



Psicologia dei Gruppi e delle Relazioni Sociali

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Lesson: 17 - (1/4)

Title: **Groups and Change**

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Lesson 17 Outline

- ***Group Approaches to Change***
 - *Group Psychotherapy*
 - *Interpersonal Learning Groups*
 - *Support Groups*

- ***Sources of Change in Groups***
 - *Universality and Hope*
 - *Social Learning*
 - *Group Cohesion*
 - *Disclosure and Catharsis*
 - *Altruism*
 - *Insight*

The usefulness of groups is nowhere more apparent than when groups are used to help their members change. Groups, by their very nature, provide their members with information, support, and guidance, and so many personal and interpersonal problems can be resolved more readily when confronted in a group rather than alone.





Group and Change

The idea that a group can be used for therapeutic purposes is not a new one. For centuries, people have sought help from groups in religious rites, community ceremonies, and tribal sessions intended to help those suffering from both physical and psychological problems.

These palliative and therapeutic effects of groups were rediscovered by practitioners in the early years of the 20th century when physicians began to use them to help their patients better manage their illnesses (Pratt, 1922).

At first, they used groups to increase efficiency, but practitioners soon realized that their patients were benefiting from the groups themselves. Members supported each other, shared nontechnical information about their illnesses and treatment, and seemed to appreciate the opportunity to express themselves to attentive and sympathetic listeners.

In time the veracity of Kurt Lewin's law of change became widely recognized: "It is usually easier to change individuals formed into a group than to change any one of them separately" (1951, p. 228).

Lewin's law of change

Basic principle of attitude and behavioral change, proposed by Kurt Lewin, stating that individuals are more easily changed when they are part of a group.



Group and Change

Group approaches to change

People join groups to solve many different kinds of problems. Some want to get rid of something—weight, sadness, irrational thoughts, or overwhelming feelings of worthlessness and despair. Others are seeking something—new skills and outlooks, insight into their own characteristics, or a new repertoire of behaviors they can use to improve their relationships with others. Still others seek the strength they need to resist an addiction or obsession—the temptation to drink alcohol, use drugs, or batter their spouses.

TABLE 16.1 Ways Groups Are Used as Agents of Personal and Interpersonal Change

Type	Basic Goal	Leader	Examples
Psychotherapy group	Improve psychological functioning and adjustment of individual members	Mental health professional: psychologist, psychiatrist, clinical social worker	Psychoanalytic and Gestalt groups, psychodrama, interpersonal, cognitive–behavioral group therapy
Interpersonal learning group	Help members gain self-understanding and improve their interpersonal skills	Varies from trained and licensed professionals to untrained laypersons	T-groups, encounter groups, seminars and workshops
Support group	Help members cope with or overcome specific problems or life crises	Usually a volunteer layperson; many groups do not include a leadership position	Alcoholics Anonymous, Grow (a group for ex-mental patients), support groups for caregivers



Group and Change

Group approaches to change

The variety of change-promoting groups reflects the variety of individuals' goals. The group formats devised by early psychologists and physicians have evolved into today's jogging and fitness clubs; consciousness-raising groups; support groups for parents, children, grandparents, and ex-spouses; workshops and leadership seminars; marriage and family counseling groups; religious retreats; selfhelp groups; psychotherapy groups; and so on.

- These groups, despite their many varieties, all help individuals to achieve goals that they cannot reach on their own (DeLucia-Waack & Kalodner, 2005).
 - **Psychotherapy groups**, for example, help people overcome troublesome psychological problems.
 - **Interpersonal learning groups** help individuals gain self-understanding and improve their relationships with others.
 - **Support groups**, or self-help groups, are voluntarily formed groups of people who help one another cope with or overcome a common problem.

But not all change-promoting groups fall neatly into one and only one of the three categories shown in previous figure.

- Many support groups, for example, are formed and organized by health care professionals, but they nonetheless have many of the other properties of member-led groups (Schubert & Borkman, 1991).

Group and Change

Group approaches to change

Psychotherapy Group

(or group psychotherapy)

Individuals seeking treatment for a psychological problem who meet as a group with a trained mental health professional.

Interpersonal Learning Group

A group formed to help individuals extend their self-understanding and improve their relationships with others (e.g., experiential group, growth group).

Support Group

(or self-help group)

A group of people who meet regularly to help one another cope with or overcome a problem they hold in common.



Group and Change

Group approaches to change

Group Psychotherapy

The therapists who worked with the group were trained to help people overcome psychological and personal problems. They frequently worked with clients in one-on-one psychotherapy sessions, but they also treated some of their clients “in groups, with the group itself constituting an important element in the therapeutic process” (Slavson, 1950, p. 42).

When such groups were initially proposed, skeptics questioned the wisdom of putting people who were suffering from psychological problems together in one group.

- ❖ *How, they asked, could troubled individuals be expected to cope in a group when they had failed individually?*
- ❖ *How could the therapist guide the therapeutic process in a group?*
- History, however, has proved the skeptics wrong. Group psychotherapy is currently used to treat all types of psychiatric problems, including addictions, thought disorders, depression, eating disorders, post-traumatic stress disorder, and personality disorders (Barlow, Burlingame, & Fuhriman, 2000; Kanas, 1999).

Group and Change

Group approaches to change

Group Psychotherapy

Group therapists vary widely in theoretical orientation.

Some, for example, are primarily psychoanalytic in orientation, for their basic approach is based on Sigmund Freud's therapeutic principles.

Others, in contrast, adopt a more interpersonal perspective that stresses the exploration of the social processes that unfold in the group. But most group therapists are eclectic—they draw on any number of perspectives as they work with the group (Ettin, 1992).





Group and Change

Group approaches to change

Group Psychoanalysis

- ❖ **For many people the psychoanalytic interview**—complete with a notetaking therapist and a free-associating client reclining on a comfortable couch— **is the prototypical psychotherapy session.**
- ❖ **In multiple sessions the client talks in detail about such concerns as early life experiences, current problems and difficulties, dreams, worries, and hopes, and the therapist provides interpretations and directions** that help the client recognize the meaning of these materials.
- ❖ As the relationship between the therapist and client becomes more intense, the **client unconsciously transfers feelings for and thoughts about others to the therapist**, and the therapist can use this transference to help the client understand their relations with others.
- ❖ With time, the **client develops healthy insight into unresolved conflicts that had been repressed in the unconscious mind** (Langs, 1973).

