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An Exploration of the Interactions of Improvers and Deteriorators in the Process of Group Therapy: A Qualitative Analysis

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AN EXPLORATION OF THE INTERACTIONS OF IMPROVERS AND

DETERIORATORS IN THE PROCESS OF GROUP THERAPY:

A QUALITATIVE ANALYSIS

by

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GRADUATE COMMITTEE APPROVAL

of a dissertation submitted by

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This dissertation has been read by each member of the following graduate committee and by a majority vote has been found to be satisfactory.

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As chair of the candidate's graduate committee, I have read the dissertation of Laura L. Hoffmann in its final form and have found that (1) its format, citations, and bibliographical style are consistent and acceptable and fulfill university and department style requirements; (2) its illustrative materials including figures, tables, and charts are in place; and (3) the final manuscript is satisfactory to the graduate committee and is ready for submission to the university library.

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ABSTRACT

AN EXPLORATION OF THE INTERACTIONS OF IMPROVERS AND

DETERIORATORS IN THE PROCESS OF GROUP THERAPY:

A QUALITATIVE ANALYSIS

This study examined the interactions of individuals who showed symptom improvement and those who showed symptom deterioration during the course of 12-14 sessions of group process psychotherapy. Both general group themes, as well as themes specific to *improvers* and *deteriorators* were found.

General group themes included (a) an initial difficulty distinguishing between improvers and deteriorators, and (b) a tendency for group to focus on past or future focus versus present group issues. Specific themes for deteriorators included (a) substantial early disclosure in the group process, (b) open praise of the process of group, (c) the stated expectation of sharing deep personal information, (d) focus on others as well as questioning themselves, (e) concerns that were focused on family of origin, and (f) special interactions with group leaders. Specific themes for improvers included (a) initial hesitance in joining in the group process, (b) initiation of group time without apology, (c) tendency to announce and take credit for positive life changes, and (d) tendency to be checked in with by leaders and other members of group.

Findings suggested the difference between deterioration and improvement may be subtle and thus difficult for group leaders to detect. Although the differences were not immediately apparent, a deeper examination of group process did reveal distinct interaction patterns for deteriorators that were different than those of improvers. These

patterns of interactions for deteriorators and improvers are discussed. The general and specific themes found in this study are also examined in terms of the variables commonly examined in group (i.e. client variables, leader variables, and group variables) that may have contributed to the outcomes of group members. Clinical implications, limitations and future research directions are also discussed.

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Introduction

The effectiveness of group therapy, while a topic debated in the literature in the past, is no longer the focus of group research. Group treatment has been shown to work across different treatment theories as well as for a wide variety of disorders, and client improvement in group treatment has been shown in a vast number of studies. (Burlingame, MacKenzie, & Strauss, 2004). Although group has been shown to be effective for the majority of clients using the group therapy modality, there are those who do not benefit from group therapy but instead actually *deteriorate,* or have more symptoms, over the course of treatment. Unfortunately, research on deterioration in group, has been sparse and limited at best, and few studies in the research literature have focused on patient deterioration. The most commonly cited study was conducted in the early 1970's (Lieberman, Yalom, & Miles, 1973) and dealt with encounter groups, a form of group treatment that is not comparable to the group therapy currently practiced.

The majority of group research whether relating to deterioration or improvement has been derived from outcome studies involving a range of variables; with the bulk of research still primarily focused on improvement as opposed to deterioration. The general focus on outcome research has addressed the question as to whether or not group work is effective but has not addressed the question of why group members improve or deteriorate and how that may be related to the group process. Research designs that have suggested that the group experience resulted in change unfortunately provide little assistance in explaining how the group process may affect outcome for group members. Several authors have suggested that more

research on group process is needed in order to move the field from efficacy to an understanding of how group works (Bednar & Kaul, 1994; Greene, 2000). Researchers have also discussed the importance of connecting process with outcome indicating a need to specifically link process with outcome in research studies (Burlingame et al., 2004). The lack of research specific to process in group psychotherapy may be due to the fact that this area of study is particularly demanding because of the number of variables involved (i.e., individual member, therapist, and group variables) making the task difficult.

While the focus of group research has not been on group process, what has been done in this area has typically been examined in two ways; process as a phenomenon and process as interaction. A phenomenon is defined as "an aspect or characteristic of the group" (Fuhriman, Drescher, & Burlingame, 1984, p. 431) such as group climate, or specific therapeutic factors. This mode of research has generally defined a particular aspect of the group and then measured and analyzed it. Such research only allows for a closer look at one part of the group but due to its very nature ignores how that aspect relates to other variables of the group. Fuhriman et al. (1984) defined process as interaction as "a description of the reciprocal transactions of group members" (p. 431). The majority of research has focused on process as phenomenon, but little has been done on process as interaction (Fuhriman & Burlingame, 1994). What has been done suggests that there are three general approaches used to examine process as interaction.

The first method has involved using an existing system of rating in order to try and understand the in-group processes. Commonly used and accepted systems such as

the Hill Interaction Matrix rely on specific definitions of behavior that are derived by

researchers or developers and rated by individuals trained in coding the identified

behaviors according to the definitions provided in the model (Fuhriman &

Burlingame, 2000).

The second method of understanding group process as interaction has involved

using a framework based on the idea that existing theory and measurement guide the

analysis of the process. The use of the Critical Incident Questionnaire is an example of

this method (Kivlighan, Multon, & Brossart, 1996). Although less restrictive than the

aforementioned method there are also limitations to this method. As with a coding

system the framework relies on definitions of behavior and interaction dictated by the

researcher. Although this method is less structured it continues to be driven by the

theory and definition of the researcher and still uses only segments of the interaction,

making it impossible to take into account the context of the interaction within the

group.

The third way to conduct process as interaction research has been to allow

themes and explanatory alternatives to emerge from observing the actual interaction of

the group by conducting a qualitative analysis. This allows the interaction between

members and the group to drive the themes in the process. These are brought to light

through an atheoretical study of the interaction of the group. In other words, one does

not begin with set and preconceived categories but rather the study of the interaction

in the context of the group allows for the illumination of themes present in the group.

The hermeneutic method of qualitative analysis as outlined by Kvale (1996) is an

example of this method and was used for this study. This type of method is the least

structured of the three and leaves room for concern due to the fact that it provides limited organization and structure for this mode of inquiry. The decrease of formal structure as outlined by Kvale's method may also be seen as a strength as it allows for the examination of several variables which may exist concurrently within context of the group.

While this method relies on the flexibility of examining interaction within their naturally occurring context, which takes into account the many variables in group, it also allows for a link between process and outcome called for in the literature (Burlingame et al. 2004) and provides a specific direction for analysis. This link can be accomplished by adding an outcome measure to differentiate deterioration and improvement and thus adds structure to the process of analysis without limiting the examination of variables in the group.

Purpose of the Study

As mentioned earlier, while group therapy has become a mainstay in clinical practice (Taylor et al., 2001), the process of group therapy is not well understood (Bednar & Kaul, 1994; Burlingame et al., 2004). The vast majority of group research has been focused on testing the efficacy of group with relatively little focus on the process of group and what might be going on for the individual participants over time in the group. The difficulty of, and subsequent neglect of the study of process has left many questions about what happens in the process of group. Another complication is that for some, group does not seem as effective, in fact, their symptoms increase over the course of group. This raises questions about the process of group for such individuals. This type of empirical knowledge has implications for understanding

patient deterioration as well as improvement because it begins to answer the question of what might be going on in the process of the group for those who improve as opposed to those who deteriorate. A better understanding of change in process and how it may differ for individuals is essential in assisting all clients in group therapy.

The purpose of this study was to examine the interactions of individuals who improved in symptoms and those who deteriorated in symptoms in the process of group therapy. One way to accomplish this was to include an outcome measure in conjunction with the hermeneutic analysis. The outcome measure was used merely as a way to categorize group members for observation as either *deteriorators* or *improvers*. These categories (i.e., deteriorators and improvers) were different than other categories or variables previously studied. The hermeneutic analysis method was used because it does not limit the interpretations of what occurred in the process to previously determined definitions. This method also allowed for the complexities of the group process to be examined. Unlike coding systems such as the Hill Interaction Matrix, hermeneutic analysis allowed for dialogue to be understood in context and related back to the whole (Jackson & Patton, 1992). By using a combination of outcome measure with hermeneutic analysis in this study, it allowed process and outcome to be linked, and the process to be examined without losing the context of the variables at play (i.e., group, individual and leader variables). This not only strengthened the study but also provided some sense of direction in observing the process of group. Linking the process and outcome in that way also helped to further illuminate how process might bring about change.

Literature Review

In order to facilitate a better understanding of the basic concepts and variables in the study of group, a review of the literature pertaining to the elements of this study follows. The review of literature is broken down into six main categories: (a) outcome research, (b) client variables, (c) leader variables, (d) group variables as they pertain to group counseling, (e) process research, and (f) process linked to outcome.

Outcome Research

Outcome research can be separated into one of two areas; either the study of improvement meaning positive changes or the study of deterioration meaning negative changes. The bulk of the studies on group outcomes have examined the efficacy of group through outcome scores that are designed to study whether improvement occurs in group. Few articles discuss specifically deterioration in group. In reviewing this literature, improvement in group is examined first in terms of literature reviews and meta-analyses. Then, the literature dealing with deterioration is examined in terms of specific articles and a few reviews.

A plethora of outcome studies over the years has demonstrated that group therapy works as well or better than individual therapy or placebo. Horne and Rosenthal (1997), as well as Barlow, Burlingame and Fuhriman (2000) in giving a history of therapeutic groups, cited reviews and meta-analyses that point to the efficacy of groups. Kivlighan, Coleman and Anderson (2000) described eight meta-analyses that confirm the fact that group therapy is efficacious. Burlingame et al. (2003) found find an effect size of .71 in pre to post treatment change comparison of

group treatment. In a recent review of the literature, Burlingame et al. (2004) reviewed 107 studies and 14 meta-analyses that all support group as efficacious.

Despite the overwhelming evidence that group therapy is effective, there are some who do not improve in group therapy but in fact experience negative outcomes. Lieberman, Yalom, and Miles (1973) described individuals termed as "casualties" and "negative changers" (p. 107) who experienced negative effects from their encounter group experience.

There have been very few studies since the early 1970s dealing specifically with deterioration in groups. A search of the current literature uncovered only four research studies that dealt with deterioration, hindering events in group or damage due to group (Doxee & Kivlighan, 1994; Kaplan, 1982; Schopler & Galinsky, 1981; Smokowski. Rose, Todar, & Reardon, 1999). The lack of research dealing specifically with deterioration in group may in part be due to the overall efficacy of the group therapy with few studies specifically showing deterioration to work with. And, of course, it would be unethical to attempt to create deterioration in order to study this phenomenon. It may be that those who would deteriorate end up dropping out of group, which makes it difficult to track and study deterioration in group. Nonetheless, a better understanding of what might have happened that caused some to deteriorate is important to the field of group psychotherapy for several reasons. Understanding what causes deterioration will inform the field of what needs to change in the process of group. Understanding deterioration may also shed more light on improvement in group.

Several variables have been considered important in the examination of the group. The three areas most salient for this study include the following: (a) client variables, (b) leader variables, and (c) group-as-a-whole variables. Each of these areas will be discussed to provide understanding of how the areas have been researched in the past so as to provide a better understanding and reason for this study.

Client Variables

Since the client is the focus of the treatment and client characteristics are easily measured, client variables have been frequently studied in group psychotherapy. Yalom (1995) contended that "the identification of specific patient characteristics has held a primary position in formulations regarding those who improve or deteriorate in group treatment" (As cited in Burlingame et al., 2004). However, a complete understanding of client characteristics or variables has been difficult to achieve. In a recent review of client variables studied in the group therapy literature, Piper (1994) stated" due to their sheer number, client variables provide a formidable challenge to the researcher in regard to the issue of control" (p. 83). There has been a question of whether specific client variables or combinations of variables have been placed too much at the forefront in explaining the outcomes of groups since they are only one part of the equation of a complicated system. Because of their large number, their role can be complicated to understand. In order to better understand the role of client variables, Piper placed these variables in broad categories that included (a) demographic and diagnostic variables, (b) intelligence and expectancy variables, (c) additional personality variables, (d) historical and initial disturbance variables, and (e) interpersonal variables. He also examined studies investigating interaction effects.

These variables were examined by Piper as they were linked to attendance, remaining, group process and outcome.

In the area of demographic and diagnostic variables, there was little evidence that such things as gender, marital status, educational status, employment status, and social status significantly related to outcome. The variable of age appeared to be linked to outcome in that the older the client the less improvement there seemed to be (Piper, 1994). There did appear to be some evidence for the importance of formal diagnoses as it was linked with outcome and remaining in therapy. Piper reported that out of 14 studies dealing with formal diagnoses half reported significant results. Direct relationships with remaining in treatment were found for the anxiety and depression. Inverse relationships between personality disorders, paranoid disorders, and hysterical disorders and remaining were also found. Two studies found significance of neurosis or anxiety and depression linked to outcome. The only study that specifically dealt with process found no significant results.

Intelligence level did not appear to be important in group therapy. Expectancy did show evidence of being linked to process as well as outcome with five of seven studies reporting significant findings (Piper, 1994). Those reviewing the deterioration literature suggested that client characteristics included the inability to perceive expectations accurately or had expectations of rejection (Galinsky & Schopler, 1977; Korda & Pancrazio, 1989).

Piper (1994) reported some, though not overwhelming, evidence of the importance of the historical variables of previous treatment and chronicity of problems. Of sixteen studies investigating these variables, five found inverse

relationships. The deterioration literature reported some relationship as well. Initial

disturbances, a variable used in 40% of studies reviewed as predictor variables showed

mixed results with most studies showing indications of inverse relationships as well as

nonsignificant relationships.

The literature specific to deterioration, although scant in comparison and

focused on encounter group experiences, did identify several client characteristics that

confirmed the findings of Piper's (1994) review of the literature. Galinsky and

Schopler's (1977) review of the literature pertaining to deterioration identified several

client characteristics thought to be linked to negative group experience. These

included a history of psychological instability or disturbance, inability to comply with

group rules, inadequate or inflexible defenses, lack of attraction to group, and inability

to perceive expectations accurately. In a more recent review, Korda and Pancrazio

(1989) identified characteristics that appeared to put clients in danger of negative

outcomes in groups. These included a weak sense of self, low self-esteem,

concomitant life crises, and expectation of rejection. They also listed fear of self-

disclosure or feelings of having too freely self-disclosed and feelings of rejection. In

addition they listed the fear of one's own anger, or having values that were at variance

with those of other members of the group. Lieberman et al. (1973) described those

who deteriorated as "individuals with generally less favorable mental health, with

greater growth needs and higher anticipation for their group experience and yet who

lacked self-esteem and the interpersonal skills to operate effectively in the group

situation." Smokowski et al. (1999) found that casualties had stronger emotional

response and were less likely to seek additional help. Kaplan (1982) described those

who deteriorated in group as victims and described their characteristics as personal frailty.

The method for gathering information specific to deterioration in group has been, for the most part, interviews or questionnaires following the group experience. In these cases deterioration was determined by researchers or through individuals' self-report of deterioration (Lieberman et al., 1973; Schopler et al., 1981; Smokowski et al., 1999). This allowed for a view of one individuals' experience in the group in retrospect but gave little information of what happened in the process of the group for these individuals.

Although there does seem to be evidence of relationships both with process and outcome when specific client variables are studied by themselves, the question becomes whether too much emphasis is being placed on one variable or on the individual separate from the group. The high percentage of interaction studies showing significance point to the complexity of group. Of the 23 studies Piper (1994) found dealing with interactions, 83% found significant findings. This points to the fact that studying only one variable within the complex system may not be as beneficial as examining interactions between variables.

Another area of client variables that has not been studied extensively is that of interpersonal variables as predictors of process and outcome such as client participation and on-task behaviors. Piper (1994) described this category of client variables as vital to the continued study of group. In spite of the plethora of research on client variables, client interpersonal variables have not been well studied. Piper described several methods of measurement, including direct observation, interviews of

clients, and testing of interpersonal variables of group members. Of these methods, direct observation of group behavior appeared to be the best method with significant findings linking client interpersonal variables with both outcome and process in all of the studies using this method. This method of measurement however was also the least used, with only four studies being cited. To Piper, this information (1994) seemed surprising since "all therapy groups require certain types of group behavior from their clients" (p. 95). Given the requirement of certain group behaviors, it seems important to gain a better understanding about whether these behaviors are occurring and if they indeed make a difference in the process of the group.

In summary, clients bring to therapy a vast number of variables seen and unseen. It is difficult to understand which individual variables make the difference in group because attempting to separate out single variables creates an artificial situation while many confounding variables are still present. Given this difficulty, Piper (1994) suggested that studying interaction of client variables with other factors such as group variables or therapist variables at both lower and higher levels may shed light on the complexity of group process and the role client variables play in that process. He also emphasized the need to study interpersonal variables in groups. He suggested the use of direct observation as a method supported by the review of research thus far. Direct observation of interpersonal variables allows the researcher to better understand what is happening in the process of the group and how the client is contributing to the process or what the client is gaining from the process.

Leader Variables

Although clients make up the majority of individuals in the group there are also leaders who must be considered as part of the group process as they interact with clients and with each other in the case of a co-lead group. They carry a large part of the responsibility for the group even before it begins. They also carry the responsibility to recruit members of the group and help them understand how to get the most benefit from their group experience (Yalom, 1995). Dies (1994) conducted a thorough review of therapist variables in group and found 135 articles dealing with this subject.

The focus of research dealing with therapist variables has changed over time. According to Dies (1994), this focus has changed from personal and nonspecific aspects of the therapist, a more prominent theme in his earlier review of 95 articles, to the role therapists played in providing *structure* and other critical ingredients for treatment in the current literature. The role of forming the structure of the group appeared important especially in the beginning of the group process (Dies, 1994; Yalom, 1995). In an effort to understand the relationship of structure to outcome, 78 studies that compared two or more treatments with different levels of structure were examined. Structure was judged by the amount of activity in which the therapist engaged. In 27 of the 78 studies there appeared equal amount of therapist activity with the treatment focus changing, not the amount of structure. In the 51 studies that did find differences in the amount of structure, 40 of them found results favoring the higher structure with significantly better outcomes. An additional comparison of the 78 studies showed that more structured groups such as cognitive behavioral groups are

shown to be more effective than less structured groups termed as traditional (Dies, 1994), with a take home point being that less structure in general process groups may be detrimental to clients. What was not studied or understood was the content of the structure.

