

Theories of Group Therapy

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SWK658: Clinical Social Work Practice III with Groups

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April 28, 2023

Part I: Theories of Group Therapy

Introduction

Seeking counseling services is a challenging task. An individual must put himself out there to benefit from the therapeutic process. Counseling can be considered a personal experience since it entails disclosing feelings, thoughts, and information about oneself which we usually consider private. We find it brutal to admit to friends and even close family, leaving alone a stranger. In doing so, especially at first, an individual experiences feelings of vulnerability that may cause discomfort, and that is just talking to one person in the privacy of their office. These days, those same encounters are more challenging because therapy sessions are conducted over the phone or through a video. However, therapy is not limited to seeking counseling from an individual therapist. Group therapy effectively treats behavioral health problems, limiting individual resistance and discomfort. Group therapy is a type of psychotherapy that comprises four to ten clients and two experienced group clinicians (Zastrow, 2018). This type of therapy is widely available in various locations, including privately owned therapeutic centers, hospitals, community centers, and mental health clinics. Group therapy is usually conducted once or twice weekly with precisely stipulated durations. During these sessions, the group members discuss their issues and offer each other support and feedback.

The theoretical spectrum that informs the practice of group counseling is broad. These theories form the basis of the different types of group therapy, including psychoeducational groups, skills enhancement and development groups, cognition, and behavioral groups, social support groups, and mutual process groups. Group therapy can be classified into numerous types depending on the clinical method and mental health problem it is intended to treat. Group counseling meetings are open or closed (Corey, 2015). Open groups allow new members to join

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the sessions anytime, and closed groups only allow prominent group members to engage in the group sessions. Different therapists also adopt other theories to inform their practice with numerous groups, ensuring they always offer the best services to their clients. The ideas and techniques a clinician adopts for a particular group seeking counseling services are based on the group's therapeutic goals and the clinician's style. Group counseling can be used independently but usually with individual therapy and medication. Some of the most effective group counseling approaches in practice today include:

Psychodynamic approaches

Psychodynamic theory was initially a theory of personality that Freud created. Over the years, it has significantly evolved, with more models and techniques adopted to maximize its effect. According to Freud, human behavior is based on an individual's childhood experiences. It can be explained by intrapsychic and mutual processes that are out of an individual's consciousness (Pitman & Knauss, 2020). Psychodynamic therapy works on the premise that forces outside their awareness influence a person's behavior. The psychodynamic group therapy approach is based on the psychoanalytic and Adlerian theories. The psychodynamic approach is also known as psychoanalytic therapy. It helps clients appreciate and understand their unconscious behavior patterns and emotions (Bandura, 2019). Psychodynamic theory is a straightforward psychoeducation approach that is goal oriented and humanistic. It emphasizes that individuals should strive for personal success, social connectedness, and overall contribution to society as the hallmarks of mental health. Unlike other types of therapy, which focus on treating or mitigating the symptoms of a client's condition, psychodynamic therapy focuses on a person's deeply rooted beliefs and thoughts. It needs to enhance behavioral modification

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(Salomonsson, 2019). It is usually considered a more comprehensive approach to therapy than current problem-based therapy.

Psychodynamic therapists focus on enhancing self-awareness and increasing clients' understanding of feelings, emotions, and thoughts. These current feelings are based on their past experiences, especially their childhood experiences (Tasca et al., 2021). The therapist helps clients examine and explore their unresolved conflicts and significant life events. The psychodynamic theory assumes that chronic mental and social problems experienced by an individual are deeply rooted in the unconscious mind, and exploring these issues is essential to begin the healing process. Psychodynamic therapy ensures that the client is self-aware of their unconscious mental patterns and how these irrational thinking patterns came into being for them to adequately and effectively deal with them.

