

effects can be taken into account. You are asked to make a commitment to report such contacts within the group.

- **Major life decisions.** Many people come to therapy groups because things have not been going well in their lives. There is a temptation to take the first advice you hear and decide to make a big change. Please wait so that you have a chance to get the most out of your therapy before making important life decisions.

CHAPTER 8

The Beginning

This chapter applies the group theories discussed in Section I to a beginning psychotherapy group. The management of the first session is a critical time because this is where the tone of the therapy is set. Methods for addressing the two major tasks of stage 1—developing cohesion and defining the external group boundary—are described. Techniques for maximizing the effects of therapeutic factors are presented as well as some of the practicalities of group management. Issues relating to individual members and the social roles they play are considered. In this and succeeding chapters, examples are drawn from a variety of actual group experiences.

The First Session

Care taken in preparation for the first session will be well repaid. Not infrequently, last-minute arrangements have to be made. Details for including a final member have to be completed. A potential member telephones at the last minute with vague questions about when the group should start or ambivalence about coming. The therapist may well be experiencing some natural anxiety over how the group is going to begin. In short, it is a time fraught with the potential for minor problems.

One might liken the first session of a group to the first few minutes of a play. You may not know where the plot is going to lead,

you might not have met all of the characters, but you quickly begin to get a clear sense of the firmness of the production and the care with which it has been put together. The same thoughts apply to the first group session.

The Room

Be sure the room is set up in advance. It does not make a good impression to walk into a room that has just been vacated by a family with a hyperactive child and find it a scene of chaos. Chairs should be set up in a reasonably tight circle with one chair for each member, no more and no less. If possible, avoid long sofas that cluster members and may interfere with each member having a clear view of all others. In general, it is preferable not to have a table within the circle. Tables invite the depositing of books, cups, clothing, feet, and anything else that can serve as a barrier. An open space sends a clear message that talking to each other is the purpose. If a table is present, it must be low. The room should be well lit though not glaring. Subdued lights in a group room suggest secrecy and internal reflection, not self-disclosure and interaction. If audiovisual equipment is to be used, it should be tested and set up and ready to go with only the Pause button waiting to be released.

There are some advantages to having the group members assemble in a waiting area and then move to the group room together a few minutes before the starting time. The therapist then joins them on time if all are present or after a very brief delay if all are not there. This approach is designed to focus on the role of the leader and avoid contamination with social niceties.

Carefully close the door, even if some group members have not arrived. This is a powerful symbolic statement regarding the external group boundary. It avoids the indecision of expectant, perhaps pleading glances toward the outside, awaiting the arrival of any additional members. To latecomers, it is an implicit message regarding time boundaries. To those in the room, it reinforces their promptness and indicates that the group is going to work with whomever is present. These structural issues are designed to create a "frame" around the therapeutic experience. This helps to clarify what is inside the group and what is outside.

Careful adherence to these ideas fosters the impression of a well-organized and professional atmosphere in which important work is anticipated. It does not mean that pleasantness or humanness is

abandoned, but that there are clear structural expectations regarding the process of group participation. This allows the members to relax in the knowledge that they are in good hands.

Beginning the First Session

Members will anticipate that the group is going to be conducted by the therapist. This is not an unrealistic expectation if they have not previously been in a therapy situation. Remember that in assessment interviews the major responsibility for the production of information has come from the interviewer, with the patient in a responding mode. Pretherapy preparation will not alter the hope and expectation that the real responsibility will continue to lie with the therapist.

The task of the therapist is an inherently contradictory one: to facilitate group interaction without taking over or inhibiting group initiative. The technical question is how best to accomplish this. The importance of group-initiated actions should be stressed in the pretherapy period, referred to in the opening sessions, and reinforced at all opportunities. However, it is also appropriate for the therapist to take some initiative if the group is reluctant to do so.

This may be an issue of controversy with some therapists. They would argue that bad habits should not be fostered and the members must realize from the onset that the therapist is not going to initiate. However, prolonged silence or trivial conversation in the first session can be counterproductive. It is preferable that the group address its therapeutic task early even if this entails the therapist providing some modest structure around which this can occur. Even while using the structure, the therapist may offer interpretive comments to the effect that this is not a pattern that will continue forever and that it is understood that members will be eager to take the initiative.

If members have never been in the therapy room, a few minutes may be taken to review its contents. This might also be a time to reinforce the idea of no drinks, food, or smoking. If audiovisual equipment is being used, whether it be a simple audio recording within the room, video cameras, or observation windows, these should be openly described and identified. Although it is useful to have such equipment as inconspicuous as possible, it should not be hidden. It is better to directly acknowledge the presence and location of equipment in order to desensitize the members to any sense of mystery or secrecy regarding it. This is also an opportunity to reiterate issues of confidentiality by reviewing how tapes will be handled.

Introductions

The first interactional task is to make introductions. Usually at this point, some members are eager to get the ball rolling. If so, the therapist can immediately back out of the group interaction and let the group members take on the task of getting to know each other. A brief reminder might be inserted during this process to the effect that personal details concerning last names, employment, or area of residence are not important in the group and need not be disclosed. The group is to work on problems within the room in confidentiality, and specific details about outside life circumstances are unnecessary.

Allowing members to begin structuring the group process illustrates a general principle—group therapy must be considered not just as therapy in a group, but therapy by the group. From within the resources of the membership, groups are generally able to provide an endless richness of therapeutic experiences. In a very real sense, the challenge to the leader is to avoid interfering with that process.