Although structure appears important, "the meaning of structure is highly variable across and very confounded within investigations" (Dies, 1994, p. 127). Dies contended, however, that there are some aspects of therapeutic structure that have with some consistency been related to outcome and provide a framework for therapeutic change. Structure is said to be more important before group begins in pregroup training as well as during the initial stages of group where norms, roles, and expectations are discussed. This structure seemed especially important in groups of clients with greater psychological impairment (Dies, 1994). Although some have argued that the amount of structure should decrease over the course of the group (Yalom, 1995), some researchers have found this not to be the case with short-term structured groups that tend to remain fairly structured over the life of the group (Lichtenberg & Knox as cited in Dies, 1994). This may be due to the amount of direction in short-term groups in general (Dies, 1994).

Two specific techniques have been discussed as ways of structuring; they include the ability of leaders to offer interpretations, as well as, provide reinforcement and modeling (Dies, 1994). Studies have shown that feedback coming from the leader is of higher quality and is more effective than feedback from others in the group (Morron et al. as cited in Dies, 1994). Yalom (1995) also contended that interpretations of process (i.e., process illumination) are generally the role of the

therapist and not clients. Research has shown the importance of leaders being able to

clarify group process, teach effective leadership strategies, model, reinforce group

behavior, and provide feedback. This occurs in more direct ways at the beginning of

group and in less direct ways as the group takes over this role (Dies, 1994).

It is hypothesized by some that as the group moves through stages toward a

higher functioning working group, the role of the leader is not as important. Research

has shown that a positive relationship with the leader, while able to produce an

atmosphere conducive to change, is not sufficient for change. The literature

concerning therapeutic factors has shown that group members experience the most

direct mechanism of change through interaction with one another and not the leader

(Dies, 1994). Although the research seems to indicate that the relationship with other

group members is more important for group members than interaction with the leader

of the group, Dies pointed out that this finding may be deceiving. He contended that

some had the tendency to underestimate the role of the therapist throughout the

process of group. He stated that this possible misconception may be due to the

measurements being used that discount the role of therapist. Dies contended that

measurements such as the Yalom's 60-item measure of therapeutic factors favored

member interactions instead of member-to-leader interactions. He asserted that

measures such as these may downplay the role of the therapist. Indeed, research has

shown a strong link between member-leader relationships and outcome, even in

exceedingly structured groups (Dies, 1994).

Dies (1994) found in general that there has been a decline in the use of

instruments used to evaluate therapists. He hypothesized several reasons for this

decline including: (a) research shifting from correlation to experimental in design; (b) increased efforts to structure groups, leading to reduced impact of individual differences of leaders; and (c) the thought that basic therapist skills such as empathy, and warmth are so well-established and taught that they are now assumed to be a part of training and knowledge of group therapists.

The literature pertaining specifically to deterioration found more links to leaders personal attributes or style as well at to the structure of the group. Lieberman et al.'s (1973) study found that the characteristics of the group leader had a significant bearing on client deterioration. Most studies have cited Leiberman et al. for the characteristics of leaders that have appeared to contribute to deterioration (Galinsky & Schopler 1977; Hartley, Roback, & Abromowitz, 1976; Kaplan, 1982; Korda & Pancrazio 1989). These characteristics included being charismatic, being rejecting or controlling, and requiring more emotion than a group member was willing to give. Yalom and Lieberman (1992) found some evidence that different types of leaders were associated with increased casualties. The two types of leaders most associated with those defined as casualties were aggressive, yet charismatic or those described as laissez-faire. The "aggressive stimulators" were seen as more authoritarian and took an active part in structuring the group. "Laissez-faire" group leaders were described as distant and somewhat cold. They offered little structure to the group. Additionally, Hartley et al. included lack of structure among leader characteristics associated with deterioration. Kaplan argued that the leader is the most important factor in an encounter group experience but instead of listing specific characteristics he listed ways

in which the leader may impact the group. The three ways he described are (a) misuse of power, (b) misconception of learning and development, and (c) the use of splitting.

Smokowski et al. (1999) found that those who deteriorated in group perceived the leader as the person responsible for negative events. Schopler and Galinsky (1981) found that individuals identified leadership as ranking second in being associated with negative interactions in group. Doxee and Kivlighan (1994) in creating a taxonomy of hindering events categorized them into eight main categories. They found one category specific to the leader (leader action-interactions) as well as other categories possibly shaped by the leader such as the categories *discounted-misunderstood* and *member attack*. A final note of interest is that Leiberman et al. (1973) found those leaders whose groups contained the most clients who deteriorated over the course of therapy were most likely to be unaware of the deterioration.

Although the research points to the importance of the role of leader there has been some disagreement of how much influence is had and how the role of leader changes as well as what this role entails. Some contend that the group takes over once the norms and structure have been established and others speculate whether the role of the leader simply becomes hidden in the complexities of the group. It does seem clear that whether the influence of the leader continues throughout the group there is some responsibility and link to both positive and negative outcomes. The complexity of the role and responsibility placed on leaders can be captured by a statement made by Bednar and Kaul (1994) who explained what the expected role of the group leader might be by saying "we expect therapists to understand what is happening, do

something appropriate about it, and adjust the treatment as necessary. It does not matter whether there is a single client or a platoon of clients sitting there" (p. 651).

It is interesting to note that more recent studies have been focused more on structure and setting norms with the indication that the personal attributes of the leader may be less important due to the assumption that personal attributes such as empathy and warmth are inherent in a well trained group therapist. The literature specific to deterioration, however has made no such claim and instead has focused to a large extent on the personal attributes of the therapist with an additional indication that the therapist may be unaware of deterioration and therefore unable to ameliorate it (Kaplan, 1982; Lieberman et al., 1973). It is unclear whether the passage of time and better instruction on therapeutic technique have created more self-aware and empathic group leaders, or whether the research topic has simply changed the focus from the personal attribute of the leader to the role they play in the structure of the group. One thing does seem clear in either case, the group leader plays a role in the process of the group and is important to consider in examining that process.

Group Variable

The final focus of research within the group research is the group itself. A collection of individuals can form a group but from that collection of individuals there appears another entity termed "group-as-a-whole" (Ettin, 2000). This has been described as the group becoming "more than the sum of its parts" (Ettin, 2000, p. 139). Ettin contended that the group-as-a-whole is an important part of the healing of each member of the group. Individuals within a group interact within a context rather than from one individual to another as in individual therapy, requiring attention to the

group as a whole, and not just the individuals within the group (Burlingame, Fuhriman, & Johnson, 2002). The concept of group-as-a-whole can be illusive. It relies on the parts of the group; that is the clients and leaders but as the group is formed, other variables are created by its formation. Burlingame, et al. (2004) explained this as seeing the group as a noun that goes beyond individuals, group leaders, or theories. Within this context, variables occur that can profoundly affect those in the groups.

A group variable more determined by the theoretical approach than the individual members is the type of group (i.e., cognitive behavioral, interactive process, etc.). This group variable, however, has appeared to be relatively unimportant as it relates to outcome. One study in the deterioration literature found that one type of group (expressive-experiential) produced more deterioration than others; however, the authors admitted that group leadership may have been a confounding factor in this finding since the leaders for the group that deteriorated did not follow the protocol set forth. In the broader literature of group therapy in general, there was no specific type of group that out performed another unless dealing with a specific disorder and, even then, several types of groups may have been efficacious (Burlingame, et al. 2004). Other group variables that were less structured but occurred as the group progressed were discussed in the literature as important aspects of the group to consider.

Some examples of group variables that have been found to be important are group development and cohesion. Davies, Burlingame and Layne (in press) gave the example of group development as an important variable that should be considered. They reviewed Mackenzie's model of group development citing the stages of

engagement, differentiation, work, and termination as empirically validated stages of group development (Mackenzie, as cited in Davies et al., in press). Yalom (1995) discussed three stages of group development consisting of: (a) the initial stage (orientation, hesitant participation, search for meaning, dependency), (b) the second stage (conflict, dominance, rebellion), and (c) the third stage (development of cohesion, advanced stage of group work). Yalom included a caveat that stages did not necessarily go in order and that the group could fluctuate between stages or could return to previous stages. Although there are different conceptualizations of group development, it seems clear that in some way the group experiences different stages of development above and beyond single group members or leaders. Another well documented group variable is cohesion. Burlingame et al. (2002) described cohesion as a relationship property of the group-as-a-whole. As such, not only is it important to attend to individual members but to the group as a whole in building cohesion. For example, whole-group variables such as group composition and pre-group preparation have been found to be important in building cohesion (Yalom, 1995). According to Horne and Rosenthal (1997) in many instances group cohesion is considered the most important aspect of the group and the most direct indicator of success of the group as whole as well as the growth of individuals within the group.

A review of early encounter group literature by Hartely et al. (1976) discussed several group variables found to contribute to group deterioration. These included lack of structure, unclear group norms or coercive norms, encouragement of confrontation and expression of anger, attack or rejection by group, as well as potential harm when defenses were attacked.

Schopler and Galinsky (1981) sought to understand the dimensions of groups that were thought to have negative effects on group members. This was accomplished by interviewing social workers concerning their experience with negative group experiences as leader, observer, or client. The dimensions specified by the authors included norms, cohesion, goals, roles, composition, extragroup relations, and leadership. Participants in the study were asked to rank the group dimensions in which most negative interactions were associated. This differed according to the role played; for instance, leaders ranked composition being most closely associated with negative interactions. Both observers and members ranked norms as being most closely associated with negative interactions. All groups in this study ranked leadership as second.

Similar to the leader characteristics, the group as a whole has been shown to create pressure to share emotions that may prove detrimental to members (Lieberman et al., 1973). Kaplan (1982) also discussed the possible power of the group stating the group as a whole could exert much the same power as a group leader. Although Doxee and Kivlighan (1994) did not find a specific category of hindering events associated with the group as a whole, several of their categories dealt with reactions or interactions with others in the group. These categories included group dimensions of norms and composition chosen by members/observers and leaders respectively were more associated with negative interactions in group (Schopler & Galinsky, 1981).

Group variables are created as members interact with one another and the leader of the group. These variables appear important for the growth and success of the group but are many times not taken into account in their relationship to the other

areas of group members and leaders. Group variables add a layer of complexity to group process that is important to consider in analyzing individual members across the span of a group.

Process Research

All of the above variables (client, leader and group) are important to understand in the context of the study of the process of group. The variety and complexity of variables involved in the process of the group invariably make the research of the process of group a difficult task albeit an important task. The importance of the study of process in group psychotherapy research has been emphasized by Greene (2000). He contended that more process research is needed and stated that:

> Experimental outcome research is designed only to offer predictions, a set of causal inferences that link a tightly scripted, complex set of therapeutic techniques with a battery of standardized, reliable, and validated measures of clinical improvement. An understanding of how and why therapeutic improvement takes place is left out of the equation. (p. 24)

Bednar and Kaul (1994) also contended that, though we have already determined the efficacy of group, we have continued to study this instead of trying to understand more about the process of the group which account for these outcomes. In their review of the group therapy literature they stated:

> We must now ask why the group disciplines have persisted with the same generic research question, (Are group treatments effective?) decades after this question has essentially been answered; and equally important, why we have

not been very successful with the next logical step of trying to isolate some of the more specific treatment elements that account for the variable success in group treatment results. In brief, why is it that we know so little about the most potent curative factors in group treatment and the conditions under which they are and are not effective? (p. 633)

The need for the study of the process of group has been well established; however, this is not an easy task and there are different ideas of what the study of group process entails. Fuhriman and Burlingame (1994) have asserted that the study of process can be divided into two categories, that of process as phenomenon as well as process as interaction. The first category or process as phenomenon consists of the description of some aspect or characteristic of the member, leader, or group behavior. Much of the literature discussed so far may be classified under the category of process as phenomenon. Fuhriman and Burlingame asserted that this has been typical of the group research with much of the research dealing specifically with process as phenomenon and little research dealing with process as interaction. Process as interaction consists of what is said or the reciprocal transactions within the group.

One can examine the process as interaction in several different ways. Broad classification of process examination may be broken down into three ways of examining process ranging from very structured and defined, to a general openness to the data providing the structure and definitions. The first of these may be described as using a specific system set in place such as a coding system. There are several coding systems found in the literature. One coding system that seemed to be the most frequently used in the literature, has been the Hill Interaction Matrix.

The Hill Interaction Matrix was designed by Hill in 1965 and is based on the theory of group that entails values of "member centeredness, interpersonal threat, and patient-therapist role taking" (Fuhriman & Burlingame, 2000, p. 142). Fuhriman and Burlingame noted that Hill was more concerned with the individual client and less concerned with the group as a whole, that there was a common fear of interacting with others and that in order for therapy to be accomplished, the group must have a topic person willing to be treated as a patient by other members as well as the therapist. These ideas guided the making of the matrix and how each cell was weighted.

The Hill Interaction Matrix in its entirety is made up of 20 cells with 5 work styles (e.g. responsive, conventional, assertive, speculative, and confrontive) and 4 content dimensions (e.g. topic, group, personal, relationship). These are fully crossed thus making the 20 cells. Generally the first work style has been dropped as it is not useful for therapy groups leaving a 16 cell matrix. The cells dealing with member-centeredness and work (as denoted by an identified person willing to be patient) are weighted more heavily as therapeutic. This system was based on the theory and understanding of one researcher and although the reliability has seemed to hold up, the validity of the scale is questionable. Although this system is useful it uses "sound bites" of the group interaction and therefore can not take into account the full context of the group.

Fuhriman and Barlow (1994) underscored the importance of analyzing the interactions within groups. They contended that

It is becoming increasingly apparent that recognizing the presence of

therapeutic or change mechanisms is a necessary, but far from sufficient

condition. More importantly, it is critical to understand the interactive

responsiveness of these mechanisms to one another, their interactive influence

on the participants involved, and the relevant context with which these occur.

(p. 191)

Fuhriman and Barlow (1994) suggested instruments used to code behavior or

interaction within the group and reviewed 29 instruments meant to analyze this. These

systems used set categories as well as the process of analyzing or coding segments of

the verbal interaction at a specific time, again making it difficult to understand the

interaction in the context of the whole. They were derived from specific theories of

change and verbal interactions and were coded according to an existing system and

left no room for interactions that didn't readily fit the system of analysis.

The second possible method of analyzing group interaction has involved using

a framework system in order to better understand what is going on. MacKenzie (1997)

described general dimensions or factors of group derived from the existing systems of

therapeutic factors. He contended that 12 factors could be combined into 4 higher-

level factors. Lese and MacNair-Semands (2000) developed an instrument meant to

test for therapeutic factors. By combining these two, a framework of how to look at

interactions in group is built that is less structured than the coding systems previously

mentioned. By using the existing theories and linking them a better understanding of

what might be going on for individuals in group is formed with less driving the

outcome. Another example of this method was outlined by Kivlighan et al. (1996) in

their use of the Critical Incident Questionnaire. In this example, clients completed the

Critical Incident Questionnaire, which was then rated according to existing rating systems in order to determine factors of helpful therapeutic impact.

The last possible method for understanding the interactions in group has been to allow the interaction to drive the analysis. This may be seen as an emergent approach as the themes of the process emerge from the data and are not dictated by either coding systems or a general framework. This allows for the interaction to be viewed within the context without prior notions of what to look for. This can be accomplished through qualitative methods meant to allow the data to speak for itself. Qualitative analysis allows the researcher to enter the context of the group and through empathy begin to understand the process (Jackson & Patton, 1992). The researcher is able to stay somewhat objective without the limitation found in many studies conducted through clinical observation of being the group leader as well as the researcher (Piper, 1994).

Process Linked with Outcome

In addition to studying process many researchers have emphasized the importance of linking process to outcome in order to better understand what happens in group and what has caused positive outcomes (Burlingame, et al., 2004; Greene, 2000, 2003). In general, this has not been well attended to (Burlingame, et al. 2004). This has limited the amount of information that could be gained through group research. Greene contended that attempts to link process with outcome would help to clarify what does work in the therapy process whereas strict outcome based studies give no such information. He also included the caveat that because most research has

been either outcome or process based, linking outcome and process must be a difficult

endeavor.

Krause and Howard (as cited in Greene 2000) have further stated that process

research "can serve as a vital complement to outcome research by challenging or

correcting causal misattributions that very likely occur in 'black box' outcome

designs" (p. 131). The strength of process studies that are linked to outcome include

the ability to examine both what happened as well as how it affected the client.

Process research without the link to outcome leaves one wondering if what is found as

significant in process actually makes a difference to the outcome of the client. The

opposite position is the lack of understanding of what in the process is causing good or

bad outcomes.

Conclusion

Group research has made considerable progress in showing the efficacy of

group as a treatment modality. In looking at individual variables, researchers have

attempted to understand the process of the group experience, and while inferences

have been made, the complexity of group has made it difficult to separate which

variables or characteristics of group are responsible for therapeutic process and

outcome with certainty. In response to these findings, several reviews have made

specific calls for more process research that allows for the complexity of the group to

be taken into consideration. Empirical quantitative research is limited by the

complexity of group as it calls for specific dependant and independent variables,

which places limits on the amount of context that can be considered. Considering

interactions in the analysis allows for some understanding of the complexity of group

but it is still difficult with numbers to gain an adequate picture of what is happening in group. Bednar and Kaul (1994) stated that in order to move the field of group work forward more attention must be paid to close observation and description of the process of group in order to better understand what is happening. Horne and Rosenthal (1997) also called for more qualitative methods that address both process and outcome to be used in the evaluation of group.

Various definitions given in the literature for the process of group include the variables of client, therapist and group-as-a-whole as part of the equation (Brown, 2003; Burlingame et al., 2004; Fuhriman & Burlingame, 1994). In order to gain a full picture of the process these variables need to be studied in the context of one another. This also includes the study of group across time. Fuhriman and Burlingame stated "If we are ever to comprehend the nuances of process and the specifics of change in a small group, we must consider process as fluid and continuous and measure it as such" (p. 502).

This study took into account the differing variables as well as linked process with outcome giving a more complete picture of group process. The analysis of the interaction of members and leaders across time was guided by outcome making it possible to better understand the process for those who improve and deteriorate. This gave a better understanding of the process of group as called for in the literature.

The purpose of this study was to gain an understanding of the experience of individuals in group therapy who improved and deteriorated over the course of the group through an in-depth and contextual analysis of the group therapy process, as examined through interactions within the group.

Method

Participants

Setting. Data for this study were gathered from the group counseling program of the Counseling and Career Center (CCC) of Brigham Young University. The CCC is a university counseling center serving over 35,000 students and their spouses. There is no restriction of treatment based on diagnosis. Services of the center include assessment, individual and couples therapy, and group therapy. More than 20 therapy groups are offered in the Center each fall and winter semester with fewer groups offered during spring and summer. Group referrals are made at intake and at any time the counselor deems them appropriate.