The psychodynamic therapist believes that our unconscious mind is the most powerful motivator of our emotions and behavior. It also argues that a particular cause determines a person's behavior, and childhood experiences significantly shape their personality in adult life (Baker, 2022). It is the role of psychodynamic therapists to discover the bases of a client's symptoms and formulate an intervention plan which is individualized and effective. The therapist accomplishes this role by encouraging the group members to share their current emotions and then helping them appreciate how these emotions and behaviors are linked to recurring behaviors and emotional patterns. The psychodynamic therapist helps clients find the impact of irrational beliefs and thoughts on their thoughts and behaviors.

Psychodynamic therapists also help clients to probe their past. Discussing the client's early life experiences and childhood trauma forms the most significant portion of psychodynamic therapy. This therapy method holds that these experiences significantly impact the client's

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current behaviors and thoughts (Barnett et al., 2021). The clinician observes how the clients interact within the therapeutic relations and add their thoughts about the interpersonal relationship within the group into the discussion. Psychodynamic therapy holds that clients' actions in the client-clinician connection mirror their relationships with others in their social circle. In general, the role of the psychodynamic therapist is to aid the client in creating a link between their past life experiences and their current personal and social problems. They then help clients leverage their internal and external resources to solve these problems.

Unlike other forms of psychotherapy available, psychodynamic treatment rarely utilizes exercise and activities when helping clients. There are five primary psychodynamic tools that psychodynamic therapists use to explore the unconscious minds of their clients. Psychodynamic therapists utilize the Psychodynamic Diagnostic Manual (PDM), which usually serves as a guide that helps them understand and evaluate a client's behavior. The Rorschach Inkblots test is also an essential tool in group counseling. It entails using ten inkblot images presented to clients to observe and project based on their reactions to the pictures. The Freudian slip technique was introduced by Freud, who believed that people do not experience "accidental" tongue slips. These tongue slip forms are not accidental but reveal something meaningful about the client (Corey, 2015).

Last but not least is the free association technique. When utilizing this technique, the clinician engages the client one-on-one. He reads out a list of words, and the client is expected to respond immediately with the first word that comes to mind. This exercise sheds light on some associations and connections the client has hidden deep below the surface. Finally, psychodynamic therapists utilize dream analysis to help clients delve into their unconscious minds. Dream analysis is done by exploring clients' dreams in detail, with the clinician asking

questions to help the client remember and describe their dreams in as much detail as possible (Hackett, 2020).

Cognitive-Behavioral Approaches

The cognitive-behavioral approach of group therapy applies numerous theories, such as Rational Emotive Behavior Therapy (REBT), Solution-focused Brief Therapy (SFBT), reality therapy, and behavior therapy. Cognitive-Behavioral Group Therapy (CBGT) is a form of group therapy that utilizes behavior, cognition, and relational approaches to enhance the coping mechanisms of the participants. It aims to eliminate intrapersonal and interpersonal problems that clients might be experiencing. CBGT refers to a support group that educates members on practical techniques that can help them improve their cognition, interpersonal and intrapersonal skills, and internalized behaviors (Ede et al., 2023). Group CBT is an excellent option for individuals seeking a support system throughout their healing journey. In CBGT, the therapists help the clients alleviate the pressures of identifying irrational thought patterns. The clinician empowers the clients to reshape their experiences by getting to the root of their thoughts, preventing negative behaviors that stem from negative thought patterns and emotions.

Different CBT techniques are utilized when dealing with different types of groups based on the age of group members and their problems. However, specific strategies are used across applications (Matthys & Schutter, 2023). The treatment modality adopted should be tailored to meet the groups' needs for effectiveness. Understanding the developmental problems of the group selected is essential for case conceptualization and formulation of treatment plans. This is particularly important for CBGT. Many strategies in this model focus on challenging irrational thinking patterns, thus requiring elaborate metacognitive and cognitive skills primarily dependent on an individual's developmental level. Some of the most used CBT techniques in

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group therapy include psychoeducation, cognitive restructuring, relaxation techniques, role play and practice, and teaching problem-solving skills. Psychoeducation, including group applications, is the primary component of any CBT process (Tay et al., 2019). Psychoeducation helps orient the group to the CBT model. The clinicians teach the clients to recognize the relationship between their beliefs, life situations, emotions, and behaviors. This technique normalizes the range of feelings and thoughts among group members. CBGT is a common form of talk therapy. It is intended for short-term treatment and lasts a few weeks to a few months.