It is not unusual for the first go-around to consist of a rapid identification by first name followed by silence. It is useful for the therapist to immediately deepen the experience by acknowledging everyone's participation, perhaps reflecting the sense of understandable anxiety in the occasion, and wondering if members could talk more in a general way about the sorts of issues that they would like to address in the group. This is the point where the work of preliminary sessions will have its rewards. It quickly establishes the norm within the group that serious personal issues will be the main subject of the group's activity. The central point is not that this work focus is conducted at a profound level of insight, but rather the implicit acknowledgment that the group is to be used for constructive work. Members can be expected to react to this with an attempt to lighten the atmosphere or retreat back to social amenities. Such a reaction is best quickly addressed by identifying the process and reiterating the task. The style with which this is done must be carefully judged. It must not come across as criticism, but rather as encouragement to get at a difficult job.

Latecomers

There are often latecomers to first sessions. It is useful to think through specific ways of addressing their arrival. Not infrequently, such an event constitutes the first evidence of ambivalence about the

group task or resistance toward the organizational approach as it has been set up by the leader. The therapist may be inclined to address these resistive features of tardiness as an initial demonstration of professional acumen. But this is not the time for such interpretations. It is preferable to provide a positive example of norm establishment without invoking comments that might be taken as criticism or blame. One approach might be to greet and seat the member and indicate that there will be a chance to get introduced to the group once the present topic of discussion has come to a natural point of closure. In terms of operant conditioning, this does not reinforce a grand entrance with attention. The point may be reiterated at the end of the session by stressing for the entire membership the importance of beginning on time so that the group indeed can function as a group.

Norm Reinforcement

It is useful to specifically reinforce the basic group "rules" before the session ends. Hopefully these have already been covered in pretherapy sessions. They should be briefly but explicitly restated with an invitation for any further response or elaboration from the members regarding them. Usually there are plenty of opportunities to slip such material into the ongoing group conversation.

A particularly pertinent topic is that of extragroup socializing, because this becomes an immediate possibility at the end of the first session. Many groups go for coffee after the session. It is not possible for the therapist to absolutely govern this, nor need it necessarily be a harmful process. It may provide a forum through which the group can offer a significant amount of support. The therapist does need to underline the reasons for concerns about extragroup socializing. In particular, it should be stressed that the group should be informed of any such activities. It is also useful to review what the implications are of some members going for coffee but not others. These comments are not meant to condone extragroup socializing; however, there are realistic limits to what can be controlled, and an overly stringent approach can create a climate of authoritarian control that may interfere later.

Process Debriefing

Before the group ends, it is very helpful to elicit comments from all members concerning their reaction to the first session. These are

almost always positive and serve to reinforce cohesion. However, the exercise may also flush out negative or ambivalent positions that need to be addressed. Usually, a lack of enthusiasm is based on untested assumptions about what will happen or misunderstandings of some aspects of the session. Opening these up for discussion usually serves to defuse them. Such topics will also draw in other members as group supporters, which reinforces their commitment to the group and may provide an opportunity for altruistic behavior.

At a deeper level, by drawing attention to the process, the therapist is setting a good model for addressing issues promptly, calmly, and fearlessly even if they are not entirely of a positive nature. The group is being molded into thinking about process events, a task that will continue throughout its life.

New therapists should take solace from the fact that the first session of a group is almost always a roaring success. The members are even more anxious than the therapist and will work hard to make it a productive occasion. The initial self-revelations are deeply felt and produce both relief and a sense of membership. In the best of worlds, the therapist may need to do very little but let these processes flow. Under more difficult circumstances, there may be the need for greater activity in encouraging the sorts of dimensions that will be most productive for the early group.

Reference was made in the preceding discussion to building norm development comments onto issues raised by the members. This is a very important therapeutic technique. The therapist should go into the first session, indeed every session, with a short agenda of items that need to be covered at some point. Almost invariably, if the matter is important to the therapist, some member has also developed the same idea. The therapist can wait for a reasonable opportunity and build reinforcing or focusing statements onto a part of the ongoing group interaction. This serves to validate the group's sense of its own potential for work and reduces the profile of leader control.

Basic Tasks

The primary group task of stage 1 is to resolve the question of membership. This task will extend over numerous sessions. The group must come out of this stage with a committed group of members. In this process, it is not uncommon for one or two members to be lost. Commitment to the work of the group is reflected in a strong sense of group identity and a well-defined external group boundary.

Developing Cohesion

The principal responsibility of the therapist during the first few sessions is to the development of the group system, not to the individual members. The development and maintenance of group cohesion forms the central task. It is essential that a sense of positive identification with the group emerge at an early point. Otherwise, demoralization will set in, with disenchantment over the possibilities of group psychotherapy, and diminishing motivation to participate actively. This may lead to premature terminations that further undermine belief in the group and can escalate into group disintegration. Fortunately, as mentioned in Chapter 2, there is a strong tendency for group members to view their own group in positive terms, to strive for a sense of homogeneity within the group, and to see outside groups in critical terms. This natural desire for a positive group experience is a powerful motivator.

The therapist must make sure that all members participate in this initial work. At the same time, the first stage should not be unnecessarily prolonged. Pretherapy preparation and a degree of homogeneity assist the engagement process. Time is of particular concern in brief groups in which perseveration in the positive environment of early group phenomena may shorten the time left for more challenging and confronting activities. Therefore, for very pragmatic reasons, the therapist must have a primary concern for how the group is coalescing.

