendations are made for improving the group psychotherapy training experience. These recommendations are based on the evaluation of the trainees' subjective experiences

KEY TERMS: group, group psychotherapist, group process, experiential training, Psychodynamic theory, Field theory, General systems theory, group dynamics, group process, principles of communication, group development, facilitation skills and qualitative research paradigm

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CHAPTER ONE

INTRODUCTION

The view that human beings are social animals with an inherent social nature has been widely accepted for a long time. For centuries, it has not been in the nature of human beings to live alone. The survival of an individual, as well as the survival of the species, has always been linked to the interpersonal relationships formed between human beings. It is within groups such as the family and peer groups that an individual is socialized into ways of behaving and thinking, educated and taught to have a certain outlook on the world and about him/herself. One's personal identity is derived from the way in which one is perceived and treated by other group members. Most of one's time is spent interacting in groups - one is educated in groups, one works in groups, worships in groups, and plays in groups. An individual's whole life is spent as a member of a variety of groups. Even one's identity as a human being is developed as a result of one's interactions with other group members. What makes an individual human is the way in which he/she interacts with other persons, and he/she learns how to interact in the groups in which he/she has been socialized and educated.

A number of an individual's goals can, in effect only be achieved with the co-operation and co-ordination of others. The pooling of resources to accomplish common objectives results in advantages for each group member, advantages that he or she could possibly not enjoy acting alone. The history of mankind is about the history of organised groups created to obtain mutual benefits and to find ways of improving the quality of life and satisfying the needs of its members. It is the productivity resulting from effective groups that makes the development of group skills one of the most essential aspects of our education.

In addition, it is well documented in the psychotherapy literature, that an individual's psychological health depends upon his/her group memberships.

Psychological health is the ability to be aware of and effectively manage one's relationships with other people. Psychological illness is reflected in difficulties in interpersonal relationships. It is through socialization within one's family and peer groups that the social competencies necessary for psychological health are developed. It is through membership of productive and cohesive groups that psychological health is maintained throughout an individual's life (Johnson and Johnson, 1975).

From the above, it would seem that groups are immeasurably important in the life of every human being. Similarly, group functioning skills are vital to all individuals. Belonging to groups is the most important aspect of a person's life. The quality of a person's life depends upon the effectiveness of the groups to which he/she belongs, and this effectiveness is largely determined by an individual's group functioning skills and his/her knowledge of group processes.

The literature suggests that many individuals seek a group experience with the intention of it serving as a substitute for primary family and other community-oriented group experiences. Thus, experimentation with different forms of relating has led to the era of *the group*. As a result, there is such a plethora of group techniques that professionals who approach the field, need a detailed sampling of those that are helpful (Rosenbaum and Snadowsky, 1976). More importantly, there has to be some evaluation of the significance and limitations of a particular approach. A survey of the literature indicates that the proliferation of different group approaches to people's problems could possibly lead to confusion when someone needs help.

1.1. The Motivation for this study

Alienated people are searching for answers to living and, joining a group seems to provide a solution to the loneliness many people experience (Rosenbaum and Snadowsky, 1976).

High-quality group psychotherapy training is therefore considered more important than ever in the current mental health care environment.

While it may seem as if the appeal of group psychotherapy is in keeping with current trends, in the mental health field, little gain has been made in enhancing collaboration between scientific research and clinical practice. This gap has resulted in training programs struggling to clarify and accommodate this split (Stricker and Trierweiler in Feiner 1998, p.440). It would appear this has created a climate for unregulated and inconsistent programming and curriculum design. Brown (1992, in Feiner, 1998) argues that idiosyncratic training affects all areas of training, and of particular concern are the experientially based courses.

A literature survey shows, that although several empirical studies have been conducted in the area of experiential training, it is not clear which areas were the object of the studies. A possible explanation for this is that it would seem that the training programs which were the target of the studies varied in terms of their definition of an experiential course design. For example, in Feiner's (1998) study, the sample was drawn from a group of trainees who were supervised in running their own groups. Bruce-Sanford (1998) designed an experiential group training program, where the sample was drawn from a group that was formed for the purpose of taking turns in facilitating the same group with the aim of experientially learning about group process. Hull, A., Haut, F., Rodriguez, C., And Cavanagh, P. (2000), on the other hand were interested in investigating the merits of training in group psychotherapy through exposure to the experiential model of training as suggested by Yalom. It is not surprising therefore to see how these studies indicate that emphasis is placed on different components of the training and that training programs do indeed have poorly standardized courses, with vague objectives and unclear guidelines.

As a result, most of the information available on training programs in their current form still appears to be at the data collection stage. In addition, a survey of the literature shows that none of the existing studies have investigated the use of an experiential group as a tool for training in group psychotherapy. The investigation documented in this dissertation is different in that the object of the study is clearly defined, that is, the focus of the investigation falls on the experiential group experience as a tool for training in group psychotherapy.

In addition, the sample for this study was selected from a training program in which the units received exclusive training in a personal group experience.

It is the researcher's belief that through the investigation of such a program, it would be possible to uncover and isolate key variables, which could possibly validate the experiential group as a tool for training in group psychotherapy and be able to add new information to existing studies. Therefore, in line with this, and in the interest of ongoing education and development, the researcher has a personal commitment to developing an in-depth understanding about the effectiveness of groups and group processes.

Furthermore, based on the findings from the literature, it would appear that group psychotherapy carries an inherent potential to meet the needs of a changing society. Accordingly, the need for ongoing research and examination of the training procedures surfaces once again (Murphy, L., Leszcz, M., Collings, A.K. and Salvendy, J. 1996, p.551). Feiner (1998) states that, in order to meet the changing needs of clients, providers, and training institutions, the field of mental health must be prepared to maintain high standards for graduate training programs by continually re-examining and updating training objectives, course syllabi, and ethical guidelines. In this study, the researcher is interested in investigating whether steps are taken in the training program to ensure that such standards are maintained.

Changes in the mental health system and the thrust to economize services have pressured training programs to prepare students to function in various types of settings including managed-care programs, medical hospitals, academia, community programs, employee-assistance programs, and prevention programs (Pines, 1981). In line with the above, it would be useful to determine whether the training is adequate in equipping students to function in these contexts, and to what extent it addresses the needs of individuals requiring assistance in this area. From the literature, it is clear that group therapy is in demand in all of these contexts. However, it is still not clear what needs are being addressed in the group setting. It is widely accepted that people want a group experience for treatment, personal growth, and/or education. In addition, it is undeniable that the people who participate in a group experience take part in an emotional experience.

In such contexts, however, it is often confusing as to what needs are being met (Rosenbaum and Snadowsky, 1976). Perhaps, by investigating the experiential group as a tool for training in group psychotherapy, it may help identify and clarify those aspects which are effective in addressing the needs of individuals and highlight those that are ineffective.

Feiner (1998) argues that although most training programs offer an experiential group therapy course, there are insufficient guidelines for instructors and trainees, vague course objectives, and numerous ethical pitfalls. The question that is of primary importance of course is how does one decide what the emphasis should be on in the experiential group setting? Other questions that are also of concern are: How are the associated ethical dilemmas addressed? Does the experiential group setting prepare the trainee to identify the possible challenges involved in undertaking a group psychotherapy experience and/or in running groups? How does the experiential group meet the needs of the individual member while simultaneously addressing the needs of the group as a whole?

Hence, the primary focus of this study is to improve our understanding of what beginning group psychotherapy trainees directly experience in their training. Most studies have not directly explored the trainee's subjective experience as a source of information about the group therapy training experience, beyond completion of a brief questionnaire (Kahn, White, and Hawkins, 1986; Salvendy, Robson, and Babiak, 1990). The objective would be to obtain direct knowledge about group trainees' self-described subjective experiences in order to evaluate the effectiveness of an experiential group as a tool for training in group psychotherapy and to further our understanding of factors that aid or hinder trainee development. This study is a preliminary attempt to initiate this line of investigation/exploration.

In summary, while the need for group psychotherapy in various contexts is currently in demand, it would appear that training and research in this area have lagged behind. Therefore, the underlying rationale of this study will be to uncover possible explanations for this state of affairs in the area of training in group psychotherapy. The aims of this study are presented in the section below.

1.2. Aim of the Study

The aims of this study are as follows:

- 1) to generate hypotheses about the use of an experiential group as a medium of training in group psychotherapy;
- 2) to explore the merits of an experiential approach to training in group psychotherapy and;
- 3) to identify factors that facilitate/inhibit the growth of a group psychotherapist.

In chapter 2, an integrated review of relevant theoretical and empirical literature will be presented and the implications of this work for the current investigation will be explored. Chapter 3 will provide a detailed account of the methodology of the study. In chapter 4, the results of the data analysis will be presented. Chapter 5 will state the study's possible limitations, conclusions, implications and recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

In chapter one, it was briefly mentioned that the study and use of the therapeutic group has evolved into a highly specialised mode of treatment with specific applications in various contexts. In this chapter, the historical development of group psychotherapy will be traced in order to highlight how the major trends in the field have shaped our current understanding of groups. Thereafter, the contemporary approaches to groups will be reviewed. While it is acknowledged that no one framework or set of theories can completely explain the phenomena of group interaction, it is still the aim to isolate key theories and concepts that can be subsumed under a generalised theoretical framework and have meaning in light of the dynamic relationship of individuals with one another (van Servellen, 1984). Under this section, three major theoretical frameworks, which are considered to have made a lasting contribution to the field, will be discussed. These are the psychoanalytic method, field theory and general systems theory. Accordingly, the concepts that are derived from these respective theoretical frameworks will be defined and discussed in terms of their application to the therapeutic group.

Furthermore, in line with the purpose of the study, it is considered equally important to identify, define and discuss the key variables of this study. Among those considered important, are the various ways in which a group is defined and the core aspects of the training in group psychotherapy. Other topics that are also relevant are the concepts of group process and group development. At this stage, it may be useful to begin with the various definitions of a 'group'.

2.2. Defining a group

A literature survey indicates that there are many possible definitions for a group, depending upon the theoretical orientation.

Brown (in Carmichael, 2001, p.8) defines a group as a group when two or more people consider themselves members of it, and when its existence is recognised by at least one other.

Based on Robert Bales's idea of the group as a miniature social system, Edelson (in Kaplan and Saddock, 1983, p. 16) defines a group as follows: "A group consists of a system of interaction, the parts of which are interdependent and acting to adapt to the realities of the immediate situation, to accomplish the group's goals, to keep the group intact, and to gratify individual members."

Spiegel (in van Servellen, 1984, p. 10) reiterates the above statement that most human interaction takes place in small face-to-face groups. His definition of the small group includes the following features: problem solving, decision-making, conflict stimulation and resolution, communication within and between groups, allocation of responsibilities and division of labour, leadership, task fulfilment, and group cohesion.

The definition put forward by van Servellen (1984, p. 13) conveys a similar idea. Accordingly, it is stated that: "Individuals become a group when they establish a specific pattern of information exchange and a set of goals. Commonly identified attributes of a small group include frequent interactions among members, identification as a group, shared norms and goals, a pattern of interlocking roles and role relationships, and activity that appears to have uniformity in terms of these goals and roles."

Hence, in the group psychotherapy literature, a group is broadly conceived as a collection of persons in face-to-face interaction, each person aware of his/her own membership, each aware of the membership of others, and each getting some satisfaction from participating in the activities taking place (Johnson and Johnson, 1975).

In summary, while several definitions of the term group are available, it is clear that the definitions have certain characteristics in common, that is, the importance of the perception of membership and the nature of the interaction. In other words, the focus is largely on interpersonal relationships and on psychosocial phenomena. Thus, the group therapist would be concerned with phenomena such as the degree to which members identify themselves as a group and the natural benefits thereof, the differentiation of roles in the group's structure, the attainment of group goals to the satisfaction of each member and to the group as a whole.

Later in the discussion, several other definitions, according to certain theoretical paradigms will also emerge.

Perhaps it is important to note that one of the major reasons why there are so many definitions of group is that the literature indicates that the move is toward sound conceptualization, research, and the advantages of thorough training (Rosenbaum and Snadowsky, 1976, p.44). In line with this, the discussion in the section below will focus on those aspects considered necessary components of adequate training.

2.3. Training for Group Psychotherapists

Of the multitude of variables operating in a group psychotherapy situation, leadership effectiveness is probably the most crucial. It can be argued, that an inept leader can be harmful, as well as ineffective. Competent leadership involves mastery of a wide variety of skills and functions (Shapiro, 1978; Whitaker, 1985; Agazarain and Peters, 1981).

Shapiro (1978) identifies two primary aspects that are crucial to the availability of qualified group leaders:

- 1) With the tremendous increase in the use of groups in a wide variety of settings, there is a great need for qualified group leaders.
- 2) Group leadership skills are complex and varied.

It is argued, that given these two conditions, it is essential that training programs for group therapists provide for a wide variety of needs. It is recommended, overall, group leaders need to be able to understand and work with group process. They need to be aware of individual intrapsychic phenomena and interactions between people. They need to have a working theory of psychotherapy, normal and abnormal behaviour, and respect for individual differences. In addition, they need to have a clear understanding of their own personal dynamics, their strengths and weaknesses (Shapiro, 1978).

Whitaker (1985, p.32) on the other hand claims that: "unless one understands the character of the helping medium which one is considering using, one cannot even begin to make plans and decisions about who is likely to benefit from it and who not, how to plan the effort, and how to proceed while using it. A small face-to-face group, like any other medium for helping persons, has its special character, its advantages and limitations, its special opportunities and its potential hazards."

Although it is obvious that opinions regarding the importance of the training in group therapy is likely to be different, there is considerable agreement on what constitutes adequate training. It was found, that group therapists such as Shapiro (1978), Yalom (1995) and Lewin (in Johnson and Johnson, 1975) contributed significantly in this area.

A brief look into Lewin's (1940) work shows that he insisted on a strictly observational approach to the derivation of phenomena that are inherent in the group's life. He proposed that this be done through an empirical and experiential method - that of groups studying themselves. Hence, the group became a rich source of data for the study of group dynamics. The views of Yalom and Shapiro are presented, firstly, because their ideas are representative of others working in the field. Secondly, their work is considered relevant and applicable to training that is strictly viewed as group psychotherapy.

2.3.1. Yalom's Contribution

Yalom (1995), suggests that there are four essential components in a comprehensive training program which extends beyond the didactic and theoretical:

- 1) observing experienced group therapists at work;
- 2) close clinical supervision of their maiden groups;
- 3) a personal group experience; and,
- 4) personal psychotherapeutic work.

He goes on to suggest that the training occurs in conjunction with a trainee's previous or simultaneous training in general clinical areas: interviewing, psychopathology, personality theory, and other forms of psychotherapy. He also acknowledges that the sequence of group therapy training experiences may depend on the structural characteristics of a particular training institute.

It is recommended, that observation, personal therapy, and the experiential group begin very early in the training program, to be followed in a few months by the formation of a group and ongoing supervision. Yalom (1995, p.529) states that: "The group therapy training program has the task of teaching students not only how to do but also how to learn. What clinical educators must not convey is a rigid certainty in either techniques or in underlying assumptions about therapeutic change: the field is far too complex and pluralistic for disciples of unwavering faith".

Yalom (1995, p.531) has also emphasised the importance of research as a medium of training, in group psychotherapy. He states that: "It is most important that we teach and model a basic research orientation to continuing education in the field." An orientation to research is described as: "an open, self-critical, inquiring attitude toward clinical and research evidence and conclusions - a posture toward experience that is consistent with a sensitive and humanistic clinical approach."

It is clear from the above that while Yalom (1995) acknowledges that training should include an experiential and a didactic component, he seems to place more emphasis on the experiential aspect.

Shapiro (1978), on the other hand, emphasises both the experiential and theoretical components of training. However, despite this there are several similarities in their respective approaches. Shapiro's (1978) contribution is discussed below.

2.3.2. Shapiro's Contribution

Shapiro (1978) has found that in the group leader programs that do exist, certain core training seems to pertain. He identified four universal, interrelated components.

These are as follows:

- 1) Supervised practice as a group leader, with extensive feedback.
- 2) Observation of professional group leaders.
- 3) Personal group experience as a member.
- 4) Theory and skill learning

Supervised Practice

In any profession, the learning-by-doing approach seems central to mastery. Shapiro (1978) believes that the group therapy situation is so variable, i.e. the interactions between unique combinations of participants so manifold, that it is impossible to prepare a novice group leader adequately for all contingencies. While he acknowledges that the leader must learn in part through trial and error, he is of the opinion that practice alone is insufficient. The argument put forward is that, without immediate and accurate feedback, a novice leader will continue to reproduce the same mistakes. Shapiro (1978) claims, that it is supervision of the practice, that makes the big difference. It is suggested, that supervisors must be able to observe the interactions between group members. They must also be able to offer suggestions and alternatives in such a way that trainees can listen without becoming defensive, and not simply copy the supervisor's words in the next session. In other words, it is crucial that supervisory suggestions be incorporated into the leader's repertoire and applied as they fit the situation.

In supervisory periods, it is recommended that those interactions that occur (in training sessions) between the leaders and between leaders and supervisors become the major focus of the discussion.

It is believed, that the blocks that inhibit the interactions in the group sessions are more likely to be reproduced in the supervisory hour.

Competent supervision thus involves knowledge of both sharing and a form of individual or group psychotherapy. The competent supervisor can use his or her own group leadership skills in the supervisory hour and hence almost simultaneously serve as a teacher, a therapist and a model of effective therapy (Shapiro, 1978).

Observation of Professional Leaders

Shapiro (1978) believes that watching a professional group leader is an excellent opportunity for a trainee to obtain a realistic view of the true nature of group leadership. Through observation of such a therapist, the trainee can become more aware of both successes and failures, can begin to discover weaknesses in his own developing skills, and can see the results of specific therapeutic interventions in specific situations. Hence, he can save a lot of personal trial-and-error learning and can get some feeling for the scope of a therapist's duties.

However, Shapiro argues that while observation alone is valuable, it is insufficient for optimal effectiveness. He stipulates that feedback sessions in which observers can discuss events of the group meeting with the professional leader are essential. It is during these sessions that questions can be asked, solutions can be discussed and evaluated, and mutual learning can take place. It is important to acknowledge that not every professional would be comfortable with observation. Therefore, it is recommended for training purposes, that it is crucial to find group leaders who do not become overly defensive in discussing aspects of their groups and who are open to a variety of solutions, not necessarily their own singular method (Shapiro, 1978).

Personal Group Experience as a Member

In order for trainees to learn about the effects of a group in non-academic, non-intellectual ways, it is suggested that they must experience a group as a member. The group experience is emotionally powerful. Shapiro (1978) argues that unless a leader can empathize with the intense pressures and fears of membership, his or her understanding of members will be subsequently diminished. In his opinion, group leaders must understand group phenomena affectively, through bodily sensations as well as intellectually. That is, they must fully comprehend what it is like to be vulnerable in a group. Before requesting self-disclosure by members, leaders must realize the level of fear this entails. They must know first-hand what the fears of non-acceptance can be like. In this way, leaders can learn how to make informed and timely requests for members' participation.

However, one has to keep in mind that empathy is only one component of this aspect of the training. Trainees also have the opportunity of seeing an experienced leader in action, concurrent with their own high levels of affect. This is different from pure observation, in which trainees can view the group action more dispassionately.

Finally, training groups are therapeutic for members. Trainees can discover their personal strengths and weaknesses in such a group and take corrective steps. Typically, training groups are not designed for intense therapeutic intervention, and members with pervasive psychological problems are encouraged to resolve them in separate individual or group psychotherapy. Less severe problems can be effectively treated in training groups once competitive defensiveness is reduced (Shapiro, 1978).

Theory and Skill Learning

It is important to emphasise that the psychological needs of group leaders should in no way lessen the importance of academic competencies (Shapiro, 1978). Several skills are mandatory. Group leaders must be able to perceive, understand and articulate group process and content.

They must have an active knowledge of normal and abnormal behaviour patterns, including principles and theories of learning and motivation.

They must also have a working theory of behaviour and a solid understanding of the ethics of their profession. In addition to exemplary individual psychotherapy skills, group leaders must have an understanding of the effects of groups on individuals and the power of interaction matrices.

Hence, the essence of the two views (i.e., Yalom, 1995 and Shapiro, 1978) is that training is the method by which the group facilitator acquires all these necessary skills, which, as already emphasised, can only be learned by practical involvement, and through rigorous training in the theoretical principles underlying group behaviour. If one examines Lewin's methods of studying groups, one would observe that it sounds very similar to those proposals offered by the previously mentioned contributors.

2.3.3. Lewin's Contribution

Much of Lewin's research and theorizing focused upon groups, and supported the use of experiential methods for learning about group dynamics. In the late 1930s and the early 1940s, Lewin conducted a series of studies on group behaviour. The findings of his research emphasise the importance of active participation in groups in order to learn new skills, develop new attitudes, and make behavioural patterns more effective. Thus, Lewin's research demonstrates that learning is achieved most productively in groups where people could interact and then reflect upon their mutual experiences.

In this way, they are able to spark each other's creativity in drawing conclusions relevant to group dynamics and in making commitments to the group to behave in more effective and skilful ways. Lewin's colleagues and students have been the chief promoters of experiential learning in the area of group theory and skills.

Experiential training

Lewin (in Johnson and Johnson, 1975) defined experiential learning in the following way:

When a person generates from their own experience a set of concepts, rules and principles to improve their effectiveness, then that person is said to be learning experientially. Experiential learning can be conceived of as a four-stage cycle:

- 1) concrete personal experiences are followed by
- 2) observation of, reflection upon, and examination of one's experiences, which leads to
- 3) the formulation of abstract concepts and generalizations, which leads to
- 4) hypotheses to be tested in future action in future experiences.

This learning cycle results in personal theories about effective behaviour and is continuously recurring as one tests out and confirms or modifies one's theories and generalizations.

In other words, the experiential situation is structured so that an individual can experiment with his/her behaviour, try things out, see what works, build skills, and generalize for himself/herself out of his/her own experience. Appropriate theory is then presented to help summarise the learning and to help him/her build frameworks of knowledge that organise what he/she knows. While it is emphasised that experiential learning can be a stimulating and involving activity, it is important to always remember that experience alone is not beneficial: an individual learns from the combination of experience and the conceptualization of those experiences (Agazarian and Peters, 1981; Yalom, 1995).

Nonetheless, in experiential learning, feelings are emphasised as important sources of information about the individual and the learning situation. Open and genuine relationships in which participants are not defensive about their behaviour are encouraged. What experiential learning seeks to achieve is the knowledge, values, attitudes, and skills necessary for effective behaviour (Johnson and Jonhson, 1975).

Summary

In summary, the literature review on training methods in group psychotherapy emphasises the importance of two methods: 1) an experiential approach (based on observation) and on the conceptualization of that experience and; 2) an approach that is grounded in a sound theoretical base.

In the section below, various approaches to group psychotherapy will be presented through an historical review, with the focus on specific techniques and trends in the field.

2.4. A Brief Historical Overview of Group Psychotherapy

The value in reviewing the historical development of group psychotherapy is that it enables one to gain a perspective of the old and the new, an understanding of those techniques that survived and those that failed, and an insight into how the methods of the past influenced the creation of the new (Rosenbaum and Snadowsky, 1976). Perhaps it is worthwhile to mention that upon closer examination, one would observe that a review of the history of the group method of treatment is not strictly viewed as group psychotherapy when compared to current standards and methods.

However, as a result of the interest in and study of the special qualities and basic principles underlying group behaviour, the group method of psychotherapy developed. Thus, it has progressed from a marginal procedure to the treatment of choice in many situations (Kadis, et al, 1974, p.9). One sign of the significant growth of group psychotherapy is the volume of literature since Pratt (1907, 1908) first began to treat the emotional problems arising in his tubercular patients.

2.4.1. The Pioneer Period

After the introduction by Pratt and his followers of the group method to deal with the influence of emotions in somatic illnesses, the use of this technique spread widely. For instance, in 1921, Lazell began to treat dementia praecox by using Pratt's method of lectures and instructions to the patients.

Marsh (1931) also began to use the lecture technique in classrooms, but expanded this procedure by using loudspeakers to communicate with the total hospital population. There were many other instances of the use of lectures to patients in groups. Snowden's (1940) method consisted of eight weekly lectures in which he would discuss various causes of different mental illnesses for twenty minutes. Following this, patients discussed the lectures in relation to their own problems. During the discussion period, the therapist saw each patient individually for a few minutes to point out how the lecture related to his individual problem. Low (1941) and Klapman (1946) treated patients by a modified method, which emphasised group interviews rather than lectures and recitals.

The first reported efforts to utilise psychoanalytic concepts in the group method were made by Trigant Burrow (1926). His method of treatment was based on the theory that people live in and are part of a society and that isolation of the individual in treatment may destroy his relationship to his group or society. Burrow found that all material verbalised in individual analysis (e.g., sexual fantasies, family conflicts), was also verbalised in relatively large groups.

He found manifestations of transference relationships and defence mechanisms, as well as other dimensions of individual psychoanalysis.

He felt that the greatest value of the group was its potential for diminishing patient resistance to treatment process. As the patient became aware that his problem was not unique, he lost the need to maintain secrecy and isolation. The loss of this need helped to resolve the patient's resistance. Burrow (1926) emphasised that man is not an individual but a societal organism and should be treated as such (in Kadis, et al, 1974, p. 10). He placed the need for greater emphasis on "immediate material" with a proportionate disregard for reminiscences.

In the early 1930s, Louis Wender began to utilise psychoanalytically oriented group therapy in the hospital setting. His use of the group method was in response to a need to develop treatment for certain mild mental diseases. He utilised the group method in combination with individual interviews and found that patients spoke more freely and brought out more (intrapsychic) conflict material at individual sessions when they were also receiving treatment in the group setting.

Although Wender utilised psychoanalytic concepts in his group, his sessions began with lectures on understanding individuals' behaviour, drives, the conscious and the unconscious, and the significance of dreams. Transference relationships were found between patient and therapist and among patients. As the group continued, the patient's spontaneity increased and he was able to discuss his own problems in relation to the theoretical material presented. Dreams were discussed and interpreted on a superficial level. Wender (1936) found that the drive for getting well was greater in the group than in individual psychotherapy (Kadis, et al, 1974, Rosenbaum and Snadowsky, 1976).

Paul Schilder also began to use a psychotherapeutic technique in the early 1930s. He reported that patients' ideologies were built around and developed from the self or body image and psychotherapy enables the patient to see that his convictions have little basis in fact. The patient was forced to ask himself how he came to accept a particular ideology and how it gained such an influence over his actions.

Schilder (1936 in Kadis, et al, 1974) emphasised that the patient's ideas and convictions are part of his life in the community and that it is logical to discuss the ideologies of one patient in front of the group. This clarifies the issue and brings it to the group's attention. The discussion was likely to start on an intellectual level and lead to the person's personal experiences. This procedure took the problem out of the realm of the individual and lessened the patient's feeling of being an isolate. When other patients in the group were able to identify with the problem, they were better able to work on and resolve it. Schilder stated that the therapist has to believe that intellectual honesty is a prerequisite for psychotherapy. The group therapist has to take an active part and be willing to reveal and justify his (own) ideology before the group.