Cognitive-Behavioral Group Therapy postulates that an individual's beliefs and thoughts can affect their emotions, which can alter their behaviors. CBT posits that negative thought patterns can cause negative feelings and actions. Changing these thought patterns can enhance the behaviors and emotions of the clients. Cognitive restructuring involves taking a hard look at negative thought patterns. The therapist focuses on helping the group members understand their expectations, self-talk, or beliefs that may represent faulty interpretations about themselves or future life events. Developing a personal understanding of these defective thinking patterns is critical to achieving cognitive restructuring. The next step of therapy is to challenge these irrational beliefs and thinking patterns by helping the group develop alternative thinking patterns about a situation (Wangari et al., 2022).

Normalization of problems through group identity is an essential component of CBGT. Groups create a supportive environment for those involved in the treatment process. This helps the clients normalize their experiences. A typical group identity helps create an atmosphere of social acceptance, reducing social and personal stigma. The members play a big part in helping each other heal. Collective responsibility is an important aspect in group therapy since it helps to create a safe space that helps to promote recovery and healing. The duty of the clinician is to

help to facilitate the group processes and help the members process feedback in healthy ways.

Some behaviors usually encouraged in group CBT practices include working together, sharing thoughts, and being honest.

Experiential and Relationship-Oriented Approaches

Experiential and relationship-oriented therapy is a therapy approach in which clients use expressive activities and tools to recreate and re-enact some situations from past and current relationships. The clinician will guide the clients to use the various tools and activities. The clients will use role-playing techniques, props, or music to identify what emotions and behaviors influence their life choices. They can also understand the impact of such behaviors and feelings on their self-esteem, especially from stressful recent and past emotional experiences (Reddy, 2023). The clients will be able to explore and release their negative emotions, stress, and shame associated with situations that may have been blocked or denied. Sometimes, painful feelings stemming from traumatic events can linger and negatively influence an individual's life and behaviors. Experimental therapy aims to treat these emotions and compulsions. Experimental and relationship-oriented therapy is patient-centered (Orkibi & Feniger-Schaal, 2019). The principle behind the effectiveness of empirical therapy is that by recreating and re-enacting past and present social and personal experiences in a controlled and safe environment, clients can explore and release their negative emotions, which are usually repressed. The clients are taught new ways of expressing their feelings, changing their perception of reality.

Experiential and relationship-oriented therapy focuses on helping clients build a strong self-awareness by assisting them to appreciate their inner wants, needs, and emotions. Clients can heal old wounds and uncover long-hidden emotions that cause chaos. By identifying these issues and problems, clients can healthily manage their lives. This mode of therapy teaches the

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client to be proactive rather than reactive when dealing with numerous social situations. With extensive knowledge and emotional maturity, clients can understand the impact of their life choices on their lives and those close to their social circle. Experiential therapies enable the therapist to observe the client in real-world situations. The numerous techniques employed take the client out of the counseling setting and into active scenarios like those they face daily. Clients usually react more authentically during therapeutic recreation.

There are four main stages of group development. Once the group is formed, there is a pre-group meeting where each member is screened to ensure they will be an asset to the group rather than a setback. Once established, a group undergoes the initial stage, the transition stage, the working stage, and, eventually, the final stage (Robb, 2022). Each stage has a purpose, and different expectations must be addressed as the group progresses through each stage. The clinician and group members have roles that they fall into. These roles are constantly modified as the group transforms. During the initial stage, the group members aim to establish the group's expectations. This includes functions, goals, and trust. The next stage is the transition stage. Members are encouraged to share their feelings, and the counselor aims to ensure the transition stage is on track and as pleasant as possible. Once the transition stage has settled and the group members are comfortable with each other, the group members will get into the deeper issues that the group was designed for. Lastly, the final stage is when the group understands they will no longer be together. This stage allows the group members to reflect on their experiences and decide how to use the knowledge they acquired in future occurrences (Zastrow, 2018).

