

## READER'S FORUM

# Why Study Group Therapy?

ELEANOR F. COUNSELMAN, ED.D.

### ABSTRACT

*Group therapy training is highly valuable for the overall professional practice of psychotherapy. Learning to be a group therapist means learning about shame, resistance, fears of engulfment and abandonment, maintaining a self in relation to others, promoting empathic connection, strong affects in the moment, multiple experiences of the same interaction or event, and group dynamics. These concepts are highly relevant to all clinical work and other aspects of professional life. Training in group therapy should place greater emphasis on its broader applicability.*

### WHY STUDY GROUP THERAPY?

**M**ore than 30 years ago I attended my first American Group Psychotherapy Association (AGPA) annual meeting and began an educational adventure that has governed the way I practice psychotherapy. My practice is largely individual and couple therapy along with supervision and teaching; group therapy *per se* is a small part of my professional week. Nevertheless, psychodynamic group therapy training has been the single most powerful influence on my overall professional practice. Although there are many avenues to competence as a psychotherapist, I believe that the value of group therapy training cannot be overestimated. After all,

---

Dr. Counselman is Assistant Clinical Professor of Psychiatry at Harvard Medical School, Boston, and Clinical Associate in Psychology at Massachusetts General Hospital.

The author thanks Jerome Gans, M.D., and Nina Fieldsteel, Ph.D., for their helpful comments on an earlier version of this article.

the heart of psychotherapy is interpersonal connection and what better setting to learn about that than a group?

Unfortunately, the relevance of group therapy training to a psychotherapist's overall professional life has been sorely neglected. This shortsightedness is particularly problematic as national and regional group therapy societies seek to attract and retain new members. Clinicians typically stop their group therapy training when they no longer lead groups, and students see the training as applicable only to leading therapy groups. Those in teaching settings such as hospitals, graduate schools, and training programs encounter considerable competition for training time, and group therapy training often gets short shrift. In this brief report I will describe the many ways in which group therapy training has benefited me far beyond proficiency in therapy group leadership. My hope is to encourage group therapists—from those who teach group therapy to those just beginning their training—to realize the broader applications of this valuable experience.

I refer here specifically to process-oriented group therapy, not because of a bias against other types of group work, but because I believe it is the knowledge about dynamic and systemic aspects of group therapy that has generalized so readily into the rest of my clinical practice. I agree with Clara Hill (1990) who noted that there are so many different types of groups that it is unwise to generalize about factors unique to all group therapy.

Are there particular qualities associated with being a process-oriented group therapist? Fuhriman and Burlingame (1990) reviewed this question. They noted that "multiple clients, the public setting, and a here-and-now focus all demand that therapists be clear about their identity and the reality of their involvement in the group." (p. 19). They additionally noted the impact of working with multiple clients at the same time (in a group) and the need to maintain a broader, more systemic perspective than the more dyadic one of individual treatment. This broader perspective is clearly useful in couples treatment and also helps inform individual treatment where the reality of the larger social systems that our clients inhabit is sometimes overlooked in the treatment.

### **Presence in the Here-and-Now**

There is nothing like a group experience for forcing one to be present in interpersonal interactions. Most group therapists agree that the most powerful training venue is being in a group; for example, the annual meeting of the AGPA and most group therapy training programs include experiential training groups, and many group therapists have personal group therapy experiences. As a member and as a leader of the AGPA Institute groups and of local ongoing training groups, I have learned about the power and effectiveness of here-and-now interactions and the equally powerful resistance to such immediacy (Ormont, 1988). These forces know no age or experience limitations, but thanks to good group leadership (and membership) I have better awareness of them and can more easily put them into words. The ability of a group to resonate with experiences and to amplify emotions, thus providing better access to them, is unparalleled. As a result I have become better able to stay present simultaneously with my clients and with my own affect during all psychotherapy work.

