

groups will show unique responses to these general tasks. The ideas contained in this chapter should help to sensitize the therapist to the important issues. Later chapters will discuss in more detail how the therapist may assist the group in mastering stage tasks. At any point, critical incidents may need to be addressed. Specific needs of a particular member may require interventions even if out of harmony with group needs. General clinical skills in psychotherapeutic management are therefore necessary. The group developmental theory is designed as an orienting perspective that can assist the therapist in understanding the relative significance of group events. This provides the leader with guidelines regarding the type of intervention that will be most relevant to the members' experience. For example, issues of an introspective nature may appear in an early session, but to pursue these with zeal may mean that essential group consolidation tasks are avoided.

Group stages are observed most clearly in time-limited closed groups. Such a context provides the maximum opportunity to see a social system develop increasing complexity. In later chapters, the language of group development will be applied in identifying group regression and in appreciating the issues involved at times of group membership change.

CHAPTER

5

Social Roles

The idea of social role connects the interactional style of the individual with the functional needs of the group. The concepts of social role complement the theory of group developmental stages discussed in the preceding chapter. Stages describe the group as an evolving system, whereas roles focus on the impact that types of member behavior have on that system. In Chapter 6, assessment methods will be presented that link the individual patient to these ideas of group organization.

The Concept of Social Role

Social role refers to a group function, not an individual quality. The family literature provides a useful approach to this idea. *Family role position* describes some functional requirement of the family. For example, the family role position of "father" is required. In a single-parent family, this role may be filled by the mother, a male relative, or a boyfriend. The critical point is that the organizational position be filled. Similarly, families can be considered in terms of the parental role system, the spousal roles, or the dependent child role. These concepts may also be applied to group social roles. This matching of group need with individual predisposition makes the idea of social role particularly interesting from a theoretical perspective (27).

One characteristic of patients with neurotic or characterologic

problems is a lack of flexibility in their interpersonal relationships. They tend to react in the same fashion in different circumstances, and thus a style that may have been of advantage in one situation becomes a liability in others. A preponderant and overly intrusive interactional style fits nicely with the idea of social role. Indeed, one acceptable definition of therapeutic progress is the development of role flexibility. One implication of this is that a considered effort should be made to provide opportunities for all members to understand and experience the various role behaviors. Thus, the group developmental agenda of increasing complexity of interactional opportunities fits the individual agenda of learning role flexibility.

The Designated Leader

The social psychology literature places great emphasis on the role implications of official leadership. For the clinician, this designation brings with it a host of expectations that provide both opportunities and problems for effective therapeutic work.

Designation as therapist of a psychotherapy group automatically places one in the sociocultural role of "healer." This position carries with it expectations regarding ethical standards as well as appropriate knowledge and skills. It brings expectations that the leader will be helpful and positively motivated toward the members and will assume responsibility for preventing damaging experiences. Chapters 12 and 13 expand on these issues.

In the group structural diagram in Chapter 3, a boundary line was drawn between the therapist subsystem and the other group members. The "differences across the boundary" that form this boundary are heavily influenced by social role expectations. These expectations may have little to do with the actual person or the behavior of the leader. Every group leader (or committee chair) has been amazed at the powerful reactions elicited simply because of sitting in the leader's chair. The image of the "throne" produces strong reactions in both positive and negative directions.

Group therapists are often concerned about the question of responsibility for initiating group activity. Patients will come with the plausible statement, "Since you are the leader, lead us." This is a role expectation trap that requires adroit management. The optimal degree of leader control is related to the goals of the group and to the capabilities of the members, as discussed in Chapter 12.

The review of group developmental ideas in the preceding chapter suggested that a certain amount of therapist initiation is appropriate in the early stages of group. During the engagement stage, the therapist has a responsibility to promote the development of an effective and cohesive system. This responsibility must then be tapered so that the members may feel confident of initiating leadership challenge during the differentiation stage. The process may be assisted through systematic pretherapy preparation, as discussed in Chapter 7, and by continual reinforcement of patient initiative during the early sessions. One therapist goal is the development of a working group that will assume much of the leadership function for promoting therapeutic change. This theme of the therapist using the group as the agent of change runs through much of this book.

