AN ANALYSIS OF TIME-LIMITED

COUNSELING IN A GROUP SETTING

by

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Chapter 1

INTRODUCTION

The phenomenon of the growth of group techniques within the
past sixty years as methods for dealing with social and psychiatric
problems has been widely documented (Ruitenbeek, 1969). Experimen-
tation with ways to better deliver treatment in out-patient clinics
has included much work with varieties of group models. As the demand
for help has exceeded the available supply of professional helpers,
there has been an increase in the use of para-professionals in helping
roles. The area of working with people individually and in groups has
been seen as less easily differentiable into distinct professional
responsibilities and more as a continuum running from guidance to
counseling to therapy, with only relatively different populations and
techniques for each (Mahler, 1971). With the advent of T and encounter
groups, the power of a group has been experienced by a population
defined as "normal". Not only has there been a loosening of the
distinction between disciplines, but also less of a distinction
between normal and abnormal, and more flexibility in methods considered
appropriate for each. In the interest of economizing time while
maintaining therapeutic benefits, new options for the grouping of
session time and the use of the leader are widely explored.

Statement of the Problem

A survey of developments from the psychiatrically based and

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educationally based areas of group study is made to examine the
differences and similarities between so called "normal" and "corrective"
groups. This survey serves as a basis for an examination of a time-
limited counseling group led by para-professionals involving one week
of time-extended marathon sessions and followed by ten once weekly
sessions. A number of questions are raised by the time-limited group
involving a marathon sequence: What are the consequences of use of
the marathon modality in counseling for the sequential process of the
group? What behavioral changes are possible for group members in an
eleven week, time-limited group? What are the implications, conse-
quences of integrating methods and philosophies traditionally
associated with "normal" populations with persons defined by themselves
and others as patients? What are the consequences of a leaderless
group? These questions are considered in an analysis of the Dependent
Wives Growth Group.

Importance of the Problem

Given the current crisis in demand for counseling and mental
health services an analysis of the Dependent Wives Growth Group has
important implications for those seeking newer models for providing
effective short-term group counseling.

Chapter 2

SURVEY OF THE LITERATURE

Several writers (Rogers, 1970; Yalom, 1970; Ruitenbeek, 1969) have commented on both the spread of group psychotherapy and a more general popularization of the group as a mode for educational and interpersonal learning throughout the United States. All these writers suggest that the popularity of the group may well be related to a pervading sense of anomie and alienation throughout our highly industrialized society. Yalom traces the history of group therapy from the experimental groups run by Pratt with tubercualar patients in 1906. Many of the founders of psychiatric schools of thought including Horney and Adler as well as Freud saw the group as having great potential for expediting transference and resolving difficulties in interpersonal relations. Sullivan in particular (Sullivan, 1953) saw the group as the treatment of choice in his interpersonal theory of psychiatry. Joel and Shapiro in 1950 differentiated group psychotherapy from individual on four major principles: (1) group therapy requires as much knowledge of group dynamics as individual personality dynamics; (2) improvement may be less cognitive than in individual therapy and more subject to reality testing; (3) a strong emphasis is placed on "here and now" feelings and the existence of relationships within the group rather than the interpretation of past experiences.

Yalom and Rogers trace the parallel development of the T-Group

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movement from the influence of psychologist Kurt Lewin who argued that current situations are best studied from: ". . . not past nor future psychological facts but only the present . . ." (Yalom, 1970). The T-Group method was developed by Bradford, Benne, Lippitt and others as a method for imparting educational knowledge and changing organizations. Though the original emphasis of their National Training Laboratories was clearly in these directions, soon off-shoots appeared which stressed interpersonal learning and personal growth (Rogers, 1970). In this discussion, I will take Eddy's definition of the T-Group as the NTL, organization-oriented modality and the encounter group as representative of personal growth groups (Eddy, 1971). Rogers has described a process which he finds generally common to this new encounter movement in which the presence of a facilitator and a safe atmosphere are seen as opening greater freedom of expression which in turn leads to lessened defensiveness. With these barriers lowered, the expression of immediate feelings is facilitated which he sees as leading to mutual trust and greater self-acceptance. This freeing from rigid barriers is purported to carry over into relations with individuals outside the group.

Though there is nearly unanimous appreciation of the potentials for personal growth afforded by this movement, there has also developed a growing body of literature outlining the potential dangers for individuals in groups led by untrained facilitators (Shostrum, 1969; Lakin, 1969; Dreyfus, 1970). Back in particular has pointed out that the encounter experience is similar in many ways to religious and spiritual groups traditionally sanctioned in many societies. The danger he warns is that: ". . . traditional practitioners accompany

the individuals through the entire change process . . . whereas the
encounter group leader's responsibility ends with the final
session . . ." (Back, 1972). Back claims that the lowest estimate of
the occurrence of serious emotional breakdowns directly related to
encounter group participation is one in 1500 with the National
Training Laboratories reporting 25 psychiatric incidents among 11,000
participants (Back, 1972). Lieberman, Yalom, and Miles (Lieberman,
1973) in a recent survey and evaluation of encounter groups run at
Stanford University, claimed that 8% of the 206 participants reported
negative results immediately after the group and but 33% reported
generally positive results. The group reporting negative results had
grown to 15% six months later. Rogers states that there have been no
psychotic breaks in groups which he has been associated with and in
fact reports numerous cases of individuals whose immediate reaction was
mixed or negative eventually integrating feedback received and reporting
improvements (Rogers, 1970). Lieberman's study showed this phenomenon
of the "late bloomer" to be seemingly a rare occurrence.

