A CASE STUDY OF A THERAPY GROUP FOR DIVORCED WOMEN
FRAMED BY ATTACHMENT THEORY, FEMINIST THOUGHT,
AND A COLLABORATIVE LANGUAGE SYSTEMS
APPROACH TO THERAPY AND PRACTICE

by

THOMAS GRIFF KIMBALL, B.S., M.S.W.

A DISSERTATION
IN
MARRIAGE AND FAMILY THERAPY

Submitted to the Graduate Faculty
of Texas Tech University in
Partial Fulfillment of
the Requirements for
the Degree of

DOCTOR OF PHILOSOPHY
ACKNOWLEDGEMENTS

It is difficult for me to write how grateful I am for the many people (some who are not mentioned here) who have brought me this far in my life. First, I would like to express my appreciation for the women and therapists who are the focus of this study. I have learned so much in my association with you. Thank you for sharing your thoughts and hearts with me. I would like to acknowledge the faculty and students in the Marriage and Family Therapy program. Unselfishly, they have always encouraged me to be and do my best. To my committee, I express my heartfelt appreciation for their support and patience. Specifically, to Dr. Liz Wieling, your energy and enthusiasm for this work helped to sustain me through late nights and long weekends of writing. You are an inspiration to me. To Dr. Karen Wampler, your graciousness and courage have helped me become a better person. You are a true mentor. To Dr. David Ivey, your support and belief in me, despite looking deep into my soul, have been a blessing in my life. To Dr. Karen Keifer-Boyd, your attention to detail and your wisdom immensely improved the project. To Dr. Steve Harris, who has always been there in my times of need, thank you for your humor and support. I would like to thank Dr. Sterling Shumway (a true friend and colleague) and my colleagues at the EAP. To my father and mother, Dale and Rachel Kimball, I love you for your wisdom, support, and generosity. Thank you for loving each other and then in turn loving me. To my in-laws, Ross and Judy Richins, thank you for your prayers and support. I wish all son-in-laws could be as blessed as I am. To my sisters and brothers (all of you), you have taught me so much. Thank you for accepting
and loving me. To my dear children, Maddy, Griff, Nato, and T.K., Daddy promises to be home more often to play. Most importantly, to Melissa, your belief in me, your patience and forgiveness of my shortcomings, and your tenderness have been my “safe haven.” I thank my Father in Heaven everyday for your love and the security it provides me. This achievement belongs to you as much as it does to me. I love you. And Lord, I thank thee for all of the blessings that you have bestowed upon me. I have been blessed far greater then I deserve. Perhaps, this is always the case.
# TABLE OF CONTENTS

**ACKNOWLEDGEMENTS**  
ii

**ABSTRACT**  
ix

**CHAPTER**

1. **INTRODUCTION**  
   Context of Problem  
   Background of Problem  
   Significance of Study  
   Full Purpose Statement  
   Pilot Study
   
   Participants  
   Purpose  
   Data Analysis  
   Theory  
   Group as Safe Haven  
   Collaborative Process  
   Gender  
   What Therapists and Other Women Need to Know  
   Applying What I Learned in the Pilot Study  
   Organization of the Presentation of Study  

17
II. LITERATURE REVIEW

Introduction 18
A Brief History of Divorce 18
Divorce as a Social Problem 22
  Gendered Economics 22
  Negative Social Stigma 23
Divorce as Emotionally Traumatic 24
Attachment 27
  Adult Attachment 28
  Attachment Between Former Spouses 29
  Attachment and Therapy 31
  Attachment and Group Therapy 32
Group Therapy 35
  Co-Therapy 35
  Sense of Loss 37
  Divorce Support Groups 38
  Sharing Negative Feelings 38
Feminist Ideology 39
Group Therapy as a Feminist Strategy 43
Divorce and Group Therapy 46
A Collaborative Language Systems Approach to Therapy 48
III. QUALITATIVE METHODOLOGY

Case Study

The Purposeful Case

Researcher’s Role

Integrating Qualitative Traditions

Ethnography

Phenomenology

Data

Data Analysis

Conclusion

IV. GROUP PROCESS RESULTS

Introduction

Category I: Overall Experience of Group Process

Theme 1: Group was a Powerful and Positive Experience

Theme 2: Group as a Safe Haven/Lifeline/Protected Place

Theme 3: Group’s Collaborative Process

Theme 4: The Benefit of Having a Gender-Split Among Therapists

Conclusion

IV. THE INDIVIDUAL EXPERIENCE OF THERAPISTS AND WOMEN IN THE GROUP

Introduction

Comments on Group Dynamics
Women in the Group 87

Therapists in the Group 90

Category I: Divorced Women’s and Therapists Experiences in the Group 93

Category II: Group Therapy Compared to Individual 102

Category III: Group as Part of Training Program 108

Category IV: Reflections on Gender 114

Category V: Reactions to Male Participant Entering Group 117

Category VI: Termination of the Group 120

Category VII: The Impact of Having “Me” as a Researcher and Interviewer 122

My Interview With Burt 126

Comparison Between Women and Therapists’ Experiences 127

Differences Across Groups 129

VI. SUMMARY AND DISCUSSIONS 132

Introduction 132

Implications for Attachment Theory 132

Implications for Group Therapy: The Gender Split Among Therapists 135

Feminist Ideology 136

Collaborative Language Systems 138

Implication for MFTs in Training 139

Clinical Implications 141
ABSTRACT

In 1997, two therapists in their doctoral program began a divorced women’s group at a Marriage and Family Therapy Clinic. This group of women suffered from emotional trauma related to their experience of divorce. The purpose of this dissertation was to explore how both women and therapists experienced this women’s group that dealt with divorce issues. This qualitative case study incorporating ethnographic and phenomenological components was framed by attachment theory, feminist theory (as it applies to therapy), and a collaborative language systems approach to therapy. Within the case study, the researcher investigated emergent patterns from three different perspectives including the women and therapists’ experiences of the group processes and their individual experiences within the context of the group.

For the initial investigation of group processes, the researcher interviewed two focus groups (three women and four therapists), as well as intensely reviewed videotaped sessions (twelve hours of transition times in the group). Additional tape segments were also viewed by the principle investigator in order to find segments that represented sessions across the life of the group (approximately ten hours of additional therapy). Also, the researcher conducted individual interviews with all of the therapist participants (n=6) and the women participants (n=6). All qualitative data (selected videotaped group sessions, focus group interviews, and individual interviews) were transcribed and analyzed according to the guidelines outlined by Spradley’s (1979, 1980) Developmental Research Sequence (DRS).
The overall positive experience of the group, the group as a safe place, the collaborative process of the group, and the gender-split of the therapists as important were identified as emerging themes. From an analysis of the group process themes that emerged were the group as a powerful and positive experience, the group as a safe haven, the group’s collaborative process, and the benefit of having a gender-split among therapists. Furthermore, the women and therapists identified a number of categories about their individual experiences in the group. They included: the overall positive experience of the participants, group therapy compared to individual therapy, the implications of this group being conducted in a MFT training program, reflections on gender, a male participant entering the group, the termination of the group, and the impact of the researcher as the interviewer.

The concluding chapter presents a discussion on how the study’s significant themes relate to the predominant theories that were used to frame the study. These theories include: attachment theory, group therapy, feminist ideology, and collaborative language system (CLS). Additionally, implication for using this type of group therapy as an educational instrument in a marriage and family therapy (MFT) programs is addressed by the researcher. Clinical implications, the limitations of the study and the need for future research conclude the document.
CHAPTER I

INTRODUCTION

In 1997, two therapists in their doctoral program began a divorced women's group at the Texas Tech Family Therapy Clinic. The Family Therapy Clinic typically offers therapy services for individuals, couples, and families on a sliding fee basis. One woman who had sought treatment at the Family Therapy Clinic and her therapist that she had seen for over a year started the group. Women who joined the group were referred by word of mouth from women in the group or in a few cases referred by therapists in the clinic. This group of women suffered from emotional trauma related to their experience of divorce. In 1998, I was invited to co-facilitate the group and did so for over a year. After completing my clinical practicum, I chose to continue involvement with the women's divorced group as a researcher. I felt compelled to study the group further in order to see if what I had perceived and had heard other participants express as such a positive experience could be articulated in a way that others might benefit. I conducted a qualitative pilot study, presented in Chapter I, to investigate the experiences of the therapists and the women in the group. The pilot study raised questions concerning the impact of the group on those who did not participate in the pilot study and the broader application of this type of group in treating women who experience divorce.

The purpose of my dissertation research is to explore how both women and therapists experienced this women's group that dealt with divorce issues. Within this initial chapter the context of the problem, the background of the problem, the significance
of the study, and the full purpose statement is presented. Following these sections, I
discuss what I learned from the pilot study and how it shaped the study.

Context of Problem

My experiences working with divorced women\(^1\) reflect what has been
documented in the literature regarding both adverse and potentially positive impacts of
divorce on the lives of women (Booth & Amato, 1994; Chiraboga, 1991). Some of the
difficulties that many women experience after divorce involve emotional, social, and
financial hardships (Bramlett & Mosher, 2001; Fields & Casper, 2000). Other divorce-
related dilemmas that women may face include issues related to single parenting and
negotiating relationships with ex-spouses regarding their children. Although multiple
stressors arise for women as a result of divorce there are also potential benefits for
women and children such as increased mental, emotional, and often times physical safety
and well being (Booth & Amato, 1994; King, 1994; Schwartz & Scott, 2000).

My own experience in the group taught me firsthand that divorce was emotionally
traumatic for these women. I can still hear the stories that the women told about their pain
and the emotional difficulties they were experiencing in their lives. At times, hearing
their stories became overwhelming for me. I remember imagining what it might be like
for them to go home and to suffer alone or without the support of another adult. After the
group sessions, I often returned to my own home wondering whether I could have held up
as well as they had under such difficult circumstances.

