This educational CAPPE module is part v in section II:

*Practices in Spiritual Care & Counselling*

Written by Peter L. VanKatwyk

**Introduction**

The genius of the clinical pastoral education (CPE) movement has been to practice experiential learning (Kolb, 1984) in a relational context. Rather than a psychoanalytic focus on *intra-*personal dynamics (whether the patient/client or student) CPE has followed a contextual approach centered in the *inter-*personal dynamics of *being with* others. The helping relationship became the main focus for spiritual care and the interpersonal relationship (IPR) group the critical stage for personal and professional formation (Hemenway, 1996).

The group format in clinical education clarifies the crucial difference between contents and process. In caring conversations, process seeks to track the other person’s thoughts and feelings while contents concerns can easily distract and distance from the other. Being able to tune into and stay with the process may well constitute the main task in clinical education. While in an academic context contents dominates, clinical education is largely process oriented. Programs in clinical education in spiritual care and counselling are designed to initiate students in a dimension of knowledge that is contextual – patterns in process.

**Reflection:**

- How do you experience the difference between contents and process?
- How do you see yourself: primarily a contents or a process person?
- Where do you see your comfort level or balance between the two?

This module will connect group process with group development and group leadership.

**I. Group Process**

Process is best experienced by active group participation. A group is more than the sum of its individual participants. It is the interaction between group members who through interdependent roles produce dance patterns or, as in a play, shape themes and narratives. Each group culture or style of interaction is unique to its specific situation and circumstances. Important variables in group process include its purpose, leadership style, structure, size and developmental phase. For instance, in the initial stage of a group encounter, security concerns dominate with the interplay between trust and mistrust. Process reports of group interaction at this infant stage will generally include the following: “the group culture will be one of suspicion, caution, random testing, probing and withdrawal” (Klein, 1972, 67).
Some of the roles performed by group members include the following:

<table>
<thead>
<tr>
<th>Initiator</th>
<th>Mediator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blocker</td>
<td>Confronter</td>
</tr>
<tr>
<td>Information Processor</td>
<td>Consensus Seeker</td>
</tr>
<tr>
<td>Coordinator</td>
<td>Orientator</td>
</tr>
<tr>
<td>Evaluator</td>
<td>Recognition Seeker</td>
</tr>
<tr>
<td>Facilitator</td>
<td>Dominator</td>
</tr>
<tr>
<td>Theologian/Philosopher</td>
<td>Feelings Processor</td>
</tr>
<tr>
<td>Harmonizer</td>
<td>Avoider</td>
</tr>
<tr>
<td>Gatekeeper</td>
<td>Clown</td>
</tr>
<tr>
<td>Follower</td>
<td>Distracter</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
</tr>
</tbody>
</table>

See Appendix 1: *Group Maintenance and Task Functions*  
(for further description see Johnson & Johnson, 2005)

**For Reflection**
- What other group behaviors have you experienced or stand out for you?
- Can you chart from the above list your own typical group interaction?
- Where do you see others in the group related to their process functions?
- What changes would you choose for yourself, and wish for others?
- Where will your profile in group participation be three years from now?

Any group can work more efficiently if its members are aware of:

1. the group process
2. changes to enhance the group functioning
3. means to meet these growing edges in the group
4. functions to incorporate into one’s repertoire of group interaction
**Two Exercises**

A. **Using an IPR group session as research base, reflect on the following questions:**

1. Who emerged as seeking for or taking control? Document by displayed behaviors. What were your response behaviors? What were your emotional responses and how did you interpret the process?
2. Who were more withdrawn? When and how did the withdrawal take place? What were your emotional and behavioral responses? How did you interpret the process?
3. Did you note any sequence of communication? Diagram if you can. Who speaks to whom, one to one or addressed to a grouping or to all? What was the emotional tone of the communication and your inner responses?
4. What role(s) did you take and how do you feel about that? Was there some other role or roles that you would have preferred? What kept you from getting/taking it?
5. How are conclusions or decisions reached in this group? Are there members left out or members that stand out in the process?
6. How does your role in this group fit with where you were in your family of origin, in your present intimate social system of family/friends and your work system.

