



Working with therapeutic groups

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To say that this chapter is about working with therapeutic groups already poses a challenge. All groups have the potential to be therapeutic, if they make participants feel better about themselves, if and how, the issues that brought them to the group have been addressed or tackled and the outcomes that emerged from being part of the group. And importantly, all groups are therapeutic, if the purposes which were their focus have been achieved.

I will discuss two particular kinds of therapeutic groups - a mutual aid group for women with advanced breast cancer and a psychoanalytically-oriented psychotherapy group for people dealing with depression, anxiety and more general 'problems in living'. Having categorised them as '*therapeutic*' groups, I will show how purposes, structure and leadership roles are designed in order to achieve, in different ways, some of the therapeutic goals suggested in the previous paragraph. The chapter ends with some suggestions about setting up and working with groups like these.

Two therapeutic groups:

'*Thursday Girls*' is a group for women, with advanced breast cancer, which has been meeting weekly for almost twenty years; originally established in 1997 as a research intervention designed to, test out the proposition, that a group providing expressive-supportive therapy extended the lives, improved quality of life and reduced depression experienced by women, with this disease which has been extensively studied. Results indicated that improved quality of life and a reduction in depression resulted, whilst the 'jury is still out' about life extension⁵⁵. The results

were an important incentive for the continuation of the *Thursday Girls* after the trial finished, strengthened by the very positive feedback from participants and their demand for its continuation. The women named the group the '*Thursday Girls*' because they met - and continue to meet - on that weekday; they also published a book describing their experience in this group - '*The Thursday Girls*' (2004).

The group meets weekly for one hour, members staying on for a social catch-up over morning tea. There are two leaders, a psychologist and a social worker, neither of whom has the disease. The criterion for membership is that participants have advanced (or metastatic) breast cancer. There is no agenda, other than the issues and concerns that participants bring for discussion each week. It is an open, long-term group, participants joining and leaving at any time. Most remain in the group for months and years, often only leaving when death intervenes.

The psychoanalytically-oriented psychotherapy group, for people experiencing depression and anxiety, is also a long term, open group not exceeding 7 - 9 members; men and women participate and ages range from mid-20s to mid-60s. People join and leave at different times,

with an average length of stay being years rather than months. There are two group therapists, a psychologist and a social worker.

The group meets weekly for 1.15 hours; there is no set agenda - what is talked about depends on what members wish to share. There are strict boundaries in place, guidelines emphasising confidentiality and (in contrast to the Thursday Girls) that members do not meet outside the group. There are several reasons for this: preventing the formation of sub-groups, which can be detrimental to this kind of group; ensuring that the group remains a safe place for members and that the group is seen as a 'work place' rather than a social activity.

Group processes and dynamics:

As is clear from the descriptions, the two groups have substantial differences; but they also have things in common - and these they share with many groups. Each has a purpose, a structure, is aimed at a particular membership, is led by trained group leaders or facilitators (they are not self-help or peer-led), arises from and exemplifies a theoretical base, together creating the 'group dynamics', the sometimes intangible, but always present and always influential, processes, relationships, emotions, meanings and interpretations which emerge when a number of people get together. They give a group its characteristic 'flavour' and sense of animation and movement and they are enacted, in all groups, primarily through talk, through telling stories, doing activities collectively, reflecting on these events and moments, trying to make sense of them. In concert with the members, the group leader's task is to strategically use such processes and dynamics to achieve the group's purpose and the purposes individual members bring.

Importantly, similar events and activities (talk, actions, tasks, exchange, communication with others and body language) are interpreted differently, depending on one's theoretical perspective. Issues are problematised and theorised and their representation in the espoused purpose identified for each group is treated differently. Although groups may be formed for a great range of purposes and may take a variety of forms, their common characteristic is that they create processes, but what they *mean* is open to interpretation.

Some of the differences informing the two groups mentioned are discussed below.

Theory and Purpose:

The decision to form a group, rather than work on an issue or task, independently suggests that, at some level, we believe that the purpose, we have in mind, will be achieved best by the collective involvement of a number of people. When we articulate its purpose, we specify the kind of group we want to form or join so that its design or form derives from that purpose. Purpose determines the kinds of people who might be selected or wish to join, the kind of leadership it will have, the type of group it will be (Douglas 2000; Magen in Meyer & Maitaini 1995).