\(^1\) The term “divorced women” refers to those women who are divorced or who may be divorcing.
It seemed to me that much of the women's discomfort came from dealing with society’s assumptions about divorce and how these views were manifested among their relationships. These experiences matched what I found in the literature regarding the negative social stigma that many divorced persons encounter. The literature suggests that much of what is known about social stigmatization in divorce is organized around gender: that society views women as bearing the burden for a successful or failed marital relationship (Aulette, 1994; Gerstel, 1987). The women in the group reported that the messages they received from others were at times difficult to hear, an experience that signaled to me social stigmatization or at least the women's perception of social stigmatization.

It was during my initial sessions with the divorced women’s group that I found myself feeling paralyzed and inadequate to provide meaningful help. As they voiced their pain and their struggles, I realized that no existing theoretical models that I knew offered solutions to their situation and that I had no strategies to address the complexity of these women’s experiences. I felt compelled to listen to what the women in the group were saying about their lives and to trust that the process that was unfolding might be constructive and meaningful.

Having a background in attachment theory, I was drawn to look at the secure base concept as it applied to this group. From an attachment perspective, family life creates an environment where bonds form that have the potential to provoke a tremendous range of emotions (Ainsworth, 1991). The more secure these bonds are or having a “secure base” better prepares us to deal with the difficulties of life. More specific to psychotherapy,
Bowlby (1988) viewed the therapeutic process as the therapist providing a "secure base" for the client. Accordingly, one key role of the therapist is to promote congruence by helping the client to have thoughts and feelings that are in harmony with what they say and do. The focus of therapy is to help the client draw a connection between past experiences (i.e., thoughts, feelings, and behaviors) and present situations that arouse the same thoughts, feelings, and behaviors. The creation of a secure base within the therapeutic relationship provides a "safe environment" to help the client recover and resolve "lost" attachment, thoughts and feelings (Bowlby, 1988, p. 149).

As I continued to think about Bowlby’s concept of the secure base, I realized that the group itself, comprised of women divorcees and both female and male therapists seemed to have created a secure base that was shared by all group members. Over time, the participants in the group were providing each other with much needed social and emotional support. As the group process developed, the women reported experiencing greater confidence, seeing a broader range of options, feeling more secure, and making meaningful connections regarding how the past was affecting their current lives (a symbol of resolving “lost” attachments). Further, I realized that the group process was affecting me in unique and significant ways. Mirroring what I saw with the women in the group, I was gaining more confidence, seeing my choices more clearly, and feeling more secure in my abilities to provide meaningful help to others in therapy.

Additionally, I saw the group as countering the messages that society was giving the women and the therapists regarding divorce. At the same time I was being heavily
exposed to feminist ideology\(^2\) in my clinical doctoral training, the topic of feminism was raised in the group. Jokingly, it was referred to as the “F” word because, although the women could relate to the ideas advocated by liberal and/or cultural feminists, some of the women still had great apprehension about identifying themselves as “feminists.” As I thought more about these ideas, I wondered whether feminist thought, applied to group psychotherapy and marriage and family therapy, could offer important insights in helping me to further understand what I was experiencing in the group.

As I looked further into the literature, I found that feminist family therapy is a treatment model that challenges the stereotypical sex roles and also challenges the sexist assumptions about family structure, society, and culture. Feminist family therapy is action-oriented, and none of the traditional family therapy models are explicitly feminist. Feminist family therapists challenge therapists to clarify the definition of therapy itself and to determine the usefulness of existing models (Ault-Riche, 1997). Feminist values include the following: (a) no value-free therapy; (b) the idea that therapists should behave like real people; (c) the balance of autonomy and support; and (d) an assistance for women to develop the ability to nurture themselves and draw support from other networks of women (Ault-Riche, 1997).

These feminist values began to emerge in the process of group therapy with divorced women. There were many times that I thought that our group process focused on stereotypical sex roles and sexist assumptions about family structure, society, and culture, especially as it related to divorce. As stated earlier, “feminism” became a hot

\(^2\) In text references to feminist ideology encompasses various schools of feminist thought.
topic in the group, and each of the women had a variety of reactions along a continuum from acceptance to resistance regarding their attitudes toward feminism. The feminist value of helping women develop the ability to nurture themselves as well as to draw support from other women began to develop in this group: the group process emerged as a safe place (a secure base in attachment theory), where women could nurture each other and themselves, as well as challenge the messages they were receiving from society about divorce. These observed phenomena seemed rooted in feminist ideology as it applies to therapy.

At about the same time I was being exposed to feminist ideas, I was also learning about an approach to therapy called Collaborative Language Systems (CLS) (Anderson, 1997; Anderson & Goolishian, 1992). I recognized that the way in which the group was structured fell into what I was being taught about CLS. For example, each session in the group became devoted to discussing those issues that were pertinent to the women rather than didactic sessions over issues that were therapist driven. Also, each client, not the therapists, decided when she was finished with therapy. I perceived that the group had evolved so that the hierarchy between the therapists and the clients had considerably diminished. I first noticed the lack of hierarchy after I had been in the group for only a few months. Increasingly, discussions in session seemed to be more about group members sharing their humanity and less about therapists imposing their view and directing sessions according to a preconceived agenda: the clients and therapists became liberated from their typical roles.
Background of Problem

It was in one of the last groups I co-facilitated that I was struck by the powerful impact this group had on its group members (male and female therapists and women). I felt compelled to study the group’s processes and the participants’ experiences in a more systematic way. This desire was sparked by the women’s expressed wishes to share their experiences with other women and therapists. I wanted to explore whether what we learned in our group experience could benefit other divorcing women and their therapists. I believe that one of the most important factors promoting change in the divorced women’s group was the participants’ connection to each other and to the therapists. In my perception, the group had developed a deep trust in each member and had become aware that they had the internal resources and the group support to guide them through their difficulties.

Significance of Study

The need for research in this area emerged as a result of a thorough review of clinical literature. After an extensive review of the literature regarding divorce, group therapy, attachment theory, psychotherapy, feminist thought, CLS, MFT and their combinations, I could find no study that examined how women and therapists’ experienced this type of group setting (e.g., ongoing, issues driven, collaborative) in dealing with divorce. Indeed, few studies in the psychotherapy and/or group therapy literature generally paid much attention to how participants experience group therapy (either the process or individual experience). Such a focus is non-existent within the MFT
literature. I believe this study has the potential to make a contribution to clinical therapy for divorced women.

**Full Purpose Statement**

The purpose of my dissertation research was to explore how both women and therapists experienced this women’s group that dealt with divorce issues. This qualitative case study incorporating ethnographic and phenomenological components was framed by attachment theory, feminist theory (as it applies to therapy), and a collaborative language system approach to therapy. In the divorced-women’s group case study, I investigated emergent patterns from three different perspectives (i.e., process, individual women, and individual therapist). First, I investigated the women and therapists’ experience of the group processes. In this initial section, I explored the relative usefulness of the processes employed during the therapy sessions. I also explored the therapists’ retrospective experiences of this group. I compared and discuss the women and therapists’ experiences within the context of this group. Additionally, given that the group met in the context of a clinical training program, women and therapists considered how they experienced the group relative to this training environment. A visual representation of the study can be found in Appendix A.

**Pilot Study**

I conducted a qualitative pilot study with the women and therapists who were part of this divorced women’s group. I conducted two qualitative focus groups with a total of
seven participants (i.e., four therapists and three women), using ethnographic and phenomenological interviewing techniques. Both qualitative focus groups took approximately one hour and were audio and video taped for transcription and analysis.

Participants

Each of the therapist participants either had been or were currently co-facilitating the divorced women's group as part of their doctoral clinical training. Three of the participants had been involved with the group for at least a year with the remaining therapists being involved with the group for three months. Each of the three women involved in the focus group had been involved in the women's group since its inception two years previous. Each woman had experienced one divorce with two of the participants having been divorced for over fifteen years and one for two years.

Purpose

The purpose of these focus groups was to obtain an in-depth understanding of how the women and therapists experienced the group. I asked one grand tour question to all of the participants: "What has been your experience of this group?" Planned follow-up questions included: "What are some aspects of the group that you have found to be most helpful?" "What are some aspects of the group that you found not to be helpful?" "If you were doing a study of this group, what would be some important things that you would want to have a better understanding?" "What do you want other therapists and
women to know about this group? And, “How much do you want to be involved in this research experience?”

Data Analysis

I transcribed the audiotapes from the focus groups. After each focus group, I prepared summaries of my observations (descriptive memos) and impressions (reflexive memos) of the interviews. Analysis of the data followed the procedures outlined by Spradley’s Developmental Research Sequence (DRS) (1979, 1980). The procedures include coding for significant words and phrases, then clustering this information into domains of meaning, clustering emergent themes and sub-themes, and identifying invariant structures. I then identified categories that encompassed particular themes. Additionally, I identified themes and categories within and across each focus group transcript. All of the participants (three women and four therapists) volunteered as member checkers for their specific focus group to increase the credibility of the data.

Theory

Attachment theory was one of the primary frameworks that guided the conceptualization of the group’s processes. Clinical proponents of attachment theory suggest that the therapist and the therapeutic process may be seen as a temporary secure base; a place where clients can feel safe, be comforted, and make meaningful connections from the past to the present (Bowlby, 1969; Slade, 1998). Other scholars go further in implying that therapeutic groups, particularly those that are ongoing and long term, may
have the ability to provide a secure base to participants (Brennan, 1999; Kilmann, Laughlin, Carranza, Downer, Major & Parnell, 1999).

I experienced this group’s processes as effective in assisting the women to move through the loss, grief, and lack of social support that accompanied their divorce. I believe that the group became a temporary “secure base” for the women and therapists. The security within the group may have enabled participants to feel comforted and to continue to “explore” their environment, seeing greater possibilities for their lives. Furthermore, women in the group extended their social and emotional support by meeting outside of the therapy room or calling each other when they needed support. This association was neither discouraged nor encouraged during therapy, but, I believe, was a natural outgrowth of the secure base established during therapy. Presented below are the dominant themes that emerged from the focus groups conducted with therapists and women in the group.