The concept of the *working alliance* was discussed in Chapter 2 as an important predictor of positive outcome in individual therapy. A major advantage in groups is that the working alliance is enacted between the members and is not solely dependent on the relationship with the therapist. Thus, a group that develops a cohesive atmosphere has a broader base for sustaining support. Negative factors that might interfere with cohesion in the early group need to be dealt with promptly and thoroughly. Ways of addressing such issues are discussed later in this chapter.

Promoting interaction among members. One powerful method for enhancing cohesion is to specifically promote member-to-member interaction. By encouraging members to talk with each other, bonds between them will be automatically created. This is a simple therapeutic technique, which involves continuous scanning of the directionality of group interaction and gently guiding it. The most common

problem is a tendency for members to want to talk to or through the therapist. The leader should be comfortable in specifically redirecting comments. Such phrases might be tried as, "Perhaps you might want to see what Walter thinks about that idea; it sounds like something he was saying earlier," or "It is important that everyone in the group get to know how the others understand things—Why don't you try that out on someone else." Such interventions will not appear avoidant or too controlling if the rationale has been established during pretherapy preparation that intermember activity is an important component to the group therapeutic experience. Directional structuring activities make explicit the message that members are going to be of help to each other. The therapist may specifically break eye contact as it is established with one member and look directly at other group members as a nonverbal reinforcement to promote member interaction. Such covert interventions should generally be used along with direct comments about the value of member-to-member interchanges.

Sometimes a few active members dominate the group interaction by talking to each other. The therapist will need to bring in other members to ensure that all participate. This is not unexpected and should be handled directly and openly as a necessary task to be sure that all group members benefit. The therapist might make a comment such as, "Well, Marsha and Scott, you two have had a good chance to get into some important issues. I guess we need to hear about some of the matters that others have on their minds. We'll get back to your concerns later. Bea, you looked like you were going to say something a few minutes ago." It is of particular importance that all members participate in the first session. This diffuses anxiety about future sessions and also consolidates identification with the group.

Creating a therapeutic milieu. The therapist can help the group by promoting an environment in which therapeutic factors from the supportive cluster can flourish. Such a group climate is characterized by a positive and supportive quality with concern for individual distress. This empathic stance facilitates open and trusting exchanges. As these develop, the group will come to assume increasing importance in the psychological life of the members. They will find themselves thinking about past sessions and about what they want to say in the next session. This reflective process should be encouraged and used as part of group work. The group comes to be viewed as an important function that offers hope that personal problems can be

usefully addressed. Members also learn that they can be of value to each other. This altruistic experience reinforces self-esteem. There is increasing use of the term *we* to refer to the group, as members experience higher levels of acceptance from others.

Some technical characteristics of a therapeutic culture that need to be reinforced include spontaneity, a willingness to speak up at once with ideas, and asking for clarification if unsure what a person means. Members can be urged to listen carefully to others and to monitor their own reactions. Comments addressed to specific other members should be encouraged. The therapist can ask that general comments about the group be clarified by specific examples: "Howie, you mentioned that you found the session helpful. What was it particularly that helped? Can you tell us what was the most important point in the session for you?" Rapid changes of topic should be discouraged, although undue length in any one area may become sterile. Above all, the members need to feel that they themselves have some responsibility for the process of change.

Self-disclosure, interpersonal challenge, and introspective understanding may be in evidence, but at a relatively superficial level. The therapist should be careful not to push such mechanisms too vigorously until the group has developed adequate cohesion. Conflict and confrontation between members is usually low in early sessions, although at a later time, group members may acknowledge that they had been aware of issues that were avoided. The therapist may gently dampen negative dimensions while implying that they will form suitable work for the group a bit later.

Defining the External Boundary

In the engagement stage, the external group boundary must be defined. This idea of boundary clarification can be addressed in a systematic manner. The therapist may use techniques that promote exploration of issues that will assist in focusing on the boundary. In its simplest terms, this means an investigation of things that are unique within the group compared with outside relationship experiences.

The physical boundary. The importance of beginning the first session of the group in a clear and unambiguous fashion has already been mentioned. By seating the group members in a special room, entering as the designated leader, and closing the door, the therapist has begun

the process of defining the group's external boundary. These actions say louder than words that we are in this together and must sort out how we as a group are going to operate.

It is highly desirable to have the group meet in the same room under the same conditions for each session. For example, if a group is to be observed, it should meet systematically in the observation room even if on some occasions no observers are present. Changes in the time the group meets should be made very carefully as well. Shifting the time schedule to accommodate a member or the leader implies a violation of the original contract and thus weakens the external boundary.

The membership boundary. The question of membership speaks directly to the heart of external boundary definition. Early in the group's life, the therapist must be constantly aware of the impact of changes of membership as a result of repeated absences or premature terminations. Such issues cannot be brushed under the carpet with a rationale that they will get sorted out later. They are fundamental to the definition of the group and must be addressed and resolved. A member, for example, who misses several of the first six sessions of a group must be directly confronted with the issue of membership. Confrontation does not mean that the behavior is addressed in a punitive fashion. There may be perfectly understandable reasons why the member cannot attend. For whatever reason, if attendance is going to be sporadic, then it is in the best interest of the group that the member be guided into an alternative therapeutic program. This is one specific example of the therapist acting on behalf of the group, not the individual, during the first stage.

If observers sit in the group room, as sometimes happens in educational institutions, then it should be clearly understood that any given observer must attend regularly for a specific duration. Laxity in such issues sends a message to the group that the external boundary of the group is inconstant and therefore that they themselves also do not need to take it seriously.

