

LEADER BEHAVIOUR AND ITS EFFECTS ON THE
PSYCHOTHERAPY AND ENCOUNTER GROUP : COMPARISON AND REVIEW

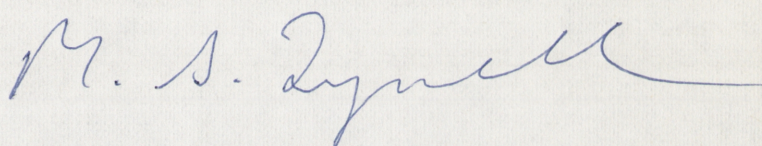
BY

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This essay represents the original thoughts
and work of the author, except where otherwise
acknowledged in the text.

A handwritten signature in blue ink, reading "M. S. Tyrrell". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

M.S. Tyrrell

February 1974

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ABSTRACT

A study of the range of behavioural approaches and underlying theory used by the leader of the psychoanalytic and experiential psychotherapy group and the encounter group was made in three different dimensional frameworks. It was deduced that a great diversity of approaches could be derived from the psychoanalytic school, and that the behaviour of the leader of the experiential psychotherapy and encounter groups held many commonalities, with a range of behaviours which lay roughly in parallel.

The most significant research work pertaining to leader behaviour in the psychotherapy and encounter groups was outlined and compared. It was found that findings in both areas were generally of limited application, with one notable exception in the encounter field. However, several broad premises were established which related to leader behaviour and its effects in each setting.

An amalgamation of all the information which came to hand from the study of theory, technique and research led to a number of deductions. A set of behavioural ingredients was identified as being the necessary (but not necessarily sufficient) elements of the small learning group leader's behavioural approach to promote maximum learning and behavioural change in the group members. These include the holding by the leader of a set of concepts which make sense of the change situation that he strives to create; this is referred to as his cognitive map of change and allows him to behave in his group with direction and conviction, which in turn promotes a second necessary behavioural ingredient of personal security in the leader. Other ingredients include the leader's behaving in a manner which is genuine or congruent within the framework of his cognitive map. It is suggested that the importance of behaving in an empathic manner is overshadowed by the importance of not behaving in a nonempathic manner. Several other ingredients are outlined with various qualifications.

It is concluded that the additional ingredients required to render the list as one of necessary and sufficient ingredients, are a function of the leader's intentions for, and therefore the composition of, his group. Since these have been shown to differ among the various small learning groups considered, they are not included in an outline which is aimed to encompass both the psychotherapy and encounter group fields.

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PART 1 : INTRODUCTION

CHAPTER 1

LEADER BEHAVIOUR IN THE SMALL LEARNING GROUP

A Few Observations

In the author's experience of the small learning group in the hospital and community clinic settings, the connection between the behaviour or technique of the formal group leader and the extent and nature of learning by the group members is both tenuous and obscure.

It has frequently been observed that the behaviour of the leader is highly correlated with his behaviour in previous group meetings, rather than with the explicit goals or composition of the group. It also appears that the leader's behaviour is not highly correlated with the specific theoretical school of psychotherapy with which he may affiliate himself. While several leaders may share affiliation with a specific school of thought, their behaviours in leading small learning groups may differ radically from each other.

While the leader will recognise significant differences between the small learning groups loosely referred to as therapy groups and human relations training groups, in composition, process and explicit aims, in practice his leadership approach frequently appears to be similar in the two situations.

The extremely wide range of leadership approaches observed in groups who meet ostensibly to achieve similar goals, suggest that: Either there is a very loose connection between the nature and degree of learning achieved by members and the observable behaviour of the leader; or that those conditions promoted by the leader which facilitate appropriate learning in members are not closely associated with his observable behaviour; or that the success of the groups observed, in terms of the learning facilitated in their members, spans a wide range; or a combination of some or all of these alternatives.

It has also been noted that while the group leader may very often appear to attribute some magical power to the group process in facilitating therapeutic learning processes in its members, in practice he directs a very large proportion of his attention and interventions to individual members of the group. This results in the situation frequently referred to as individual counselling or psychotherapy performed "with an audience" - the rest of the group (Foulkes and Anthony, 1957; Bion, 1961; Egan, 1970).

Further, the way in which the leader presents to the group, while infrequently very different between groups, varies widely between leaders. Relatively independent of the content or focus of a leader's contributions, he may present to his group members as warm, aloof, unassuming, charismatic, irascible, imperturbable and so on. This variety exists while the goals of the groups observed have been broadly similar.

While it is difficult to determine the beneficial effects of specific behaviour of the leader on the small learning group, it appears that under some conditions the group can operate more satisfactorily in the absence of its leader than in his presence (Astrachan et al, 1967a). Evidence also suggests that a leader's behaviour may have undesirable effects on at least some members of his group (Truax and Carkhuff, 1967; Wright, 1968; Yalom and Lieberman, 1971; Bednar and Lawlis, 1971 and Gibb, 1971).

In a field where exponents readily admit to dabbling in an art rather than a science (eg. Corsini, 1957), where the self-perpetuating mythologies of the art obscure the facts of the sometime science, and where its practice is burgeoning on a grand scale, it seems appropriate to investigate the nature of the art more closely.

Basic Goals of the Study

The first goal of this study is to provide a structure or structures with which to outline and compare samples of the wide range of approaches to the leadership of certain small learning group types, as derived or

or deduced from their theoretical bases.

The second goal is to extract from this comparison the practical commonalities and differences among the leader approaches applied to small learning groups of ostensibly different composition and goals: Lieberman, Lakin and Whitaker (1969) highlighted the little we know of the function and significance of the role and style of the group psychotherapist, as did Cooper (1969) of the role of the leader in the human relations training group.

The third goal is to review the research which deals with the effects of leader behaviour on the behaviour, learning and behavioural change of the members of specific small learning group types; to assess its validity, breadth of application, clinical utility, and trends, if any.

Fourthly, it is hoped that findings from the above can be used to:

- (i) reconcile the superficial differences in leader approach to the different types of small learning group under study, and in so doing
- (ii) extract from the study the common behavioural ingredients, if any, shared by all the approaches to relevant small learning groups, and
- (iii) propose the necessary and/or sufficient ingredients in the behavioural approach of the leader of the small learning group to maximise desirable outcome in group members.

Limits of the Scope of the Study

The observations which stimulated this study were made in various therapy situations, including those of family, milieu and "group therapy" settings, and in human relations or sensitivity training group situations. To maximise the comparability of the group situations and therefore to strengthen the findings of this study, its scope will be limited as follows:

The groups to be studied comprise adults who have met together with the leader with the primary goal of learning new or more adaptative or rewarding ways of behaving within the social systems from which they have come.

The group members are usually not related, and meet initially as relative strangers, the group therefore representing a social system of which the leader and each member is an integral part for the duration of their membership in the group only.

The number of individuals meeting together range from about seven to thirteen.

The groups are "closed" in the sense that new members will usually only be introduced to the group following the withdrawal of a former member, to replete the decreased group number. The individual would normally only leave the group following mutual agreement with the leader and the rest of the group.

Henceforth, the term "leader" will refer to the designated or formal leader of the group situation under discussion, who could variously be labelled the group psychotherapist, group counsellor, facilitator, conductor, trainer and so on, depending on the context of the reference.

The study is confined to the single leader group situation unless otherwise noted. The technique of the co-leader, where two or more preside in a group, is presumed to involve the provision of at least some conditions which will differ from those of the single leader.

The study will be confined to a consideration of contemporary group leader technique: The goals of the study are attainable without an in-depth historical study of the field.

The leader's technique in the behavioural sense is the main focus of the study. Leader behaviour is anticipated to include dimensions of item content, function and style at least.

The narrowed field: Clarifying Terms

In applying the above limits to the scope of the study, the vast majority of group psychotherapy groups and human relations training groups are included. Family, psychodrama and milieu therapy groups are excluded

mainly by their wide range in size, member relationships and number and type of leader figures.

In looking first at the term "group psychotherapy", the American Group Psychotherapy Association (A.G.P.A.) developed the following working definition:

"Group psychotherapy represents a method within a broader realm of psychotherapy wherein a practitioner (usually psychiatrist, psychologist or social worker) utilises the interaction in a small, carefully planned group to effect 'repair' of personality malfunctioning in individuals specifically selected for this purpose" (Scheidlinger, 1970, p.470).

This broad definition is adequate here since the term is used so loosely in the relevant literature that being more specific would needlessly rule out some matters for consideration. In practice, the term implies that the leader aligns himself with a specific school of psychotherapy. This contrasts with the term "group therapy" which is generally used in common parlance, and in the literature, to imply that the group has more specific and less ambitious goals, with a leader who is not intimately concerned with the specific diagnoses or pathological manifestations of its members.

Fidler (1970) saw the latter groups as "hygienic" procedures, carried out by a "benign technician" (occupational therapist, social worker or nurse) on prescription. He found it useful to define the group psychotherapist on the basis of his professional qualifications to assess the personality problems of the patient and to plan the procedures and techniques to correct the situation, rather than on his specific technique or style.

This is somewhat circular, implying that group psychotherapy is only being performed when and only when, a group psychotherapist is presiding as leader of the group, regardless of his behaviour.

However, it is derived from one of the few efforts to make explicit the difference between the group whose leader is merely the most senior

or verbal non-patient in a clinical group who congregate to obtain "group therapy", and the group of patients who congregate with a professional leader to experience and undergo a well defined therapeutic process.

While this study was stimulated by groups which mainly fall under the "group therapy" rubric, its major focus will be on the more formal group psychotherapy situation. This is because of the general lack of acknowledgement in the literature that the former is prevalent. In fact, it probably constitutes the vast majority of therapy group situations, at least in Australia and the United Kingdom.

The confusion wreaked by Gazda's (1968a) attempt to wade through the history and politics of both the definition and use of the term group psychotherapy is warning enough to go no further than the modest terms put forward by Fidler and the AGPA in 1970.

While the AGPA's definition of group psychotherapy does not include the range of human relations training (H.R.T.) groups because of its restrictions on group composition, Fidler's basis for definition of the group psychotherapist can frequently be applied to the HRT group leader. Since Harvey (1972) puts up a strong case for all HRT group leaders to meet Fidler's requirements for the group psychotherapist, viz. to be professionally qualified in psychotherapy, it is reasonable to bracket and compare the behaviour of the leaders in the two settings.

The H.R.T. groups of interest here will include those variously referred to as personal growth, human potential, self-awareness, confrontation, gestalt, sensitivity, sensory awareness, T-, L-, or encounter groups, among other allusive labels.

Parloff (1970a) suggests that Rogers' "Encounter Group" is a useful carry-all term, since it is descriptive and widely applicable. Similarly, the term encounter group will from here on be used to refer to any or all of those members of the class of H.R.T. groups under consideration.

Dealing with the Subject: The Nature and Effects of the Behaviour of the Designated Leader on the Group Psychotherapy Group and the Encounter Group

The first task is to assess the actual degree of diversity which exists in the underlying theoretical and practical approaches to the matter of leadership in psychotherapy and encounter groups.

A neat method of achieving this would be to present a general framework of leadership into which the approaches of the various schools of thought and practice could be fitted, but this has found to be impractical. Because of the way in which the information relevant to actual leader behaviour is presented in the literature, the construction of such a framework is an end rather than a means to this study. Many of the findings related to leader behaviour are made by deduction rather than from explicit account.

Whereas group psychotherapists who align themselves with the psychoanalytic school hold the focus of intervention in the group process as a primary source of contention, those of client-centred school largely confine their interest to the conditions of the relationships that the leader must provide. Members of other schools, such as the existential, highlight the role of the leader in facilitating certain experiences in group members. The actual behavioural and stylistic factors of approach to leadership are dealt with haphazardly and with great variation in coverage by the majority of commentators.

The encounter group literature is less diverse in its approach to leadership role and technique, but it too does not lend itself to simple pigeonholing. However, the research in this area is becoming rapidly more specific and enlightening in response to the frequent urgings that more must be known about the leader's role and its significance in the encounter group. (Bradford, et al, 1964; Kuehn and Crinella, 1969).

In dealing with the subject then, the first task is to outline the range of leader techniques along the most appropriate and convenient dimensions of behaviour, for the various schools of thought in group psychotherapy; similarly, for the encounter field.

Having systematised the range of behavioural approaches, it is appropriate to review the research which deals specifically with the effects of leader behaviour on group behaviour and member outcome in each setting.

Finally, it remains to extract the behavioural ingredients which emerge as common to all effective leader techniques in the small learning groups in question, if any; an attempt can be made to reconcile outstanding behavioural differences among and between group settings; it should be possible to construct a behavioural guide for leadership which will promote productive behaviour and adaptative learning in all the small learning group types that have been considered.

PART II : THEORY AND TECHNIQUE

CHAPTER 2

PSYCHOANALYTIC APPROACHES TO GROUP PSYCHOTHERAPY

In this and the following two chapters, an account is made of the various approaches to be found in the psychoanalytic schools towards group psychotherapy. It is intended to demonstrate their differences in focus, associated differences in leader behaviour and the theoretical bases of these, if any.

Although it is difficult to pinpoint differences in style, concerning for instance, the frequency of therapist intervention per group session, relevant deductions can be made when theory and focus are known.

Over ten years ago, Slavson claimed:

"Group psychotherapy is plagued, more than any other endeavour in the field of mental treatment, with a 'psychotic need to appear original'" (1964, p.64).

Although the "psychotic need" seems to have diminished since then, the psychoanalytic school carries its legacy in the form of a myriad of group approaches, with very few lucid attempts to categorise or systematise them in any way. Parloff's (1967, 1968) efforts in this direction were useful for this study; he categorised three major approaches to analytic group psychotherapy and labelled them Classicist, Transactionalist (or Interpersonalist) and Integralist (1967) and Intrapersonalist, Interpersonalist and Integralist (1968).

These categories are useful in comparing leader technique, and shall be borrowed for that purpose, noting that they represent a range of emphasis rather than a set of mutually exclusive approaches. To avoid semantic confusion, Parloff's (1967) labels of Classicist, Interpersonalist and Integralist are preferred.

Examples of each category will be outlined, in an order which demonstrates their increasing focus on the dynamics of the group, and subsequent decreasing focus on the psychodynamics of the individual members

of the group. Those practitioners selected are strongly identified with the philosophies and styles which they advocate and tend to be regarded as "copybook" exponents of their technique.

THE CLASSICISTS

The classicists logically come first in this outline, since their attention and focus of intervention is almost entirely individual-oriented. Wolf, Schwartz, McCarty and Goldberg (1972) suggest that psychoanalytic group psychotherapy should be viewed as psychoanalysis performed in groups, with the therapist focusing his attention and interpretations on the traditional intrapsychic processes of each of the group members, including their unconscious processes and motivation, dreams, resistances and transferences. For this, the importance of the historical determination of in-group behaviour (the "then and now") is stressed, as the necessity for working out and through psychodynamic and psychopathological mechanisms.

In spite of this orientation, they concur with Bion (1961) and Johnson (1963), that psychoanalysis in groups should be more than individual psychoanalytic treatment carried out with an audience, by accounting for three elements unique to the group setting. They describe these as the presence of authority and peer vectors, multiple reactivities and the unconscious material of the group. They stress that working with the last of these is unique to the psychoanalytic group approach while working with the first two is common to all therapy groups. However, their point begs the question: How does their technique differ from that of other psychoanalytic group psychotherapists?

The main identifying characteristic of the classicist approach is in its relegating of the group dynamics to the ranks of minor curative factors. Wolf and Schwartz (1962) emphasise this, and Slavson (1964), although somewhat less intolerant of the use of dynamics under specific conditions, does not view them as useful in analytic group psychotherapy. He prefers

to "nip in the bud" group phenomena that are not directly associated with the individual member's psychoanalytic treatment.

Work with the Unconscious

Following several introductory group meetings of a didactic nature, where he outlines the procedures of psychotherapy, the Classicist leads the exploration of unconscious processes with the use of free association and the usual analyses of intrapsychic processes which lead into an exploration of the patients' histories. Wolf et al (1972) believe that only with this approach can group psychotherapy be regarded as analytic therapy, and this view has led commentators such as Parloff (1968) and Yalom (1970) to describe this approach as effectively one of carrying out individual psychoanalysis in spite of, rather than with the help of, the presence of other group members.

This impression of the Classicist approach is substantiated by most of the Classicist literature, although in an infrequently referred to outline of the therapist's approach by Wolf (1963), his enthusiasm for the group setting is reflected in his use of group members as subjects for which individuals can "free associate", and act as "adjunct analysts" (p.279). In some contradiction to this approach, he stresses the importance of each member's analysis progressing at his own rate, with no one being hurried for the sake of another. In further contradiction, Wolf likes to keep group relations as uncomplicated as possible, warning members early on of the undue complications of becoming friends or lovers, while at the same time having the group meet three times a week with him and twice a week without him, for from one to several years.

There is controversy among the Classicists over the practicability of transferring psychoanalytic procedures from the individual to the group situation. Wolf and Schwartz (1962), Wolf (1963, 1968) and Wolf et al (1972) claim that it is both practical and necessary, with a minor conversion of concepts to suit group conditions. Slavson (1964), however,

considers that at least with severely psychoneurotic members this is not practical, since the intense individual transference necessary for their treatment is diluted and impaired by the presence of the group. He considers the group offers very limited scope for effective psychotherapy, mainly due to his conviction that the therapeutic process depends heavily on the development and working through of transference attitudes towards the therapist. That is not to say that he rejects the group as a useful treatment modality entirely. As a vehicle for guidance, especially with children, he values the group setting (Slavson, 1956) and was a pioneer in the field. It is the notion of their use for psychoanalytic treatment purposes that he questions.

The Classicists emphasise the analysis of transference and the accompanying neurotic distortions of member perceptions to both the therapist and each other, and the resistance to the analyses. They encourage the group to assist in this by offering their own analyses. However, the analysis of "group-shared" resistances is not emphasised. Presumably in a group whose therapist focuses on individual members, there is a minimal opportunity for "shared" resistances to be either incited or demonstrated.

While the Classicist strives, as Wolf (1968) put it, to be the repository and mirror for all reactions, transferential and otherwise, he must also exploit the interactions of the group for the benefit of each participant. The dimensions outlined below are accounted for in this procedure.

Multiple Reactivity and Other Dimensions

Wolf and Schwartz (1962) and Wolf (1968) enumerate six dimensions or parameters which they consider to be the fundamental dynamics that distinguish psychoanalysis in groups from individual analysis. For, example, Wolf and Schwartz (1962) regard multiple reactivity as more apparent in the group setting; this refers to the individual's various reactions to the

multiplicity of persons and circumstances (Wolf, 1968) that he encounters in a group. The Classicists believe that their witnessing of the multiple reactivities of the group members in their interactions provides them with a more comprehensive picture of each patient's disturbance. The observations are apparently not valued as a source of analysable material or as the bases for interpretations per se.

The vertical vector provided by the analyst and the horizontal vectors afforded by other members of the group provide an interplay which the therapist studies, again in the context of the analysis of each member separately.

These and the other four dimensions of inter- and intra-communication, shifting attention, alternating roles and forced interaction, all relate to the analysis of the individual member and are used in that analysis. The Classicists regard them as a useful additional source of information to enhance the analysis of the individual.

In his outline of their use, Wolf (1968) infers the need for strong leadership and directiveness in making his analyses, to circumvent those difficulties which Slavson, for instance, has identified as inhibiting the process of analysis. Wolf states:

"..... in the here and now drama of intercommunication the intrapsychic struggle may be relegated to the background, especially by group members who resist self-examination and insist on constant interaction. But the well-trained therapist.... can circumvent this tendency.... by stressing the importance of experiencing both processes,..." (1968, p.82).

Wolf seems to be advocating somewhat incompatible dual roles, when he aims to shape the relationships by rewarding "sensible efforts" and negating potentially disturbing efforts (1963, p.279) of members, and at the same time

"while he plays a leading role, he must always make the members feel he is one of them - not apart",

and

"..... he should not hesitate to show his feelings in the group.... if he

hides affect, the group will respond in kind" (1963, p.316).

Individuation

Wolf et al (1972) and his Classicist associates claim to differ from the less intrapersonally oriented group psychotherapists in their efforts to highlight the uniqueness and individuality of each member. This they do by tying the individual's personal history in with his past and present behaviour in the group. Emphasis on the process of individuation is aimed at enhancing each member's interest in and for the others, and facilitates their progressive analyses of each other, under the therapists' guidance. It is also supposed to facilitate recovery of the "lost self", which was supposedly initially caused by the demands of the parents in the patients' childhood.

The need for individuation is presented as a major justification for the therapist encouraging interactions in the "then and there", "then and now", in addition to the "here and now". Wolf et al prized this process as a feature of the intrapersonal approach, of "pure" group psychoanalysis, although it seems to be a direct and unavoidable consequence of their technique anyway. They assert that the less intrapersonally oriented therapists emphasise the similarities of members, by investigating their manifest (cf. latent) processes. This seems excessively sweeping and unfounded.

Fried (1970) describes the individuation process as a result of the need for group members as they grow emotionally, to achieve distance from the therapist and emerge as individuals in their own right. However, Fried does not clarify the way in which the therapist fosters this process.

It is conceivable that a need for the Classicist emphasis on individuation is created by the large number of meetings that the Classicist typically holds for his group. In orientations which use a smaller number of sessions per group, the individual member's identity would be less

threatened since his dependency on his group membership would not have the same opportunity to develop.

Cohesiveness

The fostering of group cohesiveness is not regarded as desirable by the Classicists, according to Parloff (1968), since it is incompatible with individuation. It is opposed by Wolf and Schwartz (1962) on the assumption that since emotionally ill persons tend to cling to their symptoms and disturbed perceptions, cohesive groups can be expected to develop anti-therapeutic norms from them.

Therefore, the Classicist assumes responsibility for supervising both the kind and level of interactions in the group, to moderate the expression of feelings between members. The cohesiveness which does develop is regarded as a necessary evil which is not to be encouraged.

However, the Classicist does give his group credit to be able to interact realistically without his guidance; he advocates the "alternate" session, where the members meet without the therapist, such as Wolf and Schwartz (1962) do. This is regarded as a valuable source of support and is accepted as an arena for more spontaneous and impulsive interaction than the meeting presided over by the Classicist leader. Nevertheless, it is not seen as therapeutic in itself, but as a valuable adjunct to successful therapy.

While Wolf et al (1972) conclude that it is more than "theoretical persuasion and the technical know-how of the psychoanalyst that effect change in the persons who come for treatment" (p.52), and that they are now "committed to the idea that the psychoanalyst as a person enters into the analytic relationship" (p.52), their approach in theory leaves little room for the personality of the therapist to be revealed. While suggesting that the therapist should avoid "conceited and compulsive leadership", and not suffer from the

misconception that his contribution is the only factor that really matters curatively, the analyst should, according to Wolf (1963), view the entire group activity from above, in a relatively nonparticipatory paternalistic fashion.

The Classicist Approach: Summary

The Classicist in psychoanalytic group psychotherapy aims at performing the psychoanalytic treatment of each member of his group concurrently, using interpretations and interventions similar in content and nature to those he would use in individual psychoanalytic treatment.

This procedure requires a similar response on the part of the patient to individual treatment, including a narration of his personal history, free association, dream narrative and so on.

Working with the unconscious of the individual is the modus operandi and analyses of transference neuroses to the therapist and his individual's resistance to treatment is of the essence. While the skills of analysis are imparted to each member as treatment progresses, and the members' efforts at analysing each other's behaviour are applauded, this learning is regarded as an incidental side benefit of the Classicist's group technique.