At the same time, there are distinct powers given to the designated leader that should not be neglected. By virtue of the role, the leader is in a position to influence group events. Usually this can be done with subtle reinforcement, but if necessary a firm management stance can be taken. The leader is in a position to view group events from the perspective of stage-appropriate challenges and anxieties as well as to conceptualize longer-term change effects. An understanding and accepting therapist who can tolerate group events without overt anxiety exerts an enormously stabilizing effect on the group and allows it to proceed with its work. The role of designated leader will stimulate responses from members that are characteristic of their relationship with parental and authority figures. Material directed specifically to the leader needs to be considered as a special and powerful class of interactional events within the group. It may offer unique opportunities for therapeutic insight. It is a technical challenge for the therapist to encourage the use of this material without at the same time downplaying or deflecting from the learning that can occur through member-to-member interaction.

There is some diversity of opinion regarding how to best respond to reactions to the leader that are above and beyond the real relationship—reactions influenced by the role of designated leader. Some therapists view the group as a setting in which most, if not all, member behavior should be understood in terms of its relationship to the leader. Such therapists spend much time interpreting parental/authority themes. Other group therapists view the group in a more egalitarian light and downplay the prominence of the therapist, while promoting the importance of member interactions. The implications

of these positions are addressed in Chapters 12 and 13. In all cases, the role of designated leader must be treated with care and with thoughtful attention to its implications.

Group Social Roles

The majority of studies concerning group roles come not from the psychotherapeutic literature but from social psychology studies, most of which are based on groups that have clearly defined short-term tasks such as solving complex mathematical or administrative problems. The task focus of these studies makes for an uneasy translation into the context of therapy groups, in which the task is of a reflective nature—to study the process of the group and the part each member plays in it. Nevertheless, there are some useful applications of role ideas for the clinician.

Social roles provide a structure for considering the functions of different styles of behavior in a group setting. Social roles constitute one application of characterologic style. Role definitions describe the manner in which individuals understand the nature of their relationship to the group system. This involves typical interpretations concerning the meaning of group events and subjective internal reactions, as well as characteristic behavioral responses. Thus, social roles encompass cognitive, affective, and behavioral components.

Four social roles are described: the sociable, structural, divergent, and cautionary roles. These may be considered as packages of features that generally are found together. Each member may provide some contribution to the role function, but usually some members stand out as fulfilling role criteria more fully. One interesting exercise is to rank the entire group membership on each role function. One or more members may then qualify as role leaders in one of the four categories described. This ranking approach is a more realistic and helpful approach than insisting that only one person can occupy a particular group role (28).

Roles represent adaptive responses to the stresses and expectations of a social system. The social behavior of the individual may be seen as a calculated method, perhaps beneath conscious awareness, to evoke or provoke satisfying responses from others. These personal needs must be balanced against the capacity of the group to satisfy them, as well as the group need for the contributions of the individual. The actual behavior manifested in the group represents the outcome

of these opposing tendencies. This is a modified version of Lewin's field theory and Foulkes' group matrix.

The needs of the group are not simply theoretical abstractions. To function properly, a group must have some members who supply the behavioral input represented by the four social roles. These represent organizational axes critical for group development. At a time of need, there will be an expectancy in the air that someone has to fulfill that particular function. Subtle pressure for response will be exerted on members who seem to best fit these requirements. This is referred to as *role suction*. It can be a very powerful force from which the therapist is not immune. There is an almost palpable presence saying, "Help us get through this situation, we need you, don't abandon us." Note the combination of expectation and guilt induction in this phrase. Those members most characterologically attuned to the message are likely to respond. When the group need is high and the personality of the member is strongly polarized along a particular role dimension, the phenomenon of *role lock* may occur. The individual exaggerates usual behaviors and becomes almost a caricature of self, and the process is strongly reinforced by group response.

The stage ideas in the preceding chapter identify some of the input requirements needed by the group at different times. The connections between stages and roles are summarized at the end of this chapter and applied to clinical work in Section II of this book. The ideas of social roles may also be incorporated into decisions regarding group membership. A general principle elaborated in Chapter 7 concerns the advantages of composing a group to contain a spectrum of interpersonal styles. The following description of four social roles provides one method for approaching that task.

Sociable Role

The sociable role is closely connected to the traditional role of the "socioemotional leader." In studies of task groups, this role is seen as providing a quality that is complementary to the activities of the "task leader." Such groups oscillate between a task focus and a tension-release focus. This is explained as a process of tension buildup through task attention that requires venting through emotional discharge including attention to interpersonal friction. The socioemotional leader mediates these sorts of issues. After this process, the group can return to its task focus. Thus, the two leadership styles combine to promote effective task accomplishment.