### **Comfort with Affect in the Room**

A group that feels safe to its members can be a container for strong feelings and interactions. My training as a group therapist has taught me how to create safety, invite strong feelings, and place high priority on bringing these reactions into the room for exploration. It has convinced me that the most powerful work is to bring affect into the here-and-now. When I see couples for therapy I call upon those group skills to create a space for them to share their emotions with each other in the moment. I have also learned the difference between useful exploration of affect and simple discharge, akin to a temper tantrum. The "hall of mirrors" (Foulkes, 1964) effect in group has been instructive, as group members can tell when a member is truly working.

### **Closeness and Separateness**

The recognitions that we never outgrow our need for attachment and that it is possible to be both attached and independent (i.e., interdependent) are familiar to group therapists. Many people defend against intimacy because of their fears of engulfment or abandonment. This concern is a common issue in couple therapy, although it may be disguised by bickering over concrete issues. Couples often unconsciously experience only a binary choice between dependency and counterdependency. Through group therapy training I have become sensitized to this ubiquitous struggle and, just as in a group, can help members of a couple see that they can have different affective experiences but still maintain an intimate connection. Developing and maintaining a self in relation to others can be a primary function of the group process.

### **Empathic Connection**

Yalom (1995) has cited universality as one of the powerful therapeutic factors in group therapy. Any therapist who has brought a new member into a group and seen that person's relief when the other members—who may initially appear quite different—talk about familiar issues has witnessed the healing potential of universality. Group therapists promote cohesion, particularly in early stages of group development, by amplifying similarities and potential connections with bridging techniques (Ormont, 1990) and by encouraging empathic statements between group members. I have been able to use similar techniques with couples who have felt emotionally alienated from each other. For example, I frequently challenge the myth that a couple must be in agreement in order to feel connected. I instead encourage an empathic understanding of each other's position, which invariably leads to feelings of greater connection. In individual work, I have become more alert to the client's experience of feeling very different.

### **Sensitivity to Shame**

Shame is a powerful, although often hidden, emotion. Many of our clients feel tremendous shame about their problems and about needing to be in therapy (Alonso & Rutan, 1988; Gans & Weber, 2000). This shame leads to secrets and can create pressure to bring a false self even to individual therapy. Individuals or couples are prone to imagine the idealized therapist as problem-free, never making mistakes, and so forth. Sometimes shame is so characterological that the person is not even aware of it. Group therapy can serve as a laboratory for exploring and understanding the ways that interpersonal interactions are affected by shame and by attempts to avoid it with narcissistic defenses, false selves, or withdrawal.

Therapists are not immune to shame; fear of shame is one of the reasons many therapists avoid leading groups. It is one thing to make a mistake in the relative privacy of an individual session; it is a much more difficult experience in the presence of six or eight group members. As a result of having made my share of blunders as a group leader, with no place to hide, I am more comfortable with my imperfect therapist self. Working through a technical error is truly working the concept of the "good enough mother," rather than talking about it hypothetically. Our actions more than our words give our clients the freedom to be "good enough," not perfect.

### **Exploration of Resistance**

My group therapy training has taught me to have a clear group contract or agreement that covers the basics of attendance, confidentiality, task, termination, external socializing, and money matters. A good contract sets up good boundaries, and that may be a new experience for many clients.

The contract provides a safe structure and rules of engagement, while the inevitable contract violations highlight resistance to the uncomfortable feelings that attend group membership and participation. As group leader I am authorized to invite exploration of a

member's repeated lateness or nonpayment of bill. This learning has been useful in my raising similar questions more comfortably in individual or couple work. Many therapists avoid setting up a clear working agreement, particularly around money, assuming somehow that business should not enter into a therapy relationship. Therapists who avoid talking about client money issues are missing important therapeutic opportunities and may inadvertently be acting out their need to be loved (Gans, 1992).

I have written elsewhere (Counselman, 2006) about using my group therapy training to think through issues of resistance and boundaries in two couple therapies. The concern was whether to add individual therapy with one of the partners, and I found the group therapy literature on combined treatments very useful.

#### **Different Ways of Communicating**

In group therapy there are many clients communicating in different ways about the same experience and having different experiences of the same communication. How they communicate their reactions is important information. Verbal interaction is only one form. Silence is also an important mode of communication (Gans & Counselman, 2000), as are missed sessions, lateness, sleepiness, and other nonverbal expressions. Group demonstrates that there truly are multiple realities. This understanding is useful in couples therapy where each partner can present quite different versions of the same event, as well as in individual therapy where the patient is presenting only one version of an experience.

