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REVIEW ARTICLE ON GROUP INTERACTIONS

Ajithakumari.G

Research Scholar

Sree Balaji College of Nursing

Bharath Institute of Higher Education and Research

Dr.V.HEMAVATHY

SUPERVISOR

PRINCIPAL, SREE BALAJI COLLEGE OF NURSING, BIHER.

ABSTRACT: A group is a collection of individuals whose association is founded on commonalities of interest, norms and values. Membership in the groups may be by chance, by choice or by circumstances. Group interaction is a form of psychosocial treatment where a small group of patients meet regularly to talk, interact, and discuss problems with each other and the group leader. The feedback (s) he gets from others on her/his behavior in the group can make her/him become aware to maladaptive patterns of behavior, change her/his point of view and help him/her adopt more constructive and effective reactions.

KEY WORDS

Group, Group interactions, Feedback, Maladaptive patterns of behavior, Constructive and effective

INTRODUCTION:

Human beings live in a social world in which their ability to gain esteem and self-definition significantly follows from their success in their personal relationships. Psychotherapy in a group setting provides a social arena in which the members can learn about their assets and deficits through interactions with peers and authority. Members also have opportunity to experiment with newly learned behaviors in the protected environment of the group in preparation for using them in the external world.

DEFINITION OF GROUP:

A group is a collection of individuals whose association is founded on commonalities of interest, norms and values. Membership in the groups may be by chance, by choice or by circumstances

DEFINITION OF GROUP INTERACTION:

Group interaction is a form of psychosocial treatment where a small group of patients meet regularly to talk, interact, and discuss problems with each other and the group leader (therapist).

PRINCIPAL MODELS OF PSYCHODYNAMIC GROUP INTERACTION**The therapist:**

- The therapist is responsible to the group. And he should have an appropriate training to perform the task.
- A formal qualification in psychotherapy is the ideal training. This will have included theory, personal therapy and clinical supervision.
- Mental health professionals from all the disciplines make an active contribution to training and supervision.
- The establishment of a group begins as a management task such as goals, recruitment of its members, protection of its setting, venue etc.
- It evolves as a therapeutic task in which the therapist is responsible for maintaining the therapeutic attitude to the individual members and to the group as a whole