He regards the group setting as unique and usefully different from the individual treatment situation in six ways, all of which provide him with the opportunity to glean knowledge concerning each member, which will contribute to the speed and veracity of his analysis.

An important feature of this technique is its stress on the individuality, or individuation, of each member, and an important difficulty is the dilutive effect of the group setting on the transference neurosis of each of its members to the therapist. In accordance with this, the dynamics of the group are regarded as minimally or even negatively useful as a curative factor.

The Classicist's authority as leader of the group is unquestionable, and his level of directiveness of the group processes will always remain sufficient to facilitate the individual's analysis. This may involve obstructing the further development of group cohesiveness, which is in no way encouraged.

CHAPTER 3

THE INTERPERSONALISTS

This category includes the vast majority of practising psychoanalytic group psychotherapists, whose approaches vary over a wide realm. The use of neither group dynamics nor intrapersonal focus are excluded as potential curative factors. By focusing on the nature of the interpersonal relationships the Interpersonalist facilitates learning and change in both social and intrapsychic processes of the members. He attempts to provide a treatment situation in which new interpersonal relationships may be developed which are more effective and satisfying. For some, this emphasis is based on the assumption that such changes will ultimately effect appropriate intrapsychic changes (eg. Bach, 1954), while others (eg. Berne, 1966) regard the changes in relating as a consequence of changes at the cognitive level of conceptualising the individual's structure of personality, or strategies of living.

In maintaining the order of presentation described earlier, Mullan and Rosenbaum's (1962) approach lies in the fringe of the Classicist-Interpersonalist categories. They borrow techniques from the individual psychoanalytic situation, and emphasise the importance of analysing the transference neuroses. But they differ from the Classicist by giving equal priority to those transference relationships which develop among members, along with those between each member and the therapist.

In Classicist style, Mullan and Rosenbaum encourage group members to become "adjunct analysts", in regard to the analyses of both resistance and transference neuroses of each member. Early in the life of the group, they value the use of the exercise of "going around" which Wolf (1963) also notes, where the members free associate in turn about each other. This is intended to force all the members into the role of co-therapist and is regarded by Mullan and Rosenbaum as providing one of the major advantages of this type of psychotherapy over the individual setting.

The use of free-associating involves verbalisations of affect, anxiety or historical material. It is left to the group members to control an individual's associating by putting limits on its duration, content and so on. However, the therapist is likely to intervene if he senses that the group members are exploiting this license, in resistance. He will in essence confront the group in these circumstances, primarily as a therapeutic manoeuvre directed towards an individual in the group.

Judging from their examples of the "going around" technique, free-associating is a valuable source of genuine feedback and exchange of feelings among members. It is not "free" in the sense that the ongoing behaviour of the group provides powerful guiding stimuli with which to associate.

Most of Mullan and Rosenbaum's techniques which distinguish them from the Classicists stem from their existential emphasis on the importance of affective experiencing:

"The experiencing and sharing of feelings enable all of the group members to penetrate deeper into mutual feeling and experiencing" (1962, p. 164).

In line with their self-labelling as "regressive-reconstructive" therapists (1962, p. 164) they regard this experiencing as providing regressive material with which to reconstruct the individual's perceptions by clarifying his transference reactions and distortions. To facilitate this in practice they tend to focus their contributions on the dyadic interactions in the group process which elicit these responses.

Once again, the therapist's role as proposed by Mullan and Rosenbaum contains within it inherent incompatibilities. While his efforts should be directed towards fostering spontaneity, he should feel involved with the group at the affective level, and at the same time be free of a "neurotic" involvement which would result in countertransference distortions. In addition, he should not be fearful of his potential productivity in the group, in the existential manner.

Further, while the therapist should step down from his position as expert and "projective screen" of feelings in the group, to the point where he might share with the group his feelings about past or present events, he will do this in "expert" fashion to guide the progress of the group by his involvement, and to ratify interpretations offered by group members.

For example, Mullan and Rosenbaum consider the linking of the events of one session with the next as necessary, preferably by the members. However, if this task is neglected, the therapist will rectify the situation by "disclosing" his concern that the group has been remiss in this area.

While describing themselves as non-directive even in the light of these functions, Mullan and Rosenbaum somewhat naively equate directiveness with the level of distance that a therapist allows himself. In their view, a therapist is non-directive if he sheds or rejects his role of authority and expert, by countenancing his own self-disclosure (where strategic), as well as that of his patients.

Although individual histories are not laboured upon, both the past and present can be considered by the group, in relation to the individual's problems:

".... we do not encourage group members to report on their life experiences, because we do not believe that the therapist should be perceived as the questioning parent" (1962, p.189).

Regardless of these philosophies, the therapist's interventions in the vast majority of excerpts from group sessions used for illustrative purposes by Mullan and Rosenbaum (1962), were of question form, providing a minimum of self-disclosure and implying expertise in their emotive effects.

It is evident from the limited information available in illustrative excerpts used throughout the group therapy literature, that a hiatus between the therapist's practice derived from theory and his actual practice is more the rule than the exception. This means that a comparison of

professed theory and technique cannot always be relied upon to reflect the differences and commonalities in actual therapist behaviour in the group setting.

Mullan and Rosenbaum's position is well summarised as follows:

"There is a mistaken idea that we are primarily interested in the interpersonal processes rather than in the intrapsychic ones. It is further suggested that, because our approach is molar rather than molecular, we could not be sensitive to the latent activity of each individual. These contentions are not borne out in practice, for we see in the transference of every person behaviour that intensifies the underlying dynamic personality" (1962, p. 230).

Similarly to the Classicists, Mullan and Rosenbaum emphasise the need to stress the individuality of each member. This they effect by revealing and supporting in the group situation those individual characteristics that they have identified in a series of preparatory sessions with each member.

Unlike the Classicists, the Interpersonalists foster cohesiveness and tend to interpret an absence rather than a presence, of its manifestations. Mullan and Rosenbaum shoulder responsibility for the cohesiveness of the group. They stress the need for the therapist to present to the group as warm, open and reaffirming of the "patient's essential worthiness" (1962, p.162). They aim at providing a model which will enhance a curative form of interaction among members and simultaneously foster cohesiveness.

As Mullan and Rosenbaum's approach and placement indicates, the Interpersonalist tends to exploit material from the immediately observable interactions between members. Personal history is used to emphasise interpersonal learning at least as much as to provide analysable material in itself.

The Interpersonalist may stress the conscious awareness of the individual member's behaviour and feelings to enhance the understanding of the motivation behind his actions. This is in addition to his focus on the unconscious processes of the individuals, and not necessarily to simply further their analyses.

A frequent modification to the Classicist psychoanalytic approach made by the Interpersonalists is in the terminology used to reframe their approach. Berne's (1961, 1966) "Transactional Analysis" provides a major example of this.

The Transactionalists

The Transactionalist deals directly with the overt transactions and chains of transactions as they occur during a session group. A "transaction" implies that a stimulus is provided by one or more members of the group or the leader, and response is made by an individual in return (Berne, 1961). It is simply an interaction with specific but easily identifiable qualities.

The Transactionalist lies near the middle of the Interactionalist category, and, therefore in the middle of the dimension of focus of therapist intervention. His use of the group encounter as a prime source of material (transactions) for the analysis of the individuals in the group places him here. Unlike the Classicist, he rejects the standard psychoanalytic tradition of the relatively passive therapist analysing transference neuroses in Freudian terms and piecemeal fashion. Unlike the Integralists, he rejects the holistic concept of the group as more than the sum of its individual members, as irrelevant to optimal therapeutic progress (Berne, 1966; Goulding, 1972).

The Transactionalist directs the vast majority of his interventions to the individual group member, and conducts the group by prompting and interacting with individuals. He regards the spontaneous behaviour of the individual in a sedentary group meeting as a re-enactment of all or part of the patient's life "script" - "in a cogent, condensed and not very heavily coded form" (Berne, 1966, p.313).

The Transactionalist sees his function as one of bringing the patient to the position of being able to choose an "adult" (cf. "Parental" or "Child") option of coping with a given situation (Berne, 1966). To do this, the patient must be able to identify and classify his range of responses

in transactional analysis terms. Berne claims that to facilitate this learning, he need only know how the patient behaves in the group, and to be aware of his future plans:

".... it is not necessary to know anything about the patient's history except what he relates directly to the current momentary situation in the group" (1966, p. 254).

Berne aims to identify the gratifications, or pay-offs, which the individual's behaviour offers him. The uncovering of unconscious material is not emphasised, although it can occur. The dynamics involved in effecting change are hypothesised to include the patient's learning to control his free energy to a degree that enables him to "shift his 'real self' from one ego state to another by an act of will.... At first he relies heavily on external stimuli through autonomous acts of volition" (Berne, 1966, p. 307).

Berne (1966) categorises his interventions into interrogations, specifications, confrontations, explanations, illustrations and interpretations. He accompanies each category by a set of "do's", and "don'ts" and "beware's" relating to its appropriate usage. These have potential in providing a useful guide, encouched in their simple terms of Parent, Child and Adult ego states. However, they frequently require the wisdom of hindsight to apply. This is because all the contingencies under which each intervention is stated as efficacious or otherwise are frequently not apparent until the intervention has been made. Therefore, the guideline is potentially useful in explaining the outcome of an intervention by the leader, but limited in its value to predict intervention outcome.

Such a guideline for the application of theory to the group setting is rare and reflects the advantages of the Transactional Analysis approach offered by its simple terminology, clearcut steps of progression and ease of application and experimentation to a given transaction. It also illustrates the added swag of intervention types, in addition to the interpretation, which are used by the Interactionalist, whose analysis of the individual member is derived from his interaction with the group.

In line with this, Berne (1966) claims that Transactional Analysis is a method indigenous to the group setting. However, it should be noted that guidelines also refer to interventions directed at the individual. He advocates that the therapist should have "a thorough knowledge of a... pragmatic type of group dynamics" (p.104) as a prophylactic measure, to identify and avoid various types of antitherapeutic group phenomena. These could loosely be described as games of resistance to the work of the group, which is to provide and analyse transactions. Berne's game analyses (1961) when applied to group phenomena, are deceptively simple and of limited use in furthering the learning of the individuals in the group.

Although the concepts of individuation and cohesiveness are not considered explicitly by the Transactionalists, it is clear that they do not prize the former in Classicist style, but value the latter indirectly. While cohesiveness is not considered a curative factor in itself, it is maximised by the careful preparatory individual sessions and assessments that each member undergoes, before admission to the group.

Variations on the Transactional Analysis Theme

Goulding (1972) uses a combination of Transactional Analysis, Existential and conjoint family therapy notions to help the individual identify the "Injunction" or message given to him by his parents in their child ego state, and the "Decision" he made to abide by the injunction. This decision results in his adult behaviour reflecting the theme of his parents' injunction eg. "Don't be", "Don't be you". Having identified the nature of the Injunction and Decision, it is the Transactionalist's task to aid the patient in making a new decision or Redecision, to recreate his autonomy. It appears that the therapist has a wide range of techniques to help with this Redecision, including theatrical and dramatic methods normally associated with psychodrama. The new decisions are then to be reinforced by the group, following the therapist's example.

In the process of identifying these elements, Goulding uses Berne's terminology along with a mixture of that from other schools, and in his style of intervention can be classed as a Transactionalist in the Berne idiom. Like Berne, he contracts with each patient to establish and work towards specific goals, often associating time limits with each goal.

It seems useful to view the Transactionalist approach to group psychotherapy as one where the leader aims to facilitate the members' learning of a basic set of simple constructs and rules with which they may themselves analyse their interpersonal behaviour. In this sense, the leader's role is directly analogous to that of a teacher, where his input is of primary value in its information content, and of secondary value as a stimulus to the behaviour of the group members.

Both Berne and Goulding claim to bring about therapeutic change in a much briefer time period than the more traditional psychoanalysts do. Parloff (1968) somewhat pessimistically pronounces the risk that "'Transactional Analysis' may be dismissed as the fastest slogan-therapy in the West" (p. 511).

In moving closer to the Integralist end of the dimension of intervention focus, Yalom's approach is well placed in the Interpersonalist Integralist fringe.

Yalom (1970) sees the group psychotherapist's task as one of helping the group develop into a cohesive unit, with an atmosphere conducive to the operation of curative factors which are primarily mediated by the members. He regards the therapist as initially most powerful in influencing the establishment of therapeutic norms in the group, and these are regarded as the essence of the curative factors for the group.

In influencing the development of norms, Yalom (1970) may explicitly instruct patients toward this end in his preparatory individual sessions, repeatedly ask of the members' reactions to group events, confront the group indirectly through questions or self-disclosure and employ group

exercise to promote the learning of skills in interacting together.

Having set in motion the establishment of a therapeutic culture, he regards it as the leader's task to "oversee" the growth of the group. While some of this work is accomplished through overt intervention, the great bulk of it is, Yalom believes, performed through the subtle technique of social reinforcement.

"Although no self-respecting therapist likes to consider himself a social reinforcing agent, nevertheless he continuously exerts influence in this manner, unconsciously or deliberately. He may positively reinforce some behaviour by numerous verbal and nonverbal acts ... he may negatively reinforce some behaviour which he does not deem salubrious by not communicating, not nodding, ignoring.... etc" (1970, p. 88).

Yalom seems to agree with Shapiro and Birk's assertion that:

"Therapy without manipulation is a mirage which disappears on close scrutiny." (1967, p. 219)

While emphasising the need to appreciate his reinforcement potential in the group, Yalom also promotes the gaining of "insight" in members by elucidating the conflicting conscious or unconscious forces that he identifies as operating behind the overt interpersonal attitudes and behaviour. This he sees as a norm-setting rather than primary function of the leader, by instilling into the culture an interpretation mode.

In his belief that the psychoanalytic group therapist is in danger of using his "interpretative profundity" as a gauge for his therapeutic efficacy, he differs from both the Classicists and Integralists by rejecting analytic interpretation as a primary task. He parodies G.B. Shaw:

".... the problem with elegant, complex and profound interpretations is that they are so often wasted on the patient" (1970, p. 90).

From this position Yalom instead persists with his behaviourist flavour. He sets the leader responsible for modelling the desirable but unfamiliar behaviour expected of his members in the group situation: Nondefensive, confrontative, sensitive and self-disclosive behaviours fall into this category.

The timing of Yalom's contributions in relation to the life of the group is crucial: For instance, he advocates that the leader restrains his self-disclosure until he feels comfortable that the members can cope with more. If the leader attempts to "become a member" by self-disclosure too early, he will inhibit rather than facilitate the "progress of the group" (1970, p. 94).

He emphasises the importance of timing of his interventions and behaviour:

"It is a naive misconception to view effective role behaviour of the leader as unchanging; as the group develops and matures, different forms of leadership are required" (1970, p. 94).

Typical of the Interpersonalists, Yalom sees the process of working through of the relationships among members as equally important as those between the members and leader. He asserts that to confine one's attention to the effects of transferences towards the leader, will result in the loss of learning which can emerge from a parallel consideration of the rational bases behind these reactions.

Yalom sees two ways in which the transference distortions towards the leader may be used; either in the traditional mode of interpretation, or in the existential or experiential style, of self-disclosure or transparency by the leader. The latter is incompatible with the former approach where the leader minimises his transparency to maximise distortions.

In using self-disclosure as a method of facilitating learning in the group, it also allows Yalom to fulfil his other roles simultaneously. By decentralising his position in the group this way, he claims to hasten the development of group autonomy and cohesiveness.

In spite of his concern for the structure of the group, Yalom's leader must retain some individual focus, since each member will have different needs. This concern is reflected in his sparing use of interventions directed towards the whole group; the majority are directed towards

individual members. However, these individual-focused contributions usually have both individual and group-shaping elements.

While Yalom does not strictly avoid exploring of the past, his interventions are aimed at making use of the "here and now". He will allow history-giving-and-taking if it contributes to group cohesiveness, by, for instance, increasing the mutual understanding and acceptance of the group members. He sees the use of the past as a cementing function to hold members together until their relationships are strong enough to deal exclusively with the present.

His belief that the present determines the past in the sense that it stimulates highly selected and specific recollections leads him to use the past to identify the group process in the present.

Yalom's successful intervention is one which focuses the group's attention upon either interactions between members or upon the group's avoidance of its "primary task". It must account for both the group process and the stage of development of the group, and be either "interpersonal" or "mass group" in its focus.

The interpersonal intervention is aimed at identifying and demonstrating the nature of an interaction between members, similar to the vast majority of interventions of the Interpersonalists. It should facilitate learning by members of the way their communications and behaviour can be displaced, non-direct, distorted by transference or "mirror" reactions, and be habitually maladaptive in the interpersonal arena.

The mass group intervention is always aimed at removing some obstacle from the path of progress of the entire group. Its timing in relation to both the age of the group and the context of the interaction is crucial. For instance, what may constitute a genuine show of social anxiety and ignorance in a young group may represent resistance and task avoidance in a more advanced group. Therefore, both the use and context of the intervention must be relevant to the precise nature of the situation; Yalom stresses that this requires very careful judgment.

Having formulated the intervention in relation to the specific group session, its timing within the context of the sessions depends on personal style, according to Yalom. He prefers to intervene as soon as he feels the nature of the resistance; others prefer to crystallise their thoughts first.

The group intervention should include a clear description of the process of resistance, the deleterious effects it is having upon specific members of the group, and the implications that more adaptive alternatives exist. Yalom does not encourage the members to attempt to unravel the group dynamics or use the group interpretations.

Whereas he makes sparing use of the mass group intervention, Yalom sees it as taking precedence over narrower interpersonal issues when the existence of functioning of the entire group is threatened.

In his use of either the interpersonal or mass-group focused intervention, Yalom's underlying principle is always to foster the potency of the curative factors of cohesiveness and interpersonal learning. This approach places Yalom on the fringe of the Integralist style, along with such analysts as Hidas and Buda (1973). The psychoanalysis of the individual in the group is not a high priority and is not conducted in the systematic manner of the Classicists or Interpersonalists previously mentioned.

The Interpersonalist Approach: Summary

The Interpersonalist group psychotherapists lie along the dimension of intervention focus between the Classicists, who focus their analyses on the individual and his intra-psychic processes, and the Integralists, who focus their analyses on the group and its processes.

In proceeding along the dimension from the Classicist to the Integralist fringes, it became evident that the proportion of individual focused interventions decreased as the proportion of sub-group and group focused interventions steadily increased.

The analysis of transference neuroses directed towards the leader, and its accompanying resistances became a progressively less emphasised procedure, while the analysis of transference found among members increased in favour. However, the manner in which these transferences were examined became less traditionally psychoanalytic, especially in terminology. The emphasis on the "there and then" dwindled and the "here and now" increased, as the focus on interpersonal events increased.

The role of the leader as a paternalistic teacher changed as the therapist began to favour the use of self-disclosure as an alternative way to deal with the effects of transference distortions.

In parallel with this, the leader's role became regarded more as one of a model, to facilitate growth producing behaviour among members. This in turn became necessary as the leader's store in the use of group processes as curative factors increased steadily. For instance, while Interpersonalists such as Mullan and Rosenbaum regarded group cohesiveness as quite desirable (cf. the Classicists), at the Integralist end of the dimension cohesiveness is regarded as a prime curative factor. This, of course, parallels closely the change in frequency of group-focused interventions. The more important the group process is regarded, the more scrutiny the leader must make of his group as a whole.

The personal style of the leaders, in terms of the frequency with which they intervened, their timing of intervention, and the language of interpretation that they used, became more diversified along the dimension.

However, while styles were rarely specifically outlined, it was clear that each therapist held a firm view that his approach was rational and theoretically well-founded, and that so long as his principles were adhered to, his style of application of these principles is a matter of individual choice.

CHAPTER 4THE INTEGRALISTS

In introducing the third category of psychoanalytic group psychotherapy approaches, Yalom's (1970) comment is useful:

"Among various schools in group therapy, the issue of total group interventions versus interpretations involving a smaller unit or a single group member is a highly controversial one; indeed, some group therapists make only total group interpretations while others never or rarely do" (1970, p. 129).

The Integralists consider that the membership of a group evokes unconscious and preconscious conflicts and motivations. In the therapy group, the Integralist leader will focus his attention and interpretations on these processes and believes that in so doing he can effectively treat each member of the group, by increasing his social effectiveness and personal comfort (Parloff, 1968).

Most of the Integralists affiliate with Melanie Klein's analytic approach, which in part explains the national biases found in analytic group technique. The Integralists are predominantly British and Kleinian, while most of the Classicists are North American and Freudian.

Leading Integralists - Ezriel (1950), Bion (1961), Foulkes and Anthony (1957, 1965), and Whitaker and Lieberman (1964) - have formulated theories which attempt to identify the behavioural characteristics of the total group and how these characteristics emerge from the members' interactions. They also provide the rationale for the therapeutic nature of the group experience, with varying adequacy.

Foulkes and Anthony (1965) describe the aggregate or network of individual mental processes in the group session as a matrix, from which a "concert" of interactions emerge.

This orientation " shows on which level our interventions are most useful, but the whole process is taking place solely for the benefit of the individual member. There can be no question of a problem of group versus individual, or individual versus group. These are two aspects, two sides of the same coin" (1965, p. 26).

They postulate that resistances displayed within the interaction matrix reflect the unconscious defences within the individual; that the dynamic unconscious of the individual member contributes to the system unconscious. This results in the matrix providing a primitive symbolic language, which the group must decipher. This work of decoding is the operational basis of all therapy in the group, in Foulkes and Anthony's approach.

In gaining access to the system unconscious, Foulkes (1961) uses what he calls "group association".

In the group association, which is methodologically similar to the "free association" referred to by the Classicists and some Interpersonalists, Foulkes and Anthony accept that the ideas and comments expressed by different members have the value of unconscious interpretations of other members' behaviour. The leader focuses on the total interactional field, or matrix, in which the unconscious reactions meet. Only he has the appropriate attitude and detachment to identify the unconscious dynamics, and he must strive to maintain these.

With this approach, Foulkes and Anthony identify the conflicts as they emerge in the matrix, which, they take pains to point out, are nonetheless intrapsychic in origin. Their philosophy, like that of many of the Interpersonalists, is that all psychopathology, psychology and psychotherapy is social in that it is based on the interaction of intrapsychic processes.

In acknowledging the importance of individuality in the members, they anticipate the Classicists' scepticism of the holistic approach to group psychotherapy in this regard. They claim that their approach nurtures greater

spontaneity in the behaviour of the group members and leader, and in so doing enhances the demonstration of individual differences among members.

They aim to provide conditions similar to those of the client-centred "therapeutic triad" in their holistic approach; they suggest that it permits the leader to enter members' primary world objectively; that to offer a group which accepts, respects and shares a member's spontaneous being is curative and the essence of mental health.

Foulkes and Anthony share with Whitaker and Lieberman (1964) the holistic approach to group conflict resolution in group psychotherapy. While their focus of attention remains on the group process, their interventions are variously directed toward individuals, subgroups or the whole group. In practice, the majority of interventions are directed to individuals, but unlike the Classicists, usually relate to the here-and-now processes of the group, and not to the transference neuroses evident in the member's relationships with each other or the leader.