#### **Awareness of Group Dynamics**

Virtually every clinician has or will have some group involvement for which the study of group dynamics is relevant. An understanding of group dynamics, and such related concepts as authority, boundaries, unconscious forces in group life, and work roles, promotes good leadership and group membership. Many of the psychiatry residents whom I instruct in our group program go on to administrative re-

sponsibilities, first as chief residents and later as clinic or program directors. Their careers should benefit from knowing about these aspects of the social systems in which they function even if they never lead another therapy group after their training.

Similarly, teaching small groups, as in seminars and workshops, is improved by the leader's comfort with group process. The capacity to sense the group's affect, to create an atmosphere safe enough for optimal learning, to encourage member participation, to attend to here-and-now process when appropriate, and to have clear time boundaries are examples of the impact of group therapy training on teaching in groups.

To illustrate, I once attended a teaching conference in which the director of the clinic announced that she had resigned. She then attempted to proceed with the didactic material. Several clinicians with group skills intervened, saying that they thought this information would adversely impact those present and should be processed before attending to the teaching agenda. The ensuing discussion proved them right. It is hard to imagine that the participants could have simply focused on the material at hand having just received such momentous news.

Another setting in which knowledge of group dynamics is important is the supervision group. When cases are presented here, the group may experience the phenomenon of parallel process. Those who are sensitive to group dynamics will be better able to identify and discuss what is happening in the group. Also, peer supervision groups, which many clinicians join, must be able to manage the tasks normally assumed by the leader, such as gatekeeping, keeping the group on task, and managing process issues as they arise (Counselman & Weber, 2004).

In summary, psychotherapy is a relationship about relationships. What better venue for understanding the complexity of human interactions than the study of group therapy? Those of us who have benefited from psychodynamic group therapy training would do well to encourage younger professionals to see it as not just about leading groups but as widely applicable and relevant to many aspects of our professional lives.

## REFERENCES

- Alonso, A., & Rutan, S. (1988). The experience of shame and the restoration of self-respect in group therapy. *International Journal of Group Psychotherapy, 38*, 3-14.
- Counselman, E. F. (2006). Combining individual and couple therapy: Is it always a bad idea? *Group, 30*, 1-15.
- Counselman, E.F., & Gans, J. S. (2000). Silence in group therapy: A powerful communication. *International Journal of Group Psychotherapy, 50*, 71-86.
- Counselman, E.F. & Weber, R.L. (2004). Organizing and maintaining peer supervision groups. *International Journal of Group Psychotherapy, 54*, 125-143.
- Foulkes, S. (1964). *Therapeutic group analysis*. London: Allen & Unwin.
- Fuhriman, A., & Burlingame, G.M. (1990). Consistency of matter: A comparative analysis of individual and group process variables. *Counseling Psychologist, 18*, 6-63.
- Gans, J.S. (1992). Money and group psychotherapy. *International Journal of Group Psychotherapy, 42*, 133-152.
- Gans, J.S., & Weber, R. L. (2000). The detection of shame in group psychotherapy: Uncovering the hidden emotion. *International Journal of Group Psychotherapy, 50*, 381-396.
- Hill, C. (1990). Is individual therapy process really different from group therapy process? *Counseling Psychologist, 18*, 126-130.
- Ormont, L.R. (1990). The craft of bridging. *International Journal of Group Psychotherapy, 40*, 3-17.
- Ormont, L.R. (1988). The leader's role in resolving resistances to immediacy in the group setting. *International Journal of Group Psychotherapy, 38*, 29-45.
- Yalom, I.D. (1995). *The theory and practice of group psychotherapy (4th Ed.)*. New York: Basic Books.

Eleanor F. Counselman, Ed.D.  
67 Leonard Street, Suite 2  
Belmont, MA 02478  
E-mail: EleanorF@Counselman.com

Received: September 28, 2006  
Final revision: May 11, 2007  
Accepted: May 14, 2007