Structure, process and content: the dynamic element of the group.**Structure-**

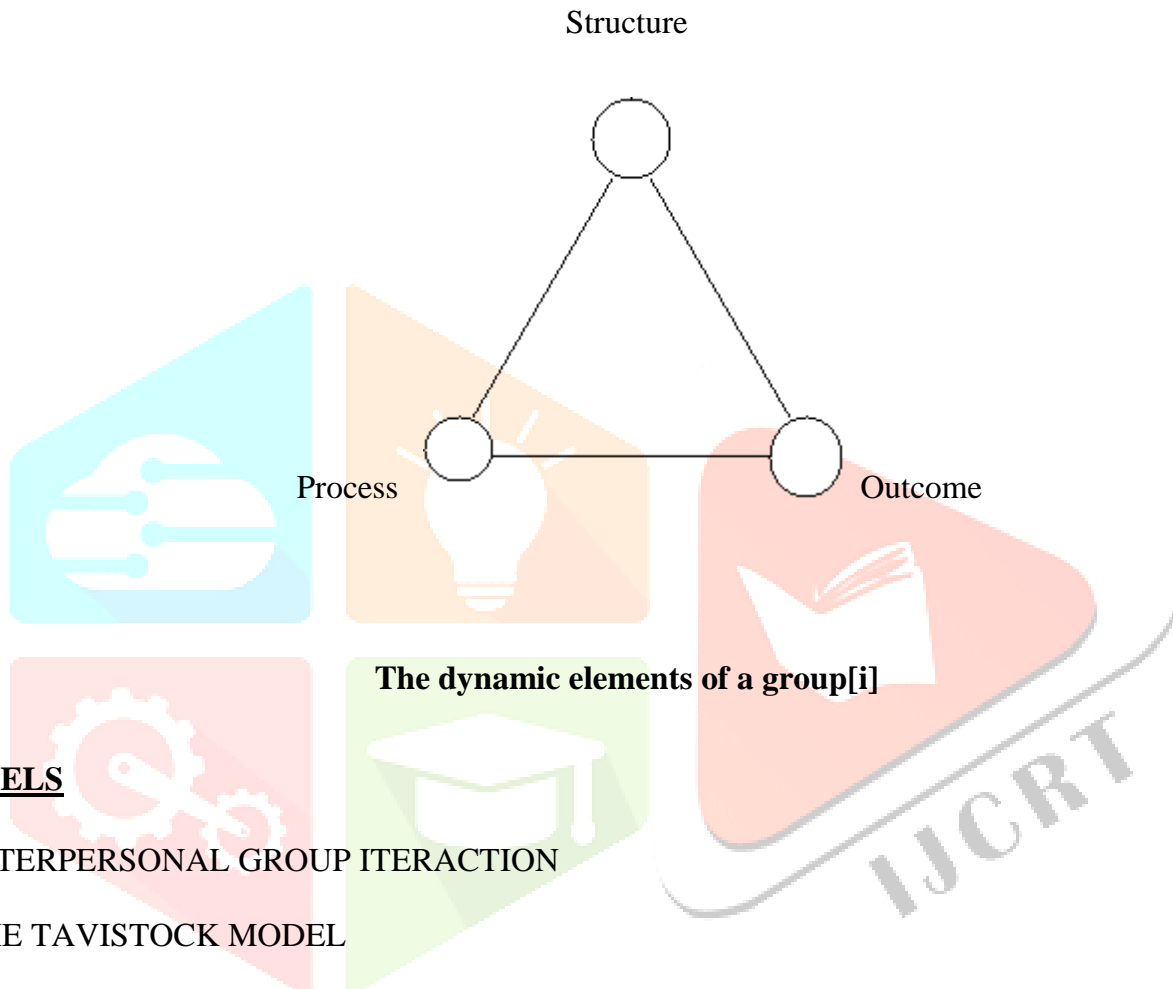
Structure describes the more enduring aspects of any group's make up- the architecture of the interpersonal relationships are conceptualized in terms of setting and its boundaries and then conceptualizes in the bond between each individual , the therapist and the group as a whole.

Process

Process describes the fluid and the dynamics fluctuations of emotions and experiences, the business of relating and communicating the changes of association and the inter member responses

Content

The content of a group's exchange in its visible and audible events in the narrative line and dramatic content of peoples encounters, the topics raised, discussed and the thematic development.



MODELS

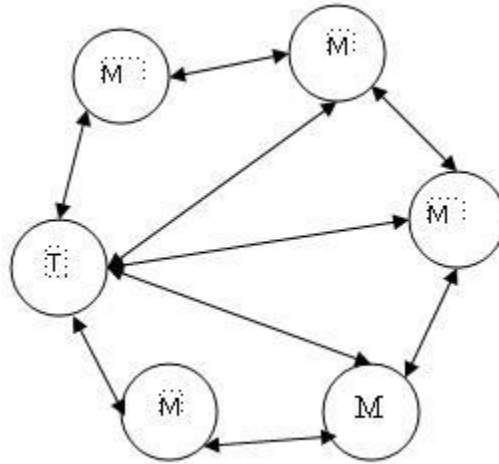
A. INTERPERSONAL GROUP INTERACTION

B. THE TAVISTOCK MODEL

C. THE GROUP ANALYTIC MODEL

A. INTERPERSONAL GROUP INTERACTION

- ❖ The focus is on interpersonal learning as a primary mechanism of change.
- ❖ The group provides the antidotes to maladaptive interpersonal beliefs and behaviors through feedback from others and encouragement to experiment with healthier behaviors, first with in the group and the outside.
- ❖ The joint examination of inter group transference reactions allows members to replace processes that have a historical origin in the 'there and then' – the dynamic past – with in those more appropriate to the here and now – the dynamic present



