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...vantage point: his grandiosity and sense of immunity from biological law, his selfishness, his concerns about impotence with a condom. Why should this be so? These points are particularly evident in the case of self-disclosure of feelings toward other members, or feedback. And what if these diverse market factors therapists to offer less... personal or non-professional associate of the trainee). Kivlighan and colleagues have developed a promising scale, the Group Helpfulness Scales, that tries to capture the entire of the group therapeutic process in a multidimensional fashion. The compass therapy tasks and therapy relationships in the group process, client and leader... variables. Perry, "Problems and Considerations in the Valid Assessment of Personality Disorders," *American Journal of Psychiatry* 149 (1992): 1645-53. At times, despite considerable therapist care, the client will continue to hear only the message, "So you want me to shut up!" Such clients will ultimately leave the group, often in embarrassment or anger. Block, *The Q-Sort Method in Personality Assessment and Psychiatric Research* (Springfield, Ill.: Charles C. Indee, that is the conclusion the Lieberman, Yalom, and Miles study reached.64 The study demonstrated that an active, executive, managerial leadership style function relates to outcome in a curvilinear fashion; that is, too much structure and too little structure were negatively correlated with good outcome. A longer closed group may have difficulty maintaining stability of membership. The further implication, then, is that we can obtain the most relevant data for prediction of group behavior by observing an individual behave in a group that is as similar as possible to the one for which he or she is being considered. When, in individual therapy, we say that it is the relationship that heals, we do not mean that love or loving acceptance is enough; we mean that an ideal therapist/client relationship creates conditions in which the necessary risk taking, catharsis, and intrapersonal and interpersonal exploration may occur. 34 At the very least, they need a few minutes before each meeting (to talk about the last session and to examine possible agendas for that day's meeting) and fifteen to twenty minutes at the end to debrief and to share their reflections about each other's behavior. Men appear to have more difficulty in self-disclosure than women: they tend to view... from the group. I wonder if you don't feel competitive with me and are trying to outdo me. The process is altogether different matter. 25 If involvement is good, prolonged, continuous, marathon involvement must be better. Together, they have greater cognitive and observational skills and with their dual points of view they may... the basic and tragic dimensions of existence? Almost every group member is deviant in the sense of representing an extreme in at least one dimension—for example, the youngest member, the only unmarried member, the sickest, the only Asian/American, the only student, the angriest, the quietest. I was scheduled to lead a six-month experiential group of clinical psychology interns, all at the same level of training and approximately the same age. A study of 100 acute inpatient group members and their thirty behaviorally oriented therapists showed that the therapists and clients differed significantly in their ranking of therapeutic factors. See Self-esteem Phenomenology Physical abuser groups Placeto treatment. Point of urgency Popularity Postmeeting discussions Posttraumatic stress disorder (PTSD). CBT-G and Potency: of group therapy Powermaker Power equalization Power maintenance Pratt, Joseph Hersey Pregroup individual sessions: emphasizing points of; helping members reframe problems/hone goals; purpose of; therapeutic alliance established in; value of Pregroup interview: objectives of; purpose of Pregroup orientation Pregroup preparation: benefits of; group processes/client outcomes and; introducing new therapist; for new in established group Pregroup testing Pregroup training: attendance and; concepts of; research on Prejudice, as source of anger Premature termination Preparing for group therapy: common group problems; inadequate preparation and; informed consent and; misconceptions about group therapy: other approaches; rationale behind; reduction of extrinsic anxiety and; research on; system of; timing/style of. Second, clinicians who are in a collaborative practice, often sharing a suite of offices, may coordinate referrals and fill one group at a time. Guidelines for Management A severe HRC is an exceedingly difficult clinical challenge, and many such clients have won a Pyrrhic victory over therapist and group by failing in therapy. There are two kinds of loneliness: the primordial, existential loneliness that Sheila confronted in... struggle? If a member comments that one of his problems is that he lies, or that he stereotypes people, or that he manipulates groups, the therapist may inquire, "What is the main lie you've told in the group thus far?" or "Can you describe the way you've stereotyped some of us?" or "To what extent have you manipulated the group thus far?" If a client complains of mysterious flashes of anger or suicidal compulsions, the therapist may urge the client to signal to the group the very moment such feelings occur during the session. What is the case that the group can track down and relate these experiences to events in the session. Earlier I alluded to contemporary therapists not often having the clinical opportunities to do their best work: I believe that the prototypical group we describe in this book is the setting in which therapists can offer maximum benefit to their clients. I suggested that she no doubt came to these beliefs honestly and that they reflected her experiences in life. The participants were young, ranging in age from twenty-five to thirty-five. Individuals who truly care nothing for each other ignore each other. The T-group and the therapy group thus arose from different disciplines; and for many years, the two disciplines, each generating its own body of theory and technique, continued as two parallel streams of knowledge, even though a few leaders straddled both fields and, in different settings, led both T-groups and therapy groups. The group becomes more vital, and all of the members (not only the ones directly working in that session) become intensely involved in the meeting. Lippitt, "Leader Behavior and Member Reaction in Three 'Social Climates,'" in *Group Dynamics: Research and Theory*, ed. Members' self-perceived personality change correlated significantly with both their feelings of involvement in the group and their assessment of total group cohesiveness.34 \* My colleagues and I evaluated the one-year outcome of all forty clients who had started therapy in five outpatient groups.35 Outcome was then correlated with variables measured in the first... generate more hunches and more strategies. You've got a long way to go to catch up with me!" Primary Task and Secondary Gratification The concepts of primary task and secondary gratification, and the dynamic tension between the two, provide the therapist with a useful guide to the recognition of process (and, as I will discuss later, a guide to the factors underlying a client's resistance to process commitment). A group supportive enough to permit this risk taking. This consideration was particularly relevant in this group, whose members had insufficiently explored their relationship to me. 11.1. Psychological illness is explained on the basis of a few simple principles, which the members memorize—for example, the value of "spotting" troublesome and self-undermining behaviors; that neurotic symptoms are distressing but not dangerous; that tension intensifies and sustains the symptom and should be avoided; that the use of one's free will is the solution to the nervous patient's dilemmas. To facilitate the development of adaptive discomfort, the heterogeneous argument suggests that clients be exposed to other individuals in the group who will reinforce neurotic positions by fulfilling interpersonal needs but instead will be frustrating and challenging, making clients aware of different conflict areas and also demonstrating alternative interpersonal modes. I find it valuable to ask the client to give a detailed description of a typical twenty-four hours and to take particular note of the way the client's life is peopled. If the usual boundaries of therapy are to be crossed, even in the best of faith and with clear therapeutic intent, it is essential to obtain informed consent from the group members. E. Robertson, P. The members' shared experience make them both peers and credible experts. Every experienced group leader employs some structured exercises. Good timing is necessary. This is a radical departure from traditional outpatient group therapy technique, but in specialized groups it makes for the most efficient use of a limited number of sessions, as we shall see later... in therapy for that length of time had an extremely high rate of improvement (I. Catharsis 3. Johnson, Group Psychotherapy: A Practical Approach (New York: McGraw-Hill, 1963). Zetsel, "The Concept of the Transference," in *The Capacity for Emotional Growth* (New York: International Universities Press, 1956), 168-81. Ormont, "Cultivating the Observing Ego in the Group Setting," *International Journal of Group Psychotherapy* 45 (1995): 489-502. She reintegrated far-strewn bits of herself. If group members do not transfer their learning, they derive their social gratification exclusively from the therapy group and therapy becomes interminable. As noted earlier, a promise of absolute therapist confidentiality can rarely be provided without negatively constraining the therapy. Coming late may mean "I don't really care about the group," but it may also have many other, more complex interpersonal meanings: "Nothing happens without me, so why should I rush?" or "I bet no one will even notice my absence—they don't seem to notice me while I'm there," or "These rules are meant for others, not me." Both the underlying meaning of the individual's behavior and the impact of that behavior on others need to be revealed and processed if the members are to arrive at an empathic understanding of one another. Finkelstein, B. At the fourteenth meeting, the therapists announced that Sandy was improved and would leave the following week. Experience as a full member of a bona fide therapy group is invaluable, and I encourage any trainee to seek such therapy. The ideal meeting begins with all members present and punctual, and runs with no interruptions until its conclusion. These strategies (including strong group preparation, homogeneous composition, and structured interventions) will be discussed in chapter 2. Whatever the reasons for the subgrouping, the process should be noted and openly discussed. Other excellent options exist for practice, however. Jiedler, "A Comparison of Therapeutic Relationships in Psychoanalysis, Nonreceptive, and Adlerian... Personal participation is the most vital way to teach and to learn group process.25 Surveys indicate that one-half to two-thirds of group therapy training programs offer some type of personal group experience.26 Some programs offer a simulated group in which one or two trainees are appointed co-therapists and the rest role-play the group members. Each meeting has a beginning agenda and check-in, a middle working phase, and an end-of-session review. Naturally, this distribution of research emphasis is reflected in the text: some chapters may appear, to clinicians, to stress research too heavily, while other chapters may appear, to research-minded colleagues, to lack rigor. One of the most important functions of the summary is that it offers the client another weekly contact with the group and increases the likelihood that the themes of a particular meeting will be continued in the following one. Consequently, she was not eager to consummate a sexual relationship with Bill. The members deskill themselves and seem unable to help themselves or others. She complained that she could not say no to an attractive man. A change in dress or grooming not uncommonly indicates change in a client or in the atmosphere of the entire group. Other relevant events in the life of the group must be considered. Second, there is growing evidence that group therapy is an effective form of treatment. Davies, "Challenging the Omnipotence of Voices: Group Cognitive Behaviour Therapy Research and Therapy," *British Journal of Psychology* 93 (2000): 993-1003. Robt, a twenty-five-year-old graduate student, arrived at the meeting in latheredness, the only time in eighteen months of therapy he had bedded himself, and during the meeting was... in the context of genuine attempts to understand oneself or other group members.26 Emotional expression is directly linked to hope for a sense of personal effectiveness. DeZuleta and P. 62. I instituted a group work for an individual who had been in therapy for some time. Several group members maintained a weekly long-distance telephone vigil, which proved to be beneficial both to that client and to the cohesiveness of the entire group. The smell of the stew was delicious and made the rabbit's mouth water, published 1952). The group therapist is the principal standard bearer of the group culture, supporting and sustaining the group and pushing it forward in its work.16 \* Two group members, Tim and Marjorie, had a sexual affair that eventually came to light in the group. Lieberman, "Comparative Analyses of Change Mechanisms in Group," in *Advances in Group Therapy*, ed. Each client's preparation must be individualized according to the presenting complaints, questions and concerns raised in the interview, and level of sophistication regarding the therapy process. This member's transference was such that he had incompletely differentiated himself from the therapist. The first T-group, the ancestral experiential group, was held in 1946. Palmer, R. Tavistock conferences, however, are still used as an educational vehicle to inform participants about the nature of group forces, leadership, and authority. Each client will enter, participate in, use, and experience the group in a uniquely personal manner. The client may or may not have gained some insight, that is, learned the reasons accounting either for the inappropriate affect or for the prior avoidance of affect experience or expression. Reports describe effective homogeneous groups that meet for a course of two to twelve weekly sessions. Keep in mind also that many therapists suggest group therapy for borderline clients not because these clients work well or easily in therapy groups but because they are extraordinarily difficult to treat in individual therapy. d In the following clinical... in a group meeting) why Diana had sought therapy; namely, that she should help in dealing with her father, a nineteen-year-old, rebellious, sexually blackmailing daughter who was in the midst of a search for her hereditary autonomy! From there it was but a short step for the group, and then for Diana herself, to understand that her conflict with her daughter was being played out in the here-and-now of the group. For example, a group may establish a "take turns" format in which an entire meeting is devoted, sequentially, to each member of the group. 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some appropriate time, call on her to take a risk by, for example, giving feedback or evaluating the meeting. Flather, and F. Furthermore, in the preceding meeting, Kevin had been soundly attacked by the group for his fundamentalist religious convictions, which he used to criticize others' behavior but not his own propensity for extramarital affairs and infidelity. ...

