

An Overview of Group Therapy

Submitted by Allan Lurvey, Th.D.

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It's a good thing group therapy training was a part of my internships, or I might never have become a group therapist. Sitting in front of a group of people was always an uncomfortable spot for me. Taking it on as part of my profession is something I never dreamed of doing.

But there it was in my training. It was the early hey-days of group work and I was in Boston, one of the Meccas of group therapy training. I was fortunate to have some of the better people in the field teaching me. They were leaders in the group therapy movement in Boston- and the nation. In addition to the excellent training they gave me, they welcomed me into their group, the Northeastern Society for Group Psychotherapy (NSGT). I have found this spirit of welcoming and collegueship to be a part of all of the group therapy organizations I have been involved with, whether at the local, regional or national level. I was further pleased when, in the 1980's, I was invited to run for president of NSGT. I served as president from 1984-86.

I also took my training and profession as a group therapist wherever I went as a practitioner. I ran short and long-term couples groups in Portsmouth and Dover in the '70s, as well as groups for individuals. In the '80s I, along with several others, formed the Portsmouth Group Psychotherapy Society, which educated and trained local clinicians in group therapy for over 15 years.

So, I went from an uncertain beginning with a modality I never envisioned as part of my career to making it a major dimension of my professional life. Why? Because I am at heart a therapist, and I always found there were people whose problems were especially responsive to work in a peer setting. For me (someone who thinks psychoanalytically) that means working with peoples' self-esteem deficiencies. Most of the people who come to my office tend to see themselves as less effective, less likable, and less worthy than most of the rest of the world sees them. Often, these views remain doggedly persistent, no matter what the evidence of the outside world might be. I find that the treatment of these problem requires an opening of the childhood experiences that led to the embedding of this notion of being "less than." Often, that means focused individual work.

However, in many cases, changes in those distorted self-images can best be effected through the repeated frank and supportive feedback from trusted peers. For people who are willing to stay long enough, I have seen significant changes in their self-image. I have seen people with anxious self-preoccupation be able to develop relationships, people who were chronically unsure of themselves become consistently assertive, and people who have been depressed for a long time work out the sources of their depression. I have been the fortunate witness of these kinds of things happening many times.

But psychoanalytic work is not the only use that can be made of the group, and if someone practices from a different framework, the group can work just as well. In fact, one of the beauties

of this mode is that it can be adapted to almost any way a practitioner wants to work; there is no limit to where or in what kind of practice it can be used.

1) Group treatment can be adapted to any orientation. Groups are used by practitioners who practice behaviorally, cognitively, from a cognitive-behavioral perspective, or interpersonally.

2) Group treatment can be adapted to time requirements. Groups can meet for a matter of weeks with the same members, or they can be open-ended and meet for years with the membership changing.

3) Groups are also adaptable to the kinds of problems which can be treated. The list is almost as long as there are problems – e.g., anger, anxiety, depression, trauma, marital conflict, grief, and self-esteem.

4) Groups are economically adaptable. Since more people are being seen at the same time, fees can be lower than they are for individual therapy. At the same time, with 6-8 people in a group, the therapist makes more per hour than from individual hours of treatment. You can do the math. Depending on the fees that are set, the per-hour income can be double or more than the individual per-hour rate.

The advantages to having group therapy a part of one's practice are many, as you can see. There is room for more people to be leading therapy groups. For those who are thinking about adding it to their practices, I say, "WELCOME." Once you are a clinician, it is not a difficult path to become a group therapist. There are things you have to learn, and you learn them from another group therapist who has enough experience to teach you.

A good teacher will introduce you to: the principles of creating group goals, member selection, educating people for the group experience, how to conduct the first meeting, how to develop a bonded group, and finally, how to apply your psychological treatment of individuals to the setting of the group. This will take regular supervision/training meetings, usually on an hour or two a week basis. This is a niche that you don't have to go back to school to learn.

There is a huge body of literature covering this area of practice. I highly recommend Irving Yalom's classic book, *The Theory and Practice of Group Psychotherapy*. It is written from the theoretical perspective of the interpersonal theory of psychiatry of Harry Stack Sullivan, which is particularly suited to conceptualizing people's problems from the group perspective. All the basic things you need to know about treatment groups are written in very clear fashion in this volume. After learning the basics of Yalom, you can go to other parts of the literature for the specifics of using group to treat patients from your particular theoretical point of view.

Treating patients in groups has been a rich part of my professional life, and I'm glad it was in my training. It is a wonderful addition to any clinical practice, rewarding both the patient and the therapist. It's a great niche.

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