

Group counseling chapter summary assignment

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Lastly, the encounter group or at least the tradition from which it emerged has been expansive for developing the best, and the most sophisticated, small group research technology. Classic encounter groups have largely come and gone but they have had a considerable influence on how group therapy has developed both in the huge multi-headed self-help movement and in the more traditional psychiatric/psychological environment. Let us examine some remnants of the encounter group movement. The self-help group movement is an enormously expanding field which merits discussion because its goals in many ways are parallel to the goals of group therapy.

Self-help groups exist for the explicit purpose of offering psychological support: they help members deal with a psychological problem, a physical illness, a significant external stress, or with a stigmatized status in society (for example being short, Obese, gay, and Widowed). Encounter group is a rough, inexact generic term that encompasses a great variety of forms. Consider some of its many aliases: human relations groups, training groups, T-groups, sensitivity groups, personal growth groups, marathon groups, human potential groups, sensory awareness groups, basic encounter groups, Experiential groups, and so on. Although the nominal plumage is glazing in its diversity, all these groups have several common denominators. The groups range in size from eight to twenty members - large enough to encourage face-to-face interaction, yet small enough to permit all members to interact. The groups are generally time-limited, often compressed into hours or days. They focus to a large extent on the here-and-now; they transcend etiquette and encourage the doffing of traditional social facades.

Finally, these groups value interpersonal honesty, exploration, confrontation, heightened emotional expressiveness, and self-disclosure. The goals of a group are often vague. Occasionally they stress merely the provision of an experience - joy, entertainment, being turned on; but more often they implicitly or explicitly strive for some change -? in behavior, in attitudes, in values, in life style, in self-actualization; or in one's relationship to others, to the environment, to one's own body. The participants are not generally labeled "patients;" the experience is considered not therapy but "growth."

ANTECEDENTS AND EVOLUTION OF THE ENCOUNTER GROUP The term encounter group for an experiential group was coined by Carl Rogers in the mid-1940s. The most common term before then was T-group (T' for training in human relations). The first T-group, the ancestral experiential group, was held in 1946. The State of Connecticut had passed a Fair Employment Practices Act and asked Kurt Lewin, a prominent social psychologist, to train leaders who could deal effectively with tensions among groups and thus help to change the racial attitudes of the public.

Kurt Lewin organized a workshop that consisted of small groups of ten members each. These groups were led in the traditional manner of the day; they were basically discussion groups and analyzed 'back home' problems presented by the group members. Feedback, a term borrowed from electrical engineering was first applied to the behavioral sciences by Lewin (it is no accident that he was teaching at M. I. T. At the time).

The early trainers considered that an important flaw in society was that too little opportunity exists for individuals to obtain accurate feedback from their back home associates: bosses, fellow employees, husbands, wives, teachers,

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students, and so on, Feedback, which became an essential ingredient of all T-groups, was found to be most effective when it stemmed from here-and-now observations, when it followed the generating event as closely as possible, and when the recipient checked it out with other group members to establish its validity and reduce perceptual distortion. Unfreezing, also adopted from Learning change theory, refers to the process of discomforting an individual's former belief system. Motivation for change must be generated before change can occur.

One must be helped to re-examine many cherished assumptions about oneself and one's relations to others. The familiar must be made strange thus, many common props, social conventions, status symbols, and ordinary procedural rules were eliminated from the T-group, and one's values and beliefs about oneself were challenged. This was a most uncomfortable State for group participants, a State tolerable only under certain conditions: one must experience the group as a safe refuge within which it is possible to entertain new beliefs and experiment with new behavior without fear of reprisal. Observant Participation Most trainers considered observant participation as the optimal method of involvement for all group participants.

Members must both participate emotionally in the group and observe themselves and the group objectively. Often this is a difficult task to master and members chafe at the trainer's attempts to subject the group to objective analysis. Yet the dual task is essential to learning; alone, either action or intellectual scrutiny yields little learning, Campus once wrote, " My greatest wish: to remain lucid in ecstasy. " So, too, the T- group (and the therapy group, as well) is most effective when its members can couple

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cognitive appraisal with emotional experience. Cognitive Aids Cognitive guides around which T-group participants could organize their experience were often presented in brief lectures by a T-group leader or another staff member.

This practice adumbrated and influenced the use of cognitive aids in contemporary Psycho educational and cognitive-behavioral group therapy approaches One example used in early T-group work (I mention this because it still proves useful in the contemporary therapy group) is the Shari window, a four-celled personality paradigm which clarifies the function Of feedback and self-disclosure. THE LEADERS Since a major aim Of the study was to investigate the effect Of leader technique upon outcome, we sought to diversify leader style by employing leaders from several ideological schools. We selected experienced and expert leaders from ten such schools: 1. Traditional ANT (T-groups), 2. Encounter groups (personal growth group), 3. Gestalt groups. 4. Sensory awareness groups (Sales group), 5. Transactional analytic groups, 6. Psychodrama groups, 7. Shannon, 8. Psychoanalytically oriented experiential groups, 9. Marathon groups, 10. Encounter-tapes (leaderless) groups.

The Relationship between the Encounter Group and the Therapy Group Having traced the development of the encounter group to the point of collision with the psychotherapy group, shall now turn to the evolution of the therapy group in order to clarify the interchange between the two disciplines.