Despite the controversy, a number of factors associated with
the encounter movement have affected group psychotherapy in the
practices of such psychotherapists as Bach and Mintz. The technique of
meeting uninterruptedly for extended periods of time has been a routine
part of the format of many encounter groups. Each often uses the
technique of marathon sessions lasting from two to four days on the
principle that the intensity accelerates transparency and genuine
encounter. The resulting group pressure works toward behavioral change
and more effectively than the therapist's own interventions, according
to Bach (Bach, in Ruitenbeek, 1969). He considers the marathon as a

unit of learning experience, a natural gestalt, which is better not divided into segments. His marathon therapy sessions are run in such a way that there are regular follow-ups four to eight weeks later and individuals are integrated with on-going, regular group therapy sessions. Bach describes the therapeutic effects of the marathon as greater transparency of the self and psychological intimacy which combines with an ahistorical emphasis on "what and how now" rather than "why and where from" to change orientations and produce new solutions to old problems. Mintz reports her patients in marathon therapy sessions as giving her enthusiastic anecdotal reports of improvement, though objective measure was lacking (Mintz, in Ruitenbeek, 1969).

Among the experiments with the group therapy setting include meeting of the group without the group leader present. Hanson, Rothaus, Johnson, and Lyle (Hanson et al, 1966) report the regular use of leaderless groups with 100 groups of in-patients for four week segments after which the majority of patients were shown to have shifted orientation from a mental illness to a problem centered approach to problems, an increase in coping with problems rather than escaping. Hanson's rationale is that:

> ". . . the trainer uses his professional expertise and educational background in making group members aware of what is happening in the group, he interprets behavior . . . whereas autonomous groups learn to do these things for themselves through lectures, exercises and problems . . ." (Hanson et al, 1966, P 311)

Solomon and Berzon (Berzon, 1966) report similarly favorable findings from their use of programmed instruction with self-directed groups. Seligman and Sterme (Seligman, 1969) reported in a study, however, that interaction in leaderless therapy groups was carried on at a lower

therapeutic level as measured by the Hill Interaction Matrix than in
therapist led groups. Certainly an influencing factor in their results
could be that the in-patient therapy groups which underwent the
experiment had been together for but five sessions and a total of six
and a quarter hours with an apparently directive-oriented therapist
before being placed in the leaderless situation. Some psychotherapists
such as Wolf and Yalom have routinely used leaderless groups as a part
of on-going therapy, but at a much later stage of development and with
a therapist who had worked to reinforce norms of autonomy. Yalom sees
the leaderless groups at this stage as helping individuals to:
". . . experience themselves as autonomous, responsible, resourceful
people . . . able to control emotions, to pursue the task of the group,
to integrate experience . . ." (Yalom, 1970 P 323).

Numerous writers describe the sequential process of group
interaction in surprisingly similar terms. Yalom roughly categorizes
the sequence as an initial stage involving hesitant participation and a
search for meaning followed by a second stage involving conflict,
dominance, and rebellion leading to a final stage characterized by
cohesiveness (Yalom, 1970). Mintz describes the marathon process as
moving from a beginning stage marked by anxiety followed sequentially
by a hostile phase and a dependency stage, moving finally to expression
of deep appreciation of one another (Mintz in Ruitenbeek, 1969). Rogers
describes the sequence of an encounter group in very similar terms
such as: (1) milling around, (2) resistance to personal contact,
(3) description of past feelings, (4) negative feelings, (5) immediate
interpersonal feelings, (6) development of a healing capacity, (7) self
acceptance and beginning of change, (8) facades crack, (9) direct

feedback, (10) expression of positive feelings, (11) behavioral change (Rogers, 1970). Tuckman studied the developmental sequence of a variety of groups ranging from therapy groups to laboratory groups to groups in natural settings and developed a model involving four stages which characterize non task-oriented groups: (1) testing and dependence, (2) intragroup conflict, (3) development of group cohesion, (4) functional role-relatedness and the emergence of insight (Tuckman in Diedrich and Dye, 1972). Considering the similarity of group process despite differences in session length and group purpose, Tuckman says:

> ". . . certainly duration of group life would be expected to influence amount and rate of development. The laboratory groups such as those which run for a few hours . . . followed essentially the same course of development as did therapy groups run for a period of years . . . the former groups are forced to develop at a rapid rate . . ." (Tuckman, 1972)

Cartwright in a classic article in 1950 brought insights from the study of group dynamics to the whole group process:

