Final Integrative Paper

Part 1

This paper will explore some commonalities in Group Counseling techniques that may be shared across the other major theories. The purpose is an attempt to integrate some key concepts, views as a group counselor, group members' roles, tasks and therapeutic goals, methods, and the evolution of the group. In this context, Adlerian Group Counseling will act as an anchor. Along the way, it is the goal of this paper to identify important common aspects for various theories including common differences.

Key Concepts:

Adlerian's socio-teleological approach provided an ideal foundation for group work (Sonstegard & Bitter, 2004). Adler's system emphasizes the social determinants of behavior rather than biological, it is goal-directedness rather than its origin in the past, and it purposeful rather than is unconscious nature. Holism, teleology, phenomenology, creativity and choice, community feeling and social interest, inferiority/superiority, the role of family, and style of life as among the key concepts of Adlerian Group Counseling. Psychoanalytic key concepts, on the other hand, include the influence of the past, the unconscious, preconscious, conscious, id, ego, superego, anxiety, ego defense mechanisms, resistance, transference, and countertransference.

The Adlerian approach deviates in many ways from the psychoanalytic model. There are, however, some important commonalities between the two approaches, including a focus on critical periods of development, an interest in early recollections, and an emphasis on interpretation. The difference lies in Adler's social constructivist view of these areas as opposed to Freud's deterministic perspectives. One distinguishing characteristic of the Psychoanalytic approach is that although practitioners focus on historical antecedents of current behavior, they

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are also interested in the present concerns, as such with the Adlerian Group Counseling approach. Psychoanalyst particularly with contemporary analytically oriented practitioners, the client's understanding of the past intertwines with the present and with the future. The past is relevant only as it influences the present and the future, and in this sense, all three have an essential place in group therapy (Rutan et al., 2007).

 Freud's most significant concept, our thoughts, feelings, motives, impulses, and events are the unconscious that are kept out of our awareness as protection against anxiety. Repressing early trauma as a child, for example, is buried in the unconscious. These early traumas are such that conscious awareness would cause intolerable anxiety; thus, it must remain in the unconscious as a child. But as an adult, by bringing unconscious materials to awareness within the group, the member realizes that the anxiety is now tolerable.

Resistance is an individual's reluctance to bring into conscious awareness threatening unconscious materials previously been repressed. It is also viewed sometimes as holding the group from making progress. It is not a process to resist treatment; a defensive process to resist emotional pain, (Rutan et at., 2007). Resistances are found either in the apprehension of joining the group, participating in the group process, or some desire to leave the group (Locke, 1961).

Transference is the unconscious repetition of the past in the present. It refers to the member unconsciously shifting feelings, attitudes, and fantasies (positive and negative) onto the therapist or other group members. Countertransference on the other hand is the therapist's unconscious emotional responses to a client, resulting in a distorted perception of the client's behavior, (Rutan, et al. 2007).

Role as a Group Counselor:

Adlerian group leaders promote an egalitarian, person-to-person relationship, which is basic to the Adlerian approach to groups. Group leaders serve as a model for the members, who often learn more from what leaders do in the group than from what they say. Prerequisites for effectively fulfilling Adlerian group counselors include presence, self-confidence, demonstrating the courage to be imperfect, willingness to take risks, acceptance, caring, willingness to model, collaborative spirit, sense of humor, listening for purposes and motives, and belief in the usefulness of the group process. In addition, counselors need to have a clear sense of their own identity, beliefs, and feelings.

On the other hand, leadership among the psychoanalytically oriented group must be very flexible and their approach. They are characterized by objectivity, warm detachment, and relative anonymity, to those in favor of a collaborative relationship with group members. Transference and countertransference remain the cornerstone of psychodynamic therapy. As a group leader, awareness and carefully assessed response to the situation are important for transference. Responding rather than initiating, waiting for the group process then commenting. Encourages an increasing interaction to be able to pursue members' unconscious motivations and find the roots by analysis and interpretations. In addition, able to give support if the group is not providing it. A leader must help members face and deal with resistance within themselves and the group and lastly assist members to gain an awareness of the subtle aspects of behavior through questions and interpretations.

Task and Therapeutic Techniques and Procedures:

Psychoanalytic group therapy tends to be a long-term and intensive process. A group format that uses psychoanalytic concepts and techniques has these specific advantages over individual analysis:

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o Members can establish relationships like those that existed in their own families; however, the relationships occur in a group setting that is safe and conducive to favorable outcomes.

o Group participants have many opportunities to experience transference feelings toward other members and the leader; they can identify and deal with these feelings to increase their self-understanding.

o Participants can gain a clear sense of how their defenses and resistances are manifested.

o Dependence on the authority of the therapist is not as great as in individual therapy because group members also get feedback from other members.

o From observing the work of others in a group, members learn that it is acceptable to have and to express intense feelings that they may have kept out of awareness.

o Members have many opportunities to learn about themselves and others.

o The group setting encourages members to examine their ego defenses.

o Analytic group therapy provides a context for addressing contemporary issues, including class, race, and cultural differences.