Groups. The groups that were analyzed in this study came from a larger study consisting of 18 groups. The larger study gave group process feedback to half the groups and analyzed its effect on outcome. Initial analysis in the larger study found that within-group variations in outcome were surprisingly large in both treatment and control conditions. While there were no between-groups differences in outcome found in any of the 18 therapy groups (using an omnibus test), improvement seen in patients varied dramatically within the individual groups. In other words, outcomes within each group were so varied that between-group differences were statistically insignificant. While no between-group difference could be studied the option of more closely examining the large within group differences was examined. Seven of the groups from the previous study gave written consent to be videotaped, and transcriptions were made of each session for these groups.

The two therapy groups used in this study were those groups within the seven transcribed groups that contained both participants who improved significantly and participants who deteriorated significantly on the outcome measure over the course of the group. Significance according to the measure as described below. In comparison to the larger sample of the full 18 groups these two groups contained the highest number of both subjects whose symptoms improved significantly as well as those whose symptoms deteriorated significantly as indicated by the outcome measure used. These groups were used in the study in order to examine the group process of a group that contained both extremes. This allowed for those with differing outcomes to be examined within the same group context. This also provided a framework to examine any differences in the process of the group that existed for those who showed improvement versus those who deteriorate over the course of the group.

Individual group members. The first group contained four members who improved and two who deteriorated. There were eleven members total in this group. The second group contained two members who significantly improved and one who significantly deteriorated. There were nine members total in this group. Both groups were process groups. The first group was a general therapy group. The second group was a sexual abuse therapy group. This group consisted only of females who had a common background of some type of sexual abuse. Both groups were led by two co-leaders, one of whom was a licensed psychologist. The other leader was a graduate student or intern. Those who showed both deterioration as well as improvement had all joined the groups within the first two recorded sessions. Two improvers withdrew from the groups before the end of the study, both due to class conflicts. One

deteriorator withdrew from the group for several sessions due to a class conflict but returned to the group when her schedule allowed attendance.

Instruments

The instrument used to identify improvers and deteriorators for this study was the Outcome Questionnaire-45 (OQ-45) consisting of 45 items (Lambert et al. 1996). It is used as an assessment of symptoms that are thought to indicate improvement and outcome. Each of the 45 items are based on a Likert scale ranging from 0 (never) to 4 (almost always). It was designed to measure functioning in three different domains: subjective distress, interpersonal relationships and social role performance with the full scale score measuring overall functioning (Meuller, Lambert, & Burlingame, 1998). The full scale score was used as the outcome measure in this study.

This measure has been shown to have high internal consistency scores (.93) and test-retest reliability scores of .84. This measure has also been shown to be valid both in construct validity as well as concurrent validity (Meuller et al., 1998). A score of 64 or higher indicated a level of symptoms within clinical range. A change score of 14 pts was considered a significant change in symptoms (Lambert et al., 1996). According to Lambert et al. a significant improvement then would be indicated by a drop of at least 14 points. In contrast an increase of 14 points would indicate deterioration.

Each of the individual group members in the study scored within the clinical range with an initial full-scale OQ-45 score of above 64. A change score of 14 pts or greater was used to indicate improvers and deteriorators. It was also decided to include as deteriorators only those whose initial full-scale OQ-45 score was within the clinical

range. This eliminated possible regression to the mean and allowed for a more clear

distinction between deteriorators and improvers for the purpose of this study.

The Qualitative Research Paradigm

"The term 'qualitative research' refers to a variety of approaches to enquiry in

the health and social sciences that address the meaning of verbal text in verbal rather

than numerical terms" (Rennie, Watson, & Monteiro, 2002, p. 179). The field of

qualitative research contains many methods much like quantitative research.

Polkinghorne (1984) asserted that although qualitative methods have been used within

psychology since its origin, they have not been within the mainstream of psychology.

He asserted that using strictly quantitative methods derived from the physical sciences

is lacking when trying to understand human behavior, motives, and meanings. He

stated that qualitative research is often needed to further understand these things. It

seems that others agree with this sentiment as there has been an increase in the use of

qualitative methods in recent years (Rennie et al., 2002).

Emphasizing the importance of qualitative research Ponterotto (2002) termed

the use of qualitative methods as the "fifth force in psychology." He asserted that the

momentum and use of qualitative research methods has grown and will continue to

grow as researchers become aware of the benefits of qualitative research. He identified

particular strengths of a qualitative design and stated "first and foremost, the research

team captured the lived experiences of the participants…" (p. 399). This is a crucial

aspect of qualitative research and what makes it distinct from quantitative research.

Lee (1999) defined four characteristics of qualitative research. He stated that

qualitative research: (a) occurs in natural settings, (b) is derived from participants'

perspective, (c) is flexible, and (d) does not use standard instrumentation, observation methods and modes of analysis (p. 163).

Rennie et al. (2002) described qualitative research as a "variety of approaches to inquiry in the health and social sciences that address the meaning of verbal text in verbal rather than numerical terms" (p. 179). The approach used depends on the data and question asked. Within this study the hermeneutic approach was used to analyze these data as it allowed interpretation of the meaning of text within its context. This was appropriate especially for group research as hermeneutic analysis allowed for the understanding of the parts in relation to the whole and allowed the researcher to enter into the interactions and derive the meanings through empathy (Jackson & Patton, 1992)

Hermeneutic theory and design. Hermeneutic analysis has its origins in philosophy as a way of interpreting meaning within a context. This approach has been used more specifically in the interpretation of texts, such as biblical and legal texts, with the assumption that the text must be interpreted within the context it was written to be understood (Patton, 2002). Heidegger (as cited in Packer, 1985) brought Hermeneutics into the realm of psychology through his work, *Being and Time.* Within this work Heidegger defined three ways of being: (a) ready-to-hand, (b) unready-to-hand, and (c) present-at-hand. He contended that ready-to-hand is the act of engaging in the practical activities of life. Unready-to-hand occurs when we are at a loss or there is an interruption in practical activity. Present-at-hand is the mode of engagement that is removed from practical activity somewhat like an observer. Packer stated, "Heidegger proposed that hermeneutic phenomenology is the method of investigation

most appropriate to the study of human action" (p. 1081) because it allows the

investigator to be present in the human action being studied instead of removed. It

allows the investigator through ready-to-hand engagement and unready-to-hand

engagement to understand the action being studied more fully (Packer, 1985).

Hoshmand (1989) explained that hermeneutics is used in "phenomenological inquiry

as a systematic guide to achieving correct interpretations and understanding" (p. 22).

Kneller, (1984) gave several principles or themes important in hermeneutic

inquiry. These include:

> [a] Understanding a human act or product, and hence all learning, is like
>
> interpreting a text. [b] All interpretation occurs within a tradition. [c] The
>
> interpreter begins with a preliminary understanding of what he or she
>
> interprets. [d] Interpretation involves opening myself to a text (or its analogue)
>
> and questioning it. [e] The text must be interpreted in light of my situation. (p.
>
> 68)

Analysis

Interpretation of the transcripts and videos followed the canons of hermeneutic

interpretation adapted from Kvale (1996) and as delineated by the following process

of analysis adapted from Jackson and Patton (1992) for hermeneutic interpretation.

1. Videotapes of all sessions of the group were first viewed to gain an overall

   picture, or sense of the groups. (Jackson & Patton, 1992; Kvale, 1996). The

   researcher began with an acknowledged basic understanding of the context or

   theme of the text, but this was set aside as the phenomenon was viewed with

   minimal *a priori* notions. This allowed the researcher the opportunity of

understanding the "subjective meaning of the acts from the perspective of the participants….through the use of empathy" (Jackson & Patton, p. 203; Kvale, 1996). General notes of the sessions and impressions of the feeling of the sessions were noted. Transcripts were checked for accuracy as well during the initial viewing of the tapes.

2. Improvers and deteriorators were then identified by matching the outcome scores to the particular clients.

3. The taped sessions were again viewed with deteriorators and improvers in mind making corrections to transcripts in places it seemed meaningful. Making notes concerning specifically deteriorators and improvers to mark areas of interest.

4. The transcripts were then read and general themes identified.

5. Themes were modified, added, or deleted through successive readings of the transcripts. This was conducted in order to uncover progressively deeper levels of meaning in the text as they applied to individuals who improved and those who deteriorated as well as the group as a whole. This process of seeming circularity is described by Kvale (1996) instead as a "spiral" because the parts are brought back to the whole, which in turn better defines the parts more clearly. This creates not a circle but a deepening spiral of meaning. This also allows the investigator to test the parts against the whole in a validating process keeping the context or whole in tact (Jackson & Patton, 1992).

6. Description of the meaningful themes was then accomplished by finding a language that accurately described the findings (Jackson & Patton, 1992; Kvale, 1996,).

7. The logic and validity of the themes in the context of the transcripts were checked (Kvale, 1996). This was accomplished by an auditor familiar with qualitative methods.

The principal investigator who had training in qualitative methods conducted the initial analysis. A faculty member experienced in the above method served as the auditor of the analysis. Throughout the above process the auditor checked the analysis for accuracy and validity by reviewing samples of the interpretive process. The auditor continued to review and verify the validity of the process as successive themes were identified.

Results

The purpose of this study was to examine the interactions of group members who showed significant increase in symptoms (deteriorators) as well as those who showed significant decrease in symptoms (improvers) over the course of group therapy. Both groups studied were described as general process groups. Group 1 was a general process group open to anyone and Group 2 was a general process group specifically for sexual abuse survivors. Neither group had set topics to discuss or a set agenda to follow. They were both open groups with group members joining the groups throughout the process.

Although the focus of this study was on the interactions of deteriorators and improvers, the design of the study allowed for identification of general group themes in addition to the themes specific to deteriorators and improvers. The general themes give additional information dealing with the context of the group in which deteriorators and improvers participated. The general themes will be displayed followed by more specific themes which emerged for deteriorators and improvers respectively. All group members' names were changed to protect anonymity. The therapist and co-therapist are identified respectively as T and CT in the transcripts. Group members who showed deterioration are identified by the pseudonyms Martha, Lucy and Gita. Those who showed improvement are identified by the pseudonyms Bethany, Wendy, Mark, Scot, Kristen and Roxanne.

Statement of Researcher's Biases

The process of actively questioning data and attempting to free oneself of specific bias or hypotheses was the focus of the researcher during the analysis process.

Questions of bias were also openly discussed with the auditor in order to limit bias as much as possible. It was noted that some themes emerged as somewhat surprising given the emphasis in training experienced by the researcher. This reaction of surprise in viewing the tapes and reading the transcripts shows a bias and mindset that should be taken into consideration when viewing the results of this study.

The emphasis in training on "here and now" processing as well as group interaction vs. individual interactions within group provided a framework in which the researcher viewed the tapes and transcripts. Assumptions of these groups were that there would be group and present (here and now) focused process interactions. The other bias that surfaced was the thought that those who showed deterioration would stand out in some way from other members of the group and would be easily identifiable to the researcher because of their lack of participation or in displays of more deviant participation in the group. Although these biases were noted and actively questioned the themes pertaining to the focus of groups was deemed important in the analysis of the data.

General Group Themes

Improvers/deteriorators indistinguishable. The researcher watched all group sessions to get an overall sense of the groups before identifying deteriorators and improvers. One of the most surprising findings was that those on either side of the spectrum, either showing significant improvement or significant deterioration were not immediately apparent after viewing the tapes the first time without a knowledge of outcome scores. Upon completion of viewing the tapes, the researcher was unable to distinguish any of the group members as clear improvers or deteriorators. In fact, the

researcher mistook all individuals who showed deterioration as possible improvers and several of those who showed improvement as possible deteriorators. For instance, those who showed deterioration in symptoms were, in all cases, individuals that the researcher anticipated from group participation might be improvers after viewing the group process.

Past or future focus versus present focus. Another interesting observation and subsequent theme was the focus of the groups as a whole. Discussions within the groups were generally related to situations that had occurred previously in group members lives or specific events group members were anticipating in the future with group members problem solving, giving suggestions or supporting the individual group member. Processing of events and how they affected individuals in their current lives outside of group was also discussed. However, processing past events or problem solving future events for individual group members tended to be the focus of group time.

There were times when the group leaders attempted to focus the discussion on the dynamics within the group, relating these dynamics to group member's way of interacting outside of group. Several comments made by group leaders early in the group process of Group 1 seemed to be targeted at getting the group to look at the present focus within the group and how they were reacting to one another. The first session of Group 1 is present focused because individuals are discussing expectations, fears, concerns, etc. about the group itself. The group leader also initiates present focus by asking questions such as "how will that play out here". In the same session, in response to one group member's comment "it depends on the situation" with respect

to expectations of others , the group leader states "well, here's one" referring to the 'situation' of group. These comments were not picked up by the group or followed up on by the group leaders.

One of the main ways leaders in both groups brought the group to present group interactions was by asking members how they were reacting to the group, how they felt about the group or particularly how it felt to share something of themselves with the group. Group members also interacted within the group in the present tense by reacting to others comments but these interactions appeared as more of a side note than the emphasis of the groups. These interactions occurred more between leaders and improvers early in the group process as leaders brought these members into the group discussion. As the groups progressed present group interactions occurred but were not focused on and were left quickly to discuss situations and interactions outside the group.

Group 2 displayed even less present focus with much of the time spent on processing past experiences and problem solving for future experiences. The group leader of Group 2 did ask for reactions of group members concerning what was being discussed in the group. Topics that group members were struggling with outside of group were brought up in group and became the focus of group conversations. The reaction of group members was to share their own experiences from outside the group or to attempt to give advice in helping to solve or alleviate the concern of the group member sharing.

Neither group was devoid of present tense processing within the group, in fact these interactions make up most of the examples used in the themes found; however

this type of processing did not appear to be the focus of either group. These interactions were not followed up with or explored by group leaving an overall sense that these types of interactions were a side note and not the focus of the groups. Given the emphasis in training on group process and the importance of illuminating the here and now and discussing the interpersonal relationships within the group the lack of this type of interaction was somewhat surprising.

Deteriorators

  Substantial early disclosure. Although they expressed concern about group process, the deteriorators became emotional or were very open within the first session they joined the group. They typically initiated talk of group process or delved into their own emotional process. This contrasted with the verbal hesitancy of other members of the group in the early sessions—particularly those who showed improvement in symptoms.

  Those who showed deterioration were among those who dominated the group discussion early in the group process. Topics brought up specifically by these group members were particular fears and requests for the process of group as well as a more detailed accounts of their concerns. These group members were among those who, early in the process of group who appeared to openly disagree with others in the group or share concerns. Their seeming willingness to disagree or discuss the matter seemed to open the way for a more honest conversation about the topic at hand. An example of this willingness to confront or discuss difficult issues occurred in response to the topic of having an opening prayer in one of the groups. Although many group members expressed indifference, deteriorators were among the group members who had

concerns and expressed clear opinions, in this case expressing concerns about having prayer in group. Other group members, who before had voiced indifference, then seemed to take more interest in the subject and more readily shared their own opinions. In the beginning of the group, as group rules and expectations were discussed, deteriorators added more to the conversation by sharing experiences and concerns about the process as well as personal experiences of what they hoped they would gain from group or how it could be helpful for them. The sheer volume of speech among deteriorators outweighed other group members in the first sessions.

Early disclosure was also displayed by a deteriorator who joined one of the groups already in progress. Although this member expressed concern about what the process entailed, she immediately joined in the process by expressing her concerns openly and in detail becoming emotional in a relatively unemotional group.

During her first session in the group (Group 2, session 2) Martha introduced herself, expressed concern about group and then immediately became emotional and discussed her concerns with the group.

Martha: I'm Martha. I'm from (place). I'm a (major). Well, it's called (major) now.

T: What year are you?

Martha: I'm a senior. I should be graduating. I have one class in spring. I'm married. I've been married since last December, so almost a year.

T: So what brings you to the group?

Martha: I was referred by Dr. (counselor). And you guys all seem all normal about it. But I'm a beginner (Martha begins to cry).

T: It's okay.

Martha expressed why she was in the group and talked for a considerable

amount of time…

T: Would you like some feedback from the group. You've talked quite a bit.

Would it help to hear maybe something more explicit from the group?

Martha: Sure

Later in the same session another group member reflected on Martha's initial

experience in the group.

Helen: I think Martha came right into the group today and shared right off.

T: That's hard.

Helen: Wendy did the same thing.

Bethany: We understand. There is no normal, so there's nothing to have to

conform to.

This was again discussed in the 8th recorded session of the group in response to

a new member being concerned about talking too much.

Martha: My first time all I did was talk because I think you're finally in a place

where you're like, "They understand me." And I bawled the whole time.

H1: That was a shock. I think Martha was the first person to ever be at her first

group and just talk and talk.

Openly praised the process of group.　　Deteriorators openly expressed

how positive the process of group was for them, how welcome they felt or how much

they appreciated other members of the group. This occurred both at the beginning of

the process, within the first sessions of the group, as well as later in the group, generally in response to new people joining the group.

The following occurred at the beginning of the second session in response to the group leader asking how group members felt after their first meeting (Group 1 session 2).

T: …For most people group was a brand new experience. How did you feel after leaving the group after your first two hours here?

Gita: I felt like there was general concern. It wasn't just like, oh, that's your problem. It was like we're here to help you. What was her name? I think it was Emma. She was sharing her experience. "Here's my experience with that. What are your options?" It was very open instead of closed off.

Lucy: I liked everybody more after we left than when we came in.

T: What happened for you?

Lucy: I just got to see a little bit – there isn't so much small talk as there is when you meet people. You share a little bit more than you would when you first meet someone. I felt closer to them.

In the fourth session one of the group members expressed feeling overwhelmed in group when she comes in already feeling down and then hears others concerns as well. The group leader then asks if others feel the same way (Group 1 session 4).

T: Anyone else ever experience that? Feeling more drained or less enthused than when you came?

Lucy: Not in group.

T: So are you having a good experience?

Lucy: I like it. I like hearing other people talk to each other about their problems and feelings stuff. Actually, I think it seems like something that should be done everywhere in all different kinds of places. It seems like it would be a useful too for society was a whole to come together and talk about how you really feel instead of just making small talk.

This same group member again expressed appreciation for group in the 5th session (Group 1 session 5).

Lucy: I did a good thing. I called my mom and it worked out really well. You guys can all pat me on the back when we walk around.

T: We already are.

Lucy: Thanks. Really thanks to this group. I'm really glad that we do this. My mom asked me, "What's going on? You seem different." I said I didn't know but I've been reading my scriptures more, and I'm going to counseling.