People seeking counseling often come from different walks of life and backgrounds. The need for multicultural counseling increases as populations grow more diverse. In the group counseling setting, numerous cultures are available among the group individuals. Having

different cultures can carry positive and negative viewpoints to the group. The ultimate objective is to have everyone feel like group therapy has been fruitful and that they are prepared for what the world has to bring. The clinician is expected to approach counseling through the context of the client's world. In group therapy, the clinician facilitates the therapeutic process by integrating the RESPECTFUL model, which was developed to recognize the multidimensionality of all clients in a comprehensive and integrative way (Olcon et al., 2020).

Part II: Group Experience

Group therapy is relevant in our contemporary society since it is a cost-effective method of obtaining help from therapists and counselors. It gives everyone involved in the group therapy process new experiences beyond their own. This mode of therapy enables people to learn what other people go through and how they manage their situations. Group therapy provides role models and creates optimism for individuals seeking counseling services. Group therapy can be effective when members and the clinician work together towards the therapeutic goals set at the formative stage of the group. A leader is essential in any group since he ensures that the group stays on track to achieve the stipulated goals. Group leaders act as protective factors for the group members since they offer direction and guidance when needed. They help to strengthen trust and increase collaboration among the group members creating an effective and resilient group. I am part of a small group that is comprised of eight members who are between the age of 18 and 28 years. As a group leader, I was tasked with numerous roles essential for the group's functionality. This came with multiple challenges, but I guided the group positively with adequate knowledge, a positive attitude, and connectedness with my group members.

Specific Attitudes and Behaviors that can detract from my effectiveness as a group leader

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Good leadership behaviors and attitudes are essential to becoming someone who inspires and leads people to maximize efficiency and achieve their goals. Good leadership skills enhance the productivity of the group. Consistent leadership motivates group members to more remarkable performance. A good leader should ensure that group members are actively involved in the group processes by offering mentorship and guidance when needed. This will make every member invested in the group minimizing dropouts. As a leader, I utilize my attitudes and behaviors to help guide, direct, and influence the behaviors and actions of the group members. One of my most vital traits is always confident in my decisions. As a leader, one of my primary duties is to make inclusive and appropriate decisions swiftly and securely. My group has developed trust in my decision-making abilities by being confident and quick in my decision-making process. This behavior has also increased my efficiency when time is an essential and limited resource. I am also honest and have always encouraged my team to be honest and trustworthy in every situation.

Honesty helps to create an environment that feels fair and open to everyone. Group members are more likely to trust your decisions and trust you with their problems if they think you are honest with them. Following through on your words and commitments is essential to ethical leadership. A group that nurtures honesty as a virtue is more likely to prosper and achieve its set goals. I am also good at communication, occasionally providing objective feedback to my team members. Communication is vital for any group since it encourages exchanging ideas and solutions in different situations. As a leader, I display active listening skills to promote communication. I usually keep my team members informed by communicating with them regularly about decisions and what is happening within the team.

Review of my personal goals

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When I joined the small group, my goals were to become an expert and a leader in different aspects of my life, become a better listener, and give back to the community in ways that matter to me. I have always considered myself a leader and did an online course in management and leadership to enhance my leadership skills. When the group members chose me to be their leader, I was elated since it allowed me to put my skills into practice and work together with my team to achieve personal and group goals. At the moment, I am confident in my leadership abilities, and I look forward to starting my firm someday, so has to ensure that I maximize my leadership skills and influence the life of others whom I will cross paths with. I also wanted to be a better listener, and the opportunity to become a leader ensured that I developed this skill extensively. One important quality of a leader is the ability to communicate and be an active listener. I can listen to my team members voice their concerns and offer objective feedback and solutions to help them improve. Finally, I want to enhance my social connectedness and give back to the community by leveraging my skills and abilities. I constantly encourage togetherness and collective responsibility among my team members, ensuring we tackle our social problems. This provides a social support base that acts as a protective factor when tackling numerous situations in our social and personal lives.