... attacked and voluntarily ejected himself from a group ... wished to join. His broad knowledge of contemporary group psychotherapy and his exhaustive review of the research and clinical literature were invaluable to the preparation of this volume. Clients may think of group therapy as cheap therapy, an alternative for people who cannot afford individual therapy or a way for neglected health care systems to increase profits. Murray, "A Content Analysis for Study in Psychosocials," *Psychological Monographs* 70 (13) (1956). Since there is a realistic component to a client's anxiety on learning that her therapist has diagnosed her as borderline, the therapist candidly discussed both his own discomfort at having to use diagnostic labels for hospital records and the confusion surrounding psychiatric nosological terminology; he recalled as best he could his reasons for using that particular label and its implications. Pedder, "Termination Reconsidered," *International Journal of Psychoanalysis* 69 (1988): 495-505. Client-therapist disagreement about the goals and tasks of therapy may impair the therapeutic alliance.† This issue is not restricted to group therapy. Finally, there was considerable resistance in the medical field to forming a group because of the widespread belief that talking openly about cancer and hearing several women share their pain and fears would only make things worse. a) Goals for the Therapy Group. Cooper, and E. All agreed they had heard it at every meeting—in fact, they had heard Walt speak this way in the very first meeting. Second, the therapists in their individual therapy sessions are able to prevent impending dropouts by addressing and resolving issues that preclude the client's work in the group. I will address this issue fully in later chapters on training and on the therapist's tasks and techniques, but for now note only that this argument is a powerful reason for therapists to know themselves as fully as possible. Rhoda rejected this idea by claiming that the group, unlike the dance, was an artificial situation in which people followed unnatural rules of conduct. ...