Foulkes and Anthony encourage, in Interpersonalist style, the active participation of all members in identifying and analysing the more extreme Integralists and Classicists. In common with the Interpersonalists, Foulkes and Anthony allow themselves some self-disclosure to the group; this they can afford, unlike the Integralist extremists, because their main interest in the transference is that evidenced in the relationships among members rather than that with the leader.

While they advocate that the leader should present as a "real person" (Parloff, 1968) to aid the group in working through its conflicts, they consider that a less rather than more passive role in relation to the total interaction activity of the group is preferable.

Whitaker and Lieberman (1964) also lie on the fringe of the Interpersonalist-Integralist category with the application of their focal-conflict model. This provides a means of describing group events in terms of disturbing and reactive motives, and subsequent group solutions. They

propose the need for flexible behaviour from the leader, similar to Yalom. His focus of intervention may be on the individual, subgroup or total group, depending on the needs of the group as assessed by his attending to the entire group process.

Lieberman et al (1969) somewhat apologetically describes the leader's role as that of a social engineer. They use this to describe the sort of influences and interventions the leader must use to foster an interpersonal setting which will be conducive to appropriate experiences of therapeutic value.

Advancing well into the Integralist ranks, Ezriel (1950) tried to gauge the group interaction in terms of the "unconscious common tension", or the underlying common problem (Stock and Lieberman, 1962) that the group is trying to deal with at any one time. He made use of Kleinian object relations theory to develop an approach outlined by Health and Bacal (1969) as follows: Each member of the group deals with the "common group tension" in terms of his own defenses, so that the object relations in the group correspond in some way to what is required of the various unconscious object relations of each member, in relation to the common group tension. This involves the individuals' unconscious attempts to manipulate other members, including the leader, into appropriate roles.

Ezriel limits his interpretations to the here-and-now, assuming that the behaviour of the patient in any one session is a way of expressing an unconscious need to establish a particular relationship with others at that time. Ezriel, like all Integralists, focused his attention on the group process, but directed his interventions to either the group, or individuals.

Both Ezriel and Whitaker and Lieberman seem to view the therapist's role as principally one of influencing the processes whereby resolutions of the group's conflicts are facilitated. However, as the extreme of the Integralist is approached, it should be noted that the interpretations offered by the group leader become more leader-centred, as with the Classicists.

Ezriel, along with Bion (1961), believes that the leader must attend closely to the group's transference to him and that interpretations of an individual member's transference must take second priority behind identifying shared group tension, from which group transference arises (Parloff, 1968).

The therapist's role in all the interpersonal transactions among group members, and with himself, is considered crucial. The group attempts to establish the "required relationship" with the leader, in order not to get established with the desirable but threatening "avoided relationship" which, if not avoided, the group believes will lead to the third "calamitous relationship" (eg. rejection by leader for angry feelings). Ezriel attempts to interpret the group behaviour in terms of a delineation of these three relationships, and follows this by showing each group member his own individual way of dealing with the common tensions.

A further principle of the Integralists Ezriel and Bion is the restriction of all therapeutic intervention to interpretations. Non-interpretative remarks are avoided because, according to Health and Bacal (1969), they interfere with the maximum use of the group therapist as a projection screen, as Ezriel puts it (1957).

The extreme Integralist position is held by Bion.

Bion (1961) sees group psychotherapy as an endeavour to develop in a group the forces that lend to a smoothly running co-operative activity. He claims to achieve this goal by establishing one rule of procedure: That there will be no rules of procedure and no agenda, thereby providing the group with the task of putting right his omissions as leader. Bion adds to this somewhat paradoxical approach:

"The psychiatrist should be suspicious if he feels that he is dealing with the problems that the patient or the group thinks he should deal with. This point is critical; if the psychiatrist can manage boldly to use the group instead of spending his time more or less unconsciously apologising

for its presence, he will find that the immediate difficulties produced are more than neutralised by the advantages of a proper use of his medium" (1961, p. 80).

Bion (1961) puts paid to currently accepted notions of therapist-provided necessary and sufficient conditions for client change, with his view that his neurotic group members are people "whose capacity for co-operation is slight" (p. 52); who perceive him as one who "lacks warmth" (p. 84) and who rarely hears his views or feelings. However, he claims that he is "probably doing more talking than anyone else" (p. 161) while he is only suspected of, but not perceived to be, leading the group. His unabashed revelations of how and why he manipulates his groups into a group learning position is best reflected in his assertion that:

"One of the characteristics demanded of the leader of the group, then is that he should either be a magician or behave like one." (p. 84)

Contrary to common belief (eg. Parloff, 1968), Bion does not conceive of the group as some sort of mythical entity, but defines it as a set of functions of an aggregate of individuals. He states (1961) that the belief that a group mind exists, as something other than a function of a number of individuals, emerges as a symptom of regression, which may follow a threat to group members of the loss of their individual distinctiveness.

Bion's central notion is that in every group, two groups are present: The "work group" and the "basic assumption group". The work group is that aspect of group functioning which has to do with the real task of the group, which in Bion's group psychotherapy is the study of its own behaviour. The basic assumption group behaviour refers to that which implies the existence of tacit assumptions made by the group members, outside of their own awareness. The statement of the basic assumption by the leader is designed to give meaning to the behaviour of the group and to elucidate the extent to which it is not operating as a work group (Rioch, 1972).

There are three distinct emotional states of groups from which one can deduce three basic assumptions. The first is the dependency group, which aims to have its members protected by the leader. Rioch (1972) states:

"It (the group) assumes that this is why the group has met".
and the basic assumption is that

"The leader can solve all difficulties, if he only will The leader is often tempted to fall into this role and to go along with the basic assumption of the group" (p. 22).

It is essential that the leader refuses to be manoeuvred into attempting to fill this untenable role of the all-loving, all-powerful saviour of the group. If he does not refuse, his failure will result in his being abandoned by the group, who will search for a new omnipotent figure amongst its members.

The more the basic assumption dependency group is allowed to dominate over the work group the more the nature of the relationship of the members to the leader takes on the characteristics of a religious cult, and the work function will often then be felt as a challenge to a religion, according to Rioch's interpretation.

However, Bion (1961) does accept the group's expectation that he will act with authority as the leader, though not in the way the group expects, by always relating the contribution of the individual to the process of the group.

The second basic assumption group is that of fight-flight, where the group has met to preserve itself, and this can only be done by fighting or evasive action. Here the leader is required by the group to call for the necessary preservative action; he can do this by first affording the opportunity for flight or aggression and then identifying it. If he does not do this, Rioch believes he will be ignored.

In the therapy group, where group work can loosely be described as self-study, the leader will find that his attempts to promote this work will

be obstructed by various methods of avoidance by the fight-flight group, which fall into the categories of either aggression and hostility or physical and intellectual escapism.

The third basic assumption group is that of pairing, where two members get together on behalf of the group to create the Saviour, much to the attentive eagerness of the rest of the group. A designated leader is not needed here, since the group await the production of a strong new leader as a result of the pairing. Bion sees this as characterised by an air of unfounded hope in the group, with possibly no other indication, and calls attention to what is happening in the group to stimulate this basic and erroneous assumption.

Neither the work nor basic assumption groups exist in pure or exclusive form for any special length of time. Bion sees the work group as being pervaded by the various basic assumption groups which usually have an inhibitory effect on the therapy work group, if not identified and revealed by the leader. These descriptions of the basic assumptions illustrate an important aspect of Bion's group approach; it is leader-centred, since the basic assumption states are oriented around the issue of leadership. Yalom (1970) suggests that this characteristic of Bion's groups is possibly iatrogenic, due to the military nature of the arena in which Bion gained much of his vast experience in groups.

Yalom decided that Bion's ultimate goal was to help his patients achieve the ability to become effective members of a work group. All of his interpretations were of mass group processes and were made immediately upon the therapist's recognition of the group situation. He appeared to hope that by repeatedly confronting the group with its basic assumption behaviour, the patients would gradually learn more realistic and adaptative methods of group functioning. Parloff (1968) claimed that Bion also assumed that, by always interpreting the group process to the entire group, the effects would

be widespread and extensive, since each member would find all the interpretations relevant to some degree.

Although Bion's formulations are both innovative and far-reaching in their application to predicting and explaining group behaviour, their use in facilitating personality and behaviour change in groups of psycho-neurotic patients is not altogether clear. His concern with providing evidence for the efficacy of applying his principles to the psychotherapy group, is far outweighed by that for providing a comprehensive workable theory for group behaviour as such, apparently irrespective of whether its elucidation to the group members will help them alter their behaviour to more adaptative patterns in the future.

His major contribution to group psychotherapy probably lies in his demonstrating that a leader who uses only "here-and-now" information to focus on group forces which derive from the unconscious of the individual members, and who restricts his interventions to clarification of these, will facilitate the group in dealing with its "work" of self-study in a more efficient manner.

The Integralist Approach: Summary

In entering the Integralist category from the Interpersonalist fringe, the frequency of focus on intrapsychic and dyadic interpersonal processes dwindles; the emphasis of the group as a system constituting the sum of a set of intrapsychic processes interacting together develops.

The Integralists stress that this emphasis is not at the expense of a consideration of the individual member's intrapsychic processes; however, the work of the group as an entity becomes progressively more important to the leader, in proceeding along the Integralist section of the dimension of group focus.

In approaching the high point of the dimension, a sense of the psychoanalytic wheel turning its full circle emerges.

The proportion of purely interpretative leader interventions increases to the point where no other kind is used; in complement, the level of leader self-disclosure declines to near zero, in an effort to maximise (group) transference distortions, which along with group resistances become the primary subject of analysis. Associated with this trend, the symbolic importance of the leader to the group becomes progressively more important. The importance of affective experiencing by the members is progressively regarded as less important, and the emphasis on cognitive input increases. These features are held in common by both the Classicist and Integralist approaches.

The role of the leader as a behaviour model decreases as the Integralist leader becomes less concerned with what the members say and do, more concerned with why they do it.

Specific group phenomena are singled out as especially desirable: their presence or absence become prime objects for analysis, and as such all phenomena can be a source of learning for members.

CHAPTER 5

OTHER APPROACHES TO GROUP PSYCHOTHERAPY

The Experientialists

It is convenient to include most of the group psychotherapy approaches which do not belong in the psychoanalytic categories into one second major school. This can be called the Experiential School, in which exponents of the Client- or Group-centred, Existential and Gestalt philosophies belong, in addition to several less significant groups.

The behavioural dimension along which the experientialists can be outlined in some degree of logical sequence is that of the level of directiveness that the leader exercises over the behaviour of his group. At the higher end of this dimension lie the Gestaltists, typified by the late Perls, who structure and control the progress of their groups carefully. At the lower end, the group-centred exponent attempts to shadow the behaviour of the group with his own behaviour, and in effect "give the group its head", within relatively broad limits.

Unfortunately, it is impracticable to continue this behavioural outline along the dimension of intervention focus, as used for the psychoanalysts. The experientialists focus the majority of their interventions on individual members; the use of group focus is limited and does not vary among the various orientations systematically. Nor at this stage does there seem to be any other useful common dimension along which both the psychoanalysts and the experientialists can be considered in any logical sequence.

Before launching into the behavioural outline, it is worth reviewing some of the basic notions which the experientialists hold in common in their approaches to psychotherapy group leadership.

Commonalities among the Experiential Approaches

The experientialist is primarily interested in the actual behaviour and feelings of the group members as they arise in each session - the

experiences in and of the "here and now". The emphasis is on the conscious awareness of these experiences, and in broadening this awareness.

Insight in the psychoanalytic sense is not regarded as an essential change-agent in the therapeutic process of the experiential group; transference attitudes are not relevant as such; their affective content is regarded as the important potential source of change, as with that of other attitudes.

The experientialist approaches are shaped largely by a notion of the individual's state of incongruence, as a prime source of psychological discomfort. Their working assumptions seem to be well summed up by Hobbs (1951):

"..... the discrepancies in the perception of self, which are the source of the discomfort that brings a person to therapy, are products largely of the experiences the individual has had with a relatively few persons who have been important in his life." (p. 289)

The experientialists aim at effecting a self-perpetuating process of changingness in their clients' self concepts and behaviour, as Rogers (1954) put it. In so doing, they share similar goals.

Cohn (1972) sees the experientialists' goal as helping the members gain "courage to be" (p. 155), with the way as the goal. And the "way" is to achieve a state of direct communication of feelings between the leader and the members, which in addition promotes a sense of authenticity in the group.

Perls demands that the group member learns to know the "now" of his experiencing (Cohn, 1972).

Hora (1968) sees the goal of the existential leader as one of promoting the "discovery of the authentic individual" in and by each member. The change involved is characterised by a truthfulness of expression of mutual regard, respect for the freedom and integrity of all the group members, and an increase in the perceptivity and creativity of each member's thinking.

Gendlin and Beebe (1968) see the experiential leader's goal as one of facilitating a process within each group member, which is variously called "seeking to overcome alienation", becoming "more real and genuine... more in the world" (p. 190-92).

The group-centred leader typically states his main goal as one of helping the group member move toward an openness or receptivity to his experiencing, to positive acceptance of himself and toward a more fluid, self-trusting behaviour.

These goals are clearly very similar in their emphasis and process. In their pursuit, the experientialists typically avoid providing a complicated set of constructs to describe or explain personality differences and behaviour. Instead, they provide a set of terms, a way of relating, with which to facilitate self exploration and relevant interpersonal communication within the group. This is in marked contrast to many of the psychoanalytic approaches.

A lack of clear differentiation in technique exists among a large number of the group experientialists; at the risk of attempting to cover too wide a range of technique in too brief a time, this chapter provides a broad outline of technique, by focussing on extremes, without trying to "fill the gaps". The documenting of experiential behavioural technique is not sufficiently thorough to allow more than this.

The Range of Experientialist Technique

The Gestaltist Approach

As experientialists, the Gestalt psychotherapy group leader typically employs a high degree of directiveness in his leadership.

Cohn (1972) reports the late Frederick Perls' innovation to group psychotherapy as an approach which is purely individual-focused, where free group interaction is "almost taboo" (p. 157). The individual member works with the leader, in searching for his "now" of experiencing. The leader

plays a passive role in the selection of an individual member, beyond simply announcing himself "ready to work" for anyone who may be interested. The leader then sets up an intense encounter with his volunteer, while the rest of the group observe.

Perls and his followers attend to the discrepancies found in the complete response of the patient, who may be exhorted to indulge in role-playing, dialogue between various facets of his personality, or to act out the details of a significant event or a dream. Perls values the re-experiencing and exploration of the significance of his member's dreams. The leader plays an active directing role in facilitating the member's encounter with himself, through his encounter with the leader. He forbids "ifs", "buts" and "can'ts", and insists that the members replace these with more honest expressions of their desires and motivations.

Perls drives towards his notions of "avoidance" and "unfinished business". He extracts the essence of his client's conflicts and by revealing them, projects him into an "impasse", which he insists that the client experiences fully.

While conducting this encounter, Perls has the rest of the group remain silent, until he brings them in with skilful choreography to forecast, highlight or consolidate the working member's experience.

This very brief outline provides the high point in directiveness in the range of techniques the experientialist might approach the leadership of his group.

The Existentialist Approach

The Existentialists provide a wide range of approaches to group leadership, with varying emphasis on the goals outlined earlier in this chapter. It should be noted here that some of the psychoanalysts considered previously also affiliate themselves with the existentialist school e.g. Mullan and Rosenbaum. Similarly, therapists primarily identified with the

existentialist school have secondary psychoanalytic affiliations e.g. Hora (1968). The division of exponents into various categories is used here simply to facilitate outline and comparison of group therapist technique, rather than to offer a religious pigeon-holing of technique into specific schools of thought.

The existential approaches lie somewhere between the Gestaltist and group-centred approaches, along the dimension of directiveness. Because it is such a broad category, it is pointless to be more specific.

Hora (1968) regards the primary qualifications of the existentialist psychotherapy group leader as his freedom from artificiality, technicity and preconceived dogma (including existentialism as a mere philosophy). He must transcend the need for technique, to facilitate a genuine encounter to occur between leaders and members.

To succeed in this, he should be familiar with most schools of psychotherapeutic thought, and with this knowledge remain independent of any one frame of reference.

In his effort to remain fully receptive to "the truth as it emerges within a climate of love" (Hora, 1968, p. 142), it appears that the leader must provide conditions of warmth and acceptance, while focusing his attention and contributions on the individual members. In addition, the entire encounter always aims at dealing with the "absolute present" (p. 144). Hora believes that the paramount condition that the leader must provide and facilitate is awareness of the phenomena that each member experiences from moment to moment. He believes that this condition is vitiated by striving, intending, evaluating, judging or categorising.

Consequently, the Existentialist avoids interventions of these types - instead, he

"allows what is to be, so that it can reveal itself in the essence of its being, and then proceeds to elucidate what he understood" (Hora, 1968, p.146). His function in the group is to help elucidate and clarify that which the

members experience in their interactions, in order to aid in their self-discovery.

Mullan (1963) concurs with this, but in addition proposes that the leader must jettison his status as leader, prevent ritualisation and at the same time inhibit any group or individual behaviour which is goal-directed. If he does not succeed here, the immediate experiencing of each group member will be inhibited.

Meigniez (1966) sees the role of the group psychotherapist as one of technician or monitor, whose task is to help the group accept the recognition of its own existential reality. He should reveal himself with all the affective content awakened in him by his situation as monitor of the group at any given moment.

Meigniez' approach contrasts with Hora's ideals by lending more structure: the monitor must interpret, in terms of concrete situations of the group, the significance of the group's non-observance of Meigniez' one rule, or "anti-rule". This states that all members must verbalise exclusively their perceptions and feelings relative to the group situation as they arise.

The monitor's contributions, while usually of a self-disclosive nature, may be group focused, and aimed at tying in his own feelings and perceptions with the group situation as a whole, to clarify the total situation in the light of his own feelings. This in turn is aimed at facilitating a profound level of communication among members.

While the Existentialists use self-disclosure of feelings and attitudes frequently, these will always relate to the experience of the group members at the moment. The selective nature of the leader's contributions has been captured in Cohn's (1972) term for his behaviour as being that of "selective authenticity".

Holt (1966) regards the existential group therapist as one who contributes by being himself as fully as he can, relating emotionally,

rationally and nonverbally in the full range of his expression. This is not to say that he is to burden the group with the content of his own fantasy life, but in the manner of Hora and Meigniez, relate his disclosures to the context of the group very closely. Holt stipulates that the leader does not:

".... function as a withdrawn, blank-faced, suppressed therapist who rationalises his detached and alienated behaviour and the conscious suppression of his thoughts and emotions as beneficial for the group members for the supposedly therapeutic motives of motivating their anxieties and hostilities" (1966, p. 617).

He was presumably moved to this negative description by the techniques of some of his Classicist or Integralist colleagues.

Holt proposes that the leader must become actively engaged in encounters with his group members, with role-playing and pantomime enactment if necessary. His behaviour is aimed at mobilising into consciousness the forgotten fantasies of the group members, which are responsible for their false "self-images" and images of the world. He models behaviour which will help members become aware that they are not "trapped in certain attitudes in which they saw themselves in the past" (1966, p.612). This seems equivalent to helping them learn a new perspective or frame of reference from which to view themselves and their behaviour in the context of the world around them.

From a behavioural point of view, this outline is poorly lacking. There is no attempt to place the Existentialists in any rank ordering along the dimension. While general information relating to the broad behavioural approaches consistent with existential ideals is available, the little specific information that exists, e.g. Hora (1968), demonstrates quite a gap between the ideals and actual practice of the Existentialists. This is particularly noticeable where the exponent affiliates himself with both the existential philosophy and another school of thought, e.g. Mullan and Rosenbaum (1962).

It is left largely to the group-centred leaders to provide specific behavioural outlines of their approach.

The Group-Centred Approach

As the group psychotherapy counterpart to the client-centred approach in individual therapy, the behavioural approach of the group-centred leader is little differentiated from that of the client-centred therapist. In this lack of differentiation, the group-centred leaders hold a position in the experiential school directly parallel to that of the Classicists in the psychoanalytic school. But here the parallels cease.

Gordon (1951) laid the groundwork for describing the group-centred leader's behaviour with his exposition of the goals, values and functions which he believes the leader should adhere to in the group setting. The main difference between his approach to the group and individual settings emerged in his need to facilitate the development of the group - to promote its "actualisation".

He conceptualised group leadership as a set of functions, which the designated leader was initially obliged to fulfil. However, his overriding function was to pass the skills involved in fulfilling these on to the group members. The group was actualised when it had fully taken these over, and had, in effect, undertaken full self-responsibility.

Gordon specified that the successful leader would provide and communicate warm acceptance and understanding, via verbal, facial and gestural cues. He would believe in the worth of each member as an individual in his own right, and communicate this respect fully. These of course are also the basic ingredients in the successful individual therapy relationship.

The group setting demands that the leader promotes the full opportunity for each member to participate, free the barriers in communication between all members of the group and maintain a non-threatening psychological climate throughout. To achieve this, Gordon's leader must remain closely

and fully attentive to each member's contributions, always remain alert to their hidden or intended meanings, and perform a linking function between them.

Gordon asserts that if the leader succeeds in conveying these attitudes and capacities to the group through his overt behaviour, the members will gradually replicate this behaviour themselves. He in other words proposes that the leader fulfils his major function by providing a model or ideal way of behaving in the group. Despite the large amount of research generated by client-centred thinking since Gordon, relatively few additional practical guidelines have emerged.

For instance, Rogers' et al (1967) Process Theory encompasses Gordon's notions in rephrased form. It predicts that if the client-counsellor relationship is characterised by acceptance, genuine personal response and accurate understanding, then the client will move toward an openness to his own experiencing and more positive acceptance of himself.

It is usual to equate these relationship characteristics with the conditions that the therapist must provide, which when operationally developed, form Truax and Carlshuff's (1967) "therapeutic triad", of accurate empathy, non-possessive warmth and genuineness.

The main advance since Gordon has been in making explicit the importance of the genuine or congruent response of the counsellor. Gordon assumed but did not stress its importance as such.

Rogers (1969) phrased it another way when he stated that the most important ingredient in creating a therapeutic atmosphere is that the therapist is, and is perceived to be "real": he must be himself, and what he "deeply is" in the therapy situation. This aspiration of Rogers seems to be identical to the basic goal of the Existentialists.

The plethora of research which began with and followed Truax's (1961) definitive study on the therapeutic conditions that a leader must offer his group to optimise therapeutic outcome has well supported the Process Theory,

which was developed from it. The conditions of warmth, empathy and congruence or genuineness have all been shown to play significant roles in the positive outcome of group therapy. Other conditions, such as concreteness of discussion material, have also been demonstrated to correlate with positive outcome, but with less substantial support.

The problem here is that conditions provided by a leader are not equivalent to leader behaviour. In fact, therapeutic conditions as such are not the products of any one set of specific behaviours. They are the product of the leader's attitudes (Rogers, 1951, 1957) and his skills (Truax and Mitchell 1971). The relationship between a leader's behaviour and the conditions he provides is extremely complex: one behavioural item, for example an individually focused exclamatory intervention from the leader, may radically contribute to or detract from all three conditions of warmth, empathy and genuineness. Every item of leader behaviour affects the level of conditions in the relationship that develops between a leader and his members.

It is this complex and unpredictable relationship between leader behaviour and conditions which is responsible for the dearth of actual behavioural descriptions relating to effective group leadership. The behavioural input from a leader necessary to create the required conditions is a function primarily of his personality, secondly of the group context.

Providing the Requisite Conditions

The following deductions offer a broad behavioural outline for the group-centred approach.

