1971

Action-oriented group therapy for lower-socio-economic-status clients

Joan C. Peters
Portland State University

Recommended Citation

ACTION-ORIENTED GROUP THERAPY

FOR

LOWER-SOCIO-ECONOMIC-STATUS CLIENTS

by

Joan C. Peters

Portland State University
School of Social Work

ABSTRACT

An attempt is made to present a model of group therapy for Lower-Socio-Economic-Status (LSES) clients. The theoretical issues include a definition of traditional group therapy along with a brief description of the more recent sensitivity training approaches. A rationale for combining these two different group appraoches is presented to form the model for action-oriented group therapy (AOT groups) which utilizes both the traditional approach and action techniques of the sensitivity group. It is proposed that this hybrid, the AOT group, is more appropriate for treating the LSES client. The needs and expectations of the LSES client are discussed.

The goals of the AOT group are to increase coping ability through increased awareness of self and others, and finding alternative behaviors to problems. A methodology for AOT groups is presented and includes planned action techniques which are used in combination with discussion. The methodology of AOT is described in detail from the initial planning stages to the three major phases of treatment, i.e. beginning, middle, and termination. The specific techniques are listed and described along with a rating scale for the leader to evaluate techniques. Specific ideas for research are suggested.

ACKNOWLEDGMENTS

CONTENTS

CONTENTS (continued)

PART I

A GROUP THERAPY
FOR LOWER-SOCIO-ECONOMIC-STATUS CLIENTS

Introduction:

The purpose of the paper is to establish a model for action-oriented therapy groups of lower-socio-economic-status clients. As a basis for developing the model I will review the status and definition of group therapy and then compare traditional group therapy and sensitivity training group (T-Group) approaches. The rationale for group therapy using action techniques with lower-socio-economic-status (LSES) clients will also be explored. The second section of the paper will be devoted to the methodology of action-oriented groups with LSES clients and a means for rating specific action techniques.

Group psychotherapy is a relatively new discipline and well recognized as an effective means of helping people to understand themselves and relate to others. Since man is a social being who lives in groups it is only natural that he should congregate in groups specifically designed for therapeutic purposes. Grinker and Spiegel (Meiers, 1946, p. 19) wrote: "Dealing with groups has positive value in that the group more nearly approximates the state of the human being in his natural surroundings, as a gregarious animal seeking a satisfactory niche in his social setting ... by working out his problems in a small way he should theoretically be able to face the larger group that is his world in an easier manner."

As Grinker and Spiegel point out, man is by nature a gregarious animal. His life begins in a diadic relationship (mother and child) until he gradually becomes a member of a wider circle of people through the socialization process. His interaction with others increases throughout life. As man matures he spends most of his time in groups and he becomes an integral part of society.

Konopka (1963, p. 49) feels that people gain "need fulfillmemt" through and in a variety of small group associations. Man is not only gratified through interaction with others, but he learns from them as well. Schein and Bennis (1965, p. 275) emphasize that people learn about themselves from others. Social interaction helps people to form attitudes about themselves. "One key characteristic of such attitudes is that they are generally quite central to the person and are likely to be integrated with his self concept and his personality. This suggests that one's self concept and world view is formed through his interaction with other people. London (1964, p. 133) feels people find meaning in life through interaction. He writes "most people cannot find their lives meaningful except in some context of experience which is greater than themselves ... the most likely context would be a social one."

Man as a naturally social creature can then be seen as continually seeking interaction with others to gratify social

needs, to gain a concept of self, and to find meaning in life.
Man begins his social interactions within his primary group --
the family, where he learns about himself and others, how to
relate, and how to gratify his needs.

Since men have their beginning in a small group it seems
natural that they congregate in a small group for therapeutic
purposes. The small group approach, it is argued, is particu-
larly effective for doing therapy because people's interpersonal
problems often stem from learning which took place in the
primary group (the family). It is primarily within the family
that people learn either adaptive or non-adaptive modes of
interaction and general functioning. Consequently, the re-
creation of a small group in which one can relearn modes of
interaction and social functioning which are adaptive seems
most fitting. The new learning from the small therapeutic
group can thus be transferred to the person's "larger group
that is his world" (Grinker and Spiegel).

Definitions of group therapy:

Group therapy developed as a means for helping individuals
in a social context. Various methods of group therapy have
sprung into being over the past forty years. Moreno is given
credit for coining the term "group psychotherapy," but many pro-
fessionals have contributed to the variety of methods and
approaches of working with people in groups. Because of this

variation and the differing needs of group members, there has been little agreement as to the definition of group psychotherapy.

Group psychotherapy has been defined as an interdisciplinary process related to psychiatry, psychology, sociology, anthropology, and education, to mention a few, but is has become a scientific and therapeutic discipline in its own right based on a growing science of the group (Moreno, 1966, p. 29). Moreno's general definition is "group psychotherapy means simply to treat people in groups," (Moreno, 1966, p. 263). Gazda (1968, p. 3) has recognized the spontaneity of the development of group therapy and he describes it as "... the intentional establishment of a protected environment in which social relationships are fostered of a kind presumed to result in rapid, ameliorative personality change."

There are many such definitions, each being significant and having something in common with one another. I find Konopka's (1963, p. 34) definition of social group work to be comprehensive and useful as an operational definition for the purposes of this paper. It is as follows:

> Group work includes work with groups consisting of healthy as well as sick individuals to enhance their social functioning; that is, to obtain gratification from others through socially accepted means. When the group worker uses his particular professional training and skill to work with groups of individuals who have problems in personal and social functioning he enters the process of group therapy. He does it in his own way based on the extent of his particular professional qualification.

The phrase "in his own way" is particularly significant since the leader's personality definitely influences his choice of appraoch and application of techniques. Corsini (1957, pp. 274-281) divided group therapy into three categories: 1) intellectual, 2) emotional, 3) actional, and demonstrated that the exponents of these therapies, Freud, Rogers, and Moreno, have devised these approaches in accordance with their own personalities. Perhaps this is why there are such a variety of methods ranging from analytic group therapy to experiential groups. It is also important to note that the variety of methods devised may not only be due to the variety of personalities of theoreticians, but also to the variety of group members' needs.

Despite the diversity of definitions and methods of group psychotherapy, it is important to note the commonalities. Moreno (1966, p. 117) listed three factors common to all types of group therapy: 1) the goal is to treat people in groups; 2) every member of the group is given equal opportunity for getting involved in and participating in the therapeutic process; 3) the principle of therapeutic interaction is evidenced.

Group Therapy and Sensitivity (Laboratory) Training Groups:

Rather than review all of the types of group therapy I will focus on two areas which will be used as a framework and basis for an action-oriented group therapy model. I will

attempt to compare and contrast what is called group therapy
and a different approach to groups, the T (training) - Group
method. It is noteworthy that group therapy and group
training are reportedly two different approaches to problems
of adjustment. Both use participation in a group situation as
a fundamental learning experience, for (supposedly) different
reasons. (Blake, 1958, p. 3). I will briefly discuss some
of the differences and similarities of these approaches which
I feel can be effectively combined.

One of the primary distinctions is that group therapy has
been used for individuals termed "sick" or as having "adjust-
ment problems". Group training, on the other hand, has
purportedly been used as a means for "learning how to learn"
(Schein and Bennis, 1965, p. 4) for "healthy" individuals.
However, both group training and group therapy have as a goal
the meeting of people in groups to facilitate a better ad-
justment or adaptation to life. Both approaches aim to increase
self-awareness.

According to Blake, however, an essential difference
between the two approaches is that T-Group laboratories consider
a major purpose to be "finding out more about how groups
function and solve problems." The aim of the therapy group,
"to find out about one's own deeper personal difficulties,"
(Blake, 1958, p. 5) is a secondary goal for the training group.
In practice, however, both kinds of groups deal with emotional

reactions of members and how emotions are differentially perceived, interpreted, and acted upon.