Group as a Safe Haven

Both the therapists and the women viewed the group as offering acceptance, validation, and trust. For the therapists, it seemed to be a process of learning how to participate in safe behaviors toward the women in the group. One therapist indicated, “I will always be thankful for the transition that happened for me from being a caregiver and trying to have answers and solve everyone’s problems to believing that people are courageous enough to find their own answers.” Another therapist described the safe environment this way:
The women can be so validating to each other and they provide a safe environment where they can talk about anything . . . and talk about that they are really hurting. And it is helpful if you can hold them in that place, where they have been before, and challenge them to look at the pain and their experiences in a different way, even though you and they wish it had never happened.

Analogous to the therapists, the women viewed the group as a secure base or safe haven.

One woman remarked:

It's that lifeline that we have been talking about. Even though sometimes we go weeks without seeing each other outside of the group, it's that lifeline of always knowing that at any hour of the day or night we are really not alone and that we could call on anyone in the group.

All of the women in the focus group interview concurred with the idea that the group was as a safe haven for them.

Collaborative Process

Both the women and the therapists described the group as a collaborative process. The group was seen as a place where the women felt as if they had ownership and voice in the group’s direction. One woman stated, “I think that the leadership the therapists have provided has been very helpful . . . but we learned real quick that our group was not about our therapist, but it was about us.” The therapists described the collaborative process of the group as being a tremendous asset to the therapeutic process. One therapist, in describing the process, indicated that he could “just relax and be [himself] and not have to go in and always be this professional.” Another said, speaking of the group members, “they were people that I would be friends with if I weren’t in a therapy type of role.” In describing the collaborative process one therapist commented, “For me,
I learned a lot about not having to structure everything so much and I think that was one of the strengths of the group, that it was very unstructured, very collaborative.”

Gender

The therapists and women identified gender as an important issue in the group. It should be noted that the group was co-facilitated by a male/female therapy team. The theme that emerged across both groups surrounding gender was the gender-split among the co-therapists seen as an essential part of the group process. For example, one woman voiced:

For me it has been very helpful because I don’t let myself get close to men and I have been able to talk about intimate things to [the male therapist] and be vulnerable. So I think that has helped me to realize that men are OK people . . . seriously [having the gender-split between the co-therapists] gives some balance.

Talking more about this balance another women stated that the balance was:

One part of this [group] I don’t think I could ever change. It helps to bring balance . . . to hear a positive and to know that there are [men] out there that can listen to what you are saying and say, ‘I don’t know how you have done this . . . [I believe] that you’re going to make it.’

Another woman stated that having an experience with a caring man was a tremendous gift. She stated, “And for [men] to both tell me that I was wronged and it wasn’t my fault was tremendous. That was really a tremendous gift to give me because I had felt it was my fault, that I had been wrong.”

The therapists’ comments echoed what the women reported about the gender-split. All of them concurred that women having an experience with a supportive man was critical in the group process. One member indicated that it was “a valuable experience for
[the women] to be able to have that intimate experience with a man who’s not a jerk, who’s not abusive, who cares.”

Additionally, all therapists indicated that the gender balance between therapists was essential for the group’s success. One therapist captured the essence of this idea this way: “I think that it is really good, not just for the male, female part of things, but [to have the women see] how [men and women] work out differences in relationships.”

What Therapists and Other Women Need to Know

When therapists and women were asked what they would like other therapists who work with divorcing women to know, they offered these comments:

How great the pain is, how deep it is, and how bone searing it is to just live, to get out of bed and get your clothes on and face the day. So they would know how bad it hurts and to be compassionate and to never forget the reality of where we live.
And I would like them to understand how important it is for therapists to just listen. A little bit of advice and a lot of listening.
Affirmation that you’re OK, and no platitudes.
And don’t tell me I’m building character. God All Mighty (laugh, laugh).
I guess the listening part is the most important part because the first time that I was divorcing I went to a therapist, he just had all these fix it things, he never heard me, he never heard one thing that I said. Personally, I wish every therapist could go through a group like this.
Don’t try to fix it. When any of us ever cry in the group, even if we sit here five minutes or ten minutes in silence, no one breaks the silence. And sometimes that is just what you need to do. That is a neat thing for me.
The other thing with private therapy for me, and I really liked my therapist, I could be right in the middle of bawling and it was like, ‘OK time’s up, we’ll see you next week’. It was real abrupt. We don’t do that here. We get closure as much as we can. Y’all give us a chance for closure, to finish before you send us on our way.
Applying What I Learned in the Pilot Study

The data that emerged from this pilot study propelled my desire to further investigate this group's processes in order to provide a more thorough understanding of how the participants experienced the group. I was intrigued by the themes that emerged from the data and excited that what others were saying about the group corresponded to my own experiences in the group. I learned a great deal from the participants' perceptions. For example, the categories that emerged from the group, namely, the group as a safe haven, as a collaborative process, and as a forum for exploring gender highlighted the need to include attachment theory, feminist theory, and CLS as theoretical frameworks to guide the current study.

I recognize that the way the pilot study was designed and my theoretical and personal biases naturally influenced the responses and the presentation of the data. First, I made the distinct choice to conduct the interviews myself. I did so because I felt that the relationship that I had with both the women and the therapists in the group would help them feel more comfortable talking about the process of the group. Additionally, with a relationship of trust already built through my therapeutic experiences with the participants, I felt that I could ask challenging and probing questions and have them answer honestly. However, being a participant/observer also poses certain challenges that may compromise the data. During the interviewing process, I made every effort to be aware of my biases and to monitor how I might be influencing the type of responses I was receiving. Additionally, I asked the participants about the impact of my presence on the group. All of the participants concurred that my presence did not influence them to
say anything different than they would have told an outsider but that I did make them feel more comfortable in discussing these issues. One woman indicated that, "I would think that as long as you have been with us you know there isn’t anything [we wouldn’t] say." Another women stated, "that is part of the comfort of this group; there is not anything that we wouldn’t say out there that we wouldn’t come in here and say." I recognize that my presence influenced what all of the participants said during the course of the focus group interviews, but I think that the benefits of my conducting the interviews (i.e., pre-established relationships, control of questions, and immersion in data) out-weigh the potential dangers.

Furthermore, I recognize that focus groups may be the quickest way to get information regarding a given phenomenon, but may not always be the best way. I realize that the focus groups that I conducted did not provide me with the breadth or depth of information that I desired regarding the experiences of persons in the group. To achieve such depth regarding group processes, I examined intensively tapes of therapy and interviewed individuals in order to access in-depth information regarding the participants' experiences of the group.

Last, I learned from conducting this pilot study that there is a great need to have another person audit the data analysis (i.e., inside and outside auditors) in order to increase the dependability and the confirmability of the data. Although member checking was done by all of the participants, other issues surrounding credibility (i.e., triangulation of the data) need to be considered as I continue this investigation.
In summary, the key themes that emerged as part of the pilot study include the following: first, the group as a safe haven heavily influenced by my understanding of attachment theory; second, the group's collaborative process that highlights a further review of CLS; and third, the gender-split of the therapists offering the woman an experience with a caring man and a balanced perspective. The theme regarding gender highlights the need for me to further explore feminist ideology and how group therapy is used as a feminist strategy. To understand the societal context of the divorced individuals per se and group therapy as it related to divorce, I have surveyed how divorce has evolved in U.S. culture as a social problem, what emotional impact it has on those who experience it, and group psychotherapy as it related to all of these areas.

Organization of the Presentation of the Study

In Chapter II, I present a review of the literature that shaped the study (i.e., divorce, attachment theory, feminist ideology, CLS, and group therapy). Chapter II presents the methodology used and the process of data collection and analysis. For both the focus on process and the focus on individual participant's experiences of the group, the results are presented in Chapter IV and Chapter V. I divided the results into two chapters in order to highlight the conceptual differences between a focus on group process and a focus on individual experiences. In Chapter V, I have integrated the women and therapists' individual experiences in order to give the reader an idea regarding where the results converge and diverge from one another.
CHAPTER II
LITERATURE REVIEW

Introduction

In this literature review, I provide an overview of the areas that impact discussion surrounding the study of this women's group dealing with divorce issues. Initially, a brief history of divorce is presented to give the reader information regarding the evolution of divorce in the United States. Next, I present discuss divorce as a social problem and the literature that purports divorce to be an emotionally traumatic event. The discussion of divorce as emotionally traumatic will lead to a discussion of attachment theory, loss of romantic relationships, and the application of attachment theory to this study. Additionally, I explore the relevance of group therapy to determine what research has been previously conducted in this area (women in divorce therapy groups) and I establish the need for my research study. Further, I explore the literature on feminist ideology and group therapy as a feminist strategy, and discuss group therapy literature as it applies to divorce. Last, I present a Collaborative Language Systems (CLS) approach to therapy with applications to this study.

A Brief History of Divorce

Beginning in the 1960s, divorce rates rose dramatically becoming a common occurrence in Western culture (Cherlin, Ferstenberg, Chase-Landsdale, Kiernan, et al., 1991). Authors have estimated that between 1960-1980 the divorce rate surged 250%
(Galston, 1996). Although it has since leveled off, the U.S. still has the highest divorce rate in the industrialized world with estimates that just less than half of marriages will end in divorce (Galston, 1996; Ruggles, 1997). Due to the complexity of divorce and the host of factors that may be involved (e.g., age of spouses, race, number of marriages), understanding its impact is difficult (Bramlett & Mosher, 2001).

Regardless of the complexity of the phenomenon, divorce has a long history within U.S. society. In 1620, early British colony officials declared that divorce was a civic rather than ecclesiastical matter, which made divorce legally possible for the colonists (Aulette, 1994). One author (Riley, 1991) found evidence of the first divorce in 1639 in a Massachusetts Puritan court, 19 years after colonial officials first separated the phenomenon from religion (Schwartz & Scott, 2000). Thus, legal divorces have been part of United States culture for over 350 years.