But Sigmund Freud's psychoanalysis also generated the first group therapy: group psychoanalysis.



Group and Change

Group approaches to change

Group Psychoanalysis

But in Group Psychology and the Analysis of Ego, Freud (1922) recognized that **groups**, in many cases, **become an unconscious means of regaining the security of the family**.

- Some have suggested that **Freud himself practiced group psychoanalysis when he and his students met to discuss his theories and cases** (Kanzer, 1983; Roth, 1993).
- ❖ In such groups, the **therapist is very much the leader**, for he or she directs the group's discussion during the session, offers interpretations, and summarizes the group's efforts.
- ❖ Just as the goal of individual therapy is the gradual unfolding of repressed conflicts, **in group therapy, as members talk about their memories, fantasies, dreams, and fears, they will gain insight into their unconscious motivations**.
- ❖ Freud believed that **therapy stimulates transference**— patients transfer wishes, fantasies, and feelings associated with the significant people in their lives to the therapist.



Group and Change

Group approaches to change

Group Psychoanalysis

Group psychoanalysis also stimulates transference, but in a group, the therapist and the other group members are included in the process.

Members may find themselves reacting to one another inappropriately, but their actions, when examined more closely, may parallel the way they respond to people they know in their everyday lives.

In the therapy group, for example, clients are demonstrating transference when they accidentally call their male therapist Dad, display anger at another member who seems to challenge them, or confess that they want to be mothered by one of the older female group members. Some therapists are more fully Freudian in their orientation than others, but rare is the therapist who does not deal with transference processes, the interpretation of fantasies or dreams, familial tensions, and other latent conflicts during a group session.



Group and Change

Group approaches to change

Group Psychoanalysis

An approach to group therapy that is grounded in Sigmund Freud's method of treatment, and so includes a directive therapist who makes use of free association, interpretation, and transference processes.

Transference

The displacement of emotions from one person to another during the treatment, as when feelings for a parent are transferred to the analyst or feelings about siblings are transferred to fellow group members.



Group and Change

Group approaches to change

Gestalt Groups and Psychodrama

Fritz Perls, the founder of Gestalt therapy, frequently conducted his therapeutic sessions in groups rather than with single individuals. Perls drew his theoretical principles from Gestalt psychologists, who argued that perception requires the active integration of perceptual information.

The word Gestalt, which means both “whole” and “shape,” suggests that we perceive the world as unified, continuous, and organized.

Like Freud, Perls assumed that people often repress their emotions to the point that unresolved interpersonal conflicts turn into “unfinished business.”

- Perls, however, believed that people are capable of selfregulation and great emotional awareness, and he used therapy to help patients reach their potential (Perls, 1969; Perls, Hefferline, & Goodman, 1951).

Gestalt Group Therapy

An approach to group therapy in which clients are taught to understand the unity of their emotions and cognitions through a leader-guided exploration of their behavior in the group situation

Group and Change

Group approaches to change

Gestalt Groups and Psychodrama

Frequently interaction takes place among group members, with the therapist actively orchestrating the events. Many group therapists make use of unstructured interpersonal activities, such as the “**hot seat**” or the “**empty chair**,” to stimulate members’ emotional understanding.

- ❖ When using the hot seat, one person in the group sits in the center of the room and **publicly works through his or her emotional experiences**.
- ❖ The empty chair method involves **imagining that another person or a part of oneself is sitting in an empty chair and then carrying on a dialogue with that person**.
- These techniques, when properly applied, often **elicit strong emotional reactions among members, but Gestalt therapists resist offering interpretations to their patients** (Goulding & Goulding, 1979; Greve, 1993).



Group and Change

Group approaches to change

Gestalt Groups and Psychodrama

Psychodrama, developed by Jacob Moreno (1934), also makes use of exercises to stimulate emotional experiences in group members.

Moreno believed that the interpersonal relations that developed in groups provided the therapist with unique insights into members' personalities and proclivities, and that by taking on roles, the members become more flexible in their behavioral orientations.

- ❖ He made his sessions more experientially powerful by developing psychodrama techniques. When role playing, for example, members *take on the identity of someone else and then act as he or she would in a simulated social situation.*
- ❖ *Role reversal involves playing a role for a period of time before changing roles with another group member.*
- ❖ *Doubling is the assignment of two group members to a single role, often with one member of the pair playing him- or herself.*
- Moreno believed that *psychodrama's emphasis on physical action was more involving than passive discussion*, and that the drama itself helped members overcome their reluctance to discuss critical issues (Kipper, 2006; Kipper & Ritchie, 2003; Rawlinson, 2000).

Psychodrama

A therapeutic tool developed by Jacob Moreno that stimulates active involvement in the group session through role playing.



Lesson: 17 – (2/4)

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Group and Change

Group approaches to change

Interpersonal Group Psychotherapy

An interpersonal approach to psychological disturbances assumes that many psychological problems, such as depression, anxiety, and personality disorders, can be traced back to social sources—particularly, interactions with friends, relatives, and acquaintances. Rather than searching for psychodynamic causes, interpersonal theorists assume that maladaptive behavior results from “an individual’s failure to attend to and correct the self-defeating, interpersonally unsuccessful aspects of his or her interpersonal acts” (Kiesler, 1991, pp. 442–443).

Many group therapists, recognizing the social basis of psychological problems, use the group setting to help members examine their interpersonal behavior.

Irvin Yalom’s interpersonal group psychotherapy (also called interactive group psychotherapy or process groups), **Therapy groups, as groups, display a full array of group dynamics, including social influence, structure, conflict, and development. The therapist takes advantage of the group’s dynamics to help members learn about how they influence others and how others influence them.** Members do not discuss problems they are facing at home or at work, but instead focus on interpersonal experiences within the group—the here and now rather than the then and there.