In summary, up until this point, the group method of treatment was practiced (only) in the hospital setting. The method took two forms: psycho-education and an applied form of psychoanalysis.

2.4.2. The Group Method in England

The group method was also practiced in England during the 1930s. One of the most active experimenters was Joshua Bierer (1942) at the Runwell Hospital for Nervous and Mental Diseases. Bierer engaged in "situational treatment," the goal of which was not the acquisition of knowledge about the "subconscious." Instead, the goal was a living experience that would result in a change in attitude. Bierer (1942) noted that the "social club" was the first to make the patient change from an "object" to a "subject". The activities of such a club included entertainment, sports, writing, painting, and discussions. The groups met once a week with the therapist to discuss personal problems. The therapist usually took a passive role. At the club at Runwell, comprising 50-100 people, about 10 got together on a weekly basis in a "circle", and discussed one patient's problems in an impersonal way. Bierer stressed that it was even better if the patient did not know that his problems were being discussed. It was during these discussion periods that individuals were able to identify and work through their own problems.

Foulkes (1946,1957,1964), a world leader in group therapy, founded the Group-Analytic Society and established a program in group therapy at the Maudsley Hospital in London. In 1940, Foulkes began to practice group therapy on a psychoanalytic basis. During World War II, Foulkes utilised his group therapy techniques with the British armed forces. As a result of his war experiences, he expressed the belief that group therapy may be viewed as an "instrument, perhaps the first adequate one, for a practical approach to the key problem of our time: The strained relationship between the individual and the community" (in Kadis, et al, 1974, p.11).

Foulkes has continued the exploration and further development of group therapy within the framework of classic psychoanalytic theory. He has stressed the importance of consistency in the procedure of conducting psychotherapeutic group sessions. He notes that variations in the group procedures tend to create many variables, which make it extremely difficult to examine what is happening in the analytic process. At this stage, the study and use of the group method had begun to be identified as group psychotherapy and continues to influence the manner in which it is practised at present.

Foulkes has stressed the desirability of using a strictly defined method for the purpose of exchanging experiences and for research, although his practice has stressed the flexibility and variation that particular situations may require. Foulkes emphasises that restrictions eliminate variables. The patient has to accept the role of a patient and has to bear it in the hour of analysis. People tend to deviate and it is most important that group psychotherapists standardise the settings and procedures. (Rosenbaum and Snadowsky, 1976)

Based on the above, one would observe that group therapy began to be applied in another setting, the military, and in addition, experimentation with other techniques took place. Nonetheless, psychoanalytic techniques continued to dominate in the practice of group therapy. However, even within this framework, distinctions were being drawn between individual and group therapy.

2.4.3. Some American Pioneers

Slavson (1964) is regarded as a pioneer in American analytic group psychotherapy. In the opinion of Kadis (et al, 1974, p.l 1): "He is the most prolific contributor to the professional literature". He originated and developed Activity Group Therapy. Slavson studied the psychodynamics of children with character disorders in a setting in which many physical activities contributed to the matrix of treatment. This therapeutic method brought about positive attachments to group members, the therapist and eventually to persons in the outside environment. Results were partially attributed to the permissive atmosphere where the children could act out hostile and aggressive feelings without being punished.

Slavson (1964) expanded his theories of psychotherapy in groups to adults. It is Slavson's concept that the common elements in all sound psychotherapies are: 1) relation (transference), 2) catharsis, 3) insight, 4) reality testing, and 5) sublimation. It is his belief that individual psychotherapy does not supply the latter two elements in the treatment situation. Group therapy supplies all five. Within the group situation, various types of relations may lead to mutual support, to the discharge of aggression and the assuaging of guilt. The characteristic clusters and sub-grouping that tend to develop within the large therapeutic group offer definite value to each of the participants. Depending on the specific situation, transference within the group occurs in cycles.

Both positive and negative feelings may be intensified through identification and rivalry. Rivalry may appear when the patients attempt to please the therapist, to secure his attention and love. Because the latent hostile and aggressive feelings toward the parental figures are usually near the surface and easily activated, feelings of guilt and the need for group protection against punishment create a bond amongst the patients. It is within the negative phases of the transference relationships that group unity is most evident.

Slavson (1964 in Kadis, et al, 1974) believes that the therapist must have adequate information about the psychodynamics and psychopathology of each person in the group and his nuclear problem. The therapist should have sufficient information to determine the course of treatment to be followed with each patient and the depth of the treatment necessary, for example, will he deal with basic conflicts or will he work with behavioural and attitudinal manifestations. Furthermore, the therapist must be constantly aware of the latent content and the direction of the group interviews. The knowledge of each participant's psychodynamics will allow him to help the patients overcome their differences and fear through appropriate use of the transference and ego support.

Another pioneer is Moreno, whose many contributions include the introduction of the term "group psychotherapy" in 1932 (Kadis, et al, 1974; Rosenbaum and Snadowsky, 1976). Moreno (1950) has developed a theory of group structure as well as a method of group therapy and has been a prolific contributor to the professional literature (Shapiro, 1978). His instruments for psychotherapy are psychodrama and sociodrama. In psychodrama, one or more persons with problems interact with others, but take on varied roles. In sociodrama, the patients are the audience. Moreno believes that man is spontaneous and creative by nature, but becomes sick if he cannot use his natural endowment. He uses groups in order to help persons discover their lost spontaneity. Spontaneous stage play is the medium of dramatic expression by which patients act out their conflicts. Acting out rather than talking out, according to his view, leads to deep catharsis of self-limiting forces and frees the patient's creativity. Each actor-patient thus becomes self-healing as well as a therapeutic agent for other patients.

Alexander Wolf began practicing "psychoanalysis in groups" around 1939. He demonstrated that psychoanalytic concepts and methods could be translated into a group setting. He originated the alternate session, which is a regularly scheduled group session without the therapist. Alternate sessions had the advantage of making it both easier for some patients to express themselves while providing the group members with an opportunity to function as a group outside the direct dependency relationship with the parental figure of the therapist (in Kadis, et al, 1974, Rosenbaum and Snadowsky, 1976, Shapiro, 1978).

From the above information, one can see how group psychotherapy became so closely associated with psychoanalysis. Thus, concepts from individual psychology were still being applied to the group setting. Nevertheless, a major shift took place when Lewin introduced the idea that the group was an entity that had its own special properties, independent of the influence of its members.

Kurt Lewin, a German psychologist who came to the United States in 1933, conducted many investigations on the structure and functioning of experimental, work and playgroups. He coined the term "group dynamics", in 1939 (Kaplan and Saddock, 1983). He defined group as a structure that emerges from individuals in constant dynamic interaction with one another. The individuals are interdependent parts of a larger whole, which differs from the sum of its parts. Lewin's (1951 in Kadis, et al 1974) work stressed that forces unrelated to individual psychopathology operate within the group. These forces may enhance or obstruct the therapeutic process. Other theorists in the field also arrived at a similar conclusion.

Foulkes and Spotnitz (in Kadis, et al, 1974) have independently noted that every event in a group involves the group as a whole, even though seemingly confined to one or two participants. Foulkes and Anthony (1946, p. 218 in Kadis, et al, 1974) write, "Such events are part of a Gestalt or configuration, of which they constitute the figures (foreground), whereas the ground (background) is manifested in the rest of the group. We have described as location the process which brings to life this concealed configuration; it is however, not always a simple matter to locate this pattern in the group's reaction."

Lewin's (in Kadis, et al, 1974) work in group dynamics led to the establishment of "T" (for Training) groups by the National Training Laboratories of the National Educational Association. These unstructured, agenda-less groups were implemented to help educators learn about themselves as persons and about their impact on others. "T" groups contributed to the rise of the encounter group phenomenon in the 1960s. Carl Rogers (1971 in Rosenbaum and Snadowsky, 1976) coined the term, "basic encounter group," and became one of the principal investigators and advocates of encounter groups as a liberating life experience for persons without severe pathology. An outgrowth of "T" and the encounter movement is the time-extended or "marathon" group therapy session.

Transactional Analysis was originated by Berne (1958) as a group treatment method. Berne simplified the psychic apparatus into ego states, which he called Parent, Adult, and Child. He suggested that one can structure time into rituals, pastimes, games, and intimacy. By games, he means habitual adaptive or maladaptive interpersonal patterns of behaviour, which are determined by life scripts, programmed into an individual early in life. The therapeutic process consists of structural analysis (diagnosis of current ego state), analysis of transactions, games and underlying scripts in addition to psychological rewards (positive strokes) and suggestions (injunctions).

Berne's approach has been combined with Gestalt Therapy, an approach developed by Peris (1951), based on Gestalt psychology, and some concepts from both Freud and Reich. The Gestalt approach, using techniques reminiscent of psychodrama, seeks to unite the individual with aspects of him that are either repressed or projected to make a "whole" Gestalt in the here and now (Kadis, et al, 1974; Rosenbaum and Snadowsky, 1976).

Gradually other theorists in field began to apply concepts from other branches of individual psychology (for example, Gestalt psychology and client-centred therapy) to the group situation. In addition, the application of the group method of treatment was also extended to various other settings.

2.4.4. The Group Method in Various Settings

The group method of treatment is utilised in governmental and private mental hospitals, outpatient clinics, social agencies, schools, as well as in private practice settings. The specific use of the group method often varies even within the same setting, since it is dependent upon the aim and goals of both therapist and patients. One of the important outgrowths of the therapeutic method is a tendency toward organization of mental hospitals based on group participation (Kadis, et al, 1974).

Rees and Glatt (1955 in Kadis, et al, 1974), two exponents of this procedure, state: "We believe that the most satisfactory, as well as the most practical way of organising the mental hospital as a therapeutic community, is one based on group therapy, including occupational and recreational therapy." It is their belief that the patient's conflicts are likely to be precipitated by his relationships with others in society and he has a better opportunity of clarifying such relationships through group participation. Many psychiatric institutions have developed treatment programs that include group psychotherapy for psychotic patients and group counseling with patients' relatives, as well as group treatment of the patient together with his family in the same therapy group (Rosenbaum and Snadowsky 1976). Parents and children work through their individual intra-psychic conflicts as well as the family's interpersonal difficulties. Kadis, et al (1974) have found that treating two to four families (maximum of 12 persons) in one group offers increased effectiveness. Their techniques are based on the idea that outsiders more readily distinguish child-parent conflicts. In addition, this procedure allows both parent and child to observe the family interactions of others and to identify consciously with the (other) parental attitude.

The group method of treatment has also become a means of preventive mental health in many settings. Group treatment of alcoholics, drug addicts, and parents of handicapped children has been reported. Community and social agencies have developed group programs to treat juvenile delinquents. Modified forms of group therapy are now used to treat emotionally disturbed children in camp settings.

Guidance groups are used in child guidance clinics as well as in the treatment of adults. Many other settings have used different kinds of group psychotherapy (Kadis, et al, 1974, Shapiro, 1978).

Cameron (1947 in Kadis, et al, 1974) who has been a leading spokesman for the psychiatric day hospital, has stressed the importance of the use of group therapy in such a setting. Various day hospitals have had success utilising social activity by the group members. Some groups are followed by a discussion period, while others are not. The daily activity and institutional interaction of the group members are ventilated. This procedure facilitates translation of patient's object relations into verbal communication. These groups have had excellent results in helping the affect-withdrawn patients with severe difficulty in relating to others.

Some patients who had been almost completely withdrawn have been helped to re-establish contact with reality and to establish interpersonal relationships by use of the "remotivational technique" developed by Smith (in Kadis et al, 1974, p.14). The patient is placed in a group and the therapist tries to stimulate the patient to react to such stimuli as sand, grass, and flowers. Following identification of the objects, the patient is asked to give his association to them. Other persons in the group are gradually drawn into the discussion and associations. The continuing responses and associations to the encouragement and aid of the therapist result in interaction among the patients. Music has also been successfully used in groups as a stimulus to help other withdrawn patients to communicate within and to the group.

Based on the above discussion, one can identify the influence of the major trends on our current understanding of groups. It is summarised in the section below.

2.4.5. Emergent Trends

Kaplan and Saddock (1983, p.16) note: "In 1921, there was little conception of the group except as a mob or collectivity in which one might observe the playing out of individual dynamics". Thus, early group therapy reflected this emphasis on the individual and his dynamics and virtually ignored those relevant aspects of member-to-member interaction and the group process itself.

According to Shapiro (1978), in Europe, group workers called their procedures by a variety of names, including *Kollektive Therapie*. In 1931, these methods had little in common. In the way words have of establishing concepts, it seems that Moreno's term, group therapy, which he used to indicate a sociometric method of reclassifying prisoners, actually helped establish the concept of psychotherapy of individuals in groups. This term became the generic name for all methods of therapeutic group work. It would appear that the developmental period (1932-1960) of group psychotherapy began with the introduction of the new term, which established a common conceptual frame of reference.

In surveying the historical developments from 1932 to the mid-1960s, Shapiro (1978) identified two major trends of this period. These are:

- 1) The application of the group method to a great variety of clinical populations; and
- 2) the use of group for growth and preservation.

Shapiro (1978) makes the claim that it is difficult to weigh the contributions made during 1965 to 1978. He is of the opinion that when dealing with the work of contemporaries, it is difficult to assess it objectively. However, it is believed that with the move towards sound conceptualization and research, this trend is rapidly changing.

In summary, the history of group therapy is varied and multi-dimensional. No one person or single force can claim to have had a primary influence. Thousands have contributed to research, theory and practice. Thousands more will determine the future of group therapy. In the section below, some of those methods that are in contemporary use will briefly be mentioned.

2.4.6. The Current Scene

Since World War II there have been many new approaches to group psychotherapy and only a few have survived. Rosenbaum and Snadowsky (1976, p.43) claim that: "it is difficult to state what is truly new in group psychotherapy today." Corsini (in Kaplan and Saddock, 1983) attempted to identify more than twenty-five different methods of group psychotherapy by name.

Today, many of the methods he listed have disappeared from the literature. According to Rosenbaum and Snadowsky, (1976, p. 17): "This is because group psychotherapy is a field that is expanding in the nature of a geometric progression. The practice of group psychotherapy has been considerable in advance of its theoretical understanding and conceptual clarity. Since every major school of individual psychotherapy has begun to apply its methods of theory to the treatment of people in groups, a good deal of confusion has ensued."

According to Yalom (1995, p. xi) since group therapy was first introduced in the 1940s, it has undergone a series of adaptations to meet the changing face of clinical practice. As new clinical syndromes, settings, and theoretical approaches have emerged and sometimes vanished, so too have corresponding variants of group therapy.

The following methods are identified as different forms of group therapy i.e. Eating-disorders groups, cancer support groups, groups for victims of sexual abuse, for AIDS patients, for the confused elderly, for individuals disabled by panic disorders or obsessive-compulsive symptoms, for patients with chronic schizophrenia, for the divorced, for the bereaved, for disturbed families, for married couples, for patients with myocardial infarct, paraplegia, diabetics, and renal failure.

The settings of group therapy are also diverse: a group for chronically or acutely psychotic patients on a stark hospital ward is group therapy and so, too, is a group of relatively well functioning individuals with neurotic disorders meeting in a psychotherapist's well-appointed private office.

In addition, the technical styles are bewilderingly different: gestalt, brief therapy groups, supportive-expressive, cognitive-behavioural, psychoanalytic, psycho-educational, dynamic-interactional, psychodrama - these, and many more, are all group therapy.

The argument put forward is that although some of these groups are not formal therapy groups, they are very often therapeutic and straddle the blurred borders between personal growth, support, education and therapy (Yalom, 1995).

To summarise: Group therapy is presently used in many settings, with a great variety of approaches for people who have many different kinds of problems. In the section to follow, a detailed discussion of three of the theories of group psychotherapy will be presented.

2.5. Theories of Group Psychotherapy

A description of the existing group therapy models is necessary in order to demarcate conceptual boundaries and create the context against which alternative theoretical perspectives can be introduced (van Servellen, 1984). The major conceptual building blocks of the approach followed in this study are those derived from the psychoanalytic theory, field theory and general systems theory. In referring to the respective theoretical orientations, emphasis will be placed on the underlying rationale, conceptualizations of change and the therapeutic position of the group therapist.

Although it is advocated that the contributions from each perspective be integrated into a unified model, for the purpose of clarity, each theory will be presented separately.

2.5.1. The Psychodynamic Method and Group Psychotherapy

Under the psychodynamic umbrella reside many complex theoretical approaches to understanding personality and group process: classical dual-instinct drive theory, ego psychology, neo-analytic psychology, self psychology, and object relations theory, to mention the most prominent. Even within such diversity, however, there is a common set of hypotheses that underlies the theory and practice of psychodynamic therapy (Rutan, 1992).

2.5.1.1. Assumptions of Psychodynamic Theory

The origins of psychodynamic theory flow from Freud's psychoanalytic theory. The underlying premises are as follows:

- 1) there is psychological determinism,
- 2) there are unconscious processes,

- 3) human behaviour is dynamic and goal directed,
- 4) development is epigenetic, and
- 5) functions of the mind are at work at any given point in time (Alonso, 1989).

Psychological Determinism

This fundamental principle of dynamic theory holds that all human behaviour and thought are lawfully connected. There are no "accidents" in the economy of the psyche. It is assumed that all human thought and behaviour can be understood if we know enough about the individual.

Unconscious Processes

In the opinion of Rutan (1992, p. 20): "Freud's most radical hypothesis is that there is an out-of-awareness world, the unconscious that influences perceptions, beliefs, and behaviours." Freud hypothesized that this takes place through the defence mechanism of repression. Thus, events, feelings, and traumas that threaten to overwhelm personality are relegated into the unconscious realm. Hence, the goal of psychodynamic therapy is fundamentally an educative one - to help the patient gain awareness of those parts of the unconscious that result in destructive distortions in present-day perceptions. The major traditional windows into the unconscious include slips of the tongue, free association, dreams and transference.

Behaviour is Dynamic and Goal Directed

Human behaviour, even when it seems most bizarre, is goal directed (Rutan, 1992). Different schools within psychodynamic theory posit these goals somewhat differently. For example, classical theorists assume that libido and aggression are the dual drives that propel individuals toward tension reduction, while object relations theorists assume that behaviour is directed toward gaining relationships and attachments.

Epigenetic Development

In dynamic theory, personality is formed developmentally. An epigenetic model of development is one in which each stage of development builds on a prior stage, and each developmental stage affects the subsequent one. This inevitably results in an emphasis on the importance of the earliest developmental stages since their impact will be felt on all subsequent stages.

For therapeutic purposes, it is important to note that psychodynamic theory assumes that flaws in earlier developmental stages can be repaired if that stage can be recalled, relived, and affectively re-experienced correctively in the here and now (Alonso, 1989).

Functions of the Mind

Dynamic theory assumes that there are distinct structures of the mind that may be in conflict with one another. According to the classical view, the division of the mind is between the id (primitive instincts and drives), the superego (the internalization of culture's expectations), and the ego (monitoring function between id and superego). Modern schools of psychodynamic theory place different value on the importance of the structures of the mind. Self-psychology has added the "self" as a new structure (Alonso, 1989).

According to Rutan (1992, p.21), it is important to note that, "the fundamental starting point of psychodynamic theory, as with all personality theories, is a leap of faith". In summary, the dynamic therapist assumes the existence of the unconscious. These theorists further assume that helping the patient become aware of his or her unconscious world will free the patient to perceive his relationships more accurately in the here and now. Therefore, the goal of the psychodynamic therapist is to look consistently at the world of the patient through the psychodynamic lens, thereby helping the patient gain insight through information about his or her unconscious.

Based on the above assumptions, one can conclude that in psychodynamic group psychotherapy, the emphasis is still on intra-psychic processes. Accordingly, patients are treated just as in individual therapy, except that the treatment is done in the presence of others (Shapiro, 1978, p.45).

The therapist employs a number of specialised techniques. These techniques are discussed in the section below.

2.5.1.2. Psychodynamic Group Psychotherapy

In the psychodynamic approach to the group, the general thrust is to engage in long-term treatment with the goal of achieving major personality change. Hence, the approach to the group will depend upon how the group leader integrates his original psychoanalytic training (Rosenbaum and Snadowsky, 1976, p.45). For individual psychoanalysis, the constructs of free association, transference, resistance, working through, acting out, interpretation, and counter transference are considered central to therapeutic progress. The same is true in psychoanalytical group therapy (Shapiro, 1978).

Free Association

In individual psychoanalysis, the patient is told, "Say whatever comes into your mind." The process is enhanced by having the patient lie down, facing away from the therapist. In a group setting, this procedure is of course impossible, and a modified technique is employed (Shapiro, 1978). In the group, all members are encouraged, "Speak what's on your minds openly and as it occurs". The group leader attempts to enhance this process by being tolerant, receptive, and nondirective. The goal is to produce an atmosphere of permissiveness in which the patients' unconscious dynamics can be revealed (Shapiro, 1978, Kaplan and Saddock, 1983).

Transference

Transference refers to the process whereby unresolved conflicts from patients' lives cause distortions in their present perceptions (Shapiro, 1978, p.46).

This mechanism adds an emotional valence to therapeutic process, in terms of increasing the level of affect experienced and in the projection of these affects onto the therapist. The nature of the transference gives the therapist useful diagnostic information (Kaplan and Saddock, 1983).

Counter transference

In response to the transference, projections and fantasies generated in the patients' unconscious and expressed in their behaviour toward the therapist, other feelings are produced in the therapist. This is called counter transference (Shapiro, 1978, p.46).

Resistance

Everything that prevents patients from bringing forth the contents of their unconscious is termed resistance (Shapiro, 1978, Rutan, 1992). This concept encompasses the ego defences as well as characterological attitudes, which tend to disguise unconscious motivation. Often resistance is expressed in inappropriate or asocial behaviours. This is called acting out. Furthermore, resistances will not dissolve as a function of a single interpretation; they must be worked through (Shapiro, 1978).

Interpretation

The therapist's most formidable intervention technique is interpretation (Rosenbaum and Snadowsky, 1976, Shapiro, 1978, Kutter, 1981). In this technique, the therapist verbally applies theoretical constructs to the patient's behaviour.

Interpretations must be timed and sequenced properly for maximum effectiveness. For example, a defence must be interpreted before the conflict or emotion generating the defence is acknowledged (Shapiro, 1978).

Role of the Group Facilitator

The analytic group therapist is fairly passive and nondirective. He or she essentially sets limits for the group and facilitates member interaction by helping to establish an open, accepting environment. The therapist offers support for members' free associations, seeks out manifestations of resistance and transference, and verbally indicates these to members by interpreting some of their meanings (Shapiro, 1978; Weiner in Kaplan and Saddock, 1983).

2.5.1.3. The Advantages of Psychodynamic Group Therapy

According to Shapiro (1978), there are a number of advantages to the use of the psychodynamic approach. These can be summarised as follows: In a group, patients can re-experience early family relationships in a safer setting, experience universality and altruism, and demonstrate their interaction patterns to the therapist instead of simply discussing them. Often members of the group, as well as the therapist, can serve as transference screens. In addition, they can understand the indiscriminateness of such transference distortions, since the same image will be projected onto several group members. Members are also able to see resistance in others and hence in themselves more quickly. They learn to express emotion verbally, via modelling, and they spend less time in therapy (this is economical). Despite these advantages, there are a number of problems in applying the psychodynamic method of treatment and concepts to the group setting.

2.5.1.4. Problems in Applying the Psychodynamic Method to the Group Setting

Kutter (1981, p.611) is of the view that: "Within a group situation, psychoanalysts usually have problems in applying their method to the unusual setting: A group is characterised by a plurality of persons, not by a dyadic or two-persons-relationship." He believes there are two ways in which psychoanalysts can transform the group setting into a situation that is familiar to them:

- 1) *Psychoanalysis of the individual in the group.* Wolf and Schwartz, (1962) represent this approach. They take the view that psychoanalysis of the individual can be carried out in the group (Walton, 1971, p. 18). According to this model, each group member is seen as being involved in a dyadic relationship with the analyst. The only difference is that the leader is not facing one but several persons in one situation. Theoretically, each individual member can be analysed in the same way as in the dyadic relationship with which the psychoanalyst is familiar. In practice, however, Kutter (1981, p.611) notes that: "the multiplicity of transferences get in the way of the straightforward application of this method: On the one hand, it may easily happen that during analysis of an individual participant, the rest of the group feels bored, and on the other hand simultaneous analysis of all members at the same time is beyond the conductor's capacity."

- 2) *Psychoanalysis of the group as a whole* (Ezriel, 1952; Bion, 1961; Argelander, 1972, in Pine and Rafaelsen, 1982): This model views the group as if it were an individual. The group leader behaves exactly as in the classical analytical dyadic situation. He listens to the associations of the group members as if these associations came from one person. In practice, a psychoanalyst can work well with this dyadic group concept. The situation is easily manageable, he is handling a familiar object, and the method corresponds exactly to psychoanalysis as a dyadic process.

The 'Group as an Entity'

Within this transformed psychoanalytic model, psychoanalysts are able to view the group as a structure consisting of a group ego, group superego and group id. In fact, group structures can develop in the same way as structures known from individual analysis. One can see hysterical, obsessional, or other classical neurotic structures (Argelander, 1968). In the view of Bion (in Kutter, 1981, p.612), it seems there are structures which are close to psychotic characteristics, with boundaries between the individuals becoming blurred, with archaic anxieties of being swallowed, and with primitive defence mechanisms, such as denial, splitting, introjection, not to forget projective identification. In other words, in this approach the group is viewed as a living entity.

Yalom's (1995, p.182) criticism against such a view is as follows: "As psychoanalysts entered the field of group therapy ... they considered the group as an autonomous organism and regarded the group, and not the individual, as the patient." He states, "When it becomes so meta-psychologised that it promotes not clarity but obfuscation, then it no longer serves its original function." Other theorists have also criticised the psychodynamic approach.

Kutter (1981, p.612) for example, argues that: "The group constitutes a situation which is entirely different from the familiar dyadic setting. Therefore, the psychoanalyst's instrument, which has proved effective in the classic dyadic relationship, is not appropriate for the group." He believes that: "Group dynamics as a theory of rules and regulations pertaining to groups may fit much better to what is going on during the group process." (Kutter, 1981, p.613)

However, he does acknowledge that it holds true that these group dynamic theories have nothing in common with psychoanalysis.

It is suggested that group analysis according to Foulkes (1948, 1975) may be a more suitable attempt at solving the methodological problems of applying psychoanalysis to the group. In this method, transference and resistance are taken into account as the neutral psychoanalytic attitude and the use of psychoanalytic interpretation. However, at the same time, group specific aspects such as the group situation with its plurality of persons, their relationships to each other, and their "transpersonal" communication, are also seen. This group analysis is a procedure of a specific kind that cannot be equated with psychoanalysis proper. The reason for this is that within the psychoanalytic framework, with the emphasis on intra-psychic processes, the individual is viewed as a closed system (Schermer, 1981). Accordingly, this model does not account for how interactive processes within the group serve a therapeutic function.