Again in session 12 the same group member shares with a new member her perception and feelings about group (Group 1 session 12).

Lucy: I'm Lucy. I'm from Washington State and I'm an art major here at BYU. I'm a senior and I'll probably graduate in April. I've come to counseling here at BYU ever since I came to school just because I think it's good for me and my problems. One of them is ADD. I just really like this group and I like therapy.

T: You're a groupie.

Lucy: Yeah.

Another deteriorator shared experience in the group at the end of her first session attending the group (Group 2 end of first session attended, 2nd recorded session)

Martha: … I think it's cool that people care if you're here or not. It makes you feel like you have a place.

Helen: So are you feeling like that already? That you have a place?

Martha: Sure

Helen: Do you feel accepted?

Martha: Yeah

This same group member again discussed her feelings about group in the 8th session in response to a new member coming into the group (Group 2, session 8).

T: (to a new member)… you find out you're not the only one-these people are quite normal, wonderful and fantastic…

Martha: I felt that way when I first came. I think you guys are wonderful.

Expectation of sharing deep personal information. Those who showed deterioration expressed the specific expectation that deep or personal information is shared in group. This was shared generally in response to questions by new members of the group and subsequent discussions of their view of the process of group and what was expected.

In response to a question by a new group member deteriorators expressed the expectation of sharing such information. The following was taken from the second recorded session of the first group (Group 1, Session 2).

Roxanne: I have a question for whoever wants to answer from last week. Did you feel, you know, when you first meet new people and it's hard to talk to them…I think in group we all have the same goal that we want to get something out of the group. It could be different for everyone. Did you feel more comfortable to start out in here than you would anywhere else?

Lucy: You mean with a counselor?

Roxanne: No, like what you were saying before--about being in here.

Lucy: No. I think I felt more intimidated than I usually do. Because it's kind of expected that you're going to be showing yourself.

Roxanne: What about for you?

Gita: When I first started a year ago (in another group), all I would say was, "My name's Gita. I'm a freshman." My counselor was actually the one leading the group. It took her three months of saying, "You can say a little more than that. You can say a little more than that," for me to come in. I finally got to the point where I could say, "I'm Gita. This is what's happened in my life." So it got easier to say more later on. I remember those feelings of being a first-timer. I just felt like saying, I'm Gita and that's all you need to know.

Roxanne: So this group is different than any other group you've been in?

Gita: Yeah, but there's still that expectancy that you're going to share your deepest feelings, and that's really intimidating to me because there's some deep stuff in there.…

Another deteriorator shared the following toward the end of her first session in the group (Group 2, session 2).

T: Good. What's it like for you to come into the middle of a pretty intense group process, Martha?

Martha: I had no idea what it would be like.

T: Well, what's going on for you, Martha?

Martha: It's cool to be able to hear people talk about stuff.

T: Like what?

Martha: The stuff that's happened to you. You don't usually talk about this stuff unless you're crying and you're in the fetal position.

Bethany: We've all been there.

Martha: I don't know about you guys, but I'll watch a movie that'll trigger something from the past and then I'm all done for the night. I'm all done. I just end up crying for hours. It's cool to hear people talk about it. And it's cool to have people listen.

Again this same group member shared her opinion of what was expected to be shared in group process in the 9th session in response to new members joining the group (Group 2 session 9).

Jamie: At the same time, it's not bad to be uncomfortable and being forced to think about something .

T: True. It goes both ways

Martha: You don't expect to come to group and have it be really comfortable. And you have the responsibility of listening to the hard stuff when you come.

Focused on others/questioned self. Those who showed deterioration in symptoms also tended to focus on others and as the group progressed seemed to

question themselves. Deteriorators were generally active in the group process, although many times it was to encourage, challenge or otherwise help someone else in the group instead of sharing their own concerns. They were among the group members who were more likely to confront and challenge others in the group; however they were also likely to notice those who were struggling in some way and tended to bring group members into the conversation. While they tended to encourage others to take risks and talk in group they appeared to question themselves as the group progressed.

The following interaction occurred in the third session of the group as Gita confronted Roxanne in terms of how she sees herself.

Roxanne: I don't really care much about other people's opinions as far as my relationship with him goes. I care what my family thinks about him.

Gita: I was going to say that. You don't care about anybody else, but you do care about your family.

Roxanne: Right.

Gita: It doesn't seem like you care a whole lot about how you feel inside, either.

Roxanne: It's not necessarily that I don't care. I pay tribute to it every now and then.

T: I pay tribute.

CT: I light incense.

The following interaction took place in Group 2 session 3. Martha confronted another group member:

Jamie: You just seem like when you're in a relationship with somebody, whether it be they're just your friend or you want it to be something more, you lose those boundaries.

Martha: Do you think it's their right and privilege to pass through those boundaries just because you like them?

T: Is that accurate or not?

Wendy: Yeah.

T: What's it like to hear that? Is it making you mad?

Another interaction took place in Group 2 session 5 showing Martha challenging another group member:

Wendy: well, now I don't know if he thinks I'm totally unstable. In ways I am unstable, but I don't consider myself psycho or anything. I don't know if he thinks I am. But he always tells m, "If I didn't like you and thought you were weird, I wouldn't hang out with you."

T: Do you believe that?

Wendy: I do, actually , because I've seen how he reacts to other people.

Martha: What do you expect from him if you call him crying? It's like you're putting someone in such an awkward position.

Deteriorators' focus on others was also seen as they tried to take care of others. They tended to see what others in the group, including group leaders, seemed to miss.

The following is an interaction that occurred in Group 1 session 6

Lucy: I think Roxanne has more to say.

Roxanne: Yeah. I don't mean to cut you off. I do appreciate your comment because it was a way to express yourself, but it was hard at the same time. I kind of internalized it. That's an example of the focus energy that should go somewhere other than a slam or inside yourself.

Lucy: Good job!

T: What do you mean good job?

Lucy: I was waiting for her to do that the whole time. I figured it would have hurt your feelings and I was wondering if you would say that it would, and I'm glad that you did. That would make me feel better. I'm sure that was hard for you, but I'm glad that you did it.

CT: Was anyone else aware today that Roxanne was going through that?

Gita: I was.

Kristen: I had forgotten, but last week I'd thought that.

Gita: I saw that last week too. I could tell right off. I have a good sense of looking at someone and being able to tell. I caught up with her last time and I said, "are you ok?" and she said, "how did you know?" I just figured from her face.

As the group process progressed those who deteriorated appeared to become less sure of sharing in group. They began to share less and question when they did share whether their needs were legitimate or worth other's time. Those who showed deterioration in symptoms over the course of the recorded group process tended to apologize for taking time to talk about their own issues or questioned whether they should take time in the group to talk. This occurred after their initial disclosure and

continued throughout the group process. This was a subtle change in interactions that was only picked up through subsequent reading of the transcripts. The following occurred during the second group session.

One group member stated that in many cases he felt self-conscious or questioned what he said in social situations. When a group leader asked him if this had happened in group his response was no but both deteriorators in the group nodded their heads yes. The group leader challenged the group member to bring it up in group if he ever did have that reaction. The conversation continued and the following dialogue took place:

Lucy: It's really funny, too, if you finally realize what you're thinking. Somebody snaps you out of it and you can finally see what you're thinking.

T: Do you mean to say that you've already experienced that here?

Lucy: Well, I always feel like I talk too much. What I kept thinking is that I need to let other people talk.

T: So that's one of your internal voices? A thought you hear. "Lucy, you talk too much."

Lucy: Yea…(to herself) "you've talked way to much."

The following interaction displays Gita's concern of sharing in group even when encouraged by other group members (Group 1, session6).

Roxanne: Well, we haven't heard from Gita in a couple of weeks.

Gita: Oh, my goodness... and Scot.

Liza: The four of us do a lot of talking right now.

Emma: What's going on?

T: They're not going to let you off the pot seat right now, are they?

Gita: It doesn't have anything to do with what we're talking about right now because my mind's been off by itself. I don't know if I should even talk.

T: So ask them. Ask them if they'd like to hear or if they want to keep going off where they were.

Gita: Would you like to hear?

Emma: I kind of want to know if something's going on in your mind. If your mind's been on a complete tangent, I want to hear. That could be interesting.

Scot: I've seen you a lot happier. I know maybe something's going on.

Another example was found in the second session of Group 2 (this was the first group she had attended)

T: Well, let's take a few minutes. We had a wonderful group here today. I'm sorry we're not going to meet for two more weeks. How are people feeling about what happened in the group today?

Martha: Do you guys feel like I talked too much?

Helen: No.

Another example occurred in the third session of Group 2 (her second time in attendance). The beginning of the conversation was shown followed by the end of the conversation.

T: What are you thinking, Jamie? Well, can we kind of move on if anyone else has another issue? Otherwise we can continue with this. Does anyone else have another issue?

Martha: I do, but I feel like I've said a lot.

T: Well, do you want to check it out?

Martha: Sure. I went home for Thanksgiving and most of my family was there. It was nice, I guess.

…..

T: How do you show your husband that you're angry?

Martha: Well, this time when we talked about it I was loving and supportive because the last time we talked about it I was mad and I cried and cried. I wouldn't touch him for four days because I was so mad. So this time I thought I'll take the loving wife approach where we can deal with it together.

T: Okay, you guys. What do you think?

Martha: Sorry, guys.

Bethany: No need to apologize.

Martha: I'm like the new loudest member.

Wendy: We like loud.

T: What do you guys think?

Those who showed deterioration in symptoms questioned whether they fit into the group, what role they played or how they should have interacted with others. They looked to the group to help define this.

In Group 2 session 5 Martha asked other group members if she could ask certain questions.

Martha: I don't know what I can ask.

Bethany: You can ask anything you want.

Martha: How did you try?

….

Wendy: He wanted to ask me questions, but he didn't know what to ask. "But, but, but." He just kept saying that.

Martha: Can I ask – I just don't want to make you say stuff.

Helen: No, this is like nothing.

In Group 1 session 6, Gita questioned whether she should talk and also questioned what others thought of her.

T: So how can the group help you?

Gita: I don't know.

T: Talk to these people, I guess.

Gita: I don't know. I was thinking about – I have a really hard time with my self-image. I have a hard time with people seeing the real me. People tend to think I'm perfect. They see the outward image. And I am a happy person, but there's so much more to me. The first time I told you guys about my life, I thought you were all like, whoa. Okay. I don't know.

Lucy: What did we think of you when you told us about your life?

Gita: Yeah. Because my other group was a sexual abuse group. We were all there for the same thing. This is different for me. Am I making sense at all?

In Group 1 session 10, prompted by an individual counseling session Lucy wondered what people in the group thought of her.

Lucy: I have something. I brought this up with my individual counselor. I wrote down a question. If we don't have anything more important to talk

about, I'd like to talk about – let me get the question. Okay. Are you guys

interested in listening to me when I talk?

Emma: I love listening to people talk, including you. I think you're a very

interesting person, especially because you're different. If everyone were just

like me, it wouldn't be very much fun. It would be fun in its own peculiar

away, but it's funner with more variety.

Not only did they display in group the tendency to focus and care for others

they also discussed this as a role they played outside of the group in other areas of

their lives. Although they brought this up in group and hoped group would be a place

to receive support and caring their role in the group was generally not questioned.

Main concerns delt with family of origin. Those who showed deterioration in

symptoms appeared to struggle the most with relationships within their family of

origin. They each shared ways they are trying to cope with their situations but

continued to feel frustrated in these relationships throughout the group. Despite efforts

to confront or work through issues with their families they remained discouraged

about where they fit in these relationships.

For example, Martha discussed her sexual abuse by her brother within the first

sessions of the group and discussed her relationship with her family who didn't know

about the abuse. She decided to tell her family in order to open communication and

work through the effects of abuse on her. Toward the end of the group process she

expressed frustration toward her family and the relationships stating it felt like nothing

changed for the better but things seemed to have gotten worse.

Gita discussed throughout the group process her frustration with her relationship with her father. She began to take steps to talk with him in more assertive ways but continued to question herself within the relationship as the group continued. She expressed continued frustration in this area toward the end of her time in the group.

Lucy discussed the relationship with her mother. Early in the group process she took steps to ask for what she felt she needed from mom (more time and attention), after discussing this with the group. She was hesitant to celebrate this and later in the group process reported that she hadn't talked to her mom since then and continued to be frustrated with the situation.

These members problem solved concerns they had with their families of origin with the group, took some sort of step that they reported as difficult but initially positive and then at some later time in the group process hesitantly revealed continued frustration and more disappointment with the situations they were experiencing with their families. They expressed feeling unsure how to proceed.

Leader interactions. A subtle theme was the interactions between group leaders and deteriorators. This theme was difficult to pinpoint and began more as an impression or subtle strangeness of interactions between leaders and deteriorators. These interactions while not blatantly strange did cause the researcher to pause and wonder what was going on. They stood out over several readings of the transcripts. Interactions included comments made by deteriorators that were not followed up on by leaders. Deteriorators concerns were brought up at odd times, not picked up by the group and not followed up with by the group leaders. In general it appeared in the

process of group that leaders were not as likely to check in with or process

deteriorators' group interactions.

One example of this theme was found in Group 1 session 2. The conversation

of the group was focused on the difficulty of being real with people. Lucy and Gita

(deteriorators) were both actively discussing this issue in response to Roxanne's

concern over this. Scot joined the discussion expressing his own concern about

"people pleasing" and not being real. At that point the Co therapist asked specifically

whether Scot had experienced the need to cover his real feelings in group. When he

replied he had not, both deteriorators nodded and one was heard saying yes in

response to the question asked of him. The conversation continued and it wasn't until

one of the deteriorators again joined in the conversation that the group leader stated

"Do you mean to say that you've already experienced that here?" This is briefly

processed with the deteriorator acknowledging that she felt she has talked too much.

This concern was briefly explored before the focus was moved to another group

member.

Group leaders referred to deteriorators as expert in a particular subject such as

Martha being an expert on marriage. This was not stated explicitly but several

questions were directed to her from the therapist followed by group members referring

any question about marriage to her. The group leader in the first group singled Lucy

out as an example of a good group member who confronted and was bold and honest.

In the sixth session of the first group is an example of singling Lucy out. The

group is discussing the tendency during this particular group of *picking* on the

therapist.

Emma: I don't think we're as concerned about hurting your feelings because you're emotionally detached, whereas we're her to fix our problems and bring up our emotions.

T: So it's frightening to relate to the group on that level..

Lucy: (interrupts) to have things to say, should we just get nasty?

T: I'm not saying mean. I'm saying very real and to the point.

Lucy: Oh that what were saying to you? (confused)

Liza: but kind of like Lucy's comment- is that what you mean? She was pretty frank.

CT: Lucy often is. She's very frank "this is how it is".

T: (reflecting on Lucy's earlier interaction with another group member) "Scot and I had this interaction. This is how I feel and this is how he feels. Let's talk about it".

Liza: Yea

T: It's (such honest interactions) something that hasn't happened that much, but that I think is scary.

One example of deteriorators concerns being brought at strange times by group leaders occurred in Group 2. Martha was prompted to disclose that she had confronted her family during introductions to new members. Although Martha responded by disclosing this to the group. This disclosure was not discussed at that time and was not brought back up later in the group when it may have been more appropriate to do so. The reaction by the group leader as well as group members was also in direct contrast

to the reaction given to another group member who shared her experience of recently

reporting to authorities.

The following occurred in the eighth session of the second group as members

are introducing themselves to new members and shows the reaction of group to

Martha's disclosure.

Martha: I'll start. I'm a (year in school), I mean (correct year in school)

T: (joking) Having flashbacks?

Martha: No. I'm married. I'm from (state). I like to read. I guess you don't

need to know that much. I'm here because I was sexually abused by

(perpetrator).

T: Tell them about your recent progress.

Martha: Oh, I recently told all my siblings about what happened. I have

(number) siblings and none knew except the one that did it (sexual abuse) and

my parents. My parents knew. So I started telling them and kind of asking for

help. We're working on that.

Bethany: I guess it's my turn next, huh? I'm Bethany. I'm a (year in school) in

(major). So is (new member)

T: oh really? Do you guys know each other.

(New member acknowledges that she knows Bethany and introductions

continue.)

Martha's disclosure is not brought up again until the beginning of the next

group when the group leader again prompts her to share with the new co-leader of the

group. The same type of interaction takes place.

Improvers

  Hesitant of group process, openly talked about fence sitting. These members were openly hesitant in the beginning of the group process or openly expressed the need to monitor what they shared and when they shared it. This also seemed to occur as new members joined the group.

  Scot and Kristen said very little in first session. What they talked about for the most part was very noncommittal such as "I don't care", "whatever", "I didn't have any expectations". This was in contrast to all other members of the group most of whom made specific requests or had stronger reactions to material brought in. They joined in more during the second session of group.

  An example of this occurred as group leader, at the end of the first session, enquires about how Kristen is feeling in the group in response to her lack of sharing in group (Group 1 session 1).

   T: I'm realizing the time. I wanted to ask you, Kristen, what it's been like for

   you to be here today. Any impressions you want to share before we go?

   Kristen: I don't know.

   T: Are you feeling comfortable? Is it frightening? Is it what you expected?

   Kristen: I didn't really have any expectations at all.

   Lucy: Are you going to come back?

   Kristen: Yeah, I guess.

  The two other improvers, Roxanne and Mark joined the group in the second session. The initial response from them was hesitation as well. They discussed not feeling sure of what group was about and expressed feeling they were "observing".

They joined in more as the group continued or as they were engaged by other members of the group. In her first session Roxanne asked about the comfortableness of the group expressed by two group members (both deteriorators). Mark was hesitant in joining in until he was engaged by another group member (deteriorator) then he was more open about what brought him to group and what his struggles were.

Examples of initial hesitation in group interaction are seen in the following experts (Group 1 session 2).

T: As we've talked about that, has anything popped into your mind that hasn't been brought up already?

Mark: I don't have any idea what's going to go on.

T: It is kind of strange, isn't it? We talk about rules but you don't know what'll happen.

Mark: I guess I'm not too worried about protocol.

……

T: What's it like for you to come today, Roxanne?

Roxanne: I feel like I'm just testing the waters. I don't feel nervous as I did before I got here.

T: So you were pretty nervous walking down the stairs?

Roxanne: Maybe not walking down the stairs, but last week. I didn't know what to expect. I'm a lot more comfortable when I know more about how something's going to be. It's a little bit easier for me to be tossed in when I know who'll be here. I'm still on my observation post today. But it's a start.

T: What about for you, Mark?

Mark: About this form? (sheet given to group members, used to process

feedback at the beginning of the group)

T: Or what it's like for you to come today.

