MAXIMIZING THE THERAPEUTIC EFFECTIVENESS OF SMALL PSYCHOTHERAPY GROUPS

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Little attention has been paid in the literature to the ways in which psychotherapy groups of fewer than five members can be led effectively. The conditions leading to small groups are presented, including both dynamic and circumstantial conditions arising in the institution, the group, and the therapist. The dynamics of small groups are described based on social psychology research and clinical observations. The paper concludes by presenting therapist and member characteristics as well as therapeutic techniques which contribute to the maximal effectiveness of groups with fewer than five members.

It is generally accepted that a 7–10 member therapy group is the ideal size. The realities of outpatient group psychotherapy, however, are that groups are often considerably smaller than that. Yet, despite these realities, little attention has been paid to how small groups may be effectively led. This paper will examine the dynamics of less-than-ideal-sized groups and suggest how their effectiveness may be maximized.

LITERATURE REVIEW

Major literature reviews, such as those by Yalom (1975) and Fulkerson, Hawkins and Alden (1981), emphasize the value of therapy groups with five members or more in contrast to those with fewer than five members. Yalom (1975) writes:

> My own experience and a consensus of the clinical literature suggests that the ideal size of an interactional group is approximately 7, with an acceptable range of 5 to 10 members.

By contrast he adds:

> When a group is reduced to the size of 4 or 3, it often ceases to operate as a group; member interaction diminishes, and therapists often find them-

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selves engaged in individual therapy within a group. Many of the advantages of a group – the opportunity for broad consensual validation, the opportunity to interact and analyze one's interaction with a large variety of individuals – are compromised as the group size diminishes.

Fulkerson et al. (1981) observed that groups of fewer than five members maintained equal time for each member, avoided conflict and disagreement among members, became stalemated, and had a negative group image. The leaders of the groups experienced disappointment and frustration, and became active problem solvers while the members remained passive. The authors attributed the good attendance in the smaller groups to the realization that absence would "strand fellow members with even smaller numbers." They conclude, "Our experience strongly supports the idea that psychotherapy groups should be composed of no fewer than 5 members." An important matter, not discussed by Fulkerson et al., was that the leaders they observed were all inexperienced. It is fair to assume that the leader's lack of experience may have influenced the behavior of the groups.

Social psychology research supporting the value of small nontherapy groups includes studies by Asch (1962), Slater (1958) and Hare (1952). Slater found that subjects considered five members to be optimum, and that subjects in larger groups were significantly less satisfied with the amount of time available for discussion and with the opportunity to participate. In research on conformity in groups, Asch found that there was no advantage to having more than three members voice an opposing opinion. Hare (1952) and Miller (1951) found significant positive correlation between group size and the number of cliques, and found that an increase in cliques was associated with a decrease in group cohesion. Fischer (1953) found that subjects ranked smaller groups as significantly more intimate.

In summary, the clinical literature tends to support the value of the larger group, while the social psychology research suggests that smaller groups have characteristics which can facilitate group cohesion and satisfaction on the part of group members.

CONDITIONS LEADING TO LESS-THAN-IDEAL-SIZED GROUPS

Broadly speaking, less-than-ideal-sized groups come into being as the result of two sets of events. The first set is circumstantial, such as the availability and/or rate of referrals, the number of terminations, and so on. The second set has to do with the dynamics of particular groups, leaders and institutions. Clearly, those categories are not always discrete so that what appears to be purely circumstantial may also, upon closer examination, be the result of particular group, leader or institutional dynamics.

It is important that therapists of smaller groups consider the possibility that the reduced size of their groups may be due to dynamic factors in one or more of those three areas. For instance, there may be considerable competition among group members for attention from the therapist. In coping with that competition, certain members may assure themselves of the therapist's attention by unconsciously evicting the newer or more deviant members. In other situations, leaving may become an accepted way within the group for dealing with certain kinds of conflicts, rather than experiencing them and talking about them.

Therapists may also unconsciously keep their groups small. For instance, they may be reluctant to add new members because they fear upsetting the

equilibrium of their groups. Or they may keep their groups small and intimate to satisfy some needs for closeness and support that they are not getting elsewhere in their lives. In other instances, therapists may feel more comfortable in small groups because they fear losing control of a group with more members, or because they may be concerned about the collective power of the larger group, or because they may be angry about the perceived demands of the larger group.

