

Chapter 2

What Is the Role of Group Dynamics in Group Prevention?

He was 9 years old, in the third grade, and tall for his age. When he first joined the group-centered prevention program, he seemed eager to participate. The first time he encountered a difficult task, he started to clown around and misbehave. When the other children ignored him, he became aggressive and started pushing and shoving. When he was told that his behavior was inappropriate, he began to cry. He said, "everybody hates me; I'm gonna kill myself." He kept repeating, "I'm gonna kill myself; I'm gonna set myself on fire." After a discussion between himself, his Dad, and the director, he promptly announced, "I'm never coming back here. I hate this group." At the next group session, I was relieved to see him return, and was even more encouraged when he entered with a smile on his face and went straight to a workstation to work with two other boys in the program. At the close of the session, three students presented a puppet play on bullying that they had written. The 9-year-old was obviously disappointed and a little upset that he had not been chosen to participate in the puppet play. Instead of his earlier reactions to disappointment, this time, he said, "I was in the puppet play on Friday; so it was someone else's turn today. Maybe I'll get to be in the next puppet play."

Any child, teenager, or adult who talks of suicide should always be evaluated by a mental health professional, but we also need to keep in mind that therapy alone may not always be the best way to bring about the changes needed (Seligman 2006). Suicide is not classified as a mental disorder (Pirog and Good 2013), but it may indicate a general feeling of hopelessness or depression. The young student mentioned in the opening paragraph had developed a pattern of behavior—being aggressive, or (if that did not work) threatening suicide. Such behavior in his past classroom experiences had produced the results he desired—to be the center of attention or allowed to do as he pleased. While in this case, individual one-on-one counseling did not yield the desired changes in behavior, group-centered prevention did. Why?

First, the student was working in a structured, cohesively supportive group-centered prevention environment. Group process when used correctly can be very therapeutic (Johnson et al. 2006). Group psychotherapy has even been proven through

research to be just as effective as, if not more so than, individual one-on-one therapy (Burlingame et al. 2004). Group-centered prevention uses the same 11 therapeutic factors that group therapy does. When the young man returned to the next session and went to work, he was immediately accepted by the group. Through such group acceptance, skill-building interventions, and the work that the group was doing on social-emotional development, the young student began to change and experiment within the group with new approaches to his behavior. A person's perception of approval (feeling secure or accepted) or rejection (insecure or scorned) in a group can directly affect their actions and interactions with others in that group. Group participants who feel rejected often overreact to their negative feelings in an attempt to elicit acceptance and comfort from others (Wei et al. 2005), just as the student did from our opening example. It is important to remember that a group's dynamics (the underlying experiences or opinions that the group members bring to your group) are derived from individual perceptions, not facts.

The second reason that group-centered prevention succeeded was that the student was working on interpersonal as well as academic skills during each group session. Group-centered prevention allowed the student, who was very insecure, to erase classroom failure and rebuild his self-efficacy and belief that he could succeed. As later determined, classroom failure was the primary cause of the student's behavior. Traditional therapy offered only counseling, but did not treat the root cause of his classroom failure and frustration. A strictly social-emotional prevention group approach could have helped the student interact better with others, but traditional therapy and a psychoeducational prevention approach would not have treated the young man's academic problems. Group-centered prevention offered both counseling and learning. The student learned better ways to interact with others, and he also learned skills to correct his academic failure. As Baskin and associates (2010) discovered through their research, students (any age) benefit when therapy and academics are combined. Therapeutic interventions enrich academic outcomes and offer the highest degree of change in overall attitude, behavior, and academic accomplishments (Baskin et al. 2010). Group-centered prevention combines counseling and learning into the same program to bring about this higher level of accomplishment and change. It can be used not only with students but also in any group counseling or prevention setting. Group-centered prevention works with family counseling, heart attack recovery groups, obesity, anorexia or bulimia groups, with diabetic education programs, parenting groups, marital problems, anger management, bullying, violence prevention, teenage pregnancy, drug prevention, or, indeed, any counseling group aimed at prevention and striving to bring about change.