... practice by marketing themselves through speaking engagements and advertising. Socialization Anxiety Process commentary evokes early memories and anxieties associated with parental criticism of the child's behavior. Each of these issues will be discussed fully in later chapters. Why did Burt, through an obviously provocative and indefensible statement, set himself up for a universal attack by the group? What type of commitment must one make? ... † The entire practice of therapy, including therapists' morale, will benefit from greater partnership and less polarization. They felt that they gave far more than they received in the group. However, an absolute rank-ordering of therapeutic factors is not possible. There was so much caring and loving in the group, and I was a part of it. British Journal of Psychotherapy "A delight to read: a most important and enriching book for anyone practicing group therapy or counseling on either side of the Atlantic." Feeling scared and helpless, she discussed her wartime memories of being dehumanized by those who hated her without knowing anything about her as a real person. Others are best treated in a group because they characteristically elicit strong negative counter-transference from an individual therapist. 60 • Grant, a thirty-eight-year-old male referred to group therapy by his female individual therapist, struggled with anger and a near-phobic avoidance of tenderness or dependence that he believed was related to physical abuse he suffered at the hands of his brutal father. The group members had grown to know each of these two members as people, as John and Charles, who were faced with major life problems, not as a transvestite and a cancer patient. Lewis, and A. The following group meeting was horrific. Weigel, "The Marathon Encounter Group: Vision or Reality? Exhuming the Body for a Last Look," ...

... Scheidinger, "History of Group Psychotherapy," in *Comprehensive Group Psychotherapy*, ed. Later the time-extended format was adapted by such commercial enterprises as est and Lifespring; today, these large group awareness training programs have virtually disappeared. 7 Proponents of the time-extended group claimed that it accelerated group development, intensified the emotional experience, and efficiently condensed a lengthy course of therapy into a day or a weekend.† The emotional intensity and fatigue resulting from lack of sleep was also thought to accelerate the abandonment of social facades. It is a mistake to use exercises as emotional space filler—that is, as something interesting to do when the group seems at loose ends. Moreover, it is essential that members agree with the values that guide the therapeutic enterprise. In the therapy group, especially in the early stages, the disconfirmation of a client's feelings of uniqueness is a powerful source of relief. A clinical illustration demonstrates many of these points (another example may be found in my novel *The Schopenhauer Cure*). 99 • Susan, a forty-six-year-old, very proper school principal, and Jean, a twenty-one-year-old high school dropout, became locked into a vicious struggle. Ed's pattern of social relationships was barren: he had never had close male friends and had only sexualized, unsatisfying, short-lived relationships with women who ultimately and invariably rejected him. Jean was enraged by Susan's judgmentalism, her sanctimoniousness, her embittered spinsternhood, her closed posture to the world. Group members may compete with one another in the group for the largest share of the therapist's attention or for some particular role: for example, the most powerful, respected, sensitive, disturbed, or needy person in the group. Tarrant, "Does Group Climate Mediate the Group Leadership-Group Member Outcome Relationship?" In the social microcosm of the therapy group, boring members re-create these problems and bore the members of the group—and the therapist. Or perhaps the therapist, who is bored, may be bored by the group. ...

... members. Which factors do they regard as most salient to their improvement in therapy? Everyone in the group was very moved; I noted silently that Saul, too, had tears in his eyes. Descriptions of the contemporary practice of gestalt therapy emphasize a more balanced approach, which employs structured exercises (or "therapist-induced experiments") in a judicious fashion. 62 How useful are structured exercises? Hill, "A Qualitative Analysis of Client Perceptions of the Effects of Helpful Therapist Self-Disclosure in Long-Term Therapy," *Journal of Counseling Psychology* 44 (1997): 274-83. Fritz Perls (the founder of gestalt therapy) left many recorded sessions with clients as well as theoretical essays that demonstrate that he was basically concerned with problems of existence, self-awareness, responsibility, contingency, and wholeness both within an individual and within the individual's social and physical universe. 61 Although Perls's technical approach was novel, his conception of the human being's basic dilemma is one he shares with a long line of philosophers of life, stretching back to the beginning of recorded thought. 37 The Canadian Group Psychotherapy Association, as of 1986, required ninety hours of personal experience in either a bona fide therapy group or a prolonged experiential workshop with other professionals (Kent Mahoney, personal communication, 1994). In long-term therapy groups, the process of bypassing is less germane; the leader more often wishes to guide the group through anxiety, through the impasse or difficult stages, rather than around them. The self-esteem of the antagonists may be increased by the conflict. To protest its disruption? Dictation of the summaries (two to three single spaced pages) requires approximately twenty to thirty minutes of a therapist's time and is best done immediately after the session. (The groups with the most exercises had fewer high changers, fewer total positive changers, and more negative changers. McKeever, "Predictors of Veterans' Participation in Cognitive-Behavioral Group Treatment for Post-Traumatic Stress Disorder," *Journal of Counseling Psychology* 44 (1997): 274-83. Pre-emptive self-disclosure by the therapist may be useful in the early stages of therapy, but it is best to avoid it as much as possible. ...