For example, from the vantage point of the closed system model, the life of the group is entirely encompassed in the satisfaction of individual needs, drives, and instincts. The group and its members are objects of instinctual gratification for others, and their intra-psychic processes are independently determined by individual unconscious dynamics. Psychological processes are relatively isolated from the group system. When one views the group from this perspective, one would try to see how the members meet each other's infantile needs.

Schermer (1981, p. 193) takes the view that "The closed system's principles of psychic determinism and conservation of psychic energy, derived from Freudian ideas, while still useful in some ways, are not valid in the wider scientific sense." A literature survey indicates that there is a call for the proponents of the psychoanalytic framework to rethink their ideas.

2.5.1.5. Recent Advances in Psychodynamic Group Psychotherapy

Due to recent advances in the psychodynamic approach, it seems as though psychoanalytic concepts, which originated within an intrapsychic framework, have become increasingly interactive in their meaning and implications.

In addition, according to Schermer (1981, p.193), "they are more congruent with theories of group process and development than the point of view which regards the organism as a relatively closed psycho-physiological system whose exchanges with the environment serve solely the functions of drive reduction and survival."

Interactive Constructs in Psychoanalysis

An interactive construct has been defined as one which incorporates relationships between the inner world and external reality, between organism and environment, or between persons (Laing in Schermer, 1981, p. 193). While it is believed, that interactive constructs are far from being organised into a unified perspective, Schermer claims that this does not severely limit their usefulness in understanding groups. Indeed, precisely such constructs help explain the relationship between the individual and the group within a contemporary psychodynamic framework.

As examples of psychoanalytic interactive constructs, which represent a multi-person psychology relevant to the group situation, it is believed, that the work of the Kleinians, Winnicot, Mahler, Kernberg, and Kohut are applicable. No attempt will be made here to elaborate on the work of the above psychoanalysts, but rather to mention that each does embody interaction in his/her point of view.

Through the application of the work by the abovementioned theorists, Schermer (1981) feels that the nature of group psychotherapy can be reconsidered from an interactive point of view. He states that: "Rather than changing peoples' minds, we are changing their interactions, or more specifically reviewing (*sic*) their fantasy and defence communication patterns, their transitional space, their internalisation processes, and their experience of symbiosis in which others are a part of themselves." (Schermer, 1981, p.201) According to this view point, changing interactions, not superficially but deeply, is tantamount to modifying unconscious and internalized object relations. This is quite a different task from the one that prevailed when group therapy was regarded as a form of applied psychoanalysis, when the individual was regarded as a closed system, a psychobiological isolate whose formative object relations were regarded as purely need-satisfying.

Summary

Thus far, the emphasis has been on psychoanalytic theory, its movement from a closed system to an open system formulation, and the development of constructs, which are interactive as well as intrapsychic. It would appear that this change has major theoretical implications and calls for a radical rethinking of psychoanalytic theories of group life.

In summary, one can conclude that insofar as the group consists of individuals with their distinct personality systems, the language and assumptions of individual psychology are relevant. However, insofar as behaviour in groups is determined by properties of group structure, that language and those assumptions are inadequate (Munich and Astrachan, in Kaplan and Saddock, 1983).

In the section below, the psychological elements of the small group will be discussed. This discussion may serve to clarify where the group dynamics model (as conceptualized by the proponents of field theory) is most applicable, and to point out where its limitations are, so as to make it more useful to resort to a second theoretical model.

2.5.2. Field Theory

The group dynamics approach stems from that branch of academic psychology, which had its origins in the gestalt movement and at present, is best represented by field theory. The major theoretician of field theory is Kurt Lewin (1948 in Agazarian and Peters, 1981).

The term "group dynamics" refers to the intrinsic nature of groups, the ways in which the group and its individual members affect each other, and the relationship of this interaction to issues of group development, structure and goals (Kaplan and Saddock, 1983, p. 15).

This section examines aspects of group life that are active to a greater or lesser extent, irrespective of the structure or the work of any specific group. The emphasis will be on these processes in smaller face-to-face groups encountered in most therapeutic contexts.

In Kaplan and Saddock's (1983,p.15) view: "An understanding and appreciation of these processes may help facilitate an awareness of the complex phenomena present in groups so that a group leader can function at an increased level of sensitivity, competence and effectiveness." These issues will be examined from the point of view of the group as a social psychological entity.

The Group-as-a-Whole

The background of Lewin's thinking came from gestalt theory. Kurt Lewin changed the gestalt definition of group from a 'whole is more than the sum of its parts' to a 'whole is different from the sum of its parts'. The whole is not 'more' than the sum of its parts, but it has different properties. The statement should be: The whole is different from the sum of its parts. In other words, a superiority of value of the whole does not exist. Both whole and parts are equally real. .. the whole has definitive properties of its own (Lewin, 1951 in Agazarian and Peters, 1981, p.33).

The group as a whole, that is different from the sum of its parts (members) has the following special properties: It has structure, norms, and goals. It also has specific roles that are assigned to various members of the group (Agazarian and Peters, 1981, p. 16). These constructs of group dynamics will be discussed in more detail in the section below.

In his application to the group, Lewin's argument rests on the notion that when groups develop out of a collection of individuals, i.e. develop a recognisable and stable structure, the members are seen as parts of the group entity. As such, they behave as interdependent members of the group in group matters, subject to psychological laws governing the expenditure of energies within the group, and the group's aims and goals. Hence, the behaviour of individuals was seen to be heavily influenced by the effects of the group: the individuals were behaving as parts or components of the group, not simply as separate individuals (Lewin, 1948 in Agazarian and Peters, 1981). Thus, the theory underlying group dynamics developed as a method and a set of hypotheses about behaviour of groups and the behaviour of individuals as members participating in specific groups.

Agazarian and Peters (1981, p.14) believe that: "The therapist must be able to recognise the manifestation of group dynamics if he is to work with them. It is the recognition, diagnosis and manipulation of these group dynamics in a deliberate manner that permits a group therapist to facilitate the development of the group into a tool of effective therapy."

Yalom (1995, p.188) on the other hand cautions that: "No theoretical interpretive position should take precedence over the importance of the therapist-patient relationship. This requires that the therapist attend, deeply and authentically, to the patient, not to the group, not to a system or subgroup of patients."

In the sections that follow, five constructs have been chosen from group dynamics to define interaction in the group at both the conceptual and operational levels. Four of these five constructs are the same as those that have been defined by Lewin (1948) and his students. These are cohesiveness, structure, norms and goals. The fifth construct is roles, and under this section, leadership is discussed, as a special facet of role behaviour.

2.5.2.1. The Constructs of Group Dynamics

In this section, the discussion will focus on each of the constructs generally in terms of group dynamics and specifically in relation to the group-as-a-whole. Although each construct is described separately, it is important to note that every construct in group dynamics is interdependent (Agazarian and Peters, 1981, p.13).

2.5.2.1.1. Norms

Donigian and Malnati (1997, p. 37) define the terms norms and standards as follows: "Norms refer to the rules that govern behaviour in groups, while standards refer to the system of punishment and reward for violating or co-operating with established or evolving rules of behaviour." They also add that: "The norms and standards of the group, individual members and leader influence the content and process of the therapy group and its development."

In theory, it is believed that, generally, the members of a group do not consciously formulate the group norms. In other words, group norms are constructed both from members' expectations for their group and from the explicit and implicit directions of the leader and more influential members. Thus, it is argued that the task of the leader is to design a group culture that will be optimally therapeutic. Furthermore, the leader is regarded as occupying the initial seat of influence in the group. Hence, wittingly or unwittingly, the leader always shapes the norms of the group and must be aware of this function (Yalom, 1995, p. 111).

In agreement with the above, Agazarian and Peters (1981, p.98) state that: "Norms are so powerful that identifying them permits the group therapist to predict behaviours that will and will not occur in a group, and to decide which specific norms to influence when he wishes to modify the group behaviour." Furthermore, norms are created relatively early in the life of a group and, once established, are difficult to change. They argue that, to change entrenched standards is notoriously difficult and requires considerable time and often large turnover in group membership.

From the above discussion, one can deduce that norms can be therapeutic or anti-therapeutic.

Therapeutic norms

In order for a group to develop norms that are conducive to a therapeutic atmosphere, the members must feel free to comment on the immediate feelings they experience toward the group, the other members and the therapist (van Servellen, 1984, Donigian and Malnati, 1997, and Yalom, 1995). In other words, honesty and spontaneity of expression must be encouraged in the group. Yalom (1995, p.110) contends that: "If the group is to develop into a true social microcosm, members must interact freely. Communications should be interactive, rather than primarily through the therapist."

Other desirable norms include active involvement in the group, non-judgemental acceptance of others, extensive self-disclosure, dissatisfaction with present modes of behaviour, desire for self-understanding, and eagerness for change.

In the opinion of Donigian and Malnati (1997, p.38): "A 'good therapy group' is one that evidences, over time, a growing culture, with widening boundaries of acceptable behaviour. In other words, it shows greater acceptance of what can be talked about and how, and fosters a feeling of safety in members."! x

Anti-therapeutic norms

Norms invariably evolve in every type of group - social, professional, and therapeutic. According to Yalom (1995, p.111): "But by no means is it inevitable that a therapeutic group will evolve norms that will facilitate the therapeutic process. Systematic observation of therapy groups readily reveals that many are encumbered with crippling norms." A group may, for example, so value hostile catharsis that positive sentiments are negated, a group may develop a "take turns" format in which the members sequentially describe their problems to the group, or a group may have norms that do not permit members to question or challenge the therapist.

It may frequently be the case that a group, during its development, may bypass certain important phases or never incorporate certain norms into its culture. For instance, a group may develop without ever going through the period of challenging the therapist. Alternatively, a group may develop without a whisper of inter-member dissension, without status bids, or struggles for control. Still another group may meet for a year or more with no hint of real intimacy or closeness arising among the members. According to Yalom (1995, p. 112): "Such avoidance is a collaborative result of the group members, both consciously and unconsciously, constructing norms dictating this avoidance." It is argued, therapists who sense that the group is providing a one-sided or incomplete experience for the members can facilitate the progress of the group work by commenting on the missing aspect of that particular group's life.

To summarise: every group evolves a set of unwritten rules or norms that determine the behavioural procedure of the group. The ideal therapy group has norms that permit the therapeutic factors to operate with maximum effectiveness. Norms are shaped both by the expectations of the group members and by the behaviour of the therapist.

The therapist is enormously influential in setting norms. In fact, a leader cannot avoid this function. Norms constructed early in the group have considerable perseverance.

The therapist is thus well advised to go about this important function in an informed, deliberate manner (Yalom, 1995).

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2.5.2.1.2. Goals

A goal is defined as "a concept which provides a framework for talking about behaviour in terms of direction and velocity" (Agazarian and Peters, 1981, p.99). All behaviour can be described as moving in relation to a goal, either away from it or toward it.

It is generally understood, that in most therapeutic groups emphasis is usually placed on interpersonal learning, problem solving and interpersonal skill acquisition. The aim is usually to enable members to make use of their natural resources in order to achieve these goals.

According to van Servellen, (1984, p. 114) the most important aspect of establishing a group is the identification of the purpose and objectives of the group experience. It is the purpose and objectives of the group facilitator that determines all the initial decisions about membership.

The purpose and objectives of a group are influenced by the following:

The theoretical background, philosophy, capabilities, and interests of the facilitator

The characteristics and needs of the group members

The requirements and goals of the agency employing the group therapist

The objectives of a group reflect both the general and specific aims. They indicate the therapist's expectations of how the group will be of benefit to its members, and will in turn help determine how members may be evaluated in terms of their behavioural progress.

The following are general aims of any group experience:

To enable members to gain greater knowledge of their behaviours and relationships with others through feedback from members and the facilitator in a group setting

To provide reassurance and support through interpersonal contact in a group setting

To decrease the sense of loneliness and feelings of isolation in members regarding their specific problems and thereby modify their feelings of powerlessness and hopelessness

To facilitate the opportunity for members to try out new, more effective communication patterns with others

To provide a safe environment where members can openly share their concerns and learn from the experiences of others in a group.

Although several other aims can be identified, these goals are basic to any group experience and affect the leader's determination of specific objectives for member participation. They also affect the nature of the therapist's leadership role and which interventions will be indicated. To operationalise each of these aims, the therapist must establish which group outcomes would provide certainty that the group is meeting its designed purposes.

These overall aims are then translated into more specific outcomes that enable the group facilitator to determine members' progress toward group goals (Agazarian and Peters, 1981; van Servellen, 1984).

When the goals of individuals are incongruent with the overall goals of the group, i.e. they are not shared by all members, the group can become dysfunctional. A group is considered dysfunctional when, a group goal, once identified, is upheld rigidly and without consideration of other goals; change and growth are not tolerated; and the group does not recognise the individual's responsibility for change (van Servellen, 1984).

To summarise: It is generally believed that the identification and establishing of therapeutic goals is the most important task in ensuring the formation of a successful group. The view is that, should a group fail in achieving its primary objectives, this could potentially result in further dysfunction. The formation of the group goal is closely related to the level of cohesion in the group.

2.5.2.1.3. Cohesiveness

Group cohesion refers to the effect of mutual bonds between members of a group resulting from their concerted effort toward a common goal. Until cohesiveness is achieved, the group cannot concentrate its full energy on a common task (Kaplan and Saddock, 1983, p.350).

From the perspective of the group-as-a-whole, cohesion is the internal force that maintains the group as a system. It maintains the group system through phases of group development and defines the connectedness between the components of the group system and sub-system in terms of negative and positive bonding (Agazarian and Peters, 1981). It is argued that, in theory, cohesiveness affects the available energy for bonding in reciprocal role relationships, the energy available for the enforcement of group norms, the energy available for group movement in relationship to goals, and the energy available for the maintenance and modification of group structure.

From the individual perspective, cohesiveness in the group appears to be related to members' expectation that the group will provide need satisfaction or fulfilment of individual goals. Every member of a group gets something from a group and gives something in return. A measure of individual cohesiveness can thus be defined in terms of a satisfaction/cost ratio, i.e., the ratio between the satisfaction that a member expects from group membership and the cost of belonging to the group (Agazarian and Peters, 1981, p. 112).

In agreement with the above, Yalom (1995) believes that group cohesiveness is one of the more complex and integral features of a successful psychotherapy group. Group cohesiveness refers to the attractiveness or sense of belonging that members have for their group and for the other members (Yalom, 1995; Donigian and Malnati, 1997).

The members of a cohesive group are accepting of one another, supportive, and inclined to form meaningful relationships in the group (Yalom, 1995).

It is believed, that as in individual psychotherapy, where it is the relationship between therapist and patient itself that heals, in group therapy, it is cohesiveness that heals. Most psychiatric patients have had an impoverished history of belonging. Never before have there been a valuable, integral, participating member of any kind of group and the sheer successful negotiation of a group therapy experience is, in itself, curative. Furthermore, the social behaviour required for members to be esteemed by a cohesive group is also adaptive to the individual in his or her social life outside of the group.

The argument proposed is that, under cohesive conditions, patients are more inclined to express and explore themselves, to become aware of and integrate hitherto unacceptable aspects of themselves, and to relate more deeply to others. Cohesiveness in a group favours self-disclosure, risk-taking, and the constructive expression of confrontation and conflict, all phenomena that facilitate successful psychotherapy.

In other words, highly cohesive groups are stable groups with better attendance, active patient commitment and participation, and minimal membership turnover (Yalom, 1995).

Donigian and Malnati (1997, p.44) believe that for group cohesion to occur, member behaviour must be elicited, that is, members must actively participate in talking about their concerns. They state that: "Leader behaviour requires interventions which stimulate members to talk. Group behaviour often influences the degree to which members talk about their concerns. For instance, a therapy group can manifest group behaviour that is resistant to participating, that says: "We won't talk, or we are reluctant to talk at this time." Group behaviour, in this case is restricting the development of group cohesion."

To promote cohesion, it is argued that leaders must encourage interactions. Often, to do this, they have to address group behaviour instead of focusing on member behaviour.

For example, they may reassure the group as a whole that reluctance to participate is not unusual in beginning groups, or they may ask the group to examine its resistance to talking by saying, "What makes it difficult for any new group to get started?"

Thus, not all groups are automatically cohesive. The view is that it is the group therapist's task to actively ensure that the group moves towards cohesion. A group that has failed to become cohesive can be identified by the following characteristics:

A feeling of group identity is not achieved

Members do not personally identify with group outcomes

The group atmosphere is either one of veiled hostility or polite friendliness

Members do not know other members, nor do they look forward to seeing one another at subsequent sessions (van Servellen, 1984, p58).

Groups that possess the above characteristics are usually considered dysfunctional.

As previously mentioned, each element (i.e., member, leader and the group) influences the others to move toward or away from cohesion. At different junctures in group therapy, one element (i.e., member, group or leader) usually exerts more influence than the other two. However, to further the process of cohesion, each element must be able to interact freely with the others.

2.5.2.1.4. Structure

The word 'structure' is frequently used in the literature of group dynamics. According to Agazarian and Peters (1981) the phenomena to which the word structure is applied fall into three classes. The first class covers the broad usage, as when writers are referring to the 'structure' of norms, roles or other group dynamic terms. For the purposes of this discussion the construct 'structure', will not be used in this general sense.

The second common usage for 'structure' refers to the large class of analytical models, which provide methods for collecting data and presenting them in a consistent and analyzable form.

The construct 'structure' will be used in this sense to refer specifically to communication structures like interaction patterns, whom-to-whom matrices, socio-metric choices, etc. This interpretation of structure will be discussed under 'communication structure' below.

The third usage of the word 'structure' is more literal, referring to how the group is made up in time and space as well as in its member composition. The discussion of these demographic and temporal aspects of 'structure' will be presented first, and will then continue with structural models and communication.

The Structural Organization of the Group

The physical characteristics of a group define the way the group exists in space. They may include, for example, the place where a group meets, the number of its members, their seating arrangements, etc. The way a group exists in time is defined by its temporal variables: when the group meets, for what length of time, and how regularly. The nature of the group is further defined by its type, for instance whether it is open-ended or closed; is a short-term or long-term group; or whether its population is homogenous or heterogeneous in terms of age, sex, race, culture, occupation, socioeconomic position, diagnosis, etc. (Agazarian and Peters, 1981; Kaplan and Saddock, 1983; van Servellen, 1984). It is believed, that a group's location in space and time, and the nature of its make-up will tend to be reflected in the kinds of communication structures that can emerge in the group. In turn, the kinds of communication structures will influence the norms, goals and roles that emerge (Agazarian and Peters, 1981).

Group Structure and Boundaries

Another important aspect of the group, as it exists in time and space, is the group's environment (Beck, in Durkin, 1981). This important aspect of group process (which involves the boundary of the group and the nature of the group's relationship with its environment) can be considered in terms of systems analysis. The group is a system, which is a component of other systems, with inputs from and outputs to the other systems affecting the group.

Agazarian and Peters (1981, p. 114) believe that it is important for the therapist to be aware of the need to manage the relationship between the group and the larger system of which it is a part.

For example, the need for management of the group as a sub-system is particularly important for the therapist who is working within a specific environment such as a given mental health system. If the group is part of the outpatient department, the therapist must be aware of the structure of the particular group, which is a component in a system of groups, which in turn are a component of the outpatient department, which in turn is a component of a community health service.

Agazarian and Peters (1981) explain that it is very important for the group therapist to understand the function of group boundaries. Group boundaries mark the transition between life inside the group and life in the outside world. The group is an environment where therapeutic risks are taken, however painful: these risks, even when they turn out badly, do not have real consequences in the outside world. In other words, group boundaries are the border between the group norms, which have been developed to facilitate experiential learning and psychodynamic insight, and the outside social norms, which have been developed to reinforce socially acceptable behaviour. Group boundaries are defined by such things as time, location, money, and role, each of which has brought both dynamic and reality meanings within the group, and has many reality meanings outside the group.

It is argued, that if the therapist is ambivalent about maintaining boundaries, he is likely to condone the group's ever-present efforts to blur them. This can be done in several ways: He may permit the group to run overtime or to come late. He may avoid confronting the group with the cost to group work of socialising outside the group. He may make significant changes in group time or location to suit his own needs without involving the group. He may change fees without involving the group. He may confuse the role of the therapist with that of saviour, friend, or teacher. All of these are common ways in which a therapist joins the group's wish to deny boundaries. Time, location, money, and role are realities both in the group and in the outside world. They provide stimuli for the analysis of, and gaining insight into developmental issues that may well be missed if the meaning of real boundaries is not explored.

These realities also provide material for real decision-making, which has been found to be the one activity that yields the most therapeutic results for the individuals involved in it. Most importantly, group boundaries define the possibilities of group process and contribute to the controlled conditions within which member interactions can be therapeutic and group work can be carried out (van Servellen, 1984). In summary, structural elements provide the means to open and resolve boundary issues.

Communication structure

A group's function is defined by its structure (Agazarian and Peters, 1981). Sometimes the structure modifies the function, and vice-versa. The building of communication pathways between members, through which group energy can flow, is determined by which group members communicate with which. A member with whom no one communicates may have an energy relationship with the group in terms of cohesiveness, but would not yet have an energy relationship with individual members that can be structurally described. In other words, the communication network does not include a pathway for the isolated member.

Agazarian and Peters (1981, p.116) believe that it is important to distinguish between communication at the dynamic level and communication dynamics as they are manifested in communication networks. It is the manifestation of the dynamics of communication that can be charted in terms of a network. The network, however, is only a map. *It is not the thing in itself.*

For this reason, when one talks about communication as a structural variable, one is always referring to the communication network that has resulted from the way in which people have been communicating. The therapist will continue to define communication itself as an independent variable, which manifests itself in different ways i.e. structure, norms, goals, and roles. Changes in communication can affect changes in structure, norms, goals and roles. In other words, the nature of the communication can change the structural map of who speaks to who, can change the nature of the sanctions and thus change the norms, can change the potential group goals, can change the nature of the behaviour and thus affect roles.

It is believed, that even when the most careful consideration has been given to its organization, each group develops a unique ambiance that cannot be replicated (Kaplan and Saddock, 1983). In other words, as each individual person is unique, so is each group. The challenge of proper organization however, is for the therapist to be as aware as possible of the potential varieties of interaction that may unfold.

The better the clinician's ability to postulate a hypothesis about the interaction between member A and member B and the constructive potential in that interaction, the more assured he can be about having organised the group properly. The view is that the gratification in group work comes from being able to assist the participants to achieve emotional growth and development as a result of their collective interaction.

In addition, a therapeutic group should be structured such that it permits the therapist to counter indications of dysfunctional patterns in inter-member interactions. Perhaps some of the members have little or no group involvement, or the structure of their current group experience is faulty. In designing a group experience, the group leader will co-ordinate and articulate a number of structural considerations including goals and temporal and physical formats for the group (van Servellen, 1984).

In summary, in establishing groups, the leader must make several decisions that can enhance the participation of members and ensure the success of the group. These decisions concern the structural and physical arrangements of the group. Sometimes decisions such as these are highly dependent on the agency for which the therapist is practicing i.e. the type of client, number of clients, and the physical surroundings may be predetermined for the therapist to some extent. In this case, the leader must be aware of how these predetermined conditions may affect the group. Increasingly, the therapist will take charge of these decisions, and actively mobilize conditions to foster group work (van Servellen, 1984). Because of this, he must be prepared to exercise his sense of judgment and knowledge in this area.

In the section below, additional aspects of the group therapist's role will be addressed.

2.5.2.1.5. Roles

From the perspective of the group-as-a-whole, a role is a set of interrelated functions that contribute to group movement. These functions can be located at the individual level, the subgroup level or group level. A role has flexibility of locus, that is, different members or combinations of members can perform the role. It is this quality that makes it is easy to understand a role as a function of the group rather than as idiosyncratic to an individual (Agazarian and Peters, 1981,p.104).

Thus, a role cannot exist in the group as a function of the individual alone. Every role in a group is not just a reciprocal relationship between two or more people, but is also a manifestation of group dynamics. Agazarian and Peters (1981, p. 104) state that : "It is for this reason that we interpret 'roles' in terms of the 'voice' of the group when we are deliberately influencing group dynamics, and we interpret them in terms of 'self-fulfilling prophecies', 'individual repetitive role relationships', or 'personality styles' when we are deliberately influencing individual dynamics."

Leader: role or label?

So far the construct, 'roles', has been discussed without discussing the role of 'leader'. This has been deliberate. Agazarian and Peters (1981, p. 108) point out that the definition of role is dependent upon behaviour and not upon people. However, "the title 'leader' is a significant one in our culture, and is important to group therapists who are typically referred to as the leaders of the psychotherapy groups."

The word 'leader' is a title publicly designated within a system such as a group, carrying with it the potential for power, authority, responsibility, and accountability. In any system, the person who fills the formally designated role of 'leader', can be observed in terms of the extent to which he actualises power, influence, authority, responsibility and accountability.

While it is acknowledged that every group therapist is the designated 'leader' of a group, it is argued that within the group, certain members occupy certain positions of centrality (Whitaker and Lieberman, 1985).

These individuals emerge as leaders in the group during the developmental stages of the group. They are acknowledged as leaders for the role they play in the resolution of certain group level crises/issues. Through the process of differentiation, these individuals guide the group towards the next stage of group development.

For the purpose of this discussion, this facet of role behaviour will not be elaborated upon. Instead, emphasis will be placed on the role of the group facilitator/designated leader of the group.

Planning and intervening to alter members' experiences, will be discussed in greater detail as the role of the therapist as a change agent is explored further.

Group Leadership - Functions and Interventions

Weiner (in Kaplan and Saddock, 1983) is of the opinion that: "Leading a psychotherapy group is a far more complex undertaking than conducting individual psychotherapy." In his view, the group therapist has less control over the process he is dealing with, has much less information about it, and is more vulnerable to manipulation than the individual psychotherapist is. In addition, group-and individual psychotherapists differ in their personal styles. For example, group therapists generally seem to be more comfortable with self-display than therapists who prefer to work on a one-on-one basis. The thought is that the group therapist's relatively loose hold on the therapeutic reins may facilitate acting out and the group being used for ordinary social gratification by the facilitator and the group members. It also enhances the group's potential to do harm to vulnerable members.

Therefore, the facilitator's responsibilities, his tools for working, and the impact on group functioning of leadership styles and the leader's attributes, must all be considered. While it is acknowledged, that the facilitator and the group are in a process of constant change and interchange, with the role of the leader changing as the needs of the group change; it is the leader's responsibility to supply the group's direction. In addition, although he has a wide variety of roles available to him, the facilitator can never fully become a member of a group without losing his position of leadership and his therapeutic leverage (Weiner in Kaplan and Saddock, 1983).

Hence, leadership is basic to effective group experience. It contributes to the attainment of group goals, the viability of the group for members, and effective interaction - in short, to group performance. According to van Servellen (1984, p. 131): "A function is more precisely the purpose of the leader in the group. An intervention is the specific set of activities that the therapist employs to accomplish his purpose in the group."