> ". . . (1) If a group is to be changed, the changers must have a strong sense of belonging to the group.
> (2) The more attractive the group, the greater its influence on its members.
> (3) In attempts to change attitudes, values or behavior, the more relevant they are to the basis of the group, the greater will be the influence that the group can exert on them.
> (4) The greater the prestige of a group in the eyes of the other members, the greater the influence it can exert.
> (5) Strong pressures for change in the group can be established by creating a shared perception by members of the need for change, thus making the source of pressure for change lie within the group.
> (6) Information relating to the need for change, plans for change, and consequences of change must be shared by all relevant people in the group.
> (7) Change in one part of a group produce strain in other related parts which can be reduced only by eliminating the change or by bringing about readjustments in the related parts . . ." (Cartwright, 1950)

Several writers have made direct efforts to compare and differentiate encounter groups and therapy groups. Eddy and Lubin (Eddy, 1971) characterize the encounter groups as having an interpersonal focus within brief time limits usually as part of a larger laboratory design in which the members are participants and not patients. Yalom sees the two modes as similar in sharing the goal of developing individual, positive potential and similar outcome goals for the group. Differences he describes in the setting, size, and duration of the group, as well as the role of the leader. Encounter group members are characterized by him as generally functioning well and oriented to learning (Yalom, 1970). Frank differentiates the two groups on similar grounds:

> ". . . although group therapy and T-Groups fall on
> a continuum, in many respects there are clear differences
> between them. Therapy groups are composed of individuals
> trying tolearn new skills . . . in therapy groups there
> is an irreducible gap between the leader and the numbers,
> because the leader is a practitioner of a healing art
> from which the patients hope to benefit . . . (he has)
> high prestige and great power to reassure or disturb . . .
> the trainer of the T-Group differs from the members only
> in the possession of superior knowledge and skills in a
> particular area . . ." (Frank in Bradford, 1964, P 451)

In sum, the group modality as a method of approaching problems of both a corrective and interpersonal growth nature is seen as having great potentials for benefit, if used responsibly. Now is a time when the educationally based and the therapeutically based schools are learning from each other the experimenting with new modalities in an effort to better reach their goals. Despite similarities of process and goals, a basic differentiation has been described between the level of functioning of the participants and the role of the leader in the T-Group and the therapy group.

Chapter 3

DESIGN AND PROCESS

Setting

The setting of the Dependent Wives Growth Group was the Mental
Hygiene Consultation Service at Fort Riley, Kansas. During 1972,
5611 servicemen and their dependents visited the clinic and its staff
of 30 for a total of 16,871 sessions, an average of three sessions per
individual. Included in the staff are two psychiatrists, one clinical
psychologist, one medical doctor, three social workers, and 23
psychology-social work technicians. Increasingly the clinic has turned
to expanded use of para-professionals and group modalities as a method
of providing more efficient service to its clientele.

Training and Philosophies of the Co-Leaders

My colleague is a graduate student in counseling at Kansas
State University. Prior to the current group, we had worked together
as co-leaders for five months in an earlier womens therapy group.
Earlier she ..ad experience in clinical work at the Topeka State
Hospital. In addition, she had undergone a number of experiences as a
participant in gestalt encounter groups which influenced her approach.

The writer is a graduate student in counseling at Kansas State
University and at the same time serves the Mental Hygiene Consultation
Service as a psychology-social work specialist. In addition to 800

hours of individual counseling over 18 months as a member of the Crisis Intervention Team, he had worked for nine months as co-leader in two therapy groups prior to the present group. Additionally, he had been a participant in five sensitivity groups of varying lengths and orientations and worked for three weeks (120 hours) as a sensitivity group facilitator under the direction of a clinical psychologist.

Among their assumptions and personal philosophies about counseling were the following, in addition to general agreement to those described by Cartwright above:

(1) Emphasis on role differences between "therapists" and "patients" in the medical model of therapy is not highly conducive to norms of self-directed change in a group whose focus is coping and bettering interpersonal relations. The writer sees the emphasis on the positive growth potential of each individual and de-emphasis on a disease concept of mental illness and symptomatology as more conducive to change.

(2) The leaders have a pervading belief in the therapeutic potential of the group as an agent of change in the therapy of individuals. This means trusting and reinforcing helping behavior on the part of members who themselves are experiencing problems. It is their view that the leader can be effective through the reinforcement of therapeutic norms and group cohesiveness (Psathas, 1966).

(3) The assumption that the freeing of the communication process through the giving and receiving of honest feedback is not only facilitative in the group but also can be in itself therapeutic and transferable to extra-group behavior (Rogers, 1970).

(4) Their view of the best use of the past in the group is described well by Yalom:

". . . the past may be explored, not to explain the present, not to recapture repressed experience, not to elucidate and work through major past trauma . . . but instead to aid in the development of group cohesiveness by increasing intermember understanding and acceptance . . ." (Yalom, 1970, P 121)

(5) The assumption that the group is most therapeutic when it deals with an issue or behavior in the "here and now" either as it occurs in the group or through recreating a scene in the group through use of such techniques as psychodrama (Moreno, 1946).