... the emotional incidents of the group. Note an allied research finding: effective therapy generates further recollection of past memories, which in turn further modify the reconstitution of the past. 38 If explanations are not to be sought from an originological perspective, and if the most potent focus of the group is the ahistorical here-and-now, does the past therefore play no role at all in the group therapeutic process? † Contemporary psychotherapy employs "a relational model in which mind is envisioned as built out of interactional configurations of self in relation to others." 10 Building on the earlier contributions of Harry Stack Sullivan and his interpersonal theory of psychiatry, 11 interpersonal models of psychotherapy have become prominent. 12 Although Sullivan's work was seminally important, contemporary generations of therapists rarely read him. Thus, the first condition for an effective conjoint therapy experience is that the individual and group therapists have an open, solid, mutually respectful working relationship. Sotsky, "Treatment Expectancies, Patient Alliance, and Outcome: Further Analysis from the NIMH Treatment of Depression Collaborative Research Program," *Journal of Consulting and Clinical Psychology* 70 (2002): 1051-55. Grunebaum and L. For us, too, the group has been a place of anguish, conflict, fear, and also great beauty: some of life's truest and most poignant moments occur in the small and yet limitless microcosm of the therapy group. Lieberman and I. We did not discuss in the group today Al's questioning of Paul, which is not dissimilar from some other meetings in the past where Al became intensely interested in the content of the enterprise. Here is how your behavior influences the options you have. ...

... of Oxford, England. Oxford University Press, 1988. In general, therapeutic interventions are more effective when they are logically consistent with sound supporting arguments, if they are bolstered by empirical research, if they "feel" right or are congruent with the client's self-concept, and if they are supported by the therapist's own experience. ...

... this act would clearly have become an important group issue. Mary had contacted neither with the therapist nor with other members about bringing her dog to the group; she was, because of her narcissism, an unpopular member and she was representative of her insensitivity to others. Although most therapy groups go through an early phase of instability during which some members drop out and replacements are added, the groups thereafter settle into a long, stable phase in which much of the solid work of therapy occurs. It is generally deeply ingrained, with roots stretching back to earliest childhood (as in the common childhood fantasy of watching at your own funeral as parents and other grief-stricken tormentors pound their breasts in guilt). Perhaps, one member suggested, she hated him so much because she badly wanted to be closer to him and was convinced it would never happen. They feel that not only have they no way of helping themselves but they have nothing to offer others. Obviously, the ties of the therapy group are no exception. For one thing, the group experience is an extraordinarily influential event in the students' training career; the leader will often serve as an important role model for the trainees and therefore should have extensive clinical and group experience and the highest possible professional standards. Goldstein, "Clarification of Projective Identification," *American Journal of Psychiatry* 148 (1991): 153-61. He had often been most attracted to women who were attached to some powerful man. If these clients are able to accept the reality testing offered by the group, and if their behavior is not so disruptive as to cast them in a deviant or scapegoat role, then the group may become a holding environment—an enormously important, supportive refuge from the stresses borderline clients experience in everyday life. In the same vein, you can anticipate that some of the difficulties that you have experienced in your life will express themselves in the group. Kamm, "Group Dynamics and Athletic Success," presented at the annual meeting of the American Psychological Association, 1965. ...

... and the way you use that mothering to avoid facing your own needs and pain. It is equally important to train students to evaluate group therapy research and, if appropriate, to adapt the research conclusions to their clinical work. Back, "Influence Through Social Communication," *Journal of Abnormal Social Psychology* 46 (1951): 398-405. Just as one cannot not communicate, the leader cannot not influence norms; virtually all of his or her agenda group behavior is influential. Corsini and B. Prince et al., "Group Aftercare: Impact on a Statewide Program," *Diseases of the Nervous System* 77 (1977): 793-96. See International Classification of Disease The Icmann Cometh Ideal group Identification. The leader who cannot be criticized openly generally is the source of scapegoating. 4 M. Argyia Filling - Rutan, "Treating Persons with ARC and AIDS in Group Psychotherapy," *International Journal of Group Psychotherapy* 40 (1990): 19-30. Typically, the client attends one group session and one individual session weekly. Their maladaptive social patterns will quickly elicit the group's attention. Crouch and S. Dropouts and poor attenders could be predicted by the following characteristics: anger, hostility and argumentativeness; social inhibition; substance abuse; and somatization. Any discussion of therapist freedom should begin with transference, which can be either an effective therapeutic tool or a set of shackles that encumbers your every movement. She was professionally successful but interpersonally isolated, and she experienced chronic dysthymia that was only partially ameliorated with antidepressants. THE ACUTE INPATIENT THERAPY GROUP The Clinical Setting The outpatient group that I describe throughout this book is freestanding; all important negotiations occur between the group therapist(s) and the seven or eight group members. These self-management groups use trained peers to encourage members to cope actively with their medical conditions. 17 The inspiration provided to participants by their peers resulted in substantial improvements in medical functioning. ...

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... psychopathology for many disorders emphasize this principle.† "Mental disorder" also consists of interpersonal processes that are either inadequate to the social situation or excessively complex because the individual is relating to others not only as they are but also in terms of distorted images based on who they represent from the past. Although some people relish conflict, the vast majority of group members (and therapists) are highly uncomfortable when expressing or receiving anger. Second, the effect of therapist disclosure was to shift the pattern of group interaction into a more constructive, sensitive direction. Gustafson et al., "Development and Pilot Evaluation of a Computer-Based Support System for Women with Breast Cancer," *Journal of Psychosocial Oncology* 11 (1993): 69-93. Hence, the content of the discussion is less important than the unspoken process: members size up one another, they attend to such things as who responds favorably to them, who sees things the way they do, whom to fear, whom to respect. (And it will almost invariably be the case that productive work occurs when the group maintains a here-and-now focus—to be discussed in the next chapter.) Self-Disclosure Group therapists may disagree about many aspects of the group therapeutic procedure, but there is great consensus about one issue: self-disclosure is absolutely essential in the group therapeutic process. I blow up to my wife and kids and have serious road rage. 64 H. These possibilities aside, it is the therapist who, wittingly or unwittingly, will continue to serve as the chief model-setting figure for the group members. If the group is large—say, twelve members—and if there are new members who require a good bit of time to understand an agenda, then there may be only thirty minutes in which to fill the two agendas. For example, I have regularly observed this procedure with my own group. ...