There are four basic leadership functions appropriate to the group facilitator in executing his supportive, and change-agent responsibilities. These functions pertain to the group facilitator's role, regardless of which type of group he may lead and regardless of the client composition (van Servellen, 1984, p. 132).

Basic Functions of the Leader

- 1) *Facilitates the benefits of group membership.* Certain natural benefits have been ascribed to all groups. Groups are believed to meet people's need for security, belonging and companionship. They are thought to provide members with an opportunity to realize individual capacities as well as with opportunities to develop a type of community consciousness. The group leader, by establishing a group, starts a process through which members can meet their needs for security, belonging and companionship. It is important that the facilitator knows how to facilitate the achievement of these natural benefits of group membership, especially if the structure is such that it does not easily afford full benefits to its members (van Servellen, 1984).

- 2) *Maintains a viable group atmosphere.* As previously mentioned, the therapist is in a position to safeguard and enhance the natural benefits of group membership. Closely related to this function is the ability to maintain a viable group atmosphere in which people are free to talk about their concerns, and experiment with new behaviours, without experiencing feelings of severe threat to the self. In some ways, the function of maintaining a viable group atmosphere parallels what Cartwright and Zander (in van Servellen, 1984, p.133) describe as "group maintenance" functions: to keep interpersonal relations pleasant or, if not pleasant relatively safe. Without the facilitator's attempt to ensure a viable

atmosphere devoid of undue stress and anxiety, there is always the possibility that the members will not learn from one another, and the group will not remain intact.

3) *Oversees group growth.* According to Cartwright and Zander (in van Servellen, 1984, p.134) most groups have goals. In less formalised groups, these goals might not be explicit; still there is some defined reason that keeps members together and guides the growth of the group. They argue that whatever the goal of the group, the facilitator has a direct responsibility for the achievement of this goal and for the group's progress in meeting it. In his role as observer of group growth, the facilitator may keep the attention of the members on the goals, clarify issues in terms of how they relate to the goals, and evaluate, with the assistance of members, the group's progress toward meeting the goals.

4) *Regulates growth of individual members within the group setting.* Individual members frequently proceed toward meeting group objectives at a different pace. In addition, the facilitator may formulate specific and more personalised objectives for some members' experiences in the group. For these reasons, the leader is concerned with regulating individual member's growth in the group as well as with enhancing total group movement toward group goals. When the therapist intervenes with respect to one member, he is concerned not only with the progress of the total group, but also with the individual's growth within the group (van Servellen, 1984, p. 134).

It is believed that depending on his theoretical orientation and personal style, each leader will differ in the variety of leadership roles he will fulfill and in the type of intervention he will use (Shapiro, 1978). Nonetheless, it is agreed that certain basic leadership interventions are commonly used among group leaders irrespective of their theoretical orientations. These are listed below.

Basic Leadership Interventions

- Outlining and interpreting group objectives
- Increasing interaction among group members

- Encouraging the sharing of common problems
- Reducing undue anxiety
- Employing strategies with individuals
- Superimposing a theoretical framework
- Summarising the group's progress towards its goals (van Servellen, 1984, pp.131-135).

From the above, it would appear that there are enormous technical and emotional complexities in leading therapeutic groups. To be an effective group therapist, one must learn how to deal with events in the group's life in such a way as to further the progress of one's group at an appropriate psychological level. Mature self-awareness is also considered another important asset of the group facilitator. This includes awareness of one's strengths and liabilities, and a willingness to seek a co-leader, consultation, supervision, or personal therapy when needed. It is also suggested, that the active cultivation of non-work-related interests is beneficial to therapist and group members alike. It ensures a balanced view of the group and the life of the therapist, and thereby promotes a balanced treatment in which the treatment needs of the group members and the personal needs of the therapist do not become confused (Kaplan and Saddock, 1983, p.62).

Summary

In this section, five group constructs that define different aspects of the group system, were presented. Munich and Astrachan (in Kaplan and Saddock, 1983, p.22) argue that these constructs are useful in that they help the therapist to organise the group experience. However, they add that they should be viewed more as aids to the conceptualizing process, rather than as prescriptions for action. Although there are identifiable patterns, the formation of groups and their resultant dynamics are complex. The argument advanced is that an exclusive focus on the group itself ignores the experiences of individual members, and in part, ignores their interactions with other members.

The shift to general systems theory is the second movement that contributed to the theory of the group-as-a-whole. According to Agazarian and Peters (1981, p.33), since systems theory and field theory have a common ancestor in gestalt psychology, systems analysis is compatible with field theory, which in turn is compatible with psychoanalytic theory. General systems theory comprises those general principles and/or laws, which are common to 'biological, behavioural, psychological and social phenomena' (von Bertalanffy, 1968 in Agazarian and Peters, 1981, p.33).

2.5.3. General Systems Theory

Group psychotherapists such as Durkin (1981), Donigian and Malnati (1987) and Agazarian and Janoff (1993) have in recent decades introduced systems thinking into group psychotherapy. The theoretical discussion to follow will include a summary of the main principles of general systems theory as conceptualized by Durkin (1981). The first part of the discussion will consist of Durkin's explanation of how the shift to a systemic paradigm occurred. Thereafter, the link between general systems theory and group psychotherapy will be established, and some of the basic concepts of systems thinking introduced.

The perception of group therapy as a social system has its roots in general systems theory, developed by the biologist Ludwig von Bertalanffy (1968). Bertalanffy believed that scientific thinking had become reductionistic in its attempts to explain phenomena. He therefore set out to challenge the micro approach to scientific inquiry i.e. the position that in order to understand phenomena, it was best to reduce them to their smallest parts and to study those parts in isolation. Bertalanffy's challenge to this reductionist view, which was prevalent in the 1940's, insisted that the way to understand seemingly unrelated events was not to isolate their parts, but rather to place them in a context where they could be viewed as parts of a larger system. Thus, he introduced general systems theory (GST) (in Durkin, 1981, p.5).

To Bertalanffy, a living system was one whose parts were in dynamic interaction. He held that the way to grasp how a system works is to observe the interactive processes taking place among the elements comprising the system. Those who subscribe to GST thinking, then consider how systems are organised and how their parts are interdependently related.

Traditional scientific inquiry tended to seek out basic cause-and-effect explanations for phenomena. Adherents of GST are more concerned with the interactive pattern formed by the relationships of the parts within the system or between systems than with the parts themselves.

Thus, the process of the interactive patterns becomes the focus of study. In other words, what would be learned and understood would be the process - that is, the *how* and *why* of interactions collectively.

2.5.3.1. The Shift to GST

Durkin (1981, p5) points out that during the forties and fifties, while group therapy was struggling with change and dissension, systems theory had become prominent in scientific circles. Ever since the advent of quantum mechanics and relativity theory, scientists from many countries and a variety of disciplines had begun to classify the complex organised phenomena of existence in terms of their organization rather than their subject matter. The body of knowledge it produced came to be known as a systems science. This structural approach served to bridge the gap between the physical and the natural sciences. It seemed plausible that it could do the same for the behavioural and social sciences, as well as for the "group therapies".

The complex organised phenomena of existence were called "systems". The various original definitions of a "system" did not vary greatly from that of von Bertalanffy (in Durkin, 1981, p6): "a system is an order of parts and processes standing in dynamic interaction." But, as theory developed, so definitions were modernised. Each system is composed of parts called sub-systems, and itself becomes a part of a larger supra-system with characteristics of its own, called "emergents." Each category of such interacting wholes forms a hierarchy. For instance, living systems, from the cell to society, form a continuum. Thus, systems thinking is a holistic synergistic point of view. In other words, systems are the product of the interaction of their parts.

Systems thinking gradually filtered into the literature of group therapy, as it did with other fields.

2.5.3.2. Why GST?

Certain shortcomings had been experienced with the traditional theoretical models, particularly as they pertained to the group therapy context, and the need gradually developed for the use of a more generalized theoretical framework (Venter, 1992, p.22). For instance, whereas psychoanalytic and other group theories rely solely on the structure, function and content of personality systems, GST is based on a comparative study of the whole range of system levels from cell to society, regardless of the subject matter. According to Durkin (1981, p.10), it is this that enabled GST to generate a considerable amount of fresh information about the common features of systems, which had been touched on but never formally elaborated by group psychotherapy. Thus, GST thinking and the more traditional group psychotherapy thinking complement each other and provide a more complete account of the clinical events.

2.5.3.3. General Systems Theory and Group Psychotherapy

Historically, most group therapy models developed out of individual psychotherapy. This means that essentially, therapists conducted individual therapy within a group setting. Hence, the crucial elements for change were limited to the dynamics of the interaction between the therapist and client. According to Donigian and Malnati (1987), those who subscribe to systems thinking, however, believe that, if group therapy is to be an effective system for change, it is necessary to escape from these beginnings and to think of it as a social system. What distinguishes systemic interactive group therapy from individual therapy is the presence of group processes, along with an understanding of how they are generated and how they influence group development.

The Group as a System

In the opinion of Donigian and Malnati (1987), group therapists who think systematically realize that it is the group as whole that needs to be addressed. They perceive the group as being more than a gathering of eight or nine individuals. Therefore, the therapeutic group is conceptualized as a hierarchical system at three levels of systems, comprising the group as a system, the members as systems, and their personality structures as systems (Venter, 1992).

The group is a system in that it possesses structural boundaries, internal and external relationships, communication networks, means of control of the members, and stages of development (van Servellen, 1984, p. 12).

Viewed from this perspective, the focus would be on the interactive patterns of the sub-systems that make up the group, on how each of the sub-systems interacts with the group as a whole, and how the group as a whole interacts with each of the sub-systems. In other words, group therapists who think systemically are conscious of "circular causality". For example, when they intervene with one member, they are aware that they need to consider the effect that intervention will have on every other member of the group, on the group as a whole, and ultimately on themselves as group leaders. Group therapists who think systemically believe that it is short-sighted to perceive member A's issue in isolation to the issues of other members', the leader and the whole group (Donigian and Malnati, 1997).

To sum up, systemic thinking leaders do not observe events that occur within the group in isolation, but rather in terms of their interdependence and the subsequent patterned responses these events evoke in each of the sub-systems over time.

While it is acknowledged that systems are interdependent, thus allowing one to view the group as part of a larger whole, the value of the hierarchical approach in general systems theory, is the ability to isolate one sub-system for analysis (van Servellen, 1984, p. 12). Hence, the therapist can concentrate on understanding one system at a time without becoming immobilized by the complexity of the total universe.

Another advantage of viewing the group as a system is being able to apply the concept of isomorphism to the understanding of groups.

System Level and Isomorphism

A comparative study of systems in general yielded the revolutionary discovery that systems of all categories, across the board, share certain basic structural features called isomorphies.

They also share common structural laws of operation i.e. if one moves beyond the diversity of the content of different systems, they all have the same underlying structure. This implies that whatever one learns about one system will illuminate another particular system one wishes to study. Thus if group psychotherapists view the group, its members, and their personality structures as three levels of systems, they have access to a valuable source of new information.

For example, Durkin (1981, p. 11) found that group psychotherapists thought that individual psycho-dynamics and group dynamics were structurally different and followed divergent modes of operating. This view had created a problem for the therapist, who felt that he had to treat them differently. Moving back and forth is distracting and discontinuous. It detracts from the therapeutic process. A counterproductive controversy of no small dimensions had developed as to whether the individual or the group factors were the "real" sources of therapy, but the trenchant discovery of their essential isomorphism allows the therapist to transcend this false dichotomy. Now the therapist may view his group, its members, and their internal personality structures as three systems at different levels of complexity. Focusing on the system boundaries gives the therapist a single uniform approach to all levels, which permits him at times, to cut through the diversity of the content to the underlying structure. He also has the alternative of dealing directly with the content by bringing about changes in the patterned exchanges of energy and information.

Durkin (1981) claims however, that in spite of this welcome unifying tendency and the new information, one must not forget that GST on its own is insufficient to account for the special characteristics of human and social interaction. Ludwig von Bertalanffy (in Durkin, 1981) has pointed out that anyone who deals with a given system will fail to give an adequate account of it unless he/she also takes into consideration the "emergents" or unique characteristics which came into being at its particular level of complexity. Fortunately, psychoanalysis and other current group therapy theories have already provided a good deal of this special information. Using the two complementary characteristics increases clinical effectiveness.

Autonomy and The Process of Boundarying

Living groups, therapeutic groups as an example, are considered autonomous, i.e. they are capable of changing themselves. Understanding the operation of the group requires an understanding of the structure of the group and the principles underlying transformation at all system levels, from the larger system in which the group operates to the systems of the individual personalities of the member units comprising the group (Goodman in Durkin, 1981).

Firstly, the group psychotherapist must take into account the fact that GST describes the way typical living systems operate, whereas the psychotherapy group is composed of members who, in the course of their ontogenetic experience, have become dysfunctional to varying degrees. However, the GST emphasis on the autonomy of living systems makes it a fair assumption that the group members, though dysfunctional, nevertheless retain the potential of all living systems for becoming open, active and autonomous again. The therapeutic process, therefore, will consist of re-mobilizing these capacities.

Hence, the therapist assumes the role of the organising sub-system and temporarily takes responsibility for carrying out the boundarying function for all three interacting systems, i.e. the group, the members, and their internal personality structures. Stated simply, the therapist facilitates the opening of boundaries, which restrict potential for growth, and the closing of boundaries when stability is endangered, thereby regulating energy/information flow. Boundary opening is facilitated by means of emotional input from the therapist, whereas closing is facilitated by means of cognitive input. Durkin (1981, p. 54) states that one "cannot say what causes opening/closing because it causes itself, even though some external event may well be the occasion for it to do so, or some internal process might be recruited as an instrument for carrying out such a boundary event". Irrespective of the level at which the intervention is delivered, the transformations will be circular and will affect all of the respective systems.

Flux Equilibrium

Durkin (1981, p. 12) believes that: "of even greater consequence for group psychotherapy, is the new paradigm of living structure developed by von Bertalanffy. It provides new information about the special characteristics, which distinguish living systems. Up to that time, all structure had been regarded as static, but Ludwig von Bertalanffy, in his search for a unified theory of biology, discovered that living structure was not inactive and static but active and dynamic. He found that over time living systems develop a hitherto unrecognised phenomenon which he called *Fliessgleichgewicht* or flux equilibrium."

He then delineated the structural features, which account for this unique phenomenon. Living or as he often called them, "open systems", have permeable boundaries which the system is inherently capable of opening or closing. Consequently, each system is able to exchange energy and information with other systems and with the environment. It can close its boundaries to shut out input, which is in excess of or inharmonious with its inner state in order to maintain its stability or even its identity. It can also open its boundaries to import energy and information, and process it for the purpose of change and growth by restructuring itself.

The group therapist takes his cue from the way normal systems stabilise or transform themselves by monitoring the permeability of their boundaries and over time developing their own flux equilibrium or steady state. The therapist's primary focus is to facilitate change in the member systems because it is they who have come for help (Durkin, in Pines and Rafealsen, 1982). He may choose to catalyse members' capacity to move towards flux equilibrium by bringing about change in their personality sub-systems, or he may achieve a similar effect by dealing with boundaries in the group supra-system. Whatever the level at which he intervenes, the therapist continuously observes the group as a whole since it is a powerful force field whose continuing influence on its members he wants to maximize. The power of the group supra-system as a whole depends on the steadiness of the flow of energy/information (Venter, 1992, p. 25).

In the opinion of Durkin (1981) GST provides a powerful new rationale for employing the group as a therapeutic supra-system.

It provides an excellent arena in which the entire repertoire of the members' exchange patterns will unfold and can be amplified to the point that they can be fully experienced by the members and identified as functional or dysfunctional by the psychotherapist. These patterned interactions, which are either too rigidly or too loosely bounded, can eventually be transformed. In addition, the group, itself a living system, will develop its own morphostatic/morphogenetic balance or steady state with the help of the psychotherapist's interventions. Its influence on the member will be greater than that of any single member, including the therapist. It will put pressure on the members to conform to the group goals. As Durkin (1981, p.19) has found, it is, paradoxically, the morphostatic state of the group cohesion which encourages morphogenesis in its members.

Summary

General systems theory as a theory about living structure provides a paradigm applicable to the therapeutic group, itself a living structure with self-organising properties. The most notable influence of this paradigm on group therapy is to be found in the conceptualization of the isomorphic qualities of systems at different hierarchical levels, allowing a transcendence of the artificial delineation between group member and group process, which is often found in the traditional models. This indicates a conceptual leap towards emphasising the interdependent nature of all systems in interaction, that is, the member, the group and the leader. With the focus on the interactive patterns, the leader focuses on group processes, that is, the how and why of interactions collectively.

2.6. Group Process

Group process refers to the interactions, verbal and non-verbal, which take place during a group therapy session and are related to change. In order to get a clear understanding of the term process, it would be useful to contrast process with content. The content of a discussion consists of the explicit words spoken, the substantive issues, the arguments advanced. Process on the other hand refers to the "how" and "why" of that communication, especially insofar as the how and the why illuminate aspects of the patient's relationship to other people.

Thus, the focus would be on the meta-communicational aspects of the message and the therapist would consider why, from the relational aspect, a patient makes a statement at a certain time in certain manner to a certain person (Yalom, 1995).

Meta-communication refers to the communication about a communication (i.e. a message about the nature of a relationship between two or more interacting individuals).

Yalom (1995) is of the view that frequently, in the group therapy setting, the understanding of process becomes more complex. In other words, we search for process not only behind a simple statement, but also behind a sequence of statements made by a patient or several patients. The group therapist endeavours to understand what a particular sequence reveals about the relationship between one patient and the other group members, or between clusters or cliques of members, or between the member and the leader, or, finally, between the group as a whole and its primary task.

Group Process within a Systemic Framework

It has been said, that group therapy occurs because of the interactive process between the leader, the individual members, and the group as a whole. It is therefore essential to consider all three of these elements in relation to one another and to realize that their interdependence means a change in one element will effect a change in the other two. In fact, what distinguishes interactive group therapy from individual therapy is the very presence of these group processes. In order to recognise and manage these processes, the group therapist must understand how they originate and how they influence group development (Durkin, 1981; Donigian and Malnati, 1997; Agazarian and Peters, 1981).

2.6.1. The Principles of Communication

Communication theorists would assert that an understanding of group process comes from an analysis of verbal and non-verbal communication. Human discourse, which is made up of a series of messages, forms the substance of relationships. An analysis of communications, then, allows one to assess the quality of relationships in the here-and-now context of group and family process.

Here-and-now means the immediate interaction that the group therapist can observe firsthand (van Servellen, 1984).

In groups, needs are met through negotiation. Negotiation, for the most part, is carried out verbally. Verbal communication identifies which needs are being expressed, and how they are being negotiated.

A discussion of basic communication principles will assist in the application of communication theory to the practice of group therapy. The basic premises of communication theories (derived from the principles of GST) developed by Reusch (1961), Bateson (1956), Jackson (1968), Watzlawick (1967) and Satir (1964) have obvious and direct application to the study of human interaction in groups.

Individuals have a basic need to communicate. Inherent to individuals is the capacity to seek gratification of needs through communication, a process learned early in life and continued throughout the life span. The individual's need to communicate is in itself basic to survival. Blocks in communication are felt as threats to security and engender anxiety reactions of varying proportions.

An inherent need to communicate leads to another extremely important premise of communication theory i.e. *One cannot not communicate.* Individuals communicate verbally and non-verbally. In essence, all behaviour is a form of communication.

A great deal of an individual's communication is non-verbal, such as that expressed in facial movements, gestures, posture, and movement toward and away from objects and other persons. Even silence can be a form of communication. Although people have the power to decide which modes of communication they will use or rely on, it is argued that in theory, they cannot not communicate.

Remembering the concept that it is impossible not to communicate, the group therapist may sensitise members in the group to the meta-communicational aspects of their communication.

Members are often surprised and unaware of the fact that they have sent, and others have received,

messages about their moods, thoughts and feelings. This is because they have assumed that they have revealed nothing unless they have spoken. According to van Servellen (1984, p.34): "It is the task of the therapist to make known to group members that they have communicated and to help them decipher what is it they are communicating to one another."

Communication is a multilevel phenomenon. Bateson, Jackson, Watzlawick and Satir, stress the proposition that communication is a multilevel phenomenon. All messages have two parts: the content of the message and the meta-communicational aspect dealing with the message about the message. In other words, messages can be dissected in terms of the informational or content value of the message, as well as what the message is about and how the encoder perceives his relationship with the receiver.

It is frequently the case, that the verbal statement deals chiefly with the content value of the message, and the non-verbal aspects deal with the meta-communicational aspects of the statements.

One must be concerned not only with the stated message, but also with the implied communication about how the sender sees his relationship with those persons with whom he is communicating. Often, it is the command or request value of the message that is unclear. Confusion and upsets result when members are unaware of the command/request aspects of the message they receive.

Messages have both manifest and latent elements. Closely related to the proposition that communication is a multi-level phenomenon, is the premise that all communication has manifest and latent elements. Manifest messages are overt messages, which may be feelings, thoughts, or opinions that the sender is aware of and is purposefully revealing in his communication. Latent elements, on the other hand, are hidden or covert aspects of communication that the sender is not aware of and has little control over when communicating with others. Usually latent communication is the meta-communication of a message, since how one perceives one's relationship with another or what the covert message is about is rarely communicated explicitly.

These latent aspects may also be feelings or thoughts that the sender is not aware of, but which he gives clues to during interaction with others. Thoughts or feelings may be communicated through his tone of voice, choice of words, facial expressions, or the timing of his silences.

It is argued, that in group therapy sessions there are several opportunities to examine both latent and manifest elements of members' communications. The therapist can direct members in this process as well as determine the extent to which members deal with latent aspects of their messages. Pointing out the possibility of double or multiple messages at different levels is one approach to teaching members about this aspect of human discourse (van Servellen, 1984, p.41).

Messages connote and denote. The fact that messages, words as well as non-verbal expressions, have connotations as well as denotations makes communication highly complex. The resulting problem as explained by Watzlawick, is that the message sent is not necessarily the message received.

Essentially, what the sender intends to denote by his message does not necessarily have the same connotation for others. Because messages can denote and connote different things, they can easily be misunderstood. If no one bothers to evaluate what the sender actually meant to denote, the sender will most likely be misunderstood.

In a therapy group, when members are sending and receiving messages, it is possible that they will be misunderstood or will misunderstand others because their messages may be interpreted in several ways. It is important for group members to be made aware of the fact that the messages they send might not be the messages received by others in the group. By asking for different interpretations of an unclear message, members learn the complexities of their communications from the incongruity of others' perceptions. This procedure will point out that messages connote different things to different persons. As a result, members are more likely to clarify their statements and check out how they have been received.

Communicating is accepting responsibility for one's interaction with others. An important premise of communication stressed by Satir is that when one communicates, one accepts responsibility for the interaction. This premise leads to a general discussion of what is meant by functional and dysfunctional communication. Satir suggests when individuals cannot assume responsibility for interaction that ensues, the communicator may deliver conflicting messages, act on assumption, leave out whole connections, or act as if he communicated clearly, when in fact he did not. Dysfunctional communication is a result of failure in learning to communicate properly, as well as the inability to accept responsibility for communicating with others.

It is suggested, that the group therapist should be aware that dysfunctional communication serves a purpose. When he points out dysfunctional patterns, the leader may force members to become more responsible for their interactions, and this may be quite threatening. Members will need support and a sense of security if they are to look at and change their dysfunctional patterns. The therapist's treatment of the communicator, timing, and the participation of other members are terribly important if he is to move the members toward more effective communication (van Servellen, 1984). Direct confrontation is not always helpful. Satir recommends that a good portion of the therapist's role should involve acting as a model communicator i.e. he should communicate clearly and directly.

By pointing out discrepancies, spelling out non-verbal communication, and identifying double messages, the leader can help others learn to communicate clearly and directly. However, this should be done in an environment free of threat.

In essence, then, the therapist acts as a model communicator and builds up members' self-esteem as he helps them establish more effective modes of communication (van Servellen, 1984, p.42). In order to do this, the group therapist is called on to identify and make use of group processes. It is equally important for the therapist to recognise the major sources of influence on group process. Beck (1974) identified six factors which influence group process. These are discussed briefly in the section below.

2.6.2. Major Sources of Influence on Group Process

- (1) *The environment or context within which the group and its members exist.* The entire system (group) is immersed in an environment which impinges on the group process in two primary ways: a) The physical-interpersonal setting in which it meets defines certain limitations, codes of behaviour or criteria for participation, b) In addition, the entire combination of factors of each member's life outside the group determines his/her state upon entering and re-entering the group and may influence the group in a variety of ways, but primarily through the perceptual sieve of the member him/herself. The context in which the group and its members exist is also largely determined by the purpose for which the group comes together.
- (2) *The purpose for which the group comes together, as this is elaborated into a system of goals over the lifetime of the group.* This includes the intents, images and motivations of each member regarding the group, prior to its formation; the interaction of these intents, images and motivations as the members assess each other and the potential for meeting their own personal goals given the composition of the group; and, finally, the process of stating, restating and integrating the individual goals into a set of group goals that all can accept. These group goals evolve and are articulated further as the group progresses through each phase of development. In addition, the type of goals which evolve, is closely linked to the content aspects of the group's task.
- (3) *The specific work to be done or the content aspect of the group's task.* It is assumed here, that the subject matter has its own organizational component, and therefore, influence on the group's process. Included in this dimension would also be the knowledge that the members possess regarding the group task, the resources required to accomplish the task, and their availability, as well as the degree to which the group as a whole plus its resources can adequately provide all the necessary components required to complete the task. This also includes the personalities and skills of the members of the group.

- (4) *The personalities and skills of the member.* The personality, for the purposes of group behaviour, would include the developmental stage of the individual and therefore the salient issues for him/her at that particular time of his/her participation, the competence and sophistication of each person with respect to the goals and activities of the group (particularly as these are perceived by other participants), and the "readiness" or "neediness" of the individual to use the group to achieve or facilitate his/her own personal growth and goals. The above factors determine the type of group life that would emerge which in turn would be related to how each member's experience would take shape.
- (5) *The qualitative aspects of group life and the methods for facilitating or hindering them in the developmental context.* Included here, are style of leadership; style of members in group participation; accuracy and inclusiveness of communication; the way that members feel about each other; the amount and quality of conflict generated in differentiation of roles; the way in which work is done (in a therapy group, for example, the depth of emotional issues that are dealt with, the adequacy of the resolution that is achieved); the comfort and meaning-fulness of the group's norms for its members; and the skill or ease with which the group progresses through its formative stages. Qualitative issues determine how one feels about the group, and how one's experiences take shape. Members' experiences are largely influenced by the various stages of group development.
- (6) *The structure of the group and the developmental sequence through which it evolves.* Structure can be observed in the emergence, reification, and final distribution of group leadership roles; in the group level issues that the members address in each phase; in the creation of group norms that guide behaviour; and in the group level identity which is formed and which gives a characteristic coherence to the group's process. The term structure is used here in the same sense that it has been used in social psychological studies of small groups. The structure is akin to the skeleton, whereas the qualitative dimension is akin to the outward appearance of the body, the texture of the flesh, the colour, the tone of voice – the “feel.”