Mark: Well, this is a nice response from everyone. I feel really welcome. If I'd

read it the opposite way, I probably would've walked out. So that's a good

thing. I really didn't want to come this way all the way until I walked through

that door. After I got through the door – I didn't want to come to this, but I

thought John set it up with you guys so I needed to at least show up and give it

a shot. I hate sitting around feeling scared about things. Now that I've been

here, my observation post is a lot shorter than yours, but I feel good about

being here so far. I don't know how long I'll stay, but I feel like everybody's

issues are probably weightier than mine. I feel like my issues aren't too bad to

deal with on a day-to-day basis.

Another improver in the second group discussed what her beginning sessions

in group felt like and how she responded initially in the group. This was before others

joined the group and is discussed in retrospect as it is also before the group was

recorded (Group 2 session 2).

Martha: My mom would always say that they're more messed up than other

people. And I knew some that gave me the idea that they didn't know what

they were talking about, so I never went. And my husband used to go to

therapy every week. He's a great supporter of it. He's like, "You should go try

it."

Bethany: But it's hard to try it (therapy), huh?

Martha: Yeah.

Bethany: I was totally afraid.

Helen: I was, too. I still remember it.

Bethany: I didn't talk (referring to her first sessions in the group).

Helen: You were like Jamie (another group member who the group had already

discussed as having a difficult time engaging in group)

The same group member discussed her hesitancy to join in as the group

continued to add members (Group 2 session 9:) Two new members joined the week

previous to this dialogue.

T: I think it's important – I know whenever we talk about this for some people

it shuts them down – I think it's important to get that out in the group as well.

What makes it difficult to listen to it or what's going on with you when people

are talking about trying to have a healthy sexual relationship. Bethany, you're

quiet about it. Helen's quiet about it. Jamie's quiet about it.

Bethany: So what's your question?

T: I think it's important to talk about why that shuts you down and what's

going on with you.

Bethany: Sometimes I feel like one thing at a time. I usually have something

I'm trying to work through.

T: And what would be the other one? Trying to have a boyfriend you mean?

Bethany: Just my own. Like I'm in individual counseling and I monitor what I

let in. But sometimes I can't help it like last week.

……

T. I don't think it's so much an issue of talking or not talking. It's more an issue of is there safety in the group?

Bethany: Well, I've even noticed that since we've added people. I'm more comfortable when it's smaller, so it's harder for me to talk now. But when we were a little bit smaller it was easier for me to.

T: Okay. So what can we do? Is it the topic that's going? What makes it harder as a bigger group?

Bethany: Well, it's easier to play the sidelines. It just goes on. You don't have to worry. I don't know.

Initiated or took time without apology. When prompted or asked by others if they wanted to add something to the group, which usually occurred at the beginning of the group process, they either joined in without apology or openly declined. As the group continued those who improved initiated engagement in the group without such prompting. When they did initiate engagement, they clearly called for time without apology.

In reply to group leaders inquiry Roxanne shares her own experience and perception of group.

CT: You kind of initially asked what she thought about herself now or how she feels about herself now. I'm wondering what prompted that or what you got out of what she said.

Roxanne: I got a lot out of what she said. I'm in the same situation as she is. I've been married before, as well. Although now I'm in the 'debating-whether-to-serve-a-mission' stage. If I can find a safe place to store things I will. That's

why I was asking why she felt that way. More of my questions have to do with

how she was able to get to the point where she was.

In response to a question asked by the group leader Kristen responded in

Group 1 session 3

T: Anyone else who hasn't spoken yet? Feelings? Comments? We've kind of

been focused on this issue. I'm just wondering what your thoughts or

experiences have been.

Kristen: I've had several feelings. You were divorced two years ago. He's part

of your life and part of your family's life. I'm wondering how you can move

past that. For me, if he were still in my life, I'd feel, "how can I date or move

on and have him know about it?" It's like you're just stuck in this mud hole

and you're constantly reminded and you're not going.

Scot took the cue from another group member and readily joined in the

conversation sharing his own thoughts and experience (Group 1 session 4).

Liza: I want to know what Scot thinks. I was sitting here thinking, I wonder if

swimming is what Scot has a desire to do.

Scot: Yeah. I'm thinking and like, I can't really relate to you guys, but what

Tyler brought up – interacting with people, it's kind of hard for me to express

my feelings and be spontaneous. I guess it's culture and how I was brought up.

With my parents, I wasn't really open. My dad wasn't that emotional with us.

Then there's this fear that other people will judge me. Just listening, I could

kind of relate to the art thing where in here we have things we could share, but

people might not take it as how we really feel.

When given the option of moving to someone else after initially seeming uncomfortable with the focus on him Mark chose to continue discussing his concerns (Group 1 session 7).

T: So what's coming out right now?

Mark: What's coming out is I love people. I guess I just don't feel like there are a lot of opportunities to share that or just let what's inside come out. When it does, it's always a big waterfall. But that comes out a lot, especially when you see Emma peak out over her wall a little bit. It's like, "Come on, Emma. Come on out. It's okay." You just want everybody to see them like you see them, and you know they can be – I'm done. Carry on about your business.

T: It's nice to be seen for what you really are.

Mark: Hey, that's back to me.

T: Do you really want to be done?

Mark: No, I'm okay, but I just don't want you to sit here and look at me cry.

Lucy: We won't look at you if you want.

T: I guess I'm wondering if you're doing the same thing that you like in Emma.

Mark: I guess.

At the beginning of Group 2 session 1 Bethany took the initiative to start the group out by sharing her experience concerning a decision she had made to report sexual harassment she had experienced to the police.

T: Let's get started. I don't know where Jamie and this other person I thought would come today are. Let's just go. Who wants to go?

Bethany: I reported (to police) what happened.

Helen: You did?

T: Good. How do you feel about that?

Bethany: I feel good.

T: Do you want to expound on that?

Bethany: Sure. Well I've been thinking about it since….

(another group member comes in the room)

T: Oh, good, Jamie. We're just barely getting started.

(Bethany continues to relate how she reported and how it felt for her)

In Group 1 session 1 Wendy took the cue from the group leader to share her

concerns with the group.

T: What do you need right now, Wendy?

Wendy: I just discovered this past week that I'm so dependent on guys. I don't

want to be dependent on them anymore.

T: Dependent on them for…?

Wendy: Attention or whatever. My life isn't worth anything unless I have the

attention of some guy. I'll see some guy who's cute and then I start obsessing

about talking to him. I see the person once and I'm thinking about us dating

and getting married. I obsess about it and I don't even know this person. Why

am I doing this? This is insane.

Announced or took credit for positive life changes. Those who improved

reported positive feelings about what was going on outside of group and announced

those things to the group or were able to take credit when this was pointed out to them

by others in the group. They expressed feeling good about taking risks or making changes. They seemed to be able to use the group as a support receiving praise for their efforts when they talked about them. In many cases these were risks or ways of being that had gone against what they previously would have done. In most cases these risks revealed them making decisions with themselves in mind despite what others thought or said. The following examples exhibit this behavior.

In one instance Scot, after discussing his tendency to do what he felt others wanted him to do, began to take risks in interacting with others as well as in his personal decisions. He discussed ways in which he was going against what others such as his parents thought about school work. He announced ways in which he felt he was changing. It was noted in the group that he seemed to be happy about this and he acknowledged that it felt good to just be ok with doing things a little different. An example of this follows in Group 1 session 3.

Scot: Like I didn't study for a test on Monday and that's something I've never done. It felt good. I told my parents I wasn't really motivated to study and stuff. My dad calls, and he never calls me, just to see where I was and what I was doing.

Liza: What'd you say?

Scot: When I told my mom I said that's how I wanted to live my life without being really stressed out. I've always based my self-esteem on achievements. Now I'm trying to relax. I think I'm relaxing too much and my parents seem to think that too.

Lucy: Did your parents tell you that?

Scot: Yeah.

....

Scot: I guess I feel like a rebel going against the norm, but it feels good.

Liza: Can I ask a rhetorical question? Who is the norm? Who is your norm?

Scot: It's probably the church and my family.

Liza: Who would you want it to be if it were a perfect world?

Scot: Me. Just curious. You're 26. You've been through a lot. How have you dealt with the pressure?

Mark, in discussing his decision to get into a particular program, at first discounted his part in this decision. Within the group discussion it was decided that he needed to take credit for this. He was able to accept the credit for taking risks and making changes and was able to see the situation as more of his doing (Group 1 session 5).

T: So he was already there standing in front of the door. He just needed someone to show him.

Lucy: Yeah... It wasn't random! And you have to take credit for finding this – that you're doing advertising.

Mark: Wow! This changes everything!

Lucy: Do you really not think that you got into the advertising program yourself?- Do you think that Heavenly Father made it happen? Which I don't think is a bad thing. I think that's part of it.

T: Well, it sounds like it is part of it, right?

…..

Lucy: And you took the test and you said they like your designs and you're

doing well. No one does your homework for you, believe me.

Mark: Wow. I never thought of it that way. I'll buy that. It's new, but ..

Kristen: Well, that's why you buy stuff, Because it's new!

Wendy repeatedly announced things she had done or accomplishments and

was congratulated (Group 2 session 6).

Wendy: Yeah. See, I thought the group was good for me…..

…..

Wendy: I did tell him I wasn't going to sit around waiting for him to call me. I

said, "If I want to call you I'm going to call you. If you call this week and if

you happen to call me before I call you, great. But if you don't call this week, I

may end up calling you before you call me."

T: All right, Wendy.

Helen: I know. You go, girl!

Bethany announced steps she had taken in her life and was congratulated and

supported by the group. She took credit for risks taken and felt good about them

(Group 2 session 4).

Bethany: Guess what? Can I jump in? I don't know if it's appropriate. I told

(counselor) for the first time what happened.

T: With?

Bethany: With my cousin.

T: You've never told anyone what happened?

Bethany: Not that much.

T: Wow! Good for you.

Ruth: Who's (counselor)?

Bethany: She's my shrink – my counselor.

Checked in with by leaders and other members of group/present focus. Those who showed improvement were asked how they were feeling about having talked in group. They were encouraged to share their reactions in group especially in the beginning stages of the group process. They were brought into the group discussion by group leaders as well as other members of the group, particularly those who showed deterioration. They were particularly encouraged to process their reactions to sharing in the group or getting feedback from others in the group.

Improvers were initially asked by leaders or group members how they felt and what their response to group was. An example of this follows from Group 1, session 1.

T: I'm realizing the time. I wanted to ask you, Kristen, what it's been like for you to be here today. Any impressions you want to share before we go?

Kristen: I don't know

T: Are you feeling comfortable? Is it frightening? Is it what you expected?

Kristen: I really didn't have any expectations

Lucy: are you coming back?

Kristen: Yeah, I guess

In group 2 session 2 Wendy was asked how she felt about a situation concerning the group

T: What is going on with you Wendy?

Wendy: Like what?

T: about this whole thing. What do you think?

Wendy: I think it needs to be addressed. I feel like we're addressing it.

T: Do you have opinions about it?

Wendy: yea

T: well speak

Checking in with members of the group continued to occur throughout the group process. In Group 2, session 10 after Wendy had shared several things and received feedback the following interaction occurred.

CT: Do you feel like you got what you wanted out of the group today? Or did you have anything.

Wendy: I don't think there was anything that I needed.

CT: so most of your responses were just in response to others questions?

Wendy: For the most part, yeah. I mean, some of it was me. I'm kind of in- I don't know. I have my own ideas about things. People may not necessarily agree with me.

Another example occurred in Group 1 session 10 after a group member Roxanne had been challenged by group members. Lucy (a deteriorator) expressed concern and initiated the following conversation with Roxanne.

Lucy: I think sometimes it's easier for people to hear what you're saying if you let them – well, it's harder for me if people tell me what to do to actually do that. I was just thinking that about Roxanne. It's probably harder for her to hear what we think you should do.

Roxanne: I don't think so

T: So it feels like you're just giving a lot of advice

Lucy: I feel like we're just lecturing you, we're just giving you our advice when we really don't know

Roxanne: I think of it as different.

Lucy: like?

Roxanne: I just feel like they're things that keep me balanced. It's all good.

T: so what has it been like for you to tell the group as much as you've told us today?

Roxanne: I feel like I'm in water up to my waist instead of just dipping my toes in the water.

T: Is it warm or cold??

Roxanne: It's warm

Main concerns dealt with peer relationships. Those who improved in symptoms brought to the group concerns about how they interacted with others. These interactions were generally with friends or possible significant others or people in general. Their focus became how THEY acted and interacted with others and how this could change. For example: Scot began the group discussing his anxiety around other people in general. He discussed ways he was beginning to feel better about himself in dealing with others such as not worrying so much what others think of him and taking better care of himself. Kristen discussed her tendency to care too much about what her roommates and others think of her and how this plays into her depression. Mark discussed his negative feelings about himself and linked this to early family relationships and came to a decision to not worry so much about what others think.

Roxanne discussed a decision she was trying to make that she was afraid others might look down on. Bethany discussed her struggle in dealing with a perpetrator and the confrontation she chose for herself despite what others felt she should have done. Wendy discussed difficulty in controlling herself with men in relationships and brought this into the group as what she was working on dealing with.

Discussion

The purpose of this study was to examine the interactions of individuals who deteriorated as well as individuals who improved, as indicated by self-reported symptoms change, over the course of 12-14 sessions of group therapy. Each of the general process groups examined contained both deteriorators as well as improvers. This allowed deterioration and improvement to be examined in the context of the same group with the same group leaders. Interactions were studied using a hermeneutic method. This method allowed the actual interactions within the context of the group to be studied without prior hypotheses directing the data. In that way themes could emerge from the data without being dependent on specific assumptions or theories. General group themes as well as specific themes related to deteriorators and improvers emerged from the data. General group themes included themes that were not specific to particular members of the groups. They emerged both in the initial viewing of the data and as the analysis process continued. The specific themes emerged as the particular interactions of deteriorators and improvers were analyzed in the context of the group.

This chapter will explore the general group themes as well as specific themes as they relate to one another and to the current group literature. Patterns of behavior in relationship to themes for deteriorators and improvers will be explored. How these themes relate to the current group literature in terms of the three main variables of group (client variables, leader variables and group variables) will also be examined as a way to gain understanding of deterioration and improvement in group. Clinical

implications, limitations of this study and future research questions will also be considered.

Initial Indistinguishable Outcomes

One of the most surprising findings of the current study was the inability to identify deteriorators and improvers during the initial viewing of the process of group therapy. Without knowledge of outcome scores, improvers and deteriorators could not have been identified by the researcher. Much of the literature specific to group deterioration paints a picture of individual dysfunction, and deviancy (Galinsky & Scholper, 1977) or personal frailty (Lieberman et al., 1973), yet that did not appear in this study. In the current study, those who showed clear deterioration participated in their group and appeared invested and integrated in the process of their group. There was no clear or blatant disregard for rules, or disengagement in the group by deteriorator--in fact, just the opposite.

The initial interactions of deteriorators and the subtlety of the change in interactions with may have been a factor in the difficulty of identifying them as possible deteriorators. That is to say, it was only after the data was studied in depth that both the initial clear differences as well as subtle differences, between those who deteriorated and those who improved became apparent.

If it was difficult to decipher who improvers and deteriorators were for a researcher who was not emotionally invested or active in the group process and who knew there were deteriorators in the group, how hard must it be for group leaders to identify in the middle of group process? Hopefully some of what was found in this study will help in the process of identifying possible patterns of deterioration as well

as improvement in the course of group therapy. Understanding the patterns of behavior as well as the specific variables at play for those who deteriorate will prove helpful for group leaders in better understanding and identifying those who are in danger of deterioration in group.

Patterns of Interaction

Closely examining the interactions of group members in the process of group therapy over time, and looking more specifically at improvers and deteriorators revealed patterns of interaction within the group for each of these categories (improvers and deteriorators). These patterns appeared when putting the specific themes for each category together and viewing the group members in the context of the group.

Within the interactions there were some clear differences and patterns that emerged such as the interactions at the beginning of the group. However, other aspects of improvement and deterioration were much more subtle and it was only in reading and re-reading the data that these themes and subsequent patterns were defined.

Deteriorators' paradoxical behavior. Those who deteriorated in symptoms tended to display paradoxical behavior within the group. This pattern of interaction included interactions in which these individuals discussed the importance of group, the usefulness of it but became more wary of participating as the group continued.

They appeared to jump into the process of group possibly creating safety and group cohesion for everyone but themselves. They encouraged others to participate, making statements such as "everyone should have a place like this where they can come and share openly" and shared how helpful group was but when pressed stated

they questioned whether others wanted to hear what they had to say. They seemed to try and make group for others what they wished for themselves but never really achieved. They were among those that disclosed the most within their first session in group then tapered disclosure off always asking if others in the group really wanted to hear what they had to say. Their stated expectations were that deep personal information was expected to be shared and they praised group as useful and good, and something they enjoyed.

They also tended to apologize for taking group time for themselves, and questioned what others thought of them in the group and were concerned with how much to share—wondering if they had talked too much. The paradoxical nature of their interactions and behaviors in group served to hide the deterioration they apparently experienced. This concept of hidden deterioration within the group is important to examine. Why this paradoxical interaction may have occurred and possible interventions are discussed below.

Improvers' self care. Those who improved on the other hand could be described as putting themselves before the group. They were tentative in their participation and expressed from the beginning being unsure of the group, how it might help them or how long they might stay. They were willing to engage in the group although hesitant of how much to share. The themes for those who improved show interaction in the group gradually. This initial hesitancy appears to invoke some care taking by group members and leaders. More support and structure is provided to these individuals as evidenced by the theme of others engaging them in the process of group.

As the group continued, and as they were engaged by others, improvers opened up more, using the group to discuss specific concerns or acknowledge successes they had outside of group. They also called for time in group as the process continued. In this way they were able to test whether others were interested and invested in them and did so more on their own terms.

Parallel process outside group/converse process within group. For both deteriorators and improvers there appeared to be a parallel process between what was occurring in the group and what was occurring outside of the group. At the same time the process within the group appeared to be converse. Improvers appeared content to interact tentatively at first and showed more participation and risk-taking as they were encouraged by others and became more comfortable in the group. They also reported taking more risks outside of group as the process continued and expressed positive outcomes from the risks they were taking. It seemed they were able to move forward on their goal of feeling better about themselves with others just given the interaction and permission to be themselves within the group.

Deteriorators, on the other hand, took initial risks in group and ended up feeling uncomfortable, looked to others to define how they should feel and what they should do or just gave a lot of power to others in helping them make decisions or in deciding how they felt about themselves. They repeated this pattern outside of group as they reported taking risks with others in their lives and feeling negative consequences or regretting or questioning their actions.