Yalom’s process approach assumes that, during the course of the group sessions, each member’s unique interpersonal pathologies will begin to express themselves, providing an opportunity to review these limiting tendencies and offer suggestions for ameliorating them. (Yalom, with Leszcz, 2005).

Interpersonal Group Psychotherapy

An approach to the treatment of psychological, behavioral, and emotional problems that emphasizes the therapeutic influence of interpersonal learning.

Group and Change

Group approaches to change

Cognitive– Behavioral Therapy Groups

Some therapists, rather than searching for the cause of the problematic behavior in unseen, unconscious conflicts or interpersonal transactions, take a behavioral approach to mental health.

This approach assumes that problematic thoughts and behaviors are acquired through experience, so behavior theory teaches people to exhibit desirable cognitions and behaviors but seeks to extinguish undesirable cognitions and behaviors.

Cognitive–behavioral therapy groups use these principles with two or more individuals (Emmelkamp, 2004).

A cognitive-behavioral approach, for example, may:

- ❖ *ask members to identify the thoughts that are triggered by their memory of their experiences* and then provide them with the cognitive and behavioral skills they need to control those reactions
- ❖ The therapist may *ask the group members to focus their attention on the accident, and then to share their reaction with the others in the group.*
- ❖ When members report experiencing dysfunctional ideation— such as “I wonder why I survived and others didn’t?” or “I wonder if I deserve to live”—then the *leader guides the group through the disputation of such thoughts.*
- ❖ *The leader might also model, with the group members assisting, methods of emotional and cognitive self-regulation* such as mood monitoring, relaxation, and thought-stopping (Hollon & Beck, 2004).



Group and Change

Group approaches to change

Cognitive- Behavioral Therapy Groups

A group format interfaces seamlessly with the process-structuring methods used in behavioral treatments. In many cases therapists follow a series of standard procedures before, during, and after the group intervention.

- ❖ ***Prior to treatment, they can observe the reactions of each member to the group to index the degree of functioning prior to any intervention.*** Pretherapy reviews, in which the therapist reviews the theories and procedures that sustain the intervention, can be carried out in a psychoeducational group setting, and through discussion the members can clarify their expectations and goals.
- ❖ ***Therapists can also use public commitment to these goals to enhance the binding strengths of a behavioral contract*** that describes in objective terms the goals the group members are trying to achieve.
- ❖ ***During the therapeutic sessions themselves, the cognitive-behavioral group therapist can capitalize on the presence of multiple actors to magnify the effects of modeling, rehearsal, and feedback.*** Members of the group can be asked to demonstrate particular behaviors while the group members observe, providing members with the opportunity to practice particular skills themselves.
- ❖ ***Later, during a feedback phase the leader offers reassurance and praise, and members add their support and encouragement*** (e.g., Franklin, Jaycox, & Foa, 1999; Whittal & McLean, 2002).

Cognitive-Behavioral Therapy Group

The treatment of interpersonal and psychological problems through the application of behavioral principles in a group setting.



Group and Change

Group approaches to change

Interpersonal Learning Groups

Many psychologists are united in their belief that the human race too frequently fails to reach its full potential. Although human relationships should be rich and satisfying, they are more often than not superficial and limiting.

People are capable of profound self-understanding and acceptance, yet most people are strangers to themselves. These limitations are not so severe that the help of a psychotherapist is needed, but people's lives would be richer if they could overcome these restraints.

Lewin was one of the first to suggest using small groups to teach people interpersonal skills and selfinsight. Lewin believed that groups and organizations often fail because their members are not trained in human relations.

- He therefore recommended ***close examination of group experiences to give people a deeper understanding of themselves and their groups' dynamics.*** Other theorists expanded on this basic idea, and by 1965, the human potential movement was in high gear (Back, 1973; Gazda & Brooks, 1985; Lakin, 1972).



Group and Change

Group approaches to change

Training Groups (T-Groups)

How can people learn about group dynamics?

Lewin argued that good group skills are most easily acquired by directly experiencing human relations. Hence, he developed specialized training groups, or T-groups.

... Lewin realized that everyone in the group was benefiting enormously from the analysis of the group's processes and dynamics (Highhouse, 2002).

One of the most noteworthy aspects of T-groups is their lack of structure. Although, from time to time, the trainees might meet in large groups to hear lectures or presentations, most of the learning takes place in small groups. Even though the group includes a designated leader, often called a facilitator or trainer, this individual acts primarily as a catalyst for discussion rather than as a director of the group.

Indeed, during the first few days of a T-group's existence, group members usually complain about the lack of structure and the ambiguity, blaming the trainer for their discomfort.

Group and Change

Group approaches to change

Training Groups (T-Groups)

This ambiguity is intentional, however, for it shifts responsibility for structuring, understanding, and controlling the group's activities to the participants themselves.

- ❖ *As the group grapples with problems of organization, agenda, goals, and structure, the members reveal their preferred interaction styles to others. They also learn to disclose their feelings honestly, gain conflict reduction skills, and find enjoyment from working in collaborative relationships.*
- Although the longterm effectiveness of T-groups is still being debated, **training groups continue to play a key role in many organization development interventions** (Bednar & Kaul, 1979; Burke & Day, 1986; Kaplan, 1979; see Moreno, 1953, for a completely different historical perspective on the development of interpersonal skill training).

Training Group or T-group

A skill development training intervention in which individuals interact in unstructured group settings and then analyze the dynamics of that interaction.



Lesson: 17 – (3/4)

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Group and Change

Group approaches to change

Growth Groups

The T-group was a precursor of group techniques designed to enhance spontaneity, increase personal growth, and maximize members' sensitivity to others.

- As the purpose of the group experience shifted from **training** in group dynamics to **increasing sensitivity**, the name changed from T-group to sensitivity training group, or encounter group (Johnson, 1988; Lieberman, 1994).

The humanistic therapist Carl Rogers (1970) was a leader in the development of encounter groups.

Rogers believed that most people come to experience a loss of self-regard because their needs for approval and love are rarely satisfied. Rogers believed that the encounter group helps people restore their trust in their own feelings, their acceptance of their most personal qualities, and their openness when interacting with others.