Schein and Bennis (1965, p. 11), on the other hand, point out that laboratory training "which aims to influence attitudes and develop conpetencies toward learning about human interactions" is a combination of education and therapy. It is based on learning theory and in this respect may differ from traditional group therapy which is based on dynamic or psychoanalytic theory. The authors consider the major training goal to be "increased interpersonal competence in the many roles each participant plays." Athough the terminology may be different it would seem that traditional group therapy would have a similar goal. However, Schein and Bennis (1965) list the additional goals for members in T-Groups as understanding conditions which effect group functioning and development of skills for diagnosing individual, group, and organizational behavior.

Norton (Schein and Bennis, 1965, p. 115) makes the distinction that the laboratory method involves "learning how to learn" rather than the common approach (group therapy) which he defines as a change through analysis of conflict and development of insight. He also points out the contrast between the laboratory method which establishes and maintains an experimental climate to try out new behavior patterns and other clinical methods which explore abstract feelings and relate them to the past.

Although there are apparent differences between T-Groups

and therapy groups, this should not hinder the development of new group forms which draw from both methods to devise an approach to group treatment appropriate to their clientele. This argument will be discussed more fully in a following section of the paper. In order to abstract relevant principles from both traditional group therapy and T-Groups, a review of each approach is necessary.

Some of the highlights of the T-Group approach are as follows. The training approach uses "focused exercises and educational activities such as seminars to promote the participants' increased awareness of their own feelings and the feelings of others" (Schein and Bennis, 1965, p. 17). The purpose of the focused exercises is to generate specific behavior so that a particular area of behavior can be studied and new behavior can be learned. The necessary conditions for "learning in a laboratory" are: 1) a "here and now" focus in which experienced behavior is the focal point of learning; 2) "feedback" which provides data for improvement of performance in the social situation; 3) "unfreezing, a complex process initiated to create a desire to learn"; 4) psychological safety which is provided by the close atmosphere of the group; and 5) observant participation is required and rewarded (Schein and Bennis, 1965, p. 29).

Morton (Schein and Bennis, 1965, p. 31) added to the above conditions: a support for persons who deal with the here and now and the assuming of responsibility by the group members for analyzing consequences. He used role-playing to enhance generalization of what members learned in the group to outside the group.

Gifford (1968, p. 83) wrote of the empahsis in T-Groups on designing an integrated learning experience that is impregnated with the principle that learning is based on experience. He feels the here and now focus, so prominent in the laboratory method, has long been central to social work practice.

Weschler and Schein (1962, p. 34) wrote "sensitivity training is concerned with strengthening the individual in his desire to experience people and self more accurately to initiate or sustain personal growth." They feel "sensitivity training shares with group psychotherapy the objective of ego-strengthening and improving the self-image. Both stress development of insights and opportunities for reality-testing. Both attempt to examine pervasive central life values and put emphasis on replacing old hampering modes of behavior with more adaptive new ones."

Traditional group therapy as opposed to training has a wealth of different schools. As was stated earlier, the various schools could be categorized as falling into one of three areas: intellecutal, actional, or emotional. For example, analytic group psychotherapy would be termed intellectual because members of the group concentrate on past experiences and analyze them in reference to unconscious motivation and conflict or in terms of transference. An intellectual understanding of the self is the aim as well as an emotional "working through" of the problem.

The actional schools of group psychotherapy can best be typified by Moreno who extensively used "psychodrama" as an

actional technique. Others have concentrated on other than verbal techniques with the use of puppet play for children or arts and crafts. Recently, there has been an upsurge in the use of role-playing in the traditional group setting. It was used effectively by Maas (1966) with a group of socio-pathic women. The role-playing allowed the group members to explore their feelings in a protected situation. Another recent trend has been the use of focused feedback with video-tape. Other practitioners are introducing action into group therapy by initiated positional changes in terms of seating arrangements.

The emotional type of group therapy is explained by Rogers and Gendlin as "experiential," demanding "involvement" of the therapist and member, and as stressing the uncovering of ones' feelings. Gendlin is concerned with concrete experiencing rather than words people use or social roles. He writes "the crux of the current group movement is process." (Gazda, 1968, p. 190). Spontaneous expression of feelings is highly valued and the primary aim of the group.

Some of the Ego Psychologists, in an outgrowth of the analytic grouppsychotherapy methods, have stressed the development of ego strengths through acceptance of other members and identification of problem areas. The goal is to help group members become more able to function in their life situations (Foulkes, in Moreno, 1966, p. 19). Ackerman (Moreno, p. 439) writes of his method called "Co-creative Group Psychotherapy", "the individuals of the group inspire each other by identifying themselves

with the assets of their personalities rather than the defects."
The purpose of the group is to facilitate successful relation-
ships and focus on healthy needs to increase self confidence.
Foulkes (Moreno, 1966, p. 170) feels the first aspect the thera-
pist is concerned with is that of a "belonging participation"
-- being an accepted, respected member of the group.

In conclusion, it is important to note that although group
training and group therapy have a very different history, both
group methods have many commonalities. In fact, recently many
T-Group trainers are emphasizing insight and concentrating on
self-understanding (Altrocchi, John and Lahen in Moreno, 1966,
p. 280) while many group therapists are beginning to incorpor-
ate focused actional techniques into their methods. Altrocchi,
John and Lahen (Moreno, 1966, p. 189) list six ways group therapy
and sensitivity training are similar: 1) a small group meets
with little prescribed structure, 2) the purpose is personal
growth and better interpersonal relationships, 3) members are en-
couraged to focus on experiencing, awareness, and understanding
of self and each other, 4) there is an opportunity for genuine
interpersonal encounters, 5) there is a variable group atmosphere
produced by members' feelings, behavior, and thought, 6) there
is extensive use of feedback from members and leaders. It is
my opinion that the results of the two approaches are often
much the same, although the theoretical explanations differ.

Combining the T-Group and Traditional Approach: Action-Oriented Therapy:

Scheidlinger (1968, p. 65) points out that we should develop new models of therapy. He states, "the greatest challenge still before us consists in modifying old or devising new group services ... models capable of engaging the disorganized dwellers of our urban slums." Being in full agreement with Scheidlinger, I am proposing a new model for group therapy for lower-socio-economic-status people, which is a combination of T-Group techniques and traditional discussion type group techniques. Altrocchi, John and Lahen (Moreno, 1966) would agree to this combination of approaches since after comparing T-Group techniques and group psychotherapy they concluded both types of group service led to understanding the self and others. Before discussing the advantages of a combined approach for LSES clients, I will state the rationale for combining T-Group and traditional group techniques and then I will describe the action-oriented group therapy model.

Perry London (1964, p. 128) compared action and insight therapies and concluded "Each has severe limitations, however, as well as significant merits and it is only be means of some compromise formulations of insight and action psychotherapy systems can be derived which adequately comprehend human behavior." He argued for a combined approach by pointing out

that insight by itself is "just not very effective in solving therapeutic problems!" (London, 1964, p. 60). London goes on to say the goal of insight therapy is to enforce independence and freedom to enhance the self. However, insight therapists underplay the importance of initiating action toward this end (1964, pp. 64-75).

Insight therapies deal with meaning while the T-Group approach deals with action and effect. The answer to this dilemna in London's terms is found in using insight and recognizing the need for meaningful action. London further elaborates his view that insight should focus not so much on motives as on behaviors. The primary purpose of insight would be to lead toward new more functional behaviors (London, 1964, p. 133).