The *Thursday Girls* group has 7 espoused purposes, relating primarily to a focus on dealing with the recurrence of cancer and the advent of death:

- Build bonds between members, through both participation in the group and in socializing outside the group with others, who understand better than anyone else, what each person is dealing with,

- Express emotions, especially the difficult emotions of anger and sadness, in a safe and contained group space,
- Detoxify death and dying, that is, to reduce fear and uncertainty, especially about treatments and their effects, ensuring that necessary tasks, such as preparing family members for loss and for 'going on' are addressed,
- Redefine life's priorities, in the light of a perhaps shortened life expectancy, for example in relation to employment and financial matters,
- Increase support of family and friends, in recognition that such support is a powerful element in building resilience
- Improve doctor-patient relationship by, for example, increasing confidence in asking questions of medical professionals, or exploring the range of treatments available,
- Improve coping skills by, for example, learning from one another about managing the disease or different treatments, which may be beneficial in reducing anxiety and depression

The theoretical base underpinning the *Thursday Girls* is *Systems Theory* (with elements of existential and humanist perspectives). It is a mutual aid group, the purpose of which is to use the resources of the group as the context for change, support and mutual benefit. Mutual aid groups work from a perspective in which the characteristics of systems - interaction and flow, a tendency towards the maintenance of equilibrium, containment within boundaries separating the inside from the outside - are helpful in understanding what might be going on

in the group. Shulman (2010) identified ten ways in which a group as a mutual aid system works and through which the members help each other. These are by:

- Sharing thoughts, feelings, ideas
- Establishing dialogue and a dialectical process
- Entering taboo areas, for example, regarding sexuality or death which are often not able to be talked about elsewhere
- Recognising that members are 'all-in-same-boat' and deriving comfort from this
- Developing a universal perspective, shared by group members, for example, that the group can support its members enduring life-threatening illness
- Offering mutual support where possible
- Making mutual demand when the need arises
- Providing space in the group for individual problem solving
- Providing space in the group for rehearsal, that is, trying out solutions before applying them in 'real life'
- Becoming more resilient by recognizing the 'strengths-in-numbers' which group participation represents.

The purpose, underpinning the *psychoanalytically-oriented* psychotherapy group, is drawn from a theory proposing that much of what motivates and sustains us and our behaviour may be outside our awareness. The purpose of the group is to develop insight, which may lead to changes in thinking and behaviour. In the group, participants bring together their individual motives, personalities, mental processes and behaviours.

By talking about these and hearing the responses and interpretations of others, self-understanding may occur, as what has previously been outside awareness is drawn into consciousness.

Psychoanalytic Theory (Anthony 1971; Toseland & Rivas 1998; Corey 2000) understands the family as the individual's first experience of a group; the original family was the site for the experience of conflict, as the individual negotiates psychosexual stages of development and maturation. In the group, these early family experiences are re-enacted. The concepts of transference and counter-transference (referring to the dynamic, often unconscious impact emerging between individuals and between individuals and the leader) are important, in understanding the ways in which individuals re-encounter unresolved conflicts and are assisted in linking these struggles to their current behaviour. The purpose of the group is for individuals to gain insight, into the causes and manifestations of these unresolved conflicts, through their engagement with others, strengthening their interpersonal skills and adaptive capacities through the group process.

Group structure:

As we have noted, both groups are long-term and open, meaning that members join and leave at different times; in fact, there is no '*finishing date*' for either group. Such an open structure can be appropriate, where participants are working on issues shared in common but, which have different significance for them, e.g. chronic or terminal illness, depression, anxiety. In the *Thursday Girls*, where the purpose of the group is to assist people in confronting anxiety-provoking and existential issues (such as life and death, pain, coping with

chronic illness), an open group allows support to develop and be maintained, even as the membership changes through illness or the death of participants (Spiegel & Spira 1991; McDermott, Hill & Morgan 2009). In the *psychoanalytically-oriented* psychotherapy group, the development of insight does not usually happen quickly and many members have battled their difficulties over many years. It makes sense that, it will therefore take time to address these difficulties and for participants to reframe their lives, in different, more hopeful ways.