Members who adopt the sociable role are characterized by an eagerness to establish positive relationships. They place emphasis on providing support and reassurance. Their gregarious nature promotes a sense of trust. They are concerned that all members be included in the group and that all have a positive experience. This may extend from an eagerness to provide care and concern through attention to instrumental support functions such as room arrangements and providing food or coffee. People functioning in the sociable role emphasize the importance of a positive affiliative tone. They will intervene quickly to dampen negatively tinged interactions. They generally have excellent attendance, and they will become concerned about the absence or nonparticipation of other members.

These role activities are particularly important for the group in the engagement stage. Technically, they serve to open interpersonal boundaries and focus attention on experiences between members inside the group boundary. They help to promote group cohesion and will make the group appear less threatening to apprehensive members. Sociable role members are eager to identify with others and therefore promote universality. Because they tend to be trusting, they are able to model early self-disclosure as a group norm. These members often have a touch of naïveté. They tend to use the defense mechanisms of repression and denial, which allows them to quickly and perhaps unrealistically express hope for the success of the group and the effectiveness of the treatment. The cluster of sociable role behaviors, although particularly important during the formative stages of the group, remain as an important sustaining factor throughout the group's life.

These role behaviors may have an inhibiting effect on further group development. Such members will be particularly concerned at the emergence of anger or confrontation and may try to pull the group back into the safer waters of engagement. The thought of group termination is usually difficult for these members, and they may work to delay such an eventuality.

The sociable role members usually find it relatively easy to enter into the group. Because of their benign approach to others, they elicit positive confirming responses and are popular members. Early in the group's life, they are generally seen in a positive light and appear to have a particularly important role. These processes result in enhanced self-esteem for sociable role members, which may be accompanied by an early reduction in symptoms. Their need to maintain a positive and involved position may make it difficult to deal with issues involving

anger or criticism, and they may find the introspective task difficult. As the group develops, their difficulty in moving below surface socialization may lead to criticism from other group members. Sociable role members stand to benefit from the advanced working stages of the group in which their qualities of excessive trust and naïveté may be challenged. On the other hand, these same qualities make it possible for such members to be exploited and used by the group as a vehicle for avoidance, a theme that often runs in their personal lives as well.

Sociable role members tend to become dependent on leaders and align with and support their activities. This makes it difficult for them to deal with leader expectations that they become more independent in their self-exploration and interactional activities.

Structural Role

This role is a modified version of the role of "task leader" described in social psychology studies. Historically, the task leader has generally been the designated leader and the role has been equated with formal leadership functions. The following description de-emphasizes the task focus and instead fits the role into a generalized interactional style.

Members adopting the structural role are concerned with understanding and organizing their experience of the group. This provides a focusing and clarifying quality that enhances group work. The structural role members worry about goal accomplishment and will strive to promote positive group outcomes. They are concerned with form and structure and the proper way to do things. This is best understood in terms of their need to maintain a sense of mastery, not as efforts to control the group, though that may be an unintended result. They emphasize cognitive mechanisms and may persevere with verbal definitions and explanations, using rationalization and intellectualization defense mechanisms in an obsessive fashion. Their interpersonal skills may lack spontaneity, leading them to adopt a compulsive advice-giving style which reflects their difficulty in establishing empathic bonds. In contrast to the sociable role members, who are highly involved with the experience of the group, the structural role members may adopt a working stance that distances them from some members. They want to be part of the group, but are not sure how to achieve this.

Structural role members provide a cognitive structure for the group in terms of goals and expectations. They promote a closing of

interpersonal boundaries, allowing time for integration and understanding of the experience. They are more comfortable bringing in material from outside the group and help to mediate external boundary issues. This provides an important ingredient for the developing group. The use of cognitive and distancing techniques may have a calming effect. Their search for clarity and understanding helps to reduce the ambiguity of the group task. They help the group to contain and master affect by focusing on its origins and functions. They may also be particularly helpful in encouraging the application of group material to outside situations.

The structural role activities provide a positive and complementary component to those of the sociable role members. The sociable role members focus on process involvement and affect stimulation, whereas the structural role members promote cognitive mastery and organization. Too much structuring may act as an impediment to free-flowing group interaction. This can result in a group atmosphere that resembles a debating society more than an arena for experiential learning. Structural role members may actively work to prevent the emergence of affect in the group and thus deprive the group of the stimulus and drive this can provide.