(6) The assumption that the marathon setting can accelerate the development of the group through early stages and build therapeutic norms and group cohesiveness which will carry over through the remaining less intensive sessions.

(7) The assumption that both a time-extended format, such as the marathon, and a time-limited format in which participants know from the beginning the time bounds for the group can be effective in producing positive behavioral change.

Selection of Participants

Criteria of selection for the group were similar to those developed by Yalom (Yalom, 1970) with the added factor that participants were screened for those who it appeared might most benefit from a short term group. Criteria for exclusion included chronic, severe psychiatric disabilities such as paranoia, actively suicidal, or psychotic individuals. In addition, it was felt that excessively manipulative or dependent persons would be difficult to work with

within the time period. Positive criteria for inclusion were primarily and voluntary preference to this mode of treatment over other groups and individual therapy available at the clinic. This meant the prohibition of concurrent therapy in any form.

Ten candidates had interviews with the group leaders in which the leaders shared their goals and expectations for the group and solicited goals from the candidates. Included was a firm commitment to complete attendance during the first week of intensive sessions as a requirement. In selecting members for the group, the leaders were guided more by Bach's principle (Bach in Ruitenbeek, 1969) of group composition rather than affected by the specific clinical histories of any of the candidates. In particular, it was their goal to have at least two relatively stable, well-functioning members in the group who could be expected to be facilitative. The insistence on attendance at all twenty hours of sessions during the first week appeared to be a self-selecting factor to which six relatively motivated women of the ten interviewed committed themselves.

Brief history of the participants. Mrs. A: A 37 year old housewife with eleven years of education and six children. Mrs. A. had an eleven year history of outpatient treatment at mental hygiene clinics and had been maintained on anti-depressant medication most of this time and currently. She complained of strong feelings of inadequacy and of difficulties in her marriage with a passive husband. She had been a member of our earlier womens' therapy group for nine months. The leaders expected her to be facilitative in this group as well as to receive help with resolving her current adjustment problems.

Mrs. B: A 26 year old wife with ten years of education and two children. Mrs. B. had been in therapy for four years including the last nine months in our earlier group which she had felt to be relatively unsuccessful to her. She suffered from strong fears of wanting to hurt her children and had a generally rigid, passive attitude. She was quite dependent on tranquilizing medication and seemed to have a generally dependent personality. Though the leaders doubted that the experience would resolve her fear, they felt that she could benefit and through prior working with her felt we could handle her dependence.

Mrs. C: Mrs. C. is a 31 year old Mexican-American woman with eleven years of education and eight children. She had been seen by the writer for one week as an outpatient for strong fears of being alone at night when her husband was on manuevers in Germany. She had recently remarried and was involved in becoming a mother to three step-children besides her own five. She had been on anti-depressant medication briefly six months earlier and was currently on sleeping medication. She appeared to be self-depreciating, self-conscious about her English, and generally dependent.

Mrs. D: Mrs. D. is a 28 year old housewife, a high school graduate, with two children. She had been suffering from a prolonged grief reaction to the loss of a child six months earlier. She also had migraine headaches for the past year for which she was medicated along with tranquilizing medication. She had been in individual counseling at the clinic for two months for depression and tension. She appeared rigid in her evaluations and projected the sources of her difficulties on others and external situations. Her seemingly

prejudiced and defensive nature made the leaders consider her as the individual probably least likely to terminate the course of the sessions.

Mrs. E: She is a 28 year old high school graduate with one child who had been receiving counseling off and on for five years but was currently on no medication. She was also suffering from both a specific depression related to the recent loss of a child and a more general one relating to her life situation including her marriage. For two months prior to the group, she had developed a phobia of driving a car alone.

Mrs. F: She is a 21 year old high school graduate with one child. She had been seen by the writer in individual counseling off and on for over a year relating originally to a suicide attempt and later to marriage and adjustment problems. She entered the group hoping to find out more about herself and to have the confidence to make some decisions about her outside life.

In sum, all the women had shared the patient identity to varying extents, five were on tranquilizing medication, and all suffered from varying degrees of feelings of inadequacy. Two of the women had fears resembling phobias and one had a chronic fear of harming her children which appeared to be displacement.

Course Plan

The entire group was scheduled to run a total of eleven weeks including an initial week of intensive sessions for four hours daily, a total of 20 hours for the week, and ten weekly sessions thereafter of two and a half hours each making a total of 45 hours for the entire

course. The time limit was set partly because of pressures on both leaders who would be leaving the area soon after their eleven weeks and partly through a conviction that the pace of the group could be accelerated and valuable learning take place within the eleven week span, if members were aware of the time limit.