The condition of empathy is promoted by the individually focused intervention which comes in response to, and is a direct function of, the client's immediately previous communication. It contributes to a climate which aids the client in experiencing and disclosing the feelings behind his related message, when the message has hinted at, but not fully revealed, the emotional state of the client.

The leader must involve himself intensely and intimately with the client (Truax and Carkhuff, 1967) to attain a high level of empathy. In so doing, he extracts and focuses on material in a warm, nonjudgmental manner, to provide the second condition of the triad. Warmth is communicated in both the verbal context and manner of the leader's responses, and in his facial expressions. The style with which this is done is peculiar to each therapist, as demonstrated by Shapiro's (1966) work, where the level of verbal warmth was found to be a poor predictor for facially communicated warmth.

Truax and Mitchell (1971) suggest that providing non-possessive warmth involves outgoing positive action from the leader in response to the members' behaviour and needs. It must be free of controlling or judgmental elements, and be derived directly from the leader's concern and caring for the client. The essence of the condition of warmth is the caring which can be perceived by the client.

It is deduced from Rogers and Truax (1967) that to provide the condition of genuineness or congruence in a relationship with his group member, the leader must verbally disclose those feelings, which if left undisclosed, would result in members perceiving his behaviour as incompatible with his declared state of mind. It also requires the simultaneous nonverbal expression of the feelings message consistent with the verbal message. Dickenson (1967) sees the primary cue of congruence as the "how" of inflection, speed and facial expression which accompanies a verbal response. By definition, this behaviour cannot be stylised or stereotyped: it is a function of each leader's personality.

In the group situation, it is predictable that the level of genuineness is of greatest significance. The behavioural cues relating to this condition are under continuous scrutiny and assessment by all of the group. The cues relating to empathy and warmth are probably under less constant scrutiny, since for any one intervention only the individual to whom it is focused will feel these attitudes most keenly.

Dickenson (1967) advocates the use of the group interaction to achieve his group-centred aims, by remaining aware of the extent to which "group feeling" can build up and have an impact on the individual stronger than that of the therapist alone. Hobbs (1951) agrees with this approach. However, the use of the group for such purposes is very secondary to the establishment of a set of dyadic relationships within and among the group. As with the existential approach, the use of the group in any fashion is antagonistic to the provision of the goal conditions.

Dickenson gives a rare behavioural account of the provision of the therapeutic conditions in a group setting. He likens the group-centred therapist to an emotional computer and a "bloodhound..... in pursuit of the genuine" (1967, p. 351). He continually verbally reformulates hypotheses about the genuine and deeply felt but denied feelings of the client, using all the verbal and nonverbal cues available to him as data. He translates his understanding and acceptance, which derive from his finely honed hypotheses into the facilitative action of clarifying problems as they arise, and of subsequently inducing deeper self-exploration by the client as feedback is exchanged. The therapist allows each client to move along at his own pace, and demands a minimum cognitive effort from him, in the belief that such effort can blur the experience of his feelings.

The Client-Centred Leader Behaviour and His Use of the Conditions

It should be emphasised that the provision of the three core conditions is not in itself enough to induce constructive personality or behaviour change in a group of people. Such conditions are not uncommon in many different kinds of social groups, who may meet possibly because those very conditions are characteristic of their previous meetings. Presumably the members of such groups do not undergo constant personality change towards some ideal, simply by virtue of the "therapeutic" conditions which abound.

A study of Shapiro and Voog (1969) found that there was a correlation between college girls' grades and their room mates' levels of understanding, warmth and genuineness. This and other studies (in Truax and Mitchell, 1971) suggest that while high levels of such conditions are doubtless conducive to good mental health, they are by no means the exclusive property of psychotherapy relationships.

The upshot of these observations is that the leader must provide an additional behavioural element with which to promote member change.

It has been tentatively theorised by Truax (1966) and Truax and Mitchell (1971) that the three core conditions and their associated interpersonal skills have indirect effects upon patient change in four areas:

- (i) They serve to reinforce positive aspects of the patient self-concept, modifying the existing self-concepts and thereby leading to changes in the patient's own self-reinforcement system;
- (ii) They serve to reinforce self-exploratory behaviour and thereby elicit self-concepts and anxiety-laden material that can be then modified by selective reinforcement;
- (iii) They serve to extinguish anxiety or fear responses associated with specific cues, both those elicited by the relationship with the therapist and those elicited by self-exploration;
- (iv) They serve to reinforce human relating and interacting, and serve to extinguish fear or avoidance responses associated with human relating.

In other words, the group-centred leader behaviours which heavily contribute to the three-core conditions are conceptualised as reinforcers of various member responses and behaviours. This notion places limits on the leader's behaviour if it is to be effective, not only with respect to its basic content and consistency, but also to its selective provision and temporal connection with member behaviour, and its inherent positive-rewarding qualities to members.

Rogers (1957) would eschew this set of limits, since he argues that the conditions are attitudinal in nature and to be effective they must be offered in a non-selective fashion to the patient. He specified that they are not to be contingent upon the patient's in-therapy verbalisation or behaviours in any preprogrammed way.

This difference highlights a minor gulf between the theory and practice of group-centred psychotherapy. First, it is reasonable to theorise about the group leader's attitudes towards his members in terms of warmth, understanding, congruence and other conditions. But to subject these to research requires that those behaviours in the total constellation of leader behaviour which correspond to them must be identified. Second, it is impossible for the leader not to be selective in his behaviour, if not his attitudes, in the group situation since his focus is usually individual rather than group-directed. He must first select the individual to whom he focuses his condition-providing behaviour then select a response to respond to, or not respond to, and so on.

The Experiential Approach: Summary

The experientialists vary among themselves in their use of directiveness - the proportion of interventions used to create structure and limits and to directly influence the group process.

The use of self-disclosive interventions which reveal the leader's personal resources or "self" to the group appears to increase as his predilection for directiveness decreases.

The use of individual and group focused interventions does not vary consistently along the directiveness dimension, although at the high end, group focus is probably rarest.

As directiveness decreases, the intention of passing over the function of leadership to the group increases; this is facilitated by consistently behaving in a 'model' way, which when emulated by group members will promote the therapeutic process.

The use of empathic interventions is increasingly favoured as directiveness decreases; similarly, the prizing of warm interventions, as therapeutic elements in themselves, appears to increase in the same way.

Genuine behaviour is probably the most highly and frequently prized behaviour of the experientialists, who are unconcerned with maximising transference distortions. Although it is openly emphasised most by the group-centred leaders, low on the directiveness dimension, it appears to be equally prized by all the experientialists in the guise of being "authentic", "real" or "congruent".

While the dimension of overt directing behaviour is useful in this context, it is probably true that all the experientialists effect directiveness with a judicious combination of their variously favoured intervention types. Recent attention to the notion of making interventions contingent upon 'therapeutic' behaviour emphasises the probability that the dimension is better considered one of overt (cf. covert) directiveness when used in this context.

CHAPTER 6LEADER TECHNIQUE IN THE ENCOUNTER GROUP

A major goal of this study is to investigate how leader behaviour in the psychotherapy group compares with that in the encounter group. So far, it has been found that behaviour, particularly in terms of prevalent intervention types, varies very widely within the psychotherapy setting. It is reasonable to question whether encounter leader behaviour comfortably falls within this range, as it very often seems to in practice, or whether there are theoretical or ideological reasons for why it should be fundamentally different in at least some dimensions, from behaviour of the psychotherapy group leader.

Group Psychotherapy and the Encounter Groups

It is usual when writing in this field to make some effort to delineate the fundamental differences between psychotherapy and encounter groups. Some obvious differences between the two are found in their general format. Where the ideal psychotherapy group is composed of from seven to nine members, the optimum encounter group number probably lies between eight and thirteen; where the psychotherapy group usually meets for a relatively brief duration (one to two hours) regularly and frequently (25 to 200 meetings up to five times a week), the encounter group usually meets for an extended period (two to 48 hours), a small number of times (one to ten sessions). This last difference is potentially most important from the leader's point of view: The psychotherapy group is frequently open-ended, within broad limits, in terms of how many times it meets together, while the encounter group usually has a predetermined total duration time of meeting, of which everyone involved is fully aware at the outset. The more compact format of the latter allows the leader to sensitively monitor his behaviour in relation to the temporal stage of development of his group. The psychotherapy group, usually being of more unwieldy format, does not allow for such exact timing.

Bradford et al (1964) distinguish between the concern of immediate "here and now" observable data, and the conscious and preconscious in the encounter group, compared with the psychotherapy group's concern with genetic causes and the past, and their effect on the unconscious. Frank (1964) sees the goals and activities of both group types as lying along similar continua, but with the therapy group concerned with the improvement of individual patients, compared with the encounter group's major emphasis on improved group functioning. These and similar distinctions made by authors such as Schein and Bennis (1965), Rice (1964) and Fiebert (1968) all fail by either excluding the range of activities found in Experiential and Interpersonalist group psychotherapy, or those in the more individual focused encounter groups.

Harvey (1967) distinguishes between the motivation of participants in each group type, as does Fiebert (1968). They agree that while the encounter group member is striving to move from a position of satisfactory adjustment and adaptation to his environment to one which is more satisfactory, the group psychotherapy member aspires to reach a position which is at least satisfactory, from one which is not.

This is a reasonable distinction in theory; in practice, it suffers from the overgenerality of those mentioned earlier. While it is sound in relation to the patient member of the psychotherapy group, it oversimplifies the encounter participants' position.

It seems valid here to separate encounter group members into two categories: Those of the initiated and the uninitiated. The motivation of the initiated will either be based on the recollections of personal gains he made in previous group experience, or less healthily on the insidious belief that the encounter group can best provide him with the real stuff of human relationships. The uninitiated member is either motivated by idealistic notions of self-actualisation and/or curiosity, or less healthily, by organisation or peer group pressure. While none of these are necessarily

mutually exclusive, they provide a very inadequate gauge for the level of motivation with which the encounter group members will join his group; this may be low, medium or high, precisely as with the group psychotherapy patient.

Therefore, while unspecified distinctions between kinds of motivation can be made between (and within) the two group types, the distinction says little if anything for the actual motivation level of the group members in either case. It is tentatively suggested that the higher the motivation that an encounter group member has to meet, the more probable that his needs will be similar to those of the psychotherapy group member of similar high motivation.

Gibb's (1971) treatment of the two group situations is realistic in his avoidance of dichotomous distinctions and his use of continua of focus, emphasis and role-perceptions of the leader and members. The encounter group focus is more on the analysis of immediate perceivable events and experiences than on historical or outside data; it is more concerned with exploiting human potential than with remedial or corrective treatment and is thus focused more upon the available analysis of unconscious or motivational material; it is more focused upon group functioning and interactions than upon leader-member relationships; it is more geared to experimenting with new behaviours than to providing new insights or motivations. A final distinction of Gibb's is his nicest: the encounter group members see themselves as normal people attempting to function more effectively at the interpersonal level than as sick or abnormal people seeking relief in suffering. However, for the purpose of this study these observations are weak, due to their non-specific nature.

The encounter group leader's primary intention is to facilitate the positive change in behaviour or improvement in effectiveness of normal people in the organisational or natural group setting. This Gibb compares

with the group psychotherapist's primary intention of relieving distress or changing personality or character structure. The distinction between the basic intention, or more accurately, the self-perceived roles for the function of the group leaders, is both justifiable and relevant for the purposes of this study. It remains to be seen if this difference in intention effects differences in leader technique.

Parloff(1970a, b) outlines this difference concisely when he asserts that the encounter group leader is less concerned with "head shrinking" than with "mind expanding".

Encounter Group Leader Roles

Tannenbaum, Weschler and Massarik (1961) outlined several broad functions of the encounter leader. His first is to focus the group's attention for discussion and exploration on specific issues; second, he establishes and provides a model of behaviour in the group, by demonstrating and encouraging certain behaviours; third, he facilitates communication by directing discussion. Blake (1964) stated that the primary task of the leader is one of "creating the most productive climate in which the participant can accept responsibility for his own development and can develop valid communications with others". Psathas and Hardert (1966) see the leader's explicit purpose as one of fostering the development of certain kinds of behaviour in his members.

Fiebert (1968) sees the leader playing different roles at different stages of group development; in the early stages, his main task is catalytic, to move the group to deeper interaction levels by facilitating the awareness of members to the group communication process; in the middle stages, his explorations try to "orchestrate" (p. 835) the major theme; finally, he attempts to become a full participant.

Egan (1970) proposes the notion of the contract group, in which each member joins the group on contract with the leader to fulfil specific

conditions. The leader's role is outlined within the contract as comprising two parts: fulfilling the contract as a participant, and helping other members to fulfil it as participants. Egan suggests that this in no way places him apart from the members, since they are all required to fulfil both these roles; but his added resources for fulfilling the second condition in fact make his role a special one of leadership. Rogers (1970) is nonspecific about his role as leader, and discards the need for specific goals, accepting responsibility "to the participants, but not for them" (p. 46, his stress), and professing to approach the task of actualising the group in a *laissez-faire* manner. He is more convincing in his views of the roles that the leader should not fulfil.

Parloff (1970) sees his role as primarily one of providing a model of how the ideal group should participate, and at the same time reinforcing such behaviour in other members when it is emitted.

This sample of leader perceived roles or functions of the encounter leader lends itself to the following categorisation: the directing, fostering and modelling of behaviour conducive to change in group members. A tendency emerged for directive behaviour to be favoured early in the group, fostering in the middle stages and modelling to carry through and remain as a major function after the other behaviours are no longer needed. The extent and the way in which a leader makes use of these behaviour types vary, to provide differences in leadership style.

Dimensions in Encounter Group Leader Function

Directing the Encounter

Commencing in this dimension at its lower end, the group-centred and some existential styles of leadership as described in Chapter Five for group psychotherapy comes first. This of course is consistent with their placement in that review at the lower end of the dimension of directiveness. There is little or no difference between their minimal use of explicit management, direction or focusing of events in the two group types, as

described in the encounter literature.

Of those encounter leaders already mentioned, Rogers (1970) seems to believe in the minimum use of explicit direction of group processes or progress. This behaviour would be incompatible with his disdain for the holding of specific group goals. He believes that the group will choose and move in the direction of its own goals. He claims that as the group progresses, he is willing to carry his share of influence without exerting more control than other members. While Rogers' assessment of his style in relation to explicit directiveness seems sound, the effects of his style in relation to modelling and fostering will be demonstrated to have a powerful covert directive function.

Egan (1970) also comes low on the dimension of directing, largely because of his use of the contract. This is drawn up with all members either before or very soon after commencement of the first encounter. The contract makes explicit the structure and goals of the group, the kinds of leadership and its general orientation. In addition, it enunciates ways in which participants typically avoid full involvement, how these may be thwarted, and outlines the kinds of interaction potentially facilitating to member growth. In this way, the contract dispenses with the need for many of the preliminaries that leaders normally deal with by instructing, focusing or refocusing. Most of Egan's behaviour can be classed as fostering, modelling or member-ing.

Schein and Bennis (1965) lie low in the dimension of directing, for reasons which seem diametrically opposed to those of Egan. They advocate the unstructured encounter, of unclear goals with a minimum of direction by the leader. This is aimed at upsetting the members' routine approaches to dealing with unstructured situations, so as to demand their self confrontation and "exploration". Egan (1970) regards this deliberate creation of an ambiguous and therefore anxiety provoking situation as counterproductive to his goals.

Further along the directing dimension, Harvey (1967) sees a need for leader directing behaviour in dealing with group processes which result in the avoidance of participants to confront or explore themselves. By drawing the group process to the attention of members he aims to help group members learn how their behaviour as individuals in co-operation with others effectively controls or restricts group events.

Fiebert (1968) sees directing as the major component of the leader's behaviour in the first phase of the group. He refers to this as catalysing, where he highlights patterns of communication within the group and ultimately channels them in specific directions. His interventions will be aimed at steering group communication from the descriptive to the feelings level, to the "here and now", and from interrogatory to self-disclosive content. This will be made in an explicit directive manner to individuals, subgroups or the whole group by instruction and recognition.

Fostering the Encounter

The dimension of fostering includes all that leader behaviour which has the effect of providing conditions which facilitate, induce or promote specific behaviours in group participants, rather than that of the grappling with the steering of group processes.

The relevant style factor here is concerned with the way in which various behaviours are fostered, rather than with the proportion of the leader's total behaviour that fostering comprises.

It is widely believed that if the leader presents to his members as warm, loving, accepting in a way which is congruent with his own personality, then he will foster conditions conducive to growth or positive change in his group members. (Rogers, 1970; Egan, 1970; Parloff, 1970, etc.). This is by no means universal however; the Synanon and other poorly documented approaches noted by Parloff (1970a) aim to generate an unaccepting climate in the group, presumably to generate self-exploration and confrontation by the participants.

While the conditions usually favoured in the encounter bear a close similarity to those favoured by the experientialists, especially the group-centered psychotherapists, empathy is a condition which seems to be less emphasised in the encounter group setting. This may be because the use of empathic interventions by the leader and self-exploration by group members are closely associated, and this process is more highly prized in the therapy situation, compared with such processes as interpersonal feedback, increased receptivity to others' feelings, and so on.

The group-centred leaders value self-disclosure in fostering self-exploration and self-disclosure in participants. Culbert (1968) defines self-disclosure as the "explicit communication of personal information that others would be unable to acquire unless he discloses it". Consistent with it being a fostering behaviour, leaders tend to restrain their self-disclosure for the early part of the group, introducing its use gradually to establish the norm "let's talk about how we affect one another" (Pino and Cohen, 1970).

Self-disclosure is entwined with the more operationally definable notion of feedback. Feedback refers to the fostering behaviour in which the leader and group members inform each other of how their behaviour is perceived and reacted to by each other. It is held as central by contemporary leaders of both encounter (Egan, 1970) and psychotherapy groups (Yalom, 1970), as Gibb (1971) and Jacobs et al (1973) stress. Feedback always involves self-disclosure, and is individually focused, while the reverse is not necessarily so.

Where encounter leaders are unanimous in their endorsement of the use of self-disclosure, they differ in their ideas on feedback. This is partly because of the loose way in which the terms "positive" and "negative" feedback are used: strictly referring to "confirming" and "disconfirming" information relating to a member's message and self-concept, they frequently become incorrectly equated with "desirable" and "undesirable" social attributes of the individual.

Schein and Bennis (1965) suggest that negative feedback is most effective when given in a climate of support and trust. They conclude that a combination of positive and negative feedback delivered close together may be the most effective. Stoller (1968) speculates that negative feedback should precede positive feedback to throw the participant into a learning dilemma, thereby arousing his motivation to consider and incorporate new information. Rogers (1951) advocates that positive should precede negative feedback because individuals are more receptive to "self-enhancing" information and have less need to resist potentially threatening information when made to feel secure.

Directing and Fostering

Fiebert's (1968) second stage role of orchestrator has both a directing and fostering function. As the group moves beyond its "melting point", when members become willing to explore emotional issues between participants in a here-and-now context, Fiebert sees the prime aim of the leader as to deepen interpersonal exploration. He tries to "orchestrate" the major themes within the group, nurturing and developing them.

Fiebert suggests that the stage is set here to introduce exercises to alert individual members to non-verbal channels of experience and communication, and to facilitate the giving and receiving of feedback. These exercises involve both directing and fostering by the leader.

Parloff (1970a) also mentions exercises used to enhance the member's accessibility to new experience: sensory awareness, role-playing, meditating, wrestling are included here. The nature of the techniques is limited only by the ingenuity and "chutzpah" of the leader, as Parloff put it. While the use of such exercises is escalating generally, their use is most strategic when the group's needs have evolved to a point where they can be met by both directing and fostering behaviour. A frequently observed pitfall is found in the use of the group exercise as a method of reducing

the leader's anxiety, when he has either over- or under-estimated the group's need for further explicit directing behaviour.

Modelling

All those encounter leaders previously mentioned lay some claim to modelling as an important part of their behaviour as leader. The importance assigned to this behaviour varies among leaders: Egan (1970) puts it as possibly the best way the leader can promote fulfilment of his contract; Fiebert (1968) regards it as "a weak intervention".

Although the encounter leader's discussions of their techniques justify the use of modelling as a third dimension, its meaningfulness as a class of behaviour must be questioned here.

While it is reasonable to assert that the leader's fostering behaviour will provide a good model or guideline for other participants to follow, in their fostering of conditions and behaviour to promote self-awareness and change, it must be assumed that all the leader's behaviour provides a model for this: the participants will have no way of knowing what is especially important to be replicated. Better to conceive of the leader as a Model Member, regardless of the actual desirability of his behaviour. It is the group's need for guidance that determines what impact the leader's behaviour will have as a model. And it is their progress which determines when he stops modelling, and starts member-ing, rather than his relevant intentions or inclination.

Three Dimensions of Leader Behaviour: Three Classes?

It has proved convenient to consider the encounter leader's behaviour along three dimensions derived from professed leader techniques. However, this is not to imply that three classes of intervention correspond to these three dimensions.

On the contrary, one intervention may be heavily loaded upon all three dimensions. Take, for example, an intervention by Rogers (1970):

"Never in my life have I been so pissed off at a group as I am at this one" (p. 55).

For one who does not believe in directing the course of a group, it could be anticipated that this intervention would have a strong directing element (particularly accounting for the weight of Rogers in the world of encounter). Fostering value would lie in the norms it is likely to establish: Frank or congruent use of speech, disclosure of angry feelings, group-focusing. It "models" all of these plus an element of self-acceptance, and its relevance as a model will be entirely dependent on the stage that the group has reached. It would be a "model" type intervention early in the group, a member-type later on.

It is possible that the effectiveness of an encounter leader to create a situation of maximal change in members is correlated with the consistency with which he can offer interventions each of which are potentially high in all three dimensions, in their dynamic effects on the group.

Encounter Group Leader Behaviour: Summary

The differences between the encounter group and experiential psychotherapy group situation regarded as significant for this study were, first, the intentions of the leaders at the outset of their respective groups; second, the fixed duration arrangement typical of the former, compared with the more usual open-ended nature of the latter.

The encounter leader's behaviour was considered along three dimensions: directing, fostering and modelling. It appeared that these behaviours became increasingly favoured by leaders in the introductory, middle and final stages of group development, respectively. The psychotherapy leader cannot so easily compartmentalise his behaviour, since he cannot always gauge where the middle and final stages of his group lie. Related to this, the directing dimension used in the review of both experimental psychotherapy and encounter leaders related to similar behavioural items and their intended effects, but emerged as a more wholistic dimension of the former's

behaviour, as compared with a more specific and confined dimension of the latter's behaviour.

There appears to be very little distinction between the experientialists and the experiential oriented encounter leaders in their emphasis on the need for, and techniques in, fostering. But within this dimension, the encounter leader places lesser stress on the need for empathic interventions, and in extreme cases of "reality-imposing" style, might eschew this and the triad conditions as irrelevant, depending instead on an aggressive, confrontative approach to foster a group of similar climate.

The modelling dimension could not be used to reveal systematic differences in behaviour between the experiential oriented encounter leader and the psychotherapy experientialists, who generally emphasised it as an important aspect of their behaviour. Where this dimension is not strongly favoured in either leader type, there is a complementary increased emphasis on directing or fostering behaviour. The modelling dimension was in fact regarded as less a specific function of leader behaviour, more a function of the effects of leader behaviour as determined by the group's stage of development.