Adlerian Application: Therapeutic Techniques and Procedures:

Adlerian believes that the problems of individuals are mainly of a social nature. The group provides a social context in which members can develop a sense of belonging, social connectedness, and community. Contrasting with Freud's focus and the source of the problem, which is the unconscious, Adlerian members come to see that many of their problems are interpersonal in nature. That their behavior has a social meaning, and that their goals can best be understood in the framework of social purposes.

Another difference between the two techniques is that while Psychoanalytic tends to be a long-term intensive therapy process, Adlerian's applications can be used in Brief Group Therapy. Brief therapy as an approach is concise, deliberate, direct, efficient, focused, planned, purposeful, and time limited. The implication of these brief therapy concepts is that Adlerian group leaders recognize that changes take place between group sessions, and leaders create a structure that will help the leader and the members stay focused on specific goals. The members' focus is on the selected goal, deciding how they best use their time. Empowerment, generating new behavior from existing internal and external resources, the group leader wants members to leave in better shape than when they came.

Developmental Stages and Their Implications for Group Work:

This is based on Erikson's eight stages of human development and on the Freudian stages of psychosexual development. For group leaders, understanding trends in development, major developmental tasks at each stage of life, critical needs and their satisfaction or frustration, potentials for choice at each stage of life, critical turning points, and the origin of faulty personality development that can lead to later personality conflicts.

Stage 1: Infancy - Trust vs. Mistrust (Birth to 12 months) Freud: Oral Stage- sucking the mother's breast satisfies the infant's needs for food and pleasure.

Implications to Group Work: Common theme explored in groups is the feeling of being unloved and uncared. Early feelings of abandonment, fear, and rejection, and many have fixated on finding a symbolic "parent" who will accept them. Group leaders can assist members to express their pain and work through barriers preventing them from trusting others.

Stage 2: Early Childhood – Autonomy vs. Shame and Doubt (12 months to 3 years): Anal Stage Main tasks: learning independence, accepting personal power, learning to express negative feelings. Begin the journey toward autonomy.

<u>Implications to Group Work:</u> Many who seek help in a group have not learned to accept their anger and hatred toward those they love. They need to get in touch with the disowned parts of themselves that cause conflicting feelings. In a safe environment of the group, they need to relive and reexperience situations in the past when they began to repress intense feelings, gradually learn ways to express pent-up feelings, and work through guilt by catharsis (expressing pent-up feelings and relearning.

Stage 3: The Preschool Age – Initiative vs. Guilt (3 to 6 years) Freud's: Phallic stage – sexual activities become more intense. The focus is on the genitals, sexual activity takes place.

<u>Implications to Group Work:</u> Participants struggle with issues related to gender-role identity. Repressed feelings that don't fit some stereotypical means to be a woman or a man. A group can be the place where individual challenges such as restricting views and becoming more whole. Because concerns about sexual feelings, attitudes, values, and behavior are often kept private, people feel very much alone with their sexual concerns. Groups offer to express these concerns, to correct faulty learning, work through repressed feelings, and being to formulate a different view of oneself as a female or male sexual being. The most important function of a group is that it gives clients permission to have feelings and talk honestly about them.

Stage 4: The School Age – Industry vs. Inferiority (6-12 years) Freud: Latency Stage – Decline in sexual interests, replaced by interest in school, playmates, sports, and other activities.

Implications for Group Work: Group leaders may encounter negative self-concept, feelings of inadequacy in learning, feelings of inferiority in establishing social relationships, conflicts about values, confused gender-role identity, unwillingness to face new challenges, dependency, and lack of initiative. A leader's knowledge of the problems and promises of this period of life can help the therapeutic process, let's look at a participant who suffers from feelings of inferiority. Through the support of the group, the client can express repressed feelings and begin to put events in the past in a different perspective.

Stage 5: Adolescence – Identity v. Identity Confusion (12 to 20 years) Freudian Oedipus complex – the unconscious desire of the son for his mother, along with feelings of hostility and fear toward the father. Adolescence initiates the final psychosexual stage of development, the genital stage. The longest stage extends beyond adolescence from puberty until senility sets in. Implications for Group Work: Exploration and resolution of the dependence/independence conflict prevalent in adolescence. Separating from parents toward individuality/autonomy. Manifest in a rebellion against parents or any other authority. The group leaders must be aware of their own dynamics and potential counter-transferences when confronted by members. Leaders will be less likely to react defensively if they understand the transference nature of the behavior.