The elements of an interpersonal group

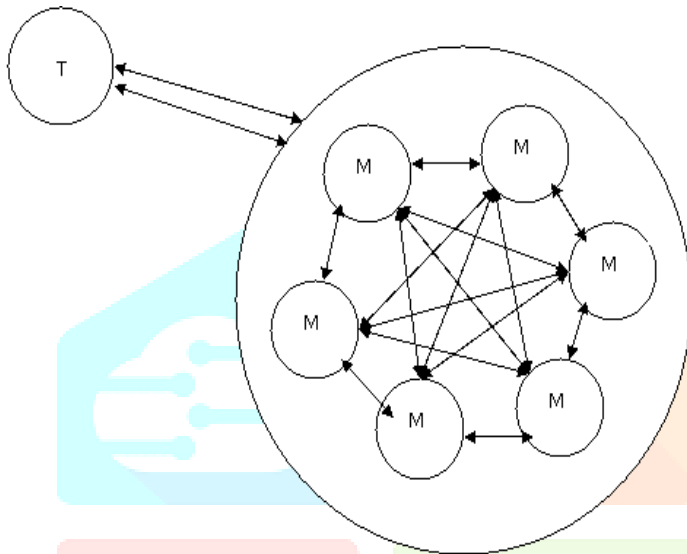
The model represents that the interpersonal dynamics are kept at fore front of member's attention by the therapist. Theinter personal approach places the therapist among the other members of the group with out giving him or her distinctive identity or any formal demarcation for the boundaries of the group as a whole.

Yalom suggested 11 curative factors according to this model. They are

- Instillation of hope
- Universality
- Imparting information
- Altruism
- Corrective recapitulation of primary family group
- Development of socializing techniques
- Imitative behavior
- Interpersonal learning
- Group cohesiveness
- Catharsis
- Existential factors

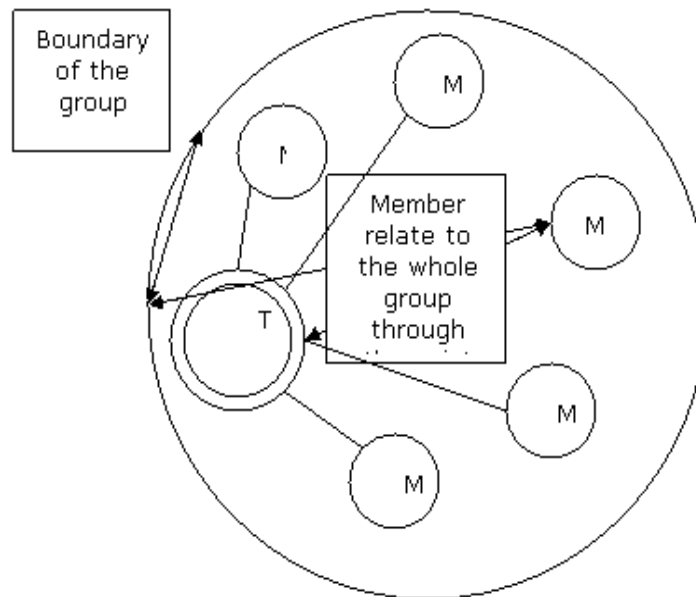
B. THE TAVISTOCK MODEL

- ✓ This model is developed by Bion. According to this model, in a group at any point of time, its culture and climate are governed by primitive unconscious anxieties that impede its capacity for a rational work.
- ✓ This is a therapist centered approach.
- ✓ The two –body psychology used here to enforce a series of interactions and it helps to reduce the complexity and the constraints of the group work.



C. THE GROUP ANALYTIC MODEL

- Groups may begin with relatively high level of group activity and leadership activity, referred to as dynamic administration.
- This approach integrates the important aspects of the other two models. The therapist is encouraged to address the individuals as well as the whole group.
- This concept is developed by an integrated set of concepts of structure, process and outcome.



Indications for group interaction & selection of patients

- In group interaction, the interaction of group members offers possibilities for change and growth. But whether patients referred for group psychotherapy are going to benefit from the treatment depends to a large extent on their careful selection and preparation.
- Group interaction appears to be most useful for patients whose problems are mainly in relationships with other people.
- The most expected candidates for group interaction define their problem as interpersonal, they are committed to bring change in relationship, are willing to be influenced by the group and engage in appropriate self disclosure.
- Patients should be offered a group that is best suited for their problem and it should be ascertained whether the patient is suitable for group interaction or not. For this a therapist needs a great deal of information.
- A screening interview, psychiatric history and mental status examination can help to select patients for group interaction. There are some inclusion and exclusion criteria for group interaction.