Structural role members find group participation anxiety producing. Despite this, their motivation to succeed and their search for understanding make them productive group members. They are usually accepted as sensible and helpful participants. This recognition allows them to benefit from the group interaction without raising their defensiveness. Their style allows them to be less influenced by high group affect, and they may be able to counterbalance the possibly destabilizing effects of intense emotion.

Structural role members feel most comfortable when the group has a clearly defined task. Particularly early in the group, they may be active with premature attempts to bring closure to the group discussions. They may experience helpless bewilderment at the lack of structure and the emphasis on process exploration that is characteristic of therapy groups. Their difficulty in dealing with affective openness may make it difficult for them to become involved with the group. This is frequently interpreted by other members as indicating a superior attitude. These responses from others may lead to further isolation.

The concern these members have with achieving results puts them in a position to help with the task activities of the therapist. At

the same time, it is easy for this relationship to assume a competitive tone.

Divergent Role

The role of the scapegoat has a lengthy religious and philosophical history. It has been well developed in the family therapy literature. The term *divergent role* has been chosen to highlight the function such members have for a social system.

Divergent role behavior is characterized by impulsivity and an emphasis on differences. These members consistently challenge and question what is going on and usually take viewpoints that are divergent from the others. This forces the group to clarify issues. Often there is an angry and aggressive component to this. These members may belittle or blame others and appear themselves to be chronically dissatisfied. This use of projective defense mechanisms may actively elicit a hostile response from other group members. They are very much involved in the action of the group and are seen as important though not entirely welcome members. Often the issues they raise reflect an intuitive understanding of interpersonal functioning.

These members usually have a high profile in the group and serve to promote interaction. Their activity opens interpersonal boundaries, though sometimes in a negative fashion. They are very much caught up in the process of the group itself. Other members frequently view the divergent role members as blocking group progress, and they may become the repository of much angry and blaming material. Divergent role members play a particularly important part during the differentiation stage of group development. They are able to challenge the group to explore differences and ambiguities, and they force the polarization of discussion. This necessitates the development of conflict resolution mechanisms. The divergent role members provide role models for the expression of anger and confrontation. They tend to be persistent and prevent premature closure on important issues and are particularly sensitive to group resistance. The activity of the divergent role members, although not acknowledged as such by the group, does in fact have a beneficial and stimulating effect.

If these dimensions become overly powerful in the group, cohesion and morale may drop because of irreconcilable competitive impasses. The group may try to use these members as a focus for resistance rather than as a focus for exploring issues. There may be

efforts to extrude them as a means of resolving group tensions, the classic function of the scapegoat. Such a development is counterproductive for the group as well as potentially damaging for the divergent role member. If there are unexplored tensions in the group, it is inevitable that other members will come, or be pushed, forward to adopt the divergent role because these functions are necessary to address controversial or conflictual issues.

The high level of activity and the intrusive nature of these members forces them into the social structure of the group. Their energy and commitment to fearless challenge may make them admired and respected. These same characteristics may make it difficult for them to maintain the positive regard of group members, and, therefore, they may become isolated from the support that a group can provide. This can launch a destructive process by which they become group casualties. These members usually lead challenges to the therapist. In this, they provide important leadership for the group. There is a danger that this may escalate into a polarized contest of wills with the leader.

Cautionary Role

The cautionary role is a relative newcomer in the group literature, in which it is sometimes referred to as the "defiant member" because these members appear to be defying the power of the group. The term *cautionary* draws attention to the vulnerability these people experience when faced with the challenge of being in a small group.

Like the structural role members, the members taking on the cautionary role are resistant to involvement in the group process. They are reluctant to reveal personal reactions and defensive about providing personal information. For them, a little participation goes a long way. They view the entire idea of group therapy with substantial distrust. These members stress the importance of autonomy and self-control. Their use of withdrawal and avoidance defense mechanisms causes them to appear uninvolved. Their ambivalence about group participation frequently has an angry quality. The cautionary role members are often silent and may miss early sessions.

These members provide a model for individual autonomy that may act as a useful brake on overly rapid involvement in group consensus. Their activities tend to close interpersonal boundaries, and they prefer to work across the external group boundary. These activities force the group to deal with membership commitment issues. The concerns of these members address the common fear among group

members that they will be overwhelmed by the group influence and become out of control. Cautionary role members are able to see group events in the context of outside circumstances and may help in the transfer of learning. They are much less threatened by the idea of group termination and may help to put this in perspective for other members.