“Rogerian” therapists focus on emotions and encourage members to “open up” to one another by displaying their inner emotions, thoughts, and worries. Recognizing that the group members probably feel insecure about their social competencies, therapists are sources of unconditional positive regard—meaning that they avoid criticizing group members if possible.

- Rogers believed that group members, in the security of the group, would drop their defenses and facades and encounter each other “authentically” (Page, Weiss, & Lietaer, 2002).
-



Group and Change
Group approaches to change

Sensitivity Training Group

An unstructured group designed to enhance spontaneity, increase personal awareness, and maximize members' sensitivity to others.

Encounter Group

A form of sensitivity training that provides individuals with the opportunity to gain deep interpersonal intimacy with other group members.



Group and Change

Group approaches to change

Structured Learning Groups

Both T-groups and encounter groups are open-ended, unstructured approaches to interpersonal learning. Members of such groups follow no agenda; they examine events that unfold spontaneously within the confines of the group itself, and give one another feedback about their interpersonal effectiveness when appropriate.

Structured learning groups, in contrast, are planned interventions that focus on a specific interpersonal problem or skill.

- ❖ ***Integrating behavioral therapies with experiential learning***, the group leaders identify specific learning outcomes before the sessions.
- ❖ ***They then develop behaviorally focused exercises that will help members practice these targeted skills.***
 - During assertiveness training, group members might practice saying no to one another's requests.
 - In a leadership training seminar, group members may be asked to role-play various leadership styles in a small group.

These exercises are similar in that they actively involve the group members in the learning process.



Group and Change

Group approaches to change

Structured Learning Groups

- ❖ The leader begins with a brief orientation session, in which he or she reviews the critical issues and focuses members on the exercise's goals.
- ❖ Next, the group members experience the event or situation by carrying out a structured group exercise.
- ❖ When they have completed the exercise, the members engage in a general discussion of their experiences within the group. This phase can be open-ended, focusing on feelings and subjective interpretations, or it, too, can be structured through the use of questioning, information exchange procedures, or videotape recording.
 - This discussion phase should blend into a period of analysis, during which the consultant helps group members to identify consistencies in their behavior and the behaviors of others. In many cases, the consultant guides the group's analysis of underlying group dynamics and offers a conceptual analysis that gives meaning to the event.
- ❖ The interpersonal learning cycle ends with application, as the group members use their new-found knowledge to enhance their relationships at work and at home.

Structured Learning Group

A planned intervention, such as a workshop, seminar, or retreat, focusing on a specific interpersonal problem or skill.

Group and Change

Group approaches to change

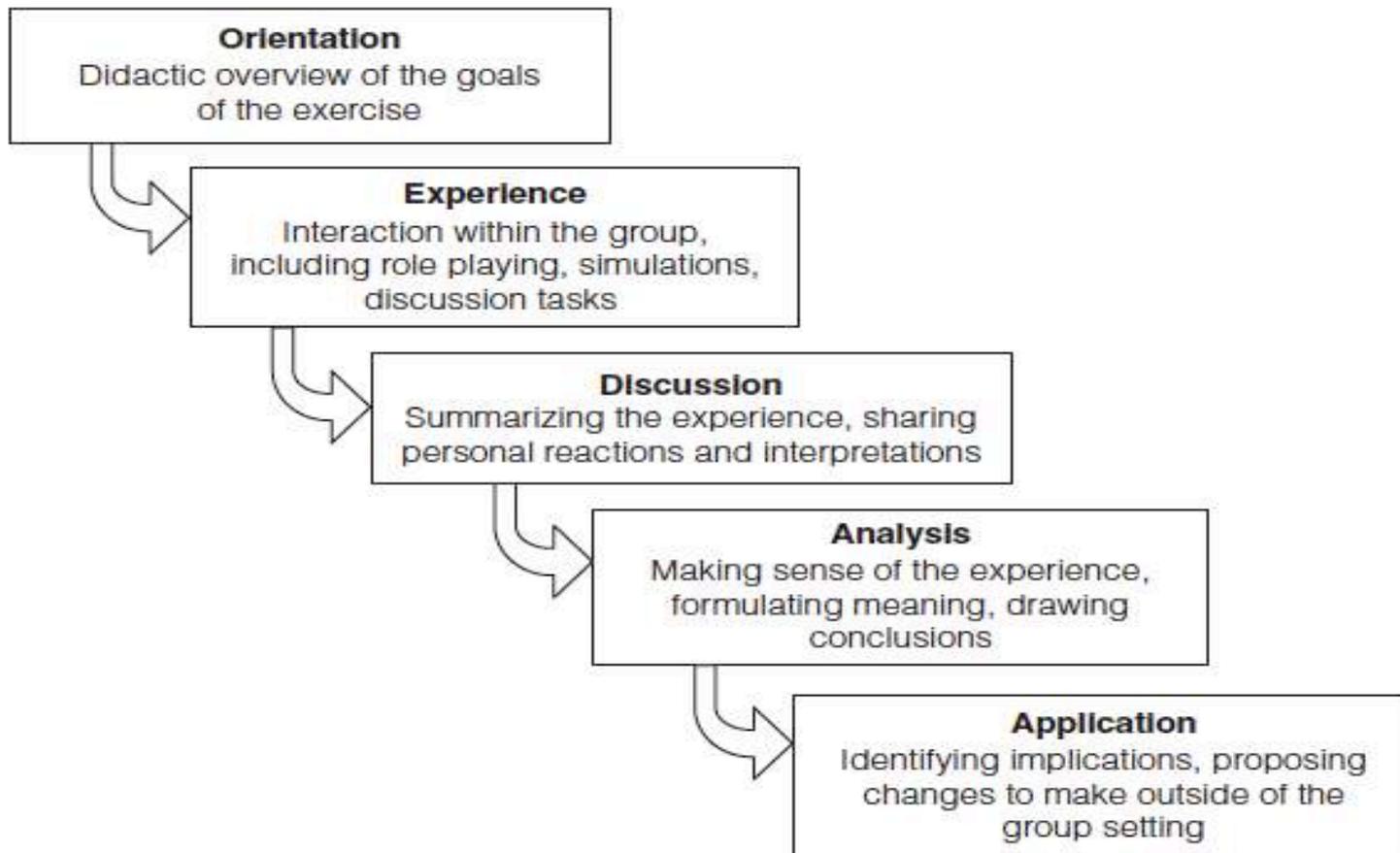


FIGURE 16.1 The experiential learning cycle.