According to Mowrer's theory the cure for interpersonal problems is brought about through "publicity" and "work" (London, 1964, p. 139). By publicity he means publicizing or revealing one's self to others. By work he means, I believe, acting or practicing new, more appropriate behaviors. Both London's and Mowrer's ideas suggest that group therapy should be a combination of discussion and action for the participants. This type of action-oriented therapy would hopefully lead to behavior change through understanding (discussion) and practice (action) of new behaviors. The goal as in most forms of therapy is to promote effective personal and interpersonal functioning.

Description of Action-Oriented Therapy:

Malamud and Machmer come close to my idea of Action-Oriented therapy. They (1965) conducted a workshop to stimulate change in group member's perceptions, feelings, and behaviors. They concentrated on awareness of self, developing self-esteem and improving interpersonal relations, and uncovering unrealistic assumptions or expectations about life styles. Much of the workshop sounded like an experiement in "experiencing". The action-oriented model of group therapy includes similar objectives: developing awareness of self and others, improving relationships and uncovering unrealistic expectations. Planned action techniques would be used to facilitate awareneness of self and others. For example, techniques such as creating an interpersonal dilemna, role-playing, acting out emotions and the giving and receiving of feedback borrowed from the T-Group approach would be useful to stimulate activities. The activities would be followed by discussion to heighten understanding of effects and purposes of behavior and to devise new effective behavior.

To give a more detailed picture of action-oriented therapy, it is necessary to focus on the structure, process, and outcomes of such a group. The group is formally structured for a therapeutic purpose by limiting its size to 5 to 10 persons with a qualified leader who guides the interaction. Member expectations, such as the need to participate and attend

group sessions are made clear. The action-oriented group would optimally meet weekly for a period of 12 weeks or more depending on needs and preferences of group members and leader.

The goal of action-oriented group therapy is to increase awareness, improve relationships and uncover unrealistic expectations of self and others, ("changed attitude" - Bennis and Schein, 1965, p. 272). The process of achieving these goals can be illustrated through Bennis and Schein's (1965) theoretical approach. They have developed a learning cycle which best represents the theoretical foundation for the action-oriented approach, but which was originally devised for T-Group training. It emphasized a cognitive element (increased awareness), an emotional element (changed attitude) and a behavioral element (changed interpersonal competence). The cycle is diagrammed as follows: (Bennis and Schein, 1965, p. 272):

Diagram 1. Learning Cycle

Dilemna or disconfirming information.	Attitude change	Attitude change, etc.
↓	↓	↓
Attitude change.	New Behavior.	
↓	↓	
New Behavior.		
↓		
New information, increased awareness.	New information incr. awareness	until termination.
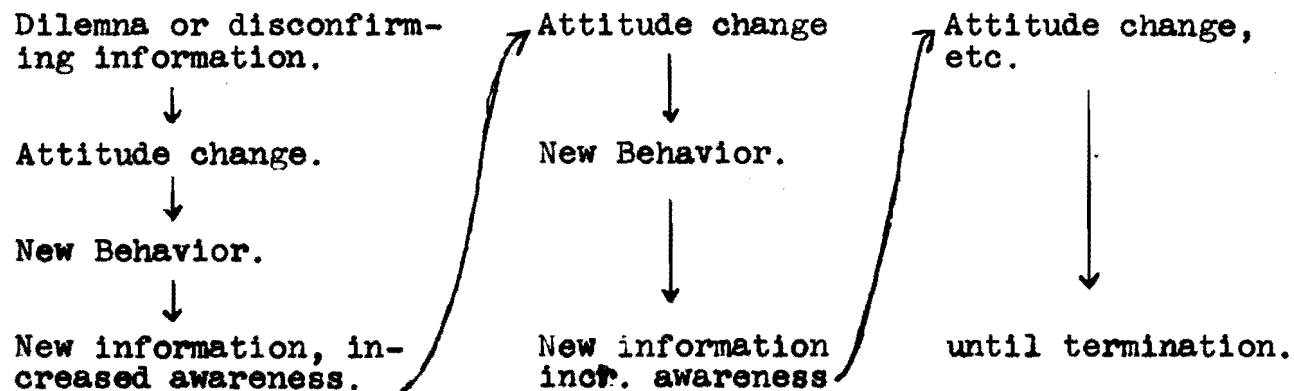
As the diagram shows, the cycle starts with dilemma: "the person obtains cues that not all is right in his relationships with others" (Schein and Bennis, p. 273). In applying this to action-oriented group therapy, it would start with the person's realization that he needs therapy and becomes commited to entering a group to seek help (first three phases). Through interaction in the group the client would receive new information which would promote attitude change and new behavior.

In drawing from both Schein and Bennis and traditional group therapy approaches I believe the most profitable way for people to integrate attitude change and develop new behaviors is through discussion and action. By using both of these modes, cognitive, emotional and behavioral elements are recognized and dealt with. In other words it takes into account both verbal and non-verbal aspects of interaction. Specifically, action techniques would be used to deal with emotions and feelings as conveyed through verbal and non-verbal communication and would also provide structured experiences like role-playing for experimenting with new behaviors.

Discussion would be used to deal with the cognitive elements as used in traditional therapy. For example, Shibutani (1967) points out the importance of thinking. He states, "thinking may be regarded as a form of problem solving that occurs through the manipulation of images ...

and facilitates overcoming of blockages and thereby contributes to the final consumation of the act." Another important reason for placing emphasis on discussion as well as action is that verbal communication is the socially recognized mode of interaction in our society.

Through discussion and action techniques, group members would increase self awareness by dealing with reactions and feelings on both an intrapersonal and interpersonal level. Unrealistic expectations would be dealt with by exploring responses of others to the self, by examining motives and developing new attitudes. Increased interpersonal effectiveness would be gained through experiencing others in a therapeutically controlled atmosphere which would promote experimentation with new behavior via role-playing and psychodrama. The use of both action and discussion of techniques allows the patient to experience and explore a wider range of behavior thereby increasing his chances for a fuller adaptation to life.

As was stated earlier, Scheidlinger not only pointed out the need for new designs of group therapy, but in particular, models that would be appropriate for LSES clients. Since it is the purpose of this paper to devise such a model, it is necessary to establish who the LSES client is, his needs and expectations, and then to establish why the action-oriented type of group would be suited to his particular needs.

The LSES Client:

Before discussing the LSES client as a vague abstraction,
it is pertinent to keep Luchin's cautions concerning the
nature of patients in mind. He (Luchin, 1964, p. 92) reminds
the group therapist that most practitioners actually deal with
theoretical constructs of personality theories while being
virtually ignorant of the ordinary everyday needs of their
patients. Luchin pointed out the need to "particularize as
well as generalize about behavior, in order to view the par-
ticular patient and group so that their unique properties do
not become blurred by the general concept under which they are
subsumed" (Luchin, 1964, p. 93). Although this section will
consist primarily of generalizations concerning the LSES
client, it is important to remember that in group therapy,
the therapist must always be cognizant of the unique group
of unique individuals who are only theoretically part of the
LSES population.

In spite of the many variations within the "lower class,"
the social worker needs an understanding of the common
characteristics of "lower class" behavior to use as a conceptual
base. This is particularly important because the social worker
who is middle class often has difficulty working effectively
with clients of lower social economic status (LSES). The LSES
population is most often misunderstood, poorly diagnosed and
inadequately treated by all the mental health professions.

Hollingshead and Redlich substantiated this view in their pioneering work on mental illness and social class (Hollingshead and Redlich, 1959).