Throughout the history of the United States, controversy and conflict have surrounded divorce. Mainly two groups have heavily debated the right to divorce in this country (Schwartz & Scott, 2000). For simplicity in this discussion, the groups can be labeled as the anti-divorce rights group and the pro-divorce rights group. The anti-divorce group’s platform holds that the only acceptable reason for divorce is in the case of adultery. On the other hand, the pro-divorce rights group maintains that divorce is a citizen right in a democratic society and that making divorce easier leads to greater equality in marriage (Aulette, 1994).

Following the American Revolution, each state assumed responsibility for divorce within its borders. The general trend of states at this time was to liberate divorce laws.
Data on the number of divorces was not systematically collected until the end of the nineteenth century, but once collected, the data indicated that people were taking advantage of the more liberated divorce laws (Schwartz & Scott, 2000). During this period, debates regarding the problems of divorce and the social ills that it brought were rampant. Anti-divorce groups spoke ardently of the immorality of divorce and the need for stricter laws, while women's groups continued to speak out for the need to reform marriages, not divorce. These women called for an end to wife battering and sexual abuse.

In 1887, the government appointed the Commissioner of Labor, Carroll D. Wright, to study divorce. Wright found that there was a 27% increase in divorce from 1867-1876 (Schwartz & Scott, 2000). Most of the country’s negative reactions to divorce originated from the rapidly increasing divorce rates of this period.

Another problematic consequence of divorce occurred for women, especially those with children, who quickly declined into poverty. Enforcement of paternal alimony was difficult. Child custody hearings and split-custody rulings began to emerge thereby adding complexity to the phenomenon of divorce (Aulette, 1994; Schwartz & Scott, 2000).

Although the end of World War II brought another increase in divorce rates, the 1960s rekindled the divorce debates. In 1965, a group of women presented their demands for societal equality at the Students for a Democratic Society (SDS) convention. The following year, a group of women formed The National Organization for Women (NOW). Throughout the end of the 1960s and 1970s, consciousness raising groups,
conferences, protests, speak-outs, and teach-ins took place. In these arenas, family issues were key and debates surrounding divorce, abortion, sexuality, gender roles, battering, and marriage were at the forefront (Aulette, 1994).

At the same time, divorce laws were changing and marriages were becoming increasingly easier to terminate. California’s “no-fault” bill was signed into law in 1969 stating that divorce no longer needed to be adversarial. Divorce could simply be the result of a mutual agreement, an “irretrievable breakdown,” or “irreconcilable differences” with much less acrimony and much lower costs. More economic opportunities for women as well as the change in divorce laws may have contributed to the rapid increase in divorce during this time. Field and Casper (2000), in their report on American families and living arrangements, indicated that single-mother families increased from 3 million in 1970 to 10 million in 2000, while the number of single-father families grew from 393,000 to 2 million. Although not all of these single parent families were due to divorce, the authors indicated that there continues to be a growing rate of divorce among couples with children.

Currently, a quick search on the Internet highlights the amount of resources people can access regarding divorce and the ease with which people can begin the process of terminating their marriage relationships. Perhaps to counter this rising divorce trend, particularly disconcerting considering the increasing number of children involved, many states have adopted rules for divorcing parents (e.g., mandatory parenting classes for parents who divorce with children) to ensure children are considered in divorce.
Despite recent efforts, divorce is easier to obtain now than at any other time in our history (Bramlett & Mosher, 2001; Fields & Casper, 2000; Schwartz & Scott, 2000).

**Divorce as a Social Problem**

Today, many scholars recognize divorce as a social reality that continues to have a tremendous impact on individuals and families in United States' society, crossing the lines of race, age, class, religion, and education (Aulette, 1994; Schwartz & Scott, 2000). As stated earlier, current estimates of the frequency of divorce are near 50% (Cheriin, et al., 1991; Lloyd & Zick, 1986), and although divorce rates have leveled off more recently, current thinking is that half of all marriages will continue to end in divorce (Galston, 1996). Of those persons whose marriages end in divorce, up to two-thirds have children under the age of 18 (Cheriin et al., 1991; Fields & Casper, 2001). Due to a variety of factors (e.g., economic, gender, etc.), women and children who experience this phenomenon are the group that is most severely impacted by its consequences (Aulette, 1994; Schwartz & Scott, 2000).

**Gendered Economics**

One key component that adversely impacts divorced women and contributes to their suffering is their lack of financial support. As it has been since the phenomenon was first recorded, women generally confront less favorable economic circumstances than men as a result of divorce. Divorce highlights the differences between men and women economically with women being more vulnerable outside of marriage (Smock, Manning,
& Gupta, 1999). In fact, women’s financial conditions actually worsen compared to those of men (Regan, 1999). The Bureau of Labor Statistics (1999) reported that the average full time working woman earns only 62.5% of the amount earned by her male counterpart. Other studies give evidence that women and children’s standard of living drops sharply following divorce (Duncan & Hoffman, 1985; Peterson, 1996; Smock, 1993; Weitzman, 1985) with 34% of divorced women having incomes below the poverty line compared to 16% of divorced men (Fields & Casper, 2000). Since women usually have primary care of the children after a divorce, the economic hardships of divorced women impact the children they raise. Despite the move in recent years to create tougher laws on men who fail to meet their financial obligation to both the women to whom they were married and the children they fathered, too many women still fall into financial hardship when divorce takes place (Regan, 1999; Schwartz & Scott, 2000).

Negative Social Stigma

Another factor contributing to the adverse implications of divorce for women is the negative social stigma that typically follows. Social stigmatization often plague divorced persons, particularly women, by creating a perception that there is something wrong with them. One study (Gerstel, 1987) indicated that although there have been laws that place “no-fault” on either party, stigmatization continues to occur. Hoffman & Willers (1996), in a study that examined the perceptions that persons have of divorce, concluded that divorced men and women were evaluated more negatively than married
women and men on four scales (e.g., professional competence, interpersonal adjustment, psychological deviance, and morality).

Other authors have made the argument that social stigmatization around divorce can be best organized around gender. Gerstel (1987), in her landmark work on divorce and stigma, indicated that although the disapproval of divorce has generally declined, disapproval that is gender specific abounds. For example, women are often seen as "bad divorcees" if they do not sacrifice themselves for the happiness of their children (Aulette, 1994). Other effects of stigmatization include being left out of social circles and being forced to relinquish friendships. Gerstel (1987) stated that divorced people tend to develop social networks between each other. Although the controls over divorce from both church and state have diminished, divorce continues to separate and stigmatized divorced people, particularly women (Aulette, 1994).

**Divorce is Emotionally Traumatic**

Authors such as Mikens and Gardner (1994) indicated that for the last four decades, social scientists have offered statistical data as evidence that divorce can be an "unmitigated psychological catastrophe" for individuals (Holmes & Rahe, 1967; Valliant, 1977; Wallerstein & Blakeslee, 1989). Two groups of scholars in the area of divorce suggest differential outcomes for men and women who divorce. On one hand, Mikens and Gardner (1994) argued that, when there is a divorce, men suffer more than women and children. Although they propose that divorce has negative economic and social consequences for women and children, men's suffering is often ignored in the research.
due to the perception that men have typically been seen as villains in their relationships. They suggest further that, although women have adjustment problems early on in the divorce process, they are better able to move through the later adjustments of divorce. In addition, loneliness is a factor for both men and women. Men, who typically do not receive custody of children and who do not enter into a new relationship, may feel the loneliness more intensely. Wallerstein (1986) concurred that women improve the emotional and psychological quality of their lives more easily than men. This result may be explained by women gaining confidence as they see more possibilities for their lives and take on roles that were unrealized previously (Schwartz & Scott, 2000).

Other scholars question the legitimacy of these arguments stating that men suffer more in divorce. As stated earlier, studies give strong evidence that women and children’s standard of living drops sharply following divorce (Duncan & Hoffman, 1985; Peterson, 1996; Smock, 1993; Weitzman, 1985). The downward mobility of women and children’s financial circumstances found in these studies may be explained by the earning potential of women vs. men and the failure of the courts to award, as well as the failure of ex-husbands to pay, child support and alimony. In addition, many women, especially those who have been in traditional marriages, suffer a loss of status, identity, and at times their domestic sphere (Schwartz & Scott, 2000). Finally, Wallerstein and Blakeslee’s (1989) study of 60 families over a ten-year period found that, on average, women take a year longer to reestablish a sense of order to their lives than do men.

I recognize that men do suffer in divorce, but I disagree with the notion that men suffer more. Looking at both arguments, it may be more accurate to say that the effects of
divorce have potentially devastating consequences for everyone involved (i.e., men, women, and children), and that one’s suffering in divorce is relative. Moreover, women in my aforementioned pilot study suggested that societal pressures including messages such as “all you need to do is pull yourself up by your own boot straps,” or “all you need to do is find another man,” add to the difficulties of dealing with the ramifications of divorce over time. Professionals in the mental health field need to continually remind themselves that the majority of persons who divorce encounter serious economic, social, emotional, and psychological issues. In addition, mental health professionals might better assist their clients by recognizing that the best judgment of the impact of divorce is a divorced individual’s perceptions. The need for focusing on a client’s perception highlights the benefits of this study that examined how the participants (both women and therapists) experienced a group organized around what the clients felt was important to talk about in a given group session.

It is important to realize that the impact of divorce in the lives of people might be seen in both a positive and negative way. Some researchers have suggested that emotions following divorce can range from emotional devastation to exhilaration, to a sense of relief (Chiriboga, 1991; Weiss, 1975), and that every emotional reaction is possible including anger, despair, guilt, depression, anxiety, fear, loneliness, and/or euphoria (Boss, 1999).