The time boundary. There should be no ambiguity concerning when the group starts and ends. The clear expectation is that all members come on time and leave only at the end. As with attendance, members who cannot do this should be placed elsewhere. Groups should begin on time, even if all members are not present. They should also end on time. Only in extremely unusual situations should the ending time be

extended. Such a practice invites members to delay bringing up important matters and thus win extra group time and attention. The group cannot substitute for real-life circumstances, and one aspect of this is the necessity of facing the "real world" on time.

An overly accommodating approach to time boundaries suggests that the interests of those who are attending regularly and on time are being sacrificed. This is not an issue of compulsivity or punitiveness. A group can be a group only when its members are present. The absence of even one member makes a difference in how the group operates. Altering either the beginning or ending time provides circumstances in which all members may not be able to participate.

The information boundary. Another major mechanism at work in the engagement stage is a process of comparing experiences in the group with those that members have had outside of the group. This creates an implicit recognition that there is an information boundary. The process of universalization creates a sense of what the inside of the group is about and therefore allows comparisons with other groups. This information about differences helps to consolidate a sense of groupness. Generally speaking, members coming to psychotherapy groups have experienced adverse issues in their current or past relationships. Almost always, the early group experiences are infused with an atmosphere of positive excitement. It is therefore easy to contrast them with outside experiences. This should not be done by encouraging critical language that may reinforce the patient's misperceptions or distortions regarding such outside experiences. Rather, the emphasis should be on the occurrence of positive experiences within the group. For example, "You describe problems in talking openly with your wife, but it seems very constructive that you have been able to open up about these important personal issues here in the group," or "It sounds like letting some of those pent-up emotions come out in the group is a different way for you, but that may be of value in your outside relationships in which you keep things locked up inside." Using the guideline of in-out differences, the therapist can systematically reinforce the external group boundary. Therapy is more effective when attention is devoted to the application of therapeutic experiences to outside circumstances and relationships. The presence of a clearly understood external boundary assists this process because it highlights ways in which the two experiences differ or are the same. This promotes the use of finer distinctions in how to apply therapy learning to the world outside.

Once a group is well established with a sustained cohesive atmosphere, minor lapses in the above boundary issues can be tolerated. However, in the early sessions they constitute an important mechanism for assisting the formation of a sense of groupness. We shall see in Chapter 11 that many of the same principles apply during termination work.

Therapeutic Strategies

Using Therapeutic Factors

The therapeutic factors that are of most value to the group in stage 1 are drawn primarily from the supportive and self-revelation clusters. The therapist can systematically reinforce their contribution to the task of engagement.

Hope. The presence of this factor will have been felt from the first pretherapy interview, actually from the first telephone call to make an appointment. In the group, it will be reinforced by the opportunity to talk about important personal issues and experience a positive reception to them.

Acceptance. The experience of becoming part of a group constitutes a powerful validation of the self. The sense of belongingness is a powerful reinforcement of group participation. Many patients coming for therapy experience themselves as on the outside of "normal" society and view their need for help with shame. In a therapy group, the opposite is the case. The decision to seek therapy is viewed not only as positive, but as an indication of strength. The therapist can facilitate this factor by making sure that every patient participates to some extent in every session.

Each sensitive or delicate issue raised requires a response from others. Highly charged statements should not be met with silence. Sometimes patients will slip in statements regarding events in their lives without any elaboration. These may relate to some major event such as a family death or a traumatic rape. If the factual information is dissociated from the affect, the members may politely let it pass without comment. The therapist must engineer a response if none is forthcoming. Any reasonably positive response will augment the patient's sense of acceptance and normalize the distress being described.

Altruism. The self-disclosure statements made early in a group place responsibility on other group members for a validating response. Members become, in a sense, responsible for the well-being of their peers. This experience of altruism, of being of help to others, is highly motivating and contributes to group cohesion. It also makes the giver feel good. This is a paradoxical situation in which the person coming for help experiences enhancement of self-esteem through helping others. The mechanism of altruism is seldom found in individual psychotherapy but can be specifically promoted and explored in the group context.

Self-revelation. Early group sessions depend on the self-revelation factors of self-disclosure and catharsis. Pretherapy sessions will have stressed the importance of revealing internal thoughts and taking some risks in the group. The process of actually putting personally important material into words in a group is experienced as quite arousing and threatening. It is a necessary precursor for universality.

The content of early disclosures is usually of a factual nature. The material is important, not for psychological understanding, but as an opportunity to identify with other members. The therapist therefore should not explore the significance of such self-disclosure too vigorously. The less comfortable work of the therapy is best conducted later, with a base of support and sense of safety. However, the therapist can actively work to mold the nature of self-disclosure so that it is primarily centered around psychological material that will be of value for later work. Lengthy factual discourses with many specific details are less relevant than information about the meaning of experiences and nature of reactions. The therapist has to walk a delicate line between shaping the material in the service of group interactional norms and shutting down participation in the process. This is sometimes effectively handled by referring to other members with similar problems in whom the relationship meanings can be more easily underlined.

An important component of the self-disclosure process is to risk putting sensitive problems into words and then experience a response that is different from that expected. Members will be extremely alert to the reaction of others when they say something of personal importance. The therapist must recognize the power of these experiences and the need to ensure that a positive result emerges. The nature of the response of other members should be carefully monitored. In the great majority of cases, members will respond in an understanding

and supportive fashion to the disclosure of almost anything. The therapist can ensure that these reactions are put into words and that the individual hears those words. In a sense, the therapist can conduct an "instant replay" of the process with the addition of commentary. For example, "What you have just said sounds like it is an important issue for you. Did you understand what Jo was saying about it? Jo, do you want to repeat what you said to be sure that Cecil understands how you feel?" This *massaging of the process* is a technique that will be used in many situations. Risking a personally important statement and experiencing a positive response from other group members can be a powerful experience. It not only indicates that the member is becoming accepted by the group, it also serves as personal validation that enhances self-esteem.