In summary, the qualitative dimension has a reciprocal relationship with developing group structure, both causing and caused by it. Both are strongly influenced, by the group goals, member personalities, the context in which the group operates, and of course the content of their task together. Each of the six sources of influence is seen as being in process and in interaction with each other.

The output of any group in terms of productivity and effectiveness, and the outcome of the group experience for any member, are determined by the interaction of all sources of input (Beck, in Durkin, 1981).

2.7. Group Development

As living social systems, groups have the potential to grow through identifiable stages of development, each of which has its own peculiar qualities.

According to Donigian and Malnati (1997), there are two major views regarding the stages of group development. One holds that the group develops along a sequential path. This view does not imply the group has a fixed direction, for every group is fluid enough to revert, at times, to an earlier stage - especially if not all members have completed the issues identified with a particular stage.

The other view maintains that the group evolves through a cyclical process i.e. it repeats from time to time, certain segments or issues from a previous stage. For example, in a long-term group, authority issues occur not only in the first stage, but also continuously in the group's life. Should a client's issue regarding authority take the form of challenging the leader in an early stage, the issue can reappear in a later stage; only then, it may manifest in the form of confrontations with another member of the group.

The knowledge that groups go through identifiable stages of development will help leaders develop a sense of order and expectation (predictability) about group process.

In other words, acquiring knowledge of the developmental processes for each stage of group therapy before they undertake to lead a group, will help therapists avoid a good many difficulties and will facilitate the growth process (Beck, 1974). Similarly Donigian and Malnati (1997, p.42) believe that: "An understanding of the stages of group development allows co-leaders to demystify the confusing and highly complex interactive dynamics of a group of diverse individuals."

Agazarian and Peters (1981, p. 128) cite other strong reasons for group therapists to be knowledgeable about group stages:

"The group therapist who employs group developmental theory is able to influence deliberately the process of group development therapeutically, at the same time he deliberately chooses to influence individual development therapeutically; thus contributing both to the interdependence between the individual therapeutic potential and the potential for the group environment. In contrast, the individually oriented therapist is not able to influence group development deliberately and will not have that choice until he has become familiar with group process as distinct from individual interests."

In the view of Donigian and Malnati (1997, p.42): "It is not realistic to expect each member to simultaneously arrive at or function at the same stage. This is a further reason for leaders to be acutely alert to developmental processes."

Group therapists need a conceptual framework of group development that suits their leadership style (Kottler 1994). Indeed a review of the literature on theories of group development would leave one hard pressed to determine which theory is most valid. Typically, theories of group development are highly coloured by the researcher's or therapist's experience or point of view.

Rogers (in Donigian and Malnati, 1997), for example identifies 15 stages through which groups pass. Yalom (1985), on the other hand, holds a three-stage model. Levine (1991) has identified several schools of thought regarding group development and has classified them according to types of groups. For instance, intensive group psychotherapists base their position on long-term therapy groups that focus on the emotional and/or depth of interpersonal growth or insight.

There are sequential theorists. They see group development as being characterized by the recurrence of basic themes (Beck, 1974). Still others see group development based on the short-term training group approach. There are social group workers who base their theories on the supportive treatment and socialization groups with which they work (Donigian and Malnati, 1997).

In summary, a therapy group is an evolving social system that goes through several stages of group development. At each stage, the group has needs that must be met, and characteristics that are peculiar to that moment in its life. Certain dynamics (actions/behaviours) are also characteristic of that period of development, which manifest themselves in recognizable or identifiable behaviours. According to Donigian and Malnati (1997, p.43): "The more leaders familiarize themselves with the developmental sequences that groups go through, the more likely they will be able to convey a mastery of group process. This in turn, will help members entrust themselves to the leaders."

While it is acknowledged, that several theories of group development are now in use, a brief look into Beck's (1974) theory illustrates that it is relevant to this study for various reasons. For instance, it was found, that Beck (1974) takes a more holistic approach by taking into account the major sources of influence on group process. He gives a comprehensive account of how group development proceeds and what the expected outcomes would be depending on whether or not certain critical issues were resolved.

In addition, it was found that Beck (1974) also covers the major themes of development, which is in line with many of the other major theories. Thus, the difference is in content rather than principle.

2.7.1. Beck's Theory of Group Development

According to Beck (1974), there is a discernible developmental process, which is consistent across groups, and which describes the way a collection of individuals structures itself into a relatively stable organization, called a group.

Consistent with this proposition is the belief that the other five sources of influence on group process take on greater meaning when they are seen in the context of this developmental sequence. The interaction of the inputs from the six sources of influence on group process determines the rate at which a group progresses through the phases of development, the effectiveness of what is accomplished at each phase and the usefulness of the experience to each member. This interaction also determines whether a group is successful in organizing itself at all, for there is the possibility of failure or detour in this enterprise as in all others in which living systems participate.

Beck's (1974) theory is put forward as a set of propositions.

Proposition 1

There is a discernible developmental process, which characterizes the evolution of living structure in a small group. Furthermore, an invariant sequence of phases (i.e. the initial appearance of a later phase does not precede that of an earlier one) can be observed in the development of a structure, which has the capacity to function adequately for the members as individuals and for the members as a group with a goal.

Proposition 2

According to Beck (1974), this developmental pattern can be described in terms of phases, each of which deals with a unique set of group level issues. The group level issues are the same across groups, and emerge because the functional needs in the creation of group living structure are the same across groups. Although each group deals with a unique set of content topics, the major group level issues remain the same across groups, and are basically determined by the functional needs of the membership in each phase vis-a-vis the building of a relationship known as a group.

The term "group level" refers to issues or problems, which are particularly relevant to the group as a whole at a particular time in its development. Beck (1974 in Durkin, 1981, p.320) states that: "This does not mean that every member takes the issue or set of issues seriously or feels a need to contribute overtly to processing them.

It does mean that all members are affected by the adequacy with which the issues are dealt at the time in the group's life and it means that the continued development of the group's living structure is determined by the addressing and resolving of these issues to the satisfaction of all participants".

Beck (1974) contends that the group deals with the following major themes in the following sequence:

- 1) *Creating a contract to become a group*: This requires the settlement of membership composition, because the group members will not make a "contract" until they know who all the participants will be. Members assess each other and estimate their own ability to cope with the other members. Some people will leave at this point if they feel too uncomfortable to be able to work with the others present.
- 2) *Survival*: Personal influences and survival in a particular group / The resolution of competitive needs / Determining group identity: This is the actual testing of the assessments made in 1) above. Major group organizational issues are worked out such as leadership selection, establishment of important norms, defining group goals, the management of negative emotion, the resolution of competitive needs, and the definition of a group identity. None of these are dealt with permanently, but they must be initiated at a level that engages the entire group in such a way that they can proceed in a cooperative manner beyond this point.
- 3) *Disclosure of individual identity / defining individual goals to be pursued in the group / establishing a work style*: The individuation process proceeds on a more personal disclosing level. In a therapy group, this period introduces the therapeutic methods for dealing with change and growth. Each member is seen more clearly for himself.
- 4) *Exploration of intimacy and closeness*: Members identify problems in intimate relations outside of the group, and then explore the intimacy issues within the group. In a positive outcome, a bond is formed based on positive factors and feelings.

- 5) *Establishment of mutuality and equality*: Members explore the implications of the positive bond formed in 4). Particularly, they explore dependency and independency issues as these will be handled in the close relationships between members.
- 6) *Autonomy of members from formal leader/therapist*: Members move forward based on their commitment to each other. This constitutes a major shift from the fact that they entered the group to get what they needed from the therapist. The formal leader(s) is incorporated into the group as a person in his own right.
- 7) *Self-confrontation in the context of interdependence*: Members address their own issues with the explicit help and support of other members. Level of disclosure, quality of work, and the level of personal responsibility are at the highest level in the group's life.
- 8) *Pursuit of independence*: Members deal with the transfer of learning from the group and relationships in the group to the rest of their lives.
- 9) *Coping with separation and termination*: Members deal with the need to acknowledge their significance to each other, and the pain this creates in dealing with termination.

According to Beck (1974, in Durkin, 1981) all of these issues are seen as being relevant to the group level as well as the individual. These issues become a vehicle for the development of the group structure and for the individuation of each member. For example, in dealing with the task of survival in the competitive context, each member is pushing for the kind of resolution, which will make him or her comfortable in the group. During this process, he begins to identify his own needs, issues and limits. During the same period, leadership selection is an important group process. Out of the struggle that occurs in this period, a differentiation of roles takes place and a number of the group's norms become defined. It is argued, that these are two important aspects in the formation of group structure.

Proposition 3

Any particular group may or may not complete all the phases. The complete set of identified phases of development would appear in a group's invariant sequence only when:

- 1) a group is able to complete the group level work in each phase successfully;
- 2) a group has sufficient time to meet in order to complete its development;
- 3) the membership remains unchanged; and
- 4) the formal leader does not prevent the progress of the group either out of personal needs or because of a commitment to an authoritarian style of leadership.

This developmental framework allows the meaningful integration of the variable influences in a particular group from its purposes and goals, the personalities involved, the qualitative dimension, the environment and the primary task of the group.

It also allows the therapist:

- to understand and describe the processes of groups which fail to develop,
- to identify those which develop to a certain point in the phase sequence and become stuck,
- to identify those which develop to a certain point in the phase sequence and remain actively involved in the development of the skills which are characteristic of that phase, and,
- to identify those which develop in an aberrant fashion.

The developmental process of the group, which completes all the phases becomes the norm against which one can compare and understand a wide range of variations in group process. (Beck, 1974, in Durkin, 1981, p.323)

Proposition 4

Any particular phase of group development includes interactions which deal with group level issues, and interactions which deal with intra-personal or interpersonal problems related to the growth of each member and to the evolution of each person as a system in his own right. The interactions dealing with group level issues (which are one aspect of the structure) can be adequately described as taking place via a dialectical process. That is, communication regarding group level issues involves different members posing their views from opposing, diverging, or simply differing positions, or from different levels of abstraction, or with differing emotional intents. The "posing" is usually done verbally in face-to-face groups, but some aspects of an issue may not be expressed verbally at all; instead, they may be communicated via non-verbal dimensions. As the group deals with certain issues, or sets of interrelated issues, integration or dependency decreases (at least experientially) and individuation increases. This natural and essential process creates the vehicle by which each group member defines himself and emerges more clearly to the group and to himself through the process of differentiation (Durkin, 1981).

Proposition 5

Certain leadership functions emerge naturally from the characteristics of the dialectical process itself. In each phase of the developmental process, several members are more active than others are, and more challenged or threatened by the particular issues of that phase. These members tend to be the ones who explicate and develop the group level issues of that phase. In addition, certain individuals who share this function over the course of the group's history take up these issues. Their articulate expression of their positions contributes to the clarification and resolution of issue(s). This is the operational sense in which they are leaders. Commitment on the part of the leadership is essential to the successful resolution of group level problems.

Of all the phases, the second phase tends to be especially problematic to groups because of the competitive interaction that characterizes the phase, generating some question in everyone's mind about commitment to the group and its task (Beck, 1974 in Durkin, 1981, p. 324).

Proposition 6

When a group successfully traverses all of the group level problems in developing a stable structure, there are several outcomes that can be expected:

- 1) A more aware and effective group, i.e., one that knows its needs, capabilities, and limits as a group fairly clearly and is therefore functional and able to do work in an efficient way.
- 2) A more aware and effective individual, i.e., one who knows more than before about his own needs, strengths, and limits and one who is able to co-ordinate his efforts effectively with the other people in this group.
- 3) The achievement of work on the substantive tasks for which the group gathered in the first place.
- 4) A comfortable termination, which seems natural and appropriate to all involved. Typically, in groups that do not reach the final phase of development, members experience some degree of discomfort in terminating. The level of discomfort differs depending on which phase they were in when they had to stop, or when membership was changed (Beck 1974 in Durkin, 1981, p.324).

In summary, it is generally a well-accepted premise that, once the group has been formulated, it passes through certain distinct phases or stages.

Although theorists differ in their conceptions of the group phases, usually as a result of their theoretical framework, the majority concede that these phases exist and call for different functioning and considerations on the part of the group leader (van Servellen, 1984, p. 148).

2.8. Summary and Conclusions

The purpose of this chapter was to discuss the principles of group psychotherapy as they have been described in the literature. A literature search showed that there was no uniform model or theory, which provided descriptions of the principles of group psychotherapy in a comprehensive format.

As such, the researcher saw a need to combine views as presented by various theoretical perspectives in order to create a deductive framework from which the group could be understood and utilised.

The major concepts that contributed to the understanding of groups were derived from the psychoanalytic approach, field theory and general systems theory. Each of these theoretical perspectives were viewed as being compatible, since each represented a way of approaching the group rather than presenting the therapist with a hard and fast set of constructs.

Thus, it is believed, that all of the characteristics of groups referred to in this chapter, can be expected to occur in most if not all groups. The members themselves through their interaction create them. Whitaker (1985, p.32) states that: "None are in themselves beneficial or in themselves harmful. Rather, under certain circumstances or in some forms they are likely to be harmful."

This list of features and characteristics of groups is mixed in character. Some features have to do with the character of the group as a whole, some with how persons interact, some with the stance that persons take with respect to group phenomena, some with the possible impact of group events on individuals, and some with initiatives that individuals might take in the context of the group. Whitaker (1985, p.32) believes that the value in this is that: "such a list serves the purpose of alerting practitioners to phenomena which occur or can occur in groups, in order to serve the further purpose of guiding the practitioner in decisions about how to make use of a group as a medium for help."

Based on the information presented in this chapter, it can be concluded that once a therapist has a deductive, theoretical understanding of groups, his cognitive map when exposed to the experiential aspects of group life will guide him. The cognitive aspects will serve to structure the experience into a more stable and lasting form, while the experience will expose him/her to a richer and more creative aspect of group life and therapy.

In chapter three, the research procedures followed in this study will be presented.

CHAPTER THREE

THE INVESTIGATION

3.1. Introduction

In this investigation, the decision was made to utilise the qualitative research paradigm. It is suitable for this study since it permits an in-depth exploratory study of the experiential group. Therefore, in this section, the essential characteristics of qualitative research will be outlined. Thereafter, a description of the research design will be delineated. Finally, the research procedure followed in this investigation will be presented.

3.2. Qualitative Research Approach

Various techniques are now being used to conduct qualitative research (Denzin and Lincoln, 1994). These are based on a range of theoretical perspectives that make different assumptions about the basis of scientific knowledge, use different procedures and have different aims. Defining qualitative research is therefore rather difficult. However, the definitions that follow do reflect certain characteristic features that are common across all qualitative research practices.

Defining Qualitative Research

Qualitative research is defined as being multi-method in focus, involving an interpretive, naturalistic approach to its subject matter (Denzin and Lincoln, 1994, p.2). This means that qualitative researchers study phenomena in their natural settings, attempting to make sense of or interpret these phenomena in terms of the meanings people bring to them. Qualitative research involves the studied use and collection of a variety of empirical materials - case study, personal experience, introspective life story, interview, observational, historical, interactional and visual texts - that describe routine and problematic moments and meaning in individuals' lives.

This definition suggests an a priori approach, grounded in philosophical assumptions, i.e., *the interpretive naturalistic approach*, to qualitative research.

In addition, multiple sources of information and narrative approaches are available to the researcher in the process of gathering information.

Cresswell's (1998, p. 15) definition relies less on sources of information, but it conveys similar ideas:

Qualitative research is an enquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyses words, reports detailed views of informants, and conducts the study in a natural setting.

In summary, qualitative research is conducted in a natural setting, where in-depth, detailed information is gathered from the participant's direct experience through various methods in order to build a complex and holistic picture of the topic under investigation.

Having defined some of the features, which characterize qualitative research, it might have become obvious that certain research questions and problems lend themselves more readily to qualitative research than others.

The rationale for using a qualitative research design in this study will be discussed in the section below.

3.3. The Appropriateness of a Qualitative Research Paradigm

The rationale for utilizing a qualitative approach is derived from the following premises:

- ❖ qualitative research provides the investigator with in-depth information while creating a context in which ethical principles are adhered to;
- ❖ the assumptions underlying qualitative research methods are congruent with those underlying systems concepts;
- ❖ it is consistent with the purposes of this study, with its emphasis on process research; and,

- ❖ qualitative research has been described in the literature as providing an important link in bridging the gap between research, theory and clinical practice (Moon, et al, 1990).

Qualitative Methods yield in-depth information

Within the context of group psychotherapy, participants tend to feel extremely vulnerable because of the risks involved. Therefore, the process of group psychotherapy/group interaction is in a strict sense very personal.

Given the above, a quantitative study's methods of collecting data and reporting findings, would generalize information to the extent that subtle personal issues could be overlooked. However, by using qualitative methods, more specifically the open questions in in-depth interviews, this personal information could be captured. In addition, several ethical issues such as confidentiality, respect and the prevention of harm to the research participants would have been incorporated into the study.

Thus apart from facilitating sensitivity to the research participants and protecting their welfare, qualitative methods allow the researcher to focus the investigation and to provide information which is both meaningful and clinically relevant to a specific area of study (Baloyi, 2002).

Qualitative methods are compatible with the assumptions underlying systems theory

In addition, in line with this investigation, qualitative research methods may be more effective than quantitative methods in grappling with the full complexity of systems theory. Like systems theory, qualitative research emphasises social context, multiple perspectives, complexity, individual differences, circular causality, recursion and holism. Qualitative methods provide an avenue for examining the experience of family therapy from the perspective of the client rather than from the more typical research perspectives of the therapist and/or the researcher (Steier, 1985).

In keeping with the purpose of this study, a qualitative research design would provide a systematic, scientific way of looking at the context of group psychotherapy training holistically, with all of its "messiness" intact.

Emphasis on process-oriented research

Process research is a fairly new area of inquiry. Over the last few decades, process research has emphasised the study of change and 'a smaller is better' philosophy (Greenberg and Pinsof, 1986 in Moon, et al, 1990). The principles of process research as enumerated by Rice and Greenberg (1984 in Moon, et al, 1990) include criterion-based and theoretical sampling, pattern exploration, detailed descriptions and observations, process in context, a discovery-orientation, and clinical relevance. These sound very similar to those addressed by the qualitative methodologist.

Qualitative research may help answer the process researcher's call for a context-specific micro-theory of change because qualitative research is generative, inductive and constructive (Moon, Dillon, and Sprenkle, 1990). Hence, a qualitative approach would provide one way of studying such a rare and complex event (such as group psychotherapy training), in context across time.

Qualitative methods bridge the gap between research, theory and practice

According to Green (1989 in Moon, Dillon and Sprenkle, 1990), a perplexing problem for the field of family therapy during the past two decades has been the lack of integration between research, theory and practice. Although certain basic similarities exist between the methods of discovery in clinical work and research, Green (1989 in Moon, et al, 1990) argues that clinicians and researchers have tended to divide into two isolated camps, separated by a communication gap.

In agreement with the above argument, Moon and colleagues (1990, p. 367) state that: "Qualitative researchers could help reunite clinicians and researchers because qualitative methods are close to the world of the clinician. Qualitative researchers tend to ask the kinds of questions that clinicians are asking and to explore these questions in ways that are clinically meaningful."

In summary, the qualitative approach to research was found to be suitable for this investigation for four primary reasons (as discussed in the above section). In addition, it corresponds with the aims of this investigation in that it permits the researcher to conduct an in-depth study, collect detailed information that is both meaningful and ethically sound. The decision to carry out a qualitative study carries a number of research implications. These are discussed in the section below.

3.4. Research Design

The decision to make use of a qualitative research paradigm has many implications for research design: it has a variety of consequences for sampling, data collection and analysis. In developing a research design, the researcher must consider whether the aims of the research are mainly exploratory, descriptive or explanatory (Terre Blanche and Durrheim, 1999). Since the focus of this research is exploratory in nature, a brief description of such a study will be provided.

Exploratory study

Exploratory studies are used to make preliminary investigations into relatively unknown areas of research. They employ an open, flexible and inductive approach to research as they attempt to look for new insights into phenomena. In other words, exploratory studies generate speculative insights, new questions and hypotheses. Exploratory research designs should detail how the researcher plans to collect information and where he/she would look for this information (Flick, 1990).

In terms of this investigation, it implies that core aspects such as sampling, data collection and data analysis, would have to be discussed. These core aspects of the study are discussed in the following section.

The aim of this investigation was to generate hypotheses about the effectiveness of the use of an experiential group as a reliable and valid tool for training in group psychotherapy. Further objectives included exploring the merits of an experiential approach to training in group psychotherapy, and identifying factors that could potentially aid/hinder trainee development. Thus, the group members are the subjects of the study while the training is the object of the investigation. In the section below, the variables of the study and the research procedures followed will be presented.

The Variables of the Study

In line with the aims of the study, the research variables are as follows:

- ❖ group psychotherapy as described in the literature
- ❖ group psychotherapy training
- ❖ individual trainees' subjective reports of the experiential group

The Principles of Group Psychotherapy as described in the Literature

Since the findings from the literature in relation to the principles of group psychotherapy (as they manifest in group interaction) have been discussed in the previous chapter, they will not be repeated in this section. However, a synopsis of the key themes extracted from the literature will be discussed in conjunction with the research findings

Group Psychotherapy Training

The training for a Masters degree in Clinical Psychology at UNISA ran over two academic years. The group from which the research participants were chosen for this study was selected in 1998. This group of individuals met once a week on a Thursday (in 1999) for approximately two hours for group psychotherapy training. In the second year of training (2000), they also met for approximately two hours but on a Monday morning. The training took place within the format of an experiential group.

Trainee's Subjective Reports

Information regarding the trainee's subjective experience of the group psychotherapy training would be elicited by executing the proposed research procedure as described later in this chapter.

The Sample

Sampling involves decisions about which people, settings, events, behaviours and /or social processes to observe (Terre Blanche and Durrheim, 1999).

Since this study utilises a qualitative, exploratory research design and is concerned with detailed in-depth analysis, typically one is not required to draw large or random samples. Instead, a purposeful (i.e. non - random) sampling procedure was considered an appropriate means of selecting the research participants for this investigation. Hence, the sample includes all the trainees who had already completed the Masters program in Clinical Psychology at UNISA in the academic years 1999 - 2000. They were completing the internship program, at the time of the interviews. The group comprised of nine individuals, all of whom had been invited to participate in this investigation.

The Group Composition

The demographic information pertaining to the group members is as follows:

The original group comprised of ten members, three males and seven females. One of the male members had failed in the first year (1999) of training. Consequently he had to exit the group. The group was heterogeneous. It comprised of two White males, one Black male, five White females and two Indian females. All the group members resided in the Gauteng Province during the course of the training. The ages of the group members ranged from the youngest being approximately 24 years of age, to the oldest member being about 40 years old.

None of the group members was in full-time employment for the duration of the training. Their previous work histories varied. Some were unemployed (i.e. they were students). A number of the group members fell into the lower middle class socio-economic category. Five group members were married in their first year of training, while four individuals were single. In the second year one individual was separated

3.5. Procedure

All group members were contacted telephonically to invite them to participate in the investigation. They had been given information about their role in the study, and the proposed method of investigation. Initially, all the invitees agreed to participate except for one. In addition, none of the participants objected to the manner in which the data would be collected and/or recorded.

In the end, only five members agreed to participate. One member contacted the researcher telephonically in order to excuse herself. She reported that she had been busy and therefore could not grant an interview. Another member promised to contact the researcher at his convenience but claimed that, for practical reasons, it had not been possible for him to participate. The remaining two members were not contactable.

The members who finally participated were required to provide written consent to meet the ethical requirements of informed consent. They agreed to participate out of their own free will, with the assurance that their identity would remain confidential. Pseudonyms were assigned to each participant.

The participants also completed a questionnaire, which was designed to yield demographic information and provide data in relation to previous experience with groups. The primary methods of data collection will be discussed in the section below.

3.5.1 Data collection

There is widespread agreement that the data should be valid, that is, the data should capture the meaning of what the researcher is observing. Many qualitative researchers argue that social phenomena are context-dependent, and that the meaning of the topic/subject the researcher is investigating depends on the particular situation an individual is in. Qualitative researchers seek validity in the degree to which the researcher can produce observations that are believable to her/himself, the subjects being studied and the eventual readers of the study (Terre Blanche and Durrheim, 1999, p.36).

Decisions relating to data collection have been guided by sound principles of qualitative methodology (as discussed in the above section), the researcher's interest in increasing her understanding of group process, her knowledge of group interactions, subjective experience of the group psychotherapy training (in UNISA's Clinical Psychology Masters program) and by the principles of group psychotherapy as described in the literature.

In an attempt to develop a coherent research design, the researcher favoured qualitative methods of data collection i.e. observation and interviewing, because they permitted rich, and detailed observations of a few cases. In addition, these methods would allow the researcher to build an understanding of the (experiential) training in group psychotherapy by observing the subjective impact of the training on the trainee, as it manifested in the context of the group setting.

The decision to collect the data for the study via a client-centered interview, and open-ended questions in a semi-structured questionnaire remained unchanged. The client-centered interview was taped, while the responses to the questionnaire were recorded on the instrument. The goal of data collection had been to gather information in order to extrapolate themes from the responses based on the individual member's subjective experience of the group.

Interviews

A client-centered interview is considered an appropriate method of collecting data for this investigation since it is compatible with the exploratory nature of this study.

A client-centered interview is a form of an exploratory interview in that it is open, non-threatening and has little structure.

The aim of a client-centered interview within the therapeutic context is to obtain a typical sample of the client's behaviour and to allow the client/interviewee to explore his emotions and his experiential world as he sees fit or from his own frame of reference. Thus, the client-centered interview would provide the researcher with a sample of an internal representation of the participant's emotional experiential world. It would also reveal information about the way in which the participant perceives and conceptualizes the experiential training which he/she had received in group psychotherapy (Rogers, 1970).

During the investigation, each participant was interviewed for approximately half an hour. The initial arrangement to videotape the interviews was changed for practical reasons. It had been difficult to arrange a suitable time for all participants to be interviewed in consecutive order.

Therefore, in order to standardize the research procedure, the format was changed. Consequently, the interviews were recorded on audiotapes.

Each participant was first asked to describe his/her experience of the group, which had met once a week for group psychotherapy. Thereafter, the interview questions were formulated in relation to the respondent's description of that experience. In addition, since the aim of the research was to generate hypotheses about the use of an experiential group as a medium of training in group psychotherapy, the participants' experiences with each group member (including the facilitator) and, their perceptions of group dynamics and group processes were also explored.

Audiotapes

Audiotapes were used to record the interviews. The information recorded on these tapes provided the text for data analysis (content analysis). The data collected was transcribed in order to facilitate accurate analysis of information. Complete transcripts will be available upon request.

The Semi-Structured Questionnaire

The information from the questionnaire would give the researcher an indication of the participant's self-reflexive competencies, i.e. his/her experiential understanding of group process, theoretical understanding of group psychotherapy and the skills required in order to function as an effective group facilitator.