THE EVOLUTION OF GROUP THERAPY During the sass and sass, several psychiatrists experimented vita group methods, Adler employed group methods in Europe because of his awareness of the social nature of human

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problems and because of a desire to provide psychotherapeutic help to the working classes. Laze, in 1921, met with groups of schizophrenic patients in SST. Elizabethan Hospital in Washington, D. C. , and delivered lectures on schizophrenia.

Marsh, a few years later, used groups for a wide range of clinical problems, including psychosis, psychoneurosis, psycho histological disorders, and stammering. He employed a variety Of techniques, including such didactic methods as lectures and homework assignments as well as exercises designed to promote considerable interaction; for example, members were asked to treat one another; or all were asked to discuss such topics as one's earliest memory, ingredients of one's inferiority complex, night dreams, and daydreams. Wander used analytic group methods with hospitalized non psychotic patients in the sass, while Burrows and Childes applied these techniques to the treatment of psychoneurosis outpatients.

Slavs, who worked tit groups of disturbed children and young adolescents, exerted considerable influence in the field through his teaching and writing at a time when group therapy was not yet considered by most workers to be an effective therapeutic approach. Moreno, who first used the term group therapy, employed group methods before 1920 but has been primarily identified with psychodrama, which he introduced into America in 1925, THERAPY GROUP AND ENCOUNTER CROUP: FIRST INTERCHANGES The evolution of the T-group into the modern encounter group resulted in an entirely different concourse between the two fields. To speak of " group therapy for normal" and at the same time to suggest that, because of the stresses inherent in our culture, " patient hood is ubiquitous" can only lead <https://assignbuster.com/group-counseling-chapter-summary-assignment/>

to deep questioning about differences between the goals of encounter and therapy groups.

Considerable encounter group-therapy group traffic began to occur in the sass. Many mental health professionals participated in some form Of encounter group during their training and subsequently led encounter groups and/or applied encounter techniques to their psychotherapeutic endeavors. Encounter group leaders. On the other hand, felt strongly that their group artisans had had a therapeutic experience and that there was in reality no difference been personal growth and psychotherapy (between “ mind expansion” and “ head shrinking’). Furthermore, it became evident that there was much overlap between the population seeking psychotherapy and that seeking encounter experiences.

Thus, many encounter group leaders concluded they were practicing psychotherapy - indeed, a more rapid and effective type of psychotherapy - and advertised their services accordingly. To summarize, the basic intrinsic difference between the encounter group and the therapy roof arises trot deterrence in their composition (and thereby their goals). As a general rule, psychiatric patients have different goals, more deeply disrupted interpersonal and interpersonal relations, and a different (closed, survival-based) orientation to learning. These factors result in process and procedural differences both in the early stages and in the late working-through stages of the group. Chapter 17 Training the Group Therapist Group therapy is a curious plant in the garden of psychotherapy.

It is hardy: the best available research has established that group therapy is effective, as robust s individual therapy. I Yet it needs constant tending, its perennial fate is to be periodically choked by the same old weeds: “ superficial,” “ dangerous,” “ second rate-? to be used only When individual therapy is unavailable or unaffordable. ” Patients and many mental health professionals continue to underrate and to fear group therapy, and unfortunately those very same attitudes adversely influence group therapy training programs. Group therapy has never been accorded academic prestige, and rarely have academicians earned university tenure on the basis of a career devoted to small group research. Why?

Perhaps because group harpy cannot cleanse itself of the anti-intellectual taint of the encounter group movement, or because of the formidable intrinsic methodological obstacles to rigorous, truly meaningful research. The same situation prevails in clinics and hospital administration hierarchies: rarely does the individual who is most invested in group therapy enjoy a position tot professional authority. Many training programs for mental health professionals are based on the individual therapy model and either do not provide group therapy training or offer it as an elective part of the program, It is essential that mental health training programs appreciate the need for rigorous, well, organized group training programs and footer programs that match the needs obtainer-? ¶ Both the American Croup Psychotherapy Association (GAP) and the American Counseling Association have established training. The crisis in medical economics and the growth of managed health care force us to recognize that one-tm. En psychotherapy cannot possibly suffice to meet the pressing mental health needs of the public. Managed

care leaders also forecast rapid growth in the use of group therapy, particularly in structured and time-limited groups. Every program has its own unique needs and resources. **OBSERVATION OF THE EXPERIENCED CLINICIANS** Student therapists derive enormous benefit from watching an experienced group practitioner at work. It is exceedingly uncommon for a student to observe a senior clinician doing therapy.

The format of the observation depends, of course, on the physical facilities. Regardless of the format used, the group members must be fully informed about the presence of observers and their purpose. The total length of students' observation time is generally determined by service and training rotations. The relationship between observers, the group, and the group therapist is important. There will be times when an inordinate amount of caring (M/why didn't you...? 3 creates discomfort for the therapists and impairs their efficiency. Not infrequently, observers complain of boredom, and therapists may feel some pressure to increase the group's entertainment quotient.

My experience is that, in general, boredom is inversely related to experience; as students gain in experience and sophistication, they come increasingly to appreciate the many subtle, fascinating layers underlying every transaction. Group members respond differently to being observed by students. Like any group event, the different responses are grist for the therapeutic mill. If all members face the same situation (that is, being observed by students), why do some respond with anger, others with suspicion, and still others with pleasure, even exhilaration? Why such different responses to a common stimulus? The answer, of course, is that <https://assignbuster.com/group-counseling-chapter-summary-assignment/>

each member has a different inner world, and the differing responses facilitate examination of each inner world.