Universality. The most pervasive mechanism for the development of engagement is universality—the recognition that others in the group have had experiences similar to one's own. This process forms the seed around which a sense of group identity can develop. It creates the content that comes to represent the group and helps to define its external boundary. This is the experience that can be compared and contrasted with life outside the group. Universality thus fosters an appreciation of the group as a unique entity. As groups begin their first interactions, a process of searching for common experiences, common symptoms, and common personal reactions takes place. Efforts to use some homogeneous criteria in group composition will now be rewarded.

The experience of universality contributes to a lowering of social anxiety. It is often accompanied by a sense of exhilaration sometimes close to euphoria. This process of searching for sameness typically involves an uncritical acceptance of information about others in which ambiguity and rapid assumptions go unchallenged. Generally in psychotherapy groups, the content of universality centers around symptoms such as depression or anxiety, stress experiences such as bereavement or separation, and descriptors of self such as low self-esteem. All of these constitute aspects of the "human condition." They are important in a therapy group first because they create a common focus and second because they are related to psychological issues. They form a base from which more complex understanding can develop. In early group sessions, they are primarily important because they are a vehicle for creating a general sense of universality. It is this component that the therapist needs to reinforce. Simple

bridging statements can be used, such as, "It sounds to me, Rae, that you have had several experiences that are very parallel to those that Ruth was talking about last week." Universality can be pushed further with process encouragement: "Your reaction to your divorce sounds similar to Diane's reaction to the death of her mother. Could the two of you explore further what those experiences were like?" The important issue for the therapist to keep in mind during the early group sessions is that it is the process of finding similarities that is of most value to the group. This is not the time for exploration into personal depth but rather for the revelation of information that will promote mutual identification. One can feel comfortable with, and have the illusion of understanding, someone who has had similar experiences.

The therapeutic technique that flows from this is a simple one. It consists of clarification interventions that will result in the elaboration of content themes that can be linked among the members. At the same time, the therapist may be keeping careful track of important issues being raised by each member for future exploration, but the task initially is group formation.

Task focus. Cohesion can also be reinforced through recognition of the importance of the psychotherapeutic task. As relevant issues are brought to the fore, the therapist should specifically relate these to the task of resolving specific problems. This builds on the assessment and pretherapy preparation process. Systematic reinforcement of comments relating to psychological goals or problem identification helps to develop the working alliance. Although the specifics will be unique to each individual, the importance of task focus with its implicit recognition of the need for change is an important common factor.

Negative reactions. The therapist needs to be alert to the emergence of themes of conflict, criticism, or rejection. In general, these do not arise during early sessions, but when they do, they need to be skillfully handled by the therapist. Usually, drawing attention to a positive component and shifting the focus is adequate. Try to find evidence of universality that can be reinforced. At times, the therapist may need to temporarily take over control of the process and request that conflictual material be delayed until a later point in the group's life: "I can understand that it must be difficult for you to understand Maureen's experience (*initial alignment*). Both of you seem to have had pretty upsetting times in your marriages (*universality*). As we get to know each other better in here, we will have an opportunity to get

further into those things (*suitable to talk about but not now*). Let's put it on hold for now and see what others have on their minds (*unambiguous control*).” The emergence of high levels of conflict in the first few sessions correlates with premature terminations and with groups that fail to progress. Patients beginning psychotherapy are generally particularly sensitive to judgmental issues, and the strength of negative comments will be amplified severalfold because of the perception that they reflect a general group opinion. Usually, some group members will intervene quickly if such material escalates, but the therapist has a clear responsibility to step in if the level of negative affect rises too much.

Therapist Style and Technique

Another mechanism for defining the external group boundary is the common identification of the group members with the therapist. This harkens back to Freud's idea that in groups the members are tied together through their common projection of internal issues onto the leader. In the early group, this common identification is primarily seen in statements of exaggerated appreciation of the power and wisdom of the leader. In informational terms, the leader is the only person in the room with a clearly identified role and professional responsibilities. Members will identify not only with each other and their similarities but also as members of “Dr. So-and-So's Group.” It is best not to seriously challenge unrealistic assumptions early on, until the group has more cohesion. As discussed above, the process can be usefully begun by promoting intermember interaction and striving to decrease the amount of time spent talking to the leader. Personally, the leader should bear in mind that the effusion of positive remarks is in part promoted by group necessity and therefore needs to be taken with a grain of salt.

Leader Task

The leader must attend not to individual psychodynamic issues, but to the process of commitment to the group. Responsibility is toward the new group system more than to the individual members. The group can be assisted in its task by encouraging and reinforcing supportive cluster factors, especially universality and inside/outside comparisons. Early self-disclosure should be reinforced, and its superficial nature be allowed to pass without comment. There will be a

strong tendency for members to look toward the leader for solutions and helpful hints. Such requests are normal and need to be handled with tact, not abrupt denial.

Activity Level

It is appropriate for the therapist to be moderately active during the first few sessions. There are some guidelines for this. The therapist is active only when necessary. Some groups move smoothly into engagement processes, and the therapist can only sit back and admire their astuteness. The thrust of therapist interventions should be to promote the sort of therapeutic dimensions discussed in this chapter. That is, they should be primarily devoted to molding group process in the service of creating a therapeutic milieu. Therapist actions should be viewed as an opportunity for modeling. Specific reference to this aspect can be made with statements like, “You may notice that I was trying to get Bob to talk about the meaning of his experience in that situation. The group may like to help each other to keep focused on this sort of question.” Therapist activity should generally be in an exploratory, not a directive, style. Above all, the therapist must be prepared to gradually decrease activity level as the group gains in ability to provide its own stimulus (39).