A literature search was conducted to find a questionnaire that would serve as a suitable measuring instrument for this investigation. However, the available instruments were inadequate for the research requirements of this study. Subsequently, a questionnaire was designed to ensure that the measuring instrument was compatible with the investigation's research requirements. The initial questionnaire consisted of twenty-three questions. It was subsequently scaled down to a sample of ten questions. The questionnaire was constructed, based on information obtained from the literature describing the principles of group psychotherapy.

In order to remove researcher bias, the questionnaire was standardized by means of a pilot study.

It was administered to three psychologists working at UNISA's Psychology Department. Two of these psychologists are clinicians; the other is a researcher. The responses from the two clinicians were similar, while those of the research psychologist differed vastly from the clinicians. The clinical psychologists' responses were related to the actual content of the questionnaire in terms of the wording of the questions, the construct validity and the structuring of information. Their suggestions were taken into account and incorporated into the final questionnaire. The research psychologist on the other hand, had offered suggestions that were related more to the paradigm through which the research findings would be analysed, and to the research methodology.

3.5.2. The Analysis of Data

According to Terre Blanche and Durrheim (1999, pp 39-41) issues regarding data analysis should be carefully considered when designing a study, since the aim of data analysis is to transform information (data) into an answer to the original research question. A careful consideration of data analysis strategies will ensure that the design is coherent, as the researcher matches the analysis to a particular type of data, to the purposes of the research and to the research paradigm. Qualitative techniques begin by identifying themes in the data and relationships between these themes.

The data, which would appear on the transcripts, would be analysed by means of a qualitative content analysis.

Content Analysis

Content analysis comprises both a mechanical and an interpretive component (Breakwell, et al, 1995). The mechanical aspect involves physically organizing and subdividing the data into categories while the interpretative component involves determining which categories are meaningful in terms of the questions being asked. The mechanical and interpretative components are inextricably linked by cycling back and forth between the transcripts and the conceptual process of developing meaningful coding schemes.

Qualitative content analysis tends to be more subjective and less explicit about the processes by which interpretation of the target material occurs (Henwood and Pidgeon in Breakwell, et al, 1995). The emphasis is on meaning rather than on quantification.

Initially, the system of classification may be derived from the research question and the topic guide used by the moderator during process facilitation. Additional conceptual tools may arise from a closer examination of the data as whole. Coded segments may include long exchanges, phrases or sentences. The transcripts are cut and then sorted. Codes can also be developed to signal useful quotations and to provide a descriptive overview of the data. The aim is to be able to find quotations to illustrate particular themes or strands of meaning within the transcript. With this form of content analysis, the aim is not normally to put numbers to the data (Breakwell, Hammond, & Fife-Schaw, 1995).

3.6. Researcher Bias, Ethics and Credibility

Researcher Bias

Like all research, qualitative research is biased. A biased interpretation is one that leans too much on preconceptions (including institutional or cultural norms), and not enough on observation (Stiles, 1993).

Investigators cannot eliminate their values and preconceptions, but they can work to make them permeable. The qualitative approach to the problem of bias is thus to increase investigators' - and readers' - exposure to the phenomenon by, for example using intensive interviews, thick descriptions, and triangulation; responsible searching for negative instances; and repeatedly seeking consensus through peer debriefing and other elements of good practice. It is argued, that closer engagement with participants or text, in which interpretations are iteratively stated and refined, promotes a dialectical process by which the observations tend to permeate and change the investigator's initial views.

This response to observer bias represents a sharp departure from the traditional scientific view that the possibility of bias invalidates a research finding (Stiles, 1993).

Since the purpose of this study is to review the relevant literature in order to describe the principles of group psychotherapy and then to compare the subjective experiences of trainee group psychotherapists with the findings from the literature, the researcher would have to exercise caution in making interpretations based on the research findings. Therefore, the researcher would also have to be wary of the pressure to observe what the theory dictates, exclusively. Consensus of participant's responses could also reflect conformity to the theory and may not necessarily reflect actual experiences of phenomena.

One rejoinder is that yes, preconceptions may influence results, but in the end, this is a weak effect. It is strongly believed that, as Stiles (1993) describes it: "Despite our biases, we do in fact disconfirm our expectations all the time. Our ability to be surprised, to change our minds, to come to new understanding, demonstrates our initial biases are not immutable."

Ethics

The qualitative researcher's investment in uncovering the insider's view of a situation may present ethical considerations not often confronted by researchers who are dedicated to maintaining an impartial stance with their study participants. The foregoing validity criteria are vulnerable to distortion by investigators', participants', and readers' expectations and values. For example, (participant) self-disclosure and uncovering could reflect selective perception, selective reporting, or self-fulfilling prophecies (Stiles, 1993).

In addition, in surveys and other types of quantitative research, informed consent is routinely given at the beginning of the project and extends across the length of data collection. Although an in-depth interview also typically involves informed consent at the beginning of the project, the participant may reveal sensitive material during the course of the interview that was not anticipated at the time of the original agreement. The participant reserves the right to have any of the material withdrawn from the recorded version of the interview. As previously discussed, the research participants were required to sign a document in which they agreed to participate in this study out of their own free will with the assurance that their identity would remain anonymous.

This agreement also ensured that confidentiality could be maintained to the extent that the identity of the participants would remain anonymous, thus ensuring that the subjects of the study would be protected.

A second ethical consideration is the fact that there may be considerable role ambiguity for researchers and practitioners in clinical settings. As part of the interview process, participants take the interviewer into their confidence and may seek and experience therapeutic effects during the interview process. The researcher is no longer an "objective outsider" but considered a confidant and potentially a therapist. Qualitative researchers are advised to recognise their limitations and to give careful forethought to the limits of their involvement with participants (Fiese and Bickham, 1988).

During this investigation, the researcher did find herself in an ambiguous position, in that she simultaneously had 2 roles i.e. that of UNISA trainee and research observer. However, this did not appear to have an adverse effect on the participants in the study, nor did it pose problems for the investigation itself, as this dual role is compatible with the epistemological assumptions of the research paradigm used in this study.

Credibility

In this study, it is proposed that, in addition to those mentioned above, some steps can be taken to establish credibility. As a first step, some of the assumptions about group psychotherapy training, personal and therapeutic preconceptions regarding group psychotherapy, and research can be examined. This is included in the discussion on methodology, so the reader, knowing a bit more about the researcher and the underlying principles of this study, can make better sense of the claims that would be made. Another way to address credibility would be to look at the visibility of the data. Visibility refers to the extent others have access to the actual data of a study. Visibility will be addressed by providing transcripts from the interviews. By having access to the original data, readers can evaluate the accuracy of the research claims and see how interpretations are made (Moon, Dillon, and Sprenkle, 1990).

3.7. Conclusion

In this chapter, the research design and procedures followed have been discussed. It was found that a qualitative research paradigm is suitable for this study since it is compatible with the aims of this investigation. In addition, since it allows for an in-depth exploratory investigation, the qualitative research paradigm also yields a rich source of information, which is reliable, has contextual validity and is ethically sound. In the next chapter, an analysis of the research data will be presented and discussed.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1. Introduction

In this chapter, the results of the data analysis will be presented. Thereafter, the results will be interpreted and discussed in light of the theoretical findings from chapter two, as well as in relation to other studies. Finally, the findings from this study will be considered in terms of the aims of this investigation. As a starting point, the process involved in analyzing the data will briefly be mentioned.

4.2. The Analysis of the Data

Since the main objective of this study is to validate the experiential group as a reliable and valid tool for training in group psychotherapy, the researcher was interested in describing how trainees subjectively experienced their training which was structured in the format of an experiential group. The researcher was also interested in exploring the merits of an experiential approach to training in group psychotherapy and, in identifying factors that aid/hinder trainee development. Hence, the relationship between the outcome of the training, leadership style and group process variables was explored. To do this, the researcher conducted a client-centered interview and administered a semi-structured questionnaire.

In analyzing the data, the researcher made use of the qualitative approach of content analysis (as described in chapter 3). The reason for using this method (in keeping with the research design), is that it permitted the researcher to find quotations to illustrate particular themes which were meaningful in terms of the questions asked.

Therefore, in line with this investigation, quotations were found to illustrate common themes around the qualitative aspects of the experiential group.

In the process of extracting these common themes, it was found that several conceptual tools, as described in the group psychotherapy literature, served as a means of coding the information into meaningful categories. Among the dominant themes that emerged, were those relating to the content aspects of the group, leadership style, differentiation of roles, patterns of group interaction, the meaningfulness of the norms that developed, and the shaping of the overall group experience.

The results of the data analysis are presented in the section below.

Note: Pseudonyms were assigned to the research participants. The participants are referred to as: V, W, X, Y and Z. The results of the data analysis came from two sources: the client-centred interview and the questionnaire. Each participant had to respond to both the interview and questionnaire.

It was found that the dominant themes were best illustrated by the following responses.

Results of the Data Analysis

Goals

V (Interview): Um ... I think the point of [the facilitator's] group and I still don't know. No one knows but we all have ideas of what it was - it was to challenge us most often as individuals within a group context, which was both challenging and holding.

W (Interview): So group for me really became about the moment - the-here-and-the-now, what was happening in that moment. Sometimes I came wanting to share something or wanting to go with something that was personal to me - like I said with the agenda stuff - and not being able to; and learning that this is a different moment. So goals overall were just about learning from that moment, sharing that moment, being in it and what can I take for myself out of that moment - that was the goal.

To work with the group, learn from the group, even though it is shit sometimes and difficult and frustrating, what can be learnt from that - that was the goal.

X (Interview): Once again, the outspoken objective of [the facilitator] and our outspoken objective was the same. But what actually happened, was not the same as that objective.

Because for me the objective was also the same: that this is the space where we can bring stuff - those issues we need to deal with in order not to fall into the trap in therapy; where we can really deal with personal issues in a containing way. We would have the support, a place where we can discuss it.

Y (Interview): The purpose it was intended for - I don't know.

The purpose, the meaning that I took from it ... uh, the goals of the group was meant to experientially educate someone in listening to other people.

Z (Interview): I can't think about a common goal. I don't know about last year. The last year's group did not have a goal. I'm just in group for the sake of being in group, because I had enough of the six months last year.

But the first year ... I don't know if you can call this a goal, but I was very enthusiastic about group. I used to welcome the experience and I was very excited to see what's going to happen next.

That's how I took myself into the group. So maybe that was my goal: to always learn new things, be exposed to different themes. That was my goal for the first year.

Ja. I would think -1 don't know if that was the goal of the facilitator -1 think it was his goal as well. I picked up on that. Just to create conflict.

I don't know what the common goal of the group would be. But I think we all were aware that 'shit will be stirred' in the group. That's what we were aware of. Uhm, I don't know what everybody's goal was for coming to group.

Group content/task

V (Interview): Almost all of our selection, little things we had to do, took place in a group context. We were very aware from the beginning that we were being selected not only to be individual psychologists but to be able to work in a group.

So interaction and relationship was part of our mind right in the beginning and I think we worked to be selected even in a group and were selected in a group and had a nice fit in I must admit and then we ... trained in groups and in the whole group and in a group across two years and specifically had group - what we called group with [the facilitator] which was a training therapeutic process which was hugely active and probably the one thing next to our clinic practice which I considered to be that which grew me the most as a person and as a therapist.

W (Interview): I'm reflecting on the 'both/and', at the moment with that. But I think that it's been a training that, knowing that the course is a training context - it was therapeutic. But it was also training - knowing how to be -learning how to be in another person's crisis - is training as a therapist for me.

Whereas going through my own issues, is therapeutic for me. And I think that's very much therapy how we understand it: 'both/and' of therapy - being for the client; and therapy being for the therapist as well.

Y (Interview): It was to explore the domains of verbal communication and non-verbal communication ... Uhm, not always in a nice way, but in a way that I understood. I think I understand.

There was never black-and-white, clear-cut definitions to our course

Z (Interview): Ja. I would say that the emphasis was more on personal growth but we had taken it one step further because it wasn't only about you and yourself - but it was about how you would use yourself in therapy. So, you can use your personal experience to bring about therapeutic change.

So, not only does it bring therapeutic change for yourself but therapeutic change for other people.

Group Leadership

V (Interview): I know I'm going to answer with difficulty. Just as all therapists are actually people and bring their being a person to therapy with flaws and with mistakes, any facilitator of a group is a person and brings certain aspects of being a person to his or her facilitation of a group.

[The facilitator] specifically - my experience of [the facilitator] - was that he had his 'up' and his 'down' days and he is a very experienced facilitator of groups and did that very well for us but we still got to experience his 'up' days and his 'down' days in the group - and in the beginning we interpreted it as purely his response to us. Very bad systemic thinkers at the time - not realising that he was actually bringing a true agenda of himself, of his life to the group as a facilitator - not just to work with what we were bringing and working with that day.

In the first year it was probably what made it so threatening and intimidating. You didn't know what Monday would hold: "Is he going to be feeling alright today or is he not?" In a sense that shaped how that two hours of group was going to be that morning. So his personal vacillations up and down had lived out in the group and made being in group quite frightening at times but also allowed him to rely on himself and what he wanted to be there - to challenge and push and then sometimes hold - bring all, which is what the group needed. [The facilitator]: The experience of him was very threatening at times and I think the group experienced it as such. The initiation that we went through within the first couple of months of the training process - especially brought in by the group experience was so intense and so threatening to the self as an individual that we joined very strongly as a group.

V (Questionnaire): Facilitator in group, co-ordinator and fellow dancer simultaneously. The group process is partly shaped by his/her own contributions and group's response to them. The group was led by the very real experiences of a person/therapist who was both part of the dance and watching.

W (Interview): [The facilitator] Shoo! [The facilitator], for me the most appropriate word that comes to mind now, is a "guru"

When I say "guru", I mean mystical in his knowledge, uhm, I have a tremendous admiration for him, uhm in recognising or acknowledging just the way he thinks. There was often such a "Wow!" "How did you get that" "Please just tell me the process that you went through to be able to see that."

Sometimes being afraid of him - the evaluation, the judgement that would come, but I felt there was the ability to even outside group to go and talk to him.

I saw him as approachable - sometimes not! Like there were things that occasionally - that you just knew - to just stay away

Ja, you could see sometimes just from the way he would start a group: "Boy is [the facilitator] in a mood!" (laughs) I mean in that session I was very much more silent. In those times that I perceived that in him, uhm or sometimes before group or sometimes in the weekend before (so it was on a Monday just after the weekend) you saw him kind of chaotic around the passages or whatever and then you would have arrived - very much being sceptical to group on a Monday morning.

So, reading that all the time and adjusting yourself or myself in relation to that because I think sometimes I felt that: "Don't step out of line today, because I don't know if he can contain it in a way that he normally can." So maybe there was a little bit of inconsistency some of the times; which is fine because you can learn from that as well. But it was just difficult to be in that all the time; but you learned from it. But at that time, ah it was scary! (laughs) In that process, uhm, you know realising that often being - the facilitator often coming with some of his agenda - but there's skill to be learnt from that as well. As much as I sometimes (not all the time) experienced that as frustrating for me; it was still a skill to be learnt. Because, I came as a therapist sometimes thinking: "Where do I go with this therapy today?" And knowing it isn't about that. Your clients come with their own agendas. But it was the opposite way -[Facilitator] being the facilitator/therapist and us being group participants/clients - and knowing it's not about that -it's fit in more with the process.

[Dealing with the fear of being evaluated] - it often settled certain emotions, fears or whatever, uhm, and sometimes it didn't; sometimes it just stayed there. But I think it was just good to talk about it sometimes, it also allowed [the facilitator] to recognise how that affects us and when he's sitting there and provoking us and saying: "People what's going on here? In a [facilitator's] way of saying: "People! What is going on here?" (laughs)

It was also important for him to know that this issue was part of our silence often, because there was often silence and often it was uncomfortable. Uhm, so ja, I think it was important to give him that kind of feedback, so that he also understood what the silence or resistance was about.

W (Questionnaire): One who creates the space for us to bring our issues comfortably, but is still provocative. Sometimes the facilitator's 'mood' influenced me by inhibiting the freedom I felt to bring my voice. Overall I feel there was effective facilitation in creating a learning context.

I feel I do act as an effective facilitator who always learns as time goes on. Perhaps acting as the facilitator would have been a highly provocative experience in that it could have pushed me to the dynamics of equality.

X (Interview): I think that the group process - to follow the group process is the most important thing and I found it was so obvious. We discussed it a number of times in the group - where the group wanted to go to a certain topic -the facilitator kept going back to another one. And we said: " that is not where we want to go now, and we want to move on."

So I think the facilitator didn't even know about his own process, to be able to be sensitive to the group process and to facilitate people to be adequate. Ja, but once again, they [the group members] were not willing to say that. Because, then every time I, for example, commented on that:" I don't understand ... it is quite obvious that this person wanted to talk about this, and [the facilitator] keeps on going to this other person".

Uhm, it's screaming that this one wants an opportunity, why is [the facilitator] constantly going to the other one? And the comment was made: "Why are you trying to sabotage the process?"

X (Questionnaire): *Manage instead of control*

Be aware of the group process in order to pick up points of importance/problems.

Should be able to create a safe environment in which participants can be encouraged to share.

Should be able to stay in his role instead of not being sure if he/she is part/not of the group.

Should be trustworthy - should not use the group as a power tool (abuse information shared in the group).

Should not use the group for own issues.

I believe that I will be able to facilitate a group because I could see what does not work. An effective facilitator however needs experience - should learn what works for each new group. It is important, according to me, for a facilitator to know him/herself and to be aware of his/her issues. If the training group does succeed in its goal, to provide an opportunity for growth, it should provide some more skills to be able to handle groups.

Z (Interview): [The facilitator]: If I could use one word to describe the two years it was: 'provocation' in his role as the facilitator. What he introduced was provocation. Maybe by throwing something in the middle there and then he would see who would pick up on that, who starts the conversation and then ask: "What about you Z?" (laughs) He had an underlying technique to his different roles. I think it was to create conflict for us - for us to differentiate, for us to work on certain issues, to be exposed to certain issues.

Z (Questionnaire): *Role of the facilitator in my group was effective. He gave us space, but at the same time his presence, his mood, his attitude influenced group process.*

Own facilitation skills -

Yes.

Group Interaction

V (Interview): We needed a facilitator. That kind of a group I believe does need a facilitator and someone who is very experienced in running groups - running groups therapeutically and training therapists, because he did do all those things. So then he, 'leading the pack' of us who were now confronting this individual on whatever . . . and in most cases the person, quite honestly overwhelmed by the pressure, and that 'push', and then the holding at the same time would go there. Sometimes people wouldn't, and it is like they also made a conscious decision that it was just too dangerous - for reasons of the perception of the group or vulnerability of themselves or both - probably a combination of both and they just didn't go there and they seemed happy and they probably haven't worked enough on the personhood of themselves as a therapist and to go out and work.

V (Interview): Silence; the facilitator doing all of the work "Grouping up" - the group pushing one member 'Coming clean' - using the time for working on issues. "Truth and confessions"; "Nothing really" - days when you just talk round and round.

W (Interview): I think that maybe I sometimes felt that I wasn't participating enough because I didn't have the space to bring my stuff because it was about someone else's crisis -often.

I can say that there were one/two people I definitely had more anchored relationships with. Uhm. and then maybe there were one/two that - I didn't have no relationship with, I mean that is (impossible) - but I had difficulty in connecting with. And, I remember having an issue with one of them (in group)

I felt it was difficult because I had to say you know: "I'd like to believe that I can't be just shifting myself all the time to, uhm, fit in with everybody." And I think that maybe a skill I take from that is: learning where your boundaries are as a therapist; or knowing who you can work with, and who you can't.

I had to be able to say that maybe it's not anything we fought about - it's just that I struggle to connect with you. And being able to stay in that and say: "I can't connect with you and that's it!"

That's when I talk about the group dynamics that went on. That in themselves brought crisis beyond the individual crisis - on the individual. There was a group crisis that was very much about coalitions, sub-coalitions and things like that. I definitely, ja, I think that, ja, the group was constantly shifting.

So ja, I think if I look at how initially we defined ourselves was very much a part of whose clinic we were in and it was very much a coalition in that: 'let's stick with that'.

Sometimes it was: "Where do we start today?" "What do we talk about today?" Sometimes do you know how difficult it was to come with a thought? You didn't necessarily want to start (laughs) bringing up stuff: but I think. uhm, there was a lot of benefit for everybody.

W (Questionnaire): *New alliances were formed and reformed between members throughout the process, and the group was able to work on issues that were brought up, meta-commenting on the process that took place*

X (Interview): There are certain people in our group that did not say a single word, for I would say for the first year. And, I don't know, I think it makes it difficult for the people who do speak, because, I have to bear more. But, you don't have to bear more. That for me was difficult, because unfortunately I am one of those people, if something is bothering me I will say it. I had the experience of challenging a lot of the things that happened in the group. And I said: "But this not a safe environment, and 'yooo!" It was a big big discussion. It was a crisis in the group. And to the point where people actually came to me and I would say: "Why aren't you saying anything - you feel exactly the

"Say whatever is on your mind, but if you dare say what is on your mind, you are in trouble!" Then you get blamed for it because you are sabotaging the process.

What happened for me was, I want to say a 'power struggle' of : "You say I'm in control of this process and I can include and exclude whatever I want to", but for me, it eventually ended up with a personal manipulation of whatever was happening and, not allowing group process to just take its own path.

Mostly me and the facilitator, ja. I think, we, ja ... bumped heads a quite a few times, because I was saying that this process is not working. And, like I said, I personally think that most people felt the same way, but they were not willing to say it. Because, we would walk out and say: "But, ooh! That was so unfair! Did you see what happened?" And I would say: "Why didn't you comment on it?" Like I say, the one person said straight out: "We can see what's happening to you and we are not willing to do that; we are not willing to put whatever on the line"

Ja, there was a big, big struggle - the one I am remembering was with one of my colleagues - (every now and then. there was a small quietness) - everybody shared - and other people didn't share. I commented on that, and I said well ... I commented on that day and I said: "These are the people that have shared. They share every single week, but these are the people who will be watching; and they don't share every single week." One of the people I commented on was very upset about the fact that / could say that she needed prompting.

We had this argument/whatever, and eventually it was a 'hotly heated' argument. And I said: "I'm sorry, then if that is the case that some people are forced to talk and others are not - then this process doesn't mean anything for me. I am not going to discuss it further."

Then the facilitator said: "Well, if you don't want to be here; then you should not be here! You don't have to be here!" Then I said: "Well in that case, I'm leaving", and then he said: "if you leave, you must bear the consequences".

X (Questionnaire): Ja well, once again, explicitly, it was said: "You have a choice", but the moment you make that choice, then it is said: "Oh no! No, it actually does have consequences ". Trust was constantly an issue. Nobody would say a word at the beginning of each session. If asked why not, the response would be that there is no trust in the group. Then an argument would start because there is no trust - "How can that be?" In other words, to answer the question honestly is not the right response!! That creates even more problems with trust and the cycle starts all over again.

Y (Interview): Well - that I did not believe that confrontation was always the right way to gain expression . . . and one of my colleagues decided that confrontation for me - to confront me would be a benefit to me.

I threw my toys out the cot. I got arrogant... I said: "If you want to know something about me, ask me where I am." It did not bring anything out of me, that I knew different about myself, and didn't help articulate. All it did was, started an anger with that person, that is still what I carry to this day.

[The facilitator] sat back and watched and left it in the air. . . which is very dangerous for me . . . at the end of the day I think it had a negative impact on me. It was seen as: "I couldn't cope", you know it was taken out of context.

So it was a bad experience overall.

[Member interaction]: See that's what I am saying. Our group was particularly different in terms of ages, backgrounds, roles, race, religion - it had a lot of diversity. Uhm, there was a lot of conflict in that diversity - but there was a lot of room to explore that diversity.

So I think from the group process of being exposed to that, uhm ... I'm glad the facilitator did not allow conformity all the time, and went for conflict. In not: "I'm going to confront you -I am confronting this. Let's talk about this." Uhm, definitely made a difference to working with people from different backgrounds.

[Confrontation]: Gee that pissed me off to a point where I was just' gatvol!! This was it:" I was not going to stand for this and the 'instability rubbish' -this is me! And if you don't like it -judge me. I don't really give a damn! Uhm,ja. I think I also had comfort in knowing that.

[Rejection and exclusion]: Ja, but funnily enough it didn't matter if you feared it or not - it happened anyway. I had to deal with it at some point - and the group took me through that. Sure, I was rejected and excluded and I was held in that.

[The facilitator]: See when there was conflict, the facilitator used to sit back and listen and only give a comment at the end of the session - and we had gone ballistic at each other in the group!

So ja, generally in times of great conflict - when it was between group members - we needed a scapegoat you see (laughs) ... In a group like that it felt good to blame the facilitator afterwards: "That person started the shit - that person is responsible for it - it's not us!"

You see the facilitator brought his own issues, so it wouldn't have been completely fair to sort of say to the facilitator (since he has such a father issue): "Get the hell out of my back! I already have a father thank you very much".

I don't have a problem with authority. I can deal with authority. "Take your issues somewhere else". He wouldn't do that. I wouldn't say that. No one in the group did say that. So it was easier just to blame him.

Things used to get a little bit having... where there was alignment between a member of the group and the facilitator sharing his personal experience with that member of the group - so that there could be connection. And we would sit there with our hands in our mouths going: ug, ug, ug!

[Group interaction]: Ja, uhm. But then the dominant voices will still speak up: "What's happening?" If it threatened their sense of safety (laughs). You would know what was actually going on here.

[The facilitator]: Reflected it back to that person as 'their issue with their lack of personal safety'. It was not about the facilitator and the co-alignment with the other member - it was about the other person and what they were saying: "What is their issue behind that?"

[Feedback]: No, very rarely. That brings again the question for me of: "How does this fit in an academic context -because if the facilitator had done that - it would have been more of the co-facilitation, co-sharing, etc., etc.. .. And you need to draw a line between a facilitator and a group - so that was a fine line that used to come in - "This is my territory! I know this domain, don't you just come here and tell me what I am doing!"

And at other times: "Why aren't you telling me - I'm part of where you are. People we are here together; let's talk!"

[Feedback]: Uhm, but it didn't come directly from the facilitator. I remember how I would start crying - like I had some kind of 'breakdown', and that was considered flippant fantastic! And I was devastated. I was sitting there and crying my eyes out. Then I started to think: "What is this about - do I have to cry to get somewhere?" Then I rebelled against that, (laughs).

[Communication]: Because, then if I spoke, it was... I was next to nobody with the amount of uncertainty. You know you read things into space - pick up some things that are probably not there. We qualify ourselves as 'experts of uncertainty' in this hospital.

Z (Interview): [group structure and interaction]: My opinion? I think it was to create ... we were a very dynamic group. In the first year there were 10 of us - all from different backgrounds; some similar. But dynamic in the sense it seemed like we were a very conflicting group.

When we joined as a big group every Thursday - you could see the people who would 'stick together' and then you would get conflict coming in.

I remember there was conflict when we spoke about our own personal issues or when we would speak about different supervision sessions and different supervisors. That's when conflict started coming in.