The first week of intensive sessions was designed to institute the therapeutic norms described by such diverse writers as Rogers and Bach: basically to establish the norms of "here and now", direct communication of feelings and feedback to one another, while building a group cohesion which would support the members. From the beginning the independence and responsibility of the members was emphasized by leaving the arrangements of the meeting room, provision of coffee and doughnuts, to the members to decide. The original intent was to be highly ahistorical, but the group did in fact discuss their past problems and symptomatology with a more beneficial effect than we had expected, using it much in the way Yalom described, as a means of drawing the group together. The role of the leaders was structured during the first day in which the members were led through several exercises as warm-ups and a sharing of goals and expectations for the group and for our role in it. From the second day until the fifth, the leaders participation was much less structured. A vacuum was left to be filled by the group interaction in which the leaders participation was much as Psathas (Psathas, 1961) described as reinforcing, often non-verbally, norms they considered beneficial. The leaders had prepared some exercises, some of which were non-verbal, for different contingencies, should the need arise. There were three situations in which psychodrama was used and two in which non-verbal exercises were

used to free movement and dramatize relationships in the group. One
involved the members placing themselves around the room according to
how they felt about the group with the center of the room signifying
the center of the group. On the last day, a behavioral prescription
exercise was used in which each member had the opportunity to give
other members feedback and a prescription for future behavior which the
member considered beneficial for that individual. The leaders par-
ticipated in all of the non-verbal exercises and in some of the psycho-
dramas as well as the behavioral prescriptions. A norm for measurement
was also set up as each member completed adjective check lists daily
and Yalom's Q Sort on the final day. Each session was tape recorded with
the permission of the members and it was explained that they were to be
used in supervision, for the leaders own study, and available to the
group as a whole at a later time, should they want to hear segments.
The leaders were supervised throughout the course of the group by
Dr. Fred Bradley of Kansas State University, and Dr. S. Richard Roskos,
Psychiatric Chief of the Mental Hygiene Clinic at Fort Riley. The week
ended on a high note as expected and hoped for. Many positive feelings
were shared including Mrs. A. and Mrs. F. stating that they felt better
after a week about themselves than they had ever before in therapy.
All reported feeling better and feeling less of a need for therapy.

For the remaining ten weeks, the group met once a week with the
leaders for two and a half hours and upon two occasions met in leader-
less group sessions. Originally, there was a depression from the high
felt at the end of the first week when external pressures began to be
felt once again. Problems of adjustment outside the group became the

focus for discussion. For some time, the norms of direct feedback within the group seemed to slip but gradually resumed at the behest of the members who remarked that they learned more in the direct style on interacting of the first week. On four occasions, psychodrama situations were staged to bring an outside situation into the group where individuals could make greater input with observable behavior. The leaders continued to reinforce the norms of group autonomy and learning from one another. Gradually the leaders felt these functions being assumed by other group members and at the beginning of the sixth week, the group was encouraged to hold a leaderless session and a second was held during the eighth week. These two sessions were not recorded or measured in any objective way, but feedback indicates that issues of importance were dealt with (including sex in the second session because the male leader was not present!). During the final weeks, four members reported spontaneously improvements in various behaviors outside the group while Mrs. B. and Mrs. E. appeared to remain in the same, or seemingly got worse in Mrs. E.'s case. The leaders intervened when the pressure seemed high on the two to improve suddenly with the message that each progresses at her own rate. Pressure decreased and both reported improvements during the final week, particularly Mrs. E. who specifically attributed it to the helpful pressure of the group. At the end there seemed to be a feeling of much deeper satisfaction than after their first week as several members reported recovering feelings of well-being outside that were more lasting.

Chapter 4

RESULTS

Several measures were taken throughout the group. Multiple
Affect Adjective Check Lists (Zuckerman, 1965) were administered at the
end of each session throughout the course of the group. Yalom's Q
sort of curative factors was given at the end of the first week and
again after the final session. As each session was tape recorded, self
report data was available from each and a final written evaluation was
given on the final day. In the planning is an interview with each
member and their families two months after termination and again after
a year by an independent interviewer.

Multiple Affect Adjective Check List (MAACL)

MAACL was developed by Zuckerman and Lubin in 1965 to have a
rapid self-report measure of affect through asking participants to
check any of 89 adjectives describing affective states which they have
experienced over any particular time period. Zuckerman and Lubin factor
analysed the results and coded them into three factors: anxiety,
hostility, and depression. The list was administered on the beginning
of the first day as a measure of affect during the seven days prior to
the first session, and at the end of each session thereafter, des-
cribing affect of that session. The data was used both as a check on
the feelings of individuals and of the composite group at any point and
throughout the course of the group. Peak composite scores for anxiety,

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Composite Group

AGE _____ SEX _____ OCCUPATION _____

hostility, and depression were recorded on the first day in describing the previous week. For the composite group, hostility and depression correlated highly with each other throughout the group with anxiety always higher but for two of the eleven sessions. The top point of anxiety occurred after the second day, the first when the structure was removed, and declined on the third to rise slightly on the fourth and fall to the level of the third day again on the fifth and last day of the first week. Anxiety hit a low during the first session after the first week only surpassed by the final session. The third through fifth weeks maintained anxiety at the level of the low of the first week. It rose during the sixth week to the second highest point of the duration but was followed by lower scores and the bottom point in the weeks leading to the end. Hostility surpassed anxiety for the only time in the ninth week and seemed to reflect particularly the feelings of two members about Mrs. B's seeming lack of improvement and devaluating of the group experience. These feelings were made open in that session, as described above, and apparently resolved by the last week. The issue appears to have been raised at the second leaderless group. It is our judgment now that perhaps that session occurred too near the end when effort should have been placed rather on bringing the group together instead of opening new issues.