Leader Style

The actions of the leader are carefully observed by the members and used as a model for how to participate in the group. The leader therefore must be careful about his or her group behavior and design it to provide the sort of role model that is best suited to helping the group coalesce. At a structural level, it is common in early sessions for members to automatically want to make most of their comments to the leader. This is hardly surprising, particularly if they have seen the leader alone before the group or if they have had any preceding individual therapy. The therapist might conceptualize his or her function during the early sessions primarily in positive and supportive terms. The therapist should appreciate that beginning a group is not easy and that members will respond positively to encouragement and understanding. In particular, in the early sessions, interpretive statements are seldom useful and may be understood as criticism or attack. As part of the grouping process, members want to make a positive impression. Interpretations may be seen as blocking this.

Clarification

One constructive technique is to consistently seek clarification. This may be applied to group events or to content themes. By requesting further clarification or further elaboration, the therapist is modeling a process that has powerful learning features and is at the same time encouraging members to commit themselves with further revelations to the group. It also provides a good model for group members to adopt to gain further information from each other. One useful way of doing this is to stay alert to the problem areas that were elicited from each member during assessment. By making these problems "public property" at an early point, clarification questions can be used to connect a given action or remark to these focal themes.

Process Over Content

Attention to process is more important than attention to content. This is as true in the early stages of a group as it is later. The techniques of clarification and genuine interest in the process do a great deal to promote group interaction. A powerful yet simple method is to inquire about what members thought was going on between them. By presenting such questions in a nonaccusing and noninterpretive manner, but simply out of interest, the therapist can lead the group to greater comfort in exploring process events: "You two just had a pretty serious exchange about things that are very important. Could you say a little bit about what it was like to talk in the group like that?" Often such nonintrusive methods provide rapid access to emotionally loaded issues. Technically correct interpretations may run up against defensive barriers if the group is not ready for them. The therapist should be particularly alert to pick up process events that relate to the themes discussed in this chapter. By drawing attention to these dimensions, they can be reinforced. This underlining technique is a powerful but subtle way of molding the group toward more effective work.

Group-Level Interpretations

Formal interpretations about the dynamics of the whole group generally fall on barren ground. Because the group is just in the process of forming, members will find it hard to use such metaphoric language. However, it is useful to label and to be interested in common

group reactions. Often these may center around common states of anxiousness over beginning the group, common expectations about the nature of the role of the leader, and common fears about appearing silly, weak, or immature in the eyes of other members. By such clarification, these reactions are usually tempered.

The Individual Member

The development of group cohesion has been emphasized as the primary task of the therapist in stage 1. The process of making a commitment to the group has an important effect for the individual as well. This is an example of the isomorphy between group process and internal psychological events. The experience of universality—"joining the human race"—may be a powerful one. To appreciate that other people have had reactions that oneself had viewed as extreme, shameful, or sick is a powerful first step in reconceptualizing oneself. The idea of being found acceptable by others, even of helping others, may be a profound experience.

Just as important is the idea that commitment to membership is also a commitment to work. Indeed, the therapist should be sure that these two processes are regularly linked together. Agreeing to join means taking the group work seriously, but it also implies taking oneself seriously. This represents a further step on the road to personal change. Beginning to address personal issues often reflects a fundamental shift in self-perception. Therapy carries an implicit statement of self-assertion and self-valuation, not of being a passive recipient or victim. This may be combined with hopes of being rescued or magically altered, but nonetheless is an element to the early sessions that should be sought out and reinforced.

In focusing on group development, the therapist must not forget that the individual members need support from the therapist as well as from the group itself. During the final third of each session, it is useful to scan the group in terms of members who have said little or with whom there has not been a direct exchange. Somehow, they need to be included. For the member, a sense of being valued by the therapist is a powerful motivator.

The responsibility of the leader to the group more than to the individual in the early sessions has been stressed. This is meant as a guiding orientation. Of course, the therapist has a professional responsibility to the welfare of each individual as well. In a way, the duty to develop the group is cloaked in interactions directed at the individual.

However, on occasion, individuals do not seem to be taking smoothly to the group environment. There may be many reasons for this. The group composition may have created an isolate within the group. The stress of the group environment may inflame pathological impulsivity that is difficult to contain. Some people seem determined to turn the entire group against them despite all efforts of the therapist to mediate the process. And for some members, their ambivalence about the idea of therapy may become increasingly evident.

The therapist must be prepared to intervene if there appears to be the risk of a harmful experience. It is useful to remember that all of the members in a new group will be struggling as best they know how to survive and be accepted. They may lose sight of the effects of their actions on some members. In most cases, it is adequate for the therapist to simply draw attention to an area of concern and have it addressed. For example, "In all the enthusiasm to get started, Ann hasn't had a chance to get in yet. Have you found some issues today that make sense for you?" Or, "John has been an active participant today, and is sorting of getting jumped on. I wonder if he's taking the heat for some concerns that others might have as well."

Sometimes it becomes clear early on that a particular member is not going to fit in the group. This may reflect composition issues, or simply that the individual is not suited to group therapy. In these sorts of situations, it may be in the patient's best interest, as well as the group's, that a peaceful parting of the ways take place. The management of such an occurrence is challenging. It is reviewed later in this chapter under premature terminations and also in the next chapter under scapegoating.

