

# MASTERING THE ART OF GROUP THERAPY

A Guide for Facilitators

*Steven Sawyer*



Brandon, Vermont

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First Edition

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P.O. Box 340  
Brandon, Vermont 05733  
(802) 247-3132  
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# Introduction

*“Anthropologists have long told us that, as a species neither particularly strong nor fast, humans survived because of our unique ability to create and cooperate.”*  
Dirk Philipsen

Group-based treatment interventions are widely used in programs in North America and internationally (McGrath et al., 2010). It is well documented that there are many advantages to utilizing the group methodology. In addition to time efficiency, the therapeutic benefits of relationships that occur as a group coalesces and matures contribute to individual treatment progress. In *Group Therapy with Sexual Abusers* (Safer Society Press, 2016), a book I coauthored with my friend Jerry Jennings, we proposed that member engagement in the group experience leads to cohesion within the group. Group cohesion is the most researched and significant of the recognized therapeutic factors in group therapy and is consistently positively correlated with member change.

In this book, I offer a kaleidoscope of examples of groups with various member compositions, in a variety of settings, and at different stages of group development to illustrate real world issues and options for clinical interventions. I have drawn on examples from my 40-year career where I have had the opportunity to facilitate or observe in person more than 3,500 hours of group sessions in outpatient treatment programs and institution-based treatment programs in prisons and civil commitment settings.

I should clarify that my work has been with adult male sexual offenders. But I am confident that my years of experience facilitating and observing group therapy with this difficult population have given me unique insights that will be of value to facilitators whose groups are composed of individuals in treatment for a variety of problematic behaviors, including domestic violence, criminal

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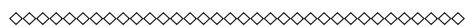
violence, substance abuse, and sexual addiction, whether they have been court-mandated into treatment or pressured into treatment by spouses, family members, or employers.

Three revelations emerged during those 3,500 hours of observations. First, too often I noticed that the facilitator was focused on individual group members to the disadvantage of whole group interactions. Many facilitators told me they often feel pressured to address an individual member's issues to the exclusion and detriment of the group process. In moments of silence or conflict I often observed a pull by the group to engage the group therapist, which again moved the focus toward facilitator-individual interactions and away from potential group and member-to-member interactions. Second, I often witnessed examples of therapeutic factors that arose during the sessions but were not noticed or acknowledged by the facilitator.

Finally, all too often there were missed opportunities to engage the whole group more thoroughly in intense, emotional, and therapeutically significant moments. These moments were rich opportunities for individual member growth and strengthening group engagement and cohesion.

The goal in the following chapters is to delve into individual case examples and real-world group scenarios to explore opportunities and methods to deepen engagement, facilitate therapeutic factors, and expand clinical conceptualization of the group functioning to move the group to its full potential. The numerous examples of group scenarios and clinical interventions throughout the chapters recount a wide variety of group situations and clinicians' responses and point out how analyzing what is occurring in the group can yield creative clinical opportunities.

In the end, I have learned that leading a group that is at its best is an awesome experience.



I conclude my introduction to this book with a personal note about “awe,” an emotion related to Edmund Burke’s notion of the sublime, Sigmund Freud’s oceanic feelings, and Abraham Maslow’s peak experiences. Psychologists have described awe as the experience of encountering something so vast—in size, skill, beauty, intensity, etc.—that we struggle to comprehend it. The experience of

awe reduces tolerance for uncertainty. Awe makes people feel a greater sense of oneness with others. And this oneness can make us nicer. Researchers found that inducing awe—say, by having people stand in a grove of tall trees—increased generosity, in part by stoking “feelings of a small self.” One series of studies found that awe made time feel more plentiful, which increased life satisfaction, willingness to donate time to charity, and preferences for experiences over material products (Piff et al., 2015). We react physically to awe. When people logged their goose bumps, awe was the second most common cause (being cold was the first). In another study, astronauts appeared to experience increases in spirituality and universalism—that is, the belief in an interconnected humanity (Schurtz et al., 2012).

I offer this summary of the concept and potential positive benefits of the experience of “awe” as I have had the opportunity to experience numerous “awesome” group therapy sessions—the ones where you witness clients changing and growing and you leave the session feeling like you actually made a contribution! Those experiences are humbling. They have been a significant underpinning to my growth as a clinician, and they have driven me to ask: How do those awesome sessions happen? What is missing when those moments never seem to occur? What is the chemistry? Why that day and that group? Those questions have led me to continue to explore my understanding of what makes a “good” group and what can be done to facilitate that potential in every group.