Yalom's Q Sort of Curative Factors

Yalom developed a list of sixty statements describing happenings which have been considered therapeutic by a concensus of therapists. He selected twenty individuals with an average of eighteen months of therapy who had either recently completed or would soon

successfully terminate group therapy under the direction of various psychotherapists. He administered the sixty statements of group happenings on file cards to the subjects who were asked to rank order them according to the therapeutic benefit they had derived from each. The ordering was to be in seven categories: two cards describing happenings considered most helpful in the group, six considered extremely helpful, twelve very helpful, twenty helpful, twelve barely helpful, six less helpful, and two least helpful (Yalom, 1970). From their ordering of statements, he extracted twelve factors. We administered the Q Sort to our members at the end of the first week and again after the last session. The data for the first week is described below, however the data from the last week was not yet available at the time of publication.

Overall, the near ratings of the wives highly correlated with Yalom's subjects (Pearson r = .63). The most striking difference was the great importance being placed on altruism in our group where it had been low in Yalom's group. This may reflect a norm we tried to encourage of being able to help one another during the first week. Interpersonal output was most important to Yalom's group but only of medium importance in our group. Factors of group cohesiveness, catharsis, and insight were evaluated highly by both groups. The leaders were gratified to see these values ranked highly as well as to see the identifying with group leaders as of least importance. The leaders are aware that some of these responses are conditioned to some degree by our reinforcing our own values in the group (Psathas, 1961). However the possiblity of a commonality of evaluated curative factors is raised by considering that Yalom's subjects were successful

Table 2

RANKING OF CURATIVE FACTORS

	DEPENDENT WIVES GROWTH GROUP: WEEK#1	YALOM'S SUBJECTS
ALTRUISM	1	9
GROUP COHESIVENESS	2	3
CATHARSIS	3	2
INSIGHT	4	4
INTERPERSONAL INPUT	5	1
UNIVERSALITY	6.5	7
INSTILLATION OF HOPE	6.5	8
INTERPERSONAL OUTPUT	8	5
EXISTENTIAL AWARENESS	9	6
GUIDANCE	10	11
FAMILY RE-ENACTMENT	11	10
IDENTIFICATION	12	12

terminators of groups and were led by therapists of different persuasions. If in fact the Yalom ratings do represent a reasonably accurate evaluation of curative factors, then the relatively high correlation of the growth group with it at the end of one week might be an argument for the marathon as a method of accelerating group development.

The variance in the responses in our group were clustered into two factors accounting for 49% and 15.6% of the variation, respectively. Mrs. A, C, D, and E correlated with factor #1 (of 49% of the variance) at 73%, and 30% with factor #2. Mrs. B and F, however, correlated only 5% with factor #1 and up to 85% with the second. Individual items were then analyzed and differentiated into two groups with the following

results. The items are rank ordered in importance from 1 as most
important to 7 as least important for the two groups of women and the
factors they correlated highly with.

Table 3

RANK ORDERING OF CRITICAL ITEMS

	FACTOR I: Mrs. A,C,D,E & Yalom	FACTOR II: Mrs. B,F
"FEELING ALONE NO LONGER"	1.5	5.5
"FACING THE BASIC ISSUES OF MY LIFE"	1.5	7
"GETTING THINGS OFF MY CHEST"	3	1
"KNOWING THAT OTHERS HAD SOLVED PROBLEMS SIMILAR TO MINE"	5	2.5
"SEEING OTHERS SOLVE PROBLEMS"	5	4
"SEEING OTHERS IMPROVE IN THE GROUP"	5	2.5
"TRYING TO BE LIKE SOMEONE ELSE IN THE GROUP WHO IS BETTER ADJUSTED THAN I"	7	5.5

Mrs. B and F considered "getting things off their chest" as
most important but followed closely by three factors identifying with
other members, their solutions to problems and improvement in the
group. "Feeling alone no longer" and "facing the basic issues of life"
were most important to Mrs. A,C,D,E with "getting things off my chest"
also important but identification with other members rated lower than
the factor #2 women. In the leaders observation, Mrs. B and F indeed
did pattern themselves after the others, as they were both younger and
much less settled into the role of mothers. The older women appeared

more able to see a pattern in their problems rather than to react to each situation separately.

Self-Report Data at the End of Eleven Weeks

At the end of the final session, written evaluations were made by each of the members present (Mrs. C was absent). It is to be expected that evaluations immediately following the group experience should be high and that their ratings may well decline when asked at a later date, however, reports of behavioral change included are informative.