B. **Establish a small task group with five tasks to be completed:**

1. To select a project that can be presented to the group in a mini-workshop format. It could be designed to provide a learning experience in leadership, group dynamics or group counselling.
2. To meet regularly each week for the next four weeks and spend an hour together in planning and processing.
3. To keep a group diary of your deliberations, actions, and process – including individual responses and reactions.
4. To evaluate your group identity and style, including the performance of your workshop presentation in the larger group.
5. To report and share your “group diary” and your experience of the group process with the whole group after the completion of your tasks. Provide for feedback from the larger group, including both the contents and the process of the workshop presentation.

II. **Group Development**

Three basic interpersonal human needs have been generally recognized to drive group dynamics:

1. *inclusion* – the need to have a place to belong
2. *control* – the need to have a voice to influence
3. *affection* – the need to care and feel cared for
Reflection

- Does the above triad equally apply to a faith group (church, synagogue, mosque) and to a work group (office, task force, volunteer association)?
- In your own experience is each of these three needs equally represented in each individual personality?
- How do you see the interplay of these three needs affected by a person’s situational circumstances and developmental phase?

In a group context these three need-forces can be topographically illustrated:

1. **inclusion** – in-out
2. **control** – top-bottom
3. **affection** – close-far

William Schutz (1967, 1973) has placed these three dynamics in a group developmental framework:

1. **Inclusion Phase**

   The inclusion phase begins with the formation of the group often characterized by busy social interaction and mutual politeness. In making contact group members look for a place where they fit, establishing themselves as persons worthy of interest and attention. Inclusion anxiety can lead to over- or under-talking, withdrawal or grandstanding.

2. **Control Phase**

   A next phase marks the establishment of a cohesive group identity. Group members become sensitive to the need to assert their own separate identity – testing their voice in the group while sharing responsibility and distributing power and control. Characteristic behaviors at this stage include leadership struggles, competition, disagreements and arguments about rules of procedure and group tasks. Control anxieties relate to having too much or too little responsibility and influence.

3. **Affection Phase**

   In the affection phase positive attachment feelings or, conversely, relational hostilities come to the surface. Typical behaviors include pairing, groupings with triangles, expression of personal preferences and jealousies. Affection issues include feelings of acceptance and rejection, emotional warmth and sexuality. Affection anxieties are felt about not being liked enough or rejected, not being close or too close for comfort.

Common conceptualizations (Pattison, 1977, Laikin, 1991, Corey & Corey, 2006) of group development follow a similar process:
1) **Forming**
Becoming a group and developing a positive work culture
- Becoming connected and oriented
- Developing group identity and commitment
- Seeking structure and direction
- Wanting to be accepted and included

2) **Storming**
Dealing with individual issues of power and control
- Anxiety about loss of one’s autonomy in the group
- Confronting dependency on leader and/or group will
- Self-assertion or withdrawal in self-protection
- Tensions and conflicts among group members

3) **Norming**
Managing conflict and establishing structure
- Clarifying control concerns
- Fostering group cohesion and pride
- Entering a period of relief, the group “honeymoon”

4) **Performing**
Balancing individual autonomy with group commitment
- Functioning interdependently with shared goals
- Communicating freely with trust and respect
- Confronting constructively perceived problems and conflicts

It is not until a group has moved through all phases of development at least once that it is able to begin performing at an optimal level. The phases will be repeated over and over at ever-increasing depth, and the group will move from one phase to the next more and more quickly. Marilyn Laiken.