Our first step in understanding how to use group-centered prevention effectively is to understand the connection between group dynamics and group process. The terms group dynamics and group process are sometimes used interchangeably, but I feel that it is important for us to examine these two concepts individually. They are distinct, yet interwoven group variables. Therefore, we discuss group dynamics and group process separately, and then show how they are interconnected.

The problems and behavior patterns that the student in our opening example brought to the prevention group illustrate the dynamics of the group. The goals,

fears, communication style, eagerness, perceptions, and lifelong experiences that participants bring to the group are all part of the dynamics that make up your group (Forsyth 2009).

Group process describes the way you work with your group and the interventions that you use to bring these different personalities and experiences together into one cohesive group. The patterns of interaction, the growth of cohesion, the skills that are taught, and the means by which conflicts are resolved all work together to make up group process.

This chapter discusses group dynamics; Chapter 3 deals with group process. Chapter 4 pulls these two concepts together and demonstrates how to integrate group dynamics and group process through positive cohesive interaction.

Group Dynamics

Effective groups must focus on positive interaction and cohesion. They must also focus on the participants as individuals. If you view your group as just a collection of 5, 10, or 30 people, your group will not be effective. You must see each group member as an individual who wields important influence in the group. In therapy, counseling, and prevention, the group becomes your instrument of change. Diversity between group members can become your group's strength or downfall. The personalities, interrelationships, life experiences, and self-identity of your group participants are all variables that you must learn to work with in your group program.

Group Differences That Directly Affect Group Process

We all have a need to belong (Baumeister and Leary 1995), but no two people are the same, not even identical twins (Segal 2000). Each member brings to your group a particular personality, life experiences, fears, perceptions, gender influences, ethnicity, prejudices, and cultural individualities. If your group is to succeed, you must understand these differences and use them to build a positive group experience.

The influences of our environment and the way in which we adjust or adapt throughout life to these influences (poverty, a new job, social relationships, death, discrimination, failure, etc.) mold and shape us as a person. To better understand the group members participating in your prevention group, you must recognize the adjustments group members have been required to make as they have coped or failed to cope with the demands and challenges of everyday life. In other words, analyze the dynamics of your group—the people. It would be impossible to discuss all of the differences or influences that define the participants in your group sessions, but there are a few key group differences that seem to underscore how a person interacts with others in a group (Deci and Ryan 2000; Luyckx et al. 2009).

Culture The role of culture in shaping an individual's self-identity must be considered with every group. We are all by-products of the culture in which we live. Culture can be defined as shared knowledge, experiences, values, and social influences that are communicated through generations of family or peers and that become a belief that exists psychologically within the individual (Hardin et al. 2014; Paletz et al. 2014). Culture can include race, ethnicity, socioeconomic class, geographic region, age, education, occupation, religion, gender, sexual orientation, disabilities, or other shared perceptions that form a "lens" through which group members view the world (Hong et al. 2003; Paletz 2014). Language may be a factor (Zea et al. 2003; Rodriguez et al. 2007). Culture can either help or hinder group process; it all depends on how you incorporate the cultural influences of your group participants into your group program. Cultural influences can determine how words that are spoken or situations that happen in a group are interpreted (Nastasi et al. 2004; Sue and Sue 2013). Cultural differences may stem from perceived expectations, norms, values, or attitudes and beliefs (Guimond et al. 2013). Culture cannot be erased, nor should it be, but cultural influences are not carved in stone; they constantly change. Group members can also make adjustments in their cultural perceptions to accommodate and adapt to new situations in their environment.

Multiculturalism Reduces Prejudice If positive intergroup attitudes and interaction are encouraged through your group interventions, then multiculturalism (the equal preservation of different cultural identities) can become the cultural norm for your group. Multiculturalism can decrease prejudice (Verkuten 2005). It encourages acceptance. Such acceptance and merging of intergroup attitudes and beliefs will strengthen cohesion in your group. Three of the major "culture-specific stressors" in society are discrimination, minority status, and language (Romero and Roberts 2003). Discrimination can be based on race, age, gender, disabilities, or sexual orientation. Regardless of the reason for discrimination, such stereotypes and prejudices cause group participants to view other group members negatively (Klauer et al. 2014).

