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MOOC 2 **Learning Unit 4 Group Training**



Project Number: 2020-1-PL-KA202-082075

Chapter 2 - The Therapy Phase

Introduction (i)

Managing groups represents a major area of theory, research and practice in its own right. Early forms of group interventions were pioneered by Moreno with psychodrama, by Lewin through the invention of 'T-Groups', by Foulkes' Group Analysis and Bion's Tavistock Group. In the late 1940s and early 1950s group-based approaches have become a strong tradition in the various branches of the helping professions; counselling, psychotherapy, social work and organizational development.

The first systematic psychodynamic group theory, was formulated by Foulkes and Bion, initially during the Second World War through work with psychologically disturbed and traumatized soldiers at the Northfield Hospital in Birmingham. The key idea of Group Analysis is the focus on the 'group-as-a-whole', aiming at the development of the group as a therapeutic tool, giving a leading role in social interaction through the multifaceted relating and strengthening patients' ego.

"A good group breeds and develops, creates and cherishes that most precious product: human individual".

Foulkes, S.H. 1948. Introduction to Group Analytic Psychotherapy. London: Heinemann. Reprinted, London: Karnac, 1983.

Chapter 2 - The Therapy phase

Introduction (ii)

In the group setting a number of ways to help victims is offered that are not readily available in individual therapy. Group-based interventions and approaches concerning trauma are used in social work, counselling and psychotherapy. The therapy phase deals with victims' persisting and dysfunctional responses to their traumatic experience, or even when victims seek therapy for reasons of personal growth on occasion of the traumatic event. Group therapy constitutes an effective and, substantially, an ego strengthening process.

Chapter 2 is divided in:

1. Group Dynamics and Interventions:

Group therapy addresses a range of concerns, including a sequence of different group interventions, group dynamics, the role and the training of the group conductor and group therapy modalities.

2. The Group-Analytic Approach to Trauma (GA):

The Group-Analytic approach can prove powerful in response to chronic trauma.



2.1. Group Dynamics and Interventions

• Group therapy is widely used in treating victims of trauma. The group can help in reducing psychological reactions to the trauma, gaining an understanding of the effects of the past experience on current life issues, integrating the traumatic experience into personal history and learning new ways of coping with interpersonal stress. In those terms, the group can easily become a *substitutional envelope* for traumatized people.

Weinberg, H., Nuttman-Shwartz, O., Gilmore, M. (2005). Trauma Groups: An Overview. Group Analysis, 38(2):187-202.

• Trauma-focused therapy groups would likely address a range of concerns, perhaps in a sequence of different group interventions. Safety, trust, and security would be important at first. Being together with others who have experienced a similar trauma and receiving psychoeducation about the impact of trauma on the mind and body can serve to reduce feelings of isolation and confusion. Later these groups might use structured behavioural interventions to treat specific trauma symptoms. Next the groups might address how trauma has altered members' basic beliefs and assumptions about the world. These groups would ideally be homogeneous for the earlier work and later heterogeneous, mixed-gender group may be necessary to complete the process of the survivor's reentry into the post-trauma world.

Herman, J.L. (1997). Trauma and recovery: the aftermath of violence-from domestic abuse to political terror. NY: Basic Books.



2.1. Group Dynamics and Interventions (i)

- a. Assessment of the Clinical Situation. Determine the immutable clinical restraints. Take care to differentiate the *intrinsic* limiting factors (built into the clinical situation) from the *extrinsic* factors. The intrinsic factors are built into the clinical situation and cannot be changed (at least, easily), while the extrinsic factors are factors that have become tradition or policy, are arbitrary and within the power of the therapist to change.
- b. Formulation of clear, appropriate and achievable Goals. Clarifying for the members how the procedure of the therapy group will help them attain those goals.
- c. Modification of Technique. Therapists can alter technique, style, and, if necessary, the basic form of the group to adapt to the clinical situation and to the new goals of therapy, by considering the therapeutic factors.
- d. Therapeutic Factors. Therapeutic change is an enormously complex process that occurs through an intricate interplay of human experiences, referring to as therapeutic factors. The therapeutic experience can be divided into eleven primary factors, which are interdependent and neither occur nor function separately. 1. Instillation of hope, 2. Universality, 3. Imparting information, 4. Altruism, 5. The corrective recapitulation of the primary family group, 6. Development of socializing techniques, 7. Imitative behavior, 8. Interpersonal learning, 9. Catharsis, 10. Group cohesiveness and 11. Existential factors. Undoubtedly, group therapy is a complex process consisting of elemental factors that interlace in an intricate fashion.



2.1. Group Dynamics and Interventions (ii)

Trauma groups require therapists to:

- Identify, understand and manage unique transference dynamics.
- Contain all the projected parts and emotional detritus, elaborate it within themselves, and return these projections to their source in a way that advances group members' development.
- Be aware of the danger of vicarious or secondary trauma and develop special techniques for prevention and self-care (supervision, support groups for therapists, appropriate countertransference disclosure, and stress management techniques).
- Keep in mind that working with traumatized people is a work of integrity.