Social class is an important variable in treatment, but has sometimes been underemphasized since the term "social class" is often surrounded by an emotional taboo in the United States and practitioners often fear generalizing (Miller, 1959). However, many innovative therapists have recognized that LSES clients need treatment more suited to their needs. For example, Dr. R. Gould (1968) used a more active, participating approach with blue collar workers. Reissman, Cohen and Pearl (1964) devised new treatment approaches for the poor. Christian and Davis (1965) devised a group therapy program for the "socially deprived". Consequently, it is recognized that an understanding of the LSES population is a basic requirement for treating people of this cultural group. Keeping the importance of understanding social class phenomena in mind, I will give an overview of some characteristics considered common to the LSES group.

Lagner and Michael (1963) feel individuals in the LSES group seem to be suspicious particularly of agencies, rigid, and fatalistic which causes them to be prone to depression. With regard to specific personality characteristics of LSES people, Langner and Michael's finding (1963) agreed with the clinical psychologist's B. M. Spindly. They found the basic

characteristics to be: 1) weak superego, 2) weak ego with a lack of control and frustration tolerance, 3) a negative distrustful character with poor interpersonal relationships, 4) strong feelings of inferiority, and 5) a tendency to act out their problems. Hollingshead and Redlich agree that lower class people often manifest psychological problems by acting out. They add that this group tends to have disorders of a psychosomatic nature due to the lower class emphasis on physicalism and health.

Irelan and Besner (1967, pp. 1-9) summarized findings from studies in the U.S. concerning the low-income life style. They found the alienation of the poor is seen in their feelings of 1) powerlessness, 2) meaninglessness, 3) anomie, and 4) isolation. They feel detached and yet they value security and friendship. The LSES group also values occupation and education but they are often held back from attaining their goals due to reality (expenses of education, etc.). As a result of a deprived, alienated life condition, four themes peculiar to lower class behavior are found: fatalism, orientation to the present, authoritarianism and concreteness.

To sum up the major themes of lower class culture, I will refer to Reissman's list of LSES characteristics that influence their thinking about self and others (Reissman, et. al, 1964, p. 115).

    1.   Security rather than status.

    2.   Pragmatism and anti-intellectualism.

3. Powerlessness, the unpredictable world and fate.

4. Alienation, anger, and the underdog.

5. Cooperation, gregariousness, equalitarianism, and humor.

6. Authority and informality.

7. Person centered outlook.

8. Physicalism, masculinity, and health.

9. Traditionalism and prejudice.

10. Excitement, action, luck, and consumer orientation.

11. Non-joining.

12. Special significance of the extended family-stable female based house-hold.

LSES Person's Expectations of Treatment:

There have been some significant studies concerning the LSES person's expectations of treatment which should be considered when devising a treatment model. Overall and Aronson (1963) found, for example, that the LSES class patients had high expectations for treatment, but were initially only minimally involved in treatment. They found LSES patients expected an active but permissive role on the part of the therapist. Hollingshead and Redlich (1958) emphasized that the LSES patient does not expect to talk about his feelings and fantasies, but rather his physical ills and social plights. Overall and Aronson (1965) suggest "one way of reducing cognitive inaccuracies is to attempt during the initial phase of treatment to reeducate the patient to both his own and the

therapist's role." Dr. Robert Gould (1968) on the other hand
found educative techniques were not sufficient. He revised
his methods of treatment by becoming more active physically
(i.e. walking around while doing therapy), using a "give and
take" approach (giving out personal information). He used
role-playing to clarify the role of therapist and client.

Christmas and Davis (1965) used a group approach in a
socially deprived community. They found LSES patients came
to the group with expectations of relief, concrete answers,
direction and guidance. In working with their groups, Christmas
and Davis found that defining goals early was important. In
addition they found the group tends to reduce distrust of
authority (the leader) because of peer support. Beck,
Buttenweiser, and Grunebaum (1968) found the group to be a
good mode of treatment because LSES members shared feelings
of worthlessness. The group members supported each other as
the leaders could not do since they were of the middle class.
To the group leaders the LSES life situation seemed hopeless,
but the group members were understanding and saw hope for change.

Action-Oriented Group Therapy for the LSES Client:

Drawing from the above information on the LSES life style,
I will explain why action-oriented group therapy would fit
the needs of LSES clients. First, the structure of the group
is chosen because a group would help to combat the isolationism

of LSES people. In addition, the security of the group would reduce the initial distrust of authority (the leader) that LSES clients often feel. Christmas and Davis (1965) found intense relationships among group members allowed for gradual trust in the leader to come about.

Second, the action techniques such as role-playing, focusing on the body (i.e. "where in the body does one feel anxiety?"), or structured exercises in which movement is required would fit the needs of LSES clients, who have a "physical orientation". The role-playing of real life situations would be a pragmatic approach since LSES clients want practical aspects of life dealt with in therapy. Using action techniques requires a directive, active approach on the part of the therapist. This type of approach would meet the expectations of the LSES client for direct guidance on the part of the therapist.

Third, discussion of feelings that accompany the actional experiences would promote not only self-awareness, but it would lessen the client's sense of alienation in that he could discover others often feel as he does.

Fourth, since the LSES client is concerned with security as opposed to status he could discuss and explore unreal expectations which may hinder his effectiveness in work, play, and love, and consequently cause him to feel insecure.

Fifth, the LSES client's emphasis on informality and cooperation would be recognized in that spontaneous movement

would be encouraged and valued. The discussion would include suggestions and feedback from peers which involves a cooperative spirit among members of the group.

To adequately perceive how the action-oriented group would meet the needs and expectations of the LSES group it is necessary to look at the following model which is established as a guide for using both action and discussion with LSES clients.

PART II

METHODOLOGY

OF

ACTION-ORIENTED GROUP THERAPY

The following section will be devoted to formulating the methodology for action-oriented therapy groups (AOT). The structure and function of AOT will be viewed in terms of the temporal phases of a group.

Definition of AOT:

Action-oriented group therapy (AOT) is designed to use both traditional discussion and new action techniques suited to the needs of the LSES population. This model has been devised for use with single adults; however, similar action oriented techniques with appropriate modifications and additions could be planned for use with a married couples group. More specifically, the model presented in this paper has been developed for use with non-psychotic individuals who have recognized a need for some type of therapy. Ideally, potential members for the group would be screened through intake interviews and placed in the AOT group if: 1) they were of the LSES population and 2) the general goals of the AOT group suited their needs. To facilitate greater trust and participation the AOT group is initially a closed group. Any addition of members to the group would be sanctioned by the original group members who would have met as a closed group for at least nine sessions.

Initial Planning and Orientation:

Goals:

The main goal of AOT is to develop coping ability. In other words, the goal is to encourage and hopefully develop more adaptive mechanisms of coping in all life areas. To develop coping ability there are three objectives which are related to the main goal. The objectives are as follows: 1) to develop awareness of self and others: The objective is to help group members be more aware of how they present themselves to and influence others. Better, more satisfying interaction can then be facilitated. 2) to improve interpersonal relationships: This objective is to help members communicate more clearly, to secure need gratification from others. It is hoped that more adaptive patterns of negotiations between people will be learned. 3) to develop the ability to find alternative solutions to problems.

AOT groups are unique in that the leader uses planned action techniques and discussion as well as the impromptu use of role-playing initiated by the leader. The techniques are evaluated at the end of the session by the group members with the guidance of the leader's questions. The role of the leader (or leaders) is demanding in that he must function in an authoritative manner in some instances and as a full participant at other times. A more thorough description of AOT follows.