Group and Change

Group approaches to change

Support Group

Instead of seeking help from a mental health professional, the men and women could also have joined a support group—a voluntary group whose members share a common problem and meet for the purpose of exchanging social support.

Support groups, also known as self-help groups or mutual aid groups, exist for nearly every major medical, psychological, or stress-related problem.

- There are groups for sufferers of heart disease, cancer, liver disease, and AIDS; groups for people who provide care for those suffering from chronic disease, illness, and disability; groups to help people overcome addictions to alcohol and other substances; groups for children of parents overcome by addictions to alcohol and other substances; and groups for a wide variety of life problems, including groups to help people manage money or time.
- The groups meet at a wide variety of locations in the community, including churches, schools, universities, and private homes. They also meet, in some cases, via computer connections to the Internet.
- Internet support groups provide individuals with advice, support, and information 24 hours a day, 7 days a week (Goodman&Jacobs, 1994;Katz, 1993; Levy, 2000).



Group and Change
Group approaches to change

TABLE 16.2 Varieties of Self-Help Groups

Type of Group	Examples
Addictions	Alcoholics Anonymous, Gamblers Anonymous, TOPS (Take Off Pounds Sensibly), Weight Watchers
Family and life transitions	In Touch (for parents of children with mental handicaps), Adult Children of Alcoholics, Al-Anon
Mental and physical health	The Bell's Palsy Network, CARE (Cancer Aftercare and Rehabilitation Society), Recovery, Inc. (for recovering psychotherapy patients), Reach to Recovery (for breast cancer patients)
Advocacy	Campaign for Homosexual Equality, Mothers Against Drunk Driving (MADD), the Gay Activists' Alliance



Group and Change

Group approaches to change

Support Group

No two support groups adopt identical procedures and structures, but most focus on a specific problem, encourage members to form personal relations with one another, and stress mutuality in helping. Some qualities of support groups are as follows:

- ❖ **Problem-specific:** Unlike general therapeutic groups or social groups, support groups usually deal with one specific type of medical, psychological, stress-related, or social problem. The members face a common predicament, so they are “psychologically bonded by the compelling similarity of member concerns” (Jacobs & Goodman, 1989, p. 537).
- ❖ **Interpersonal:** Support groups tend to be personally and interpersonally involving. Even though individuals’ identities are often masked within such groups (e.g., Alcoholics Anonymous), members nonetheless establish personal relationships with one another that might continue outside of the confines of the group (unlike in psychotherapy groups).
- ❖ **Communal:** Most support groups develop a strong sense of community and sharing within the group. Members of the group draw support and encouragement from the group, but they are also expected to provide support and encouragement to others within the group. Each person, then, is both a provider and a recipient of help and support. The primary determinant of status in such groups is experience with the problem. Most support groups include veteran individuals who have more knowledge and experience with both the problem and with the means of dealing with the problem, and these individuals serve as role models for others.



Group and Change

Group approaches to change

Support Group

- ❖ **Autonomous:** *Self-help groups usually charge little in the way of fees, for in most cases they are not operated by health care professionals. In fact, they often stand in contrast to more traditional forms of treatment, for they arise spontaneously because their members' needs are not being satisfied by existing educational, social, or health agencies.*
- ❖ **Perspective-based:** *Support groups' independence from more traditional approaches is also manifested in their adoption of a novel perspective with regard to their problem domain. A grief group may adopt fervently a particular model of the stages of grieving, and base its interventions and recommendations on that perspective. A support group for alcoholics may maintain that recovery is never permanent, and so one must abstain from all forms of alcohol to overcome the addiction. These perspectives may not be complex, nor are they always explicitly recognized by members, but in many cases the group's perspective on its affliction may become the centerpiece of the group's discussions, with new members urged to adopt the group's worldview as a means of coping effectively with the problem*



Group and Change

Source of Change in Groups

Group approaches to change, despite their wide variations in method, structure, and procedure, have certain key elements in common (Ingram, Hayes, & Scott, 2000).

Some of these common therapeutic factors are equivalent to the change-promoting forces that operate in individualistic, one-on-one therapies, but others are unique to group approaches to change.

- All therapies, for example, help clients gain self-insight, but only group approaches stimulate interpersonal comparisons and provide members with a forum for practicing their interpersonal skills.
- All therapies provide clients with support and help, but in groups, members are also sources of help rather than only recipients.
- Some factors promoting the change, such as giving hope to group members, are more influential during the early stages of the group's history, whereas others become more potent with time (e.g., self-insight).
- Some focus on cognitive processes, whereas others promote changes in behavior directly.

But all these processes combine to generate changes in group members' adjustment and well-being (see Yalom with Leszcz, 2005, for a thorough review of empirical studies of these therapeutic factors).



Group and Change

Group approaches to change

Universality and Hope

Frequently survivors coped with their physical injuries, their fears, and their grief. In unguarded moments, they may have flashed back to the accident and psychologically relived their loss—so vividly that they may have questioned their own sanity.

When suffering alone, individuals may not realize that their feelings and experiences are relatively common ones. But when surrounded by other people who are suffering similarly, members recognize the universality of the problems they face.

- Research confirms that ***when people are with others who face similar problems or troubling events, they feel better, in terms of self-esteem and mood, than when they are with dissimilar people*** (Frible, Platt, & Hoey, 1998).
- This collective sharing is best illustrated by the AA “hello” ritual: Everyone at an AA meeting publicly states, “I am an alcoholic,” and this ***public declaration reassures all the other participants that their problem is shared by others.***
- Yalom (with Leszcz, 2005) believes that this ***collective process results in the “installation of hope” in members, and research confirms that group-derived hope contributes to well-being, life satisfaction, and inspiration*** (Cheavens et al., 2006).
- ***Groups that are designed so that they elevate members’ sense of hope tend to be more powerful agents of change than groups that use other procedures*** (e.g., Worthington et al., 1997).



