

Historical development of group work

In the 1940s, Kurt Lewin, an American educationalist, developed group work that emphasised learning, task and individual effectiveness. This developed into the T-Group (Training Groups) Movement in the USA and the Sensitivity Movement or Laboratory Approach, in Europe.

These approaches led to the development of experiential learning in adult education. They also allowed for the better understanding of decision-making, leadership, conflict, group dynamics and power in groups.

Psychodrama developed initially in Vienna and then throughout USA, Europe and Australia/ New Zealand.



In the 1930s, the development of psychodynamic theory in Europe saw the emergence of group therapy. Wilfred Bion (1947) developed the prototype for a therapeutic community in an army hospital. Jacob Moreno developed Psychodrama (1930's) and was the first person to use the term group therapy.

The Tavistock Institute (UK) embraces this approach and is a leader in training ingroup leadership and organisational learning.

In the 1950s, Carl Rogers developed the interpersonal theories that were based on personal growth and relationship development.

From this, Encounter Groups emerged in the USA, Australia and the western world.

Significant developments in group work's history

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	Group Work Developments in Europe & United States of America
1934	<p>Development of Psychodrama First used the term Group Therapy Development of theory of sociometry Emphasis on role development and spontaneity</p>
1943	<p>W.R. Bion - Tavistock Clinic Rehabilitation of returned soldiers Developed idea of work group - basic assumption group (dependency, fight/flight, pairing)</p>
1946	<p>Laboratory Approach Workshops & T-Groups Involved social scientists Based on observing group dynamics and feeding back. (Developed in 1968 Melbourne - Australia) Strong influence on conflict resolution, group dynamics and its application to organisational management</p>
1949	<p>Yalom's Research on Group Work Theory and Dynamics</p>
1955	<p>Focal Conflict Model Dorothy Whitaker - Tavistock Institute</p>
1965	<p>Development of Gestalt Therapy - Fritz Perls Emphasised leaps of insight, closure, fluidity in the perceptual processes, and the views the perceiver as an active participant in their perceptions</p>
1966	<p>TA - Eric Berne Emphasised the importance of thought, relationship and intimacy, simple language, respect for others and how human relationships act out a series of games</p>
1970	<p>Encounter Groups Key authors: Stoller, Gibb, Gunther, Ellis, Schultz California main centre Goals: The development of a healing community, where people: express themselves fully without emotional restrictions focus on body and feeling freedom from moral restraints resisted the growing social isolation that occurred in middle class communities</p>
1980's & 1990's	<p>Current development in group work theory Johnson and Johnson - general group work 1990's Shulman – Mutual Aid Theory Agazarian – Group-as-a-whole and sub-group interventions</p>

Significant developments in group work history

A) Kurt Lewin

The history of group work (See Table 1:1) has been strongly influenced by psychotherapy and educational approaches to learning. Kurt Lewin, an American educationalist, “was the man most responsible for using small groups for the enhancement of human growth and development (learning) rather than for the specific alleviation of psychopathology”(Rutan & Stone, 2001, p.13).

B) Encounter Groups

During the 1970s and 1980s, Encounter Groups flourished throughout USA, Australia and the rest of the western world. The Encounter Movement tradition grew out of the work of Carl Rogers and many of the theorists such as Tuckman and Shultz who are well known for their documentation of stages of group development. This type of group aimed at being a healing community where people had an opportunity for full human expression. They aimed to provide a human community without restriction where full self-actualisation and personal growth was achieved. The difficulty with this period of group work is that while many people discovered personal liberation, many others became emotional casualties. When people fully expressed their emotions towards each other in a group, some people were very hurt and damaged.

C) T-Groups

Kurt Lewin was instrumental in the development of T-Groups (short for Sensitivity Training Groups) that flourished in university contexts. They focused on training university students in group dynamics and they rigorously stressed that the T-Group experience was only educational. They stated that any one with personal issues should be cautious about being involved as these groups were powerful learning environments with limited support structures.