Example of a Problem Stemming from Cultural Differences A teacher related a story to me that clearly emphasizes this point. A middle school divided between Caucasian and African-American students had a growing racial problem among both staff and students. The Caucasian students were constantly telling the African-American students to stop misbehaving and acting up in class so that the Caucasian students could learn. A small group of African-American students went to the school principal and claimed that they were being discriminated against. The school principal called all the Caucasian students into the gymnasium and yelled at them for their discriminatory behavior. If you are thinking this is a troubled school, you are correct; also you are correct if you think that the school principal handled the problem incorrectly. A school-wide group-centered prevention program on resolving conflicts and creating positive classroom atmospheres conducive to learning could have resolved the disagreement and made the school a better place to work and learn. Such cultural stressors can be used positively in a group-centered prevention program.

Strengthen the Positive; Reduce the Negative We must remember that prejudice is often fed by fear and lack of experience with other cultures. This is true for all ages. Positive acceptance by peers is important for children, teenagers, adults, and even seniors. Group members who feel that they are not accepted because of their ethnic affiliation may bring into your group a higher degree of stress and negativism. Some of the most stressful situations participants may confront in their lives may take place at school, in the family, with peers, in the neighborhood, or on the job. The cultural classification and acceptance of gender roles in a marriage can be a major source of conflict in a marital relations group. Family conflict is listed as one of the most important predictors of psychological distress (Rodriguez et al. 2007). Such cultural stress will affect the development of interaction and cohesion within your group; therefore, you must find ways to reinforce cultural strengths and diminish harmful differences in your group program.

Example Using Cultural Differences to Reduce Problems in a Group I took a group of minority middle school youth from eastern Georgia on a summer service learning trip to a Mexican-descent immigrant community in Texas. The middle school youth left home with very strong negative opinions about working in an immigrant neighborhood. They returned sharing positive stories about the new friends they had made, promising to go back next year, wondering if it was too late to sign up to take Spanish in the fall at school, and even talking about trying to be friendlier to some of the Mexican-American teens who attended their school in Georgia. How did this change come about? Through a 1-week, 10-hour group-centered prevention program called *Camp Sharigan* (Clanton Harpine 2010). Working together in a therapeutic group environment proved to be beneficial for the team that traveled to Texas as well as the children we went to help. Everyone has something to contribute. Build upon culture. Do not let cultural differences and prejudice become a stumbling block that prevents interaction and cohesion in your group.

Race and Ethnicity People may identify with several different ethnic groups at various times throughout their life. Ethnicity is the acceptance of a group's culture or practices—the group(s) to which you belong (American Psychological Association 2003). Race is determined by how others categorize you based on your skin color, hair, or other physical characteristics. Race is socially construed rather than a biological identification (Lee and Ahn 2013). Discrimination is based on negative perceptions. Negative perceptions are very detrimental to group process and the building of a cohesive atmosphere. Discrimination over race leads to negative psychological outcomes, such as anxiety, depression, anger, and emotional reactivity (Carter 2007). Negative perceptions and stress-driven reactions create a “negative event” that threatens the individual's self-concept (Pieterse et al. 2010). These negative perceptions can result in poor academic performance, feelings of not belonging, anger and violence, drug use, and other health risk behaviors (Flores et al. 2010). Such negativity also puts the success of your group program in jeopardy. You can reduce negative perceptions and the dangers they inflict through positive, supportive group interventions (Cassidy et al. 2004) and by helping members to find “common ground” (West et al. 2014).