Inclusion criteria

- Ability to perform the group task
- Problem areas are compatible with goals of the group
- Motivation to change

Exclusion criteria

- Marked incompatibility with group norms for acceptable behaviour
- Inability to tolerate group setting
- Severe incompatibility with one or more of the other member
- Tendency to assume deviant role

COMPOSITION OF GROUPS

Size

- Group interaction has been successful with as few as three members and as many as 15 but most therapists consider 8-10 members the optimal size.

Homogeneous versus heterogeneous groups

- Many therapists believe that a group should be as heterogeneous as possible to ensure maximum interaction.
- Patients with different diagnostic categories and behavioural patterns, and patients from different races, social levels, educational and backgrounds should be brought together. Patients between 20 and 65 years of age can be effectively included.
- Age differences aid in relieving and rectifying interpersonal difficulties.
- Homogeneous group is more suitable for children and adolescents. Patients with similar problems like substance abuse, mild to moderate depression etc. can also be benefited in a homogeneous group.

Open versus closed group

- The closed groups begin and end with same membership. The open group permits termination of members at different points and their substitution by new patients

Frequency and length of sessions

- ❖ Group therapies can be conducted once or twice a week, each session lasting for 1-2 hours

FUNCTIONS OF GROUP INTERACTIONS

- ✓ Members of the group share with others personal issues which they are facing.
- ✓ A participant can talk about events s/he was involved in during the week, her/his responses to these events, problems s/he had tackled, etc.
- ✓ The participant can share his/her feelings and thoughts about what happened in previous sessions, and relate to issues raised by other members or to the leader's words.
- ✓ Other participants can react to her/his words, give her/him feedback, encourage, give support or criticism, or share their thoughts and feelings following his/her words.
- ✓ The subjects for discussion are not determined by the leader but rise spontaneously from the group.
- ✓ The member in the group feels that (s) he is not alone with her/his problem and that there are others who feel the same.
- ✓ The group can become a source of support and strength in times of stress for the participant.
- ✓ The feedback (s) he gets from others on her/his behavior in the group can make her/him become aware to maladaptive patterns of behavior, change her/his point of view and help him/her adopt more constructive and effective reactions.
- ✓ It can become a laboratory for practicing new behaviors.
- ✓ In group interaction you have the opportunity to work through these situations. [2]

BENEFITS OF GROUP INTERACTIONS

- Group interactions is suitable for a large variety of problems and difficulties, beginning with people who would like to develop their interpersonal skills and ending with people with emotional problems like anxiety, depression, etc.
- There are support groups for people in the same situation or crisis (e.g. groups for bereaved parents, groups for sexually abused women), but usually the recommendation for the therapeutic group is to be as heterogeneous as possible and represent a micro-cosmos.
- Groups are ideally suited to people who are struggling with relationship issues like intimacy, trust, self-esteem. The group interactions help the participants to identify, get feedback, and change the patterns that are sabotaging the relations.
- The great advantage of group psychotherapy is working on these patterns in the "here and now" - in a group situation more similar to reality and close to the interpersonal events. [iii]

THERAPEUTIC FACTORS IN GROUP INTERACTION

Following therapeutic factors in group interaction have been listed below

<ul style="list-style-type: none">• Abreaction• Acceptance• Altruism• Catharsis• Cohesion• Consensual validation• Contagion• Corrective familial experience• Empathy• Ventilation	<ul style="list-style-type: none">• Identification• Imitation• Insight• Inspiration• Interaction• Interpretation• Learning• Reality testing• Transference• Universalization
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TYPES OF THERAPEUTIC GROUPS

1. Self-help groups
2. Medication groups
3. Interpersonal group interaction
4. Encounter groups
5. Psychodrama

Supportive groups

In this approach, therapist ensures that

1. The experiences of the group members are used positively
2. Relationship between group members is cordial
3. It should not become too intense
4. Protect vulnerable patients when necessary
5. Each member is supported and gives support to other members

Self help groups

- ✓ These groups are organized and led by patients or ex-patients who have learned ways of overcoming or adjusting to their difficulties.
- ✓ The group members benefit from this experience, from the opportunity to talk about their own problems and express their feelings and mutual support.
- ✓ Examples include self help groups for people who suffer from problems like alcohol dependence, groups of parents of handicapped children, etc.