PART III : RESEARCH

CHAPTER 7

SOME EFFECTS OF LEADER BEHAVIOUR ON THE PSYCHOTHERAPY GROUP

In the preceding chapters, an effort has been made to outline a range of leadership techniques in the psychotherapy and encounter group field, at as close to a behavioural level as the literature allows. This task revealed that the exposition of guidelines relating to leader technique, in terms of the actual behaviour required to induce the desired effects, conditions and outcomes in the various group types, is exceedingly rare.

However, it was demonstrated that a very wide range of behavioural approaches can be derived from the various theoretical schools in the relevant fields of the small learning group.

In view of the goals of this study, it is now appropriate to review the research in the area of the effects of leader behaviour on the behaviour, learning or outcome of members in both psychotherapy and encounter group types. It is convenient to deal with the research in three parts: this chapter will be devoted to the psychotherapy field, the next two to the encounter field.

It has become apparent that this area of research is very lean. Becker et al (1970) noted that the relation of the psychotherapy group's behaviour to the actual way the leader conducts the group had stimulated very little experimental exploration. Bednar and Lawlis (1971) found that the effects of differences in leadership technique had not been clearly established at that stage.

The research cannot be presented in a sequence parallel to the outlines of behavioural technique in Part II. There is little effort in the literature to examine or compare the effects of leader behaviour expressly related to either the psychoanalytic or experiential approaches as such. When specific behaviour is considered, it is dealt with at a fairly haphazard, a priori level of the items which are most likely to be

significant or influential on the group.

The review which follows seems to cover all the work available which is specifically aimed at establishing links between actual leader behaviour and group behaviour or outcome up until the time of writing. This work can be viewed under the following headings:

1. The effects of the leader's presence on the psychotherapy group behaviour;
2. Some qualitative aspects of leader behaviour and their effects on group behaviour;
3. The effects of the type of leader intervention on group behaviour;
4. Effects of specific leader behaviour on member outcome;
5. Effects of specific leader behaviour on group dynamics;
6. Leader behaviour related to providing therapeutic conditions in the psychotherapy group.

1. The Effects of the Leader's Presence on the Psychotherapy Group's Behaviour

The first step taken by researchers in the field is to ascertain the effects of the presence of the leader on the group's behaviour.

There is no paper which studies specifically the outright effects of the presence or absence of the leader on the therapeutic outcome of group psychotherapy. But in a series of studies, (Astrachan, et al 1967a, Becker et al 1968) the effects of the presence (or absence) of the leader on a therapy group's behaviour was assessed.

This series of studies has provided findings relevant to both this and other areas of interest to be discussed subsequently. It is therefore appropriate here to outline the basic methodology used in these studies.

Three groups of five to seven psychiatric outpatients (core group) each led by a trainee psychiatrist, met for two group psychotherapy sessions, two multiple family group sessions, and two unled sessions per week. The

primary goal of treatment was the return of the patient to the community with a reduction in symptomology and restoration of ability to function in the family, with peers and at work.

The leader's interventions in each therapy group were "limited" in number, nondidactic and often directed toward clarification of group interaction rather than the direct interpretation of intrapsychic phenomena.

The multiple family group comprised the core group, members of their families and the therapist. The unled sessions were attended only by the core group, who met without staff members. They were free to use the prescribed meeting time and place in any way they wished.

The 24 patients comprising the three core groups had a mean age of 28 years, and 75% were diagnosed either schizophrenic or depressive. Some effort was made to match the groups for number, sex ratio and frequency of diagnostic categories.

There were three areas of comparison: led and unled sessions, the core groups of the three therapist leaders involved and segments from the beginning, middle and end positions of the various group meeting types.

The first paper published in the series (Astrachan et al 1967a) compared the three led and unled groups, which met alternately, on a number of aspects of behaviour and interaction.

Therapist led and unled sessions did not differ significantly in discussing group events, "loaded" topics and studying group members' interaction.

Unled sessions contained significantly more evaluative statements and problem-solving attempts. More predictably, they also contained more discussion about common subjects and casual topics.

Overall, the amount of verbalisation in the unled sessions was significantly higher than in the led groups.

Astrachan et al noted that the well-established ward culture, in which the core group members belonged, played a large part in providing implicit

expectations and structure on the group's behaviour in the unled groups. They also hypothesised that many of the similarities of the two meetings represented a carry-over of the therapeutic model into the unled group.

The major differences, particularly those associated with the relatively inhibited performance of the led groups, led to the hypothesis that the therapist is fantasised by the group as being most erudite: the one with all the "real" answers to their problems.

Subsequently, Becker et al (1968) made a tighter analysis of the same mass of data used by Astrachan et al (1967, a, b) to make the following findings: there was significantly more silence in the led than unled or patient-family (led) groups, and no significant differences between the latter two; there was significantly more group participation and verbal interaction in the patient-family group than either of the other group types, and significantly less in the led than the unled groups.

They tentatively explained these findings as follows: patient members feel as if they are under the intensive scrutiny of the leader, who represents a powerful authority figure to them; his presence emphasises the sense of failure in their having to be hospitalised.

The general tenure of Becker et al's explanations is that the lessened verbal activity of the led group reflects a heightened state of anxiety in the members. Later anxiety scale ratings suggested that their assumption was correct: the presence of the group leader appeared to heighten the level of anxiety in the group. They assign the ambiguity of his role as a source of this tension: powerful, authoritative, yet noncommittal, with an apparent tendency to off-load his responsibilities onto their shoulders.

It should be noted that the patient-family group was not unled, yet proved to have the most active members. Becker et al proposed that the added numbers of the parents, siblings and/or spouses could be held only partly responsible for the increased activity. They propose the presence of family reduces the transference distortions towards the leader, who in

turn becomes less anxiety provoking.

The series of studies continues with Becker et al (1970), who explored the effect of the leader on the content of the group psychotherapy meetings. Content of group interaction was measured by ratings on 18 variables, including information transfer, opinions expressed, problem solutions asked for and offered, questions, answers, and so on. It was hypothesised that:

- (i) Owing to the patient's expectations of the therapist as work leader, content in the led groups will be more task-oriented; led groups will contain more questions and answers concerning psychologically loaded information; unled groups will be more casual, with more questions and answers related to unloaded material.
- (ii) Because of the dependency stimulated by the group's expectations of the leader as an authority, led groups will be receptive rather than explorative; there will be a greater total amount of questions "asked" and fewer answers "given" in the led than unled sessions.
- (iii) Due to the tension and self-consciousness generated by the leader's stature, led groups will have greater discontinuity of content; there will be fewer common subjects and more subject changes in comparison with the unled groups whose topics will be sustained with fewer subject changes.

The results only partially supported the first hypothesis: the led group sessions did not contain significantly more questions and answers concerning psychologically loaded information, thus not supporting the first part of the hypothesis. The second part was supported since there were significantly fewer non loaded questions and answers when the leader was present. It was suggested that the patients' expectations of the therapist as task leader inhibited the introduction of nonloaded or neutral questions and answers in his presence. However, this did not result in more loaded material being brought up. Becker's et al (1968) data suggested that instead, time was spent in long periods of silence.

The second hypothesis also received partial support. There were significantly fewer answers of all types given when the leader was present, but no significant difference in the number of questions asked.

The third hypothesis was strongly supported. When the leader was present, there was more discontinuity of discussion, probably due to greater self-consciousness of patients.

With the results of this and previous studies, Becker et al constructed three further hypotheses about the leader's effect on the psychotherapy group.

The Transference hypothesis was aimed at explaining the inhibitory effects in interaction and task orientation on the group by the leader's presence, in terms of the effects of transference phenomena in the leader-member relationships.

The Process hypothesis postulated that when the leader focused on the ongoing group process, this turning of the patients' attention onto themselves and their relationships with others could be expected to heighten self-awareness, sensitise members to their interpersonal relationships and thereby induce various emotional reactions. This would be expected to disrupt the social functioning of the group.

The leader's comments on group process would also disrupt any task orientation in the groups by their refocusing of attention away from the group's naturally evolved objectives, to introduce as a new task the study of current process and interaction.

The Leader-as-model hypothesis proposed that the silence, passivity, reserve and interpretative remarks of the leader are in contrast to the members' initial expectations and can set a model for similar passive, reserved behaviour by patients. This leads to the less effective problem-solving task performance of the led compared with the unled group, who are not disadvantaged by a powerful but non-facilitating model. These hypotheses have not received further investigation and the series of studies stops here.

From a methodological point of view, the studies are acceptable within broad limits. There is some room for objection in pooling the data from three groups led in three different ways, and making led/non-led comparisons without concern for how they were led. However, overall the findings were not startling and make good sense. They are consistent with the premise that the less non-judgmental, aloof or threatening a leader is, the less he tries to direct the group's attention, and the more facilitative to group interaction the model of behaviour that he provides, then the more spontaneous and productive his group should be.

Seligman (1968) also reported an investigation of the differences in verbal behaviour between led and unled inpatient group psychotherapy sessions, which were held alternately. It was found that significant differences existed in the therapeutic quality of the interaction in the two group types. The unled sessions were characterised by more conventional behaviour, with members subjecting themselves to less interpersonal threat, and undertaking less therapeutically productive high-risk behaviour, than in the therapist led sessions.

Experimental and operational details were unavailable for a thorough assessment of the study.

Seligman suggested that the general hospital atmosphere, in which the group members lived, supported dependent behaviour and the removal of personal responsibility for change from the patients, and therefore resulted in less effective behaviour in the unled group. This implies that the leader was fulfilling their dependency needs by his presence and behaviour.

Holmes and Cureton (1970) studied group psychotherapy interaction with and without the presence of a therapist leader. In four groups of six non-psychotic volunteer male inpatients, the amount of interaction was measured with the Group Interaction Recording System, at two stages. The first stage was the first five minutes of each group session, the "pre-session", before the leader arrived. The second stage was in the presence of the leader, or "in-session".

As in the Astrachan et al studies, the number of patient remarks were reduced when the leader was present. But contrary to those findings, more time was used in the in-session samples in interaction than in silence, than in the pre-session samples. Holmes and Cureton proposed that this difference from the former findings was due to their leaders having no post-session contact with the patients, or control over their treatments, in contrast to those in the Astrachan studies.

This implies that the member of a group led by "his doctor" may be more reticent than if the group is led by simply "a doctor", due to the former leader's power over the patient's fate.

Clearly, the comparability between this group situation and those of the Astrachan et al studies is slim. The small number of group sessions, the lack of comparability between "pre" and "in" session samples, in terms of implicit expectations of the members' behaviour, for instance, the lack of a strong ward culture influencing patient behaviour, the difference in group compositions and the experimental-volunteer atmosphere in which Holmes and Cureton obtained their results, makes further interstudy comparisons fatuous.

It is therefore not possible to clearly establish the specific effects of the leader's presence on the group's behaviour. Probably the most significant, but complicating, findings here are that, first, the leader's presence can affect group behaviour in a potentially non-therapeutic way; second, that the nature of the effect can be strongly influenced by the social context from which both the leader and the group come; third, that the effects of a leader's presence on group behaviour cannot be very fruitfully studied without taking into account the way that he behaves when present.

2. Some Qualitative aspects of leader behaviour and their effects on group behaviour

This category includes those studies which attempt to relate broad behavioural approaches of leaders with group behaviour. These are to be distinguished from those which deal with the postulated effects or conditions created by leader behaviour (not included in this review) and those which focus on specific behavioural items and their effects on group behaviour.

In the series of Astrachan/Becker studies previously outlined, Astrachan et al (1967b) proposed that a clear relationship existed between the individual core group patterns of interaction and each leader's behavioural approach.

For leader behaviour described as a straight-forward nondirective psychoanalytic approach, the associated group tendency was to focus on the definition of group and member problems, and to seek their resolution. This was labelled the "Instrumental" group. The leader's behaviour was proposed to result in the group looking at "here and now" problems, asking questions and offering opinions with an intragroup orientation, more frequently than the other core groups.

The authors believe that as a result of the leader's preference for working through reality-oriented problems, this group was the angriest, most deflating, most tense and least warm and hopeful core group. However, the causal relationship between the leader and group behaviour is not necessarily direct; this group included two brain-damaged patients, whose disruptive behaviour may have had a causal effect on both the leader's behaviour and the group activity and emotion.

The core group who was most supportive of its members and most future-oriented was labelled "Adjustive-Repressive". Its leader directly espoused an adjustive orientation and exhibited the ability to adjust and accommodate to unpleasant situations. Both he and the group maintained a "politeness" with minimal focus on problems and patterns of communication. This group

showed the least amount of anger and tension, and was characterised by a warm, supportive and hopeful atmosphere.

The "Expressive" group exhibited the greatest amount of personal emotion and total emotion of the three core groups. The leader tended to reflect feelings more frequently than his colleagues, before commenting on their behaviour. He encouraged his patients to express themselves freely and at times would verbalise his own feelings or emotions. Significantly more depressive behaviour emerged in this group. Again, both the leader's and group's behaviour may have been a direct function of common sources of frustration, such as the high patient turnover of this group.

The results led Astrachan et al to propose in conclusion that:

- i) The group, when dealing with an intragroup stress, adopts to some extent the value system of the leader, attempting to cope with stresses as the leader would desire. This they felt, was strongly supported in every meeting type, with and without the leader present.
- ii) The interaction of the particular leader and his group specifically determines the acceptable patterns of intragroup behaviour, or in other words, the leader has an impact - not necessarily intentional - on the nature of the norms which develop in the therapy group.

This study highlighted the great difficulty in exploring the effects of leader behaviour on group behaviour when strict controls are not employed. Causal relationships between the two variables simply cannot be assumed without a systematic manipulation of the behavioural variables of the leader while carefully controlling for all other variables involved. These must include group size, composition, length of session, social context and so on.

3. The Effects of the Type of Leader Intervention on Group Behaviour Silence and Directional Interventions

One of the earliest studies in this field investigated the need or otherwise for the leader to speak in the group psychotherapy situation.

Salzberg (1962) attempted to systematically measure the effects of silence and redirection by the leader on the interaction and type of response in a group of psychiatric inpatients.

A group of from seven to twelve patients met twice weekly for 20 sessions. The leader varied his responses of silence, talking (interpretations, self-disclosure, etc.), redirecting (or one patient's response through to another), and directing (of his own intervention to one patient). These were systematically varied both within and between sessions, in combinations of two, e.g. talking/silence, redirection/direction.

Patient responses were categorised as environmental (e.g. to do with the weather), personal (self-disclosive) and group (to do with other members). Leader silence produced significantly more interaction than leader talking, but this contained significantly more environmental responses than that following talking.

Leader redirecting responses produced no more interaction than "talking", but it contained proportionately more group responses; leader directing responses produced proportionately more personal responses.

The first finding was compatible with that of Dinoff et al. (1960), who showed that in an unstructured group situation, such as where the leader remains silent, the most frequent response was an environmental one.

While the measures used for both leader and patient behaviour needed refining, and there was no attempt to relate leader behaviour to patient outcome, Salzberg claimed to have demonstrated that patient behaviour in a group therapy situation follows lawful principles. His study provided evidence to support the rather trivial hypothesis that ".... it would be somewhat non-therapeutic for a therapist to remain silent all of the time" (p. 460, Salzberg 1962).

More usefully, Salzberg also proposes that since leader talking and directing responses were shown to elicit a higher proportion of personal responses from patients, he should use a high proportion of these responses

early in the group. In later stages, more silence and redirecting responses are indicated, to stimulate group responses.

The Self-Disclosive Intervention

Weigel and Warnath (1968) attempted to study effects of group therapy and group therapist self-disclosure on the reported self-disclosure of participants. Two experimental groups met for ten weekly 90 minute sessions, with one led by a therapist who was given no special instructions to modify his own self-disclosure, the other led by a therapist instructed "to be as open and self-disclosing as possible". A control group was simply administered the Jourard Self Disclosure Questionnaire, along with the experimental groups, before and after their sessions.

No significant differences in before and after self-disclosure scores of members were found within or between groups. This was ascribed mainly to the lack of sensitivity of the self-disclosure measure used. However, even if significant differences had been obtained, it would not be possible to ascribe them to any one variable: therapist self-disclosure was not operationally defined, therapists' orientations and techniques were neither mentioned nor controlled, group attendance varied by up to 40% over the ten sessions, the members were not "patients" but post-graduate volunteers, and the control group, since it did not meet at all, controlled for nothing more than the effects of the administration of outcome measures.

The Reinforcing Intervention

Shapiro and Birk (1961) proposed that the group psychotherapist should make systematic use of concepts and techniques of conditioning in pursuing treatment goals. They postulated that negative reinforcement at the leader's disposal included such behaviour as his looking away, frowning and changing the subject, in immediate response to a patient's behavioural item; that positive reinforcers included requests for clarification and other verbally

communicated signs of interest or concern, smiling, nodding and so on. They reported three cases which were treated with good results in the group setting where the leader systematically applied negative reinforcement as outlined above, for boorish or passive dependent behaviour, and positive reinforcement for more adaptive behaviour.

While the experimental design was totally inadequate to draw firm conclusions, Birk and Shapiro demonstrated the need for a close study of the importance of timing and reinforcing properties of the leader's interventions, on the behaviour of group members.

Smith and Young (1968) hypothesised that friendly or accepting leader behaviour in response to patient verbalisation would be more positively reinforcing than patient responses to the other patient verbalisations.

One session from each of 28 psychotherapy groups of psychiatric inpatients was analysed for verbal response content and frequency. Nonverbal leader behaviour was not taken into account, nor were the various stages of development of each of the groups at the time of investigation.

The hypothesis was not confirmed and it was concluded that verbal conditioning techniques may have serious limitations when utilised over a short time span with disturbed patients.

It can be tentatively deduced from this research that the same type of leader intervention can influence members' behaviour in different ways at different stages of the group; that a leader's use of silence, or passive behaviour, can significantly influence members' behaviour; and that both the timing and nature of a leader's intervention in relation to surrounding member responses, affect those responses in as yet unspecified ways.

It is quite possible that the influence of a leader's intervention in group behaviour is as much or more a function of its placement in the context of the group's temporal growth, than of its "type".

4. Effects of Specific Leader Behaviour on Member Outcome

A study by Truax (1968) takes the more usual work on therapeutic conditions one step further, to providing a guide for how to use them. In a relatively incidental fashion it attempts to demonstrate the importance of a close contiguity between desirable behaviour of members, and behavioural items of the leader which promote the triad conditions.

Truax (1968) hypothesised that:

- i) Patients receiving high levels of therapist offered differential reinforcement for self-exploration (using accurate empathy, non-possessive warmth and genuineness as reinforcers) will show greater overall self-exploration and greater therapeutic personality and behaviour change than patients receiving low or negative reinforcements, and
- ii) the leader's use of the therapeutic triad (as above) as reinforcers is not proportional to his mean level of these conditions offered during therapy.

Four groups of inpatients, mainly diagnosed schizophrenic, met twice a week for 24 sessions each. Thirty of the 40 original members completed the sessions. There were ten final outcome criteria, ranging from changes in MMPI responses through to percentage of time spent out of the institution during the follow-up year.

Two groups were provided with high levels of individual reinforcement, as strong positive differential reinforcement for high levels of self-exploration. In this study, the term "reinforcement" would more accurately be placed with "reward". The other two groups received low levels of individual reinforcement and negative differential reinforcement for depth of self-exploration. That is, while the depth and frequency of reward for all of a patient's responses were low, those for his self-exploratory responses were exceptionally low.

The first hypothesis was confirmed: both the level of group and individual reinforcement had significant effects on the predicted direction of patient self-exploration and final outcome. It should be noted that group reinforcement refers not to group focused response, but to statistically derived mean levels of empathy, warmth and genuineness provided per patient per session.

A limitation of the study lay in its confinement to the consideration of therapist-patient-therapist interactions only, meaning that all responses were individually elicited or focused.

The second hypothesis was not supported: the leader's use of the therapeutic triad as reinforcers was found to be proportional to the mean level of these conditions that he offered. Patients who received high levels of individual reinforcement received strong positive differential reinforcement for high levels of self-exploration and those who received low levels of individual reinforcement actually received negative differential reinforcement for depth of self-exploration.

The findings suggest that a close contiguity between self-exploration behaviour by members and leader behaviour characterised by warmth, genuineness and/or empathy, results in a reinforcing effect on the therapeutic behaviour. They further point to the need for a leader to remain alert to the distribution of his reinforcing behaviour among members. Further indications are unclear. The use of the notion of "group reinforcement" did not help clarify the implications.

It was indicated that the level of group reinforcement tends to have more impact on the outcome of a given patient than the level of reinforcement he himself receives. This is potentially misleading; it means that the higher the level of the triad conditions that the leader promotes overall, the more likely that any one member's outcome will be favourable. This seems predictable on a priori grounds: if the leader provides a high level of conditions with a minority of patients at the expense of the majority, the

probability of a favourable outcome for any one member will be lowered.

According to Truax, this suggests that a member's learning through modelling or imitation is greater than the effects of direct learning. Presumably, the proposed model for the individual member here is the set of reinforced responses of self-exploration of other members.

5. The Effects of Specific Leader Behaviour on Group Dynamics

Liberman (1971) pointed out that while operant conditioning might provide us with principles to understand the process of group therapy, it does not help to choose the kinds of behaviour that should be increased or decreased in the leader's work with patients. Liberman considered goals which concerned the whole group, and cohesiveness in particular. He rates cohesiveness as a central and most important characteristic in the development of all non-directively led groups.

Liberman studied two groups matched for age, sex, marital status, social class, diagnosis and previous treatment. They were each composed of seven non-psychotic members, who met for 37 weekly, 75 minute, sessions.

In the experimental group, the leader was trained to use techniques of social reinforcement to facilitate the development of inter-member cohesiveness. His interventions were aimed at indicating his attention, approval and interest in the group members' expressions of mutual support, sympathy, concern and affection. He used his attention in a contingent fashion, by re-phrasing, paraphrasing or otherwise indicating his interest in expressions of solidarity in and by the group.

In the comparison group, the leader used spontaneous and intuitive interventions of group-analytic orientation. He would primarily reflect the group's discussion back to the group members themselves and occasionally would focus on individuals and their problems in Integralist style.

Both leaders were viewed as similar personality types by their groups, and were matched for their interest and experience in group therapy.

Development of cohesiveness in the group was measured by scoring of interaction using Bales' Interaction Process and Sign Process Analysis codes, each on alternate sessions. Taped sessions were also used to analyse patient-leader-patient sequences of interaction. A code was developed to focus on reinforcements, acknowledgments and prompts made by the leaders, in the area of cohesiveness.

A reinforcement was defined as an intervention in which the leader acknowledged a cohesive act made by a group member in that session, whereas a prompt was defined as the leader's attempt to elicit a cohesive act in a group member who had not made one earlier in the session.

A close association between the leader's behaviour and members' expression of cohesiveness was observed, where as the leader increased his activity in this dimension so also did the group, and vice versa. This was true for both leaders, but significantly more cohesive acts occurred in the experimental group. These findings were also paralleled in an analysis of individual member's cohesive behaviour.

It is stressed that the impact of the leader on the group holds for both groups, and Liberman states that this represents a general principle of reinforcement responsible for behavioural change, regardless of the theoretical orientation held by the therapist.

Systematic withdrawal of leader attention from cohesive to other behaviours, resulted in corresponding slumps in the frequency of cohesive acts in both groups.

Data from sociometric questionnaires (Interpersonal Check List, MMPI, symptom check lists) indicated that patients in the experimental group underwent significantly greater personality change, gained greater decrease in symptom intensity and developed more independence from the leader.

