

**Taken from “Introduction to Group Therapy”. Virginia Brabender.  
Wiley. 2002.**

### **Effectiveness of Group Therapy**

Fuhriman and Burlingame (1994) in a survey of the outcome literature on group therapy, noted that it was not until the 1970's that such studies had sufficient methodological rigour to yield valid and reliable results.

Toseland and Siporin, in 1986, reviewed all the studies to date that used group treatment with a symptomatically heterogeneous group of patients and met a set of methodological criteria. Out of 32 studies 24 (75%) showed that group therapy and individual therapy were equally effective. In 8 studies group treatment was superior to no treatment or individual treatment. In studies for which attendance data was available, the rate of premature termination was lower for group patients than for individual patients.

Fuhriman and Burlingame noted that, out of seven meta-analytic studies, five found no difference between individual and group psychotherapy. Both individual and group treatments substantially exceeded couple and family therapy. However, two meta-analytic studies showed a superiority of individual over group treatment. Fuhriman and Burlingame wondered what set apart the two studies in which groups fared more poorly than the others. By reviewing the specific studies used, they found that in the majority of studies representing the group modality, group therapy was used specifically because of its convenience. They write, “no attempt was made to incorporate or capitalise upon unique properties deemed to be therapeutic to the group format.....The studies can best be described as individual treatment in the presence of others”.

What this pattern of findings suggests is that group therapy has its own special elements that should be deployed in order to maximise its benefits. Furthermore, when these elements are activated, group treatment is effective on a variety of outcome measures relative to no treatment or minimal treatment. It is also of at least comparable effectiveness to other modalities such as individual therapy.

### **Efficiency of Group Therapy**

From its earliest days, group therapy has been appreciated for its efficiency. In the above section a number of reviews were discussed. These reviews were based primarily on group therapy interventions that were either brief or short term in nature. These studies overwhelmingly show that therapy groups can produce positive changes in a relatively brief period.

The other respect in which group therapy is efficient is in its capacity to treat multiple patients simultaneously. Group therapy places less demand on staff resources relative to individual therapy. MacKenzie estimated that in a given health care system, 15% of patients in the system will require long-term therapy (approx. 50

sessions). If these patients receive individual therapy, they will use 37% of staff resources. If these same patients are treated in group therapy the percentage drops to 25, freeing up staff time for the much larger group of patients who require crisis intervention (approx. 8 sessions). Roller (1997) noted, "A group therapist can treat from two to three times as many patients in one-half to one-third of the time".

### **The Value of Group Therapy: Perceived and Actual**

Given the above it seems strange that in many environments, particularly outpatient treatment, group therapy is not seen as the treatment of choice. If a given therapy is as effective as another and is more efficient (both in terms of the tenure of the person in treatment as well as the number of people treated by a given therapist in a given interval of time), why should it not be used by preference? Why should not the training of mental health professionals in group therapy skills occur as early and extensively as they do in individual therapy skills? The answer is that there is a disparity between the actual and perceived value of group therapy, which has several causes.

First, the uniqueness of group therapy in relation to other modalities has not been fully appreciated. The false assumption that the mechanism of change is the same in individual and group therapy is common. If that had been the case it would be reasonable to assume that group therapy would provide individuals with a more diluted exposure to curative factors. In fact, if groups are treated as if they were a forum for individual therapy in the group, groups are less potent than individual therapy. It is only when the interactional processes of group psychotherapy are given centre-stage that this modality realises its potential. When these interactional processes are the focus of therapists and group members, group therapy is at least as effective as individual therapy.

Another factor is cultural. Western culture, especially Western Anglo-Saxon culture and particularly since the Enlightenment, has placed high value on the individual beyond that of the group, and upon individual fulfilment rather than the commonweal. In this culture, individual therapy is highly valued specifically because it centres on the individual. That is, it has primacy because it focuses on the primary social unit of the culture.

The cost of the Western cultural perspective can be seen in the array of social problems that beset the USA and other Western countries. School violence is an example. One common pattern is that a teenager or a subculture of teenagers are scapegoated by their peers. The scapegoated persons respond to this psychological aggression with physical violence. The problem is one of group dynamics. Although certainly the actors involved bring their personal difficulties to school, the interactions they have with their peers in the group are central to the violence that emerges. Scapegoating is one solution that groups readily use to solve their problems, and one task in a group's development is to acquire more mature, constructive means of problem solving.

Rutan and Stone (1993) identify another example of the cost of this cultural emphasis on the individual to the neglect of larger social units such as the couple, the family, and the community. An emphasis upon the individual and, in particular, individual gratification, has led to the erosion of intimate, stable, relationships:

*There has been a strong trend in modern society to value happiness now at the expense of deepened relationship and firm foundations. "Doing your own thing" is no longer countercultural ethos. It has become part of the value system in all sectors and strata of society. The ready option today is to change the relationship rather than resolve the conflicts. This tendency has become both the cause and the effect of the dramatic instability of modern marriages and family life. (Rutan & Stone, 1993).*

As every practitioner knows, one of the most common presenting complaints of individuals entering therapy is the sense of emptiness and meaninglessness that the failure to sustain relationships of substance produces.

While the cultural emphasis on individualism may hinder a full appreciation of the value of group therapy, it is also true that group therapy is ideally suited to treating the relationship difficulties that are so prevalent. Within this modality, the individual is always in focus. However, in focus, too, is the individual's relationship to each other member and to the group as a whole. As individuals grow in the group, relationships grow, and the community grows.

### **Specific Features of Group Therapy**

Features specific to group therapy include the giving and receiving of feedback about one's interpersonal style based upon immediate experiences with other group members. Other benefits include the multiplicity of perspectives on oneself, the availability of both peer and authority relationships for exploration, and group members' identifications with one another's experience.