Membership and Initial Interviews:

For a group of single adults, it is advantageous to form

-26-

a group of young adults (ages 20 to 30) or a group of middle aged participants. In this way the group is relatively homogeneous since they have similar interests and developmental life styles. As was stated earlier, individuals that are diagnosed as psychotic should not be included in this type of group therapy. Prospective members should have a self recognized need for therapy and screening should be handled through initial interviews with the number of interviews dependent on the needs of the individual. For example, the initial interviews should be used not only to assess and screen potential group members but to motivate the client for the group as well. Initial interviews would also be used to explain the basic procedure of the group to the client and to set forth the requirement that the potential group member participate in group for at least six sessions before terminating. It should also be established that a group member who is thinking of terminating should bring this up for discussion. In addition to orienting the client to the group process and norms, it is essential to inform the client that he will be part of a group of people with backgrounds and problems similar to his. In other words, it is necessary to minimize the client's initial anxiety as much as possible. During the initial interviews questions should be answered concerning expectations of group members and resistance to entering a group should be dealt with. Inherent in this approach is the necessity for all staff members of an institution to be familiar

with the AOT group. The initial interviewer should convey
to the prospective group member in an authoritative manner
that the action-oriented group is a modality suited to his
needs. This type of approach suits the needs of LSES clients
who expect an authoritative approach on the part of a helping
person.

Leadership:

AOT groups can be led by one or two therapists. A pair
consisting of a male and female therapist can be most useful
because group members can use the appropriate sexed leader as
a model. Another advantage of having two therapists is that
one can observe while the other is leading or one can partici-
pate and model while the other is leading the exercise. Clear
communication between the two therapists can also serve as an
educative example for the group members. It is assumed that
if two therapists are working together they will communicate
clearly and develop complimentary and cooperative patterns of
working as a team. In the AOT group the leader must function
as an authority and as a participant. Being an authoritative
leader does not mean functioning in an autocratic manner, but
it does mean strong supportive leadership particularly when
the action techniques are used. Many times the leader(s)
should participate in an exercise to demonstrate it or to
reduce the client's initial anxiety. The leader must be ready
to encourage clients to air feelings of fear of participation
or embarrassment.

It is important to recognize that a therapist will use his own style using this model only as a guide. However, the qualities most needed by the therapist are the capacity to be "real" and spontaneous since he is a model for the behavior he is encouraging. In order to be spontaneous and comfortable with the AO technique it is essential that the therapist himself experience some of the exercises prior to leading a group.

To facilitate the group process, the leader may model by using "I feel..." or "I see you as..." statements and he may define the expectations and purposes of the techniques. The degree to which the leader defines and clarifies the situation depends on the needs of the group members and their resistance as perceived by the therapist.

In traditional group therapy it is customary to use periods of silence as a means for creating optimum anxiety which induces participation in the group process. It is my contension that in working with LSES clients this is a futile technique, since they tend to withdraw instead of resolving the anxiety through talking as middle class clients do. Therefore, the leader must be more active and encourage and guide participation.

It is also considered an unspoken taboo in traditional therapy for a therapist to have physical contact with the client; however, in this approach, spontaneous contact can be effective and productive. For example, I observed in a young adult group, the therapist reached out warmly to shake the hand of a girl who had previously been withdrawn and had begun

to participate that session. When the group members followed suit, the girl finally felt accepted and cared for by the group.

Group Structure:

The group should be a closed group consisting of five to eight members for the first nine sessions. This gives the members time to develop trust and reliance on peer support. After that period new members may be introduced with the sanction of the group. This procedure helps to maintain group cohesion and promote acceptance of new members.

The optimum time for an ACT group is two hours since during the group the action techniques and follow-up discussion occur as well as discussion of current personal problems. If it is a small group (five or less), the therapist may feel it is advisable to limit the time to one and a half hours.

Aside from a comfortable room with chairs, it is advantageous to have a rug so that the participants can sit on the floor if they feel comfortable doing so. (Supplies such as paper and pencils, pillows and balls should be available in the room for techniques that require such items.)

The expectations of the group should be made clear either directly by the leader or by exploring the members' views of goals for the group. It is expected that, 1) members participate as fully as they are able, 2) feelings are expressed, 3) "here and now" behavior is discussed, 4) problems are brought

out by individuals to be dealt with by the group, 5) expectations (concerning the group and outside situations) are explored. It is necessary to delineate the structure for the LSES client who may have contrary expectations of treatment. I once heard a therapist who was cognizant of the LSES person's emphasis on physicalism and expectation to be cured in a medical way say: "They haven't yet found a pill to make problems go away so we will try to deal with it this way..." This is one way to recognize the LSES person's expectations and educate him to the psychotherapeutic approach.

Initial Stages of AOT Groups:

The First Meeting:

The literature on group development refers to the needs of the group members to become familiar with each other in the initial orientation stage of group therapy. Northern (1967, p. 117) writes about the need to focus on "locating commonness" and establishing initial contact. With LSES clients who are not trusting of mental health institutions it is particularly important that the first meetings be geared specifically to "locating commonness" or getting to know each other. For this reason, it may be advisable to begin the group by serving coffee or refreshments. After initial contact has been made, the contract for the group can be discussed. A casual beginning of this sort reduces the anxiety and focuses attention of the group as a whole -- thereby decreasing the feeling of

isolation common to many LSES clients ... by the nature of the casual atmosphere, the therapist must act in a social, relatively non-professional manner. Consequently, he becomes known to the client. The client is therefore theoretically more free to trust the therapist. It may sound contradictory that the therapist must function as a strong authority figure and at the same time as "one of the gang," yet this type of relationship is suited to the needs of the LSES client who both needs and distrusts authority figures.

To review, the first meeting should include, 1) a casual meeting (time for informal chit-chat), 2) a discussion of the contract (time, place, attend six sessions before finalizing committment to the group, confidentiality), 3) a discussion of both the members' and the leader's expectations for the group, 4) a definition of the purpose and format of the AOT group and 5) a closing action technique such as milling and handshaking to acquaint members with actional procedures.

Establishing Trust and Learning the Rules:

The first six sessions of the AOT group should be devoted primarily to establishing trust between the members and leaders. The emphasis on developing trust is necessitated by the LSES client's distrustful attitude toward agencies, professionals, and the non-medical approach to problem solving. In addition to developing a trusting atmosphere, the first six sessions should be devoted to learning the rules of the group

and orienting the client to the problem solving process.

During the initial stage of the group the following action-oriented techniques can be used to generate trust. 1) Milling and handshaking is a simple method of nonverbal greeting and welcoming. The group can be motivated to engage in this activity by using the old adage "actions speak louder than words." 2) Dyads can be formed for the purpose of sharing something important about oneself. This technique allows the members to become somewhat intimate in a dyad before facing the entire group. 3) The blind walk requires one person to lead another with his eyes closed. It can also be done with a chain of people and one leader. This technique requires that one trust another to lead him around chairs, people, and whatever. It is particularly effective in eliciting a verbal discussion of trust because people spontaneously report their feelings and sensations such as "I don't trust him" or "I had to peek." The leader can prompt a discussion of trust by reviewing the technique at its close. 4) Each person in turn imagines a "tough" situation, shares it with the group and then answers the question "How do you want support?" This technique focuses on the notion that all people need support. As with the other techniques the parameters of the topic of support and being supported should be discussed. 5) Each person in turn imagines that he must get across a stream. The person then chooses someone to help him (physically) and acts out the scene either non-verbally or with the addition of verbal

interchange. The purpose of this technique is to physically experience support in solving a problem.

Each of the trust techniques should be followed by a discussion of the technique. Generalizations and feelings pertaining to trust should be elicited from the group members. Following the discussion of the techniques, the floor is opened for discussion of problems as seen by the group members. By encouraging members to voice their opinions and comments the leader educates the participants to the fact that they too are functioning as therapists for their fellow members. The leader also functions as a model by communicating his "here and now" feelings and asking group members how they "see" or "hear" each other.

Gradually, role-playing can be introduced to help the clients to see alternatives to their problems and to explore their expectations of one another. In the initial stage of the group, members cannot be expected to role-play easily since role-playing requires that people feel relatively at ease with each other. Role-playing should first be enacted by the leader to acquaint the members with the technique. The technique will be dealt with more fully in the following section...