Buehler and Langenbrunner’s (1987) research of 80 divorced persons underscored the range of emotions that can be felt in divorce. They indicated that divorced people are equally likely to report both positive and negative outcomes. For example, greater than
94% indicated feeling worthwhile as a person and experiencing personal growth and maturity during the twelve months following divorce. In this same group, more than 86% felt angry toward their former spouse and reported feeling depressed (Schwartz & Scott, 2000). Although negative attributes of divorce constitute the bulk of writing and research by professionals in the field, clearly divorce may lead to important areas of positive growth and a rebirth into a new and better life (Lund, 1990).

**Attachment**

Attachment theory was one of the primary frameworks that guided my conceptualization of the group process when working with divorced women. Some proponents of attachment theory suggest that the therapist and the therapeutic process may be viewed as a temporary secure base: a place where clients can feel safe, be comforted, and make meaningful connections from the past to the present (Bowlby, 1969; Slade, 1998). Other scholars go further in implying that therapeutic groups, particularly those that are ongoing and long term, may be able to provide a secure base to participants (Brennan, 1999; Kilmann, et al. 1999).

From the beginning, proponents of attachment theory have purported that family life creates bonds that have the potential to provide care and protection throughout life (Ainsworth, 1991). Also, such bonds have the potential to provoke a tremendous range of emotions (e.g., from joy to anguish) (Bowlby, 1979). Bowlby (1969), the founder of attachment theory, believed that early life experiences have a significant effect on later life, and that effective parenting provides children with a base of security. This base of
security is used by infants and children to explore their environment. Ainsworth (1967) in her groundbreaking work with Ugandan children and later in the strange situation laboratory procedure demonstrated that in moments of stress, the attachment system is activated, and the near presence of an attachment figure is essential (Ainsworth, Bell, & Stayton, 1971). During the absence of the attachment figure, exploration of the environment is limited until the child is comforted by the attachment figure or until the stress is removed; then meaningful exploration of the environment can begin again (Bowlby, 1969). Ainsworth (1991) argued that substantial progress has been made in understanding attachment in infancy and called for research on how attachment relates to later life experiences.

Adult Attachment

Bowlby (1969, 1982) argued that attachment behavior in adult life is a straightforward continuation of attachment behavior in childhood and believed that attachment theory could help explain the nature of the emotional bonds we make with one another. Bowlby (1982) believed that attachment experiences affect “inner working models” (mental representations): the way in which we view ourselves (worthy or unworthy) and the way in which we view others (dependable or undependable). Main (1991) and Van IJzendoorn (1995) proposed that an individual’s mental representation of their parents influence the way he/she treats his/her own children.

Other researchers in the attachment field have examined attachment as it relates to romantic love. In their important study, Hazan and Shaver (1987) identified three adult
attachment styles: secure attachment (being comfortable in relationships without fear of rejection), anxious attachment (desire for closeness but with fear of rejection), and avoidant attachment (desire to avoid closeness and dependency). These attachment styles are all related to early life experiences. This study highlights that early experiences with attachment figures are an important component when thinking about adult relationships; and the potential effects on women when these relationships end; and the potential effects on women who enter therapy under such circumstances. The examination of how individual attachment styles may be associated with this women’s group, and more broadly, group therapy in general, is important but beyond the scope of this study.

However, a realization that attachment style may impact the interactions of group therapy and how participants perceive the group is important to the study’s intent. Future research in this area could focus on an examination of attachment style and how that may shape how people experience this type of group therapy.

**Attachment Between Former Spouses**

Scholars in the attachment field suggest that an important variable in post-divorce adjustment is the ability of former spouses to create an identity apart from their former relationship. Although the divorce decree may legally end the relationship, the ongoing emotional attachment between former spouses is seen as a primary source of emotional distress during the post-divorce period (Weiss, 1976). Researchers on attachment have found that marital separation and divorce, emotional withdrawal of the spouse, re-definition of roles, and changes in family structure, may trigger the natural response to
seek proximity or contact with an attachment figure (Madden-Derdich & Arditti, 1999; Weiss, 1976). Even when there may be a desire to terminate the relationship, ambivalence toward separation may remain (Mazor, Batiste-Harel, & Gampel, 1998; O’Leary, Franzoni, Brack, & Zirps, 1996). These feelings of emotional attachment to a former spouse, while becoming separated, may be one of the most confusing and distressful aspects of divorce (Berman, 1988; Kitson, 1992).

Weiss (1976), in his classic work on separation and attachment in adult relationships, proposed that two behaviors, preoccupation with the former spouse and hostility toward the former spouse, are indicators of prolonged attachment after divorce. Clinically, this prolonged attachment has been found to be associated with a variety of symptoms that are recognized in both the divorce and attachment literature. These symptoms include depression, anxiety, loneliness, anger, and loss of effectiveness (Emery, 1994; Maccoby & Mnookin, 1992; Madden-Derdich & Arditti, 1999). Researchers have also found that prolonged emotional attachment results in poor emotional and psychological adjustment in divorce (Kitson, 1992; Masheter, 1997; Tschann, Johnson, & Wallerstein, 1989).

These ideas regarding attachment fit within the way in which I experienced the women in the group as they first came into therapy. The women described having a variety of difficulties related to their former spouses, and each described feeling “attached” to him, even when she stopped loving him or wanted to become severed from their emotional connection. Through the course of the group, I saw that they were better able to make sense of this emotional attachment and to become more “secure” with
themselves and with their abilities and strengths. I credit this transformation to the “safe haven” that was identified in the pilot study. These concepts have framed the way I understand and view the process of the group and will shape the way in which the data are analyzed and presented.

Attachment and Therapy

Currently, there are a limited number of studies that relate clinical processes to attachment theory. These studies, for the most part, have been spurred by the development of measures to assess adult attachment (Main, Kaplan, & Cassidy, 1985; Slade, 1998).

From an attachment perspective, Bowlby (1988) viewed the therapeutic process as the therapist providing a "secure base" for the client. One key role of the therapist is to promote congruence by helping the client to have thoughts and feelings in harmony with what they say and do. The focus of therapy is to help the client draw a connection between past experiences (i.e., thoughts, feelings, and behaviors) to present situations that arouse the same thoughts, feelings, and behaviors. The creation of a secure base within the therapeutic relationship provides a "safe environment" to help the client recover and resolve "lost" attachment, thoughts and feelings (Bowlby, 1988, p. 149).

Since attachment relationships are a key issue in all of our lives and divorce is the severing of an attachment relationship, finding a way to validate, support, and help women experiencing divorce through the difficulties associated with divorce may require the creation of a “safe haven.” An important component that emerged from the pilot...
study was the concept of the “safe haven” where the women felt validated, listened to, and supported by the group. Additionally, it was important for the women to express that the therapists in the group did not try to fix their problems and that there was an opportunity for closure in the group: “a chance for closure, to finish before you send us on our way.” The women reported that this experience was different from what they had experienced in other therapy settings (i.e., individual therapy). Being heard in an environment of validation and support attributed to the growth that the participants were experiencing in the group. Participants moved out of their client roles and could challenge each other to be more congruent about their experiences.

Attachment and Group Therapy

Although attachment has been applied in a number of different arenas including child development (Bowlby, 1969, 1988), adult development, adult romantic relationships (Shaver, Hazan, & Bradshaw, 1988), and individual and family therapy (Byng-Hall, 1995; Slade, 1998), there has been little research conducted on the application of attachment to groups (Smith, Murphy, & Coats, 1999) and more specifically to group therapy (Brennan, 1999; Kilmann et al., 1999; Pistole, 1997). Pistole (1997) points out that helping clients learn to develop more meaningful interpersonal relationships is the basis of both group processes and attachment theory. Thus, attachment theory may be a viable way to frame therapeutic interventions for improving interpersonal relationships of clients within group settings. Furthermore, attachment
theory can offer a systematic way of describing the interpersonal processes that develop within the group (Brennan, 1999; Kilmann et al., 1999; Pistole, 1997).

Along this line same line, Byng-Hall (1995), when discussing attachment theory as it applies to family therapy, argues that families provide a network of care that is made available to all family members. The secure family, one that promotes a perception of worth and that fosters trust in others, provides a reliable network of attachment relationships. I propose that it may be the group process itself that acts as a secure-base by providing a reliable network of temporary attachment relationships for group members. The group interaction, made up of all group members, may provide a safe place and a secure base to explore new alternatives and to make sense of past experiences. This application of attachment theory fits within the safe haven concept identified by both women and therapists in the pilot study.

One study that applied attachment theory specifically to group therapy was conducted by Kilmann et al. (1999). These researchers studied 13 young adult women with insecure adult attachment patterns who had participated in a therapy group (Kilmann et al., 1999). This study of group therapy offered a 17-hour manualized attachment-focused group intervention. The group offered four sequential segments that included: (a) dysfunctional relationship beliefs, (b) childhood factors influencing partner choices and relationship styles, (c) relationship skills and training, and (d) relationship strategies. The group program was offered over a three-day weekend. The women in both the intervention and control groups were contacted six months later for a follow-up interview. Participants in the experimental group reported on various self-report measures.
that they had experienced improved interpersonal styles, enhanced satisfaction with family relationships, and more secure attachment patterns of behavior compared to the control group.

Although the authors of the above study reported success with this type of intervention, the sample sizes of both the therapy and control groups are problematic. In a critique of this study, Brennan (1999) argued that Kilmann's brief model does not allow time for the secure base component to be established, an important aspect of attachment theory. Further, Brennan argued that even a long-standing group may have challenges in offering a secure base to the participants and suggested "the best case may be obtained when clients who have longstanding relationships with a therapist individually are then joined to form a treatment group run by the same therapist" (p. 150). Although Brennan proposes that a long-standing group could offer a secure base to participants, there are no studies that examined the process of an ongoing group from an attachment framework.

In this study, I examined how participants (both women and therapists) experienced this long-term group, an almost three-year therapy setting, with attachment theory being one of the major frameworks that organized the way I viewed the group process and made sense out of my own experiences within the group. Such a long-term group may have the potential to offer a "secure base" to participants as advocated by Brennan (1999).
Group Therapy

Group therapy was first introduced in the 1940s and has since undergone a variety of changes to meet the needs of the psychotherapy community. There is an increase in professionals, types of practices, and a number of clients being served in group therapy. Group therapy is considered a viable form of treatment for many conditions (Yalom, 1995).