Liberman made several observations and practical suggestions for more effective conduct of group therapy on the basis of his data analyses:

- i) When the leader spoke directly to a patient, he was more likely to get his intended response from the patient than if he spoke indirectly about the patient, using his name;
- ii) Immediate reinforcement or acknowledgement of cohesive behaviour was much more likely to elicit the wanted response in the patient than if the leader waited for some time before intervening;
- iii) Concise, clearly focused, mono-message interventions were more effective in getting the desired result than lengthier ones;
- iv) A tendency for satiation of the group in the area of cohesiveness seemed to exist; when either leader issued more than 26 prompts and reinforcements for cohesiveness in any session, both groups showed a falling-off in responsiveness to this dimension;
- v) Reinforcing cohesive acts which were spontaneously emitted was more effective than prompting or eliciting them, especially in sensitive areas.

This study points to the existence of a lawful relationship between the leader's behaviour and that of the group members and their treatment outcome, but it does not well discern the nature of the relationship.

Given that the two groups differed along the cohesive dimension (as might be expected of any two groups of seven members each), the experimental design forced the experimental leader's reinforcing behaviour to shadow the cohesive behaviour of his group. The fact that the cohesiveness reduced in four sessions where he switched his focus to certain non-cohesive responses may have demonstrated an incompatibility of his new behaviour with expressions of cohesiveness, rather than the reinforcement effect of his previous behaviour. There was no suggestion that the new behaviour of members that he focused upon increased in frequency. Had the experimental group cohesiveness been greater for other reasons than its leader behaviour, similar results would still have been obtained.

6. Leader Behaviour Related to Providing Therapeutic Conditions in the Psychotherapy Group

Conditions provided by the leader such as empathy, non-possessive warmth and genuineness have been shown to be related indirectly and nonspecifically to group leader behaviour (Chapter 5). It is therefore not relevant to review that large mass of research which investigates those conditions which are highly correlated with positive outcome. This is because for any given association between a condition and outcome, there are a myriad of combinations of leader behaviour which may promote that condition.

Take, for example, Truax's (1961) classic study of the sources of variation in patient intrapersonal exploration which are associated with characteristics of the leader's responses and the group interaction.

In a total of 42 hours of group psychotherapy, with a total of 45 patients, the leaders' responses taken from three minute samples were rated along the following conditions: Empathic understanding, accurate empathy, unconditional positive regard, genuineness or self congruence, leadership and responsivity.

Of these, significant correlations with patient self-exploration were obtained with all except empathic understanding.

The ratings of all these conditions are functions of the group context and the leader's personality, among other things. They are ratings of behaviour only in retrospect. A behaviour rated highly genuine for one leader will possibly not rate the same for another; leadership behaviour which earns high ratings for accurate empathy, warmth and genuineness in one context may earn low ratings in another.

Furthermore, one behavioural item or response will contribute to the provision of numerous conditions.

This non-specific nature of therapeutic conditions with leader behaviour places the associated research outside the scope of this review.

Summary

A review of the research relating specifically to the effects of the leader's behaviour on the psychotherapy group supported the following broad premises:

- i) The leader's presence in the group can have an anti-therapeutic effect by inhibiting spontaneous interaction and reinforcing the dependency needs of group members;
- ii) A behavioural approach characterised by a high frequency of warm, supportive and suppressive interventions and a lack of judgmental interventions will be facilitative to therapeutic group interaction;
- iii) Leader behaviour which is characterised by warm, supportive, genuine, empathic or approving interventions when made contiguous with specific spontaneous member behaviours will increase the frequency with which these behaviours are emitted during a group's life and enhance the probability of members making positive gains:
- iv) The leader's behaviour has a major impact on the norms which develop in the group, but the relationship between the behaviour and the norms is by no means clear;
- v) The effects of specific behaviour of the leader, such as self disclosure or silence, on the behaviour of the group will be a function of the stage of development of the group and the social context from which the group and the leader come (among many other unspecified variables).

These broad deductions reflect the main weakness of the research in providing a useful body of knowledge relating to psychotherapy group leader behaviour: the lack of comparability between studies. Without standardised group characteristics of composition, structure and format, and with the general lack of operational definitions for the experimental variables investigated, the findings of each study are of very limited value in helping

to understand the nature of the effects of leader behaviour on the group. On the other hand, the research also highlights the fundamental complexity of investigating the effects of specific leader behaviour on a psychotherapy group, when the context of the whole group situation is not taken into account.

CHAPTER 8

SOME EFFECTS OF LEADER BEHAVIOUR ON THE ENCOUNTER GROUP

This chapter provides a review of research in the field of leader behaviour in the encounter group. As with the parallel area in group psychotherapy, the pickings are lean. Bradford, Benne & Gibb (1964) noted the conspicuous lack of research on the effects of the leader's style and personality characteristics on encounter group behaviour. Bolman (1971) could find only five studies which focused on encounter leader behaviour and its effects on the members' learning. Very few significant studies in the field have been published since. Of those that have, one by Lieberman (1972) is the definitive work in the field and is dealt with separately in the next chapter.

The research is dealt with here in a fashion parallel to that for group psychotherapy. But not all the subjects of focus in that area are represented here. The encounter work can be considered under the following headings:

1. The effects of specific leader behaviour on group behaviour;
2. Qualitative aspects of leader behaviour and their effects on group behaviour;
3. The effects of specific leader behaviour on group member outcome.

1. The Effects of specific leader behaviour on group behaviour

Pino and Cohen (1971) investigated the link between leader style and member self-disclosure. They proposed that a group-centred style of leadership, characterised by a preponderance of non-directive, individual focused and self-disclosive interventions, would foster group members' self-disclosure; and that this style would be more effective in doing so than a leader-guided style, characterised by group focused interventions of a process-interpretative vein.

The leader's self-disclosure was defined as the "explicit communications of personal information that others would be unable to acquire unless he

discloses it" (Culbert, 1968). They founded their interest on the self-disclosive response with the assertion that:

"Personal growth in T-groups is intimately related to self-disclosure. Self-disclosure is synonymous with openness, and it is openness which sets the T-group experience apart from other interpersonal experiences" (Pino and Cohen, p. 212, 1971).

Two groups met with two co-leaders six times for 90 minutes each. One group was led in group-centred style, and the other was leader-guided.

The operational hypothesis was that the group-centred condition would yield a greater proportion of member self-reference statements than the leader-guided condition.

It was confirmed that the two leader styles differed in their emphasis on self-disclosure, and in addition it was shown that the leader-guided style included more evaluative questions from the leader, where more opinions and evaluations were directly asked for by him than the group-centred approach.

The hypothesis was disconfirmed: the leader-guided style proved more effective in promoting member self-references, when used by both leaders.

The group process type intervention of leader-guided style, which focused on relationships rather than individuals, led to more "self in regard to peer" self-references. The group norm "let's talk about how we affect one another" is possibly more quickly set and firmly enforced when the leader demonstrates it for the group in his behaviour.

The group-centred leader style's "person-oriented" interventions appeared to produce a more exclusive leader-member relationship, which Pino and Cohen suggested could block interpersonal feedback. It should be noted that while the leader-guided style comprised significantly more evaluative questions, it comprised only a few less warmth and clarifying-of-communication type responses.

Therefore, while the results initially appeared to be in some contradiction to the usual findings of the group-centred research on therapeutic conditions, this is not necessarily so. It may be that both

leaders provided high levels of the triad conditions, but the additional provoking or questioning behaviour of the leader-guided style provided a model of behaviour which was more conducive to self-disclosure among members. In other words, to promote a desirable member behaviour in the group setting, the leader should not necessarily model that behaviour; it may be more fruitful to model a behaviour which itself induces the therapeutic behaviour through the dynamics of the group, with something of a snow-balling effect.

Directly relevant to this proposition is the work of Psathas and Hardert (1966). They proposed that the leader sends norm messages, often subtle and disguised in that their intention and relevance to group norms may be superficially obscure.

Some normative dimensions along which these messages lay included Feedback, e.g. members should encourage expression of all feelings; Analysing Group Interaction and Process, e.g. members should encourage and be encouraged to indulge in this; Acceptance-Concern, e.g. members should hear others' feelings nonjudgmentally.

They studied seven groups of 12 members each, over a two week laboratory. By extracting and classifying a large number of leader interventions rated as "most significant" to the group processes, Psathas and Hardert concluded: "Implicit in trainer interventions, then, is a message concerning what members should or ought to do, what the trainer expects them to do, and his view of what constitutes appropriate T-group member behaviour" (p. 165, 1966).

Although this work did not attempt to relate the leader's norm messages to member behaviour specifically, its indication that the need for a leader to establish various norms differed according to the state of development of the group is relevant. For instance, the norm of Analysing Group Interaction, which Pino and Cohen's leader-guided style strongly propagated, was highly significant in the early stages of group development; the normative dimension of Acceptance-Concern, presumably similar to that propagated by Pino and Cohen's group-centred leader, was shown by Psathas and Hardert to be more significant in later stages.

The Psathas and Hardert findings therefore give some suggestion as to why Pino and Cohen's hypotheses were unsupported. The leader-guided style promoted faster growth in member self-disclosure behaviour by establishing the most appropriate norms early in the group. Had their groups continued over longer periods of time, it is possible that the group-centred approach would have overhauled the leader-guided approach in effectiveness as the norm of accepting and caring for others became more important.

2. Some Qualitative aspects of leader behaviour and their effects on group learning

Stermerding (1961) is reported by Cooper and Mangham (1971) to have thrown some light on the influence of the leader on group development. The participants of two T-groups, composed of Dutch management consultants and industrialists, were asked daily to state in which of three possible areas they were learning from the group. The three areas were: About themselves, about groups and about their daily work.

They were also given a case study of a decision-making group, before and after their encounter, and asked to describe the kinds of things that were happening in the case.

Their replies to the case study were then content analysed into five categories: general normative approach, personality, stereotyping, role functioning and process-analysis.

The leader behaviour was analysed from tape recordings of his interventions. The leaders assessed their respective groups in terms of movement toward task, maintenance, sensitivity and over-all effectiveness.

Cooper and Mangham described the results:

"A content analysis of the trainer interventions revealed that trainer A showed a group-oriented approach, while trainer B directed most of his interventions toward individual group members. Corresponding to this, Group A significantly differed from Group B on a number of process variables: Group A was seen to accentuate the 'group' aspect of learning, while Group B emphasised equally the learnings about themselves and their daily work; Group A

described the second case study in more process-analytic terms (in their observations of the actual interaction process of the case study), while Group B described it more in terms of role functioning (the relations of an individual in the social context); and finally, Group A was seen by its trainer as moving toward maintenance, sensitivity and overall effectiveness while Group B was seen as moving toward task only. The author draws the conclusion that trainer behaviour and group development are inextricably related" (1971, p. 117).

This rather esoteric study is relevant here in its finding that the group-oriented approach, being one with a high frequency of group-focused interventions, resulted in a more effective "work" group, as Bion (1951) would have predicted.

That the members of Group A approached their own analysis of group process in group-oriented fashion supports the notion that the leader provides a strong model of behaviour which members will imitate, at least when they are placed in quasi-leadership roles themselves.

3. The effects of specific leader behaviour on the group member outcome

Culbert (1968) hypothesised that:

- i) the members of an encounter group whose co-leaders are "more personally self-disclosing" (mSD) will form a greater number of "mutually perceived therapeutic relationships" than members of a group whose co-leaders are less personally self-disclosing (lSD);
- ii) members of the group led in mSD style will perceive their dyad partner, with whom they met outside the group and regularly over the span of the group life, as being more "therapeutic" in their two-person relationships, than will members of the group led in lSD style;
- iii) members in the mSD group will perceive their co-leaders as being more "therapeutic" in their two-person relationships with them, than will members of the lSD group;

- iv) members of the mSD group will experience a greater positive change in "self-awareness" over the course of the group, than the members of the LSD group.

Two student groups of six females and four males met twice a week, in two hour sessions, for 14 weeks. One of these sessions was spent in an encounter group with the two co-leaders, and the other in a dyad pairing with another group member, not a leader. The same dyad pairings were maintained over the 14 weeks. Each member was given the Jourard self-disclosure questionnaire and paired with another member of the same sex who initially scored similarly on the self-disclosure measure.

The same two male co-leaders participated in both groups. They were provided with "job descriptions" which provided guidelines for their behaviour in each group. These guides only differed by being more self-disclosing (mSD) in one group and less self-disclosing (LSD) in the other.

Questionnaires and tape recording analyses and ratings were used in assessing leader self-disclosure, the characteristics of relationships formed and member growth or change in self-awareness.

The first part of the study confirmed that the experimental manipulation was successful. The leaders were perceived as considerably more self-disclosing in the mSD condition than in the LSD condition on results of the Self-Disclosure Questionnaire and two kinds of tape content analyses.

A "therapeutic" relationship was one characterised by high levels of positive and unconditional regard, empathy and congruence, as assessed with a modified version of the Barrett-Lennard Relationship Inventory.

The first hypothesis was not confirmed: there were not significantly more mutually perceived therapeutic relationships formed among group members in the mSD group than the LSD group. In fact, there were less, although the difference was not significant.

The second hypothesis was not supported: no more members of the mSD group perceived their relationships with their dyad partner or the leader as

therapeutic than those of the LSD group. Again, the trend was in the opposite direction.

The third hypothesis was also not supported: the converse describes the results better. Significantly more LSD members perceived their relationships with their co-leaders as "empathic" and "therapeutic" than did mSD members.

The fourth hypothesis was also not supported, with little evidence to suggest that mSD members' self-awareness, as measured on the Problem Expression Scale, underwent greater positive change than the LSD members. The latter gained significantly lower overall ratings early in the group and these increased more rapidly over the middle weeks than the former. One member in the mSD group actually underwent significant negative change in self-awareness during the group. However, it was proposed that the mSD group was itself more self-disclosing early on because of the leaders' mSD behaviour.

The overall indication was that an equivalent amount of therapeutic potential was developed in both groups.

Culbert proffered several alternative explanations for the findings, but stressed that without further data on the amount and type of member self-disclosure that took place, no conclusions could be made about the specific way in which leader self-disclosure influences the participation styles or outcome of group members.

The data pointed to the possibility that self-disclosure enhances a leader's overall effectiveness, by promoting early self-disclosure among members, at the cost of his taking part in two-person therapeutic relationships. He considered that the data supported the "modelling" theory of the leader's effects on his group's behaviour.

It was tentatively proposed that a ceiling level of self-disclosure would exist in an encounter group, which could not be surpassed. Following this, Culbert proposed that the sooner the level is reached, the more effective the group; thus, the mSD leader style should be more effective.

It followed that the best leader approach would involve early high self-disclosure, to promote a rapid achievement of the group's ceiling level of self-disclosure, following which the leader could reduce his self-disclosure. Culbert predicts from the data that this approach would give members the option of developing therapeutic relationships with other group members.

There was little attempt to seriously consider the possibility that the LSD approach was in fact potentially more effective by establishing group norms different from those of the mSD approach.

e.g. "We're here to help you reveal yourselves to yourselves" rather than "We're here to reveal ourselves to you".

Bolman (1971) carried out an extensive study into some effects the leader has on his T-group. He included a number of leader behaviour variables and a series of accompanying hypotheses. These variables were included in dimensions of Affection; Conditionality (behaviour which tends to reward or punish behaviour of members); Openness (involving self-disclosure); Empathy (communication of an accurate understanding of members' feelings); Persuasion (behaviour aimed at "selling" ideas to members); Security (leader's own personal comfort and nondefensiveness); Conceptual Input (providing language and new forms of expression with which to relate experiences). It should be stressed that the aim was to relate frequency of behaviour items, rather than resultant conditions, with members' change.

Ten groups led by two co-leaders each, with a total of 118 subjects, were studied. The ratings of learning and change were made during and at the finish of the group. There were no measures made of post-group change in members' actual behaviour.

While the design of the study was generally sound, its major weakness lay in the fact that all data relating to the leaders' behaviour was based on members' perceptions only.

The main findings were that:

- i) Leader Affection (expressions of concern, caring) was strongly

associated only with members' returning of affection. There was no significant correlation with member change, tension, withdrawal or identification with the leader;

- ii) A dimension called Congruence-Empathy, representing behaviour which both communicated an understanding of members' feelings, and a sense of personal comfort in the leader, was shown to be the most important dimension of leadership behaviour. It was significantly related to members' liking for the leader, identification with the leader and self-rated learning;
- iii) Openness (or self-disclosure) of the leader was not significantly related to other variables such as liking for the leader, learning or identification. The results suggested that neither the amount nor the frequency of leader self-disclosure was crucial. This might reflect that it is not the quantity but the congruence of self-disclosure with other leader behaviour which is relevant: alternatively, it does not contradict Culbert's (1968) proposals.
- iv) Conditionality of the leader represented positively or negatively rewarding behaviour which was contingent upon certain member behaviour; it was shown to be significantly positively correlated with his own discomfort and with group tension. However, none of these three variables were significantly related to the learning level of members. It seems that a leader who is high on tendencies to reward or punish (as with highly "confronting" leaders) is likely to induce anxiety in members. But this in itself does not have a significant effect on their relevant learning from the experience (within broad limits, presumably).
- v) Leader's perceptiveness was found to be positively related to the liking for the leader by the members, and negatively related to tension and withdrawal in the group.

- vi) The Conceptual Input and Dominance Persuasion behaviour items offered by the leader offered few consistent or meaningful correlations with relevant member variables.
- vii) Identification with the leader was shown to have a positive relationship with members' learning, as found by Peters (1966).

There was little light shed on the characteristics of leader behaviour which promote identification, apart from its relationship with Congruence-Empathy.

Bolman's results suggested that the successful leader will present to the group as secure, in touch with the feelings of members and consistent in thought, word and action. His openness, use of influence, conceptual input and affection, (presumably within reasonable limits), do not appear to have significant influence on members' learning.

Hurley and Force (1973) noted the still existing paucity of research on the differential effects of leaders on T-groups. They studied a residential group which met for eight days, to promote "growth" among its members. There were five groups of ten members and two leaders each; the vast majority of members were tertiary educated.

The leaders were rated for effectiveness, self-disclosure and feedback-seeking during the "laboratory"; high scores for feedback reflected a leader's commitment to solicit positive or negative feedback about his behaviour. Member growth was assessed in terms of Acceptance of self and several other changes in specific concepts.

It was claimed that the findings suggested that the style of the leader, along these dimensions, had a powerful influence on member outcome. While most of the relationships were not significant, it was regarded as evident that members' gains were associated with effectiveness, self-disclosure and feedback-seeking by the leader.

From a statistical point of view the results were weak. However, the authors suggest that they represent the surface out-croppings of hidden leader variables, such as self-acceptance, or a product of them. The main

significance of this recent study is the way it highlights how very little was still known about effects of the leader's behaviour and personality on the gains of his group, at the time of the study.

Summary

The findings of this body of research are by no means definite. Some are contradictory, none are directly comparable with others, and all are limited to very specific experimental conditions. However, the following premises relating to encounter leader behaviour can be tentatively drawn from the findings.

- i) A high proportion of self-disclosure interventions made by the leader will:
 - a) promote "therapeutic"(open, supportive) relationships among members, but not necessarily with each member and the leader;
 - b) promote early self-awareness among members, but not necessarily early self-disclosure, when made in the early stages of the group;
 - c) not necessarily promote more member self-disclosure than a high proportion of directive, questioning and interaction-focusing (cf. self-disclosive) interventions in the same period of group time;
 - d) depend in its therapeutic value on its consistency or congruence with other leader behaviour more than on its frequency or content.
- ii) A high proportion of group-focused (cf. individual focused) interventions will:
 - a) promote the norm "Let's talk about what's happening in the group" rather than "Let's talk about your/my problems";
 - b) promote a group-focused approach by members to understanding other groups or sub-groups;
 - c) not by itself inhibit members' self-disclosure;

- iii) A high proportion of questioning, directive or conditional interventions will not inhibit self-awareness and self-disclosure among members, as long as this behaviour is seen as congruent with the leader's total behaviour pattern in the group.
- iv) A high proportion of interventions which provide conceptual input (new concepts or terminology) will by itself have no significant effect on members' subsequent learning or behaviour change.
- v) As with the group psychotherapy situation, the leader's behaviour has a major impact on the norms which develop in the group, but the relationship between his behaviour and the norms which develop is not as yet clear.

It is evident that these premises are neither specific nor well defined but they do offer stepping stones between the current position regarding knowledge of the effects of encounter leader behaviour and the point where definite statements on the subject can be made. They are more specific than those extracted from the psychotherapy work, which reflects the marginally better design and control inherent in the encounter studies.

CHAPTER 9THE DEFINITIVE STUDY IN ENCOUNTER GROUP LEADERSHIP

An extensive study by Yalom, Lieberman, Miles and others has resulted in a number of papers, with the two most relevant here being those of Yalom and Lieberman (1971) and Lieberman (1972).

The study involved eighteen groups which each met for a total of 30 hours; some had spaced meetings (10 three-hour sessions), others were of "marathon" format. There were a total of 209 American students involved, and 16 leaders; two groups were led by tape recorded instructions.

The members were given academic credit for participation, and the leaders were well paid.

Students were randomly assigned to the groups; in addition, 75 control students were also studied. All participants completed a large battery of self-report questionnaires before, during and after the group course, and finally, six months after the last session.

No pre-group screening of subjects was employed, but there were a large number of precautions taken to ensure that all participants were well-versed in the potential hazards of their group experience, and in the mental health service facilities available if required. There was absolutely minimal intervention in the group proceedings once the project began.

Lieberman (1972) outlined the development of a taxonomy of encounter leadership approach, which was developed from the study of the 16 encounter leaders who were deliberately chosen to highlight differences in style, methodology and philosophy. Part of the reason for this was to discover whether the conventional labels they represented - Gestalt, analytic, client-centred, sensory awareness, T-group and so on - actually differentiated between their actual behaviour as leaders.

The major goal of the study was to generate data about leadership differences which would allow the development of an empirical taxonomy of leadership methodologies -

"A typology which might ultimately be related to different types or degrees of personal learning or change" (Lieberman, 1972, p. 136).

Several observational schedules were developed, to rate leader behaviour over a wide range. At the microscopic end of this range, the frequency with which leaders displayed each of 28 discrete behaviour was rated. At the more global extreme, observers recorded their overall impressions of "how the leader came across" to them in each meeting, in terms of rather broad categories of leadership style. Other assessments tapped the focus of the leader's attention (group, interpersonal or intrapsychic), his interpersonal attractiveness and his symbolic meaning to the participants. Lieberman's paper was subdivided into sections, which came under the following headings:

1. What Leaders Do;
2. Basic Functions;
3. Behaviour and Outcome;
4. Behaviour and School of Orientation;
5. Leader Types;
6. Consequences of Leader Types;

All these sections bear consideration here.

1. What Leaders Do

Behaviour and Style

Leader behaviours were first grouped into five areas in terms of the functions they seemed intended to perform, assessed on an a priori basis. They included evocative behaviour - that apparently designed to get members to respond; coherence-making behaviour - that aimed at altering cognitive perspectives; supportive behaviour - as evidenced in positive affective gestures; managing behaviour - interventions concerning how people worked with one another, or the functioning of the group as a whole; behaviour involving use of self-demonstrating or modelling behaviour by the leader.