In the future, I want to be more proactive and persistent and help people in need despite obstacles. As a young adult, I want to find my societal position and adequately exploit my internal and external resources to optimize my potential. Being proactive in life is an essential aspect of attaining success in life. Being proactive means thinking about the future and focusing on the things I can control instead of all those I cannot. It means taking full responsibility for my life. A proactive mindset starts with realizing that I am not a product of my circumstances but of my decisions. The proactive attitude is often intertwined with the growth mindset. To develop

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my proactive mindset, I will set short-term goals consistent with my life goals, learn to take responsibility for my actions and learn problem-solving skills. This will ensure that I take action when it is needed and avoid dwelling on the mistakes of the past.

Potential Countertransference Issues

Some potential countertransference issues that might arise when engaging in the support group are excessive disclosure of personal matters, harsh reaction to divergent ideologies and beliefs, offering unsolicited advice, not having boundaries, and allowing personal feelings or experiences to get in the way of therapy (Fish, 2019). Now and then, my life becomes dull and unproductive, and I usually feel like there is nothing I can change. This leads to emptiness, which does not seem like a big issue but significantly impacts my life. To deal with my boredom and nothingness, I will develop a new routine and do some challenging things to bring out the excitement and become free. To prevent the occurrence of countertransference when engaging in group therapy, I will learn to be mindful of my feelings and behaviors. Understanding that this common phenomenon makes the therapeutic process counter-productive is essential. I will constantly be self-aware to ensure that my thoughts and actions are always logical, minimizing room for error and being reactive.

Acquired Skills

As an active member of our small group, I gained extensive knowledge on numerous topics, acquired new skills, and refined some of my existing skills. I learned practical goal setting, time management, relationship building, and delegation. These skills are essential for all group members since they apply to numerous aspects of our lives. To continually improve my time management skills, I will ensure that my priorities are evident at the start of each day. This will ensure that more tedious or essential activities get the most time and attention, improving the

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overall outcome. I will also learn to take occasional breaks when doing large amounts of work to minimize burnout while maintaining efficiency. I will also continue working on my delegation skills by actively encouraging my team members to take on new responsibilities and allocating some of my duties to capable members. This builds trust and cohesion within the group, enhancing its functionality.

Group Personality

My group is highly organized, goal-oriented, and passionate about imparting change at a personal and community level. My group members are identified by their enthusiasm to work together for the common good. They are usually eager to help, willing to compromise, and diplomatic. Our group interactions are typically enthusiastic, friendly, and collaborative.

Things that make groups work effectively

There are various stages that a group undergoes to achieve a task. Planning is essential to practical group work and forms the framework that ensures efficient task completion. A group functions well when clear guidelines and goals govern the group's activities. An influential group has clearly defined roles that align with the group's goals and objectives. Groups malfunction when there is discord among the group members. This leads to divergent ideas that can disrupt the functioning of the group. When leading other groups in the future, I will ensure that the group goals are established early and a clear working plan is formulated. This will encourage constructive conversations and promote togetherness.

Stages of Group Development

Currently, we are at the performing stage of group development. We are highly interdependent with individuals adapting to meet the needs of other group members. Our group underwent the initial formation stage, storming, and forming stage. As our team transitioned

from one stage to another, we developed collective maturity and ability, which transitioned the group and led to more collaborative leadership models. For a group to advance from one stage to another, each member must be willing to relinquish the comfort zone of non-threatening topics and risk the possibility of conflict. The group developmental process could have been improved by effective leadership, goal confusion, lack of trust, and inequitable decision-making (Putro et al., 2020). Mutual trust between group members is the foundation of success. Good communication skills and collective responsibility can enhance this.