Stage 6: Early Adulthood- Intimacy vs. Isolation (20 to 35 years)

Erikson's view enters adulthood after we have mastered the conflicts of adolescence and had established personal identity. Personal identity is tested by the challenge of intimacy vs. isolation. An essential characteristic of the psychologically mature person is the ability to form intimate relationships. To achieve intimacy with others, we need to have confidence in our own identity. Intimacy involves commitment and the ability to share and to give from our own

centeredness; failure to achieve intimacy leads to alienation and isolation. Also, time for focusing on one's interests, and occupation, and carving out a satisfying lifestyle.

Implications for Group Work: How members deal with intimacy within the group reveals patterns they learned in getting close or keeping distant during their young adulthood. Many in groups, forming close bonds is extremely difficult. This pattern of being uncomfortable and frightened of both receiving and giving love and compassion is likely to unfold in the group sessions. The group is an ideal place for members who are struggling with intimacy to recognize and challenge their fears.

Stage 7: Middle Adulthood – Generativity vs. Stagnation (35 to 65 years)

Characterized to go beyond ourselves and our immediate family to be actively involved with the next generation. Likely to engage in a philosophical reexamination of how we are living, often leads to a reinvention of our way of being. Mature years can be one the most productive periods of our lives but can also entail painful experiences facing discrepancies between what we set out to accomplish in early adulthood and what we have accomplished. Generativity – a broad concept manifested in the ability to love well work well and play well.

Implications for Group Work: Participants are often challenged to make new assessments, adjustments, and choices to open new possibilities and reach new levels of meaning. Knowledge of adult development allows the group leader to watch for the hopelessness that some people experience during middle age and to help them go beyond the view that "that's all there is to life." It takes caring and skilled leadership to inspire people to look for new meanings and to "invent themselves" in novel ways.

Stage 8: Later Life - Integrity vs. Despair (Above 65 years)

The central task of the final stage is reviewing the past and drawing conclusions. Successful resolution of the core crises of this stage – the conflict between integrity and despair – depends on how the person looks back on the past. Ego integrity is achieved by those who feel few regrets. They see themselves living productive and worthwhile lives, they feel that have coped with their failures as well as their successes. Not obsessed with what might have been and are able to derive satisfaction from what has been. See death as part of the life process and can still find meaning and satisfaction in the time left.

<u>Implications for Group Work:</u> Group work with older adults is one way to promote the positive aspects of aging and help participants cope with the tasks associated with the stage of life. The salient issues of this stage of life have implications not only for group leaders working with older adults but with young or middle-aged adults. As people begin to see the years slip by, they feel increasing pressure to make something of their lives. Fears of being alone when they are old or of financial or physical dependency begin to surface. Group leaders can help members prepare for a satisfying life now as they grow older.

Due to a lack of space and time, the remaining theories (Experiential and Relationship Oriented approaches (existential, person-centered, and Gestalt, Cognitive-Behavioral approaches (TA, behavior therapy, REBT, reality therapy, and SFBT) will not include in this paper. But since this paper heightened my enthusiasm for theories, this is only the beginning.

<center>**Part 2**</center>

<center>**My Group Experience**</center>

My group experience had given me mixed feelings because although I was very eager to learn about established theories for group counseling, and how it helps people, I was also very reluctant to participate in group exercises on many occasions. I was sure this feeling of hesitancy,

being uninvolved, and the unprepared stance is not useful in any endeavor, most importantly in learning to lead a therapeutic group. The beginning was a challenge, as now I realized that perhaps it was not only my experience but for others too, as I read through the reference book. My attitudes and behavior certainly impacted how I have chosen to behave, feel and act in a certain way in a group meeting. Many of these attitudes are from a lack of willingness to confront me, transferences and counter-transferences emerge within which held the group unproductive.

Courage to be willing to become vulnerable, take risks in the group, and willing to challenge members or the leader in a respectful way, yet I failed to act on my intuitions and beliefs, which many times validated. Handling resistance was a challenge because of my weak stance to use my personal power, put on my best self-stance, be assertive, aware that my influence if I handle resistance and pushed back properly, can empower others who might be fearful and need help. These are now getting clearer as I reflect on my past behavior in a group setting. And although I feel to have sincere and authentic qualities to lead a group, because of my lack of ability to confront difficult behavior from the group, that boils down to as if I do not have these good qualities at all.