These categories were found in varying proportions in all the leader behaviours studied, and the behavioural differences were most evident within rather than between each category. From this pragmatic categorisation, a more systematic grouping was obtained by factor-analysing the 28 observable behaviours which fell within these categories. This produced seven clusters of behaviour type, descriptively labelled Intrusive Modelling; Cognitising; Command Stimulation; Managing or Limit Setting; Stimulating by Drawing Attention to; Mirroring and Affective Support.

It appeared that behaviour along three of these dimensions was aimed at eliciting members' response. Intrusive modelling is that behaviour which demands response through challenges, confrontation and exhortation, as well as behaviour which involves the intense participation of the leader as a self-revealing member of the group. The self-disclosive intervention is a good example of a behavioural item high on this dimension. Command Stimulation grouped together behaviour which involved direct invitations, questions or suggestions. It was behaviour frequently referred to in earlier research as "directive" behaviour. Attention focusing grouped together behaviour which solicits response in an indirect manner, by, for instance, comparing, contrasting, or focusing on events or previous responses.

It was found that of these three response-oriented factors, leaders who stemmed from the older, more traditional forms of sensitivity training and group therapy were distinguished by their scores from leaders associated with the newer schools. Intensive stimulation through intrusive modelling or command stimulation was more characteristic of the latter group. The older traditions are better described by attention-focusing, since they seldom exhibited intrusive modelling and made moderate use of command stimulation.

This finding is in complete agreement with the behavioural outlines which were derived from theoretical schools in group psychotherapy in earlier chapters. The classical approaches were characterised by remoteness, lack of self-disclosure, and an emphasis on focusing and interpreting, compared with

the newer schools (Interpersonalists, Experientialists) who advocated directiveness and/or personal involvement, as included in intrusive modelling and command stimulation.

Of the remaining four factors, Cognitising included teaching, instructional and interpretative behaviours; Managing (or limit-setting) included behaviour relating to the conditions of the group as a social system, such as setting and maintaining this by goals and norms. Support included behaviour with high positive affect - protection, friendship, love, affection, encouragement and so on. Encouraging feedback exchange among members also belonged in this group. Mirroring combined a relatively diverse group of behaviours: summarising, decision-making, and reflecting interventions.

As an indication of the wide range of usage of these factors which existed among leaders, some cognitising was characteristic of most leaders, but in differing styles. A Transactional Analyst made the most use of cognitising, along with a Sensory Awareness leader, who made much use of structured exercises. The Rogerian and two T-group leaders made least use of this factor.

The Managing and Cognitive dimensions were thought to be probably complementary; both emphasise structured behaviours of a highly specific and often unemotional character. Leaders who were low on one factor tended to be high on the other. High scores on both, as with the Sensory Awareness Leader, indicate a leader who "runs a tight ship", with a highly structured approach. Low scores such as with the Rogerian leader, correspond to a style of low control.

Levels of supportive behaviour were unrelated in any way to differences in theoretical orientation among leaders.

Focus

The proportion of time different leaders spent in focusing on group, interpersonal and intrapersonal issues, was shown to vary extensively, but not very consistently with the theoretical orientations as discussed in

earlier chapters. Intrapersonal issues were focused upon most and the total group least frequently.

Leader as Symbol

The symbolic value of the leader was examined for its relevance to the charismatic attributes of the leader. A distinction between the psychotherapy and the encounter group situations in this area was made here. The positive transference of the psychotherapy group member refers to properties or characteristics primarily of the patient and not the therapist. In parallel but also in contrast, the encounter group member's relationship with a charismatic leader involves the characteristics of the leader rather than the member. A more convincing distinction made by Lieberman lies in his operational definition of charisma, which rests on the unanimity of perception in the members. The positive transference model permits variations in perception among members, which does not fit the notion of charisma.

A charismatic leader was presented as one who was inspiring and imposing, really believed in his own approach, was stimulating and had a sense of mission. The psychodramatists were rated high on this dimension.

A love-oriented leader symbolised giving, understanding, genuineness, caring and so on.

The peer-oriented leader was the "nice guy", relaxed, easy-going, a friend.

The technically-oriented leader expressed expertise, intelligence, competence and skill.

2. Basic Functions of the Leader

By factor analysing the 27 variables (all of which fall within the above outlined behavioural dimensions) which were obtained to describe leader behaviour, style, focus and symbol, four clusters emerged which accounted for 75% of the variance in behaviour among leaders.

From this it was proposed that much of what leaders do can be subsumed under four basic functions: Emotional stimulation, Caring, Meaning attribution and Executive behaviour.

Lieberman suggests that these four dimensions may constitute a useful taxonomy for examining leadership in all forms of groups aimed at personal change, be they therapy or personal growth groups, since they can discriminate among leaders of highly varied orientation.

Emotional stimulation is derived from the personal qualities of the leader, and incorporates how these are imposed on the group. It results in his fulfilling a "this is how you do it" function in the group. Ratings of high charisma are loaded heavily on this function, compared with mirroring, teaching and resource functions; participant perceptions of peer orientation are negatively associated with it.

The Caring function goes along with high ratings on the personal and Love-oriented style as seen by observers and participants respectively; a technical orientation is negatively associated. It has a warm/cold, love/no love dimension, not to be confused with interpersonal attractiveness, which will be dealt with later.

Meaning Attribution collects together behaviours which offer participants concepts or values about changing through the group process. It is associated with a style rating of Interpreter-of-reality and an intrapsychic focus at one end. There is a bipolar aspect to this dimension, where high rating scores on social engineering style, group focus and peer-orientation can be found at the other end. The dimension represents the naming function that the leader provides, in translating the experience of group members into ideas. It is a function associated with leader charisma.

Executive function involves limit-setting (setting rules, goals, times) and command response (eliciting, questioning, suggesting). It is associated with style-ratings by observers of releasing emotion by suggestion, and perceptions of a "teacher" orientation. It is behaviour which is negatively correlated with the resource-leader style.

It was found that leader Interpersonal Attractiveness accounted for a small but significant percentage of variance. Participants especially liked

leaders who produced large amounts of cognitive behaviour and who were perceived as charismatic. They rated as less attractive those leaders of resource of social engineering styles, and those who were peer-oriented or group focused.

Observers rated those leaders who indulged in Intrusive modelling behaviour as highly attractive, with charismatic style. They rate leaders who emphasised mirroring behaviour, with group focus style as less attractive. Both observers and participants rated highly those leaders who showed supportive behaviour, who encouraged release of emotion by demonstration, and who were challenging.

In these findings, trends were evident but very few statistically significant correlations between specific behaviour and attractiveness were obtained. Only charismatic and challenging styles, group focus, mirroring and release of emotions by demonstration provided significant correlation (positive or negative) with Attractiveness ratings.

3. Leader Behaviour and Outcome

Numerical loadings derived from over ten different methods of measure in members' change were used to obtain associations between leader behaviour and member outcome.

At the end of the group experience, members were classified as having been either a high-learner, moderate-changer, unchanged, a dropout, negative change or a casualty. These classifications were made on the basis of the numerical loadings earned on a scale of from +3 to -3 (excluding +1). The scale figures were composite figures obtained from the result of attitude and value measures, self-ratings of change, self-esteem and self-ideal discrepancy, conceptions of others, measures of the person's propensity to use adequate or inadequate coping strategies, interpersonal behaviours, testimony, leader evaluation, judgments made by the participants' social network, and the congruence between self-ratings and peer perception as well as interviews and other collateral data when they were available (Lieberman, 1972). This

extremely comprehensive approach to measuring the effects of the group experience is the leading light in group research attempting to validly correlate any group variables with member outcome.

Lieberman announced his findings:

"The most effective leadership style would combine moderate stimulation, high caring, use of meaning-attribution, (individual focused) and moderate expression of executive functions. Conversely, the less effective leaders are either very low or very high on stimulation, are low in caring, do very little meaning-attribution, and display too little or too much executive behaviour" (1972, p. 153-154).

Evidence of patterns of effective and ineffective style were obtained. For example, high caring behaviour in the absence of meaning-attribution generates relatively low levels of success as compared with high caring behaviour combined with cognitive behaviour. In fact, the two central functions without which leaders were rarely successful, were caring and meaning-attribution. That is, a combination of high levels of affection and "concerned" behaviour and relevant cognitive input is critical.

The statistical techniques used to derive these findings were not fully elaborated by Lieberman (1972). The details are given by Lieberman et al (1972), in a paper not available at the time of writing. Suffice to say here that the same findings were arrived at by two approaches: first, by obtaining relationships between the four leader behaviour dimensions and outcomes using correlations; second, by examining the weightings of high, medium and low levels of the four dimensions on total outcome measures.

4. Leader Behaviour and School of Orientation

Lieberman used a statistical clustering procedure which placed the leaders of various schools into groups of similar scores on the four basic dimensions. These clusters did not support the view that leaders labelled similarly behave similarly in encounter groups. For example, the Eclectic-marathon leader, a Transactional Analysis leader, and one T-group leader were grouped together in this way. For all except the two Gestalt leaders, who were grouped together,

the association between orientation and actual behaviour was weak.

Lieberman continues:

"While the finding that encounter leaders' behaviour is highly varied diverges from reports in the literature on individual psychotherapy showing that experienced psychotherapists tend to do pretty much the same thing (as opposed to novitiates), it is no surprise that in a new field orthodoxy has little influence. Marked similarities existed in how leaders approached the task of running an encounter group, but these similarities were not associated with school of thought" (p. 156, 1972).

It is now apparent that this comment can equally well be applied to the old field of group psychotherapy (cf. individual psychotherapy).

5. Leader Types

An empirical typology of leaders was derived from the original 27 behavioural variables, by two different methods of clustering together leaders with specific leading combinations on the four basic behavioural dimensions. Six clusters representing discrete leader types were identified from both methods. These types of leaders were labelled and described as follows:

Type A. Energisers were characterised by high emotional stimulation, with moderate to high executive functions, and except for the two Synanon leaders, were high on caring. They included the two Gestalt leaders and a psychodrama adherent.

All five leaders held in common a near religious adherence to a well articulated belief-system. As with the leaders of other types who shared that characteristic, all were perceived as charismatic. They focused upon the individual rather than the total group, and often provided him with some cognitive framework.

Type B. Providers specialised in caring and meaning-attribution (individually focused). Moderate use of emotional stimulation and executive function was combined with a warm individually focused style. Lieberman described them as "good daddies". they subscribed to a systematic theory about group member learning, which they did not impose

on the group. Their theoretical orientations included Eclectic Marathon, Transactional Analysis and T-group.

Type C. Social Engineers made much use of group-oriented meaning-attribution. They were not personal in style, being group focused, but exhibited a moderate amount of caring, indicating relatively high levels of support and affection. They were all low on emotional stimulation, and were low to moderate with executive function. They were perceived as low in charisma and high in peer-orientation.

Type D. Impersonals were distant and aggressive stimulators. They were moderately high on emotional stimulation and low on caring and executive function.

Type E. Laissez-faire were leaders who scored lowest on emotional stimulation, caring and executive function. They had moderate to high scores on meaning-attribution. They neither stimulated nor controlled group behaviour, and were generalists in that their behaviour revealed no other consistent patterns in the four basic dimensions. They were perceived as technicians by group members.

Type F. The Manager was characterised by his very high score on the executive dimension. He exercised unusual control over the entire group interaction, and made frequent use of structured exercises. The group observers labelled him "top sergeant", which Lieberman felt was appropriate.

The Effects of Leader Type on the Group

With the use of the six point outcome rating scale mentioned earlier, the effects of leader type on outcome was simply identified. It was found that Type B leaders (Providers) were most effective in producing positive changes while minimising the number of participating members who had negative outcomes, such as negative changes, dropouts and casualties.

Type C leaders (Social Engineers) produced a high number of high-learners along with relatively few dropouts and casualties.

Type A leaders (Energisers) produced some high learners, many moderate changes but also a high number of casualties and dropouts.

It should be noted that the groups led by tape-recorded instructions produced the fourth highest proportion of moderate changes, and no casualties.

Type D (Impersonals), E (Laissez-faire) and F (Managers) all produced a relative loss in that the percentage of their negative outcomes was greater than their total of neutral or positive outcomes.

The poorest leader type was the Manager, who did not induce one positive change, but created several negative ones.

A rank order correlation between percentages of high learners and casualties indicates that they were correlated negatively, providing no evidence to substantiate the notion that high risk is a necessary accompaniment to a high level of growth in small group learning.

6. Leader Style and Group Process

It was found that members perceived different aspects of their groups as most significant or useful, as a function of the style with which their groups were led.

Members of groups led in Type A (Energiser) style, emphasised the increased opportunities for novel experiences and the expression of anger; it is not surprising that leaders who provide intense stimulation and charisma might promote novel experiences and the expression of angry feelings in their members.

Members of Type B (Provider) led groups emphasised increased opportunities for sharing with peers as a feature of their groups; this is explicable in terms of their mirroring their leader's high caring, accepting and warm behaviour.

Members of Type C (Social Engineer) led groups stressed the increased opportunities their groups offered in obtaining feedback about their behaviour; the leader's emphasis on group conditions modelled this sort of process.

Members of Type D (Impersonal) groups did not emphasise any aspects of their group experience as very special.

The Type E (Laissez Faire) led members rated their experience as decreasing the opportunities for feedback, getting close to others, expressing anger or sharing.

The Type F (Manager) led group stressed the reduced opportunities to share with peers or express anger openly as a feature of their experience. This is consistent with the highly controlling behaviour of the Manager.

7. Negative Effects

Yalom and Lieberman (1971) deal with the negative outcomes and specifically the casualties, which emerged from the study programme. They had made an extensive follow-up of the group members over a period of months in this part of the study.

Interviews with members of negative outcome uncovered several types of event to which they attributed their negative effects:

- i) Attack by the leader of the group;
- ii) Rejection by the leader of the group;
- iii) Failure to attain unrealistic goals;
- iv) "Input" overload;
- v) "Group pressure" effects.

Attack by the leader was only attributed to Type A leaders (Energisers) and was associated with some of the most severe casualties. The Energisers were highly revealing of their own feelings and values and were challenging and intrusive. They were unpredictable in their expression of both anger and support. They tended to place their members in turn on the "hot seat".

Attack by the group occurred either in Type A led groups, or in groups led in the distant and nonsupportive fashion of the Laissez-faire leaders, one

of the least caring Social Engineers, and by one Impersonal leader.

Rejection played a role in six casualties and was attributed either directly or indirectly by leader behaviour or behavioural errors of omission. Again, two Type A leaders, and one of Types B, C and E were associated with this effect.

While it was evident that the probability of sustaining harmful effects was far more highly correlated with specific characteristics of the members than with leader behaviour, as reflected in the last three sources of negative effect above, it was found that many of the leaders were completely unaware that there had been casualties in their groups. Yalom and Lieberman concluded that leaders who do not follow up their group members with interviews simply do not have the necessary information to assess the hazards of their groups or the effects of the behaviour.

The Type A leader style proved the most stressful, by accounting for 44% (seven) of the casualties sustained in the entire programme. It was the author's impression that their casualties were the most severe, and that the leaders bore more responsibility for them than the others. It was considered that they were directly avoidable by a change in the leader's style.

Yalom and Lieberman make the point here that the Type A approach was paradoxical; while they appeared highly unorthodox and innovative, they displayed at the same time the widest and yet narrowest range of techniques, by imposing their repertoire on all members in an undiscerning and indiscriminating fashion.

The one Type A leader who did not sustain any casualties stated afterwards that he recognised the presence of a number of fragile personalities in the group and consequently "pulled his punches". He was "constantly aware of keeping the lid on the group" (Yalom and Lieberman, 1971, p. 29).

Lieberman (1972) pointed out that the leader type of lowest casualty rate, aside from the tape groups, was Type B. They were high on caring and moderate in structuring, and low on stimulation input. Combined with

observations from the tape group approach, Lieberman proposed that these features taken together, combined with a majority of interpersonal or group focused interventions, is the safest effective combination.

Comment

It was demonstrated that while there was no simple direct function relating leader behaviours with behavioural norms which develop in groups, it is fair to assume and investigate the existence of meaningful associations between leader behaviours and members' learning, change and behaviour during and after the group experience.

The leader behavioural dimensions upon which the study placed great focus, were clearly the product of some intricate statistical operations and as such were very complex entities. The efficacy of the study cannot be fully assessed without a careful inspection of the statistical procedures used. However, even if some of the many findings cannot be fully validated, the study has led the way for further work in the field in its thoroughness and in the mass of working hypotheses which have been derived from it.

The results give great weight to the argument (e.g. Harvey, 1972b) that the selective screening of leaders, on the basis of their behaviour in learning groups, is at least as important and probably more practical, than the screening of participants in the effort to minimise negative member outcome in the encounter group.

PART IV : DEDUCTIONS AND CONCLUSIONS

CHAPTER 10

PERSPECTIVE

In this study of the effects of leader behaviour on the behaviour, learning and change of members of the psychotherapy and encounter groups, the following progress has been made:

- i) A wide range of theoretical and associated practical approaches to leadership have been identified and outlined in the psychoanalytic and experiential schools of psychotherapy.
- ii) The range of approaches to encounter group leadership has been outlined and the majority shown to be theoretically and practically related to the experiential schools of psychotherapy.
- iii) Research on the effects of specific leader behaviour and styles has been reviewed for the psychotherapy and encounter group situation.
- iv) Although it was necessary to examine the professed behavioural approaches to leadership in terms of the schools of thought from which they were derived, it was found not possible to review the research in these terms.
- v) Having attempted to identify the actual behavioural approach and its effects, from opposite poles - those of theory and applied research - the task now is one of amalgamating all the available information, in order to crystallise a set of basic premises relating to effective leadership behaviour in the relevant small learning group settings.

An Amalgamation

A. Group Psychotherapy and the Encounter as Small Learning Groups

1. In both the psychotherapy and encounter group situations, there are an infinite number of ways of effectively leading the group, along several

dimensions of leader behaviour and intervention types.

2. The composition, size and stage of development of the group will determine that some leader behaviours are more effective than others in a given situation. Beyond the barest outlines, the effects of these variables are still not known, and their influence is usually ignored in the relevant literature.
3. There is no clear differentiation between the theoretical bases and actual behaviour of the experiential encounter leader and that of the experiential group psychotherapy leader. In qualitative terms, there is a greater difference between the behaviours of an Interpersonalist psychoanalytic leader and Classicist or Integralist analyst, than between an experientialist psychotherapy leader and an encounter leader.
4. A better dimension than behaviour along which to differentiate between the leadership of the various Small Learning Groups (SLG) is that of the leader's intentions. This allows the differences between SLGs to be outlined in terms of the leader's intentions to restructure the member's personality, from brief encounter, where it is intended to stimulate new awareness and interpersonal sensitivity among members, to the Classicist psychoanalytic group, where the intentions are far more ambitious, for example.
5. A leader's intentions for the group will reflect the group's overall goals, but not necessarily the immediate goals of any session. A leader's behaviour will be highly correlated with his immediate goals, rather than with his long term intentions. This explains why the actual group-to-group behaviour of leaders of different SLG types may be very similar in repertoire and frequency. The difference in intentions may be reflected in something as fundamental as the number of times or total duration of time that the group is designed to meet. In this, there is a large discrepancy among SLGs: The Integralist Ezriel was reported to have met with one group several times a week for 11 years: most encounter or experiential psychotherapy groups meet either once for an extended duration, or in sessions totalling not more than

about 30 hours in all.

6. Related to the leader's intentions for the group is the inextricable association between his behaviour and that of the group. It is proposed that a complementary function evolves between the leader's input and the group's output behaviours, such that the material which emerges is maximally relevant to the leader's theoretical and practical orientation. For instance, the Integralist sitting quietly and making impersonal and infrequent group focused interventions results in the prevalence of a large amount of apparently free floating discussion, which is what the Integralist needs, to make his preferred type of contribution. Similarly, the Classicist who infrequently intervenes and focuses on an individual member with analytic interpretations, will induce more transference distortions for his analysis, than the outgoing and self-disclosing Interpersonalist or Experientialist who claims to induce the experience of real and rational feelings in the member. In other words, the behaviour of the SLG leader intentionally or otherwise induces the specific types of emotional and behavioural responses with which his theoretical notions render him best suited to deal. Therefore, many of the observations made by a group leader in reference to group behaviour can be expected to be iatrogenic, since his theoretical or practical leaning will result in consistent, specific and predictable reactions from the group.

B. The Behavioural Ingredients Provided by the Effective Small Learning Group Leader

1. The most obvious common element shared by all the leader approaches examined in Part II of this study, is a theoretical rationale which allowed each leader to make reasonable sense of the change situation and the strategy he intended to use in creating it. Bolman (1971) referred to this set of concepts as the leader's "cognitive map", which he asserted must be primarily tailored to his personality rather than to group related variables, if it is to be effective. It will be based on one or another of the theories of personality and personality change.

The cognitive map can be thought of as the mediating mechanism which allows the leader to translate his theory of personality or behaviour change into behavioural terms.

It is proposed here that the cognitive map is the prime requisite of the leader who is to become an effective change agent in the SLG.

2. The ingredient of personal security, comfort or non-defensiveness of the leader is assumed to be present by all the theorists, and is demonstrated to be associated with effective leadership by some of the research. It is therefore proposed that this is a necessary ingredient that must be reflected in the leader's behaviour for him to be an effective change agent. It is also proposed that without a cognitive map, a leader cannot attain this ingredient.

3. Without exception, in the theory and research, a proposed prime requisite of the effective leader is his genuineness or congruence. This was behaviourally described earlier as his perceived verbal-nonverbal consistency. From a behavioural point of view, the presence of this ingredient is far more difficult to identify than its absence.

It is proposed that without high levels of personal comfort, the leader's behaviour will not remain congruent with his feelings.

4. The leader's congruence of feelings and behaviour must occur within the framework of his cognitive map. The latter will determine what behaviour is appropriate or consistent for a given set of feelings: Breaching this determination will result in anxiety and reduced congruence, regardless of his "normal" behavioural impulses to the same set of feelings, which might arise outside the group setting, and therefore outside the framework of his cognitive map of change.

This explains why the notion of behavioural congruence is difficult to define, and why the condition of congruence is even more vague.

5. It cannot be said that empathic behaviour was found to be an ingredient common to all the leader approaches. It is proposed however, that while a leader may not have to demonstrate his empathy behaviourally to facilitate

productive behaviour or change, his members must nevertheless believe that they have his accurate understanding.

From a behavioural point of view, it is therefore proposed that a leader must not demonstrate a lack of empathy by his behaviour at any time.

6. Behavioural contributions of the leader related to such variables as cognitive input (interpretations, "feelings" language), warmth, self-disclosure, and "now" experiencing are effective only in so far as they contribute to the ingredients numbered 1 to 5 above. However, the research indicates that an effective cognitive map will incorporate the provision of all these contributions in some proportion, with that of warmth and cognitive input being of first priority. This conclusion explains the apparent efficacy of the vast array of behavioural approaches which have been shown to induce qualitatively similar changes in group members, and the patchy findings in the relevant research.

7. More specifically, leader behaviour which was in any way judgmental (rejecting, aggressively confrontative, undermining or anger-inducing interventions) should have no place in the leader's cognitive map. Most of the theory and research support this notion and none of the research gives support to the contrary.

8. The direction of focus of a leader's interventions is in itself unrelated to member outcome: the optimum proportion of individual versus group focused interventions is determined by the leader's cognitive map of the change process. The direction of the focus of a specific intervention will be determined by a number of factors, all related to the group's immediate needs within the context of the cognitive map.