> Mrs. A: ". . . great, positive; that I'm not as hard as I think I am. Learned not to judge so fast. Group helped to be able to express my feelings and feel at times my expressing helped others and myself."
> Note: Mrs. A went off anti-depressant medication during the fifth week and gradually diminished the use of weaker tranquilizers. She stated on several occasions that her adjustment at home had improved considerably and felt better about herself than ever before. She no longer felt the need for therapy and was making plans to return to school.

> Mrs. B: ". . . I rated it very high. I got a lot of understanding from the group. I have gotten more self-confidence and feel much stronger and that my comments are important to other people. It has helped me to share my problems with other people and to find a lot out about myself. I am able to leave my children with a baby sitter now without fearing for them."
> Note: Mrs. B felt her fear of harming her children was not basically helped by the group. However, she had voluntarily cut her dependence on tranquilizers considerably during the course. She was observed by the members and the leaders to have become much more direct and self-confident in the group and expressive of current feelings. Mrs. B may well need to continue in individual therapy and was encouraged to do so, should she feel the need.

> Mrs. C: She was not present at the last session, so a written evaluation was not available at the time of publication. However, in prior weeks, she had reported considerably more self-confidence and successes with

becoming closer with her step-children. In the group, she proved to be an excellent psychodrama participant because of her high ability to feel what others were feeling. She did not feel that her fear of being alone had been resolved, so plans were made for her to undergo systematic de-sensitization to that phobia in individual therapy. She stopped taking her sleeping medication early in the course of the group.

Mrs. D: ". . . very helpful and satisfying; able to give love, feel warmer happier. Most helpful is listening and learning." Note: Mrs. D stopped use of tranquilizers but continued to take her migraine medication. She was felt by the group to have become much more tolerant and likable. She felt that she would not need further therapy.

Mrs. E: ". . . very good. I have learned most not to allow myself to become threatened by others. Difference in people is helpful and can help me grow personally. Sensitivity within the group has helped me to be more aware of my feelings with others. Most helpful was seeing myself as others see me and deciding what to change." Note: Mrs. E was fearful about the termination of the group and indicated that she may decide later to continue in individual therapy and was encouraged to do so if she feels the need. She had begun making successful experiments at driving her car alone, at the end of the group.

Mrs. F: ". . . this group has been the best thing that has ever happened to me. I have gained more self-confidence, a desire to set higher goals for my life and follow through on them and the desire to better our home life by changing my attitudes. Outside the group I am able to open up more to people and to accept people with different ideas than mine more readily. The friendship of other people has been important to me; knowing that these new friends could listen to my problems, care, and want to help and want my help as well. That people felt I was being helpful meant very much to me . . ." Note: Mrs. F was formerly in individual counseling with me and appeared to grow very quickly in the atmosphere of concensual validation of the group.

In sum, there are unanimous reports of feeling greater self-confidence and self-worth, feeling more capable to try new behaviors outside the group. The close relationships developed between members in the group seem to be very important to each and plans were being

made for continuing them after the group. The group held a surprise "shower" after the ninth session for the writer and all are making plans to attend his wedding which he felt to be an example of group cohesiveness.

Sociometric Data Completed After the Last Session

The members were asked to rank each other and the leaders from one to seven on the dimensions of participation, openness, closeness, and benefit considered over the entire group experience. (Mrs. C was absent) The lower numbers indicate greater degrees of each dimension. The three digit scores are the mean ratings of the group and the one digit superscript represents the rank order in the group.

Table 4

SOCIOMETRIC DATA COMPLETED AFTER THE
LAST SESSION (MRS. C ABSENT)

	PARTICIPATION	OPENNESS	CLOSENESS	BENEFIT
Mrs. A	2.33^2	2.33^2	2.00^1	2.16^2
Mrs. B	5.33^6	5.33^6	3.66^5	4.16^5
Mrs. C	5.16^5	3.66^5	5.33^6	4.50^6
Mrs. D	2.33^2	3.50^4	2.66^2	3.50^4
Mrs. E	1.50^1	2.00^1	3.00^4	3.16^3
Mrs. F	3.16^4	3.33^3	2.83^3	2.00^1
K. Rohrbaugh	5.00	4.33	3.66	4.16
R. Rooney	4.50	4.83	2.83	5.83

The leaders were gratified to see their non-directive approach affirmed with the group's relatively low ratings for them in every category but closeness. The conflict perceived near the end of the

group with Mrs. E not getting better may be related to her being rated
as the most frequent participant who though open, tended at times to
dominate the group.

Chapter 5

DISCUSSION

In discussion of the results of the Dependent Wives Growth Group, it must be recognized, again, that only on-going material and that gathered immediately after the end were available. Follow-up research will come after the publication of the present paper. Given these conditions, the following statements can be made.

(1) It was possible in a relatively short, time-limited setting to help individuals to make behavioral changes which they evaluated as positive.