When I reviewed the recent group therapy literature, I found that there was an abundance of descriptions of specialized groups for clients who have specific life crisis or specific disorders (Yalom, 1995). For example, one study in which the researchers examined the perception of therapists and women participants, focused on an open, long term group with a female-male co-therapist team treating incest survivors (Bonney, Randall, & Cleveland, 1986). Results of this study suggested that treatment strategies for group therapy depend a great deal on the composition of the group and also on the problem (i.e., divorce, depression, trauma, or grief). The researchers gave evidence that specialized treatment practices needed to be established for the targeted population. A thorough search revealed that there were no studies that examined women and therapists’ experiences in a therapy group for divorced or divorcing women.

Co-Therapy

Although some therapists prefer to conduct groups alone, the vast majority chose to work with a co-therapist (Paulson, Burroughs, & Golb, 1976; Yalom, 1995). While research is scarce on the efficacy of either choice, many educators agree that a co-therapy
format also has special advantages for beginning therapists (Dies, Mallet, & Johnson, 1979; Yalom, 1995; Roller & Nelson, 1991).

I believe that the use of co-therapy had significant ramifications for this women’s group and, therefore, for this study. During the initial focus groups conducted for the pilot study, one of the themes that emerged from the therapists was that having the opportunity to be engaged in co-therapy was a key aspect of the group. Additionally, the history of the benefits of having a male and female therapist as part of the co-therapy team in group therapy abounds. Yalom (1995) in his classic work on the practice of group psychotherapy indicated, “there is much agreement among clinicians that a male-female co-therapist team may have unique advantages: images of the group as the primary family may be more strongly evoked” (p. 414). Many clients may benefit from the model setting of a male-female pair working together with mutual respect and without destructive competition, mutual derogation, exploitation, or pervasive sexuality they may more naturally associate with male-female pairings (Roller & Nelson, 1991; Yalom, 1995).

The group that is the subject of this study was set up with a male and female therapist team. As noted earlier, the pilot work that I conducted for this study yielded a common theme across participants that supports the notion that having an experience with a caring man and the balanced perspective of a male-female co-therapist team may be a critical part of a successful therapy group. The idea that a male-female co-therapist team may evoke images of the primary family fits within the attachment networks previously described (Byng Hall, 1995). Perhaps having a female-male co-therapist team
helps facilitate the creation of the “safe haven” identified as a major theme in the pilot study.

Sense of Loss

Group therapy involving loss issues has increased in recent decades (Zimpfer, 1991), and professionals in the mental health field believe that group therapy has been effective in helping those who have experienced loss in their lives (Schlossberg, 1989). Locke (1994) argues that loss is not necessarily tied to death but can occur when something or someone is no longer present. Therefore, loss can include separations and departures as well as loss of expectations, abilities, power, and freedom (Viorst, 1986). Boss (1999), in her work on ambiguous loss, argued that the physical and/or psychological loss of a loved one has a dramatic emotional impact in our lives. Although Boss’s work is more closely aligned to the experiences of prisoners of war who are physically absent but psychological present, and to immigrant families who leave family members in a home country, she recognizes that divorce is one of those ambiguous losses that can have a tremendous psychological and emotional impact. These ideas about loss are closely aligned with lost attachment relationships. In fact, Boss’s theories on loss are based on the concepts of attachment theory (Boss, 1999).
Divorce Support Groups

To combat the amount of psychological and emotional distress that arises during and after a divorce, many support groups specific to divorce have emerged (Miller, Smeriglia, Gaudet, & Kitson, 1998). Professionals who deal with loss, such as the loss associated with divorce, agree that groups offer emotional and educational support as well as an opportunity for group members to help others (Vernon, 1993). Both elements of group therapy, giving and receiving support, are essential to the process. Most important is support that comes from being with others who have shared a similar experience (Moore & Freeman, 1995; Price, Dinas, Dunn, & Winterowd, 1995; Vernon, 1998). This is particularly problematic when one considers that loss typically leads to isolation as well as reluctance to share problems within the context of remaining support systems (e.g., family and friends).

Sharing Negative Feelings

Group therapy may offer participants an opportunity to share negative feelings that may not be prudent or necessary with typical support systems. Membership in a group may offer more opportunity for modeling and sharing because of the wide range of perceptions people have about divorce. Although participants in loss groups may be at differences places in their own personal process, bereaved persons are generally relieved to find a "safe place" to be able to express their feelings and to talk about life transitions (Price et al., 1995).
Most of the research on group therapy with divorced women is focused on structured models, where women are educated about divorce with group discussion topics set beforehand. Furthermore, these groups are structured to last only a certain amount of time (e.g., 8-12 weeks) (Addington, 1992; Beyers, 1988; Molin, 2000). Although these groups are somewhat helpful, there is some evidence that didactic, structured groups do not provide the intense emotional support that is needed during divorce and the aftermath as it impacts the lives of divorce persons (Brennan, 1999). No research could be located that examines the experiences of women in a flexibly structured, ongoing, divorce therapy group. In this study, this gap was addressed by qualitatively examining the experiences of women and therapists in a long-term group that dealt with divorce issues over an approximate three-year period.

**Feminist Ideology**

I have carefully considered feminist theories and feminist psychotherapy in examining therapy for women in general and more specifically therapy groups for women. Feminist therapy evolved from the feminist consciousness of mental health professionals, namely women, who saw a discrepancy between their own experience and psychological theories (Imber-Black, 1997). To a large extent, these discrepancies in therapy mirrored the oppression, stereotyping, and assumptions occurring in society (Chesler, 1989; Laidlaw & Malmo, 1990; Weisstein, 1993)

Feminism offers a critique of long-standing psychotherapy theories, particularly those influenced by Freud. Feminists speak out against therapies that ignore or disregard
the personal or emotional meanings experienced by women. They argue that therapy models often ignore the patriarchal and sexist social contexts of the women's lives (Ault-Riche, 1997; Berman et al., 1996; Imber-Black, 1997; Hare-Mustin, 1978).

Feminists insist that the field of psychotherapy should be examined and challenged in theory, methods, and clinical practice. Feminist thinking has been influenced by post-structuralist and social constructionist ideas that challenge universal therapy strategies and alienating culture in which therapy often exists. They encourage mental health professionals to emphasize the gendered agendas that comprise the structures of the discipline including the academic, clinical, educational, and research arenas (Berman et al., 1996; Gilligan, 1982; Imber-Black, 1997).

Therapists who embrace feminist thought ardently question the dominant discourse and believe that the absence or lack of emphasis on the experiences of women within the current mental health arena are not "innocent omissions" but "structured markers" that reflect the thinking and rules that support the discipline (Berman et al., 1996). In one branch of feminist thought, that of liberal feminism, gender is regarded as an essential aspect of human relations, one that generally involves domination and power. Cultural feminists believe that gender systems are socially constructed. Avis and Turner (1996) warn that we must continue to remind ourselves that in our attempt to understand our world, including gender relations, we can never be free from bias or distorting influences. An important idea within feminist thinking is that patriarchal relations have been the experience of women for 2000 years in many cultures throughout the world and that this experience of a patriarchal system oppresses women. Thus, early therapeutic
interventions generally involved systems that blamed women for their predicament (Imber-Black, 1997). As part of the feminist movement and in critique of traditional interventions in psychotherapy, feminist therapists emphasize the structure of gender that underlies psychotherapy theory and practice in their work (McClellan, 1999; Reinharz, 1992).

Authors such as Gilligan (1982) and Ussher (1994) have written about the ignorance and devaluation of women’s experiences in psychology and have written extensively about women’s positions and the need to re-examine psychological categories altogether (Gilligan, Kreider, & O’Neill, 1995; Ussher & Baker, 1993). Berman et al. (1996) concur that there is a need to ask women for their meanings of the constructs that define who they are. Berman et al. (1996) asserts, “revaluing women’s experiences in their/our own terms, and placing women’s issues on the agenda for psychology, has been a significant intervention in extending and commenting on the boundaries of what counts as psychology” (p. 4).

More specific to the MFT field, the ground breaking work of Hare-Mustin (1978); Goldner, (1985), and Libow, Raskin, and Caust (1982) challenged therapists to develop non-sexist and feminist approaches to family therapy. Initially, family therapy avoided feminist critiques because they evolved in stark contrast to male dominated psychoanalytic theories. Goldner (1985) argued that family therapy had been handicapped by its lack of feminist critique. Many factors have contributed to the influence of feminist thought in the field of MFT such as increased women in the labor force, economic changes, and a move toward gender equality in the family and
workplace. As a result, other leading family therapists were influenced to incorporate feminist perspectives into their clinical work (Anderson, 1996; Hoffman, 1993; McGoldrick, 1998).

Since that time, the feminist movement has had some presence in family therapy but feminist ideas are still marginalized in practice, publication, and theory (Nichols & Schwartz, 2000). The lack of research from a feminist perspective in MFT remains despite feminist research efforts in the social sciences. Research from a feminist perspective is greatly needed in the MFT field (Avis & Turner, 1996). Having been exposed to feminist theory and identifying myself with some forms of feminism (i.e., liberal and cultural), I incorporated feminist ideas as a primary framework in this study.

Feminist family therapy is a treatment model that challenges the stereotypical sex roles and challenges the sexist assumptions about family structure, society, and culture. Feminist family therapy is action-oriented. It should be noted that none of the traditional family therapy models are explicitly feminist (e.g., Structural, Bowen’s Systems Theory, Strategic, Experiential) (Nichols & Schwartz, 2000). Feminist family therapists challenge therapists to clarify the definition of therapy itself and to determine the usefulness of existing models (Ault-Riche, 1997). Feminist values include the following: (a) no value-free therapy; (b) the idea that therapists should behave like real people; (c) good differentiation of self; and (d) women’s development to nurture themselves and to draw support from networks of women (Ault-Riche, 1997).