Leadership:

Group leadership can be understood and practiced in many different ways, all of which depend upon the purpose and the theoretical base of the group. Leadership refers to the capacity to influence group participants and the development of the group itself; when saying 'we are influencing something', we are referring to the ability to make a difference in some way, to change things inside and outside the group. Toseland and Rivas (1998:104) usefully identify three categories, of skills, that the leader brings to the task which have relevance to almost every group:

- Facilitating group processes by such actions as involving members, focusing the group's communication and clarifying the content which is emerging
- Data gathering and assessment: this requires the leader to ensure that members' thoughts and feelings are understood by requesting information or asking questions
- Action: at times, the group leader may provide support or challenge and confront members to assist them in moving forward in tackling and resolving the difficulties they encounter.

We might add the leader's conceptual and organisational skills, evident in the clarity with which the group's purpose is articulated and the process of the group as they set out to achieve this.

In relation to the *Thursday Girls* group, conceptualised as a system, the leader's role is that of '*system manager*', mediating between individuals and the group and other external systems, to establish a helping system of benefit to all. In the *psychoanalytically-oriented* psychotherapy group, leaders focus their attention on how individuals work together in the group, in collectively achieving the individual aims and needs of members, facilitating interpersonal interaction and offering interpretations and information to assist understanding.

Both groups tend to be relatively unstructured, group members bringing their own agenda and being encouraged to speak as freely as possible about any issues or concerns they have. In the *Thursday Girls*, the leaders' role is to maintain awareness of the primary purposes of the group, concentrating on ensuring that the group is a place where difficult issues and emotions can be safely brought, using their skills to strengthen the bonds that members form and to build their resilience. Leaders and members alike have to learn to deal with whatever comes up, e.g. the impact of the disease on children and partners, the unexpectedly quick progression of illness for some women not-responding to traditional treatment.

In the *psychoanalytically-oriented* psychotherapy group, group leaders take a somewhat non-interactive and distant stance, facilitating members' projections and fantasies,

which become evident in transference and counter-transference reactions. The group leader's role is to offer interpretations, which focus on these unconscious productions, enabling members' anxieties and distortions to become visible and, in this way, assist them to gain insight.

'Thinking Group'

What underpins all aspects of the group leaders' role is the importance of their viewing the group 'as a whole', *an entity which has most likely taken on a 'life of its own'*, a dynamic and animated network of people, their desires, emotions, wishes and intentions brought together in time and space. Group leaders are not working with various individuals who are 'in' a group but, first and foremost, 'as' a group: the primary focus is on the collective identity which makes up what is thought of as a group; thus, groupwork *by definition* is working with a group, hence the key skill is the leader's capacity to '*think group*'.

Advocating for group workers to '*Think Group*', one needs to keep in mind that, while groups are comprised of individuals, their coming together may enable the expression of powerful forces, reinforcing a sense of commonality and solidarity, the building blocks for the development of trust. Trust and its counterpart, *reciprocity amongst members*, may establish the bonds which serve to enable them to achieve their individual and common goals and the group worker's task is to nurture such development. By '*thinking group*' rather than '*thinking individuals*', the group worker positions him/herself to see and enhance these elements for the wellbeing of the whole, a capacity central across all kinds of groups - psychotherapy, psychoeducational, mutual aid, social action.

Listening:

The capacity to *listen* is a key leadership skill, basic to any therapeutic endeavour; theoretical knowledge provides the mental and cognitive constructs to thinking, but it is the capacity to listen - and hear - which determines how we use theories. The 'baseline' of all therapeutic work is skilled listening; therapeutic listening, provided through training and experience, entails hearing what is spoken *and* unspoken; it enables group leaders to derive meaning from what is communicated by the group members and can facilitate a greater understanding and re-construction of meaning which can prove helpful in managing life's challenges, be they a life-threatening illness or emotional distress (McDermott, Hill and Morgan 2012).

Getting people together in therapeutic groups widens the availability of therapeutic contributions and enables participants to get a range of perspectives and understandings of their communications and situations, assisting them in understanding or working with their own issues, developing their ability to step back, heal themselves and learn how to reflect. Briefly, the group leaders' goal for group participants is to develop their capacities as interpretive and reflective listeners and increasing the number of thoughts available to them about problematic situations; group leaders thus *model* 'good' listening.