These patterns of behavior viewed together in the context of the group created an interesting picture of what appeared to be happening in the process of group in this

study. It is as though deteriorators and improvers passed one another somewhere in the group in terms of comfort and amount of interaction. If the groups were viewed using the analogy of a pool party with the objective of getting people in the water and comfortable in water it may be viewed as follows.

It seemed as if those who ended up showing deterioration were the first to jump in the deep end of the pool allowing others to feel comfortable to come into the water. The interesting thing is that they seemingly did this without knowing how deep the water was or how warm or cold the water was. It is as if they blindly accepted the authority of leaders in saying that the water was fine even if leaders didn't explicitly say as much. Those who ended up improving were those who waded in from the shallow end in many cases after some coaxing by those who are already in the deep end. Because deteriorators had already jumped into the deep end there seemingly wasn't the need to encourage them to move to the deep end of the pool. To carry the analogy further those who first jumped in the deep end began to question their decision since no one else immediately joined them or became tired and swam toward the shallow, safer end of the pool to join the others only to find they had passed them somewhere in the middle.

What caused these patterns of interaction or how did they develop and could they be changed for those who are likely to deteriorate? In trying to answer this question examination of themes as they relate to current literature may be helpful. Examination of the specific themes as they pertain to the specific variables in group (client variables, group variables and leader variables) point to several aspects of

group that may be important to examine more closely clinically as well as in future research.

Client Variables

Despite the initial surprising finding that deteriorators and improvers were not easily distinguishable, further analysis of the data revealed themes for each category (improvement and deterioration) that appeared to be distinct. When viewed in the context of client variables these themes showed two very different types of individuals. These individuals bring different personal variables to the group and the difference of deterioration and improvement may lie within these person characteristics

The initial client self-disclosure at the beginning of the groups appears as a clear difference between individuals who deteriorated and those who improved. Although self-disclosure is expressed as essential to the process of group (Yalom, 1995), initial hesitancy by group members is generally deemed the norm in most groups with the challenge of more disclosure over time. In fact high self disclosure at the beginning of the group and subsequent fears of rejection has been linked to deterioration in the group literature (Korda & Pancrazio, 1989). This is also the case in the current study with deteriorators disclosing more at the beginning of the group process. Those who showed improvement were more measured, even cautious, in their initial interactions in the group.

What made this variable less conspicuous and something that adds paradox to the high disclosure is the amount of praise for the group process given by those who showed deterioration. This would seem in contrast to what might be expected. Fear of

what others thought of them was expressed but the praise of the group seemed in ways to cover those concerns or may perhaps have been a way of insulating themselves from possible rejection by ingratiating others and the group process. In either case the continued praise made it difficult to decipher by their interactions if they were concerned about their self-disclosure and specifically if it had a negative affect on their group experience. As the group continued and deteriorators seemed more hesitant to share they continued to praise the group process. They gave indications that they were concerned about what others thought of them but they also continued to praise the group and continued to participate in the process of group engaging other members of the group again making it difficult to ascertain whether the high level of self-disclosure was damaging to them.

Another client variable evident in both the literature and in the current study was that of client expectations. The group literature both specific to deterioration as well as improvement cite expectations as a variable that has shown significance in research studies. In the literature review of client variables completed by Piper (1994), client expectancies were positively linked to outcome as well as process. The literature specific to deterioration also found expectations of client linked to negative outcome (Galinsky & Schopler, 1977; Korda & Pancrazio, 1989).

In the current study those who showed deterioration had specific expectations of the group experience as well as what was expected to be shared in the group. More specifically the expectation they discussed was the expectation that deep and personal information would be shared in group. This was stated with some trepidation. On the contrary those who showed improvement stated that they did not know what to expect

from group process or did not have specific expectations as what was to be shared in group. Roback (2001) in his review of negative outcomes in group stated that those who showed negative outcomes "did not anticipate pain or discomfort as part of the therapy process" (p. 118). The current study seems somewhat in contrast to this with the deteriorators expressing the expectations that indeed personal and sensitive information was "expected" to be shared in group. What may be important to look closer at is the underlying feeling of anxiety concerning these expectations. Expectations linked to positive outcomes tend to be more general expectations of personal improvement and have less to do with the actual process of group (Piper, 1994). Allowing these members of the group to sit with the anxiety of sharing deep and personal information without processing these expectations may have set these group members up for anxiety and disappointment.

Another explanation for some of the differences in interactions and possible individual differences of clients may be a difference in locus of control of individual members. Several early group studies have shown that those with external locus of control did better in more structured groups or groups were more direction was given and faired worse in groups that were unstructured. The opposite was true of those who showed greater internal locus of control (Abromowitz, Abromowtz, Roback, & Jackson, 1974; Kilman, Albert & Sotile, 1975).

The current study consisted of general process groups with a generally unstructured format with seemingly similar results to the earlier studies of locus of control. While locus of control was not measured directly, those who deteriorated appeared to question themselves and give much of the control to the group and leaders

indicating possible external locus of control. The improvers on the other hand, appeared to take more control displaying what could be viewed as internal locus of control.

Another distinct theme that separated deteriorators and improvers was the specific concern and focus on family of origin issues. Deteriorators specifically discussed family of origin issues as a major concern for them in the group and although other members of the group also had concerns with family of origin those who improved did not. Those who deteriorated focused much of their attention and their focus in group on these relationships and specifically on their disappointment or concern about them. Those who improved dealt more with other relationships and in general reported feeling support from their family of origin in their lives. Those without this primary support system had other support systems they discussed in the context of the group.

A focus on issues dealing primarily with family of origin is something that hasn't been explored within the group literature but is mentioned as an important line of research and appeared in this study as significant for deteriorators (Piper, 1994; Roback, 2001). Furthermore deteriorators specifically discussed the role they had played in their family of origins that they were discouraged by, and hoped to change. They describe the role they played in their family of origin and elsewhere as that of "helper" and expressed the hope that the group could be a different place for them.

Group members brought certain characteristics with them to the group which can at least in part explain some of the outcomes. However, group therapy is complex, with many other variables that also seemed to influence the outcome of the groups.

Leader Variables

Leaders of the groups; individuals who invariably bring characteristics of their own to the group, add another dimension to the development of deterioration and improvement in group members. Although there are arguments within the literature concerning the importance of the group leader in the course of group therapy (Dies, 1994), several aspects discussed in the literature pertaining to leaders seemed important in the current study.

An aspect of group leadership discussed by several authors as important is the creation of structure in the group (Dies, 1994; Mays & Franks, 1985). Dies (1994) asserted in his review of the literature that increased structure, particularly at the beginning of the group process in terms of norms, roles and expectations was beneficial to the group process. The somewhat unstructured nature of the groups in this study may have contributed to the seeming difficulty with expectations experienced by deteriorators. This was not obvious at the time of the interactions. Groups were generally structured by input from group members as well as some general rules of group engagement given by group leaders.

Leader interactions with clients also appeared to be an important though subtle aspect of the current study. The interactions between group leaders and those who deteriorated appeared different than leaders' interactions with those who showed improvement. It seemed that neither the group members or leaders noticed these differences or at least they were never spoken of in the groups. In discussing leader characteristics, Holahon (as cited in Roback, 2001) expressed the belief that if failures in group were studied carefully group leaders would discover ways in which they

contributed to treatment failures and stated that many of these actions and decisions are unconscious.

In this study the difference in interaction was most pronounced with those who deteriorated. For instance, those who were more open at the beginning of the group, praised the process and acted in leader type ways were, in subtle ways treated this way by the leaders. In the current study it may be helpful to look at the sequence of events. It was after the deteriorators had spoken and generally seemed to be in reaction to them that the interactions took place with the group leaders. It may be that the group leaders were actually less concerned about these members since they, at least at the beginning of group, interacted in group as well as praised the group. Group leaders didn't seem to challenge the leader type interactions of these members and in fact in some cases they put them in that role or point them out as examples of strong confrontive group behavior.

A somewhat surprising aspect of the leader group dynamics is the amount of interactions leaders engaged in which could be termed as problem solving outside material rather than focus on group processing. This appeared to set a specific structure and norm for the groups of problem solving past or future events rather than group focused discussion. This surprise comes from the bias of the researcher who was trained in the importance of processing and illuminating the "here and now" (Yalom, 1995). The groups were not void of process comments but many such comments were not picked up by group and not followed through by leaders.

One aspect particular to this study was the amount of importance deteriorators seemed to place on what the leaders said. They tended to look to the leaders for

specific advice and push for specific answers to questions or concerns from the leaders. They also defended the leaders when other group members expected the group leaders to have caught a seemingly negative interaction between group members stating "they can't see everything." Those who deteriorated seemed to challenge the leaders as well possibly leaving the leaders confused about how to feel about these particular group members. It might be that group leaders who tend to look to these members as helpers of the group process miss the mixed signals of those who make good group members at their own expense. As a general rule group leaders did little to challenge the role that deteriorators tended to play in the group.

Group Variables

Several of the group related variables in the literature also appeared as important aspects of this study. Each group as a whole appeared to provide a relatively safe place for group members. Individuals who joined the group, for the most part, continued in the group. The groups appeared to progress through at least some of the group stages, with interactions becoming easier in general for group members. In this context, however, group members also experienced deterioration. Group variables that appear to be related to the difference between improvement and deterioration in this study were group roles, the structure of the groups and specific norms set, group stages and aspects of cohesion. These variables added complexity to the interactions of individuals, both leaders and members, of the groups and appeared to contribute to the improvement or deterioration of group members.

First, the roles played by group members appeared to be an important aspect of the current study. Those who deteriorated stated their role outside of group among

family and friends was the *helper*. They worried about others and tended to place others above themselves. However, despite their talk of feeling that group was a place they could openly share they did this less and less as the group continued. This reverting back into their outside role was not challenged in the group. They were allowed to continue playing this role. In fact interactions between those who deteriorated and the group leaders indicated that they may have been reinforced when playing that role in the group.

Discussion in the groups indicated that leaders may have felt deteriorators helped the group process so the deteriorators' group role of co-leader or helper wasn't challenged. If indeed group works to combat and change negative patterns of interactions it is interesting that the opposite seemed to be occurring for those who deteriorated in this study. It seemed that over the course of the group in subtle ways they may have been reinforced in the very roles they were fighting. The strength of the group as a whole may have kept them in this role despite the underlying desire to change if this served a purpose for the group. The lack of here and now processing combating the roles individuals tended to play, may also have added to the set roles of individual group members.

The structure of the group as discussed earlier as influenced by group leaders was somewhat loose for both groups. Group leaders left groups unstructured and no clear direction of group were explored. This appeared as generally beneficial with group members' discussing what they wished to talk about in the group. However, this lack of structure may have had a detrimental effect adding to the dimension of deterioration for some group members. Norms of the group were also not specifically

discussed. Deteriorators put out expectations that were generally not clarified against any norms of the groups. In this way each group member had their own group norms such as how much to share. It may have been the case that deteriorators felt underlying expectations of sharing beyond what was comfortable or beneficial for them.

There was some evidence which supported the idea of stages of group development—with members of the group generally more hesitant in the beginning of group. However, deteriorators tended to go against the process of group development discussed in the literature of hesitant beginning, (this may have been when the role was set up). What was interesting was that the openness of those who ended up deteriorating seemed welcomed and not unusual to either the group or the group leaders. This may be due to the positive comments made by these members. However, as the group continued these members actually seemed less comfortable talking specifically about themselves than others in the group and even openly questioned how others in the group saw them. Their initial openness seemed to create an openness in the group and allowed the group and other members of the group to move past the initial stages. It may be that these members in some sense ended up sacrificing themselves for the good of the group taking the initial risks, but not getting the same initial encouragement and reinforcement as other more tentative members of the group. This seemed to have left them wondering how others viewed them and if their concerns were as important as the concerns of other group members.

There were also several themes that were similar to components discussed by Burlingame et al. (2002) as important for group cohesion. One of the elements they discussed was self-disclosure stating that self-disclosure increases intimacy and

cohesiveness of the group. Deteriorators opened the door by self-disclosing early in the sessions. This was not questioned by leaders or other members although, as already noted, it did go against what may be typically expected at the beginning of a group process. This level of self-disclosure seemed to help others disclose more. This theme also fits with the development of group. Deteriorators jumped in and then tended to question personal participation in the group. Those who improved on the other hand were hesitant at the beginning and become more comfortable or able to share their own concerns as the group progressed through the later sessions. Leiberman et al. (1976) discussed high levels of disclosure and the groups' reaction to this as an element of deterioration for group members.

Another aspect of cohesion is the amount of here and now processing. As a whole the groups appeared to fluctuate in the amount of here and now process but there tended to be more moving from one person to another problem solving than here and now processing in the groups in general. Although there did seem to be occasions where here and now process might have been beneficial it was rarely used in either group. Process comments were made but not generally stayed with. These comments tended to be about how people generally dealt with others in the groups and were quickly discussed and moved away from. These groups then may have needed to be considered more as support groups than general process groups. This supports the improver's way of interacting in the group with less intense "group discussion". The group remained a relatively distant and safe place. This may have also been a frustrating factor for those who ended up deteriorating since they seemed to have

different expectations for the group process such as sharing deep personal information and confronting and challenging group members.

An interesting caveat is that it may have been the case that as the groups became more cohesive the role of those who deteriorate was less clear or became challenged. Because these were short term groups it would be important to look at this pattern in longer term groups where stages of group may be better established. They did, however seem to maintain their role of challenging others.

Limitations

There were several limitations to this study. Inherent in qualitative research are limitations of generalizability. In this study, a limited number of subjects were studied intensely. The groups in the study were described as general process groups and both came from one counseling center. This provided meaningful interpretations for this particular situation but should not be generalized to all groups.

Another limitation to this study was the fact that there was only one outcome measure. This was a pre-post measure based on self-report of symptoms. It may be that deteriorators would report an increase in overall functioning despite an increase in symptoms. It may be that those who showed increased symptoms may have felt they were learning important skills and would have considered themselves improving despite an increase of symptoms.

Measures were taken to reduce the likelihood of mislabeling individuals as deteriorators by defining deterioration also beginning in the clinical range and becoming significantly worse. Yet there is still a possibility that those who showed deterioration were simply experiencing themselves and their situations more truthfully

and were thus experiencing more symptoms but also improving overall. Those who showed deterioration in symptoms were both those who stated they were engaged and liking the group process as well as those chosen as possibly showing improvement by the researcher. It may be that they are gaining more from the group than is understood by the scores deriving their outcome in an unfinished group process. Following these individuals over a longer period of time or gaining more in-depth information about their symptoms and group experience from their own report may help to clear this up.

Another possible limitation was that perspectives and themes were coming from an outside view based on the dialogue of the group. This can be seen as either a strength or a weakness. It was a limitation in that the actual thoughts of both leaders and participants in the groups were not accessible. However the strength was the in-depth look at the actual dialogue of the group as it pertained to improvement and deterioration. The ability, through repeated interaction with the data, to understand and in a sense becoming part of the group but staying separate would have been difficult to achieve using another method. Despite the limitations of this study important information for group leaders and researchers should be considered.

It should be noted that although it was found that the groups generally did not focus on here and now processing most of the interactions that defined the themes of the study were in the present tense. It appeared that although the groups were not focused in the here and now as much it was these interactions that were found to produce the meaningful themes of the study. This may be in part due to the bias of the researcher. However, another explanation may be that those were the interactions that were the most meaningful for the groups and that other interactions were more "noise"

that simply did not create any salient themes but that were seen as more everyday

conversations devoid of specific meaning for these groups. Another important note is

that although the interactions quoted appeared in the present tense these group process

interactions were generally not as Yalom (1995) might say "illuminated". Even though

present tense interactions occurred they were not discussed they simply occurred.

Clinical Implications

Several clinical implications were gleaned from this study with possible

interventions at different levels that may be helpful for group leaders. It is important to

note that overall both groups experienced more improvement than deterioration with

twice as many group members showing significant improvement than deterioration.

These suggestions therefore are geared to help group leaders ameliorate deterioration

in groups that may be proving effective for most clients.

First, the difficulty of distinguishing who may be at risk for deterioration in

group should be addressed by group leaders. Simply acknowledging that those who

may be experiencing deterioration may not be evident may be helpful for group

leaders to understand. Given the results of this study, group leaders should look at

several areas when combating possible deterioration.

Group leaders should be aware that the beginning of the group process is an

important time for group members as it appeared many of the differences between

deterioration and improvement were evident there. Importance of pregroup training

and the set up and structure of group has been emphasized in the literature and appears

important here as well. Setting up the structure of the group and discussing

expectations is an important part of the beginning group process. Pre-group orientation

may prove to be helpful for those coming into the group for the first time. A more specific set of group expectations and matching of client expectations with group treatment may prove efficacious. This could be accomplished by looking more specifically at what group members wish to gain from group and by providing a more comprehensive explanation of what group entails. In addition to pre-group training, norm setting and discussion of group structure early in the group is necessary to set the stage for a positive group experience.

The roles played by individual members of the group and the effect this has on them should examined by group leaders. Whether group members are "replaying" roles they play outside of the group should also be explored. Yalom (1995) discusses the importance of providing a place where a corrective experience can take place. Leaders should be aware of this possibility and open to challenging group members in changing the roles they play that have been detrimental to them. Co-leader discussions concerning these topics may make it more likely to spot specific roles individuals are playing.

Another important area group leaders should be aware of is the tendency to use group members to aide the process. Group leaders should examine their relationships with group members throughout the process in order to avoid colluding with the roles individuals unwittingly "replay" in group. Group leaders should discuss individuals goals within the group as well as in consultation with each other to assess whether these goals are being met for individual clients as well as the group.

Discussion of the group process and how this is helpful may also move the group toward helping one another with specific goals. Encouragement of "here and

now" feedback and process appears to be important. As important as the encouragement of here and now processing, leaders should focus on illuminating or discussing the process that is taking place. This process allows important learning to take place that may be passed over without it. When used in the groups it does not appear to have had a negative effect and may combat the roles deteriorators are likely to sink back into.

Future Research

Areas of future research in the area of deterioration vs. improvement in group may include the interaction of leader response and client roles. This area of research takes two important aspects of group that seem to combine in a way that is either detrimental or beneficial to group members. How roles are set up and carried through the group or ways roles can be confronted would add to the knowledge of group deterioration.

Finally, the influence of family of origin issues on clients in group therapy has been called for in the literature (Piper, 1995; Roback, 2001) and appears important in the current study. The extent that family of origin issues affect client in a group setting appears important to decipher. Groups specific to family of origin issues may also be studied in order to gain understanding of group process with this as a common factor for all participants.