... couples groups (generally short term and focused on improvement of dyadic relationships); co-leadership of a long-term traditional group, however, requires an unusually warm and stable marital relationship. 22. But we had a dilemma: What if some of the changes in the field do not represent advances but, instead, retrogression? 15 D. Kendall, "A New Intellectual Framework for Psychiatry," *American Journal of Psychiatry* 155 (1998): 457-69. (When Gina married, she invited to the wedding everyone in the group except Jan. MacNaair and colleagues also studied two large groupings of clients treated at a university counseling service in 16 session interactional interpersonal group therapy. These goals may be unconscious or, even if conscious, well hidden from others; they are not part of the initial contract the individual makes with the therapist, and yet they exert a pervasive influence in the therapeutic work. VandeCreeke and T. Borgers, "Uses and Effects of Modeling by the Therapist in Group Therapy," *Journal for Specialists in Group Work* 8 (1983): 133-39. Gomes-Schwartz, "Psychotherapy for Better or Worse: The Problem of Negative Effects (New York: Jason Aronson, 1977). Keep it going!" A co-therapist may prove invaluable here in helping the members continue to express their anger at the other therapist and ultimately to examine the source and meaning of that anger. Rutan, "Growth Through Shame and Humiliation," *International Journal of Group Psychotherapy* 50 (2000): 511-16. In effect, he said, I value you the members, this group, and this mode of learning. I reinforce members when they give testimony of the group's usefulness or when they indicate that they have been thinking about other members during the week. ...

... and the way you use that mothering to avoid facing your own needs and pain. It is equally important to train students to evaluate group therapy research and, if appropriate, to adapt the research conclusions to their clinical work. Back, "Influence Through Social Communication," *Journal of Abnormal Social Psychology* 46 (1951): 398-405. Just as one cannot not communicate, the leader cannot not influence norms; virtually all of his or her agenda group behavior is influential. Corsini and B. Prince et al., "Group Aftercare: Impact on a Statewide Program," *Diseases of the Nervous System* 77 (1977): 793-96. See International Classification of Disease The Icmann Cometh Ideal group Identification. The leader who cannot be criticized openly generally is the source of scapegoating. 4 M. Argyia Filling - Rutan, "Treating Persons with ARC and AIDS in Group Psychotherapy," *International Journal of Group Psychotherapy* 40 (1990): 19-30. Typically, the client attends one group session and one individual session weekly. Their maladaptive social patterns will quickly elicit the group's attention. Crouch and S. Dropouts and poor attenders could be predicted by the following characteristics: anger, hostility and argumentativeness; social inhibition; substance abuse; and somatization. Any discussion of therapist freedom should begin with transference, which can be either an effective therapeutic tool or a set of shackles that encumbers your every movement. She was professionally successful but interpersonally isolated, and she experienced chronic dysthymia that was only partially ameliorated with antidepressants. THE ACUTE INPATIENT THERAPY GROUP The Clinical Setting The outpatient group that I describe throughout this book is freestanding; all important negotiations occur between the group therapist(s) and the seven or eight group members. These self-management groups use trained peers to encourage members to cope actively with their medical conditions. 17 The inspiration provided to participants by their peers resulted in substantial improvements in medical functioning. ...

... thoughts, impulses, and fantasies. Nerenberg, "The Value of Group Psychotherapy for Sexual Addicts," *Sexual Addiction and Compulsivity* 7 (2000): 197-200. Group CBT has been applied effectively to an array of clinical conditions: acute depression, 55 chronic depression, 56 chronic dysthymia, 57 depression relapse prevention, 58 post-traumatic stress disorder (PTSD), 59 eating disorders, 60 insomnia, 61 somatization and hypochondriasis, 62 spousal abuse, 63 panic disorder, 64 obsessive compuls















...a language professor who sought therapy for many reasons: depression, promiscuity, and loneliness. The majority of patients on an inpatient ward are confused, frightened, and disorganized; they crave and require some external structure and stability. Unfortunately, it is common across the psychopathologies. Satisfaction from Pride in Group ...

...avoidably with what he understands within the larger group of the institution. She gradually reexamined and eventually discredited her belief that she had little of value to offer. Clients become deviant because of interpersonal behavior in the group. Sessions, not because of a deviant lifestyle or history. In an analogical fashion, our clients automatically search for inspiring, and therapists who prize the intellectual pursuit join them. Parker, K. John Bowlby, from his studies of the early mother-child relationship, concludes not only that attachment behavior for survival but also that it is core, intrinsic, and generally built in. If mother and infant are separated, both experience marked anxiety concomitant with their search for the lost object. In this state, we are aware of being; we live authentically; we embrace our possibilities and limits; we are aware of our responsibility for our lives. Furthermore, we can, if we choose to use available procedures, predict to some degree the group behavior of the individual. Here I will state only this basic premise: When the therapy group focuses on the here-and-now, it increases in power and effectiveness. Docherty (New York: Basic Books, 1993), 185. In chapter 2, I described a common sequence in which group members first seek symptomatic relief and then, during the first months in therapy, formulate new goals, often interpersonal ones of relating more deeply to others, learning to love, and being honest with others. The inexperienced therapist may take them too seriously and use them as a template for clinical practice. Most valuable are group dreams—dreams that involve the group as an entity—or dreams that reflect the dreamer's feelings toward one or more members of the group. Because the encounter group qua encounter group has faded from contemporary culture, we considered omitting the chapter entirely. Ullman, "The Ghost in the Group Room: Countertransference Pressures Associated with Conjoint Individual and Group Psychotherapy," *International Journal of Group Psychotherapy* 52 (2002): 103-120. ...

...and disorder into the ranks of the enemy. Pines, "Group Analytic Therapy of the Borderline Patient," *Group Analysis* 11 (1978): 115-26. Houston, L. In a recent publication, a member of a group led by Hugh Mullan, a well-known group therapist, recounts a group episode that occurred forty-five years earlier. Leader: Technique The leader of a training group of mental health professionals has a demanding task: he or she not only provides a role model by shaping and conducting an effective group but must also make certain modifications in technique to deal with the specific educational needs of the group members. Flowers and C. Instead, she shows her throat. One group member commented that he had always attributed his aloneness to some unidentified, intractable, repugnant character failing. Hartog, J. In a flash, the meaning of his behavior was illuminated! Why had the Robin Hood legend always fascinated and delighted him? 14 C. In fact, he found himself "turned off" by any woman who wanted a long-term relationship. When in a single meeting or in the sequence of meetings are they removed? In these clinical situations, therapists must radically alter their perspectives on the life development of the group. The implication for international conflict is apparent: intergroup hostility may dissolve in the face of some urgently felt worldwide crisis that only supranational cooperation can avert: atmospheric pollution or an international AIDS epidemic, for example. Kutter, E. • One group member, Mark, spoke slowly and methodically about his intense social anxiety and avoidance. Furthermore, members who have had much group therapy experience are far more desirous of therapist self-disclosure than are inexperienced group members. I asked, "Joe, if you were to think about revealing yourself on a ten-point scale, with 'one' representing cocktail-party stuff and 'ten' representing the most you could ever imagine revealing about yourself to another person, how would you rank what you did in the group over the last ten minutes?" He thought about it for a moment and said "I would rank myself a seven." ...

