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# Therapy Groups

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from problems gather together seemed radical at first, researchers have confirmed the value of group methods for helping people reach their therapeutic goals.

### History

People have long recognized the curative potential of groups. Down through the ages, palliative and curative practices, including religious rites intended to purify and heal members of the community and treatments for those suffering from both physical and psychological problems, have been conducted in groups rather than in solitude. The restorative power of groups was rediscovered by practitioners in the early years of the 20th century when they brought together, for treatment and instruction, patients who suffered the same malady. At first, such grouping was done to save time and money. Working with a group of people was more efficient than treating each one individually. In time, however, practitioners realized that their patients were benefiting from the groups themselves, in that they supported each other, shared nontechnical information about their illnesses and treatment, and seemed to appreciate the opportunity to express themselves to attentive and sympathetic listeners. Whereas group therapy was once used only as a last resort when the number of patients outstripped the available therapists, group approaches became the treatment of choice for a variety of psychological problems, particularly those that originate from difficulties in making and maintaining strong interpersonal relationships with other people or limitations in self-regulation. Their effectiveness led practitioners to recognize that, in many cases, it is easier to change individuals when they are gathered into a group than to change individuals one at a time.

Group psychotherapy is currently used to treat many types of psychiatric problems, including addictions, thought disorders, depression, eating disorders, posttraumatic stress disorder, personality disorders, and some forms of psychosis. Group therapy is, however, a treatment for individuals rather than intact groups that are behaving in a dysfunctional way. Group therapists are mindful of the interpersonal processes that operate within the group and often deal with the group as a whole, but they do not treat groups per se. They make use of the group milieu and its interpersonal

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## THERAPY GROUPS

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*Therapy groups* are designed to promote the health and adjustment of their members. Initially used when the demand for services outstripped available health care providers, therapists discovered that group approaches offered unique benefits over more individualistic therapies. Some of these benefits include a reduced sense of isolation and uniqueness, mutual support, exposure to positive models, and the opportunity to develop coping skills by interacting with others. Therapists now use groups to address a variety of psychological and physical maladies, and their methods are as varied as those used in individual approaches. Even though the idea of having people suffering

dynamics to promote the adjustment of the individuals in it.

### Types of Therapy

Many groups have therapeutic purposes. In support groups, members who are suffering from some illness or share in common a troubling experience provide one another encouragement and hope. Some groups guide members who are recovering from an addiction. When individuals wish to strengthen and broaden their personal or social skills, they often join educational and training groups. Even groups of friends, relatives, or colleagues from work, by sharing an experience and offering one another support, can be considered therapeutic for their members. Traditionally, however, therapy groups are ones that are organized and led by a mental health professional and whose members are individuals suffering from a diagnosed psychological or medical problem.

Group therapists are similar in that they treat their patients in groups, but they differ in their general approach to treatment and conception of groups themselves. When the group is led by a therapist who uses psychoanalytic methods, then the focus of treatment is on each individual's anxieties and his or her reliance on defense mechanisms to cope with these anxieties. As in individual psychoanalysis, the therapist encourages members to speak freely with each other about troubling issues, and by interpreting these associations and interactions, patients gain insight into their difficulties.

Not all therapies, however, involve the search for hidden motives, conflicts, and repressed tensions. Cognitive behavioral therapy groups, for example, focus on the specific behaviors or thoughts that are considered troubling and use principles derived from learning theory to deal with these problems. These therapies were initially developed as one-on-one therapies, but they have been used with great success in groups. They assume that individuals who wish to change must learn a new set of thoughts and behaviors and unlearn those that are dysfunctional and disturbing. Cognitive behavior therapy groups therefore stress modeling desired behavior, learning sessions in which members practice the behaviors they wish to learn, and feedback to group members about their progress toward their goals.

In the more humanistic, interpersonally focused group therapies, leaders take advantage of the group's dynamics to help members learn about themselves, their personal and existential concerns, and how they are perceived by other people. Some group therapists rely on relatively structured activities and role-playing methods to give members the opportunity to reexperience previous life events and explore the interpersonal roots of their emotional reactions. The therapists may also make use of *psychodrama*, in which group members are asked to take on roles that are defined in advance for the session or to develop their parts spontaneously as the activity progresses. Interpersonal group therapy, more than other approaches, explicitly focuses on the processes that occur within the therapy group itself. Members are encouraged to develop meaningful relations with one another, and then their reactions to one another are explored so that members can better understand how they respond to others interpersonally, and also how others perceive them.

### Treatment Factors

Traditional, one-on-one therapies are thought to be based on a set of common, curative factors. Research suggests that most therapies, despite using various techniques, help patients by providing an alliance between the patient and the therapist, by giving the patient the opportunity to review previous problems, and by working through any emotions the patient may have about prior experiences. Similarly, despite their varying focuses and methods, all group therapies are thought to take advantage of common group-level processes to facilitate the attainment of treatment goals.

These group-level treatment factors that yield therapeutically positive gains for members include social and personal comparison, interpersonal learning, and mutual support among members. Groups prompt people to engage in social comparison—they can compare their own experiences with those of others in the group—and these comparisons can be both inspiring and reassuring. When group members discuss their problems openly in the group, these disclosures increase trust and reduce members' feelings that they are "odd" or "unusual." Groups, because they include multiple individuals rather than just a single therapist, also provide

members with more extensive opportunities to learn from others. The members can also learn by observing the other members of the group, so they need not be directly involved in the discussion to gain a benefit. Groups, when cohesive, also provide members with the social support they need to overcome the negative effects of stress, and they even satisfy members' needs for interpersonal intimacy. In some cases, members find they can disclose more private, and sometimes troubling, information about themselves to other people rather than to therapists, and in doing so they learn to experience a sense of trust and commitment. When group members vent strong emotions, the resulting catharsis may reduce their stress. Group members also benefit from increased self-confidence produced by helping others and by gaining insight about their personal qualities from other group members.

### Effectiveness

Joining a group and remaining active in it often improve a person's adjustment and well-being, and therapy groups are no exception. Group therapy has been shown to be an effective method for helping individuals change their thoughts, emotions, and actions. Individuals are sometimes more reluctant to take part in group psychotherapy than in individual therapy, and this bias may prevent them from profiting from a highly effective mode of treatment. Reviews of clinical trials that have compared the effectiveness of various types of psychological treatments conclude that group therapy is as effective as individual methods, at least for certain types of disorders. Specifically, individuals experiencing mood disorders (anxiety, depression) respond better to group therapy than individuals experiencing other types of disorders (e.g., thought and dissociative disorders). Group therapy has been shown to work well with children, adolescents, and adults and with both inpatient and outpatient populations.

Researchers continue to study ways to improve the effectiveness of therapy groups. Some factors, including pretraining members so they know what to expect in treatment and including two therapists rather than just one in each group, are associated with enhanced outcomes. Moreover, as in individual therapy, members of groups sometimes terminate their participation before reaching their

therapeutic goals. Those who drop out of treatment tend to be skeptical about group approaches and are more likely to also report having problems with substance abuse issues. In some rare cases, individuals are significantly harmed by the group treatment, particularly when the group becomes too critical of its members. Such responses are rare, however, for most individuals respond positively when presented the opportunity to work in a group to achieve mental health goals.

*Donelson R. Forsyth*

*See also* Sensitivity Training Groups; Social Comparison Theory; Support Groups

### Further Readings

- Forsyth, D. R., & Corazzini, J. G. (2000). Groups as change agents. In C. R. Snyder & R. E. Ingram (Eds.), *Handbook of psychological change: Psychotherapy processes and practices for the 21st century* (pp. 309–336). New York: Wiley.
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