Middle Phase:

The problem solving or middle phase of group development has begun when there is a good degree of group cohesion, members are beginning to trust one another, and when the

behavior expectations for the group have been incorporated.
In AOT groups it is at this point that the action techniques
are used more extensively. In the beginning stage of the
group the AO techniques are used primarily to build trust
and as "warm-ups." During the middle phase, however, the
techniques are used with more attention to established
behavior patterns. For example, this greater depth is ac-
cepted and can be achieved because the participants have
developed some trust in each other and they have accepted
the role of the leader.

The Action-Oriented Techniques:

In addition to the techniques described in the previous
section there are others designed to improve self awareness
and obtain feedback, to be used spontaneously with specific
problems and to focus on the life areas of work, play, and
love. A list and description of the techniques follows. The
techniques listed are those the author has experienced and
used; there are undoubtedly other techniques people have used
which could be incorporated into this model. Most of the
ideas for the techniques were collected from William Shutz
(1967), William Banaka, and Michael Slover, all of whom are
sensitivity group leaders.

Techniques to gain self-awareness and obtain feedback:
These techniques should be used at the beginning of group
sessions during the problem-solving stage of the group, or as

"warm-ups" in the initial stage of the group. They are effective in that they elicit group discussion.

1. <u>walk a tight rope</u>: Two people pretend to walk a tight rope from opposite ends with the objective of getting past the other without stepping off the rope. This exercise focuses on cooperation (verbal and physical). A rope or line can be used on the floor.

2. <u>dyads - giving and receiving orders</u>: This exercise requires one person to give verbal orders (of any sort) to another for a limited time (five minutes). Then roles are switched. The leaders should circulate and help people if necessary. Follow-up discussion focuses on what it feels like to give or receive orders.

3. <u>act out emotions</u>: This exercise is particularly effective when members have discovered that their communication of or perception of emotions is unclear. Various emotions and the degree they are felt are written on slips of paper and given to members to act out in turn. (For example, 50% anger can be used to demonstrate how a person acts when he is "half mad").

4. <u>hand-pushing</u>: In this exercise two people sit opposite one another palm to palm. They are instructed to push each other's hands. Discussion can follow as to who is a "pusher" and who is a "follower" or it can simply be an experience between people involving physical contact.

5. <u>non-verbal communication to man in the middle</u>: A group member stands in the center of the circle with his eyes closed.

Others go to him in turn and communicate (non-verbally)
their conception of him. For example, a group member with
a tough facade might be put in the position of a boxer.
This is effective due to the emotional impact of being put
into a revealing position by others. It can only be used
after members have knowledge of one another.

6. inner and outer circle: two circles are formed by using
partners (one is in the inner circle, the other in the outer
circle). The people in the inner circle begin to communicate
while those in the outer circle observe. The observers report
on their partners by describing "how they cameacross" both
verbally and non-verbally.

7. using a tape recorder: This techniqe is useful if par-
ticipants are unclear of their self image or how they are
heard by others. Also, it offers them clear evidence of their
verbal communications. A video-tape can be used to focus
behavior as well.

8. non-verbal doubling: Group members imitate one another
non-verbally to obtain feedback on non-verbal communication.

9. describe the kind of animal you are: This verbal exercise
stimulates associations as to strength, weakness, size,
softness, hardness, etc.

10. describe yourself as a door: This exercise is used when
people are ready to open up, but exhibiting resistance. It
is most helpful for a person to describe what kind of door he
is, how the door can be opened, and what is behind the door.

11. verbal game - "I would like to but...": The game draws
attention to the common "yes, but" syndrome. After each
member plays the game, the emerging material can be dealt with.

12. pass the ball: A ball is passed to the group member who
wishes to talk or is passed from a member to those he wishes
to comment on his problem. It is used primarily to increase
group participation.

13. problems in the hat: To help people bring up problems
they can be written on slips of paper anonymously. The problems
are picked out of the hat and dealt with one at a time by the
group as a whole.

Techniques to be used spontaneously with specific personal
problems:

1. hand wrestling: can be used to express anger toward
another member.

2. pillow-pounding: can be used to express pent up anger
which is not connected to a specific situation or if it occurs
as a residue from dealing with a specific problem.

3. being big or small: a person can experience his feelings
of worthlessness, or overcompensation by crouching down
beneath others or by standing on a chair. The technique en-
courages catharsis and tends to break down emotional barriers.

4. walk to each person: do they look big or small?: This
technique is used for a fear of relating to others. After the
person declares his perception of the other, he should be en-
couraged to communicate on a one to one basis with the person.

5. <u>say something to each person or touch each person</u>: This exercise concentrates on the fear of relating as does the above technique.

6. <u>where in your body does it hurt?</u>: For feelings of depression, loneliness, enxiety, etc., it often helps people to localize the feeling and describe it. This increases one's awareness and acceptance of the feeling.

7. <u>fantasy trip - climbing a mountain</u>: For fear of accomplishment, success, or trying a new endeavor this is especially useful.

8. <u>group turn away followed by greeting</u>: For feelings of isolation and separation from the group, it is useful for members to turn their backs on the member and give him time to experience the feeling of isolation. This is followed by facing him, greeting him and perhaps welcoming him.

9. <u>fantasy trips</u>: Fantasy trips are useful to explore areas such as goals, alternatives, or the ideal self. A person may close his eyes and begin by saying, "I would have...", "I see myself as...", or "I wish...".

<u>Techniques centered on work, play, and love</u>.

These techniques focus on the major areas of concern in life and can be used at any time during the group.

1. Divide into tryads and complete a task or plan a post-group party, etc.

2. Hitting a balloon and keeping it in the air.

3. Choose a person you feel closest to and share something.

4. Create imaginary dilemmas in life areas of work, play, and love. The dilemmas can be acted out a few times using different solutions.

Role-playing can be used at any point during group sessions. It is most effective when a group member spontaneously brings up a problem. If the problem involves others, appropriate roles can be taken by group members. The scene can be replayed to help give new perspectives, to discuss one's tone of voice in verbal interaction, or to "try out" a new role. Role-playing in the structured protected group atmosphere is particularly effective in dealing with problems concerning expression of negative feelings. Role-playing allows for trials of behavior without fear of criticism or failure from the group. It is valuable because it allows people to "try out" behaviors rather than talk about them abstractly.

Role-playing can be used in a variety of ways for problem solving. It can be used, 1) diagnostically; to find out what the trouble is with a situation; 2) for insight; to understand how the other person feels; 3) as reality testing; to see if a proposed solution to a problem works out; 4) to hypothesize why an approach succeeds or fails; 5) to practice behavior skills; 6) to make decisions.

In using role-playing the following guidelines devised by Nathan Shoobs (1966) of the Alfred Adler Institute are important to keep in mind:

1. Be sure the situation is a meaningful one to all participants, and that there is some felt need for which role-playing is clear.

2. Be sure the purpose of role-playing is clear.

3. Get some specific "hunches" or hypotheses or guide-lines for action before you go into the situation. "What are we looking for?" etc.

4. Get volunteers for roles. Don't push people into roles they may not feel comfortable in.

5. Set "floors" under roles, not "ceilings," so that people can change their roles if they feel the situation demands it, and will not stay stubbornly and unrealistically in one particular role.

6. If some of the participants would not be expected in a real situation to know each other's throughts and expectations they should be briefed.

7. Cut the scene when the insights have gotten out. Don't let it get too long.

8. Let people who have been on the spot in the scene talk first - get their perceptions before their roles are discussed by others.

9. Analyze the scene carefully to get out all the "pay dirt" you can. Get ideas for new scenes and new approaches to the problem.