These values are applied in this case study of the women’s divorce group. There were many times that the group process focused around stereotypical sex roles and sexist
assumptions about family structure, society, and culture, especially as it related to divorce. “Feminism” and “feminists” were a “hot topic” in the group since the women in the group had a variety of reactions, from acceptance to resistance, regarding their attitudes toward feminism. The feminist value of helping women develop the ability to nurture themselves as well as to draw support from other women is particularly applied in the model adopted.

Perhaps the most useful idea that feminist thought adds to the utility of therapy with women in general and more specifically therapy with women in this divorce group, is that women are the best judge of what is helpful to them in therapy. Imber-Black (1997) made such a statement in her critique of mental health systems. She indicated that: “helpers (mental health professionals) may disagree with one another about ‘who knows best’ for a women client, all the while ignoring the possibility that she may just know best for herself” (p. 29).

**Group Therapy as a Feminist Strategy**

Although approximately 75% of women in today’s society marry, there is an increasing possibility that they will be alone either through divorce, death, or other factors, (e.g., decision to remain single) (Fields & Casper, 2000). When women are alone, for any reason, it is typically seen by society as a temporary transitional life stage. Professionals in the mental health field and the women they serve may assume that they will connect with a partner as quickly as possible after a period of adjustment. Even after a difficult divorce, women may still idealize marriage (Hicks & Anderson, 1989).
Women who are single after a divorce are often viewed negatively by society, even by those close to them (i.e., family and friends). They may feel and be rejected and cast aside, or may be viewed as unable to satisfy a man for a long duration of time. Further, others may see them as bitter, angry, or culpable for the dissolution of the marriage (Hicks & Anderson, 1989).

Perhaps in an effort to gain support for clients and/or to address the clinical needs of divorced women, therapy groups for a variety of issues including women’s issues continue to be emphasized in the literature (Yalom, 1995). Therapy groups vary from general support groups to more specific therapy groups addressing divorce, sexual abuse, and eating disorders (McManus, Redford, & Hughes, 1997; Yalom, 1995).

In general, feminist theory seeks to conceptualize how gender operates in our culture and how it interacts with our thinking about each other. In addition, feminists look at economic, social, political, and cultural structures that are influenced by gender. In group therapy, confronting stereotypes related to gender such as the notion that emotions suggest weakness, paying attention to power, recognizing diversity, and acknowledging that the personal is political are all highly important (Lazerson, 1992).

In 1984, the Women’s Task Force found evidence that mental health services were not meeting the needs of women and that these same women could be better served if they had been diverted into support groups. They reported “for many women, severe mental health problems could have been avoided if support services had been available before their stressful situations produced extreme results” (Women’s Task Force, 1984,
The Task Force argued that group therapy is as effective as traditional one-on-one interventions.

Other authors have found that group therapy with women helps to break down feelings of isolation (Burden & Gottlieb, 1987), and allows women to openly discuss issues that they may be hesitant to discuss in mixed gender groups (Enns, 1992). Additionally, group therapy gives women an opportunity to share and support others in a common experience (Fedele, 1994), to learn about their uniqueness, to trust others, and to trust themselves (McManus et al., 1997).

McManus et al. (1997) propose that group therapy may be beneficial in helping women deal with feelings of self-worth and relationship issues. From a feminist point of view, they argue that relationships and self-esteem are correlated in that they affect each other reciprocally. Therefore, when couple relationships fail, women feel responsible for the demise of the relationship, thus leading to feelings of unworthiness.

Current feminist theorists suggest that people grow and develop in relationships with others. In these relationships, women are able to develop aspects of self that have been previously hidden. Authors have suggested that group settings may be the ideal forum to provide a nurturing place where women can grow and examine themselves within their relationships (Fedele & Harrington, 1990; Walker, 1987).

McManus et al. (1997) suggest a six-week structured group with a feminist agenda (e.g., impact of gender role socialization, empowerment, etc.) and with specific, targeted goals (e.g., to improve self-esteem and improve relationship skills). In another study, women over fifty were offered a divorce group that was run by both an attorney
and a psychologist as they anticipated the needs of these divorcing women (Radov, Masnick, & Hauser, 1973). Other researchers in this area have focused on brief group therapy (up to six sessions), and have advocated for peer support group models (run by participants versus therapists), or for informed therapists models (Blatter & Jacobsen, 1993; Coche & Goldman, 1979).

It is important to note that groups conducted from a feminist perspective are not being conceptualized from the client’s perspective, but from the therapist’s perspective. No study was found of an ongoing women’s group that focused on the aftermath of divorce and that addressed the specific needs of the group attendees from session to session.

**Divorce and Group Therapy**

Awareness of the issues that women face after divorce is crucial for MFTs and other mental health professionals. The ability to help women in therapy may come from a therapist’s ability to accept them as whole and healthy, regardless of their marital status. Part of helping divorcing women includes helping them deal with the loss of a relationship, managing children, developing support networks, dealing with sexual needs, and with family relationships (Hicks & Anderson, 1989).

From its inception, therapists have seen group therapy with divorcing women as an acceptable and effective form of therapy. Many leaders in the field advocated for groups that had a structured format and that were centered on offering support and forming future relationships (Brown, 1976; Kessler, 1976). More recently, similar types
of group therapy with divorcing women have been described in the literature. Norberry (1986) indicated that women over fifty facing divorce benefited from the emotional and informational support offered in a small group format. The group was structured around the facilitator's pre-conceived ideas of the needs of the women in the group. The author reported that the group members evaluated the impact of the group as positively affecting their lives. Bogolub (1991) stated that structured educational group treatment was an essential approach for mental health professionals working in this arena. Furthermore, Thiessen, Avery, and Joanning (1980) found that women in post-divorce benefited from communication skills training. Finally, another group of researchers indicated that an eight-week dream interpretation group for women undergoing divorce transition showed some promise in helping women deal with the aftermath of divorce (Falk & Hill, 1995).

Although these studies are methodologically flawed, they do emphasize that group work has a great deal of promise when treating divorced women. In this study, I hope to fill a gap in the literature by gaining an in-depth understanding of the meaning women and therapists place on the experience of a therapy group dealing with divorce. This type of detailed rich description might assist in the formulation of future studies aimed at evaluating (both qualitatively and quantitatively) the factors that may be associated with the benefits of group therapy with divorced women.

One factor that I find perplexing is that, although all of the researchers in the above studies profess a sensitivity to the needs of women, their interventions and research are not directly informed by the women who are the subject of these practices. Even among the feminist literature, the groups were structured and conducted from the
perspective of the therapist or researcher. There were no research studies that examined a flexible and collaborative group process and/or ongoing group therapy. Therefore, this study will add to the literature investigating group therapy with divorcing women by providing an in-depth description of a women’s divorced group that was conducted with the on-going input of the women in the group. This type of information differs from what has been reported in the past.

A Collaborative Language Systems Approach to Therapy

One of the themes that emerged from the pilot study was the “collaborative process” of the group. As much as possible, each session was devoted to discussing those issues that were pertinent to the women rather than didactic sessions on issues that were therapist driven. The collaborative nature of the group extended beyond this aspect to embrace a Collaborative Language Systems (CLS) process (Anderson, 1997). Perhaps, at least initially, this was due to the influence of a supervisor who worked from a CLS perspective. However, the group process remained collaborative, and as new clients and therapists joined the group, they too worked comfortably with this CLS process, driven by the issues that the women were facing and by close supervision from a supervisor who identified herself as a CLS therapist.

A CLS approach to group therapy is innovative and has potential to add significantly to the field. No studies were found that offered group therapy to divorced women from this perspective. A brief summary of the main assumptions of CLS is
provided to describe how this framework was employed with the women’s divorce group in this case study.

In the mid to late 1980s, Harlene Anderson and Harold Goolishian began publishing their ideas on a new way of viewing human systems and how they conducted therapy from this perspective. At the time, many therapists in the MFT field embraced a mechanistic view of human systems (first-order cybernetics) with therapists being trained to become “master” technicians in order to interrupt disruptive family patterns (Anderson & Goolishian, 1992). Their evolving view was a move away from human systems as defined by organization, role and structure, towards viewing human systems as being distinguished by “linguistic and communicative markers” (Anderson & Goolishian, 1988, p. 371).

Anderson and Goolishian’s ideas surrounding linguistic systems and the therapeutic process evolved from their work at the Houston Galveston Institute, a private, nonprofit organization that focused on areas of research, education, and clinical practice (Anderson & Swim, 1995; Anderson, 1997). In working with what are typically thought of as the most difficult clients (e.g., mandated, chronic treatment cases referred from women shelters, child protection agencies, and probation offices), they found that the treatment techniques at the time and the ways of viewing human systems were inadequate. Anderson and Goolishian (1988) began to re-examine questions that current cybernetic theories in MFT proclaimed to have already answered. These questions included: What is therapy? What are the goals in therapy and who determines them? What is the therapist’s role? What does a therapist do? What kind of expertise does a therapist have (Anderson, 1997)?
By asking these questions, Anderson and Goolishian (1988) were drawn to postmodern philosophy and assumptions. They believed that a postmodern paradigm would broaden the current thinking about human systems, and presenting problems, and would re-examine the therapist’s role in therapy. Clinicians who embrace postmodernism and social constructionism do not argue that one preference is more correct than another. Instead, they invite a therapist to maintain a critical stance: to be reflective and in dialogue with him/herself and with others, and to keep one’s professional prejudices open to analysis, question, and challenge (Hoffman, 1993).