...Training Groups," *Human Relations Training News* (Spring 1965). Here was narcissism in the raw! Her worldview was so solipsistic that it did not take in the possibility that life could have been going on in the group before her arrival. Krupnick, S. I say that clients may, as they develop trust in the group, reveal intimate aspects of themselves, but that the group is not a forced confessional and that people have different rates of developing trust and revealing themselves. Assessment of the clinical setting. He proposed that the group, with or without the permission of the therapist, meet more often, perhaps at one of the members' homes, without the therapist. Lambert (New York: Wiley, 2004), 647-96. Some were blatantly deviant, attacking the group and isolating themselves. If this sequence, so common in human events, were permitted to unfold in therapy groups, the group members would have little opportunity for change or learning. You are not satisfied. What can you as therapist do in the face of the inevitable? Bales, "Task and Accumulation of Experience as Factors in the Interaction of Small Groups," *Sociometry* 16 (1953): 239-52. Frankenburg, E. Many erroneous judgments of the group may be corrected in the preparation procedure (see chapter 10), but if you discern a deeply rooted unwillingness to accept responsibility for treatment or deeply entrenched unwillingness to enter the group, you should not accept that person as a group therapy member. 17 Project MATCH Research Group, "Matching Alcoholism Treatments to Client Heterogeneity: Project MATCH Post-Treatment Drinking Outcomes," *Journal of Studies in Alcohol* 58 (1997): 7-29. Salvendy, "Brief Group Therapy at Retirement," *Group* 13 (1993): 43-57. My father left us a thirtyfoot boat, but rather than giving it to me to steer, he gave it to one of my friends, and I was angry about this. "This is not the place to discuss this dream fully. They prefer not to believe you if you profess puzzlement or ignorance. The ideal therapy group has norms that permit the therapeutic factors to operate in a noncontingent way." ...

...she now feared police action against her. For example, "How can I actually meet people if I keep refusing invitations to go out for drinks after work?" • Monitor mood. Etlin, "Come on, Jack, Tell Us About Yourself: The Growth Spurt of Group Psychotherapy," *International Journal of Group Psychotherapy* 39 (1989): 35-59. 17 L. The natural tendency of a new group is to devote an entire meeting to each of the members in rotation. It is important that the groups identify problems with some therapeutic hand—problems that the client perceives as circumscribed and malleable (not problems such as chronic unhappiness, depression, or suicidal inclinations that are too generalized to offer a discrete handhold for therapy). Edith felt grateful at that and led Laura know that. Indeed, often the data is material that the client has generally overlooked or that is outside his or her awareness. Acceleration that results in material being wrenched in an untimely way from individuals may be counterproductive if the proper context of the material has not been constructed. Clients should not be placed in a group if they are likely to become group deviants. Though techniques vary depending on a therapist's style, the intention of these interventions is to switch on a self-reflective beacon. Too little self-disclosure usually results in severely limited opportunity for reality testing. These different responses to either the silence or the leader's instructions were all that was needed to launch the group, and in a short time it would be up and running. 57 V. This twelve-week group starts with a psychoeducational module about bulimia and nutrition; next is a cognitive-behavioral module that examines distorted cognitions about eating and body image; and the group concludes with an interpersonally oriented group segment that examines here-and-now relationship concerns and their impact on eating behaviors. 97 Therapeutic Factors and Stages of Therapy Intensive interactional group therapy exerts its chief therapeutic power through interpersonal learning (encompassing catharsis, self-understanding, and social reinforcement). ...

...70 The application of CBT in groups varies according to the particular needs of the clients in each type of specialty group, but all share certain well-identified features. 71 Group CBT is homogeneous, time limited, and relatively brief, generally with a course of eight to twelve meetings that last two to three hours. 72 Group CBT emphasizes structure, focus, and acquisition of cognitive and behavioral skills. Sotsky et al., "Patient Predictors of Response to Psychotherapy and Pharmacotherapy: Findings in the NIMH Treatment of Depression Collaborative Research Program," *American Journal of Psychiatry* 148 (1991): 997-1008. Some therapists unwittingly compound this belief by absorbing the client projections of special powers and unconsciously offering unfulfillable promise of success. 10 The existence of initial dependency thus stems from many sources: the therapeutic setting, the therapist's behavior, a morbid dependency state on the part of the client and, as I discussed in chapter 7, the many irrational sources of the members' powerful feelings toward the therapist. 27 G. Abramovics, "Self-Disclosure in Group Therapy with Schizophrenics," *Archives of General Psychiatry* 32 (1975): 1259-61. Korchin et al., "Experience of Perceptual Distortion as a Source of Anxiety," *Archives of Neurology and Psychiatry* 80 (1958): 98-113. Other group members are often disinclined to place a member for fear that they will thus incur an obligation to fill the silence. Substantial benefits from therapy have been demonstrated, including improved pharmacotherapy adherence; reduced mood disturbance; fewer illness relapses; less substance abuse; and improved psychosocial functioning. 28 THE CHARACTERISTICS OF GROUP THERAPY. The final types of program clients in group therapy I shall discuss are the schizoid client, the borderline client, and the narcissistic client. An early and engaged in this relationship or am I managing the relationship inauthentically to resolve my functioning? 28 The Group Interview Test (G.I.T.) is a public domain tool (1150). ...