Danger of Subgroups One year, I worked with a group of 30 children in a free, open enrollment group-centered prevention program. Some children came from two-parent middle-class families and some from low socioeconomic one-parent, racial minority families living in a housing project neighborhood. The children from the housing projects comprised approximately one-third of the group. While group psychotherapist often talk about selecting group members who will work well together, prevention groups rarely have that luxury, particularly if you are working through a community-based organization. In prevention, we work pretty much with whoever walks through the door. Life itself is not separated into neat categories; therefore, working with culturally diverse groups is more indicative of the real world. In prevention, realistic group experiences transfer more easily into real-world experiences (Kulic et al. 2004). In the particular after-school program where I was working, the children from the housing project knew each other and clumped together. They bonded so well that they became a separate subgroup whose actions were not always positive or constructive for the total group, or even themselves.

Entrenched Subgroup Behavior Any form of rejection or competition in your prevention group is harmful to the overall goal and functioning of cohesive group process. Subgroups can be deadly to the success of a prevention program. It is much easier to disassemble subgroups before they become established. Once behavior becomes entrenched in a group, it is difficult to change. This is why it is important that you analyze the personalities and attitudes of the group members who will be participating in your prevention program at the first session. If you conduct any type of pretesting, registration, or interview before your formal sessions begin, use such an interview to learn more about each group member. Do not become judgmental, but identify the strengths and weaknesses of your group members so that you can help them work together as one group. It is up to you to help your group members become more accepting and cohesive. Acceptance does not happen automatically.

Poverty According to the US Census Bureau, 45.3 million people were living below the poverty level in 2013. That is approximately 14.5% of our total population (U.S. Census Bureau 2013). The Latino population, one of the fastest-growing groups in the United States, also has the highest poverty level (Leidy et al. 2012). Children who grow up living in poverty are more likely to have negative educational experiences and exhibit mild cognitive impairments (Bolland et al. 2007; Evans 2004). Through research, socioeconomic status has been proven to be a strong predictor of neurocognitive performance (Hackman and Farah 2009). Children with low socioeconomic status perform lower in vocabulary, reading ability, phonological awareness, grammar, selective attention, inhibition, mental control, and working memory (Jednorog et al. 2012). The language system seems to be affected more than other skills. Stress is a key factor in adjustment across the life span. This is true for children, teenagers, adults, and seniors.

Scars of Poverty The economic stress of poverty can lead to ineffective or harsh parenting, family distress, emotional and behavioral problems, aggression or violence, poor problem-solving, chronic health problems, and illegal drug use (Leidy et al.

2012). There are no advantages to living in poverty, only disadvantages. The scars of poverty stay with the individual throughout their lifetime. I worked with a team in Chicago in the projects. While we worked with children inside, teenagers circled the building throwing rocks at the building, 20 men stood outside in a light rain waiting for the homeless shelter to open, and bags of nonperishable food items were stacked by the door so that whoever came to pick up the children at the close of our program could also take food home for dinner.

The Negative Perceptions of Poverty Economic hardship is more than just a lack of money. All group members, children, teens, and adults need to develop certain social-emotional competencies. Guerra and Bradshaw (2008) outline these competencies as a positive sense of self, self-control, social problem-solving skills, a moral system of belief, and a sense of social connectedness. High stress poverty neighborhoods do not foster such social skills. Your group-centered prevention program can help children, teenagers, or adults from low socioeconomic backgrounds develop these skills, but only if you build such skill-building interventions into your prevention program. Be prepared to help your group members face negative perceptions and learn to adjust to the stress of everyday life.

Violence Violence affects brain development and influences learning and behavior (Perkins and Graham-Bermann 2012). Children who are exposed to violence, either within the family or in the neighborhood in which they live, often develop emotional and academic problems. Even spanking a child has been shown to decrease cognitive improvement and academic performance, increasing antisocial, aggressive, bullying, and criminal behavior (Gersoff 2010; Gromoske and Maguire-Jack 2012; Straus et al. 2014). Exposure to violence, especially as a victim, may affect how group participants work and interact together.