Using A. O. Technique in Combination with Discussion:

As was stated earlier this model proposes that action techniques should be used in combination with discussion in order to be most beneficial to clients. The action techniques which focus on feelings and non-verbal behavior can be used as "openers" or "warm-ups" and followed by discussion, to close a discussion, or to provide a rehearsal for action outside the group. In each case, discussion is an important part of the

therapeutic event because through discussion significant areas of problems can be explored.

Discussion can be used to locate problems. Although some problems are located through action techniques, many areas concerning family and work situations are brought up through discussion. Discussion is used not only to locate problems, but to label feelings, gain awareness of feelings (insight) and to obtain closure on a topic. Through discussion, verbal interactions and fears pertaining to involvement in the action techniques can be explored.

Most of our interactions in life are handled by discussion; therefore, people need to learn to discuss or communicate effectively so that their meaning is understood and their feelings can be shared. For this reason, problems and the actional experiences should be explored. through discussion to promote verbalizing of feelings, sensations, expectations, and rationalizations.

Role of the Leader:

The role of the leader in the middle phase of the group is to direct the action-techniques and elicit discussion concerning feelings, insights, and new behaviors discovered through the techniques. This should be done casually and comfortably. The discussion of group members' individual problems should be encouraged by the leader who in turn encourages others to comment on the problem or even facilitate a role-playing scene or action

technique. During the middle phase it is most important that the leader be attuned to problems and use AO techniques spontaneously. For example, a group member may be complaining about a situation involving his boss or a family member and it might be advantageous to role-play. Another example might be a situation in which a participant is discussing his feelings of inferiority; it would be useful to have the person crouch down and feel small followed by standing on a chair to experience feeling high up and powerful.

Although the leader's initial actions are authoritative in nature, it is necessary for the leader to gradually encourage members to become the helpers and leaders. In other words, the leader must gradually reduce his impact and become less active except perhaps in the initiation of the AO techniques. He continues to function more as a role model and less as a traditional therapist as the group process developes.

Role of the Members:

As the expectations for group members become more clear, it is hoped that they will generate discussion of problems on their own and encourage others to do so. Many group members find this difficult especially if a leader remains too directive. To elicit overt responses and contributions, it helps to periodically explore resistance and remind members that it is their group, their time, and their responsibility to ask for help in whatever areas they feel are necessary. An exercise

that is particularly useful in helping people to open up to
each other is discussing what kind of "door" they are and
what is behind the door. (See list of AO Techniques).

Evaluation and Termination:

Evaluation:

Evaluation is an important part of any therapy but it is
most often done rather informally. For this model of group
therapy specific evaluatory procedures have been devised to
assist the practitioner so that he may modify his approach
if necessary because much of the success of the action tech-
nique depends on the leader's ability to guide and time the
use of the techniques.

To evaluate the action techniques the following method
can be used. Each action technique is judged by the leader on
a 3-point scale before obtaining group member impressions and
comments. The leader's judgement is followed by a rating of
unseccessful or successful based on members' verbal indicators.

Leader's Judgement

Rating Scale - A

Successful   Ambiguous   Unsuccessful
  (1) _____   (2) _____   (3)

The action technique is rated successful if (a) the group
is more able to focus on their feelings associated with the
technique during the post technique discussions; (b) the group

focuses primarily on purpose-related topics; (c) the group
members' can be considered non-resistant; (d) the group
members' affect during and after the technique is appropriate
(i.e. not silent, sullen, or laughing inappropriately), and
(e) members could participate in and carry out the exercise.
Unsuccessful (3) is applied if (a) the group is not able to
focus on feelings associated with the technique during the
post-technique discussion; (b) leader intervention is required
to focus the group on purpose-related topics of discussion;
(c) resistance is occuring in group members; (d) affect during
and after the action technique is negative (i.e. sulleness,
silence, laughter), and (e) members could not participate in
and carry out exercise. A rating of Ambiguous (2) is applied
if the outcome of the action technique is mixed or if group
members are ambivalent and interact with behavior characteristic
both of (1) and (3) categories.

<div align="center">

Member's Judgement

Rating Scale - B

</div>

Successful   Unsuccessful
 (1) _____ (2)

For the concluding ten minutes of the group session, the
natural question "how did you feel about the exercises we did
today?" can be asked to obtain evaluation from group members.
The comments can be recorded to make a successful or unsuccessful
rating of the technique. The leader makes a judgement using

their comments as a cross-check of his observations.

Comments that would be indicative of a successful rating are as follows: "it felt good," "it was fun," "I can do that," "I realized how afraid (angry, happy, etc.) I was." Comments indicative of an unsuccessful rating will be "I can't do that," "it was embarrassing," "let's not talk about that," "I don't understand the purpose of it" or no comments at all!

Table No. 1

Action Technique Rating Scale

Rating A			Rating B	
(1)	(2)	(3)	(1)	(2)
feelings explored	ambiguous reaction or ambivalence	feelings disregarded	"It was fun."	"I can't do that."
purpose-related discussion		leader intervention necessary	"Felt good."	"Not fun."
non-resistance	1&3 behavior	resistance	"Liked it."	"Embarrassing."
positive affect		negative affect	"realized I was..."	"Don't understand." no comment

Termination:

Termination can be handled collectively if the group has remained a closed group and a time limit has been set. In this case all group members become involved in closure techniques,

discussion of termination, discussion of gains, and discussion of role-playing, of interaction in the real world. If the group is an open group without a time limit then the various members who will be terminating at different times can go through the termination procedures individually.

Closure techniques can be devised by group members. For example, the leader may bring up a member's forthcoming termination and ask the group, "how can we help Joe to get ready for leaving the group?" Techniques such as simple handshaking, giving positive feedback or even a party may be suggested. It is also helpful to focus on the leaving member's farewell feelings by having him sit outside the circle or having him leave the group and return to be told why he will be missed in the group. A "fantasy trip" can be taken in which the person may describe his feelings of aloneness or feeling that he no longer needs therapeutic support and can stand alone. Another action approach would be to stand the person on a chair while he receives feedback from the group concerning his strengths. In addition, the person's expectations, goals, and gains should be explored through discussion as fully as possible.

It is hoped that upon terminating, a group member will be leaving with the armor of interactional skills and new knowledge of himself that will help him adapt to his "larger group that is his world in an easier manner" (Grinker and Spiegel).

PART III

CONCLUSION

Conclusion:

A comparative view of traditional group therapy and T-Groups has been given followed by an argument and model for combining the two group methods for use with LSES clients. It seems logical that a combination of traditional and sensitivity group approaches by used with LSES people who expect an active authoritative approach to problems. The action-oriented group therapy model proposed to meet the needs of LSES clients has been set forth in recipe-like fashion. Many questions arise as to the validity of the model; for this reason, research is needed to examine its effectiveness and appropriateness.

To begin with, further research on LSES people is needed to determine more adequately their life styles and needs. Since it is a broad category, research designed to understand sub-groups of the general LSES group is necessary. For example, are there racial differences that should influence a therapeutic approach? Outcome research is also indicated to determine if in fact the action-oriented approach does work for LSES clients. Do the clients themselves feel this method is appropriate to their needs? Another area that requires exploration is that of therapist effectiveness. What type of therapist is suited to guide AO group therapy? Does the therapeutic "style" of the leader influence the group in terms of outcome? We also need research pertaining to specific

action techniques. Which techniques are most useful? For whom are they useful, and when are they effective? The most important question that should be researched is does AO group therapy help people? If so, is it of a temporary nature or does it provide durable, long lasting help?

This paper has largely been an attempt to initiate new ideas and means for reaching the LSES population who are a challenge to mental health workers that are recently renewing interest in meaningfully helping "lower class" people. It is hoped that this work will play some part in stimulating significant research and creative methods to deal with the problems of treating LSES people effectively.