(2) Use of the marathon during the first week appears to have accelerated the development of several therapeutic norms such as interpersonal honesty, expressing "here and now" feelings which group members report as having transferred to use outside the group as well. Group cohesiveness was seen to have been maintained in the less intensive ten sessions which followed in which members reinforced each other in making new adaptations to external situations.

(3) Emphasis on the positive potentials for individuals was reflected in each reporting feeling more self-worth than before the group. Cartwright emphasised the relation of change to prestige felt for group membership and several reported feeling proud to tell friends that they were members of a growth group rather than patients in a therapy group.

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(4) Ranking of curative factors established by Yalom's study of subjects with an average of 18 months of group therapy successfully completed and run by various therapists correlated relatively well with ratings by the Growth Group members after one week of marathon sessions. Factors evaluated stressed altruism, catharsis, group cohesiveness, and interpersonal input very highly and identification with leaders much lower, consistent with the original goals of the leaders.

(5) Long standing problems such as phobias may not be directly relatable to this sort of group experience and not be eliminated by it, but there is evidence that even these members can feel progress and evaluate their experience highly. Generally however, people with less chronic, and less severe problems are seen as more amenable to a short-term course in a group.

(6) Leaderless sessions were found to be valuable in dealing with significant issues and reinforcing faith in the group's ability, but we felt that they should not be near the end of the group as they have tended to open new issues.

(7) Emphasis that each individual came into the group with different needs which they would have to take responsibility for having considered during the time-limited course of the group appeared to be effective as each reported benefits after eleven weeks. No claim was made for the group as a final solution and the possibility of continuing in other modalities was discussed. At the end four had no plans for continuing in another therapy modality and two were considering continuing further counseling.

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AN ANALYSIS OF TIME-LIMITED COUNSELING

IN A GROUP SETTING

by

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AN ABSTRACT OF A MASTER'S REPORT

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The phenomenon of the growth of group techniques as methods for dealing with social and psychiatric problems is widely documented (Ruitenbeek, 1969). In clinical settings, experimentation has been carried on in several areas of group work including the use of para-professionals, the traditional separation of responsibilities among professional disciplines currently viewed as a costinuum, and exploration of options in regard to the spacing and grouping of session time. The current paper is a consideration of recent developments in the area of group work and their application to a time-limited counseling group led by para-professionals involving one week of marathon sessions followed by ten once weekly sessions.

The history of the parallel developments of group methods in the fields of psychiatry and education are traced from work by Pratt, Freud, Adler, Horney and Sullivan in the former and Lewin, Bradford, Benne and Lippitt in the latter. The modern phenomenon of the encounter group is seen as an outgrowth of the National Training Laboratories T Groups with special emphasis on personal growth. The encounter group movement is seen as one with great potential for positive growth or for damage to the participants if run by untrained facilitators. Though evaluation of the results of encounter groups are seen as mixed (Lieberman, 1973), certain modalities common to the encounter group such as the time-extended group marathon and the encouragement of norms of "here and now" relation of honest feelings and exchange of feedback are seen as reflected in the work of psychotherapists such as Bach and Mintz (Ruitenbeek, 1969). The developmental process of the encounter, marathon therapy, and conventional therapy groups is con-

sidered through the writings of Rogers, Mintz, and Yalom and related to an overriding group process in Tuckman and Cartwright. Encounter groups are seen as traditionally distinguished from therapy groups by the assumption of normal functioning participants motivated to learn as opposed to "patients seeking aid from distress." The role of the therapy group leader is seen by Frank as "a practitioner of the healing arts" with inherent prestige and irreducible distance with the member-patients, whereas the T Group leader is characterized rather as a resource person with more knowledge in a particular area and seen as less distant by the member-participants.

The Dependent Wives Growth Group is examined as a group drawing influences from both the psychiatric and educationally based models. The training and philosophies of the group leaders are considered which include a deemphasis of the medical, disease centered model in a group focused on self-directed change. The design and process of the group are described including the plans, rationale, methodology, and norms to be encouraged. Consideration is given to the criteria for selection and a brief history of each of the six participants. The results of the group are examined from several perspectives such as The Multiple Affect Adjective Check List (Zuckerman, 1963) and Yalem's Q Sort of Curative Factors (Yalom, 1970). Written self reports gathered following the final session are examined with unanimous reports of positive external behavioral change and an increase in self-confidence and feelings of self-worth. Follow-up evaluations two months and one year after termination are planned but tentative conclusions based on the available data are presented. The time-limited

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counseling group using the modality of the marathon as a means of accelerating the development of therapeutic norms and group cohesiveness is evaluated as productive of positive behavioral change as measured by the participants. Emphasis on the positive potentials of individuals and a growth rather than disease model are seen as leading to strengthened feelings of self-confidence and self-worth which opens the way to positive adaptations to external problems. The need for care in the selection process in choosing individuals who can be expected to benefit from a short term group is reaffirmed. The leaderless group is presented as a valuable adjunct to a highly cohesive group with well instituted therapeutic norms, but it is suggested that it should be timed near the middle and not the end of the group sessions, when efforts are required to bring issues together rather than to open new ones.