My belief in the group process was not fully established up to the point that I took this class. Although I took other classes and led small groups in the past, most likely because I was expected to, or lead a group, without fully grasping the significant impact of group interventions. Thus, I feel that even though the enthusiasm was there, influencing the group to do significant work to effect a change in themselves might not have materialized. Lastly, is my lack of sense of identity. Fearful of being judged and misunderstood, this area is the biggest challenge for me as a group leader and as a member of a group.

My personal goal, in the beginning, is basically to learn about group, group counseling, and how it helps people. The learning of theories behind the skills and techniques for a particular group to use, integrate, and become therapeutical came as part of meeting my goal. Thus, it demystifies the concept of group interventions. Not only that my basic goal was successfully met, but exceedingly above and beyond my expectations. Included in the action plan is to use these learned skills to lead a group and/or become a member of a group. Particularly groups on interpersonal skills and group processing. Part of my professional improvement plan is to use some of my time attending training, seminars, and workshops on group counseling, how to lead a group, and becoming a client or member of a group.

As a group leader, skills that are prevalent and that I feel dominant in my small group participation are active listening, clarifying, supporting, empathizing, initiating, suggesting, modeling, setting goals, summarizing, and evaluating. As part of my experience, both as a group leader and a member practice the same set of skills. As the group leader, being comfortable practicing giving feedback, facilitating, confronting, questioning, restating, interpreting, reflecting on feelings, linking, and disclosing oneself is my goal. The plan is to continue using learned skills and practicing with client/group members to be comfortable in a group setting.

Group Personality

Our group displayed mixed personalities, as well. There were times leaders sounded alive, energetic, and enthusiastic, there were times we were not. And this goes through with group members. My feeling was that building trust was difficult. There was no assurance of a safer space to be involved in the group process. The goal setting was not clear due to a lack of an open and supportive environment. In the beginning, I feel many seem reluctant to lead the

group and be actively involved due to the overpowering effect of Ms. A. Though it is helpful at times as if she became a lifesaver for the group, there were times I feel it goes beyond that. Personally, I experienced a hint of hostility from Ms. A. Not sure if that was a transference issue for her or for me. But we have to learn to work together, as I feel she did with the rest of the group.

I believe what helps the group work effectively is the consolidation of our group goals. As it is clearer during the processing, individual participation in the group exercises every week was an important part of the learning process. Thus, it pushes us together to pull together our resources, ideas, and good behavior to accomplish the task before us. The shifting of co-leaders impacted the group by being active participants from being passive observers. As everyone has been given a chance to lead a group, everyone has also experienced how to become responsible. The burden was shifted to the leader to influence the group and bring it where it supposedly was going most importantly.

According to Rutan et. Al., 20027) Resistance is an individual's reluctance to bring into conscious awareness threatening unconscious materials previously been repressed. It is also viewed sometimes as holding the group from making progress. It is not a process to resist treatment; a defensive process to resist emotional pain. In this context, I've learned that resistance is a part of the group process. It is essential that the group leader must have insight and sensitivity into how repressed materials are a part of the resistance. The importance of self-disclosure in a safe holding place. So, if the client is expressing resistance, the role of the group leader is to empathize, actively listen, suggest, model, and set a goal.

I believe focusing on different theories each week significantly enhances our learning process about groups and available interventions. In my opinion, it promotes versatility,

curiosity, expansion of knowledge about therapeutic practices in group settings, and understanding of the role of each theory in the overall goal of promoting wellness and well-being. It influenced our group in striving to adapt and be willing to be a part of something new, I believe, to many of us. I personally will say that the idea is very much acceptable to me as a form of expanding my knowledge of what are available resources as a practitioner. In addition, it is important for me to know the origin of how this theory came about, the people behind them, and the motivation for how it came about.

Group skills and techniques, according to what I've understood so far, are not provided to practitioners to play around with it as much as they want to. Although I've heard of an eclectic type of therapist. To my understanding, the set of skills and techniques for each theory as a form of intervention was formulated based on the evidence that they know will work on a particular condition and a particular population. So, with this, it means that no skills and techniques are applicable or usable to everyone. I also understand that sometimes, we don't even have to use any skills or techniques at all.   Skill and techniques are very important as part of the therapeutic process in assisting those in need, but as was said, it sometimes causes more harm than good if the techniques were not meant for that particular purpose.

In my opinion, our group's turning point was characterized when most of the members realized that we have a common goal. Such a goal will never materialize if we are not in for this process and subject ourselves to change. As we let the process work itself, the group learned to develop a working environment that shows tolerance and collaboration, less resistance, no hostility, power-grabbing, and conflicting ideas easily resolve. If there are remnants of old behavior that hinder the group to progress, they are not visible toward the end. Solidarity with completing the task to attain the group goal became the focus as well as the individual goals.

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