The negative and distancing qualities of the cautionary role members make their participation in the group difficult, and they tend to exert an ant cohesion influence. Such persons become involved in groups reluctantly and are at risk for premature termination. Their difficulty in using the group may activate dimensions of hopelessness in other members.

Individuals of this nature are able to maintain greater personal stability in the face of social pressures. They provide a model of autonomy and self-reliance that is particularly useful for sociable role members. They may help the group to deal with the exploration of negative themes that others wish to avoid. Members who are strong on this dimension have difficulty with the effective use of group therapy. Their withdrawal and lack of response to others may result in a process of isolation and criticism that may reinforce their already strong belief in the danger of social involvement.

These members commonly align with the therapist more than the group members. This may represent for them a more formal relationship with less threat of personal involvement. As the group progresses, they may negotiate a "special relationship" with the therapist as a condition of continuing participation. For example, there may be an implicit agreement that they do not need to participate as actively. This may be signaled by an exchange of meaningful glances between the cautionary member and the therapist at times of group tension.

Summary

The four social roles described in this chapter represent a shorthand summary of important clusters of interpersonal behaviors. The function that each role has for the group may be superimposed on the group developmental stage concepts of Chapter 4.

Stage 1 is primarily concerned with positive affiliative mechanisms and membership. The work of stage 1 is polarized between the sociable and cautionary role members, who view the group from opposite sides of the external boundary.

Stage 2 features the active recognition of differences and negative affect, yet is still preoccupied with participation issues. The divergent role members drive the work of this stage. The structural role members are able to complement the emotional drive of the divergent members with efforts to understand the experience, and the sociable role members provide counterbalancing positive support.

Stage 3 deals with introspective themes that are reflected in mechanisms involving greater autonomy. Because the work of this stage is less interpersonal in nature, role functions are less central. Sociable and divergent role members encourage the opening process, whereas structural and cautionary role members try to understand the internal material being revealed.

Stage 4 is concerned with intimacy issues, which are worked out between the positive orientation of the sociable and structural role members, and the negative tendencies of the divergent and cautionary role members.

Stage 5 represents a shift back to autonomy and responsibility. Here the alignments change, with the structural and cautionary role members promoting individual autonomy themes, and the sociable and divergent role members seeking greater interdependence.

Note how the principal axis between stage 1 and stage 2, as well as that between stages 4 and 5, shifts 90 degrees. This graphically demonstrates the idea that the second of each sequence, stages 2 and 5, respectively, addresses the tensions of the preceding stage by providing an alternative perspective on the importance of group events.

Termination is welcomed by the cautionary role members and most regretted by the sociable role members.

The connections between developmental stages and social roles can be illustrated with a map based on the idea of interpersonal dimensions. One such system that has come into recent use in psychotherapy research is the Structural Analysis of Social Behavior (SASB). The SASB system is a modified two-axial circumplex (circular) model of personality, a method of conceptualizing interpersonal functioning that has a long tradition. SASB is based on the idea of two bipolar dimensions of social interaction: affiliation/rejection and independence/interdependence (Figure 5-1). More detail concerning the SASB system is provided in Note 96.

This system is proving to be surprisingly versatile in capturing the complexity of human interactions. It will be used throughout this book as a map of interpersonal space on which to plot concepts such