**Reflection**
- Does this four chapter narrative ring true with your own group experience?
- Can you relate to each of these stages as separate, distinct experiences?
- Can you read these four chapters in linear sequence with a clear ending of one chapter and the beginning of a new chapter?
- Can you listen to these stages as a four part symphony with recurring, repetitive themes that come and go in cycles?
III. **Group Leadership**

1. **The Art of Facilitation**

Clinical education in spiritual care has generally been more comfortable identifying with facilitation than with the concept of leadership. Leadership can easily be associated with charismatic qualities that make a person stand out from others, with the assumption that some are by nature or by God destined to lead and teach, others to follow and learn. The concept of facilitation in contrast focuses on empowering the gifts and abilities of the other.²

Facilitation in the caring profession demands the development and exercise of effective skills in connecting caregiver and care-receiver in a collaborative working relationship. In a group context facilitation skills show up multifaceted within a developmental framework and process. It spans a range that incorporates seemingly polar opposites such as being directive and non-directive, being a leader and a follower. Facilitation is the art of actively and skillfully employing a wide variety of functions and roles that ultimately result in displacing oneself. As often noted, “working oneself out of a job” is the goal and greatest accomplishment of the competent facilitator. This process is well illustrated in correlating the style of facilitation with the different phases of group development:

<table>
<thead>
<tr>
<th>Phases of Group Development</th>
<th>Tasks of the Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORMING</td>
<td>DIRECTING</td>
</tr>
<tr>
<td></td>
<td>• Structuring the group and setting the tone</td>
</tr>
<tr>
<td></td>
<td>• Clarifying goals and expectations</td>
</tr>
<tr>
<td></td>
<td>• Building group connections</td>
</tr>
<tr>
<td>STORMING</td>
<td>MANAGING</td>
</tr>
<tr>
<td></td>
<td>• Resolving points of conflict</td>
</tr>
<tr>
<td></td>
<td>• Normalizing tension and discomfort</td>
</tr>
<tr>
<td></td>
<td>• Being a non-anxious catalyst for confrontation</td>
</tr>
<tr>
<td>NORMING</td>
<td>CONSULTING</td>
</tr>
<tr>
<td></td>
<td>• Defining one’s position and ideas</td>
</tr>
<tr>
<td></td>
<td>• Sharing leadership role</td>
</tr>
<tr>
<td></td>
<td>• Incorporating diversity and creativity</td>
</tr>
<tr>
<td>PERFORMING</td>
<td>SUPPORTING</td>
</tr>
<tr>
<td></td>
<td>• Celebrating group performance</td>
</tr>
<tr>
<td></td>
<td>• Letting go to support group process</td>
</tr>
<tr>
<td></td>
<td>• Preparing for closure &amp; evaluation issues</td>
</tr>
</tbody>
</table>

Adapted from VanKatwyk, *Helping Style Inventory* (module I,iv) and Laikin (1991).
2. The Integrity of Self-Differentiated Leadership

Self-Differentiated leadership centers on being a leader while facilitation centers on negotiating group process. Facilitative leadership focuses on its various group tasks. In contrast, self-differentiated leadership is primarily person- rather than skill-oriented. Self-differentiation in leadership is a matter of personal maturity and integrity – maintaining a self while staying connected to others.

Self-differentiated leadership is about the capacity of a leader to maintain his or her self while still remaining connected, a balance that no one does well but all can learn to do better. Self-differentiation in a leader is about the capacity to see things differently, to persist boldly in the face of resistance, to be willing to be vulnerable, to learn to endure (if not come to love) solitude, and to muster up the self-regulation that is necessary when a leader’s initiative inevitably triggers sabotage.

Rabbi Edwin Friedman (1996, 2)

- Where do you see your clinical education program on a continuum from self- to skill-oriented?
- Where do you think it should be?

Rabbi Friedman presents differentiation as being a self – a spiritual matter of personal values, goals, vision and integrity. Differentiation is not a goal or skill to be achieved but a lifelong growth process in self-definition and self-regulation. Friedman (1996.45,46) defines differentiation not just as a quality but as the very essence of leadership: differentiation is leadership. The process of being a self-differentiated person includes:

- the capacity to take a stand in an intense, emotional system
- saying “I” when others are demanding “we”
- containing one’s reactivity to the reactivity of others
- maintaining a non-anxious presence in the face of anxious others
- knowing where oneself ends and another person begins
- being clear about one’s own personal values and goals
- taking responsibility for one’s own emotional being and destiny rather than blaming others or cultural forces.