Handling problems:

All groups experience moments of conflict and disagreement and often it is expected that group leaders be skilled in resolving these, an expectation which raises the anxiety of novice

group leaders. Conflicts and problems can emerge from anywhere and are frequently unexpected; group leaders - and group members - are fearful that conflict can be problematic and destructive, not just to the survival of the group itself but to the individual members' emotional wellbeing. However, as a '*rule of thumb*', the group leader might want to recognise that the emergence of conflict 'belongs' to the group-as-a-whole and finding solutions is a task for the group-as-a-whole, another reason why '*thinking group*' is such an essential skill.

What kinds of solutions emerge depend on the kind of group, which, in turn, determines how conflict is interpreted (Benjamin et al 1997; Conyne 1999; Forsyth 1999; Toseland & Rivas 1998). In a mutual aid group such as the *Thursday Girls*, the leaders' efforts would be directed towards understanding its meaning and impact in relation to the group's purpose and to the group-as-a-whole. In a psychoanalytically-oriented psychotherapy group, conflict might be seen as an opportunity, for all members, to explore and try to better understand the factors leading to conflict and how these affect the emotional lives of group members.

Do therapeutic groups work?

Researching outcomes for ongoing, open therapeutic groups is a difficult enterprise, given their constantly changing and evolving nature, the length of time during which participants may join them, the differing goals and purposes that members and leaders may have (McDermott 2003; 2004). Block and Aveline (1996) noted nine elements providing useful guidelines to evaluate the outcomes of therapeutic groups: cohesiveness; learning from

interpersonal action; insight; universality; hope; altruism; guidance; vicarious learning; catharsis and self-disclosure. The extent to which these are present is said to be indicative of the nature of the group's impact on participants.

However, those who have participated in therapeutic groups are an important source for understanding 'what worked' for them - and maybe they should have the last word. When asked what they considered represented a 'good' group, participants said (McDermott 2002):

... a group that's really important to its members..

... (a group that) gives you proof of progress, validates skills, confidence, self-esteem...

... a group where there's good bonding and caring and support - compassion...

... (a group which is) a mutual support and a mutual challenge...

... (a group which gives members) opportunities to see themselves reflected back by the group - this gives them strength...

Working with a therapeutic group:

To finish, some ideas about working with a long-term open therapeutic group, such as the two described above:

- Be clear about what purpose(s) you think a long-term open therapeutic group can meet - and what purposes are best met by other kinds of groups

- How does a long-term open group differ from a short-term closed group in terms of particular challenges it poses, e.g. introducing new members at different times; fare-welling members at different times; dealing with boundary issues etc.
- Training is vital
- Regular supervision is a necessity
- Conflict? Expect it; address it!
- The group is the members' group and problems in group are problems for the group to address (with the leaders' help):
- Work with the 'group as a whole,' as distinct from doing work with individuals in a group
- Hone your listening capabilities

Endnotes

55. (Anderson, B.L. 2002; Beacham, B., Hill, C., McDermott, F., O'Brien, M., Turner, J.2005; Bordeleau, L., Szalai, J.P., Ennis, M., Leszcz, M., Specca, M., Sela, R., Doll, R., Chochinov, H.M., Navarro, M., Arnold, A., Pritchard, K.I., Bezjak, A., Llewellyn-Thomas, H.A., Sawka, C.A., Goodwin, P.J., 2003; Cunningham, A.J., Edmonds, C.V.I., Jenkins, G.P., Pollack, H., Lockwood, C.A., Warr, D. 1998 Edelman, S., Bell, D.R., Kidman, A. 1999; Edmonds, C.V.I., Lockwood, G.A., Cunningham, A.J. 1999; Hill, C., Kissane, D., McDermott, F. 2004; Kissane, D.W., Grabsch, B. Clarke, D.M., Christie, G., Clifton, D., Gold, S., Hill, C., Morgan, A., McDermott, F., Smith, G.C. 2004; Lachman, L. 2002; Lillquist, P.P. and Abramson, J.S. 2002; Llewelyn, P., Murray, K., Johnston, M., Johnston, W., Preece, E., Dewar, A. 1999)

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