Media Violence Another form of violence and influence comes from television, movies, music, and video games. Research supports that different forms of media have so conditioned us to the prevalence of violence that we no longer consider such demonstrations of violence dangerous to young children or society as a whole. All the same, violence is dangerous to development across the life span, no matter what age or form in which we encounter it (Hamby et al. 2014). Violence, even pretend cartoon violence, is destructive, (Lillard and Peterson 2011). Media violence affects mental development, particularly attention, working memory, reasoning, and problem-solving (Christakis et al. 2004). Not only is the number of hours spent watching TV, playing video games, or surfing the Internet damaging but also the quality and content of what is being viewed can be harmful. When we sanction a form of violence as being acceptable, then we have turned a blind eye to the damage the violence causes.

Example of Violence I traveled with a team to Tampa, Florida one year to work with an inner-city community program for students who had been expelled from school because of violent behavior. When we arrived, we pulled alongside the curb and stared at an 8-ft high chain link fence with barbed wire around the top. It looked

more like a prison than a school. Before we even had time to park, a man popped his head out the front door and yelled, “Lady, if you don’t want that van stripped down to a few spare nuts and bolts, you’d best pull through the gate.” On the other side of the building was another 8-ft high chain link fence enclosure with two cars parked inside. The man came out, unlocked the gate, and immediately relocked it behind us. It is not possible to live in such an environment and not be affected by it. This is true for children, teens, and adults. The effects of violence and poverty follow group members straight to your group program. They become variables and influences that you must learn to work with if your program is to be successful.

Individual Differences That Directly Affect Group Process

We not only have a need to belong, but we also conceal an internal struggle and search for purpose or meaning in life. We seek a sense of direction, happiness, and an identity (Steger and Frazier 2005). We seek control. We strive to combat bad habits, improve relationships, deal with feelings of sadness or depression, enhance careers, and most of all figure out how to love and be loved. Such a search requires that we adjust throughout our life span to the many problems and situations that arise. People who enter your prevention group program are not only a by-product of the community, family, and culture within which they have lived but each and every group participant is also a unique individual with a distinct personality, self-concept, attitude, values, and nature of dealing with people. You must take these individual characteristics into account. Some individual characteristics will be positive and helpful for your group, some will not be. These individual differences will directly affect the interrelationships and group interaction that take place within your prevention program. Individual problems become group problems when feelings of inferiority stifle group interaction and cohesion. No one likes to be constantly classified as the “weak link” in the group (Hertel et al. 2008). Therefore, in order to work with people in a group setting successfully, we must understand how and why people feel and act as they do.

Self-Identity If someone asked you to describe yourself, how would you answer the question: Who am I? You might give any number of answers. You might describe yourself in reference to your family, job, education or expertise, culture, or you might describe yourself in reference to situations and circumstances that are happening all around you. This description of self would be based upon your self-concept. Self-concept is often described as an organized collection of thoughts and beliefs about who we are as a person (Campbell et al. 2000). When we start talking about *self*, we encounter lots of descriptive labels such as self-identity, self-concept, self-esteem, self-efficacy, self-awareness, and the list can go on and on. We are still searching for that perfect term to describe who we are and how we respond to the world. How we see ourselves may also be very different from how other people see us. For example, in one woman’s description of how a fight got started, she said,

“I was just defending my little sister. She came to me in tears crying. After all, I’m supposed to take care of my little sister. So, when he came charging in our direction, I hit him.” This woman sought to justify her actions by finding fault with others and sought support for her actions by seeking sympathy for her defense of her younger sister.

Perceptions Are Not Facts; They Are Interpretations We need to remember that perceptions are not always accurate. What this woman fails to remember in the retelling of the fight incident is that her younger sister was also a grown-up, not physically harmed just insulted, they were attending a party where alcohol and drugs were available, and that she and her sister were not at any time prevented from simply walking away and leaving the party. Therefore, an individual’s perception of words that are spoken or of actions and events is always influenced by the individual’s personal experiences, cultural values, self-serving biases, and tendency to blame others (Silvia and Phillips 2013). This is true in any type of group situation or setting.