Self disclosure in the context of group development is an area where little research as been done. This was an area that seemed especially important in the current study. Continued examination in this area will help to clarify these variables and their influence on the group and group members.

Another area that has not been well researched is the topic of expectations in group. This was another aspect of the current group that appeared important in both deterioration and improvement of group members. Looking more specifically at expectations and whether clients goals are being met over time or whether their expectations of the group process are accurate for the group at hand may help in better understanding this topic.

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Appendix

Journal Article

An Exploration of the Interactions of Improvers and Deteriorators in the Process

of Group Therapy: A Qualitative Study

Introduction

The effectiveness of group therapy, while a topic debated in the literature in the past, is no longer the focus of group research. Group treatment has been shown to work across different treatment theories as well as for a wide variety of disorders, and client improvement in group treatment has been shown in a vast number of studies. (Burlingame, MacKenzie, & Strauss, 2004). Although group has been shown to be effective for the majority of clients using the group therapy modality, there are those who do not benefit from group therapy but instead actually *deteriorate,* or have more symptoms, over the course of treatment. Unfortunately, research on deterioration in group, has been sparse and limited at best, and few studies in the research literature have focused on patient deterioration. The most commonly cited study was conducted in the early 1970's (Lieberman, Yalom, & Miles, 1973) and dealt with encounter groups, a form of group treatment that is not comparable to the group therapy currently practiced. There have been only a limited number of research studied specific to group deterioration since (Doxee & Kivlighan, 1994; Kaplan, 1982; Schopler & Galinsky, 1981; Smokowski, Rose, Todar, & Reardon, 1999). The majority of group research whether relating to deterioration or improvement is derived from outcome studies involving a range of variables; with the bulk of research still primarily focused on improvement as opposed to deterioration. These variables can be broken into general categories. Three of the main categories that are relevant to this study are of the individual characteristics of members of the group, the leader of the

group, and the group as a whole with reviews of research literature found for each of these areas (Burlingame, Fuhriman, & Johnson 2002; Dies, 1994; Piper, 1994).

The general focus on outcome research has addressed the question as to whether or not group work is effective but has not addressed the question of why group members improve or deteriorate and how that may be related to the group process. Research designs that have suggested that the group experience resulted in change unfortunately provide little assistance in explaining how the group process may affect outcome for group members. Several authors have suggested that more research on group process is needed in order to move the field from efficacy to an understanding of how group works (Bednar & Kaul, 1994; Greene, 2000). Researchers have also discussed the importance of connecting process with outcome indicating a need to specifically link process with outcome in research studies (Burlingame et al., 2004). The lack of research specific to process in group psychotherapy may be due to the fact that this area of study is particularly demanding because of the number of variables involved (i.e., individual member, therapist, and group variables) making the task difficult.

While the focus of group research has not been on group process, what has been done in this area has typically been examined in two ways; process as a phenomenon and process as interaction. A phenomenon is defined as "an aspect or characteristic of the group" (Fuhriman, Drescher, & Burlingame, 1984, p. 431) such as group climate, or specific therapeutic factors. This mode of research has generally defined a particular aspect of the group and then measured and analyzed it. Such research only allows for a closer look at one part of the group but due to its very

nature ignores how that aspect relates to other variables of the group. Fuhriman et al. (1984) defined process as interaction as "a description of the reciprocal transactions of group members" (p. 431). The majority of research has focused on process as phenomenon, but little has been done on process as interaction (Fuhriman & Burlingame, 1994). What has been done suggests that there are three general approaches used to examine process as interaction.

The first method includes the use of an existing system of rating in order to try and understand the in-group processes such as the Hill Interaction Matrix (Fuhriman & Burlingame, 2000). The second method in understanding group process is to use a framework such that existing theory and measurement guides the analysis of the process. The use of the Critical Incident Questionnaire is an example of this method (Kivlighan, Multon, & Brossert, 1996). These methods are limited to, and driven by, the theory and definition of the researcher and are also limited to using only segments of the interaction, making it impossible to take into account the context of the interaction within the group.

The third way to conduct process as interaction research is to allow themes and explanatory alternatives to emerge from observing the actual interaction of the group by conducting a qualitative analysis. This allows the interaction between members and the group to drive the themes in the process. These are brought to light through an atheoretical study of the interaction of the group. In other words, one does not begin with set and preconceived categories but rather the study of the interaction in the context of the group allows for the illumination of themes present in the group. The hermeneutic method of qualitative analysis as outlined by Kvale (1996) is an example

of this method and was used for this study. This type of method is the least structured of the three and leaves room for concern due to the fact that it provides limited organization and structure for this mode of inquiry. The decrease of formal structure as outlined by Kvale's method may also be seen as a strength as it allows for the examination of several variables which may exist concurrently within context of the group.

While this method relies on the flexibility of examining interaction within their naturally occurring context, which takes into account the many variables in group, it also allows for a link between process and outcome called for in the literature (Burlingame et al. 2004) and provides a specific direction for analysis. This link can be accomplished by adding an outcome measure to differentiate deterioration and improvement and thus adds structure to the process of analysis without limiting the examination of variables in the group.

Method

Participants

Setting. Data for this study was gathered from the group program of the Counseling and Career Center (CCC) of Brigham Young University. The CCC is a university counseling center serving over 35,000 students and their spouses. There is no restriction of treatment based on diagnosis. Services of the center include assessment, individual and couples therapy and group therapy.

Groups. The groups that were analyzed in this study came from a larger study consisting of eighteen groups. The larger study gave group process feedback to half the groups and analyzed its effect on outcome. Initial analysis of the larger study,

found that within-group variations in outcome were surprisingly large in both treatment and control conditions. While there were no between-groups differences in outcome found in any of the 18 therapy groups (using an omnibus test), improvement seen in patients dramatically varied within the separate groups. In other words, outcomes within each group were so varied that between-group differences were statistically insignificant. Seven of the groups from the previous study gave written consent to be videotaped, and transcriptions were made of each session for these groups.

The two therapy groups used in this study were those groups that contained both participants who improved significantly and participants who deteriorated significantly on the outcome measure over the course of the group. This provided a framework to examine any differences in the process of the group that may have existed for those who show improvement versus those who deteriorate over the course of the group within the context of the same group.

Individual Group members. The first group contained four members who improved and two who deteriorated. There were eleven members total in this group. The second group contained two members who significantly improved and one who significantly deteriorated. There were nine members total in this group. Both groups were process groups. The first group was a general therapy group. The second group was a sexual abuse therapy group. This group consisted only of females who had a common background of some type of sexual abuse. Both groups were led by two co-leaders, one of whom was a licensed psychologist. The other leader was a graduate student or intern. Those who showed both deterioration as well as improvement had all

joined the groups within the first two recorded sessions. Two improvers withdrew

from the groups before the end of the study, both due to class conflicts. One

deteriorator withdrew from the group for several sessions due to a class conflict but

returned to the group when her schedule allowed attendance.

Instruments

The instrument used to identify improvers and deteriorators for this study was

the Outcome Questionnaire-45 (OQ-45) consisting of 45 items (Lambert et al. 1996).

It is used as an assessment of symptoms that are thought to indicate improvement and

outcome. Each of the 45 items are based on a Likert scale ranging from 0 (never) to 4

(almost always). It was designed to measure functioning in three different domains:

subjective distress, interpersonal relationships and social role performance with the

full scale score measuring overall functioning (Meuller, Lambert, & Burlingame,

1998). The full scale score was used as the outcome measure in this study.

This measure has been shown to have high internal consistency scores (.93)

and test-retest scores of .84. This measure has also been shown to be valid both in

construct validity as well as concurrent validity (Meuller et al., 1998). A score of 64

or higher indicates a level of symptoms within clinical range. A change score of 14 pts

is considered a significant change in symptoms (Lambert et al., 1996). According to

Lambert et al. a significant improvement then would be indicated by a drop of at least

14 pts.. In contrast an increase of 14 pts would indicate deterioration.

Each of the individual group members in the study scored within the clinical

range with an initial full-scale OQ-45 score of above 64. A change score of 14 pts or

greater was used to indicate improvers and deteriorators. It was also decided to include

as deteriorators only those whose initial full-scale OQ-45 score was within the clinical

range. This eliminated possible regression to the mean and allowed for a more clear

distinction between deteriorators and improvers for the purpose of this study.

Hermeneutic theory and design.

Within this study the hermeneutic approach was used to analyze these data as it

allowed interpretation of the meaning of text within its context. This is appropriate

especially for group research as hermeneutic analysis allows for the understanding of

the parts in relation to the whole and allows the researcher to enter into the interactions

and derive the meanings through empathy (Jackson & Patton, 1992)

Hermeneutic analysis has its origins in philosophy as a way of interpreting

meaning within a context. Heidegger 1927/1962 as cited by Packer (1985) brought

Hermeneutics into the realm of psychology through his work, *Being and Time.* Packer

states, "Heidegger proposed that hermeneutic phenomenology is the method of

investigation most appropriate to the study of human action" because it allows the

investigator to be present in the human action being studied instead of removed. It

allows the investigator through ready-to-hand engagement and unready-to-hand

engagement to understand the action being studied more fully (Packer, 1985, p. 1081).

Hoshmand (1989) explained that hermeneutics is used in "phenomenological inquiry

as a systematic guide to achieving correct interpretations and understanding" (p. 22).

Analysis

Interpretation of the transcripts and videos followed the canons of hermeneutic

interpretation adapted from Kvale (1996) and as delineated by the following process

of analysis adapted from Jackson and Patton (1992) for hermeneutic interpretation.

1. Videotapes of all sessions of the group were first viewed to gain an overall picture, or sense of the groups. (Jackson & Patton, 1992; Kvale, 1996). The researcher began with an acknowledged basic understanding of the context or theme of the text, but this was set aside as the phenomenon was viewed with minimal *a priori* notions. This allowed the researcher the opportunity of understanding the "subjective meaning of the acts from the perspective of the participants….through the use of empathy" (Jackson & Patton, 1992, p. 203; Kvale, 1996). General notes of the sessions and impressions of the feeling of the sessions were noted. Transcripts were checked for accuracy as well during the initial viewing of the tapes.

2. Improvers and deteriorators were then identified by matching the outcome scores to the particular clients.

3.   The taped sessions were again viewed with deteriorators and improvers in mind notes were made concerning specifically deteriorators and improvers to mark areas of interest.

4.   The transcripts were then read and general themes identified.

5. Themes were modified, added, or deleted through successive readings of the transcripts. This was conducted in order to uncover progressively deeper levels of meaning in the text as they applied to individuals who improved and those who deteriorated as well as the group as a whole. This process of seeming circularity is described by Kvale (1996) instead as a "spiral" because the parts are brought back to the whole, which in turn better defines the parts more clearly.

6. Description of the meaningful themes was then accomplished by finding a language that accurately described the findings (Jackson & Patton, 1992; Kvale, 1996).

7. The logic and validity of the themes in the context of the transcripts were checked (Kvale, 1996). This was accomplished by an auditor familiar with qualitative methods.

The principal investigator who had training in qualitative methods conducted the initial analysis. A faculty member experienced in the above method served as the auditor of the analysis. Throughout the above process the auditor checked the analysis for accuracy and validity by reviewing samples of the interpretive process. The auditor continued to review and verify the validity of the process as successive themes were identified.

Results

The purpose of this study was to examine the interactions of group members who showed significant increase in symptoms (deteriorators) as well as those who showed significant decrease in symptoms (improvers) over the course of group therapy. Neither group had set topics to discuss or a set agenda to follow. They were both open groups with group members joining the groups throughout the process.

The design of this study allowed for general themes as well as well as themes specific to deteriorators and improvers. The general themes will be displayed followed by more specific themes which emerged for deteriorators and improvers respectively. All group members' names were changed to protect anonymity. The therapist and co-therapist are identified respectively as T and CT in the transcripts. Group members

who showed deterioration are identified by the pseudonyms Martha, Lucy and Gita. Those who showed improvement are identified by the pseudonyms Bethany, Wendy, Mark, Scot, Kristen and Roxanne.

General Group Themes

Improvers/Deteriorators indistinguishable. One of the most surprising findings was that those on either side of the spectrum, either showing significant improvement or significant deterioration were not immediately apparent after viewing the tapes the first time without a knowledge of outcome scores. Upon completion of viewing the tapes, the researcher was unable to distinguish any of the group members as clear improvers or deteriorators. For instance, those who showed deterioration in symptoms were, in all cases, individuals that the researcher anticipated from group participation might be improvers after viewing the group process.

Past or future focus versus present focus. Discussions within the groups were generally related to situations that had occurred previously in group members lives or specific events group members were anticipating in the future with group members problem solving, giving suggestions or supporting the individual group member. Processing of events and how they affected individuals in their current lives outside of group was also discussed. However, processing past events or problem solving future events for individual group members tended to be the focus of group time.

Neither group was devoid of present tense processing within the group; however this type of processing, particularly follow-up of present tense processing, did not appear to be the focus of either group. Given the emphasis in training on group process and the importance of illuminating the here and now and discussing the

interpersonal relationships within the group the lack of this type of interaction was somewhat surprising.

Deteriorators

Substantial early disclosure. Although they expressed concern about group process, the deteriorators became emotional or were very open within the first session they joined the group. They typically initiated talk of group process or delved into their own emotional process. This contrasted with the verbal hesitancy of other members of the group in the early sessions—particularly those who showed improvement in symptoms. The sheer volume of speech among deteriorators outweighed other group members in the first sessions they were in the groups.

Early disclosure was displayed by a deteriorator who joined one of the groups already in progress. Although this member expressed concern about what the process entailed, she immediately joined in the process by expressing her concerns openly and in detail becoming emotional in a relatively unemotional group.

This was again discussed in the 8th recorded session of the group in response to a new member being concerned about talking too much.

Martha: My first time all I did was talk because I think you're finally in a place where you're like, "They understand me." And I bawled the whole time.

H1: That was a shock. I think Martha was the first person to ever be at her first group and just talk and talk.

Openly praised the process of group. Deteriorators openly expressed how positive the process of group was for them, how welcome they felt or how much they appreciated other members of the group. This occurred both at the beginning of

the process, within the first sessions of the group, as well as later in the group, generally in response to new people joining the group.

In the fourth session one of the group members expressed feeling overwhelmed in group when she comes in already feeling down and then hears others concerns as well. The group leader then asks if others feel the same way (Group 1 session 4).

T: Anyone else ever experience that? Feeling more drained or less enthused than when you came?

Lucy: Not in group.

T: So are you having a good experience?

Lucy: I like it. I like hearing other people talk to each other about their problems and feelings stuff. Actually, I think it seems like something that should be done everywhere in all different kinds of places. It seems like it would be a useful too for society was a whole to come together and talk about how you really feel instead of just making small talk.

Another deteriorator discussed her feelings about group in the 8th session in response to a new member coming into the group (Group 2, session 8).

T: "(to a new member)… you find out you're not the only one-these people are quite normal, wonderful and fantastic"…

Martha: "I felt that way when I first came. I think you guys are wonderful."

Expectation of sharing deep personal information. Those who showed deterioration expressed the specific expectation that deep or personal information is shared in group. This was shared generally in response to questions by new members

of the group and subsequent discussions of their view of the process of group and what

was expected.

In response to a question by a new group member deteriorators expressed the

expectation of sharing such information. The following was taken from the second

recorded session of the first group (Group 1, Session 2).

Roxanne: I have a question for whoever wants to answer from last week. …

Did you feel more comfortable to start out in here than you would anywhere

else?

Lucy: You mean with a counselor?

Roxanne: No, like what you were saying before--about being in here.

Lucy: No. I think I felt more intimidated than I usually do. Because it's kind of

expected that you're going to be showing yourself.

Roxanne: What about for you?

…

Roxanne: So this group is different than any other group you've been in?

Gita: Yeah, but there's still that expectancy that you're going to share your

deepest feelings, and that's really intimidating to me because there's some

deep stuff in there.…

Focused on others/questioned self. Those who showed deterioration in

symptoms also tended to focus on others and as the group progressed seemed to

question themselves. Deteriorators were generally active in the group process,

although many times it was to encourage, challenge or otherwise help someone else in

the group instead of sharing their own concerns. They were among the group members

who were more likely to confront and challenge others in the group; however they were also likely to notice those who were struggling in some way and tended to bring group members into the conversation. While they tended to encourage others to take risks and talk in group they appeared to question themselves as the group progressed.

Deteriorators' focus on others was also seen as they tried to take care of others. They tended to see what others in the group, including group leaders, seemed to miss.

The following is an interaction that occurred in Group 1 session 6

Lucy: I think Roxanne has more to say.

Roxanne: Yeah. I don't mean to cut you off. I do appreciate your comment because it was a way to express yourself, but it was hard at the same time. I kind of internalized it. That's an example of the focus energy that should go somewhere other than a slam or inside yourself.

Lucy: Good job!

T: What do you mean good job?

Lucy: I was waiting for her to do that the whole time. (to Roxanne) "I figured it would have hurt your feelings and I was wondering if you would say that it would, and I'm glad that you did. That would make me feel better. I'm sure that was hard for you, but I'm glad that you did it".

CT: Was anyone else aware today that Roxanne was going through that?

Gita: I was.

Kristen: I had forgotten, but last week I'd thought that.

Gita: I saw that last week too. I could tell right off. I have a good sense of looking at someone and being able to tell. I caught up with her last time and I

said, "are you ok?" and she said, "how did you know?" I just figured from her

face.

As the group process progressed those who deteriorated appeared to become

less sure of sharing in group. They began to share less and question when they did

share whether their needs were legitimate or worth other's time. Those who showed

deterioration in symptoms over the course of the recorded group process tended to

apologize for taking time to talk about their own issues or questioned whether they

should take time in the group to talk. This occurred after their initial disclosure and

continued throughout the group process. The following occurred during the second

group session of group 2 (this was the first group she had attended)

> T: Well, let's take a few minutes. We had a wonderful group here today. I'm
>
> sorry we're not going to meet for two more weeks. How are people feeling
>
> about what happened in the group today?
>
> Martha: Do you guys feel like I talked too much?
>
> Helen: No.

Not only did they display in group the tendency to focus and care for others

they also discussed this as a role they played outside of the group in other areas of

their lives. Although they brought this up in group and hoped group would be a place

to receive support and caring their role in the group was generally not questioned.

Main concerns dealt with family of origin. Those who showed deterioration in

symptoms appeared to struggle the most with relationships within their families. They

each shared ways they are trying to cope with their situations but continued to feel

frustrated in these relationships throughout the group. Despite efforts to confront or

work through issues with their families they remained discouraged about where they

fit in these relationships.