Group and Change

Group approaches to change

Universality and Hope

These therapeutic gains may be due, in part, to group members' tendencies to compare themselves to other members—the process of social comparison.

- Even when *the group includes individuals who are experiencing particularly negative outcomes, these individuals can serve as targets for downward social comparison*. Such comparisons *reduce group members' own sense of victimization and can raise their overall sense of self-esteem* (Wills & Filer, 2000).
- The group *may also include individuals who are coping well with many difficulties, and these upward social comparison targets can encourage members by symbolizing the possibility of progress* (Buunk, Oldersma, & De Dreu, 2001; Taylor & Lobel, 1989).
- *Although successful group members—the fellow cancer survivor who is in complete remission, the AA member who has stayed sober for three years, or the caregiver who is managing to care for her elderly mother and still attend college—may make some group members feel like failures, they also provide a standard for future gains* (Tennen, McKee, & Affleck, 2000).



Group and Change

TABLE 16.3 Factors That Promote Change in Groups

Factor	Definition	Meaning to Member
Universality	Recognition of shared problems, reduced sense of uniqueness	We all have problems.
Hope	Increased sense of optimism from seeing others improve	If other members can change, so can I.
Vicarious learning	Developing social skills by watching others	Seeing others talk about their problems inspired me to talk, too.
Interpersonal learning	Developing social skills by interacting with others	I'm learning to get along better with other people.
Guidance	Offering and accepting advice and suggestions to and from the group	People in the group give me good suggestions.
Cohesion and support	Comfort, confirmation of feelings; acceptance	The group accepts, understands, and comforts me.
Self-disclosure	Revealing personal information to others	I feel better for sharing things I've kept secret for too long.
Catharsis	Releasing pent-up emotions	It feels good to get things off my chest.
Altruism	Increased sense of efficacy from helping others	Helping other people has given me more self-respect.
Insight	Gaining a deeper understanding of oneself	I've learned a lot about myself.

Therapeutic Factor

An aspect of group settings that aids and promotes personal growth and adjustment; includes such factors as the installation of hope, universality, providing information, altruism, and interpersonal learning



Lesson: 17 - (4/4)

Title: **Groups and Change**

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Group and Change

Group approaches to change

Social Learning

When an individual who is striving to change meets with one other person—whether a trained therapist, counselor, friend, or relative—he or she can discuss problems, identify solutions, and receive support and encouragement. But even in the most therapeutic of dyads, the individual shares perspectives, feedback, guidance, acceptance, and comfort with only one other person.

A larger group, with its multiple members, is richer in terms of its interpersonal and therapeutic resources. Within the social microcosm of the small group, individuals experience a fuller range of interpersonal processes, including feedback about their strengths and weaknesses, pressure to change behaviors that other members find objectionable, role models whose actions they can emulate, and opportunities to practice the very behaviors they are seeking to refine.

Of the 10 therapeutic factors, vicarious learning, interpersonal learning, and guidance are most closely related to social learning processes that help members explore themselves, their problems, and their social relationships with others.

Social Learning Theory

A conceptualization of learning developed by Albert Bandura that describes the processes by which new behaviors are acquired by observing and imitating the actions displayed by models, such as parents and peers.



Group and Change

Group approaches to change

Vicarious Learning Social learning theory

Developed by Albert Bandura (1977, 1986), maintains that people can acquire new attitudes and behaviors vicariously—by observing and imitating others' actions. This theory, which explains how infants learn their native language, why adolescents adopt the unhealthy habits of their peers, and how viewers of televised violence mimic the aggressive actions they watch, suggests that group members can learn by observing other group members, provided they:

- (1) are motivated to learn from their peers;
- (2) attend closely to the behavior being modeled by the other group member;
- (3) are able to remember and reenact the behavior they observed;
- (4) are aware that the consequences of the model's behavior are positive rather than negative (Shebilske et al., 1998).



Group and Change

Group approaches to change

Vicarious Learning Social learning theory

Groups provide members with multiple models to emulate, including the leader or leaders.

- ❖ When group members who are skilled in expressing their feelings deftly describe their emotional reactions, the less verbally skilled members may learn how they, too, can put their feelings into words.
- ❖ When two members who regularly disagree with each other reach an accord, other group members who watch this reconciliation unfold learn how they can resolve interpersonal conflicts.
- ❖ Group leaders can also model desirable behaviors by treating the group members in positive ways and avoiding behaviors that are undesirable (Dies, 1994).
- ❖ In one study, the coleaders of therapy groups modeled social interactions that the group members considered difficult or anxiety provoking. The leaders then helped the group members perform these same behaviors through role playing. Groups that used explicit modeling methods showed greater improvement than groups that only discussed the problematic behaviors (Falloon et al., 1977).

Group and Change

Group approaches to change

Interpersonal Learning

Although people tend to believe that they can come to know themselves through self-reflection, in reality people learn who they are—their strengths, their weaknesses, their tendencies, and their satisfactions—by watching how other people react to them.

- The other group members become, metaphorically, a “mirror” that members use to understand themselves (Cooley, 1902).
- The group direct and indirect feedback helps members perceive themselves more accurately. Individuals who are socially withdrawn, for example, tend to evaluate their social skills negatively even though the other group members view them positively (Christensen & Kashy, 1998).
- Individuals also tend to rate themselves as more anxious than others tend to perceive them as being (Marcus, 1998; Marcus & Wilson, 1996).
- Extended contact with others in a group setting should repair these negative, inaccurate perceptions. Groups are also very willing to give direct, unambiguous feedback to members when they engage in objectionable or praiseworthy actions (Kivlighan, 1985).
- Kurt Lewin was one of the first theorists to borrow the term feedback from engineering and use it to describe how others’ responses to group members served as corrective guides for subsequent actions (Claiborn, Goodyear, & Horner, 2001).