APPENDIX No. 1

Summary of Action-Oriented Techniques

<u>To develop trust</u>: to be used initially, whenever a new member
enters the group, or whenever needed for
group cohesion.

1. milling and handshaking (non-verbal welcoming).

2. dyads - share something important about yourself.

3. blind walk - let someone lead you.

4. imagine a tough situation - share it - how do you want support?

5. imagine that you must get across a stream - chose someone to help you - act it out.

<u>To gain self-awareness and obtain feedback</u>: to be used at
beginning of sessions during the problem
solving stages of the group.

1. sit in the middle of the circle - each member communicates to the person in the middle saying, "I see you as..."

2. walk a tight rope - how do you get around the other person?

3. dyads - giving and receiving orders - what does it feel like?

4. act out emot'ons.

5. hand pushing - do you push or do you back off? Discuss associated feeling.

6. person in the middle of the circle - with eyes closed - group members go up to him and communicate non-verbally.

7. inner and outer circle - watch behavior of partner then give feedback.

8. listen to self on tape recorder (may use last session or be done spontaneously).

9. non-verbal doubling - may chose names of group members on slips of paper.

10. what kind of animal are you?

11. describe yourself as a door (i.e. I am an iron door, glass door, prison door...)

12. verbal game - "I would like to ____ BUT..." deal with material that comes out.

To be used spontaneously in dealing with specific personal problems: (any of the above techniques may be adapted to appropriate situations).

1. pass a ball to the person you want to comment on your problem (to increase group participation - may be used by leader initially)

2. hand wrestling - to express anger.

3. pillow pounding - to express anger.

4. being big or small - stand on a chair or crouch down for feelings of worthlessness, etc.)

5. walk up to each person in the group - Do they look big or small to you? (for fear of relating).

6. say something to each person (for relating).

7. touch each person (for relating).

8. where in your body does it hurt - describe it (for feelings of depression, loneliness, anxiety, e c.)

9. fantasy trip - climbing a mountain (for fear of accomplishment or to try something new).

10. giving and receiving orders.

11. have group turn backs on person - then face him and greet him (for feelings of isolation).

12. fantasy trips - if I could have I would have....

13. Role-playing or psychodrama - may be used with or without "doubling" for any problem situation - leader initially doubles.

Techniques centered on work, play, and love:

1. divide into tryads - complete task or plan a party, etc.

2. hitting a balloon - keep it in the air.

3. choose a person you feel closest to - share something.

4. create dilemnas in life areas of work, play and love -
   act them out a few times finding new soluctions.

Closure techniques (to be used when terminating):

1. handshaking - verbal farewell.

2. giving positive feedback to person sitting in the middle
   of the circle.

3. person stands outside group and verbalizes his feelings.

4. fantasy trip - feelings of aloneness, loss, new strength, etc.

5. standing on a chair - receiving feedback of strengths.

BIBLIOGRAPHY

Asch, Solomon E. <u>Social Psychology</u>, Prentice Hall, Englewood
    Cliffs, New Jersey, 1952.

Bales, Robert F. <u>Interaction Process Analysis</u>, Cambridge,
    Addison, Welsley Publishing Co., 1950.

Beck, J.C., Buttenweiser, P., Grunebaum, H. "Learning to
    Treat the Poor", <u>International Journal of Group Psychotherapy</u>,
    vol. 18, July, 1968.

Bennis, Warren G., Shepard, Herbert A. "A Theory of Group
    Development", <u>Human Relations</u>, vol. 9, no. 4, 1956.

Blake, Robert J. (ed.) <u>Group Training vs. Group Therapy</u>,
    Beacon House, 1958 Sociometry Monograph #35.

Bradford, L.P., Gibb, J.R., Benne, K.D. <u>T-Group Theory and
    Laboratory Method</u>, John Shiley & Sons, New York, 1964.

Burges, Ernest W. "Social Factors in the Etiology and Pre-
    vention of Mental Disorders", <u>Social Problems</u>, vol. 1,
    October 1953.

Christmas, J. and Davis. "Group Therapy Programs with the
    Socially Deprived in Community Psychiatry", <u>International
    Journal of Group Therapy</u>, vol. 4, October 1965.

Corsini, R.J. "Towards a Definition of Group Therapy,"
    <u>Mental Hygiene</u>, vol. 39, 1955.

Gazda, George M. (ed.) <u>Innovations to Group Therapy</u>,
    Charles A. Thomas, Publisher, U.S.A., 1968.

Gifford, C.G. "Sensitivity Training and Social Work", <u>Social
    Work</u>, vol. 13, no. 2, April 1968.

Gould, Robert E., M.D. "Dr. Strangeclass or How I Stopped
    Worrying about Theory and Began Treating Blue Collar
    Workers," <u>Journal of Contemporary Psychotherapy</u>, Fall 1960,
    vol. 1.

Hare, Paul A. <u>Handbook of Small Group Research</u>, Free Press of
    Glencoe, 1962.

Hollingshead, A.B. and Redlick, Frederick, <u>Social Class and
    Mental Illness, a Community Study</u>, John Shiley and Sons,
    New York, 1958.

BIBLIOGRAPHY (continued)

Kades, Asya, Krasner, J.D., Winick, Charles, Foulkes, S.H.
A Practicum of Group Psychotherapy. Holber Medical
Division of Harper and Row, New York, 1963.

Konopka, Gisella. _Social Groupwork_, Prentice Hall, New
Jersey, 1963.

Langner, Thomas S. and Michael, Stanley T. _Life Stress and
Mental Health_, Free Press of Glencoe, N.Y., 1963.

London, Perry. _The Modes and Morals of Psychotherapy_,
Holt, Rinehart and Winston, Inc., N.Y., 1964.

Luchins, Abraham. _Group Therapy, A Guide_, Random House,
New York, 1964.

Maas, J. "The Use of Actional Procedures in Group Psycho-
therapy with Sociopathic Women," _International Journal of
Group Psychotherapy_, 16 (2), 1966.

Malamud, Daniel and Machoner, Solomon. _Toward Self Under-
standing, Group Techniques in Self Confrontation_, Charles
C. Thomas, Publisher, Illinois, 1965.

Morena, J.L. _The International Handbook of Group Psychotherapy_,
Philosophical Library, New York, 1966.

Overall, Betty and Aronson, H. "Expectations of Psycho-
therapy in Patients of Lower Socio-Economic Class,"
American Journal of Orthopsychiatry, vol. 33, no. 3,
April 1963.

Reissman, Frank, Cohen, Jerome, and Pearl, Arthur. _Mental
Health of the Poor: New Treatment Approaches for Low
Income People_, Free Press of Glencoe, N.Y., 1964.

Rogers, Carl. _On Becoming a Person_, Houghton and Mifflin,
Boston, 1961.

Scheidlinger, Saul. "Therapeutic Group Approaches in Community
Mental Health," _Social Work_, vol. 13, no. 2, April 1960.

Scheen, E.H. and Bennis, W.G. _Personal and Organizational
Change Through Group Methods_, John Wiley and Sons, Inc.,
New York, 1965.

Schutz, William. _Joy_, Grove Press, New York, 1967.

BIBLIOGRAPHY (continued)

Shoobs, Nathan. Lectures at Alfred Ader Insititute (unpublished
   manuscript), New York City, 1968.

Slavson, S.R. "Common Sources of Error and Confusion in Group
   Psychotherapy", <u>International Journal of Group Psychotherapy</u>,
   vol. 3, no. 1, January 1953.

Weschler, I.R. and Schein, Edgar H. <u>Five Issues in Training</u>,
   National Training Labs, NEA, Washington, D.C., 1962.