Martha discussed her sexual abuse by her brother within the first sessions of

the group and discussed her relationship with her family who didn't know about the

abuse. Toward the end of the group process she expressed frustration toward her

family and the relationships stating it felt like nothing changed for the better but things

seemed to have gotten worse.

Gita discussed throughout the group process her frustration with her

relationship with her father. She began to take steps to talk with him in more assertive

ways but continued to question herself within the relationship as the group continued.

She expressed continued frustration in this area toward the end of her time in the

group.

Lucy discussed the relationship with her mother. Early in the group process she

took steps to ask for what she felt she needed from mom (more time and attention),

after discussing this with the group. She was hesitant to celebrate this and later in the

group process reported that she hadn't talked to her mom since then and continued to

be frustrated with the situation.

Leader interactions. One of the more subtle themes was the interactions

between group leaders and deteriorators. This theme was difficult to pinpoint and

began more as an impression or subtle strangeness of interactions between leaders and

deteriorators. These interactions while not blatantly strange stood out over several

readings of the transcripts. Interactions included comments made by deteriorators that

were not followed up on by leaders. Deteriorators concerns were brought up at odd

times, not picked up by the group and not followed up with by the group leaders. In general it appeared in the process of group that leaders were not as likely to check in with or process deteriorators' group interactions.

Group leaders referred to deteriorators as expert in a particular subject such as Martha being an expert on marriage. This was not stated explicitly but several questions were directed to her from the therapist followed by group members referring any question about marriage to her. The group leader in the first group singled Lucy out as an example of a good group member who confronted and was bold and honest.

In the sixth session of the first group is an example of singling Lucy out.

The group is discussing the tendency during this particular group of "picking on the therapist.

Emma: I don't think we're as concerned about hurting your feelings because you're emotionally detached, whereas we're her to fix our problems and bring up our emotions.

T: So it's frightening to relate to the group on that level..

Lucy: (interrupts) to have things to say, should we just get nasty?

T: I'm not saying mean. I'm saying very real and to the point.

Lucy: Oh that we were saying to you? (confused)

Liza: but kind of like Lucy's comment- is that what you mean? She was pretty frank.

CT: Lucy often is. She's very frank "this is how it is".

One example of deteriorators concerns being brought at strange times by group leaders occurred in Group 2. Martha was prompted to disclose that she had confronted

her family during introductions to new members. This disclosure was not discussed at that time and was not brought back up later in the group when it may have been more appropriate to do so.

The following occurred in the eighth session of the second group as members are introducing themselves to new members and shows the reaction of group to Martha's disclosure.

Martha: I'll start. I'm a (year in school), I mean (correct year in school)

…

T: Tell them about your recent progress.

Martha: Oh, I recently told all my siblings about what happened. I have (number) siblings and none knew expect the one that did it (sexual abuse) and my parents. My parents knew. So I started telling them and kind of asking for help. We're working on that.

Bethany: I guess it's my turn next, huh? I'm Bethany. I'm a (year in school) in (major). So is (new member)

Improvers

Hesitant of group process, openly talked about fence sitting. These members were openly hesitant in the beginning of the group process or openly expressed the need to monitor what they shared and when they shared it. This also seemed to occur as new members joined the group.

Scot and Kristen said very little in first session. What they talked about for the most part was very noncommittal i.e., I don't care, whatever, I didn't have any expectations etc. This was in contrast to all other members of the group most of whom

made specific requests or had stronger reactions to material brought in. They joined in more during the second session of group.

An example of this occurred as group leader, at the end of the first session, enquires about how Kristen is feeling in the group in response to her lack of sharing in group (Group 1 session 1).

T: I'm realizing the time. I wanted to ask you, Kristen, what it's been like for you to be here today. Any impressions you want to share before we go?

Kristen: I don't know.

T: Are you feeling comfortable? Is it frightening? Is it what you expected?

Kristen: I didn't really have any expectations at all.

Lucy: Are you going to come back?

Kristen: Yeah, I guess.

The two other improvers, Roxanne and Mark joined the group in the second session. The initial response from them was hesitation as well. They discussed not feeling sure of what group was about and expressed feeling they were "observing".

Examples of initial hesitation in group interaction are seen in the following experts (Group 1 session 2).

T: What's it like for you to come today, Roxanne?

Roxanne: I feel like I'm just testing the waters. I don't feel nervous as I did before I got here.

T: So you were pretty nervous walking down the stairs?

Roxanne: Maybe not walking down the stairs, but last week. I didn't know what to expect. I'm a lot more comfortable when I know more about how

something's going to be. It's a little bit easier for me to be tossed in when I

know who'll be here. I'm still on my observation post today. But it's a start.

T: What about for you, Mark?

Mark: About this form? (sheet given to group members, used to process

feedback at the beginning of the group)

T: Or what it's like for you to come today.

Mark: Well, this is a nice response from everyone. I feel really welcome. If I'd

read it the opposite way, I probably would've walked out. So that's a good

thing. I really didn't want to come this way all the way until I walked through

that door. After I got through the door—I didn't want to come to this, but I

thought John set it up with you guys so I needed to at least show up and give it

a shot. I hate sitting around feeling scared about things. Now that I've been

here, my observation post is a lot shorter than yours, but I feel good about

being here so far. I don't know how long I'll stay, but I feel like everybody's

issues are probably weightier than mine. I feel like my issues aren't too bad to

deal with on a day-to-day basis.

Initiated or took time without apology. When prompted or asked by others if

they wanted to add something to the group, which usually occurred at the beginning of

the group process, they either joined in without apology or openly declined. As the

group continued those who improved initiated engagement in the group without such

prompting. When they did initiate engagement, they clearly called for time without

apology.

When given the option of moving to someone else after initially seeming uncomfortable with the focus on him Mark chose to continue discussing his concerns (Group 1 session 7).

T: So what's coming out right now?

Mark: What's coming out is I love people. I guess I just don't feel like there are a lot of opportunities to share that or just let what's inside come out. When it does, it's always a big waterfall. But that comes out a lot, especially when you see Emma peak out over her wall a little bit. It's like, "Come on, Emma. Come on out. It's okay." You just want everybody to see them like you see them, and you know they can be – I'm done. Carry on about your business.

T: It's nice to be seen for what you really are.

Mark: Hey, that's back to me.

T: Do you really want to be done?

Mark: No, I'm okay, but I just don't want you to sit here and look at me cry.

Lucy: We won't look at you if you want.

T: I guess I'm wondering if you're doing the same thing that you like in Emma.

Mark: I guess.

At the beginning of Group 2 session 1 Bethany took the initiative to start the group out by sharing her experience concerning a decision she had made to report sexual harassment she had experienced to the police.

T: Let's get started. I don't know where Jamie and this other person I thought would come today are. Let's just go. Who wants to go?

Bethany: I reported (to police) what happened.

Helen: You did?

T: Good. How do you feel about that?

Bethany: I feel good.

T: Do you want to expound on that?

Bethany: Sure. Well I've been thinking about it since….

(another group member comes in the room)

T: Oh, good, Jamie. We're just barely getting started.

(Bethany continues to relate how she reported and how it felt for her)

Announced or took credit for positive life changes. Those who improved reported positive feelings about what was going on outside of group and announced those things to the group or were able to take credit when this was pointed out to them by others in the group. They expressed feeling good about taking risks or making changes. They seemed to be able to use the group as a support receiving praise for their efforts when they talked about them. In many cases these were risks or ways of being that had gone against what they previously would have done. In most cases these risks revealed them making decisions with themselves in mind despite what others thought or said. The following examples exhibit this behavior.

In one instance Scot, who discussed his tendency to follow what he felt others wanted him to do, began to take risks with how he dealt with others as well as the decisions he made for himself. He discussed ways in which he was going against what others such as his parents thought about school work. He announced ways in which he felt he was changing. It was noted in the group that he seemed to be happy about this

and he acknowledged that it felt good to just be ok with doing things a little different. An example of this follows in Group 1 session 3.

> Scot: Like I didn't study for a test on Monday and that's something I've never done. It felt good. I told my parents I wasn't really motivated to study and stuff. My dad calls, and he never calls me, just to see where I was and what I was doing.
>
> Liza: What'd you say?
>
> Scot: When I told my mom I said that's how I wanted to live my life without being really stressed out. I've always based my self-esteem on achievements. Now I'm trying to relax.

Wendy repeatedly announced things she had done or accomplishments and was congratulated (Group 2 session 6).

> Wendy: Yeah. See, I thought the group was good for me…..
>
> …..
>
> Wendy: I did tell him I wasn't going to sit around waiting for him to call me. I said, "If I want to call you I'm going to call you. If you call this week and if you happen to call me before I call you, great. But if you don't call this week, I may end up calling you before you call me."
>
> T: All right, Wendy.
>
> Helen: I know. You go, girl!

Checked in with by leaders and other members of group/present focus. Those who showed improvement were asked how they were feeling about having talked in group. They were encouraged to share their reactions in group especially in the

beginning stages of the group process. They were brought into the group discussion by group leaders as well as other members of the group, particularly those who showed deterioration. They were particularly encouraged to process their reactions to sharing in the group or getting feedback from others in the group.

Improvers were initially asked by leaders or group members how they felt and what their response to group was. An example of this follows from Group 1, session 1.

T: I'm realizing the time. I wanted to ask you, Kristen, what it's been like for you to be here today. Any impressions you want to share before we go?

Kristen: I don't know

T: Are you feeling comfortable? Is it frightening? Is it what you expected?

Kristen: I really didn't have any expectations

Lucy: are you coming back?

Kristen: Yeah, I guess

In Group 2 session 2 Wendy was asked how she felt about a situation concerning the group

T: What is going on with you Wendy?

Wendy: Like what?

T: about this whole thing. What do you think?

Wendy: I think it needs to be addressed. I feel like we're addressing it.

T: Do you have opinions about it?

Wendy: yea

T: well speak

Main concerns dealt with peer relationships. Those who improved in symptoms brought to the group concerns about how they interacted with others. These interactions were generally with friends or possible significant others or people in general. Their focus became how THEY acted and interacted with others and how this could change.

Discussion

The purpose of this study was to examine the interactions of individuals who deteriorated as well as individuals who improved, as indicated by self-reported symptoms change, in the course of 12-14 sessions of group therapy. Interactions were studied using a hermeneutic method. This method allowed the actual interactions within the context of the group to be studied without prior hypotheses directing the data.

Specific Variables

The results of this study examined in the context of specific variables of group show several interesting findings. For instance the group members who deteriorated appeared different than those who improved in several ways. These client variables included differences in self-disclosure and group interactions specifically at the beginning of the group. This variable is linked to both improvement (Yalom, 1995) and deterioration (Korda & Pancrazio, 1989) in the literature with the key being that to self-disclose too much too soon may be detrimental to individuals (Korda & Pancrazio, 1989). Differences in expectations of individual members have also been

linked to both improvement and deterioration (Galinsky & Schopler, 1977; Korda &

Pancrazio, 1989; Piper, 1994). Specific expectations also appeared to be important in

this study. Another distinct theme that separated deteriorators and improvers was the

specific concern and focus on family of origin issues. A focus on issues dealing

primarily with family of origin is something that hasn't been explored within the

group literature but is mentioned as an important line of research and appeared in this

study as significant for deteriorators (Piper, 1994; Roback, 2001).

Several aspects discussed in the literature pertaining to leaders also seemed

important in the current study. An aspect of group leadership discussed by several

authors as important is the creation of structure in the group (Dies, 1994; Mays &

Franks, 1985). The somewhat unstructured nature of the groups in this study may have

contributed to the seeming difficulty with expectations experienced by deteriorators.

Leader interactions with clients also appeared to be an important though subtle aspect

of the current study. In discussing leader characteristics, Holahon (as cited in Roback,

2001) expressed the belief that if failures in group were studied carefully group leaders

would discover ways in which they contributed to treatment failures and stated that

many of these actions and decisions are unconscious. A somewhat surprising aspect of

the leader group dynamics is the amount of interactions leaders engaged in which

could be termed as problem solving outside material rather than focus on group

processing. This surprise comes from the bias of the researcher who was trained in the

importance of processing and illuminating the "here and now" (Yalom, 1995).

Several of the group related variables in the literature also appeared as

important aspects of this study. Group variables that may have added to the different

experiences between improvement and deterioration in this study were group roles, the lack of specific structure of the groups as well as lack of specific norms. The groups appeared to and aspects of cohesion such as self-disclosure and here and now processing. There was some evidence in support of stages of group development with members of the group generally more hesitant in the beginning of group, however deteriorators tended to go against the development of group discussed in the literature of hesitant beginning disclosing more in the beginning of the group. This initial disclosure also relates to elements of group cohesion as discussed by Burlingame et al. (2002). This level of self-disclosure seemed to help others disclose more. However, Leiberman et al. (1976) discussed high levels of disclosure and the groups' reaction to this as an element of deterioration for group members. Another aspect of cohesion as outlined by Burlingame et al. is the amount of here and now processing. As has been noted this did not appear to be a focus of these groups.

While the specific variables are interesting and show promise for future study it should be noted that many of the differences between deteriorators and improvers and other themes found in this study were subtle in nature and were only discovered after several readings of the transcripts. With this in mind, possibly the most interesting and clinically relevant finding is the subtlety of deterioration found in this study.

Initial Indistinguishable Outcomes

Indeed, one of the most surprising findings of the current study was the inability to identify deteriorators and improvers during the initial viewing of the process of group therapy. Without knowledge of outcome scores, improvers and

deteriorators could not have been identified by the researcher. Much of the literature specific to group deterioration paints a picture of individual dysfunction, and deviancy (Galinsky & Scholper, 1977) or personal frailty (Lieberman et al. 1973), yet that did not appear in this study. In the current study, those who showed clear deterioration participated in their group and appeared invested and integrated in the process of their group. There was no clear or blatant disregard for rules, or disengagement in the group by deteriorator--in fact, just the opposite. The differences were found only in closer examination of the data.

Patterns of Interaction

A closer examination of the themes revealed different patterns of interaction that seemed to occur for those who were found to deteriorate from those who showed improvement. These patterns appeared when putting the specific themes for each category together and viewing the group members in the context of the group.

Deteriorators' paradoxical behavior. Those who deteriorated in symptoms tended to display paradoxical behavior within the group. This pattern of interaction included interactions in which these individuals discussed the importance of group, the usefulness of it but became more wary of participating as the group continued. They confronted and encouraged others to participate, praised the group as a place they felt comfortable but questioned themselves and how others viewed them in the group.

Improvers' self care. Those who improved on the other hand could be described as putting themselves before the group. They were tentative in their participation and expressed from the beginning being unsure of the group, how it might help them or how long they might stay. They were willing to engage in the

group although hesitant of how much to share. As the group continued, and as they were engaged by others, improvers opened up more, using the group to discuss specific concerns or acknowledge successes they had outside of group. They also called for time in group as the process continued. In this way they were able to test whether others were interested and invested in them and did so more on their own terms.

These patterns of behavior viewed together in the context of the group created an interesting picture of what appeared to be happening in the process of group in this study. It is as though deteriorators and improvers passed one another somewhere in the group in terms of comfort and amount of interaction. If the groups were viewed using the analogy of a pool party with the objective of getting people in the water and comfortable in water it may be viewed as follows.

It seemed as if those who ended up showing deterioration were the first to jump in the deep end of the pool allowing others to feel comfortable to come into the water. It is as if they blindly accepted the authority of leaders in saying that the water was fine even if leaders didn't explicitly say as much. Those who ended up improving were those who waded in from the shallow end in many cases after some coaxing by those who are already in the deep end. Because deteriorators had already jumped into the deep end there seemingly wasn't the need to encourage them to move to the deep end of the pool. To carry the analogy further those who first jumped in the deep end began to question their decision since no one else immediately joined them or became tired and swam toward the shallow, safer end of the pool to join the others only to find they had passed them somewhere in the middle.

Clinical implications

Several clinical implications were gleaned from this study with possible interventions at different levels that may be helpful for group leaders. It is important to note that overall both groups experienced more improvement than deterioration with twice as many group members showing significant improvement than deterioration. These suggestions therefore are geared to help group leaders ameliorate deterioration in groups that may be proving effective for most clients.

First, the difficulty of distinguishing who may be at risk for deterioration in group should be addressed by group leaders. Simply acknowledging that those who may be experiencing deterioration may not be evident may be helpful for group leaders to understand. Given the results of this study, group leaders should look at several areas when combating possible deterioration.

Group leaders should be aware that the beginning of the group process is an important time for group members as it appeared many of the differences between deterioration and improvement were evident there. This has implications for the need for pregroup training and the initial set up and structure of group including discussion of norms and expectations.

The roles played by individual members of the group and the effect this has on them should examined by group leaders. Whether group members are "replaying" roles they play outside of the group should also be explored. Yalom (1995) discusses the importance of providing a place where a corrective experience can take place. Leaders should be aware of this possibility and open to challenging group members in changing the roles they play that have been detrimental to them. Co-leader discussions

concerning these topics may make it more likely to spot specific roles individuals are playing. Co-leader discussions can also help to avoid colluding with the roles individuals unwittingly *replay* in group. Group leaders should discuss individual's goals within the group as well as in consultation with each other to assess whether these goals are being met for individual clients as well as the group.

Discussion of the group process and how this is helpful may also move the group toward helping one another with specific goals. Encouragement of *here and now* feedback is important. When used in the groups it does not appear to have had a negative effect and may combat the roles deteriorators are likely to sink back into.

Limitations

There were several limitations to this study. Inherent in qualitative research are limitations of generalizability. In this study, a limited number of subjects were studied intensely. The groups in the study were described as general process groups and both came from one counseling center. This provided meaningful interpretations for this particular situation but should not be generalized to all groups.

Another limitation to this study was the fact that there was only one outcome measure. This was a pre-post measure based on self-report of symptoms. It may be that these individuals who are reporting a positive experience in group are gaining more from the group than is understood by the scores deriving their outcomes. Following these individuals over a longer period of time or gaining more in-depth information about their symptoms and group experience from their own report may help to clear this up.

Another possible limitation was that perspectives and themes were coming from an outside view based on the dialogue of the group. This can be seen as either a strength or a weakness. It was a limitation in that the actual thoughts of both leaders and participants in the groups were not accessible. However the strength was the in-depth look at the actual dialogue of the group as it pertained to improvement and deterioration. The ability, through repeated interaction with the data, to understand and in a sense becoming part of the group but staying separate would have been difficult to achieve using another method.

Conclusion

The complexity of group and how many different aspects of group interplay to create the group experience is evident in this study. The interaction of individual characteristics and those brought by the group leader as well as the group variables appeared to interact to create a subtle environment in which some group members may possibly deteriorate.

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