Group and Change

Group approaches to change

Guidance

When group members discuss issues, concerns, problems, and crises, other group members frequently help by providing advice, guidance, and direction.

- Members of support groups, for example, exchange considerable factual and personal information about their disorder or concern, as well as suggestions for problem management (e.g., LaBarge, Von Dras, & Wingbermuehle, 1998).
- Group leaders, in addition to guiding the flow of the session through questioning, summarizing, and rephrasing members' statements, also provide information, suggest solutions, confront the members' interpretations of problems, and offer their own interpretation of the causes of the members' problems (Hill et al., 1988).
- This guidance ranges from explicit suggestions and directions to suggestions of minor adjustments to deepen an emotional process or cognitive interpretation (Heppner et al., 1994).



Group and Change

Group approaches to change

Guidance

Therapists and facilitators, like all group leaders, vary considerably along the directive–nondirective dimension.

- ❖ Those who adopt a leader-centered approach—typical of psychoanalytic, Gestalt, and behavioral groups—are more directive. They guide the course of the interaction, assign various tasks to the group members, and occupy the center of the centralized communication network. In some instances the group members may not even communicate with one another, but only with the group leader.
- ❖ Other facilitators, however, advocate a nondirective style of leadership, in which all group members communicate with one another. These group-oriented methods, which are typified by interpersonal approaches, encourage the analysis of the group’s processes, with the therapist/leader sometimes facilitating the process but at other times providing no direction whatsoever.
- Both directive and nondirective approaches are effective, so long as the leaders are perceived to be caring, help members interpret the cause of their problems, keep the group on course, and meet the members’ relationship needs (Lieberman & Golant, 2002; Lieberman, Yalom, & Miles, 1973).
- Effective leaders in therapeutic settings shift their methods over time. During the early stages of treatment, members may respond better to a task-oriented leader, whereas in the later stages, a relationship-oriented leader may be more helpful (Kivlighan, 1997).
- Several studies have suggested that groups with two leaders are more effective than groups with only one leader. Coleadership eases the burdens put on the group’s leader (Dugo & Beck, 1997).



Group and Change

Group approaches to change

Group Cohesion

Just as cohesion is a key ingredient for effective sports, production, and management teams, so cohesion is a critical ingredient for effective changepromoting groups.

- If groups are to be used as change agents, the members should have a strong sense of group identity and belonging; otherwise, the group will not exert sufficient influence over its members (Cartwright, 1951).
- Without cohesion, feedback is not accepted, norms do not develop, and groups can not retain their members. Most importantly, however, cohesion creates the climate for acceptance that is so critical for therapeutic success. As Yalom (with Leszcz, 2005, p. 56) explains, “It is the affective sharing of one’s inner world and then the acceptance by others that seem of paramount importance.”



Group and Change

Group approaches to change

Acceptance and Support

- Cohesive groups are superior sources of emotional and social support for their members (Burlingame, Fuhriman, & Johnson, 2001).
- When a group is cohesive, the members are more engaged in the group and its change-promoting processes. Members rarely miss meetings, they take part in the planning of the group's topics and activities and they express a sense of closeness with the other members. Avoidance and conflict, in contrast, are clear indicators of a lack of cohesiveness (Kivlighan & Tarrant, 2001; Ogradniczuk & Piper, 2003).
- In many cases, members who are hostile and socially inhibited attend sessions infrequently, and as a result, are not sufficiently engaged in the group change process (MacNair-Semands, 2002).
- Because group members are more likely to identify with a cohesive group, members are more likely to experience gains in collective self-esteem when members of such groups are supporting each other. (Cameron, 1999; Marmarosh, Holtz, & Schottenbauer, 2005).



Group and Change

Group approaches to change

Cohesion Over Time

A group's cohesiveness fluctuates over time, depending on its longevity and stage of development. Even when the group's task is a therapeutic one, time is needed to achieve cohesiveness.

- In one study, investigators observed and coded the behaviors displayed by adolescents in a program of behavioral change. These groups did not immediately start to work on self-development issues, nor did the group members try to help one another. Rather, the groups first moved through orientation, conflict, and cohesion-building stages before they began to make therapeutic progress (Hill & Gruner, 1973).
- Other studies have also suggested that the success of the group depends to a large extent on its movement through several stages of development. ***forming, storming, norming, performing, and adjourning***.
 - During the forming stage, individual members are seeking to understand their relationship to the newly formed group and strive to establish clear intermember relations.
 - During the storming stage, group members often find themselves in conflict over status and group goals; consequently, hostility, disruption, and uncertainty dominate group discussions.
 - During the next phase (norming), the group strives to develop a group structure that increases cohesiveness and harmony.
 - The performing stage is typified by a focus on group productivity and decision making.
 - Finally, when the group fulfills its goals, it reaches its last stage of development—adjourning. If a group does not move through these stages, its members will not be able to benefit from the experience (MacKenzie, 1994, 1997; Yalom with Leszcz, 2005).



Group and Change

Group approaches to change

Disclosure and Catharsis

- Groups become more unified the more the members engage in self-disclosure—the sharing of personal, intimate information with others (Corey & Corey, 1992; Leichtenritt & Shechtman, 1998).

When groups first convene, members usually focus on superficial topics and avoid saying anything too personal or provocative.

- ❖ In this orientation stage, members try to form a general impression of each other and also make a good impression themselves.
- ❖ In the exploratory affective stage, members discuss their personal attitudes and opinions, but they avoid intimate topics.
- ❖ This stage is often followed by the affective stage, when a few topics still remain taboo.
- ❖ When the group reaches the final stage, stable exchange, all personal feelings are shared (Altman & Taylor, 1973).