Social Roles

During the engagement stage, role behaviors drawn from the positive side of the spectrum are particularly important, indeed essential, to group development. Thus, the sociable and structural roles appear most active.

The therapist may reinforce the positive contributions made by different types of members. This will enhance the engagement process. In this regard, the social role descriptions in Chapter 4 may be taken as a starting point. This should be done carefully, however. Each role type also carries with it liabilities that will need to be addressed eventually. Therefore, comments are best targeted at specific types of behavior and should not carry a global message that everything is

satisfactory. The divergent and cautionary role representatives may need more therapist support, because the group will automatically reward its more positive contributors. Great care must be taken that certain members do not appear to be the therapist's favorites. It is easy to inadvertently get this idea across, in gratitude to some members for taking on leadership functions.

Sociable role. The emphasis these members place on positive interactions and the involvement of all members are invaluable during the early stages of the group. Their warmth and nonthreatening approach elicit participation from others. A trusting nature often makes it easier for them to reveal important information, thus modeling self-disclosure. These members experience the early support of the group for their activities. This support and the beneficial effects of ventilation and self-disclosure may produce early symptomatic improvement. Thus, hope is reinforced for others.

The therapist can feel comfortable in allowing such members to go about their social support activities and may want to modestly encourage them in this task. However, these very qualities will at a later point provide difficulties for sociable role members. Care must be taken that they are not identified as the ideal group participant simply because what they have to offer is of particular value early in the group's life. A safer path is to encourage generalization and modeling of the behaviors they are using as an important group goal rather than focusing on them as the main providers of such input.

Structural role. The focus of the structural role leaders on identifying problems and establishing a work ethic forms a useful model for the developing group. This complements the activity of the sociable role members in helping to develop a positive working climate. The desire of the structural role members to understand and explain behavior, rather than just to experience it like the sociable role members, exerts a calming influence on the group. It addresses the fear that group emotion will get out of hand. Generally, the structural role members are appreciated for their efforts. If they become too active, they may be seen to be interfering with the development of the group experience. At such a point, they may need some support from the therapist and encouragement to sit back and observe more than dominate.

Divergent role. Members who represent the behaviors characteris-

tic of the divergent role are welcomed for their enthusiastic engagement into group process. However, their emphasis on differences and confrontation works against the creation of group cohesion. The therapist needs to be attentive to the input from these members and to be prepared to reframe it in stage 1 terms without alienating or shutting down such members. Using the language of universality and the supportive factors usually accomplishes this. For example, differences expressed by a divergent role member may be interpreted as an important demonstration of people talking openly in the group. Support can be given for the issues raised and reassurance that they will be talked about eventually.

Cautionary role. These members tend to be silent observers during early sessions. Although they need to be encouraged to participate, often a small contribution goes a long way. The reluctance of cautionary role members may be translated into the importance of taking small steps in joining the group. The therapist may be reassured that these members, although of less value in addressing stage 1 issues, will be of importance later. It is important not to align with the view that those who participate at a low level are going to handicap the group.

Predictable Problems

Premature Terminations

Most premature terminations in group therapy occur in the first six sessions. Beyond that point, unpredicted terminations are infrequent and usually result from some intense event. The therapist can be reassured that it is not a catastrophe to lose a group member at an early point, though reasonable efforts need to be extended to try to forestall this from happening. The most important principle is to address directly any remarks suggesting doubt about continuing. To ignore hints about such material is to encourage it. Generally speaking, the source of such doubts is understandable but correctable. If the member does drop out, at least the matter has been addressed and is not an entirely unpredicted event. The remaining members will have some understanding of the issues, which will serve to create a rationale for the loss. Because there will be strong pressures to consolidate group integrity, these rationales are quickly accepted. In the first few sessions, relationships between members are just forming, and the

departure has its greatest importance in terms of group morale, not the loss of the individual.

If group efforts are not sufficient to persuade a member to remain, the therapist should have a private discussion with the particular member after the group meeting. The task in these efforts is not to dissuade the individual from the decision but rather to understand the basis for it and to clarify issues. This may be important for the individual. Personal material not brought up in the group may cast a different light on the circumstances and an alternative referral might be helpful. In addition, a negative therapeutic experience may block future efforts at seeking help; therefore, efforts to defuse separation tension may be of value. Care should be taken that an accusatory tone is not adopted.

When a member does decide to leave a group at an early stage, some therapists insist that the person come back to a final session to "say good-bye" or to "clear up unfinished business." Such efforts are usually futile. If the individual does return, a perfunctory explanation is made, this is accepted by the group, and everyone sits around in uneasy apprehension waiting for the actual separation to occur. An exception to this is when the decision to leave is directly related to a specific group event. Some opportunity to clarify the intent or meaning of the experience may be useful both for the one departing as well as for the other group participants in it. A common reaction at an unexpected termination is for other group members, or perhaps the therapist, to feel that the circumstances were mishandled and that someone must bear responsibility for the loss. In fact, such situations almost always are complex and involve both sides of the issue. It is important that the group have an opportunity for a thorough discussion of the circumstances with or without the departing member.

This position regarding the futility of having a person come back for a final session is based on the fact that usually the person has been backing out of the group for several sessions and is not highly committed to it. Thus, the question of group relationships is not highly charged. For the other group members, the major implications are the survival of the group. It is important that the departure not get in the way of ongoing group cohesion. In the next chapter, we shall discuss the idea of the group scapegoat who is in fact acting out group tension. This is an entirely different set of issues from the early dropout who is not yet fully committed to the group.