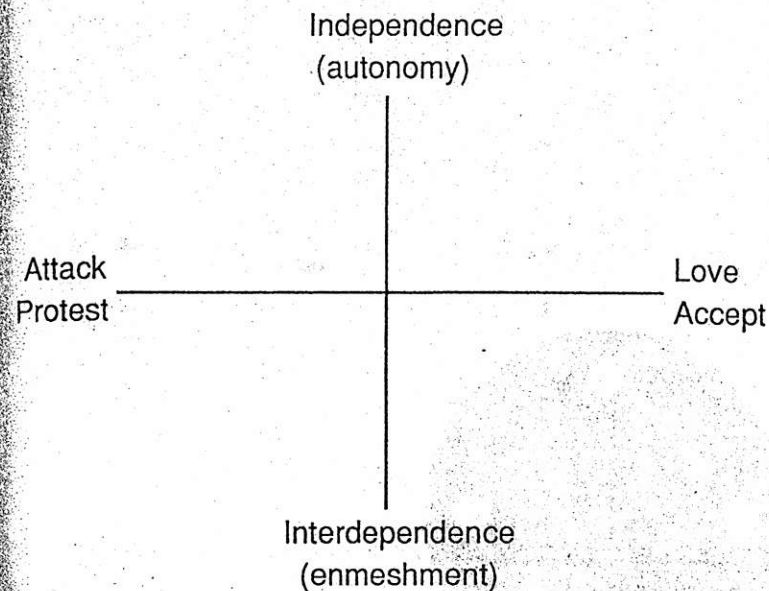


Figure 5-1. The two axes of Structural Analysis of Social Behavior interpersonal system.

as developmental stages, social roles, and critical incidents. The advantage of adding this standard vocabulary to the usual clinical repertoire is that clinicians tend to use idiosyncratic expressions for describing people and their behavior that may not have the same meaning for others. A formal system such as SASB provides counterbalance to that possibility. Because it is based on an interpersonal theory of social behavior, it is well suited for use in a group context.

With the SASB system, the sequence of stage tasks can be seen to encompass a comprehensive sampling of role activities. These connections are portrayed schematically in Figure 5-2. There will be many subtleties and unique variations in any given group, but the overall patterns are useful in plotting major dimensions of the group process. The social roles are located in each quadrant as shown. The interactional dimension "in focus" during each stage bisects the SASB space, forming an axis of tension involving the nearest social role representatives. For example, the sociable role members lead the action in stage 1, and their efforts are most resisted by members demonstrating cautionary role behaviors. In stage 4, the positively oriented structural and sociable role members are in tension with the negatively oriented cautionary and divergent role members. Used in

SECTION II

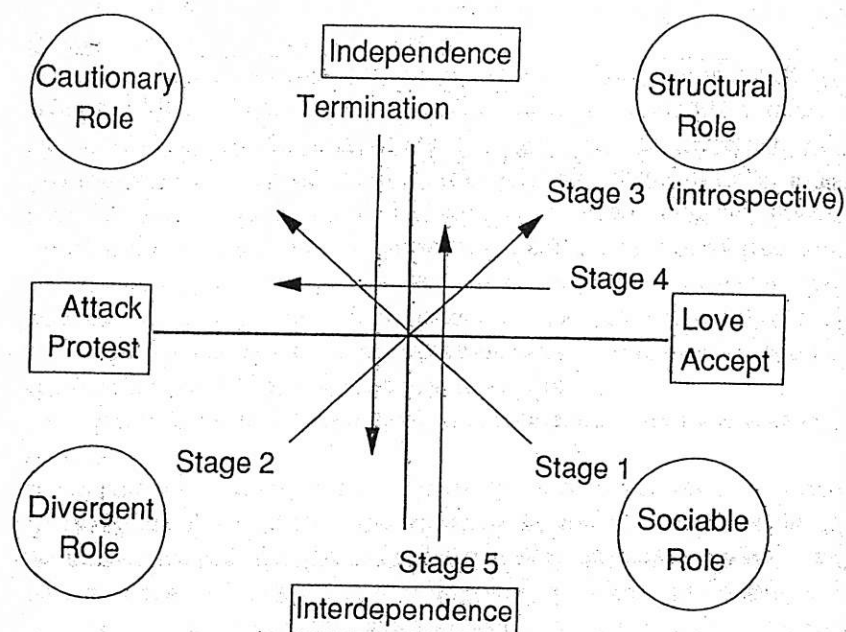
The Early Group

Figure 5-2. Stages and social roles plotted in Structural Analysis of Social Behavior interactional space.

this way, the SASB space forms a framework for understanding the group and the relationship between the group and its members. The stage/role language may be used as a metaphor for conceptualizing broad themes and describing the group as a whole. Guidelines regarding behaviors to be reinforced or dampened are implicit in the descriptions of stages and roles. With this framework, the therapist is able to predict and react to group themes in a way that is likely to promote group development.

The material in Chapters 4 and 5 has dealt with group-level issues. The group therapist also needs to attend to the basic principles of individual psychotherapy. The outcome of group psychotherapy is not a successful group, but successfully changed individual members. The therapist must be prepared to shift between understanding group-level issues and understanding the individual. The group phenomena described in this section are characteristic of all groups. For psychotherapeutic work, these ideas must be integrated with considerations of the individual motivations underlying the behavior of each member.