Group and Change

Group approaches to change

Disclosure and Catharsis

- Self-disclosure can be something of a challenge for some individuals. Individuals experiencing personality or psychological disturbances, for example, often disclose the wrong sorts of information at the wrong time (McGuire & Leak, 1980).
- Men and boys, too, are generally more reserved in their self-disclosure (Brooks, 1996; Kilmartin, 1994; Shechtman, 1994).
- Thus, therapists must sometimes take special steps to induce the male members of therapy groups to share personal information about themselves, including modeling disclosure and incorporating disclosure rituals in the group (Horne, Jolliff, & Roth, 1996).
- Men's reluctance to disclose can even undermine the quality of the group experience for all participants: The more men in the therapeutic group, the fewer benefits are reported by participants (Hurley, 1997).
- Self-disclosure and cohesion are reciprocally related. Each new self-disclosure deepens the group's intimacy, and this increased closeness then makes further self-disclosures possible (Agazarian, 2001).
- In sharing information about themselves, members are expressing their trust in the group and signaling their commitment to the therapeutic process (Rempel, Holmes, & Zanna, 1985).
- Disclosing troubling, worrisome thoughts also reduces the discloser's level of tension and stress. Individuals who keep their problems secret but continually ruminate about them display signs of physiological and psychological distress, whereas individuals who have the opportunity to disclose these troubling thoughts are healthier and happier (Pennebaker, 1997).



Group and Change
Group Approaches to Change

Self-Disclosure

The process of revealing personal, intimate information about oneself to others.

Catharsis

The release of emotional tensions.



Group and Change

Group approaches to change

Altruism

The group's leader is not the only source of help available to group members. Other group members can sometimes draw on their own experiences to offer insights and advice to one another. This mutual assistance provides benefits for both parties.

- Even though the group's leader is the official expert in the group, people are often more willing to accept help from people who are similar to themselves (Wills & DePaulo, 1991).
- The helper, too, "feels a sense of being needed and helpful; can forget self in favor of another group member; and recognizes the desire to do something for another group member" (Crouch et al., 1994, p. 285).
- Mutual assistance teaches group members the social skills that are essential to psychological well-being (Ferencik, 1992).
- Mutual assistance is particularly important in self-help groups. Mended Hearts—a support group that deals with the psychological consequences of open-heart surgery—tells its members that "you are not completely mended until you help mend others" (Lieberman, 1993, p. 297).



Group and Change

Group approaches to change

Insight

Individuals' perceptions of their own personal qualities are generally accurate. Individuals who think of themselves as assertive tend to be viewed that way by others, just as warm, outgoing individuals tend to be viewed as friendly and approachable (Kenny et al., 1996; Levesque, 1997).

- In some cases, however, individuals' self-perceptions are inaccurate (Andersen, 1984).

Groups promote self-understanding by exposing us to the unknown areas of ourselves.

- Although we are not particularly open to feedback about our own attributes, when several individuals provide us with the same feedback, we are more likely to internalize this information (Jacobs, 1974; Kivlighan, 1985).
- Even qualities that are unknown to others and to ourselves can emerge and be recognized during group interactions (Luft, 1984).
- As self-perception theory suggests, people often “come to ‘know’ their own attitudes, emotions, and other internal states partially by inferring them from observations of their own overt behavior and/or the circumstances in which this behavior occurs” (Bem, 1972, p. 2).
- If individuals observe themselves acting in ways that suggest that they are socially skilled—for example, disclosing information about themselves appropriately and maintaining a conversation—then they may infer that they are socially skilled (Robak, 2001).



Group and Change

Group approaches to change

Insight

Studies of group members' evaluations of the therapeutic experience attest to the importance of insight. When participants in therapeutic groups were asked to identify the events that took place in their groups that helped them the most, they stressed universality, interpersonal learning, cohesion (belonging), and insight.

- During later sessions, they stressed interpersonal learning even more, but universality became less important (Kivlighan & Mullison, 1988; Kivlighan, Multon, & Brossart, 1996).
- In other studies that asked group members to rank or rate the importance of these therapeutic factors, the group members emphasized self-understanding, interpersonal learning, and catharsis (MacNair-Semands & Lese, 2000; Yalom with Leszcz, 2005).
- In general, individuals who stress the value of self-understanding tend to benefit the most from participation in a therapeutic group (Butler & Fuhriman, 1983).

Group and Change

Group approaches to change

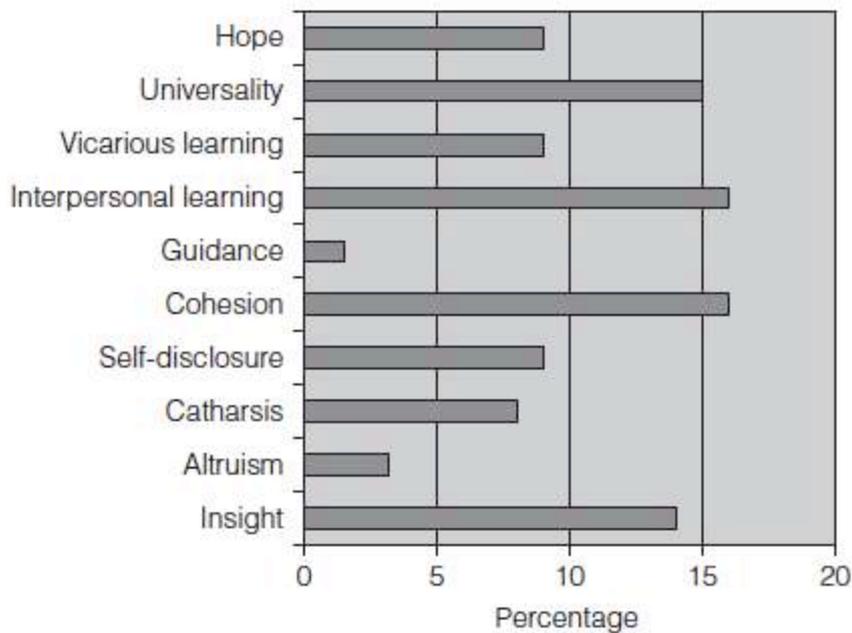


FIGURE 16.3 Group members' ratings of the value of therapeutic factors in groups.

SOURCE: Kivlighan & Mullison, 1988, Participants' perception of therapeutic factors in group counseling: The role of interpersonal style and stage of group development. *Small Group Behavior*, 19, 1988. Copyright 1988 by Sage Publications, Inc. Reprinted by permission of Sage Publications, Inc.