Self-Identity Affects Perception A person may be very negative and always assuming the worst, or a person may even have an inflated self-image (Silvia and Gendolla 2001). We all know people who think they know everything and who could not ever be wrong or make a mistake. The accuracy or inaccuracy of our perceptions and motives all work together to shape our self-identity (Guimond et al. 2013). One’s self-identity can be positive or negative. Anorexia or bulimia patients have very negative self-images (Grzegorek et al. 2004). Teenage girls who are anorexic often describe themselves as being fat, even though in reality, they are too skinny—to the point of being dangerously unhealthy (Baumeister et al. 2003). Each person in your group will join your group-centered prevention program with an established self-identity. Your goal is to help each group participant to direct, control, and develop positive perceptions and images of self that can lead to happiness and healthy well-being. Positive, realistic self-images are essential for a productive and cohesive group. Distorted perceptions and unrealistic self-images can be very damaging to a group.

Ostracization Ostracism can be defined as either being ignored or excluded by an individual or a group (Williams 2007). Such rejection causes hurt feelings and often aggressive behavior (Nezlek et al. 2012). This rejection or social pain intensifies an individual’s negative mood and can reduce overall group satisfaction within your program (Wirth et al. 2014). Ostracism has been identified as one of the causes of school violence, particularly in instances such as the horrendous tragedy at Columbine High School, where Eric Harris justified his actions by writing in his journal that he “hated being left out” (Sethi et al. 2013). Even trivial or seemingly unimportant episodes of ostracism lead to pain (Williams 2007). The pain from ostracism has been shown through neuroimaging studies to be located in the same region of the brain as physical pain (Eisenberger et al. 2003).

Pain New research indicates that while physical and social pain may trigger similar regions in the brain, they are not the same. The pain of being rejected or ostracized

more closely resembles the pain caused by depression (Woo et al. 2014). The pain from ostracism also does not disappear as easily as physical pain. Ostracism can affect the need to belong, the need for control, the need for meaningful existence, and even cause lack of sleep and lower one's immunity (De Wall and Bushman 2011; Sethi et al. 2013). Online ostracism can be just as destructive as being ostracized in person (Filipkowski and Smith 2012).

Group Effects Ostracism is very deadly for group process. You cannot have group cohesion if members of your group are being ostracized from the rest of the group. Therefore, your prevention group must stress acceptance and understanding for all members.

Bullying Group Behavior When we talk about bullying, most of us think of bullying in schools or cyberbullying. While bullying is definitely one of the major concerns facing adolescents in schools today, it also occurs in the workplace and even within the family. Prevention groups must also be on the alert for bullying behavior within the prevention group. A *Communication for Married Couples* prevention program met once a week for 6 weeks. At the first session, a wife sat very quietly not saying a single word while her husband was very obstreperous and opinionated. You could almost see the group members physically inching back away from this boisterous individual. When it came to working in small groups, no one seemed to want to have him in their group, but several group members invited his wife to join them. Be alert to turbulent personalities and work to tone down their influence. Overly assertive nonverbal or verbal bullying can pull your group away from its intended purpose.

Hopelessness High stress, pessimism, and negative thinking all contribute to hopelessness (Steger and Kashdan 2009). Hopelessness can lead to *passively giving up* (Seligman 1975). Martin Seligman (1990) states that the roots of depression lie in how people cognitively respond or adapt to negative events, unexpected situations, and other interpersonal events in their life. Inadequate social skills are believed to be one of the primary problems (Baumeister et al. 2005). One person may withdraw while another may strike out at others irrationally. Negative opinions, words, and moods can lead to interpersonal distress, group failure, and even depression (Grzegorek et al. 2004). As with the student in the opening example, anxiety, fear of rejection, and a negative emotional interpretation of circumstances can lead a group member to use emotional, hyperactive, or anger-driven strategies in responding to other group members (Mikulincer et al. 2003). A supportive group atmosphere can help group members resolve such feelings of hopelessness; interactive skill building can help members overcome the stigma of negative events that contributed to such pessimistic feelings. Make sure that you build a sense of hope into your prevention program.

Perfectionism We tend to think that striving for perfection should be a positive trait, but extreme perfectionism or excessive concern about making mistakes or being embarrassed or criticized can create as many problems in your group as a negative or domineering personality (Rice et al. 2012). Being too concerned with

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