Within institutions where groups meet, discrepancies can exist between overt and covert attitudes toward group therapy. There may be overt sanction and support of group therapy by the administration, yet the group therapists may receive few referrals, and those they do receive may often be inappropriate. Economic considerations can also interfere, especially if there is competition among therapists for a limited pool of referrals. Those therapists who have patients in individual therapy may be very reluctant to refer them for group therapy if it means a reduction in their practice and in their income.

Examining the dynamics in these three areas is not an easy task. However, there are several broad guidelines that may facilitate the process: 1) Careful listening to the derivative material in group sessions (Rutan & Alonso, 1978) may alert therapists to collusions among members designed to keep the groups small. 2) A similar analysis by the therapists of their own thoughts and fantasies regarding their groups may uncover resistances they have to leading larger groups and to adding new members to current groups. The effectiveness of these two guidelines can often be enhanced if they are carried out in supervision, or with an understanding group of colleagues. 3) Before starting a group it is helpful to negotiate a clear contract with the administration about the role of group therapy and of particular therapy groups in the institution, including agreements about referrals and other support for the therapy groups (Rice & Rutan, 1981). Such agreements increase the likelihood of having enough referrals for groups and of being able to maintain the groups once they are started.

THE DYNAMICS OF SMALL GROUPS

An understanding of the dynamics of small groups enables therapists to lead those groups more effectively. Some characteristic dynamics of small groups, in contrast to larger ones, were noted in the literature review. Those characteristics include: a tendency for interactions to take place between the therapist and each individual patient rather than among the patients; a tendency to avoid disagreement and conflict, often because of a fear that the group may dissolve; a greater feeling of closeness; more time available for each member, which sometimes leads to the illusion that time can always be shared equally.

The literature suggests that in the beginning phase of a group's life, the small group is as effective as the larger group at bonding. Clinical experience also supports this thesis. Group therapists often feel anxious before beginning a new group, particularly if the membership is small. Yet, after the first session, most find themselves agreeing with the old adage: "There is no such thing as a bad first session." The ability of the small group to bond effectively is important for a number of reasons. First, all groups to be effective must bond. Second, many beginning groups are less than ideal size. Third, the ability of the small group to bond gives the therapist and the members the opportunity to lay down the foundation of mores and expectations on which the group can build and grow as new members are added.

There are, however, other forces in operation during the beginning phases of a small group. At the beginning of all groups, the members look to the

therapists to meet their needs and solve their problems (Bion, 1961; Rutan and Rice, 1981). Thus in the beginning phase of a group, the members often have a strong need to make and maintain direct contact with the group therapist. The realization of such individual attention is more likely in a small group than in a larger one. And therapists, when they are anxious to get their small groups underway, particularly if they are more familiar with individual therapy than group therapy, may acceed to those wishes. Acceeding to those wishes is likely to increase individual communication with the therapist at the expense of bonding among the members.

The forces of differentiation and protest that follow the opening phase of a group are particularly problematic for the small group. It is a phase when members are more liable to drop out as a result of the differentiation process and when the group's capacity to maintain itself is tested. The larger group of 8–10 members can afford to lose several members and still have a viable and well-bonded group, whereas the smaller group's existence may be threatened by such a loss. That threat often leads the members of the small group to remain longer in the early phase of the group's life and to approach the process of differentiation with considerable caution, as the following example illustrates.

Case Example. A new group of four members settled into a comfortable and comforting group life. They were very supportive of one another and rarely, if ever, disagreed. The members made significant changes in relationships with others outside the group, but there was little change in their relations within the group. After seven months of meetings, one member ventured into dangerous territory and confronted another member, who then failed to show for the following session. The three remaining members fantasized that the missing member would never return, and followed up those fantasies with the expression of wishes to return to earlier times when members agreed with one another.

The fantasies and wishes, while not unique to a small group, clearly expressed the members' anxiety about their aggression and the possible demise of the group. It also seems likely, that their anxiety about those matters was one of the major reasons there had been so few disagreements in the group, and why the confrontation was so long in coming. However, a successful negotiation of the differentiation and protest phase is possible, even in a small group, and when achieved enables the members to belong safely to the group while maintaining their unique qualities. Later, we will suggest some ways for therapists to facilitate that task.

MAXIMIZING THE THERAPEUTIC BENEFITS OF THE SMALL GROUP

Therapist Characteristics

The success or failure of a small group depends in large part on the attitude of the therapist toward the group. Some therapists of small groups, for instance, are hesitant to discuss their groups because of a perceived stigma attached to such groups and their leaders. As a result, they may project their own feelings of inadequacy onto their groups and feel they are cheating the members by not providing them with a "good enough" group. They lose faith in themselves and in their groups. Such an attitude can undermine therapists' ability to lead groups, make them reluctant to ask colleagues for referrals for their groups, and prevent the groups from functioning optimally.