...concerned that if they revealed themselves too early, they would be stereotyped and that the stereotype would block other members from knowing them fully. He ended his relationship with Burrow and gave no further thought in writing to groups. 23 I. Until we have some satisfactory frame of reference to deal with these questions, asking "What role is open in the group?" will contribute little toward an effective approach to group composition. 23 H. SOME GOALS OF GROUP PSYCHOTHERAPY Many individuals seeking therapy feel isolated and dissatisfied in their particular life situation. Bennett, and C. And what parts of him do you find most difficult to accept? • A group meeting of elderly clients attending a psychiatric day hospital for treatment of depression groaned with feelings of disconnection and despair. Livingston, "Vulnerability, Tenderness and the Experiences of Self-Object Relationship: A Self Psychological View of Deepening Curative Process in Group Psychotherapy," *International Journal of Group Psychotherapy* 49 (1999): 19-40. First, keep in mind that therapists' published views of the range of therapeutic factors are broadly analogous to the factors I have described. 77 But, of course, leaders from different ideological schools differ in their weighting of the therapeutic factors, even though they resemble one another in their therapeutic relationships. 78 The research data tells us that therapists and clients differ in their valuation of the group therapeutic factors. Interpersonal learning  $r = .1$  p  $< .05$ . Intrapersonal learning—input and self-understanding. Daldorp, "Vicarious Emotional Experience and Emotional Expression in Group Psychotherapy," *Journal of Counseling Psychology* 56 (2000): 1-10. Internet support group. ...

...and, at the same time, convey to me that it clear the group, the more he did not want any active help with the content of the session. McKenzie, "When Is Now? I believe that a training group should be a therapeutic tool that provides the best experience possible. Gallesse and I. Many clients develop conflicted and distorted feelings toward the therapist; the transparency of the therapist facilitates members working through their transference. Throughout the course of the group, narcissistic injury (wounds to self-esteem from feedback or being overlooked, unappreciated, excluded, or misunderstood) is often suffered and is often expressed by angry retaliation. No! More is needed: the issues being avoided were too crucial to the group's existence to be left submerged. Not only did Bill have a "divide and seduce" strategy, but he also found something intrinsically pleasurable in the process of splitting. Thus, when it seems appropriate to merge, I might begin a meeting: "The last meeting was very intense! I wonder what types of feelings you took home from the group and what those feelings are now?" In chapter 14, I will describe the group summary, a technique that serves to increase the sense of continuity between meetings. Deskinling is particularly dramatic in a group composed of professional therapists who suddenly seem unable to ask even the simplest questions of one another. They failed to distinguish between mere mimicry, which apparently has only a restricted value for clients, and the acquisition of general styles and strategies of behavior, which may have considerable value. She responded ingeniously. "It's lonely. The child looks up at his mother and says, 'Don't worry, daddy, at the next stop it will be our turn to hate!'" 66 The parallel to new members entering the group is trenchant. 62 S. If you know a week or more ahead of time of a necessary lateness or absence, inform the group at an earlier session. Furthermore, the leader, by modeling an empathic, nonjudgmental style, helped establish a safe group atmosphere. ...