In the 1940s, Kurt Lewin and Carl Rogers encouraged high levels of emotional expression in their groups but had a different set of purposes. Lewin focused on increasing students’ educational learning in a University context with improved effectiveness at completing the groups’ task, and Rogers focused on an individual’s personal growth, better self-expression and overcoming personal barriers.

D) Wilfred Bion

During World War II, Wilfred Bion (1943) was a psychiatrist in the UK. He noticed that patients recovered faster when they had a clear purpose for recovery. He adopted a group approach to operate the hospital and identified that patients moved between two separate phases in their recovery process. The first phase he called the *work group*. This state was achieved when the patients consciously focused on achieving a specified purpose.

The second phase was in opposition with the work group and it occurred periodically, without the patients even knowing. It was called the *basic assumption* phase. The basic assumption phase occurs when strong emotional reactions arise that are often unrecognised by the group participants. These reactions act “as if...” the group had an alternate goal to achieve instead of the initial purpose. These assumptions are expressed in three forms – dependency, fight/flight and the production of a future hope (Messiah). Bion’s theory, while hard to conceptualise, led to a significant understanding of groups and organizations (Rutan & Stone, 2001).

E) Systems Theory

The development of Systems Theory in the 1940s and 1950s had a big influence on group work. Group analysis in the psychodynamic tradition explored open and closed systems and emphasised the original social system called the family. The use of systems theory in family therapy was mirrored in the development of Psychodrama and Family Systems Theory. More scientific (mathematical) approaches like *sociometry* were developed to explain and predict group behaviour.

Yvonne Agazarian (1997) used Systems Theory to emphasise the use of group-as-a-whole techniques in therapy groups. She focused on understanding the interaction between individuals, sub-groups and the whole group.

“For Agazarian, the major task is to increase communication across boundaries. She actively works to establish sub-groups that will contain splits inherent in individuals. Communication within and across the boundaries of the sub-group is the therapeutic force: ‘how the group communicates is always more important than what it is communicating about’”(Rutan & Stone, 2001, p.25).

F) Focal Conflict Model

Whitaker and Lieberman developed the group Focal Conflict Model based on the integration of Thomas French’s Nuclear Focal Conflict Model (Rutan & Stone, 2001). This theory is addressed in greater detail on the Groupwork Solutions website.

G) Irvin Yalom

Irvin Yalom (1985) has been described as group work’s greatest social researcher. His book *The Theory and Practice of Group Psychotherapy* is full of influential research regarding group work and interpersonal change. He was trained in a group work approach that emphasises the importance of strengthening the interaction that occurs between group members.

“Through repeated experiences in the group setting, patients learn about their maladaptive interpersonal transactions and their perceptual distortions that elicit negative or undesirable responses from others” (Rutan & Stone, 2001, p.21).

Yalom uses the mechanisms of feedback and self-observation to show that their fears are groundless. As group members practice alternative behaviour patterns they experience the reward of other people responding positively to them. “The ultimate responsibility for change rests upon the patient. Increased insight alone will not guarantee change” (Rutan & Stone, 2001, p.21).

Drawing from the psychodynamic approach and the context of group therapy, the group acts as a microcosm of society where family members and authority are all represented. Working with transference (the reactions and feelings that group members project onto the leader) and countertransference (the reactions and feelings that the group leader projects onto the group members) provides a rich environment for possible change. People make changes through a growth in insight and also by the development of new cognitive behaviours (more helpful statements about how people see themselves, see others and more positive beliefs and attitudes that people have about their own situation).

The group therapist shapes a group microcosm by focusing on the development of group cohesion, appropriate norms and better and more accurate feedback mechanisms. Yalom places group-as-a-whole theories like the Focal Conflict Model in a secondary position as his primary focus is on the interpersonal transactions and interactions between the group members.

H) Psychoeducational Groups

Recently, psychoeducational groups have become widespread in health and welfare settings. These groups are more structured than discussion based groups and have a clearly defined set of educational teaching tools and objectives.

Psychoeducational groups have flourished across the welfare and health sectors, including in correctional centres, community health, mental health, children and young people and parenting settings because the outcomes have been so positive. They are more easily evaluated, predominately focused on cognitive and behavioural issues rather than interpersonal relationship issues.

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