Training of Group Conductor

- Except from the skillful and competent delivery of therapy, therapist's effectiveness has much to do with the capacity to improvise as the context demands it, including both new knowledge and accrued wisdom. In the light of that perspective, personal psychotherapy, as well as supervision of therapist's professional work, are necessary for the maturation of the group therapist.
- Group therapy is a demanding psychotherapeutic endeavor that needs further education, certain ethical and professional standards of behavior, clinical training, supervision and personal therapy.

Tsegos, I.K. 1995. Further thoughts on Group-Analytic training. *Group Analysis*. Vol 28:313-326.



2.1. Group Dynamics and Interventions

Role of group conductor

- The basic attitude of the group conductor to a victim must be of concern, acceptance, genuineness and empathy, while all considerations of technique enhance consistent and positive relationships among all parties. The group therapist's job, is to create the machinery of therapy, to set it in motion, and to keep it operating with maximum effectiveness.
- The techniques of a group therapist refer to three fundamental tasks:
- 1. Creation and maintenance of the group
- 2. Building a group culture and
- 3. Activation and illumination of the here-andnow process.

- Group Therapy Modalities
- Peer Support Groups: constituted by peer, homogeneous people who survived trauma, either victims and their families, or first responders and mental health practitioners and professionals, offering an opportunity to connect with other peers and receive and give suport.
- Internet-based group therapies: minimally intensive treatments, low-cost treatment, fit well with the principles of prudent health care.
- Group-Analytic groups: psychotherapeutic method which is performed by the group as a whole. The continuous interaction creates different types of processes: intrapersonal, interpersonal, transpersonal.



2.1. Group Dynamics and Interventions

The group provides a context in which victims can exhibit a much broader range of interpersonal behaviour and interrelations that could ever be in a one-to-one relationship.

The victims in a therapeutic group have different, broader opportunities for immediacy, and working with the here-and-now.

In groups, moreover, there are chances for victims to help each other through clarification, challenge and support. This is useful not only in that there is more help available, but also in that the victim who is able to be helpful to another will benefit in terms of enhanced self-esteem.

In any psychotherapy group, members can: maintain hope, realize that they are not alone in having certain frightening or unacceptable difficulties, thoughts and feelings with other members, learn about their relational patterns and general mental health, gain more self-respect through the act of giving, not only in receiving help as part of the reciprocal giving-receiving sequence, express deep emotions developing close interpersonal bonds.



2.2. The Group-Analytic Approach to Trauma

Group Analytic Approach is used in treating victims of trauma, whether of an individual trauma or of group trauma (natural disasters, war, etc.), being applied in the same place where the trauma occurred. The most appropriate intervention following a catastrophe is immediate and on site. Also, GA can prove powerful in response to chronic trauma.

Psychological trauma has consequences on attachment leading to a break of human interaction and on values connecting individual to the community. Shame about being a survivor from atrocities is a common feeling.

In group psychotherapy, a part of the therapeutic process is the analysis of meanings in the symbolic space offered by the group setting. In groups with survivors/victims/refugees, at an intrapersonal level the concrete might intrude this symbolic space and cause a loss of the ability to symbolize. At an interpersonal level, the group setting provides a safe space to rebuild the ability to trust others and coexist in the presence of others. Concrete intrusion may be a result of historical events or of contemporary sociopolitical context. Traumatic flashbacks might also be described as factual social realities from the past, they are no 'as if' experience

Tucker, S. (2011). Psychotherapy Groups for Traumatized Refugees and Asylum Seekers. *Group Analysis*. Vol. 44(1): 68–82.



2.2 The Group-Analytic Approach to Trauma (GA)

Foulkes' Group Analysis (1964) enables working with factual social realities and the unconscious dynamics behind trauma during re-enactment, between members of the therapeutic group and in the community. Because of the unconscious transmission of trauma to descendants, a task of group psychotherapy is to make increasingly conscious the factual social reality of the trauma and turn the concrete into the symbolic. In a group context, working through helps victims to regain the ability to distinguish present from past experiences, the real from the representational, traumatic memories from narrative memories.

The group conductor promotes a group atmosphere, that encourages self-disclosure, where resonance helps members/victims to open up.

As the traumatic experience often remains a secret, group conductors have to facilitate talking about it, in order to normalize members' responses to trauma.

Members/victims learn from each other (interpersonal learning) how to cope with their difficulties instead of avoiding them.

The group offers a corrective emotional experience, a context where trust can be worked through by focusing on the here and now, and by mirroring members' attitudes on survivor role.

Exploration inside the group of the emotional reactions and intense feelings to trauma, through the therapist's containment of painful issues, facilitates discussion about vulnerabilities, self-deficiencies, etc.



2.2 The Group-Analytic Approach to Trauma (GA)

The group-analytic group is the best place to achieve:

- A supportive environment after the trauma
- Learning new ways of coping with interpersonal stress
- · Integration the traumatic experience into victims' personal history
- Reduction of psychological reactions
- Restoration of the victim's trust in humanity
- · Reconstruction of positive and intimate relationships with close friends and family
- Rebuilding the sense of belonging to a community
- An understanding of the effects of the past experience on current life issues
- Reduction of feelings of isolation and alienation, which significantly increases group cohesiveness
- · Sharing profoundly destroyed ability to trust others and a deep sense of isolation, within the group setting