Reflection
- How do you personally score on this list going from 0 to 100%?
- Where do you see yourself 10 years from now?
- Where do you experience yourself most/least differentiated?
- How do you experience clinical education in fostering self-definition?
- What parts of your program are most/least helpful for this process?
- How do you see self-differentiation as distinct from autocratic leadership?
- Where could you argue with Friedman?
3. The Flexibility of Group-Differentiated Leadership

Facilitative leadership is adaptive to a variety of variables as illustrated in the group development section (Table 1). Another important variable in group leadership is the type of group. Effective group leadership invariably includes both task-related and relationship-related roles and activities, but the balance between these two is largely determined by the type of group involved. Some groups lend themselves to a more directive and active leadership role. Examples are psycho-educational groups in healthcare centres and task-oriented groups such as committees or church councils. These groups are generally organized around a cognitive and/or behavioral action agenda with less of an emotional dimension.

An example of group dynamics with a balanced approach between the task-related and the relationship-related, and where the tasks seek to integrate the emotional, cognitive, spiritual and behavioral, presents in most therapy groups. Irvin Yalom in the standard classic on group psychotherapy (2005) based on extensive and corroborated research includes the following as curative factors in group process:

- imparting of information
- instillation of hope (potential of resilience in adversity)
- altruism (others offering support and reassurance)
- universality (learning that others have similar feelings)
- corrective recapitulation of the primary family group (family of origin work)
- development of socializing techniques (incorporating interpersonal feedback)
- imitative behavior (observing modeling interactions)
- interpersonal learning
- group cohesiveness
- catharsis

For Group Conversation
- How does each individual group member map the group dynamics in the IPR group in terms of the above list? (time to be allowed for individual reflection before sharing)
- Where are the differences and similarities between these experiences and insights?
- What are ways to apply these observations to enhance the group process?

Spiritual care providers often work in group settings that in significant ways can overlap with therapy groups. An example is the growth group, popularized by Howard Clinebell in the 1970’s and 1980’s as the power to recreate each other and ourselves through caring and sharing. In his book *The People Dynamic: Changing Self and Society through Growth Groups* he defined the growth group as any group with three characteristics:

1. the dominant purpose is the personal growth of participants – emotionally, interpersonally, intellectually, spiritually.
2. a growth-facilitating style of leadership is used – first by the designated leader and gradually by the entire group so that the group itself becomes an instrument of growth.
3. the growth-orientation is the guiding perspective; the emphasis is more on unused potential, here-and-now effectiveness in living, more focus on future goals than on past failures, problems and pathology.

This broad definition applies to a large variety of groups used in spiritual care and counselling including marital preparation/enrichment, book-study groups, creativity groups using drama, painting, yoga, etc., spiritual reflection groups, bereavement support groups, etc.

The Sensitivity & Encounter groups of the 1960’s (Carl Rogers, 1970) are examples of groups that emphasize interpersonal relations rather than a task-relatedness. Typically people who joined these groups sought freedom, spontaneity and intimacy through interpersonal relations. The encounter movement has had an impact on the development of IPR groups in CPE. Characteristic ground rules generally included the following:
- honesty and spontaneity rather than accuracy of response
- being reacted to rather than understood or analyzed
- focus on the here-and-now of group process rather than external out-of-group realities
- feedback is to demonstrate the effects one group member has upon another
- skepticism about the superfluous and intellectual use of words while learning a simple, direct communication level of “I” language.

A Personal Narrative
In my first CPE unit, a group member angrily turned on me. He accused me of never entering the group discussions spontaneously. He saw me waiting till I had figured out group interactions and then come in with a brilliant insight or conclusion. He wanted to see me unrehearsed and vulnerable. It was a painful, awkward moment. I recognized my reliance on being right rather than being me – that despite my Calvinistic background and beliefs, I was stuck in work-righteousness.