Medication groups

- ❖ These groups have been used for the treatment of recurrent depression and bipolar disorder.
- ❖ The emphasis is on compliance with prescribed medication.
- ❖ The goals include increasing the patients' knowledge about medication, increasing compliance, educating patients about their illness, decreasing their isolation and helping them to express their feelings in a nonjudgmental environment

Interpersonal group interaction

- This approach was developed from the work of Yalom (1985).
- Treatment is focused on problems in current relationships and examines the ways in which these problems are reflected in the group.
- The past is discussed only in so far as it helps to make sense of the present problems.

The treatment is divided into three stages.

First stage

- The group members try to depend on the therapist, seeking expert advice about their problems and about the way they should behave in the group.
- In this first stage some members may leave the group due to anxiety in talking in the group or the therapists' refusal to solve their problem.

Second stage

- The remaining members begin to know each other better; they discuss their problems and try to seek answers to their problems.
- During this period maximum change can be expected. The therapist encourages looking into current problems and relationships.

Third Stage

- The group in this stage can become dominated by the residual problems of the members who have made least progress and show most dependency. These points are discussed before ending the group.

Encounter groups

- ❖ In encounter groups the interaction between members is made more
- ❖ The encounter can be entirely verbal, like using challenging language, or it can include touching or hugging between the participants.
- ❖ Sometimes the experience is further intensified by prolonging the group session for whole day or even longer.
- ❖ This is not suitable for people with emotional problems.

Psychodrama

In psychodrama, the group enacts events from the life of one member in scenes reflecting either current relationships or those of the family in which the person grew up. This provokes strong feelings in the person represented. The drama is followed by discussion. Instead of personal experiences of one member the drama can also focus on problems that all participants share, for e.g.. – how to deal with authority. This method is called sociodrama.

Techniques

- Free-ranging discussion
- Psychoeducation.
- Allowing the opportunity for individual members to confront the effects of their behaviour on others while providing a supportive milieu during change.
- Encouraging group specific process: mirroring (duplication of experience), amplification (increase in emotional resonance by sharing), catharsis (supported ventilation of emotion).
- Analysis of group dynamics (e.g. leadership, group structure, individual roles) to understand reasons for progress (or the lack of it).
- Clarification/interpretation/confrontation with individuals.
- Group curative factors described by Yalom¹ are: installation of hope, universality, imparting information, altruism, corrective of early family group, development of socialisation, imitation of adaptive behaviour, interpersonal learning, group cohesion, catharsis, existential factors.

INPATIENT GROUP INTERACTION

Lazell (1921) is credited with founding inpatient group interaction. He developed group treatment of schizophrenia patients. On the basis of this experience he listed the following advantages of group interaction in schizophrenia:

1. Patients become more socialized than in the past
2. They become aware that they are not alone with their problems
3. They become more comfortable in the hospital setting
4. They continued to discuss the topics with each other for some time even after the session ended.

This improved their interaction pattern.

Marsch (1931) used lecture approach with patients but supplemented his lectures with other techniques like music, dance and inspirational reading

VARIOUS MODELS OF INPATIENT GROUP PSYCHOTHERAPY

Contemporary models of inpatients group psychotherapy share several features. Most models establish highly specific goals according to the particular needs of the patients.

1. Skills development model

This includes educative model, problem solving model, social skill model, etc.

2. Educative model

This was developed by Maxmen (1978). Problems discussed are specifically related to those problems for which members were hospitalized. Patients are helped to recognize circumstances that lead to an exacerbation of symptoms, strategies of coping, etc.