If group therapists develop a positive attitude toward small therapy groups and believe they can be beneficial, the groups are much more likely to be successful (Frank, 1973). Such an attitude can also have a contagious effect upon a therapist's colleagues. Colleagues begin to appreciate the value of therapy groups, whether of ideal size or less-than-ideal size. They are more likely to make referrals when they are available, and to be supportive of the group therapist's work whether referrals are available or not. Likewise, if group therapists are aware of, and are able to, resolve countertransference conflicts generated by feelings of inadequacy, they are much less likely to get in the way of the formation and growth of their groups.

Member Characteristics

The degree of homogeneity or heterogeneity among members affects the success or failure of a small group. For instance, homogeneity of age, social status, and degree of pathology is valuable in facilitating the bonding and maintenance of a new and/or small group whereas a large variance along those parameters may result in polarization of the members and minimal bonding (Rutan & Stone, 1984). Yet a group that is homogeneous with regard to other characteristics, such as passivity or depression, can be very difficult to lead, and little change may take place within the members (Samuels, 1964). Likewise, if the members are homogeneous in their inability to trust or make attachments the group may be incapable of forming.

Case Example. An experienced leader began a new group with two members. One member was a woman who had recently been through an acute paranoid episode. The other was a man with a severe character disorder who was openly belligerent. In the second session a new member was added, and the original male member did not show and never returned. The new member was sporadic in attendance. After a brief period of time the original woman member terminated abruptly.

A variety of factors may have contributed to the demise of this group. It seems clear, however, that the group members' shared difficulty in making attachments contributed significantly to the group's failure to form.

In summary, too great a disparity with regard to age, social status and degree of pathology or a shared incapacity to bond among the members makes it less likely that the small group will survive and grow.

Therapeutic Techniques

Certain techniques make for therapeutic effectiveness in the small group. First, it is important for the leader to view the group as a whole, interactive unit from the beginning, particularly as efforts are being made to establish trust and cohesion among the members. In practice this means that the leader will observe, reflect on and interpret common group themes such as saying "hello," building trust, or testing the contract. Later, when trust is well established, the leader may comment on and interpret how respective group members respond to the common themes (Day, 1981). Second, it is important to deflect direct attempts to establish dyadic relationships with the leader and to encourage instead member-to-member interaction. Those two techniques are applicable to therapy groups of all sizes, but with the small group they take on particular importance because they can be so easily lost sight of and become replaced by variations

of individual therapy. The techniques that follow are especially applicable to the small group.

A member can feel left out in a group of any size, but when it happens in a group of three or four, it can greatly inhibit the growth and development of the group. Often it means that several members bond readily – or are perceived as bonding readily – while another member is excluded. It is important for the therapist to encourage discussion of the feelings and fantasies related to the odd-person-out phenomenon. When this is done, the leader usually discovers that each member has felt like the odd-person-out at one time or other during her/his time in the group. In addition, such a discussion is usually followed by an increase in trust and spontaneity among the members, and an increase in group cohesiveness.

To break through the polite phase of the group in which the members often see only the value of the small group, it is important for the leader to be particularly sensitive to the subtle cues the members will give about their aggressive wishes, their need to test the leader and to differentiate from each other. Highlighting those subtle cues encourages the members to give voice to both their disappointment and anger at the leader, and their fear that that anger may drive away the few members who are present and so destroy the group. When those feelings have been voiced and understood the members are then freer to disagree with each other and the process of differentiation can continue.

As a small group is more likely to reflect the actual family-of-origin of the group members, it is helpful to be aware of and address the sibling rivalries of the members that are often reenacted in this context, particularly those related to oldest and youngest positions in the family.

The equal sharing of time is also an issue that should be confronted early in the life of the group. Members should be encouraged to discuss openly their fantasies about the sharing of group time. Such discussion often reveals that patients feel they do not deserve more than their share of group time or that others will be angry and resentful toward them if they are too needy or hungry in the group. It can also reveal resentment among the members toward anyone who does take more than their "fair share."

SUMMARY

Because of the stigma attached to less than ideal-sized therapy groups, insufficient attention has been paid to understanding the dynamics of such groups or to examining how their effectiveness may be maximized.

We examined some of the reasons for the existence of small groups, discussed the dynamics of those groups and suggested how they may be enabled to develop and their members to differentiate. The problems endemic to the small group were also examined and techniques were suggested to help the therapist avoid pitfalls and provide a positive, growth producing experience for the members.

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