9. These needs will usually be met by leader behaviour which will fall into one or more of three classes: directing, fostering or modelling. The second two categories will be determined at least as much by the group's needs as the leader's intentions, regardless of his actual behaviour.

10. Directing or management behaviour by the leader is required as a function both of the group's stage of development and of the leader's cognitive map of change. All effectively led groups will require such behaviour in their early stages, most will not require it in their final stages. The effectiveness of a leader's fostering or modelling behaviour will largely determine the need or otherwise for directing behaviour.

11. In the event that the leader does not possess a cognitive map of change, and this is probably more the rule than the exception in the "everyday" clinic group therapy session, it is proposed that the group inherits a primary task beyond that of learning. This task is to establish a consensus of opinion as to what manner of group behaviour, what pattern of group interaction, is "therapeutic" or change inducing. Until this task is achieved, positive change will not occur. The leader will facilitate this achievement by following the principles of effective social group leadership until consensus is attained. Such consensus will represent an embryo cognitive map, held by the leader and some or all of the members. The ensuing leader's task will be to develop this cognitive map and subsequently provide the ingredients as outlined above, to facilitate maximal positive therapeutic outcome in his members.

This notion begs an investigation of the effects of leadership behaviour in the SLG, in the context of social group leadership theory and principles.

Psathas and Igersheimer (1962) observed that few attempts have been made to apply the systems developed in other fields, to the leadership of the psychotherapy group, and it appears that this situation still holds for the entire small learning group field. A study devoted to this area would logically follow the present work.

CHAPTER 11

Conclusion

In terms of the goals of this study, the first was achieved by providing a series of structures with which to outline and compare a wide range of behavioural approaches to the leadership of certain small learning group types as derived or deduced from their theoretical bases (Part II). The latter were such that it was not possible to achieve this task with the use of a single all-encompassing structure.

The second goal was achieved by using the behavioural outline to extract and compare, in a continuous process, the behavioural commonalities and differences which appeared to exist among the psychoanalytic and experiential group psychotherapy and encounter leaders. A great diversity of behavioural approaches to leadership of both psychotherapy and encounter groups were identified both within and between schools of thought. The psychoanalytic schools provided the widest range of behaviours within them, while the experiential psychotherapy and encounter leaders showed many common behavioural features.

In reviewing and assessing the significant research which investigated the effects of psychotherapy and encounter leader behaviour on group behaviour, learning and outcome (Part III), the third goal was achieved. The research in the psychotherapy field was of limited breadth of clinical application. However, it was possible to set up several broad premises from its findings. The encounter research has recently become more stringent and comprehensive, and many useful findings have emerged from it. In only one study was any attempt made to relate leader behaviour and its effects to theoretical schools of thought. For this reason, most of the research work did not tie in comfortably with the behavioural outlines made in Part II, especially with those of the psychoanalytic approaches.

Few trends were evident in the psychotherapy research, in that a sense of logical progression of findings and hypotheses rarely emerged. In the encounter work the same lack of progression was evident between studies, but was found within the last work reviewed.

The fourth, and most ambitious, goal was achieved only in part. The behavioural differences found between the various group leader types were reconciled in terms of their theoretical orientation but more importantly, also in terms of the basic intentions of the leader. However, it became clear that the effectiveness of leader behaviour is in part a function of such variables as the stage of development of the group and the temporal format of the group, among others. Thus while the behaviour of a leader in any one meeting of a psychoanalytic, experiential psychotherapy or encounter group may be qualitatively very similar to, or different from, that in another, the relevance of this observation can only be assessed if the behaviour is considered in the entire context of each group.

In spite of this complication, it was possible to extract from Parts II and III a set of behavioural ingredients which appeared to be common to effective leader behaviour in all the forms of small learning group considered. This list of ingredients is regarded as useful in bridging the perplexing gap between those conditions and qualities that theory predicts the effective small learning group leader must offer his group, and the way in which he must go about providing them in practice.

It is acknowledged that these ingredients do not represent a list of shared behavioural items; they are proposed as a basis, or recipe, for effective behaviour in the small learning group. It is not proposed that they necessarily cause group members to learn and change appropriately; more simply, they are the shared common, but not necessarily sufficient, ingredients associated with effective leader behaviour.

Additional ingredients, specific to the composition and size of the leader's small learning group, also exist and will be a function of the

leader's intentions for his group. These have not been possible to identify specifically with the information currently available. When specified by further systematic research, the causal factors in the leader's behaviour and its effects on a small learning group member's learning and change may be at hand.

It therefore proved possible to consider leader behaviour of both psychotherapy and encounter groups together. It was not possible to provide a purely behavioural "how-to-do-it" manual, although some very strong pointers for both how, and how not, to lead a small learning group to optimise the extent and relevance of group member learning and change have emerged.

REFERENCES

Astrachan, B.M., Harrow, M., Becker, R.E., Schwartz, A.H.,
Miller, J.C.

"The Unled Patient Group as a Therapeutic Tool"
Int. J. Group Psychotherapy 17, 178-191, 1967(a).

Astrachan, B.M., Schwartz, A.H., Becker, R., Harrow, M.

"The Psychiatrist's Effect on the Behaviour and Interaction of Therapy
Groups"

Amer. J. Psychiatry 123 (11), 1379-1387, 1967(b).

Bach, G.R.

Intensive Group Psychotherapy N.Y. Ronald Press, 1954.

Becker, R.E., Harrow, M., Astrachan, B.M., Detre, T., Miller, J.C.

"Influence of the Leader on the Activity Level of Therapy Groups"
J. Soc. Psychology 74, 39-51, 1968.

Becker, R.E., Harrow, M., Astrachan, B.

"Leadership and Content in Group Psychotherapy"
J. Nerv. Ment. Dis. 150(5), 346-353, 1970.

Bednar, R.L. and Lawlis, G.F.

"Empirical Research in Group Psychotherapy"

in Bergin, A.E. and Garfield, S.L. (eds)

Handbook of Psychotherapy and Behaviour Change: An Empirical Analysis
John Wiley and Sons, 1971.

Berne, E.

Transactional Analysis in Psychotherapy Grove Press, N.Y., 1961.

Berne E.

Principles of Group Treatment N.Y. Oxford Uni. Press, 1966.

Bion, W.I.

Experiences in Groups Tavistock Publications, 1961.

Blake, R.R.

"Studying Group Action" in Bradford et al (eds)

T Group Theory and Laboratory Method N.Y. Wiley, 1964.

Bolman, L.

"Some Effects of Trainers on their T Groups"

J. Appl. Behav. Sci. 7(3), 309-325, 1971.

Bradford, L.P., Gibb, J.R., Benne, K.D. (eds)

T Group Theory and Laboratory Method N.Y. Wiley, 1964.

Chinsky, J.M. and Rappaport, J.

"Brief Critique of the Meaning and Reliability of 'Accurate Empathy' Ratings"

Psychological Bulletin 13, 279-282, 1970.

Cohn, R.C.

"Therapy in Groups: Psychoanalytic, Experiential and Gestalt" in Fagan, J. and Shepherd, I.L. (eds)

Gestalt Therapy Now Penguin, 1972.

Cooper, C.L.

"The Influence of the Trainer on Participant Change in T Groups"

Human Relations 22(b), 515-530, 1969.

Cooper, C.L. and Mangham, I.L. (eds)

T. Groups: A survey of Research Wiley-Interscience, 1971.

Corsini, R.J.

Methods of Group Psychotherapy N.Y. McGraw-Hill Book Co., 1957.

Corsini, R.J.

"Immediate Therapy in Groups"

in Gazda, G.M. (ed)

Innovations in Group Psychotherapy C.C. Thomas, U.S.A., 1968.

Culbert, S.A.

"Trainer Self-Disclosure and Member Growth in Two T Groups"

J. Appl. Behavioural Sci. 4, 47-74, 1968.

Dickenson, W.A.

"An Application of Learning from the Training Programme to Group Counselling"

in Truax, C.B. and Carkhuff, R.R. (eds)

Toward Effective Counselling and Psychotherapy Aldine, 1967.

Dinoff, M., Rickard, H.G., Salzberg, H., Siprella, C.N.

"An Experimental Analogue of Three Psychotherapeutic Approaches"

J. Clin. Psychology 16, 70-73, 1960.

Egan, G.

Encounter: Group Processes for Interpersonal Growth Belmont, Calif. :

Brooke/Cole, 1970.

Ezriel, H.

"A Psychoanalytic Approach to Group Treatment"

Brit. J. Med-Psychology 23, 59-74, 1950.

Ezriel, H.

"The Role of Transference in Psychoanalytic and Other Approaches to Group Treatment"

Acta Psychotherapy 7, 101-116, 1957.

Fidler, J.W.

"The Relationship of Group Psychotherapy to Therapeutic Group Approaches"

Inter. J. Group Psychotherapy 20, 473-494, 1970.

Fiedler, F.

"Factor Analyses of Psychoanalytic, Non-Directive and Adlerian Therapeutic Relationships"

J. Consult. Psychology 15, 32-38, 1951.

Fiebert, M.S.

"Sensitivity Training: An Analysis of Trainer Intervention and Group Process"

Psychol. Reports 22, 29-38, 1968.

Fiske, D.W., Luborsky, L., Parloff, M.B., Hunt, H.F., Orne, M.T.,

Reiser, M.F., Tuma, A.H.

"Planning of Research on Effectiveness of Psychotherapy"

Amer. Psychol. 25, 727, 1970.

Foulkes, S.H.

"Group Processes and the Individual in Group Therapy"

Brit. J. Med. Psychol. 34, 23, 1961.

Foulkes, S.H. and Anthony, E.J.

Group Psychotherapy: The Psychoanalytic Approach Pelican (1957), 1965.

Frank, J.D.

"Training and Therapy"

in Bradford et al (eds)

T Group and Laboratory Method N.Y. Wiley, 1964.

Fried, E.

"Individuation Through Group Psychotherapy"

Int. J. Group Psychotherapy 20(4), 450-459, 1970.

Gazda, G.M. (ed)

Basic Approaches to Group Psychotherapy and Group Counselling

C.C. Thomas, 1968(a).

Gazda, G.M. (ed)

Innovations in Group Psychotherapy C.C. Thomas, U.S.A., 1968(b).

Gendlin, E.T. and Beebe, J.

"Experiential Groups: Instructions for Groups"

in Gazda, G.M. (ed)

Innovations in Group Psychotherapy C.C. Thomas, 1968.

Gibb, J.R.

"The Effects of Human Relations Training"

in Bergin, A.E. and Garfield, S.L.

Handbook of Psychotherapy and Behaviour Change: An Empirical Analysis

Wiley, 1971.

Goh, Y.K.

Recent Research in Client-Centred Therapy Unpublished paper presented in partial fulfilment for Masters Degree, A.N.U., 1972.

Gordon, T.

"Group-Centred Leadership and Administration"

in Rogers, C.R. Client-Centred Therapy

Houghton Mifflin Co., 1951.

Goulding, R.

"New Directions in Transactional Analysis: Creating an Environment for Redecision and Change"

in Sager, C.J. and Kaplan, H.S. (eds)

Progress in Group and Family Therapy Brunner/Mazel Pub. N.Y., 1972.

Harvey, L.V.

Experience in Groups and Interpersonal Theory Unpublished paper,
A.P.S. Annual Conference, Adelaide, 1967.

Harvey, L.V.

Group Therapy, T Groups and Group Centred Learning : Implications of these
for the Education and Training of Adults

Unpublished paper, presented A.N.U., 1972(a).

Harvey, L.V. (ed)

Experiential Learning in Small Groups : A Symposium

A.N.U.C.C.E., 1972(b).

Hidas, G. and Buda, B.

"Communication and Aggression in Psychoanalytic Groups : The Group Process
from the Standpoint of Interpersonal Communication Theory"

Int. J. Group Psychotherapy 23(2), 148-154, 1973.

Heath, E.S. and Bacal, H.A.

"A Method of Group Psychotherapy at the Tavistock Clinic"

Int. J. Group Psychotherapy 19, 21-30, 1969.

Hobbs, N.

"Group-Centred Psychotherapy"

in Rogers, C.R. Client-Centred Therapy

Houghton Mifflin Co., 1951.

Holmes, J.S. and Cureton, E.E.

"Group Therapy Interaction with and without the Leader"

J. Soc. Psychology 81, 127-128, 1970.

Holt, H.

"Existential Group Analysis"

in Moreno, J.L. (ed)

The International Handbook of Group Psychotherapy

Philosophical Library Inc., 1966.

Hora, T.

"Group Psychotherapy, Human Values and Mental Health"

Int. J. Group Psychotherapy 8, 154-160, 1958.

Hora, T.

"Existential Psychiatry in Group Psychotherapy: Basic Principles"
in Gazda, G.M. (ed)
Basic Approaches to Group Psychotherapy and Group Counselling
C.C. Thomas, 1968.

Hurley, J.R. and Force, E.J.

"T Group Gains in Acceptance of Self and Others"
Int. J. Group Psychotherapy 23(2), 166-176, 1973.

Jacobs, M., Jacobs, A., Gatz, M., Scheible, T.

"Credibility and Desirability of Positive and Negative Structured
Feedback Groups"
J. Consult. Clin. Psychology 40(2), 244-252, 1973.

Johnson, J.A.

Group Therapy: A Practical Approach McGraw-Hill, 1963.

Kuehn, J.L., and Crinella, F.M.

"Sensitivity Training: Interpersonal 'Overkill' and other Problems"
Amer. J. Psychiatry 126, 840-845, 1969.

Lieberman, R.P.

"Behavioural Group Therapy: A Controlled Clinical Study"
Brit. J. Psychiatry 119, 535-544, 1971.

Lieberman, M.A.

"The Implications of Total Group Phenomena Analysis for Patients and
Therapists"
Int. J. Group Psychotherapy 17(1), 71-81, 1967.

Lieberman, M.A.

"Behaviour and Impact of Leaders"
in Soloman, L.N. and Berzon, B. (eds)
New Perspective on Encounter Groups Jossey-Bass Inc., 1972.

Lieberman, M.A., Lakin, M., Whitaker, D.S.

"Problems and Potential of Psychoanalytic and Group Dynamic Theories for
Group Psychotherapy"
Int. J. Group Psychotherapy 19, 131-141, 1969.

Lieberman, M.A., Yalom, I.D., Miles, M.B.

"Impact on Participants"

in Soloman, L.N. and Berzon, B. (eds)

New Perspectives on Encounter Groups Jossey-Bass Inc., 1972.

Meigniez, R.

"Group Therapy from the Existential Point of View"

in Moreno, J.L. (ed)

The International Handbook of Group Psychotherapy

Philosophical Library Inc., 1966.

Mullan, H.

"Status Denial in Group Psychoanalysis"

in Rosenbaum, M. and Berger, M.

Group Psychotherapy and Group Function Basic Books Inc., 1963.

Mullan, H. and Rosenbaum, M.

Group Psychotherapy Theory and Practice Free Press of Glencoe, 1962.

Parloff, M.B.

"Advances in Analytic Group Therapy"

in Marmor, J. (ed)

Frontiers of Psychoanalysis N.Y. Basic Books, 1967.

Parloff, M.B.

"Analytic Group Therapy"

in Marmor, J. (ed)

Modern Psychoanalysis N.Y. Basic Books, 1968.

Parloff, M.B.

"Group Therapy and the Small Group Field: An Encounter"

International Journal Group Psychotherapy 20(3), 267-304, 1970(a).

Parloff, M.B.

"Assessing the Effects of Head Shrinking and Mind Expanding"

International Journal of Group Psychotherapy 20, 14-24, 1970(b).

Pattison, E.M.

"Evaluation Studies of Group Psychotherapy"

Inter. J. Group Psychotherapy 15, 382-235, 1965.

Peters, D.R.

Identification and Personal Change in Laboratory Training Groups
Unpublished Doctoral Thesis, 1966.

Peters, H.N. and Jones, F.D.

"Evaluation of Group Psychotherapy by Means of Performance Tests"
J. Consult. Psychology 15, 363-367, 1950.

Pino, C.J. and Cohen, H.

"Trainer Style and Trainee Self-Disclosure"
Inter. J. Group Psychotherapy 21, 202-213, 1971.

Psathas, G.

"Overview of Process Studies of Group Psychotherapy"
Inter. J. Group Psychotherapy 17, 225-235, 1967.

Psathas, G. and Hardert, R.

"Trainer Interventions and Normative Patterns in the T Group"
J. Appl. Behav. Sci. 2, 149-169, 1966.

Psathas, G. and Igersheimer, W.

"Interaction Processes in Two Psychotherapy Groups : Therapist and Patient Difference"
J. Nerv. Ment. Dis. 142(4), 340-354, 1962.

Rabow, J.

"Quantitative Aspects of the Group Psychotherapist's Role : A Methodological Note"
J. Soc. Psychology 67, 31-37, 1965.

Rice, A.K.

Learning for Leadership London, Tavistock, 1964.

Rioch, M.J.

"The Work of Wilfrid Bion on Groups"

in Sager, C.J. and Kaplan, H.G. (eds)

Progress in Group and Family Therapy Brunner/Mazel Pub. N.Y., 1972.

Rogers, C.R.

Client-Centred Therapy Cambridge, Mass: Riverside Press, 1951.

Rogers, C.R.

"The Necessary and Sufficient Conditions of Therapeutic Personality Change"

J. Consult. Psychology 21, 95-103, 1957.

Rogers, C.R.

"The Findings in Brief"

in Rogers, C.R. et al (eds)

The Therapeutic Relationship and its Impact: A study of Psychotherapy with Schizophrenics Madison Uni. Wisc. Press, 1967.

Rogers, C.R.

"Two Divergent Trends" in May, R. (ed)

Existential Psychology Random House, Inc., 1969.

Rogers, C.R.

Encounter Groups Penguin, 1970.

Rogers, C.R. and Dymond, R.F. (eds)

Psychotherapy and Personality Change Chicago: Uni. Chicago Press, 1954.

Rogers, C.R. and Truax, C.B.

"The Therapeutic Conditions Antecedent to Change: A Theoretical View"

in Rogers, C.R. et al (eds)

The Therapeutic Relationship and its Impact: A Study of Psychotherapy with Schizophrenics Madison Uni. of Wisc. Press, 1967.

Ruitenbeck, H.M. (ed)

Group Therapy Today Atherton Press, N.Y., 1969.

Sager, C.J. and Kaplan, H.S. (eds)

Progress in Group and Family Therapy Brunner/Mazel Pub. N.Y., 1972.

Salzberg, H.C.

"Effects of Silence and Redirection on Verbal Responses in Group Psychotherapy"

Psychol. Reports 11, 455-461, 1962.

Scheidlinger, S.

"Symposium on the Relationship of Group Psychotherapy to other Group Modalities in Mental Health"

Inter. J. Group Psychotherapy 20, 470-472, 1970.

Schein, E.H. and Bennis, W.G.

Personal and Organisational Change through Group Methods N.Y. Wiley, 1965.

Schwartz, E.K.

"Non-Freudian Analytic Methods"

in Wolman, B.B. (eds)

Handbook of Clinical Psychology N.Y. McGraw-Hill, 1965.

Seligman, M.

"An Investigation of Verbal Behaviour between Alternating Self-Directed and Therapist-Led Group Psychotherapy Sessions"

Diss. Abs. Int. 29(3-b), 1180, 1968.

Shapiro, D. and Birk, L.

"Group Therapy in Experimental Perspective"

Int. J. Group Psychotherapy 17, 211-224, 1967.

Shapiro, J.G.

"Agreement between Channels of Communication in Interviews"

1966, reference unavailable

cited by Truax and Mitchell, 1971 (see reference)

Shapiro, J.G. and Voog, T.

"Effect of the Inherently Helpful Person on Students' Academic Achievement"

J. Counselling Psychology, 1969, full reference unavailable; cited by

Truax and Mitchell, 1971 (see reference).

Slavson, S.R. (ed)

The Fields of Group Psychotherapy Inter. Uni. Press, 1956.

Slavson, S.R.

"A Critique of the Group Therapy Literature"

Acta Psychotherapeutica 10, 62-73, 1962.

Slavson, S.R.

A Textbook in Analytic Group Psychotherapy N.Y. Inter. Uni. Press, 1964.

Smith, R.W. and Young, H.H.

"Re-enforcement and Changes in Loquacity in Group Psychotherapy"

Psychol. Reports 23, 230, 1968.

Stermerding, A.H.

"Evaluation Research in the Field of Sensitivity Training"

Unpublished manuscript, Leiden: Netherlands Institute of Preventative Medicine.

Stock, D. and Lieberman, M.A.

"Methodological Issues in Assessment of Total-Group Phenomena in Group Therapy"

Inter. J. Group Psychotherapy 12(3), 315-325, 1962.

Stoller, F.H.

"Marathon Group Therapy"

in Gazda, G.M. (eds)

Innovations in Group Psychotherapy C.C. Thomas, U.S.A., 1968.

Tannenbaum, R., Weschler, I.R., Massarik, F.

Leadership and Organisation N.Y., McGraw-Hill, 1961.

Truax, C.B.

"The Process of Group Psychotherapy: Relationships between Hypothesised Therapeutic Conditions and Interpersonal Exploration"

Psychological Monographs 75(7, whole no. 511), 1961.

Truax, C.B.

"Reinforcement and Non-Reinforcement in Rogerian Psychotherapy"

J. Abn. Psychology 71, 1-9, 1966.

Truax, C.B.

"Therapist Interpersonal Reinforcement of Client Self-Exploration and Therapeutic Outcome in Group Psychotherapy"

J. Consult. Psychology 15(3), 225-231, 1968.

Truax, C.B. and Carkhuff, R.R.

Toward Effective Counselling and Psychotherapy: Training and Practice
Aldine Pub. Co., 1967.

Truax, C.B. and Mitchell, K.M.

"Research on Certain Therapist Interpersonal Skills in Relation to Process and Outcome"

in Bergin, A.E. and Garfield, S.L. (eds)

Handbook of Psychotherapy and Behaviour Change : An Empirical Analysis
Wiley, 1971.

Weigel, R.G. and Warnath, C.F.

"The Effects of Group Therapy on Reported Self-Disclosure"

Int. J. Group Psychotherapy 18, 31-41, 1968.

Whitaker, D.S. and Lieberman, M.A.

Psychotherapy Through Group Process Atherton Press, N.Y., 1964.

Wolf, A.

"Psychoanalysis in Groups"

in Rosenbaum, M. and Berger, M. (eds)

Group Psychotherapy and Group Function Basic Books Inc., 1963.

Wolf, A.

"Psychoanalysis in Groups"

in Gazda, G.M. (ed)

Basic Approaches to Group Psychotherapy and Group Counselling
C.C. Thomas, 1968.

Wolf, A. and Schwartz, E.K.

Psychoanalysis in Groups N.Y., Grune and Stratton, 1962.

Wolf, A., Schwartz, E.K., McCarty, G.J., Goldberg, I.A.

"Psychoanalysis in Groups : Contrasts with Other Group Therapies"
in Sager, C.J. and Kaplan, H.S. (eds)

Progress in Group and Family Therapy Brunner/Mazel Pub., N.Y., 1972.

Wright, E.R.

"Comparative Study of Units in a Small State Hospital"

Dis. Nerv. Sys. 29, 189-192, 1968.

Yalom, I.D.

The Theory and Practice of Group Psychotherapy Basic Books Inc., 1970.