Specific Group Process Issues

Group goals are essential for any group since they unite the members and allow them to develop and work towards achieving a specific objective. We formulated our group goals together and ensured that the ideas of everyone were represented. We also set aside enough time to allow us to attain our goals. Setting the right goals is crucial for driving performance and moving the group toward its long-term vision. Our group goals were formulated using the SMART approach (Nguyen et al., 2021). Differences of opinion and personality clashes are among the most common team-building challenges. As a leader, the golden rule is not to ignore these disputes. To resolve interpersonal conflicts, we constantly encouraged the group members to take individual responsibility and resolve their issues. This involves finding a way they can work together effectively. Group counseling techniques help people move forward because participants can encourage and support each other. These techniques help individuals develop both socialization and communication skills which they can use to change some aspects of their lives.

References

- Zastrow, C. (2018). (10th ed.). *Social work with Groups: A comprehensive work text*. Belmont, CA: Thompson/Brooks Cole. ISBN-13: 978-1285746401; ISBN-10: 1285746406
- Wangari, R., Baseke, R., Wong, E., Johnson, N., Osborn, T. L., & Wasanga, C. (2022). *Mental Health Interventions in the Juvenile Justice System: A Scoping Review*.
- Tay, K. W., Subramaniam, P., & Oei, T. P. (2019). Cognitive behavioural therapy can be effective in treating anxiety and depression in persons with dementia: a systematic review. *Psychogeriatrics, 19*(3), 264-275.
- Tasca, G. A., Mikail, S. F., & Hewitt, P. L. (2021). *Group therapy theory and group psychodynamic-interpersonal psychotherapy stages of development*.
- Salomonsson, B. (2019). Psychodynamic psychotherapy with infants and parents. *Contemporary Psychodynamic Psychotherapy, 225-236*.
- Robb, M. A. (2022). Stages of Group Development and Group Preparation. *Group Art Therapy, 107-115*.
- Reddy, N. Y. (2023). Perceived Wellbeing, Happiness, and Related Challenges among Indian College Students. *Psychological Studies, 1-12*.
- Pitman, S. R., & Knauss, D. P. (2020). Contemporary psychodynamic approaches to treating anxiety: theory, research, and practice. *Anxiety Disorders: Rethinking and Understanding Recent Discoveries, 451-464*.
- Orkibi, H., & Feniger-Schaal, R. (2019). Integrative systematic review of psychodrama psychotherapy research: Trends and methodological implications. *PloS one, 14*(2), e0212575.

Olcoń, K., Gilbert, D. J., & Pulliam, R. M. (2020). Teaching about racial and ethnic diversity in social work education: A systematic review. *Journal of social work education, 56*(2), 215-237.

Nguyen, L., Cross, A., Rosenbaum, P., & Gorter, J. W. (2021). Use of the International Classification of Functioning, Disability, and Health to support goal-setting practices in pediatric rehabilitation: a rapid review of the literature. *Disability and rehabilitation, 43*(6), 884-894.

Matthys, W., & Schutter, D. J. (2023). Moral Thinking and Empathy in Cognitive Behavioral Therapy for Children and Adolescents with Conduct Problems: A Narrative Review. *Clinical Child and Family Psychology Review, 1-15*.

Hackett, M. (2020). A systematic review of therapist experience of dream working in contemporary psychotherapy. *International Journal of Dream Research, 182-191*.

Fish, B. J. (2019). Response art in art therapy: Historical and contemporary overview. *Art Therapy, 36*(3), 122-132.

Ede, M. O., Okeke, C. I., Igbo, J. N., & Aye, E. (2023). Testing the efficacy of group cognitive-behavioral therapy for pathological internet use among undergraduates in Nigeria. *Trends in Psychiatry and Psychotherapy, 45*, e20210348.

Corey, G. (2015). *Theory and practice of group counseling*. Cengage Learning. ISBN-13: 978-1305088016; ISBN-10: 130508818

Barnett, M. L., Sheldrick, R. C., Liu, S. R., Kia-Keating, M., & Negriff, S. (2021). Implications of adverse childhood experiences screening on behavioral health services: A scoping review and systems modeling analysis. *American Psychologist, 76*(2), 364.

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Bandura, A. (2019). Applying theory for human betterment. *Perspectives on Psychological Science*, 14(1), 12-15.

Baker, K. (2022). Theories of Art Therapy Groups. *Group Art Therapy*, 15-32.