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they have proclaimed, and that some of their attitudes and behavior are not so fully justified as they have been proclaiming. (How explicit the working in the past need be is a complex and controversial issue, which I will address in chapter 5.) DEVELOPMENT OF SOCIALIZING TECHNIQUES Social learning—the development of basic social skills—is a therapeutic factor that operates in all therapy groups, although the nature of the skills taught and the explicitness of the process vary greatly, depending on the type of group therapy. Koss and J. The leaders question what they missed, what else they might have done in the group, whether they left out certain members. In each of these roles, the therapist helps to shape the norms of the group. Anderson, "Meta-Analysis of Medical Self-Help Groups," *International Journal of Group Psychotherapy* 50 (2000): 53- 69. but" client (see chapter 13).<sup>51</sup> Some group members may bid for attention and nurturance by asking for suggestions about a problem that either is insoluble or has already been solved. Postgroup coffee meetings may be arranged. One member barraged the group with so many questions and "observations" that it occluded any opportunity for members to interact or reflect. Many therapists appear to function best in segments of eighty to ninety minutes; with longer sessions therapists often become fatigued, which renders them less effective in subsequent therapy sessions on the same day. An open group may have a predetermined life span—for example, groups in a university student health service may plan to meet only for the ninemonth academic year. The four previous chapters contend that therapy is a complex process consisting of elemental factors that interlace in an intricate fashion. <sup>72</sup> Lothstein, "The Group Psychotherapy Dropout Phenomenon." McCallum et al., "Early Process and Dropping Out." <sup>73</sup> J. As I discussed in chapter 10, brief groups require clear structure and high levels of focused therapist activity. (J. She idealized me in every way, and my hope was that a written summary conveying my honest feelings— pleasure, discouragement, puzzlement, fatigue—would permit her to relate more genuinely to me. Reichling, "Group Cohesiveness and the Expression of Hostility," *Human Relations* 8 [1955]: 327-37). Stone and J. Bennis (New York: Wiley, 1965), 114-52. Many longterm outpatient group therapists allow events to run their course and then encourage the examination and integration of the event. The research on group composition is voluminous and complex. Occasionally, two members will become sexually involved. It may be useful for the therapist to use the final interview to review in detail the client's experience in the group. It is the microcosmic representation of some of life's most crucial and painful issues. Dies, "Models of Group Psychotherapy: Shifting Through Confusion," *International Journal of Group Psychotherapy* 42 (1992): 1-17. The evidence, Claudia insisted, simply could not be appreciated by anyone not there at work with her: the glances of her supervisor, the subtle innuendos, the air of dissatisfaction toward her, the general ambience in the office, the failure to live up to her (selfimposed and unrealistic) sales goals. Without a potent psychosocial therapeutic intervention, inpatient wards rely only on medication and the work of the staff is reduced to custodial care. Williams-Barnard and A. She retained her psychotherapeutic skills and thus proved helpful to many members, who admired her greatly for her unusual perceptiveness and sensitivity. Campbell, "The Perpetuation of an Arbitrary Tradition Through Several Generations of a Laboratory Microculture," *Journal of Abnormal and Social Psychology* 62 (1961): 649- 58. Therapists must appreciate this necessary developmental sequence to help prevent early group dropouts. Highly cohesive groups have greater levels of self-disclosure. Sadock (Baltimore: Williams & Wilkins, 1971), 50-51. Sometimes the group's feedback can be illuminating and lead to important work, as occurred in a group for male spousal abusers who questioned why the male co-therapist collected the group fee and the female cotherapist did the "straightening up." When consultants or supervisors are called in to assist with a group that is not progressing satisfactorily, they can often offer the greatest service by directing their attention to the relationship between the co-therapists. <sup>3</sup> In no study was individual therapy more effective. If, however, in discussions with friends or family, you wish at some point to refer to your group therapy, you should speak only about your own experience, not about any other member's experience. I shall now proceed to illustrate the entire sequence in detail by describing in depth the development of a therapy group for the acute psychiatric inpatient ward. For a brief period, Ferenczi conducted the ultimate experiment in therapist transparency: mutual analysis. Medical illness confronts us with our fundamental vulnerability and limits. In countless ways, they have encouraged and fostered a belief in their omniscience: Latin prescriptions, specialized language, secret institutes with lengthy and severe apprenticeships, imposing offices, and power displays of diplomas—all have contributed to the image of the healer as a powerful, mysterious, and prescient figure. Existential factors are also prominent, as the group supports its members in confronting the fundamental anxieties of life that we conceal from ourselves until we are forcibly confronted with their presence.<sup>f</sup> Clinical Illustration In this section I describe the formation, the structure, and the usefulness of a specific therapy group for the medically ill: a group for women with breast cancer. However, there is considerable individual variation in the rankings, and some researchers have attempted to determine the individual characteristics that influence the selection of therapeutic factors. Behind the aggressive, ever-vigilant, hard-nosed defender of honesty (but a selective honesty: honesty of expression of negative but not positive sentiments), there is often the softer, submissive child thirsting for acceptance and love. Consider the early stages of development: the group's chief concerns are with survival, establishing boundaries, and maintaining membership. (One exception to the rule may be individuals who enter in some urgent life crisis and terminate therapy as soon as the crisis is resolved.) Keep in mind that the study of group dropouts tells us little about the group continuees; group continuation is a necessary but insufficient factor in successful therapy, although evidence exists that clients who continue in treatment and avoid premature or forced ending achieve the best therapy outcomes.<sup>26</sup> Reasons for Premature Termination A number of rigorous studies of group therapy in various settings (ambulatory, day hospital, Veterans Administration clinics, and private practice, including both heterogeneous groups and homogeneous groups for problems such as grief or depression, and conducted in an interactional manner or along cognitive-behavioral lines) have convergent findings. For many, this provision of knowledge and skills is sufficient. Charging full fees for missed sessions is standard practice. Dozier, G. Yet I have observed that the therapeutic goals of clients often undergo a shift after a number of sessions. Though some therapists eschew such personal disclosure, I believe that it is important to articulate how much the group matters to you. Second, a facilitator-mediated discussion group offers an opportunity for members to obtain social support by sharing their personal story and reacting to the stories of the other members. Parson, "The Therapeutic Event in Group Psychotherapy: A Study of Subjective Reports by Group Members," *Journal of Individual Psychology* 19 (1963): 204-12. Though the remaining members may express some regret at the departure of the member, it is not uncommon for them to acknowledge that they were on the verge of leaving themselves had the therapist not intervened. Rosie, "Interpersonal Predictors of Group Therapy Outcome for Complicated Grief," *International Journal of Group Psychotherapy* 52 (2002): 511-35. Therapy group members may establish sexual relationships with one another, but not with great frequency. Thus far, for pedagogical clarity, I have oversimplified the problem by attempting to identify only absolute criteria for inclusion or exclusion. The group fears that familiar material will have to be repeated for the newcomers and that the group must recycle and relive the tedious stages of gradual social introduction and ritualistic etiquette. For example, in the first meeting of a group of incest victims, a member made a number of comments to the effect that she was disappointed that so many members were present whose healing was at such an earlier state than hers. The methodological problems are formidable: as a general rule, the accuracy with which variables can be measured is directly proportional to their triviality. The situation is so anxiety-provoking for the other members that generally the therapist can expect little constructive group discussion; moreover, an individual meeting reduces the member's public humiliation. Alden et al., "Group Aftercare for Chronic Schizophrenics," *Journal of Clinical Psychiatry* 40 (1979): 249-52. The therapist must, then, help the monopolist be selfobservant by encouraging the group to provide him or her with continual, empathic feedback about his impact on the others.<sup>5</sup> Without this sort of guidance from the leader, the group may provide the feedback in a disjunctive, explosive manner, which only makes the monopolist defensive. Goetteiman, "Process Variables Mediating Change in Intensive Group Therapy Training," *International Journal of Group Psychotherapy* 41 (1991): 379-97. <sup>82</sup> R. I feel the same way about combined therapy. Keenan, "Stress Control: A Pilot Study of Large Group Therapy for Generalized Anxiety Disorder," *Behavioral Psychotherapy* 18 (1990): 143-46. • A new member, Alice—forty years old, attractive, divorced—was introduced at a group's eighteenth meeting. If the receiver of the disclosure is involved in a meaningful relationship with the discloser (and not merely a casual acquaintance at a cocktail party) the receiver is likely to feel obligated to reciprocate with some personal disclosure. Subgroup formation is an inevitable and often disruptive event in the life of the group, yet there too the process, if understood and harnessed properly, may further the therapeutic work.<sup>†</sup> How do we account for the phenomenon of subgrouping? A comprehensive factor analytic study provided fourteen item clusters that bore considerable resemblance to my original twelve therapeutic factor categories. Back in the group, Christine felt restrained by her promise and avoided interaction with Jerry, who eventually dropped out unimproved. And how are they important? Fonagy, H. They felt that I had irrevocably relinquished my leadership role and become a group member, that the group would never be the same, and that, furthermore, I was placing my co-therapist, who would return the following week, in an untenable position. <sup>57</sup> This doctrine holds that we human beings are precisely the sum of our parts. The third most common category of critical incident is similar to the second. The groups produced significant reductions in alexithymia ratings and improvements in cardiac functioning that were sustained over a two-year period. Clients are anxious during their pregroup interviews and often recall astonishingly little of the content of the therapist's message or grossly misunderstand key points. You may determine the task in a number of ways. Piper, E. Why had she chosen to be different today—to speak out rather than silence herself as she has done so often before? Haley, *Problem Solving Therapy*, 2nd ed. The group task—to achieve a group culture of intimacy, acceptance, introspection, understanding, and interpersonal honesty—is fundamentally interpersonal, and research with a wide variety of groups has demonstrated that participation in the group task is an important source of satisfaction for the group members.<sup>77</sup> Clients who cannot introspect, reveal themselves, care for others, or manifest their feelings will derive little gratification from participation in group activities. They are more trusting and able to express a broader range of negative and positive emotions in the group. Johnson, "Cohesion in Group Therapy," in *A Guide to Psychotherapy Relationships That Work*, ed. 58 S. Obviously, similar phenomena occur in individual therapy, but the group provides a vastly greater number and variety of recapitulative possibilities. Stone and S. Many other self-help groups strongly emphasize the imparting of information. The members then asked me to go around the group in the same manner as they had done.





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