

# GROUP COHESION: THERAPEUTIC FACTOR AND REQUIREMENT FOR THERAPY GROUP CREATION

## LA COHESIÓN GRUPAL: FACTOR TERAPÉUTICO Y REQUISITO PARA LA CREACIÓN DE UN GRUPO DE TERAPIA

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### Extended Summary

The objective of this work is to carry out a review of both the therapeutic value of group cohesion and the importance of this factor being actively worked on by the group therapist so that the group can work more efficiently all the therapeutic factors that have place in the group. The orientation of this work is relational dynamics, within the general framework of the humanist orientation.

In this work, the definition of Yalom (1975, p. 63) on group cohesion will be used, since it is considered to be the most comprehensive. This author considers that it is “the result of all the forces that act in all the members to remain in the group” and “the attraction that the group exerts on its members”. It manifests itself in attendance, participation, mutual help, defense of group norms at the formal level, and in an increasingly meaningful and profound feeling of group members who



come to feel like “one we.” So it can be said that cohesion refers to the attraction that members feel both for the group and for the other members of the group, so that the members of the cohesive groups accept each other more, support each other more and feel more inclined to enter into a meaningful relationship.

To enhance group cohesion, it is necessary to understand and actively work on the intrapsychic, interpersonal and group forces that underlie any group. While the feeling of belonging to a group involves multiple intrapsychic and interpersonal processes. The resolution of these processes is what allows a group of people who share a common physical space with a therapist, to become and feel like a group. These intra and interpersonal dynamics act in all groups and influence and even determine what happens in the group and how each of its members feel and behave.

Also, in order to enhance both group cohesion and its therapeutic value in the early stages of the group, the therapist must promote knowledge of the group members, then help interrelation and facilitate communication between group participants and, finally, promote mutual understanding, intimacy and independence of the group from the therapist itself (Budman et al., 1989 and 1993). The latter and other studies show the need to work on group cohesion during all stages of the group (Peteroy, 1983) and not take for granted that it refers only to the first moments of group formation.

The cohesion of the group as a strength and therapeutic factor of the group is dynamic, it is configured from the first moments of the group to the end of it. Therefore, it is characterized by factors that are in line with the different group phases.

The first works of the NTL Learning Resources, Co, Washinton (NTL) showed that the acceptance of others facilitates self-acceptance and that the openness of the group members facilitates that they can relate more deeply and favors self-disclosure, the expression of feelings, constructive feedback, constructive expression of anger in the group, acceptance of intimacy and, therefore, understanding of the intimate experiences of the other members of the group. Likewise, the desire to overcome inappropriate modes of communication is part of group life as well as learning how to resolve group conflicts. Facing to analyze and resolve conflict is an experience that requires feeling great trust in the group.

Roak and Sharah (1989) found that group cohesion, which they defined as “the attraction of members towards the group” is positively related to empathy, acceptance of values, feelings and problems and with trust towards others group members, concluding that trust is the variable that best predicted group cohesion. There seems to be an agreement between researchers and experts in therapeutic groups that cohesion is one of the most important therapeutic factors (Roak and Sharah, 1989, cited by Molero and Gaviria, 2017; Maaß et al. 2021).

Burlingame et al. (2011) pointed out that group cohesion is associated with the efficacy of the group regarding the reduction of symptoms, stress, and improvement in interpersonal functioning in patients with different diagnoses. Likewise, they showed that it is closely linked with groups of interpersonal, psychodynamic

or cognitive-behavioral orientation, that is to say that in some way its efficacy is independent of the psychotherapeutic orientation. Thus, therapists who promote interaction between members obtain better group cohesion. These same authors in a meta-analysis, carried out in 2018, showed that cohesion is associated with therapeutic results, it is involved in the improvement of patients in psychodynamic, eclectic, interpersonal, cognitive-behavioral and support group orientations. And that is more powerful when the therapist emphasizes the interaction between the members, promotes a positive affect in all interactions member to member, member to leader and member to the whole group. So it can be concluded that there is a positive relationship between group cohesion and group performance.

Highly cohesive groups are more stable as their members attend meetings more and there are fewer dropouts, and this stability is vital for therapy to be more effective. In addition, the cohesive group greatly influences self-esteem since it tends to accept each member as they are. Likewise, it becomes an especially meaningful space for severely damaged people who come from homes without acceptance or affection. For some people the group may be the only place where they can have deep human contact, a refuge and a source of strength. Feeling a member of the group, feeling its acceptance and approval, has a special relevance for people who have never had the experience of belonging and feeling valuable to others; For them, the group experience is already healing, because the person can feel again, or feel for the first time what it is like without having to appear and be someone significant to others.

The tasks that the therapist must carry out to favor and promote the creation of group cohesion are based on the knowledge of the factors that make a person feel good enough in a therapy group so as not to abandon and be able to work on conflicts, personal concerns, actions and interventions that favor the construction of the group and the development of cohesive groups. The theoretical assumptions that should guide the interventions and the practical exercises in the group to favor the creation of a cohesive group are: Talking about feelings; talk about personal things; focus on the present (the here and now); engender trust or find that it is difficult for someone to have it; help mutual openness and, help provide a feedback situation.

And also, provide situations in which recognition, gratitude, sharing, learning to communicate and regulate personal space and, therefore, personal and human relationship are experienced. All these experiences allow and facilitate the therapeutic factors of the group.

Rosendahl et al. (2021), show the relationship between the efficacy of group therapy and group cohesion. A cohesive group becomes a place to feel safe, with the group and with the therapist. A place where you can express the most shameful and bitter moments of your life, your deepest insecurities, ambivalences and your own inconsistencies.

With the support of the cohesive group, the person can express themselves with the assurance that the group will not harm them again, that is one of the great

qualities of group cohesion and of a good leader/therapist who knows how to sustain it. A place that helps to break unwanted loneliness, which sometimes protects from ambivalences and fears that human relationships generate.

Also, a cohesive group can offer and receive feedback from the group, since only others can express the effect that their own behavior causes on them. For this reason, each participant in the group also becomes agents of change, of hope, of understanding, of model, of opportunity to help... with all that this represents. For the participants in the therapy groups, feeling and living that can be of help to the other members is a very powerful and relevant therapeutic experience, at the same time that it significantly increases their self-esteem.

It is important to bear in mind that group cohesion is a dynamic process, which begins with a hope of trust, and that it increases like a spiral that goes deeper and deeper into the individual and group, and constitutes a process that the therapist group should be listening, understanding and facilitating.

Finally, it is important to point out that for this process to take place in all its depth, the personal work of the therapist is essential, who knows how to see beyond himself everything that the group and each of its members projects on him, who knows how to interpret and to understand that he is an instrument, in the deepest sense of the term, of the growth of the group and of each one of its participants.