3. Problem solving model

This approach, based on work of Spivack & Shure (1974), assumes that psychiatric patients are deficient in problem solving, and helps members to acquire good interpersonal problem solving skills. Group members are taken through a series of problem solving steps:

- Clarifying the problem
- Generating alternatives
- Evaluating alternatives
- Role playing
- Reporting back to the group on the outcome of different solutions

4. Social skills model

The behaviorally oriented social skill model fosters acquisition of various interpersonal skills by dividing each skill into multiple behavioral components. For e.g. – the skill of initiating a conversation may be divided into basic components as standing on appropriate distance from another person, greeting him/her, formulating questions and listening to the response.

5. Interpersonal model

The model emphasizes on the social isolation of the inpatients and the difficulties they face in interacting with other people. Focus is placed on the patients' current interpersonal problems and the here and now interaction during each session. Within each session, members set an agenda related to an interpersonal problem that can be addressed within a single session

problems faced in group interaction

Formation of sub-groups - some members may form a coalition based on age, class shared values or other characteristics. This disrupts the therapeutic process.

1. Members who talk too much - some members in a group are too talkative, and does not allow other members to talk. As meetings continue, group is likely to become dissatisfied.
2. Members who talk too little - some members are too silent and talk very less. They are generally awkward in company, some may be afraid of talking and revealing problem.
3. Conflict between members - many times conflict between members can develop. It can be due to disagreement with others' views, criticism of one group member by another, etc.
4. The usual focus of a group is on current problem of the members. The past experiences of members only assist in understanding. Sometimes group members talk excessively about past and avoid their present difficulties.

Role of the therapist

The therapist should actively structure the discussion in a way that encourages the group members to stay in a topic.

1. Decision to establish a group

- Determine setting and size of the group
- Choose frequency and length of the group sessions
- Decide on open Vs. closed groups
- Select a co-therapist for the group
- Formulate policy on the group interaction with other therapeutic modalities

2. Act of creating a therapy group

- Formulate appropriate group
- Select patients who can perform the group task
- Prepare patient for group interaction

3. Construction and maintenance of the therapeutic environment

- Build the culture of the group explicitly and simplicity
- Identify and resolve common problems (membership turn over, sub-grouping, conflict)

4. Therapist should take cue from the process of the group.

5. When members interact spontaneously around an appropriate issue, the therapist should be quiet and allow the patients to feel a sense of mastery.
6. If members are trying to form some sub-groups, therapist should discourage them by asking the group to discuss the reasons for their formation or try to find some similarity with all members.
7. Therapist should try to include all members in the group discussion by asking each one to express their views and feelings. Therapist should assist silent members to speak and should understand their reasons for silence.
8. When there is conflict between members then therapist should not take sides rather encourage whole group to discuss issue in a way that leads them to understand why conflict has arisen.
9. Above all, it is the therapist's task to help the group develop into a cohesive unit with an atmosphere maximally conducive to the operation of curative factors and where confidentiality and non judgmental approach can be communicated to the group members.

10. Limitations of group interaction

1. Not suitable when patient suffers from severe depression and suicide is a risk.
2. Similarly, manic patients are difficult to manage in the group setting. They tend to display excessive elation, talkativeness and irritability which are often difficult to control.
3. Patients with sub-normal intellectual level may not get adequate benefit from the group situation

ROLE OF NURSE IN GROUP INTERACTION

- ✓ Nurse participates in the group activities on a daily basis. In health care setting the nurse serves on or led task groups that create policy, describe procedures and plan client care.
- ✓ They are also involved in a variety of other groups aimed at the institutional efforts of serving the clients.
- ✓ Nurses are encouraged to use the steps of the nursing process as a framework for task group leadership
- ✓ In psychiatry nurses may lead various types of therapeutic groups such as client education, assertiveness training, support, parent and transition to discharge groups among others.
- ✓ To function effectively in the leadership capacity for these groups, nurses need to be able to recognize various process that occur in the groups such as phases of group development.
- ✓ They also should be able to select appropriate leaderships style for the type of groups being lead. Nurses may develop these skills as a part of their training or they may pursue additional studies.

- ✓ Leading therapeutic group is with in the realm of nursing practice because group work is such a therapeutic approach.
- ✓ Nurses working in this field should continuously strive for expanding their knowledge and use of nursing process for the effective therapeutic approach.[iv]

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