It is useful to bear in mind that the decision to terminate therapy might be in the best interests of the individual. Dropouts may cor-

rectly sense that they are getting into dangerous territory that they will not be able to handle. They may be concerned that to continue would risk negative or unsuccessful experiences that might reinforce doubts about self-effectiveness. In short, early terminations are not uncommon and are not necessarily damaging to the individual or to the group. What is important is that the issues are openly discussed in the group so that misconceptions and individual reactions can be clarified.

Overly Intense Self-disclosure

The therapist also needs to monitor that the depth of self-revelation is not too great in early sessions. Initial self-disclosure is designed for group entry, not for major psychotherapeutic work. Powerful disclosure will shut down a group if there is not yet a base of confidence among the members. The therapist should be prepared to intervene when self-disclosure begins to escalate in the early sessions. The most effective way of doing this is to acknowledge the importance of the material with assurance that it will be dealt with in time. Comments such as, "I appreciate how difficult it is to talk about these very upsetting matters. It is good to introduce them now and we will certainly get back to explore them further with you later. I wonder if at the moment though we could pause and get some sense of reaction to what you have said or if other people have had similar types of experiences."

This problem of excessive disclosure may center around a group member who has a history of sabotaging the development of relationships by coming on too intensely or as too needy at an early point. This pattern may be replicated in the group, with the same result. One consistent finding in the group literature is that early self-disclosure is one of the predictors of premature termination. Dropouts often report that they were carried away in the enthusiasm of the early group and blurted out sensitive information. They may fear that they will be rejected or ridiculed, or that they have broken some personal or family taboo for which they will be blamed. This is one of the reasons for the value of the therapist having a personal meeting with a dropout. They may be in a critical state of decompensation and feel that there is no available help (40).

Completion of Stage 1

By the end of stage 1, group membership issues should be resolved. If the group is to lose members, it is usually done by this time.

There should be a general consensus of how the group operates as well as a reasonable sense of the group task. The therapist can consider the task of stage 1 to be nearing completion when all members are comfortable in participating and all have made some self-revealing statements indicating a basic trust in the group process.

For a weekly outpatient psychotherapy group, the first stage is usually accomplished in four to eight sessions. Some groups get off the ground more quickly than others, but a group that is still having difficulty with general positive participation after a couple of months is beginning to show developmental strains. When this emerges, the therapist needs to carefully review the group's life to that point, identifying the issues that seem to be interfering with progress and carefully considering strategies for addressing them.

It is important to understand that the first stage is not lacking in therapeutic effectiveness. It may be using the group process in a preliminary fashion, but the experience for the individual member can be powerful. The supportive factors that are mobilized address the demoralized state of many patients in a specific fashion. A positive shift in self-esteem results in a spiraling sense of self-confidence and self-efficacy that allows the individual to regain a sense of control. Once this is initiated, it may become a self-reinforcing process that allows continuing progress with or without the group.

Some groups stay in stage 1 work forever as a means for providing support for the members. Therapists who find themselves in settings in which it is necessary to keep reworking such issues should not become disillusioned with their task. Perhaps by conceptualizing it in terms of the specific dimensions outlined in this chapter, they can appreciate the importance of their work and understand how to maintain the appropriate focus without slipping inappropriately into interventions or expectations that are beyond the needs or capability of their patient population.

It is possible for groups to become stuck in stage 1. This may reflect the influence of a preponderance of members who fall on the sociable or structural role behavior spectrum. It may represent leadership difficulties about addressing issues of conflict or difference. Membership problems regarding attendance or terminations may thrust the group back to basic engagement tasks. Some groups leave the support and encouragement of early sessions, try to address more conflictual matters, retreat from these with a drop in cohesion, and then oscillate between the two stages. The material in this chapter and the next may offer some insights into how such a situation might be handled.

Summary

The engagement task of stage 1 focuses on the whole group. Individual issues are of less importance except as they threaten harm to the person, or obstruction to the group task. A modestly active therapeutic style is appropriate, particularly in reinforcing events falling into the support cluster of therapeutic factors. The mechanisms of stage 1 constitute an ongoing source of group cohesion. Therefore, they will come back into predominance any time that the work of the group is threatened. This regularly occurs at times of membership change or when difficult issues are being addressed.

Just as the positive developments of stage 1 are coming to fruition, the challenging tasks of stage 2 emerge. As a group moves through the engagement stage, the sense of group cohesion and commitment steadily increases. Once the stage tasks are achieved, the intensity may lessen, and a sense of vagueness or lack of direction may develop. The contributions of the divergent role members are often stimulated by this. The leader needs to be sensitive to an emerging sense of disillusionment or irritation. Once convinced that the group is together in mastering engagement tasks, the therapist can begin to promote the expression of more negative themes. Thus, the group can move on to stage 2, and we can move on to Chapter 9.

CHAPTER 9

Differentiation

The second stage of group development is called the differentiation stage. This stage is often referred to in the literature as the stage of conflict because it is characterized by an atmosphere of dissatisfaction and confrontation. The term *differentiation* focuses on the functional task of the stage for group development. The preoccupation with criticism and justification serves the purpose of developing a greater awareness of the individual in the group. This is a counterbalance to the assumptions of universality, uncritical acceptance, and similarities developed in stage 1. Although the work of stage 2 is not as pleasant as that of stage 1, it contributes greatly to the sense of groupness.

Basic Tasks

The central task for the group in stage 2 is to develop a cooperative approach to conflict resolution. This must begin with recognition by the group members that they do not all see the world the same way. The presence of different points of view threatens the sense of universality that initially allowed the members to get closer. Stage 2 focuses on the ability to tolerate differences and use them in a collaborative fashion.