[Group interaction]: I think it was encouraged or started by the supervisor - who would then allow other people to ask questions. Then it became a group, uh ... Well, I wouldn't say it was interactive - I would say there was the 'hot seat' and I would say there was the group.

That's why it wasn't interactive. Being on the 'hot seat' meant that one person was singled out - Yes, you were on the 'hot seat'.

There was sub grouping and there were individuals. Within that sub - grouping there was a very strong sense of cohesiveness, lots of protection, lots of standing up for each other.

[Inter-member conflict]: I think for me it was, I think the person was dealt with by exclusion. This led to more conflict. It was very negative.

[Inter-member conflict]: I think for me it was, I think the person was dealt with by exclusion. This led to more conflict. It was very negative.

Z (Questionnaire): *Alliances - if one person said something, the other person would back that person up, meta-commenting on group process.*

Roles

V (Questionnaire): *My roles were: frightened observer, not saying too much at first; then active participant, in the middle of things; then moving out of focus near the end. These changes were important, having stuck to one role the whole two years would suggest rigidity*

W (Interview): I think the role that I saw myself mostly taking was of uhm - obviously it shifted but I think the two main themes that I've seen myself shifting between that of meta commentator... Well commenting on process, often commenting on process of uhm, what I saw happening at that time, but I think also as a holder uh-uhm ... ja

Ja ... if ... if sometimes if very little or not very little, but less seldom, less often did I see myself being the one who was sharing the process, uhm, it was more about containing someone-else's - but not just observing, it was really about containing, about being there. Ja, actively being there, it wasn't just stepping out of it and watching it - it was being in it - but it not being about me.

W (Questionnaire): *My role was mostly that of 'participant commentor'. I often observed the process and commented on this.*

X (Questionnaire): *The head of the group/controller (not facilitator) forced the group in his preferred direction -should rather be managed/encouraged. There were some members who took on the silent role - should be encouraged to participate for their own benefit. I personally took on the antagonist role - always trying to point out why the group is not working. It should not be necessary to point that out - that is exactly why there should be a facilitator.*

Y (Interview): That was problem in a way because you got labels as being 'that person'. That was frightening to get that label and you aren't going to get out of that - no matter what you did/how differently you think you are bringing yourself.

The label remains. So that shared consensus again would be more of the dominant shared consensus. There's a contradiction: "There is shared consensus - there was no shared consensus in our group in terms of shared or group."

Z (Questionnaire): *On the assumption that I took many roles in the group, role - keeping quiet, standing up/bucking someone.*

Norms

V (Interview): Norms in the beginning are keep quiet over various times the norm would be over who would start talking and I suppose, we could see afterwards, how much that spoke about who had something to work on - whether they chose to or not. And who would start talking in certain ways and when the pattern became very obvious and when the pattern was differences or against the group processes - that we all were heading towards. They would not get attacked - sometimes attacked.

Norms in terms of people who excluded themselves and continued to exclude themselves through the whole two years. Those were sad norms because it didn't work for them, and they wouldn't become part of the group.

A norm was there that sometimes you had group and went through the motions. Nothing really happened that day.

V (Questionnaire): Some norms were that certain individuals fully used the group experience whilst others resisted. I still feel that the observers - only did not receive vital training they should have.

W (Interview): Ja, trust as a theme, was constantly there: "How do we know what we can trust?" That was part of the evaluation stuff as well. Evaluation came into that, like: "[To the facilitator], how do we know we can trust you. if you are evaluating us? How do we know that we can trust you with what we share here?" But that was also between group members - trust was also an issue between us. I remember being silent, the group being silent -often uncomfortable.

W (Questionnaire) . . . Often began with intense silence. Group conflict was brought to this context. Rituals were helpful in finding ways of expressing the space in which we were in. The issue of trust was prevalent - meta-communicated around this. Often difficult to be in the struggles - looking back at the experiential nature of the context brought about the learning.

X (Interview): For me the whole process of; we always started the process of: "Why is nobody saying anything?" And then it would go into this whole 'trust thing'. The people that didn't trust the environment or the situation enough, to be able to say things and then everybody was upset because there wasn't enough trust. And we were basically blamed for the fact that there wasn't enough trust. And then we would have more of a problem to say whatever you want, because when you say I don't have trust - that is wrong.

Everybody was quiet, nobody wanted to say something - the facilitator would want to know: "Why is everybody so quiet?" "Why are you not saying anything?" And, being upset because this process is not working. The moment you said: "This is why the process is not working - you are not letting it flow - be constantly pushing it in another direction." He would say: "You see you are sabotaging the process".

So ja, it definitely inhibited my participation and it was a very uncomfortable space for me. It was really uncomfortable! I didn't feel safe -I did not feel safe at all. It was ... you were constantly on the 'look-out for - what could happen here?' I was constantly on guard.

X (Questionnaire): The only norm that was developed for me was damned if you don't say something and damned if you do! No supposedly psychotherapy group can function in such a way - it is a double message that is extremely destructive.

Y (Interview): Sometimes there was more distrust and lack of safety - which was more challenging.

[Attendance]: Oh oi oi! I never missed one. How does that speak about it? I would never miss one on my own. If it was a Jewish holiday or something then at least two guaranteed people won't be there - which made it okay with those two people.

This thing of belonging -I understand it now; but then in the context of being judged/being evaluated ... dah-dah-dah.

Y (Questionnaire): Did not respond to questionnaire.

Z (Questionnaire): Silence, rituals, every week one group member would bring their issue, sometimes being the same person, thereby restricting others.

Group Development

V (Questionnaire): *At first tentative, trying out the space. And/or Resisting, this may not be safe. Then: Getting fully involved (and frightened?)*

vs

Still resisting, fears justified.

Then: Finding fluid roles in group

vs

Group's last bid to push resisting individuals Then: Closing, making sense of.

W (Questionnaire): *Developed from three groups based on 'clinic' division towards a less segregated group when two groups joined. This then moved towards alliances based on personal connection.*

X (Questionnaire): *The group started out as uncomfortable as people were not sure what to expect. Then people slowly started to share; to test the water. People pulled back when they saw what happened if you did share. Group became more uncomfortable and deteriorated until the end.*

Z (Questionnaire): *Initially there were three groups, three supervisors. Lots of segregation. Second year with one group member failing, and a supervisor leaving allowed for group coherence. This however is a structural arrangement of the group.*

Overall Experience

V (Interview): My personal experience. In the beginning being very wary, cautious. And when I joined I really did. And because I did -I really appreciated it and others also did. And I didn't appreciate it when others didn't. And I must admit that I did start to develop an opinion of them as people who weren't prepared to bring enough of themselves. And who probably were going to be dangerous, most certainly be a danger to certain people - because they weren't able to go those places, experience those things, know how they would be in the future with crises - when those crises surface ... The group had rules where you can say things that are interpersonally challenging - that you actually need that - because that's what we are here to do.

There was always the ambiguity between "am I in, am I out"? After a while that question became less important and you accepted that you are in and you are out -I think that made it safe for me to bring myself in the group but *not need* the group forever.

Group was a very threatening thing and difficult place at times. I would say that not everyone in our group made use of group to work on themselves as much as they could have and should have.

We understood the point of what we were doing and I think those who benefited the most from the group allowed themselves to be therapised by what was the group process and part of training was working on a personal level and I did understand that that was what it was about. And I did allow myself to bring the vulnerabilities to work on all the 'self stuff that there was, because I wanted to work on the person of myself.

V (Questionnaire): *Overall experience: intense interpersonal means of communicating and behaving. Highlights: therapeutic/holding environment in which to deal with personal issues. Low points: experience of initiation into the group experience.*

W (Interview): I probably would have benefited if it was twice a week or if there was more of it. Because, I sometimes felt that maybe there was a little bit of inconsistency from where we left off - from the one point on one week, and got to another point on another week- which is fine. I can recognise the benefits of that as well, but sometimes I felt that there wasn't any continuity perhaps.

Uhm, but I think that I definitely shared more of myself - my personal crises outside of the group, rather than in group.

I think ... one of the issues, which we often reflected on as a group, was the fear that, although this was a containing environment, a containing context. . . there was always at the back of my mind, and - often the group commented on it as being on their minds as well - was knowing that this was still a context in which we were under evaluation. And -I think very much led to my holding back; thinking: "Is this a valid crisis to share?" (laughs) "How would this be evaluated in the broader context of the course, if I was to share this and be provoked in it by the questions that would come to me?"

Uhm, and I am not a person who does not share easily, I do share easily, but that evaluation component definitely influenced the degree to which I shared, uhm, ja that was another component.

But definitely the time limit and taking cognisance of who else is in crisis at this moment and taking a step back from that.

W (Questionnaire): Learning context; personal growth: these were the two domains in which I felt I was enriched during the training. What was seen as uncomfortable when conflict emerged at the time, can now be understood as growth. Finding connection with others and searching within myself were both highlights. Sometimes feeling overshadowed by others "issues " therefore not having space to bring my own.

X (Interview): The group for me was a bit, it was very difficult for me, because there was... I always had the feeling that what they wanted to achieve and what they achieved was not the same thing. It was supposed to be this space. where you could bring anything and bring it as (how could I say this) as brutally as you possibly can.

But then that information is used in other contexts, and that is what I did not appreciate. So for me that whole process was blocked - because it was said: "Say whatever you liked, but just be careful of what you say!"

Ja, so then it became a threat. Uhm, so: "you are not forced to be there, but you are forced to be there! It's not like you don't have a choice - you have a choice to be here". Once again, that 'double message', and that's the message I got with every single thing that I said - there's going to be consequences!"

There were good days. There were really good days and when you could see the benefit -I could walk out and say: "Shoo! That really touched me, and I would never have thought about it in this way", and you could see the benefit. So why not work to get that. And I am not the type of person . . . I just cannot keep quiet. "Ag well, let's just keep quiet to just save face".

I cannot do that. I'd rather say it and bear the consequences. And the consequences most of the time was not clear, but I would feel, I would have more unfinished business if I had kept quiet.

X (Questionnaire): Highlights: the rare occasions that a member(s) was allowed to honestly bring something [they wanted to share. Very intense emotional, honest communication, sharing and understanding.

Low points: most of the sessions! Ended in debate about the lack of trust. Most of the sessions involved discussing what was supposed to happen instead of making it happen.

Y (Interview): Mm, mm. The other thing that the group process brought was tears; was self-supervision. Having been involved in a process where you are a participator and an observer simultaneously - I gained a sense of self-supervision - where I could carry those voices with me. And it often got me out of 'sticky' situations this year, where I could replay conversations, create new ones - that sort of thing.

Z (Interview): At that moment it wasn't very nice, because I hadn't had a lot of exposure to that (previously to that). That was my first exposure in group. So I had to deal with how I felt then - it wasn't very nice for me to feel exposed -to have everybody else to know what you are dealing with. So it wasn't very nice. But then I had to.

Z (Questionnaire): But now, two years later, I think it was the most wonderful experience. It's the way I learnt. It is what taught me to be where I am now - to be able to do individual therapy, to do couples therapy, to do group therapy.

Highlights: Personal growth/Professional growth. Low points - at that time low points were group conflict, group alliances that I was not a part of.

4.3. Interpretation of the Research Findings

In interpreting the findings of this investigation, it is important to keep in mind that since the overall objective of this study is to determine the effectiveness of an experiential group as a medium of training in group psychotherapy, emphasis will be placed on isolating key factors which can serve to illustrate the experiential group's validity in the training.

Before proceeding to the interpretation of group dynamics, group facilitation skills and group process variables, it may be useful to present the overall interpretations of the qualitative aspects of the group experience.

Overall Interpretations

Overall, it was apparent that the responses to the interview and the questionnaire were extremely emotional. This is significant because the data was collected approximately a year (in December 2001) after the completion of the training. However, it is important to mention that the participants reported that they preferred the client-centered interview to the responses required of them in the questionnaire. Respondents verbalized that the group experience was "verbal", "sacred", and that "it was fake to write about it in the questionnaire" because they perceived the questions to be "cold and distant and it was difficult to put their experience into words in that context." Based on this overwhelming emotional response, one can infer that perhaps participants experienced the interviews as therapeutic, while the questionnaire may have made them aware of their possible blind spots, i.e. they may have had the tendency to selectively focus on the emotions in therapeutic situations and possibly ignore the cognitive conceptualization of those feelings. In addition, since their responses to the interviews were much lengthier than their "point-form" type of response to the open-ended questionnaire, individuals may have used the interview as an opportunity to work through unfinished business which arose as a result of their training.

Furthermore, certain participants had a greater need to talk than others did. In the one instance, it was indicative of a particular individual's unfinished business. For example, it was evident that X kept repeating themes of conflict, "being stuck", and persecution.

On the other hand, V also gave lengthy responses, but her responses indicated that she may have experienced the training more successfully. This can be deduced from V's ability to conceptualize her understanding of group process. The data also suggests that individual members perceived the group experience differently. Some enjoyed the experience and found it to be positive. For example, they saw the benefits as an increased sense of self-awareness and as having gained therapeutic skills. Despite these perceptions, it was apparent that none of the participants could conceptualize these benefits in terms of psychological constructs. They merely cited these as benefits.

It was also apparent that while the participants kept referring to the concept "process", many in fact used the term inappropriately. Responses show that they spoke in terms of the content of the group instead of process. Those who experienced the training as negative appeared to have perceived the training as harmful and as a platform for personal attacks, intimidation, and promoting uncertainty. In the section below, the dominant themes elicited will be interpreted separately, that one can view the variables of the experiential group more objectively, and perhaps reach an understanding of how the group dynamics and group process variables contributed to the abovementioned perceptions of the training.

Content aspect /task of the group and group goals

In relation to the primary task of the group, it would appear that there was consensus among the respondents that the group was formed for the purpose of training and therapy. In addition, working on individual personal issues was perceived as work, i.e. it was the primary task of the group. This perception appeared to create difficulties for the trainees.

For instance, a common theme that emerged amongst the participants was the lack of safety in the environment/context in which the training occurred.

A number of the group members were afraid that the information shared within the group setting might be used against them in other settings, and that this would have a negative impact on their evaluation.

It was apparent that this led to a group atmosphere, which was guarded, and restricted member participation. It can be hypothesized that this fear seemed to be exacerbated by the fact that none of the participants were aware of the common objectives of the group. They also appeared to have vague ideas about their personal goals for the group and there were a number of differences in individual goals amongst the group members. These goals were not clearly articulated and seemed to be poorly defined. For example, W defined her goal for the group as follows: *"To work with the group, learn from the group, even though it is shit sometimes and difficult and frustrating, what can be learned from that - that was the goal"*. Z's response on the other hand was: *"I'm just in the group for the sake of being in the group, because I had enough of the six months last year."* As a result, it would seem that there was a lack of objectivity in the manner in which members' progress could be evaluated, and growth recognised. It can also be argued that as such, the group lacked direction and group development may have been hindered. Based on the research findings it was observed that the group was largely influenced by and dependent on the facilitator.

Leadership style

Based on their responses, it seems as if the participants were ambivalent about the facilitator. For instance, at times he was seen to be omnipotent i.e. by assigning him the status of a "guru", yet at other times they saw him as being "only human".

The facilitator was perceived to be "only human" when he brought his "personal agenda" or "personal issues" to the group, and when it was apparent that his emotional reactions would have an influence on the group process. Thus, by joining the group as a member, it seems as if certain therapeutic boundaries within the group were denied, and group structure was not clearly recognisable i.e. it would have been difficult to identify the group therapist as separate from the group members.

In doing so, it can be hypothesized that the facilitator lost his therapeutic leverage, and as such, this often created a constricting, unstable and unpredictable group atmosphere. This can be illustrated by the responses of V and W.

V puts it as: *"You did not know what Monday would hold: 'Is he going to be alright today or is he not?' In a sense that shaped how that two hours of group was going to be that morning "*. W describes her experience as : *" Don't step out of line today, because I don't know if he can contain it in a way he normally can"*. In light of this, it appears that the group members were uncertain about what to expect and were therefore extremely dependent on the facilitator to determine which direction the group would proceed in.

In addition, the group facilitator appears to have been committed to an authoritarian style of leadership. This implies that he did not seem open to feedback and to being challenged in his role as an authority figure. It would also seem that he favoured an emotionally charged atmosphere. For example, in his role as facilitator, he appeared to have an underlying technique where he would favour confrontation and the expression of emotions that appeared to be intense and labile. It seems as if this leadership style strongly influenced the roles that emerged in the group structure, that is, he appeared to be rigid in his leadership role, and the group members had to follow the direction in which he chose to lead the group. This appears to have contributed to rigid norms and the overall deterioration of group development. Furthermore, it appears to have had far-reaching implications for the type of interaction that occurred in the group, as well as for the qualitative aspects of the group life.

Patterns of Interaction

The commonly identified patterns of interaction, included silence, and the "hot seat" approach to disclosing personal information. One can infer that this could have resulted in premature self-disclosure and experiences of increased or undue anxiety. It would also appear that a 'take-turns' format was established. This was non-interactive. Active interaction and participation was not encouraged. For example, as X reflects: *"There are certain people who did not say a single word, for I would say for the first year"*. While conflict was generated in the group, it was not adequately resolved and it left members experiencing feelings of anxiety, frustration and vulnerability.

This can be illustrated by the response given by Y: *"One of my colleagues decided that confrontation for me - to confront me would be of benefit to me. I threw my toys out the cot. I got arrogant. . . 7 said: 'If you want to know something about me ask me where I am'. . . the facilitator sat back and watched and left it in the air. . . which is very dangerous for me. At the end of the day I think it had a negative impact on me. "*

In addition, from the above response, it is apparent that group members had an overall interaction style of blaming and "scape-goating", while avoiding personal responsibility for their interactions. This can be further illustrated by two different responses, which emphasise the point, i.e. W responds: *"7 think sometimes I felt I wasn 't participating enough because I didn 't have the space to bring my stuff because it was about someone else's crisis - often "*. X, on the other hand, perceived herself as being blamed, and being made the scapegoat, yet resorted to the same interaction style herself. One can see this in the following statement: *"Say whatever is on your mind, but if you dare say what is on your mind -you are in trouble! Then you get blamed for it because you are sabotaging the process "*. Thus, one can infer that trainees were not equipped to deal with and resolve therapeutic paradoxes and double binds. This inability is probably related to the observation that there appeared to be very little room for reflection and feedback.

Personal attacks also appeared to be disguised as feedback. From the responses, it seemed as if the facilitator always initiated the conversation and thus influenced who would participate and what the content of the discussion would be. Based on the abovementioned interaction patterns, one can infer that individuals were not equipped to work with group process. The literature indicates that in order to be an effective facilitator, one should be able to understand, illuminate and reflect on group process (Yalom, 1995). In other words, it would seem that while the trainees were aware of the content of their communications, they did not appear to have explored the 'how' and the 'why' of their interactions, that is, they did not reflect on the meta-communicational aspects of their messages.

Therefore, it would seem plausible to conclude that group members had very little opportunity to learn and understand the principles of effective communication, or to increase their role repertoire. It was apparent that members only concentrated on the emotional issues and beyond that, it was not a group as defined in the literature.

Thus, one can observe how rigidity and "being stuck" were maintained in the group interactions.

Differentiation of Roles

With reference to the roles that various members occupied, it seems that very little differentiation took place, i.e., members remained fixed in their roles. From this, one can infer that individual differences were not tolerated, change and growth were not recognised and acknowledged and there was very little opportunity for group members to shift between integration in the group and individuation. In other words, it would appear that the group was stuck in a repetitive/redundant pattern of role relationships. As such, it seems as if certain ways of behaving became the norm in the group, i.e. certain patterns of interaction appeared to have been prescribed in the group.

Meaningfulness of Group Norms

It would appear that norms of silence and withdrawal were established relatively early in the group, and were closely linked to other norms which can be considered anti-therapeutic. For example, it seems that a lack of trust and safety had a pervasive and negative influence on member participation in the group. One can infer that the facilitator and group members colluded in maintaining these norms. In the process, group members collaborated with each other in an attempt to avoid dealing with the group level issues, which are critical at certain stages of group development. It would appear that certain members' reluctance to disclose personal information about themselves, had a similar effect on others in that they too stopped sharing. Given this pattern, questions around issues of trust and safety seemed to accompany future interactions.

In addition, since the group facilitator seemed to remain fixed in his leadership style, he may inadvertently have discouraged and obstructed free, spontaneous and open interaction amongst group members. As a result, he may have failed to actively shape therapeutic norms in group interactions. Thus, one can infer that such norms may have had a crippling effect on group development.

Group Development

From the responses, it is clear that participants struggled to conceptualize the various stages of group development. Based on this observation, one can infer that trainees were unable to identify and work with group process. Again, it seems as if the group facilitator may have obstructed the natural progression of the group's development. As one of the participant's remarked: "*The process was blocked. . . We discussed it a number of times - where the group wanted to go to a certain topic - the facilitator kept going to another one.*" Perhaps one can hypothesize that the aim was not to equip the group members with facilitation skills.

In addition, since it is apparent that group cohesion was not established, the group may have lacked the resources to generate the energy needed to complete the group's work. From the above interpretations, one can infer that since an authoritarian leadership style prevented spontaneous interaction, it probably prevented the natural leaders within the group from emerging. It is crucial in a group's development that natural leaders be allowed to emerge as this allows the group to deal with critical group level issues such as confrontation and the resolution of conflict, competition and co-operation. As a result, these issues do not seem to have been resolved in this group. In addition, crippling norms may have prevented the group from dealing with issues of authority, intimacy and closeness, separation and individuation. These are critical issues, which the group must face in order for trainees to emerge autonomous and with an increased sense of self-awareness and confidence. Despite this, the participants perceived themselves to have developed and grown through exposure to the group experience.

However, since identifying and working with the issues of the various stages of group development becomes the norm against which individual member's progress can be measured, it would seem that the group process did not permit a standardized and objective means of measuring group development, and by inference, individual development.

Overall Experience

In terms of the overall experience, it was evident that each participant's response was highly subjective. There were manoeuvres to seek validation and acceptance. This suggests that individuals struggled to integrate their training experience in a congruent and critical manner. For example, despite reports of excessive conflict, lack of safety, fear of the evaluation procedure, a lack of trust, and a lack of enjoying the natural benefits of the group, which are all clear indications of a poor quality of group life, individuals perceived themselves to have experienced tremendous gains in the group. In addition, individuals appeared to have experienced the group atmosphere as being emotionally charged and volatile. For example, the group experience was described as being intense. Members often seemed to experience a sense of fear, intimidation, and vulnerability. It did not seem as if these issues were addressed in the group context.

From earlier interpretations, one can see how an authoritarian leadership style, a predominantly rigid interaction style, and a group process that was "stuck", prevented a process whereby members could comment on their feelings spontaneously. Since there was very little space to comment on such issues, one can deduce that such issues were not dealt with, and could possibly have left individuals with unfinished business. One can infer that the discrepancy between that which participants experienced and their perception of their personal growth, may point toward a distortion of the experience. One would have expected that there would be congruency between the experience and the conceptualization of that experience, considering that it was a training context.

Summary of Main Findings

The findings in *this* study can be summarised as follows:

- ❖ Interaction between the group facilitator, the individual member, and the members of the group was identified as being the single most important factor in determining the type of process that unfolded in the group.
- ❖ Leadership qualities and behaviour appeared to influence the qualitative aspects of group life as well as individual and group development.
- ❖ The use of an experiential group in training calls for special consideration of certain factors.

These findings are discussed in the next section in terms of the aims of this investigation.

4.4. Discussion of Research Findings

The purpose of this study was to review the relevant literature in order to describe the principles of group psychotherapy as they manifest in group interaction, and then to compare the subjective experiences of trainee group psychotherapists with the findings from the literature.

In keeping with the objective of this study, i.e. to determine the effectiveness of the experiential group as a medium of training in group psychotherapy, there were two parts to this investigation. The first part of the investigation took place by conducting a literature survey. Hence, the principles of group psychotherapy were described. This was a deductive approach in that conclusions were drawn from the general to the specific, i.e. from the theories of group to the group itself. The second part of the investigation involved using one's inductive reasoning. Thus, one would argue from the specific to the general. Through the 'inductive eyes', the researcher collected as much information as possible about the way members behaved in the experiential group. Therefore, in this section, an attempt is made to integrate both the deductive and inductive understanding of groups and to explain what happened in the group clearly. The explanations/inferences drawn would become the hypotheses of the study.

Thus to generate hypotheses about the effectiveness of an experiential group as a medium of training in group psychotherapy, the researcher made use of an in-depth, qualitative, exploratory research design.

To begin with, it is apparent that the group has phenomena present that only a trained observer would be aware of, i.e. it has structure, norms, goals and roles. In addition, it is also clear that knowledge of group dynamics and group process equips the therapist for the types of conflict and problems which may arise during the developmental stages of the group: it informs him about which problem solving issues may arise and how to cope with them; which functional roles are necessary in order for the group to achieve a specific set of goals (Beck, 1974). These are all group issues, the resolution of which is absolutely essential for the effective functioning of the therapy group.

Viewed from this perspective, the experiential group can be utilised effectively in that it carries the potential to educate experientially while simultaneously exposing trainees to group process and group dynamics (Dies, 1980). However, findings from this study ran contrary to what was predicted in the literature.

A partial explanation for these contradictory findings, could be the observation that the training only focussed on the experiential group, while excluding other components as suggested by theorists such as Shapiro (1978) and Yalom (1995). The core components of training as mentioned in chapter two, include: a personal group experience, supervised practice as a facilitator of a group, observation of a skilled group facilitator, theory, and skill building. It is significant to mention that while Lewin (1940 in Johnson and Johnson, 1975) may have placed particular emphasis on the experiential method, he also insisted that appropriate theory be presented to help members summarise their experience, which would help internalize the concepts of group dynamics and group process. It is argued, that while experience alone is beneficial, it bears little relationship to change.

For example, in an empirical investigation conducted by Yalom, et al (in Yalom, 1995, p.498) it was found that several participants reported that meaning attribution, i.e. the cognitive structuring of information, appeared to be essential. He adds that several ideological explanatory vocabularies seemed useful.

What seemed important was the process of explanation, which in several ways enabled a participant to integrate his/her experience, to generalize from it, and to transport it to other life situations.

In interpreting the results, it is important to understand that since the emphasis was on the emotional experience, it is difficult to clearly evaluate what needs were being met through exposure to the experiential group. For this reason, as a tool for training in group psychotherapy, the experiential group could pose certain unique problems. For example, Bruce-Sanford (1998) also found that there is limited information on models for the experiential preparation of students for leading therapy groups.

He found that several group psychotherapists with an experiential orientation to the training have placed emphasis on different aspects of the principles of group psychotherapy. Several examples are cited in order to illustrate the point: Fromme, Jones and Davis (1974), shared perspectives on experiential training with a focus on ongoing interaction, the communication of feelings, and empathy among group members. It has also been found that Gans, Rutan and Wilcox (1995), Munich (1993), and Lechowicz and Gazda (1976) have all shared components of experiential training designed to enhance leadership skills, sensitize participants to the therapeutic aspects of group, as well as provide support for those in training (in Bruce-Sanford, 1998).