Interpersonal sharing including confrontation in the peer group and in supervision has been critical to the effectiveness of CPE in the formation and personal transformation of students for the practice of care. Yet, when an encounter culture religiously advocates and requires total openness and brutal frankness, it readily becomes abusive and coercive. Some of the fears of IPR in CPE programs may well stem from the kind of group leadership that allowed some students feeling threatened and isolated, others playing upon the weaknesses of others, often with one being recruited as the scapegoat of the group. The negative, at times disastrous, consequences of unrestrained encounter group process have been researched and documented by Irvin Yalom and Morton Lieberman (1973).

The following Figure 1 correlates examples of group types with specific leadership styles and behaviors. A note of caution: the diagram is simplistic and merely illustrative. It is not possible to reduce any group to a distinct entity and arrest its position on a map. Groups shape their own unique identity relative to many variables that are in constant process. The didactic point of the diagram is that effective facilitators are creative and
flexible, with the skills to adapt their style to the terms of reference that define the goals and circumstances of their group.

**Figure 1: Group Leadership and Group Types**

**GROUPS**
- Committees
- Treatment
- Office

**GROUPS**
- Psycho-Educational
- Volunteer-Training
- Family-Therapy

**GROUPS**
- Growth-Action
- Psychotherapy
- Self-Help

**GROUPS**
- Growth-Sharing
- Bereavement
- Support

**Reflection**
- Where would you locate yourself on this map in terms of your preferences and skills in group-facilitation?
- Where could you benefit in expanding your repertoire and adaptability?
- Where in this diagram would you map other types of groups from your experience?
Resources
See the CAPPE home page and go to the *Working with Groups* tab for an annotated bibliography of key sources.

References


Appendix 1

Group Maintenance And Task Functions

For didactic purposes group maintenance and task functions can be listed as separate and distinct entities but in actual group process these functions will often overlap and merge

**Group Maintenance Functions**

- **Encouraging**
  Being friendly, warm, responsive to others, facilitating others to contribute, validating and appreciating their input and ideas.

- **Gate Keeping**
  Inviting members to contribute and including time for everyone to be heard.

- **Standard Setting**
  Defining standards for group use in selecting topic areas, procedures and evaluations.

- **Listening**
  Respond with understanding to group deliberations and ideas, serving as audience rather than critically evaluate or react to group discussion.

- **Expressing Group Feeling**
  Summarizing group feelings and group responses to proposed ideas and action.

- **Evaluating**
  Submitting group proposals to group standards, measuring accomplishments against goals.

- **Diagnosing**
  Determining sources of difficulty and blocks in the effectiveness of the group, with appropriate steps to take next.

- **Testing for Consensus**
  Tentatively examining group opinions to test readiness for consensus on an issue.

- **Mediating**
  Harmonizing or bridging perceived opposite views, seeking “common ground” for reconciling or compromising differences.

- **Relieving Tensions**
Group Task Functions

- **Initiating Activity**
  Getting the group started, proposing new ideas and/or redefining the problem, suggesting potential solutions.

- **Brain-Storming**
  Daring to go “outside the box” in creative exploration of alternative perspectives and possibility thinking.

- **Seeking Information**
  Exploring further information or new evidence, asking for clarification of ideas and suggestions that have been considered.

- **Seeking Opinion**
  Help people define their thoughts and feelings about what is being discussed or presented, following up with more exploration and clarification of opinions expressed.

- **Giving Information**
  Offering additional relevant information, relating one’s own experience to agenda issues.

- **Giving Opinion**
  Defining one’s own position on the issue, expressing what one thinks and feels rather than offering further information.

- **Elaborating**
  Following up with clarifications and implications of ideas and suggestions considered, imagining how proposals could work out if adopted.

- **Coordinating**
  Tracing relationships among different points of view and proposals, trying to pull ideas and suggestions together, seeing how differences can work together and build on each other.

- **Summarizing**
  Providing a cohesive picture of what the group has considered in thoughts and feelings on a specific issue.

- **Testing Workability**
  Applying suggestions to real situations, examining practicality and workability.
ENDNOTES

1 See module III.iii: Family/Social Systems Dynamics
2 See module I.v: Person-Centered Caring
3 See module I.ii – Self-Differentiated Caring