In the opinion of Bruce-Sanford (1998), despite the great potential value of such experiential group training, even if properly orchestrated, there are inherent difficulties in running groups with class members who are acquainted with each other on different levels and who anticipate contact throughout their training program. The argument advanced is that for both group facilitators and for trainees, the experiential process could become an awkward undertaking.

Similar to findings in this investigation, trainees seem to experience a sense of invasion of privacy and worry about future interpersonal interactions.

In addition, trainers could be concerned about evaluative statements or observations that remove the interpersonal boundary in their dealings with trainees. In this investigation, it was found that trainees appeared to approach their training with a great deal of uneasiness and fear. According to Bruce-Sanford, this is understandable because of the unwanted and increased exposure, and even because of concerns about trust and safety issues.

In agreement with the above, Yalom (1995) believes that the group facilitator in a training program should be chosen with great care. His contention is based on the argument that the neophyte therapist feels doubly vulnerable in self-disclosure: at stake is both personal and professional competence. He further presents the view that mere reassurance to the group that the leader will maintain the strictest confidentiality or neutrality is insufficient to deal with this very real concern of the members. Members may feel guarded and restricted by the presence of someone who may play an evaluative role in their careers.

He is of the opinion that the group becomes a far more effective tool for personal growth and training if led by a leader who will play no role in student evaluation. However, there is some controversy surrounding this issue.

Having an outsider facilitate the group implies objectivity. It is argued, that evaluation is a part of the training. It is not an attachment, and as such it is a task that a facilitator cannot avoid. Indeed the very process of psychotherapy involves making value judgements and assessments about the client. In addition, group facilitation is a process. It is not a discrete event, and, in the context of training, it should be viewed as a sign of growth and progress. Furthermore, it is argued, that having a facilitator who is also involved in other areas of training, has its advantages, because it is cost-effective i.e. such an individual would be more aware of the needs of the trainees and of the requirements of the training and would therefore be in a position to integrate this knowledge to the optimal benefit of the group (Baloyi, 2002).

Feiner (1998) also found that while experiential courses often maintain a rather unstructured format for fostering an experiential group process, it is argued, that without standardized course objectives, students are vulnerable to harm, and inadequately prepared for professional demands. Similarly, faculty are provided with insufficient guidelines for instruction. In the study, questions are raised about the ethical integrity of such courses in their current form.

In line with these findings, since the training is unstructured, similar questions about ethical concerns are raised. For example, since it is apparent that emphasis was placed exclusively on the exploration of personal feelings, and by implication on personal growth, it is difficult to determine how this approach could contribute to the trainee being able to function in various settings. In light of the above, and the observation that this group developed a dependent interaction pattern, one can infer that group members had very little opportunity to develop their theoretical understanding of groups, their leadership skills, and their understanding of and working with group process. Feiner (1998) proposes that a developmental approach for training, beginning with didactic tasks and advancing to more experiential tasks, would more effectively uphold ethical principles, provide an outline for comprehensive instruction, and enhance student learning. According to Feiner, comprehensive training synthesizes didactic methods for teaching theory, with experiential methods which allow for developing applied clinical and interpersonal skills, as well as providing opportunity for increased self-awareness. It is also argued, that this combination will inevitably give rise to a closer observance of ethical issues that reflect training practices and professional conduct.

From the findings of this investigation, it was apparent, that while individuals had an inductive, intuitive understanding of group dynamics, their responses showed that they seemed to lack a theoretical understanding of groups. For instance, when asked about the experience of the group, responses indicate that participants spoke about individual people in the group, and their personal and interpersonal dynamics. This implies that they could not conceptualize their experiences in terms of individual member's behaviour patterns as far as relationship, interaction styles, group dynamics and group processes are concerned.

In the literature, it is argued that the dynamics of a group-as-a-whole are different from the dynamics of a collection of individuals. According to Agazarian and Peters (1981, p. 27) differentiating between the two facilitates a way of seeing and explaining the world of group, without which the group therapist is impoverished as a therapist, much as an individual therapist is impoverished when he lacks the conceptual tools to explain individual personality in terms of structure and dynamics. In addition, it is argued that in the therapy group, the therapist must be able to diagnose, analyse and use his interventions, not only as a deliberate influence in relationship to individual patients, but also in a different manner, to the group as a whole. If he cannot do this, he is simply performing individual therapy in the presence of a group of people.

Furthermore, knowledge about the theory of group dynamics and group process provides access to many other compatible constructs in the field of group theory that can help to explain, predict and guide group behaviours in ways that are not available without theory (Agazarian and Peters, 1981).

Nevertheless, at a theoretical level, the current study confirms a number of findings that have previously been reported in the literature. For example, the behaviour of individuals was seen to be heavily influenced by the effects of the group: individuals were behaving as parts or components of the group, not simply as separate individuals (Lewin, 1948 in Agazarian and Peters, 1981). In addition, the constructs of group dynamics are clearly interrelated and reciprocal. For instance, one could examine how the qualitative aspects of the group, such as anti-therapeutic norms, are linked to interaction patterns that can be viewed as ineffective or dysfunctional. This in turn, is related to a group structure where boundaries are not clearly defined, roles are fixed and a group that develops in an aberrant fashion.

It would also appear that leading a therapeutic group is rather complex, and makes special demands on the therapist in terms of his/her preferences and group facilitation skills. It seems that the facilitator's theoretical orientation, personal beliefs and assumptions, as well personal style have far reaching implications for the shape which the training takes.

Yalom (1995, p.498) reported that leadership functions have a clear and striking relationship to outcome - a finding that has considerable relevance for group therapy. In terms of its applicability to this study, it is claimed that when a leader places too much emphasis on emotional stimulation (as was the finding in this study), it results in a highly emotionally charged climate, with the leader pressing for more emotional interaction than the members can integrate. Combined with too little executive function, i.e. a laissez-faire style, this results in an authoritarian, arrhythmic group, which fails to develop a sense of autonomy or a free flowing interaction sequence, as was the case in this investigation. Yalom (1995) argues that a successful leader is one who was moderate in the amount of emotional stimulation provided and in the expression of executive functioning, and high in caring and meaning attribution. Neither alone is sufficient to ensure success.

In relation to the study's second aim, i.e. the exploration of the merits of an experiential group as a tool for training, in group psychotherapy, it can be inferred from the findings of this study, that trainees could possibly have been deprived of enjoying certain natural benefits of the training. They may also have missed out on opportunities to work through certain challenges.

In addition, from the respondents' strong emotional reactions to the semi-structured questionnaire, and as a result of exposure to only one way of training, (i.e. the experiential group), it was clear that the participants could not identify the potential benefits and potential difficulties in undertaking group psychotherapy, as reported in empirical studies. Hull, et al (2000) set out what they believe to be the potential benefits and potential difficulties in undertaking group psychotherapy.

Benefits

- ❖ Experiencing supervision with direct observation of one's own clinical practice
- ❖ Modeling a skilled and experienced group therapist
- ❖ Gaining an understanding of group dynamics
- ❖ Acquiring transferable skills

- ❖ Developing an understanding of stages of the group
- ❖ Increasing one's therapeutic repertoire

Difficulties

- ❖ Exposure of clinical skills to the scrutiny of a more experienced therapist
- ❖ Time commitment: balancing competing demands
- ❖ Fear of exclusion from a highly selective 'closed shop' of psychotherapy
- ❖ Motivation: greater if there are clearly identified goals - benefits of group participation
- ❖ Lack of previous experience and skills

Based on the above, one could conclude that as a group, members in this study may have had limited awareness of and opportunity to identify the factors that could possibly facilitate and/or inhibit their development as group therapists.

In relation to the third aim of this investigation, i.e. the identification of factors that facilitate/inhibit the growth of a group psychotherapist, insufficient data was gathered, which therefore prevents the researcher from making definitive statements about the final aim of this study.

However, another study may offer some useful insights into this area. Frost and Alonso (1993) identified the following factors as being significant: Issues that encourage a positive identification as a therapist

- ❖ Belief in group psychotherapy as an effective modality
- ❖ Economic reasons (i.e. several clients can be seen at the same time)
- ❖ Specific benefits to the therapist

Issues that impede development as a group therapist

- ❖ Therapist's fear of groups
- ❖ Lack of confidence
- ❖ Lack of support
- ❖ Too much effort

From the above, it can be argued that since trainees in this study had very little opportunity to understand how the group could be used as an immensely specific therapeutic tool, they missed the opportunity to understand and utilise the therapeutic potential of the group setting to the full. As a result, it seems as if they are now in-adequately prepared to meet the professional requirements of a group therapist. It would appear that the training did not allow for the development of a solid identity as a group psychotherapist/facilitator. On the other hand, however, one could argue that through exposure to an intense emotional experience, trainees may perhaps have been equipped or sensitized to handling the intense emotional issues that clients will present them with in practice.

Summary and Conclusions

The findings of this investigation would appear to confirm empirical findings that the experiential training method consists of vague guidelines, unclear course objectives and poorly standardised methods of instruction. It would also seem as though this method raises questions regarding the ethical integrity of such training courses, as well as the adequacy of these courses to meet professional demands. Nonetheless, a number of positive findings were reported in the literature regarding the use of an experiential approach to training, in group psychotherapy, provided that certain conditions are met. For instance, it is argued that standardized procedures would help to adequately prepare trainees to meet the professional demands being placed on them and to uphold ethical principles. This finding was however not substantiated in this study.

Instead, in this study, it was found that exposure to the experiential group appeared to be limited and restrictive, and trainees did not have the opportunity to have mastered the necessary skills required to run groups effectively. As a result, the full therapeutic potential of the group was not fully understood and utilised. This is contrary to the call to economize services and to prepare individuals to work in different types of settings. Nonetheless, the suggestion that trainees may have been sensitized to dealing with the emotional issues of clients is a point worthwhile noting.

CHAPTER FIVE

CONCLUSION

The history of mankind is found in the history of organised groups, created to obtain mutual benefits and to find ways of improving the quality of life and satisfying the needs of group members. The quality of a person's life in turn, depends upon the effectiveness of the groups to which he/she belongs, and this effectiveness is largely determined by an individual's group skills and knowledge of group processes. Therefore, it is not surprising that high-quality group psychotherapy training is considered more important than ever in the current mental health care environment.

Hence, the purpose of this study was to describe the principles of group psychotherapy as they manifest in group interaction, and then to compare this with the subjective experiences of trainee group psychotherapists. The first aim of this study, therefore, was to evaluate the experiential group as a valid and reliable representation of group dynamics and group process, and to establish its value as a training aid. While the second aim of the study, involved exploring the merits of an experiential approach to training in group psychotherapy. The third aim of this study was to identify factors that aid/hinder trainee development.

This window into the subjective experience of trainees, uncovered a number of factors that could be considered essential in group psychotherapy training in an academic setting, and which factors are perhaps reflective of other training settings as well. For example, in relation to the role of the group facilitator, it would perhaps be more useful to follow the group process from behind, instead of leading the group from the front. In addition, since trainees' group participation is inhibited due to their concerns about confidentiality, their apparent vulnerability in the training program, and their fears around the evaluation component, this may point towards the need for careful consideration when choosing a group facilitator if an experiential group process is to be fostered (Yalom, 1995). However, there appears to be some controversy surrounding this issue.

For instance, Baloyi (2002) argues that selecting a facilitator who is not involved in the training suggests objectivity, which is contradictory to systemic thinking. This means that the facilitator is always a member of the training system and as such, cannot avoid being involved in the evaluation. Evaluation is a part of the training procedure. In addition, group facilitation is training. It is not an attachment.

Another important factor may lie in differentiating between the therapeutic group and the training group. From the findings in this investigation, it was clear that there was apparent confusion about the benefits of the group experience. It seemed as though individuals interpreted possible therapeutic gains in the group as the acquisition of skills in the training, yet they were unable to clearly conceptualize these experiences in a theoretically sound manner.

Thus, in terms of establishing the validity of the experiential group as a tool for training, in this study, it is confirmed that in theory, the experiential group is a valid and reliable representation of group dynamics and group process. However, establishing its value as a training aid in practice is rather difficult and complex. For example, this study established that an experiential understanding of group process and group dynamics as well as the theoretical understanding and conceptualisation of the special characteristics of groups is absolutely essential in undertaking group psychotherapy and in facilitating a group. From the above, in this study, it can be concluded that the full therapeutic potential of the group was not fully explored and utilised.

Therefore, the use of an experiential group in the training raises questions about the merits of an experiential approach to training. While it can be argued that the members of the group seemed to have benefited therapeutically from their experience in the group, and as a result, have been sensitised to handling the intense emotional issues that clients will present them with in practice, several other concerns call for special consideration.

For example, it can be argued that the exposure to an experiential group is one-sided and limited. In other words, since exclusive emphasis appears to be placed on members' feelings, there is the danger of the human element coming into play. As was the case in this study, the human experience, while unavoidable, left trainees unaware of their blind spot.

In the therapeutic situation, this can be problematic because the therapist can run the risk of losing his/her therapeutic leverage. In this study, it was illustrated how members' experiences of undue anxiety and feelings of vulnerability, had a negative impact on their training because the therapist was perceived to have brought his own personal agenda to the group.

As a result, one can argue that trainees failed to develop a solid identity as a group psychotherapist. One can hypothesise that since trainees did not have the opportunity to explore and reflect on the merits of their experiential group experience, and did not have the conceptual tools to articulate that experience, they did not develop a sense of belief in the therapeutic benefits of the group. Instead, it would appear that feelings of vulnerability, insecurity and intimidation hindered their development as a group facilitator.

In summary, this study suggests that the more un-modulated, affective distress a trainee has to endure, the greater the possibility that the overall training experience will suffer.

Implications of the Study

Some notable themes emerged that have practical implications for the future training of beginning group psychotherapists. For instance, perhaps in the future, trainers should give more careful consideration to the use of the experiential group as a training aid. In this study, it was found that since the purpose of the experiential group was not clearly defined, it could imply that the training program did not value group psychotherapy training, despite the fact that the experiential group did appear to have a secure place in the training. In addition, this finding also demonstrates that preparatory work cannot be over-emphasised and might appropriately include some forecasting of powerful trainee reactions to the group experience. Therefore, it is suggested that there is a need for orientation and preparation. One does not need to speculate about the impact of this in increasing the trainees' belief in, and motivation to use groups as a medium to help individuals in their future careers as group psychotherapists.

In addition, despite findings that the training in this study had a poor outcome, there are indications that group behaviour is predictable, and a better understanding of the group is achievable, if the need for balance between theory and experience is acknowledged. The point is, that meaningful knowledge about how to harness the full therapeutic potential of the group can only be achieved through rigorous training. In other words, this finding highlights the need to incorporate other aspects of training as well.

Findings from the literature indicate that standardized guidelines or core components of training, in group psychotherapy, are available. These, in addition to a personal experiential group experience include: observation of a skilled group psychotherapist, supervised practice of group psychotherapy, theory and skill building as well training in other areas of psychotherapy. It is argued, that this approach would help ensure that the training is standardized, course objectives are more clearly defined and that there is closer observance of ethical standards of practice. In other words, one can predict that trainees would be better prepared for professional demands. This form of training can, indeed, adequately prepare group psychotherapists to function in various contexts. It is believed that they would then be in a position to observe and uphold ethical standards in their practice, and be less likely to expose the individuals they help to a harmful experience. They would be even less likely to perceive themselves as having being placed in a vulnerable position, and they would simultaneously experience the full benefits of their training as a group psychotherapist, while creating a similarly therapeutic atmosphere of mutual benefit for their clients.

However, one has to keep in mind that the findings suggest that it is unadvisable to routinely assume that training is meeting its objectives. The implication this carries is that the training process requires ongoing examination and evaluation and there is a clear need for continuing education and development (Murphy, et al, 1996, p.551).

Limitations of the Study

Certain shortcomings of this study should be acknowledged. These include a small sample size, and since the training was limited to exclusive exposure to one experiential group, one has to exercise caution in generalizing the findings to other groups. In addition, each group is unique, hence one has to be careful when interpreting the results. One also has to keep in mind that results may not necessarily be reflective of the training in general. Furthermore, data was analysed retrospectively. Thus, this study does not claim to have made findings of a hard and fast set of facts, but rather it attempted to explore possible ways of understanding what trainees directly experience in their training, as a source of information.

Recommendations

In light of this study's findings, it is recommended that the information gathered be used as feedback and to assist in developing a model with clear guidelines for training and research. Furthermore, it is proposed that a more comprehensive approach be adopted to the training, in order to make it more relevant to the needs of society, and professionals alike.

It is also recommended that future research efforts focus on developing a valid and reliable tool for the evaluation of the training, in group psychotherapy programs. While the construction of a reliable scale to evaluate group therapy training experiences is a project that awaits research, it is hoped that the present study suggests items that may be useful in designing such a measuring instrument.

FINAL REMARKS

Upon completing this investigation, as a researcher, I find myself in a dilemma. Let me explain. By taking a meta-perspective, the reader would observe that, in essence, this study essentially involved *training about the training**. In other words, research itself is a process of training and in this study, it was about the training in group psychotherapy. This leaves me in a self-recursive feedback loop. The paradox lies in the acknowledgment that training or even psychotherapy for that matter involves a process of evaluating the evaluation.

The objective of this investigation was to evaluate the training. In conducting this research, I am in an unenviable position in that this dissertation has to be evaluated by the system that I have just evaluated. Stated differently, the mark that I obtain would be a reflection of the evaluation of my training of the evaluation of the training!

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APPENDIX

- ❖ Initial questionnaire
- ❖ Questionnaire - Pilot study
- ❖ Consent Form
- ❖ Background Information
- ❖ Open-Ended Questionnaire

INITIAL LIST OF OPEN-ENDED QUESTIONNAIRE

1. How did your experience of the training group to which you belonged, in the academic year 2000, impact on your thinking about groups, behavioral and emotional responses?
2. Does your experience of the group in the academic year 2000 differ significantly from that of 1999'?
3. Elaborate on your response by describing some of the distinguishing characteristics of the two respective groups.
4. Based on your experience of these two groups, what function did the group serve in the training?
5. Is group psychotherapy part of the training? Explain
6. How was the membership of the group decided upon in the two respective years in the training?
7. Describe some of the significant communication patterns that emerged during group interaction.
8. Did the group structure permit feedback and reflection? Elaborate on your answer.
9. Can you distinguish between the norms that were beneficial to the group from those that were potentially harmful to the group
10. In your opinion, what was the common purpose or goal of the group?
11. How did the group arrive at this goal?
12. How was it similar or different from your individual goal?

13. Describe the procedure followed with regard to the contract agreed upon between the members of the group.
14. What role did you prefer to play in the group?
15. How was this role influenced by individual members in the group.
16. Identify and discuss the developmental phases of the group.
17. Were certain roles more distinctive in the group membership than others? Explain further.
18. When did subdivisions/sub-groupings become apparent in the group?
19. How did coalitions and role differentiation impact on the interactions in the group?
20. How did you experience the role of the facilitator?
21. Reflect on the boundaries of interaction between the role of the facilitator and that of the members.
22. Describe and discuss some of the factors which impacted on the level of cohesiveness in your group.
23. How does your group experience influence your future career choice as a group psychotherapist?

PILOT STUDY

INSTRUCTIONS FOR THE EVALUATION OF THE INSTRUMENT

Name _____

You have been requested to participate in this research project because of your experience and knowledge of group psychotherapy. An instrument (open-ended questionnaire) to measure group process as they manifest in the group interaction is being developed by this researcher. Ten open-ended questions have been selected for the semi-structured questionnaire. Please find a copy of the list of questions that were selected for the questionnaire, an explanation of the purpose of the study and a list of the research variables

INSTRUCTIONS

1. Please read each question carefully.

2. Then respond to the four questions that follow each question:
 - a. Is the question clearly stated?

 - b. Is the question related to the variables of the study?

 - c. Is the question focused on eliciting responses related to the principles of group psychotherapy?

d. Is the question based on a behavior that is observable in groups?

These four questions are provided at the end of each question. Answer Yes or No to each response or on the back of the page.

4. Please feel free to make any general comments.

Your agreement to assist in this project is greatly appreciated. The evaluation you make of each question in this instrument will aid this researcher in developing a meaningful tool to be used in the investigation of an experiential approach to training in group psychotherapy.

Thank you for your cooperation.

*Topic: An Investigation into an Experiential Approach to Training in
Group Psychotherapy*

The Purpose of the study

The purpose of the study is to review the relevant literature in order to describe the principles of group psychotherapy as they manifest in group interaction and then to compare the subjective experiences of trainee group psychotherapists with the findings from the literature.

The Aims of the study:

- 1) to generate hypotheses about the use of an experiential group as a medium of training in group psychotherapy;
- 2) to explore the merits of an experiential approach to training in group psychotherapy and;
- 3) to identify factors that facilitate/inhibit the growth of a group psychotherapist. *The*

Variables of the Study are:

1. group psychotherapy as described in the literature
2. individual trainees subjective reports of the experiential group
3. experiential training in group psychotherapy.

A List of Questions Selected for the Open-Ended Questionnaire

1. You have been exposed to a group experience in your training (Masters in Clinical Psychology) at UNISA during the period 1999 - 2000, can you please describe your experience in the group.

Clearly stated? Yes ___ No ___

Related to the variables of the study? Yes ___ No

Elicits responses related to the principles of group psychotherapy? . . . Yes ___ No _

Observable in a group? Yes ___ No

Comments

2. How has your experience in the group contributed to your understanding of group process as a whole? Can you elaborate on your answer?

Clearly stated? Yes ___ No

Related to the variables of the study? Yes ___ No

Elicits responses related to the principles of group psychotherapy? . . . Yes ___ No

Observable in a group? Yes ___ No

Comments

3. Is group psychotherapy part of the training? Explain

Clearly stated? Yes ___ No
Related to the variables of the study? Yes ___ No
Elicits responses related to the principles of group psychotherapy? . . . Yes ___ No
Observable in a group? Yes ___ No

Comments

4. Describe some of the significant communication patterns that emerged during group interaction.

Clearly stated? Yes ___ No ___
Related to the variables of the study? Yes ___ No
Elicits responses related to the principles of group psychotherapy? . . . Yes ___ No _
Observable in a group? Yes ___ No

Comments

5. How did the group interaction influence your participation in activities such as giving and receiving feedback, reflecting on group process and the exploration of personal issues?

Clearly stated? Yes ___ No ___

Related to the variables of the study? Yes ___ No

Elicits responses related to the principles of group psychotherapy? . . . Yes ___ No Observable
in a group? Yes ___ No

Comments

6. Can you describe the norms that developed in the group, and the impact of this on yourself and on the group as a whole?

Clearly stated? Yes ___ No ___

Related to the variables of the study? Yes ___ No

Elicits responses related to the principles of group psychotherapy? . . . Yes ___ No Observable
in a group? Yes ___ No

Comments

7. How would you describe the role that you preferred to play in the group, and can you comment on some of the other roles that could also be identified in the group?

Clearly stated? Yes ___ No ___

Related to the variables of the study? Yes ___ No

Elicits responses related to the principles of group psychotherapy? . . . Yes ___ No

Observable in a group? Yes ___ No

Comments

8. Identify and discuss the developmental phases of the group

Clearly stated? Yes ___ No

Related to the variables of the study? Yes ___ No

Elicits responses related to the principles of group psychotherapy? . . . Yes ___ No

Observable in a group? Yes ___ No

Comments

9. How did you experience the role of the facilitator?

- Clearly stated?..... Yes ___ No
- Related to the variables of the study? Yes ___ No
- Elicits responses related to the principles of group psychotherapy? . . . Yes ___ No
- Observable in a group?..... Yes ___ No

Comments

10. How does your group experience impact on your practice as a group psychotherapist?

- Clearly stated?..... Yes ___ No
- Related to the variables of the study? Yes ___ No
- Elicits responses related to the principles of group psychotherapy? . . . Yes ___ No
- Observable in a group?..... Yes ___ No

Comments

CONSENT FORM

DECLARATION OF CONFIDENTIALITY

This document serves as confirmation that I..... am under no obligation to participate in the research, which will be conducted by Ms. N. Sewpershad. I have decided at my own free will to participate. This is however done in the knowledge and in agreement that my identity will remain strictly confidential if the research is to be used for any other purposes. I have been informed that a pseudonym will be assigned to me, in order to ensure that my identity will remain anonymous for all intents and purposes.

I have been made aware that it will be an individually conducted interview and I have no objection to it being tape-recorded.

Signed at..... on2001

Respondent.....

Researcher.....

Witness.....

BACKGROUND INFORMATION

A. Demographic Details:

Full Name _____

Postal Address _____

Postal Code _____

Gender: Male/Female

(Please place a tick next to applicable response)

Home Language _____

What is your ethnic origin? _____

Marital Status _____

(Please place a tick next to applicable response)

Single

Presently married since

Previous marriage (s)

Please specify your occupation prior to the year 1999.

How old were you when you were selected for the training (MA Clinical Psychology)?

B. Additional Experience with Groups

Have you had previous training in group psychotherapy? Yes/No _____

(Please place a tick where applicable)

If yes, please provide a brief description of the nature of the training.

Have you had any previous experience in working with groups? Yes/No _____

(Please place a tick where applicable)

If yes, please give a brief description of this work

Were you a member of any other group(s) (outside of the group setting in the training)? Yes/No

(Please tick where applicable) _____

If yes, please furnish the details of the purpose of this group meeting, and the nature of your involvement _____

How old were you when you were selected for the training (MA Clinical Psychology)?

B. Additional Experience with Groups

Have you had previous training in group psychotherapy? Yes/No _____

(Please place a tick where applicable)

If yes, please provide a brief description of the nature of the training

Have you had any previous experience in working with groups? Yes/No _____

(Please place a tick where applicable)

If yes, please give a brief description of this work

Were you a member of any other group(s) (outside of the group setting in the training)? Yes/No

(Please tick where applicable)

If yes, please furnish the details of the purpose of this group meeting, and the nature of your involvement

Open-Ended Questionnaire

1. You have been exposed to a group experience in your training (i.e. Masters in Clinical Psychology) at UNISA during the period 1999 - 2000, can you describe your overall experience of this training. What were some of the highlights or low points of the group psychotherapy training?
2. As a recipient of the training, which method of training in group psychotherapy would be more effective in transferring the skills required to understand group process? Why?
3. Should group psychotherapy be part of the training? Justify your response
4. Describe some of the significant communication patterns that emerged during group interaction.
5. What in the group influenced your participation in activities such as giving and receiving feedback, reflecting on group process and the exploration of personal issues?
6. Can you describe the norms that developed in the group, and based on your experience, how do you feel about the way in which the norms were developed?
7. Can you comment on your preferred role in the group and on some of the other roles which developed in the group? How did you feel these roles were handled, and if it could be handled differently, how would do you it?
8. Identify and discuss the developmental phases of the group
9. In your opinion, how would you describe an effective facilitator, and how does this differ from your experience of the role of the facilitator in the group?
10. Looking back at your training, in terms of the skills you acquired, can you function as an effective group facilitator? In terms of room for improvement in the group psychotherapy training, are there any skills to be improved upon, and can you identify other areas which could also be developed?