During approximately the same time that Goolishian and Anderson began publishing their work, Lynn Hoffman (1993), a respected thinker in the field, began to consider the need for a “different voice” in family therapy. Hoffman questioned the notions of an objective reality, the benefits and negatives of diagnosing clients, and the role of the therapist as an expert. Sparked by the work of Goolishian and Anderson and by feminist thinkers such as Gilligan (1982), Hoffman began to embrace a “collaborative” approach to therapy. Hoffman (1993) believed that instead of being “control-oriented,” therapy should be a “hopeful discourse” and “as far as possible non-judgmental and non-pejorative” (p. 54).

A collaborative approach to therapy is reflected in the techniques of therapists who attempt to move away from the hierarchy naturally embedded in the process to the establishment of a co-evolving relationship and process with clients. This approach advocates a move away from seeing therapists as experts, to a view that advocates that clients are the experts on their lives and experiences. Therapists are viewed as potential
experts in facilitating therapeutic conversations. These therapeutic conversations, created jointly between therapist and client, encompass the process of therapy (Anderson, 1997; Anderson & Goolishian, 1992; Becvar & Becvar, 2000; Hoffman, 1993). The realization that participants in therapy have their own expertise creates a move toward equity between client and therapist. Hoffman (1993) described equity in therapy as “equity in regard to participation even though the parties may have different positions or different traits” (p. 126).

This type of therapy approach challenges the therapist’s assumption of knowing what is best for the client. The collaborative therapist is willing to suspend and question his/her own expertise, to risk not knowing, and to be humble about what he or she thinks or “knows.” This attitude places the client’s perceptions and experiences at center stage and demands that therapists try to make sense of stories from the client’s point of view. Hearing a person’s story, while suspending one’s own knowing, offers the client a chance to be believed, to be trusted and respected to make sense out his/her life experiences (Anderson, 1997; Becvar & Becvar, 2000).

Moving from a hierarchical to a CLS framework in family therapy may be considered a radical step because this approach is not based on assumptions common to traditionally accepted theories. To make this move is to challenge what is regarded as traditional Western practice and the foundation of traditional psychotherapy in the mental health field (Hoffman, 1993).
Hoffman (1993) describes the “Collaborative” approach to therapy and the process of therapy this way:

Where appropriate I would share stories from my own life. I would openly assume responsibility if the client had a complaint about the therapy, rather than treating it as evidence of resistance. I insisted on asking about expectations of therapy the client might have, and invited questions about my own work. (p.125)

In this case study, CLS approach to therapy seems to fit with participants’ (women and therapists) experience in the therapy room. The therapist’s stance of “not knowing” and viewing the women in the group as experts of their own experience seemed essential to the process that unfolded. Much like Hoffman, I found myself sharing how I felt when the women in the group told me their stories and I asked them questions about what was helpful for them. As indicated earlier, many of the therapists who participated in the divorced women’s group described feeling as though the hierarchy in the therapy room had largely dissipated. They reported experiencing a sense of being able to be “themselves,” trusting in the process, and feeling as though they could be meaningfully connected with the women in the group.

Although the individual theories of the therapists who worked with the divorced women’s group varied, the group format and structure primarily fit within a CLS framework and was supervised by a CLS supervisor. The close relationship between postmodernist and social constructionist assumptions and CLS added another level of complexity to the work that was conducted. For example, the therapists held different positions regarding their degree of acceptance of a postmodern paradigm. However, all therapists who worked with these women could agree on the following CLS tenants: the importance of having respect for the women’s perspectives on their own lives, believing
that the women are the experts on their experiences, and realizing that their perception of
life is what is real for them; the importance of examining one's own beliefs and theories
in the therapy room is an essential process of therapy; understanding that therapists have
strong biases; negotiating the deconstruction of some ideas; the need to adhere to ethical
obligation of the field; and a realization that therapists do have expertise, particularly in
creating or opening space for people to have therapeutic conversations. For me, therapists
must have expertise in creating a safe place, a temporary secure base for people to draw
meaningful connections in their lives (create new meanings and stories about their
experiences), and to begin exploring their environment in new ways (to act differently).
In order to create such a safe place, a move away from the hierarchy embedded in the
therapy relationship must occur. In essence, it is in the conversations (experience and
connection) between people (in this case between group participants) that new meaning
and direction can be systemically co-created (Anderson, 1997).

CLS was one of the major frameworks that guided the way in which I viewed the
process. There is a great need for outcome research on therapeutic interventions that use a
CLS approach. Most of the literature in this area has been theoretical in nature, debating
the potential impact social constructionist and postmodern ideologies have on the field.
Although this study is not an outcome research study, it has the potential to generate in-
depth information regarding the use of a divorced women's group that was structured
with CLS tenets in mind.
CHAPTER III

QUALITATIVE METHODOLOGY

There has been an increased interest in qualitative research over the past decade within the field of marriage and family therapy (MFT). Gehart, Ratliff and Lyle (2001) in their review of qualitative literature in the MFT field indicated that research on specific populations allows clinicians and researchers to have the perceptions of their client’s voices be heard. The need to bridge clinical work and research has been an important discussion within the field of Marriage and Family Therapy (MFT) (Lebow, 1992). Leading authors in the field recognize that although many researchers have focused on bridging the gap between research and clinical work (Liddle, 1991; Sprenkle & Ball, 1996), the division between researchers and clinicians does not appear to be diminishing (Sprenkle & Moon, 1996). It seems logical to assume that professionals in the MFT field, those that are researchers, clinicians, or both, must concern themselves with personal experience (Newfield, Sells, Smith, Newfield, & Newfield, 1996). There seems to be consensus by numerous leaders in the field (Atkinson, 1992; Boss, 1992; Lebow, 1992; Liddle, 1992; Moon & Sprenkle, 1996), that an increase in the use of both quantitative and qualitative methodologies in clinical research is needed. However, qualitative inquiry seems more appropriate in this study since I am exploring an approach to working with divorced women that have not been previously investigated.

There are many factors that distinguish qualitative research. In its simplest form, qualitative research answers the generic question of “What is going on here and why?”
Creswell (1998) adds that qualitative research is “a distinct methodological inquiry that explores a social or human problem,” where the researcher builds a complete, “holistic picture” of that problem (p. 15).

Creswell (1998) advised that it is important to determine whether there is a strong rationale for choosing a qualitative study. The determination to use qualitative inquiry can be based on a number of different criteria. These may include: (a) The nature of the research question. Qualitative inquiry lends more readily to “how” or “what” questions rather than “why” questions; (b) A qualitative study is used when the topic needs to be explored, where variables are hard to identify, theories are not available and need to be developed; (c) A qualitative inquiry is appropriate when a detailed view of the topic is needed; and (d) Qualitative inquiry involves studying individuals in their natural setting. Other authors indicate that qualitative research methods are most appropriate when one desires to answer theoretical questions, meanings, and perceptions about phenomenon that affect individuals and families (Boss, 1992).

One of the strongest rationales for the use of qualitative inquiry in this study is that this topic needs to be explored because there is a lack of theory that incorporates the perspectives of divorcing women into group therapy. Atkinson (1992) argued that researchers who employ qualitative inquiry may be of the types that wish to explore and establish the legitimacy of a phenomenon. My hope as a clinical researcher is to offer a more detailed understanding of how women and therapists experienced a group therapy setting dealing with divorce issues. My inquiry will be shaped by attachment theory, feminist ideology, and Collaborative Language Systems.
Case Study

Under the framework of qualitative inquiry, the "case study" is identified as a major tradition (Creswell, 1998). There are many reasons that case studies continue to be a viable method in the pursuit of knowledge in the mental health arena. Historically, case studies have had a powerful impact on the social sciences and methodologists have argued the advantages of case study designs in the social science arena. Further, there continues to be a growing interest in qualitative methods (Stake, 1995). Within this qualitative movement, case studies have been promoted as having the potential to bridge the gap between research and practice (Moon & Trepper, 1994).

A case study can be considered as both an object of study and a methodology. A case study can be defined as an exploration of a "bounded system" or case over time through detailed, in-depth data collection comprising multiple sources of information rich in context (Creswell, 1998). There are two essential characteristics of case study methodology: in-depth studies and a small number of purposefully selected cases (Moon & Trepper, 1994).

The system is bounded by time and place and is the case. For this study, the case is the therapy group from its inception until termination approximately three years. Several programs (multi-site) or a single program (within site) could be selected (Creswell, 1998). It seems applicable to use a single program (within site) with the women’s divorce group. In 1997, two therapists in their doctoral program began a woman’s issues group at a Marriage and Family Therapy university clinic. The group evolved into a divorced women’s group as it attracted women suffering from emotional
trauma related to their experience of divorce. In 1998, I was fortunate to begin to co-facilitate the group and did so for over a year. I left the group at that point because I finished my clinical practicum in my doctoral program. However, the group members agreed to have me continue seeing them periodically as part of my research. The group continued with other therapists and recently ended (August 2000).

Moon and Trepper (1994) distinguished between informal and formal case study designs. The current case study is seen as more formal in nature. The formal case study research is designed to investigate a specific phenomenon in order to gain more knowledge regarding that phenomenon. In family therapy, it has been used to develop rich description of a therapeutic process or group system.

The focus may be on the case that, because of its uniqueness, requires study (intrinsic case study), or it may be on an issue or issues, with that case used instrumentally to illustrate the issues (an instrumental case study). When more than one case is studied, it is called a collective case study (Creswell, 1998). This study is seen as an intrinsic case study due to the uniqueness of the group and the way that it was organized (e.g., collaboratively informed, male/female co-facilitators, ongoing).

An important idea that needs to be considered in case study research is the unit of analysis. The unit of analysis could be an individual, system, or an event. The researcher may choose to have a single unit of analysis or multiple embedded units of analysis (Moon & Trepper, 1994). For this case study, multiple units of analysis, individuals (e.g., clients and therapists) and the group process, were chosen in order to help me understand the questions. These broad questions include: What were the women's and therapist's
experiences of the group process? What has it meant for the women and therapists to be part of this group experience? The unit of analysis is the focus of the study and is purposefully selected. Case studies are selected for clearly defined reasons and according to specific criteria (Moon & Trepper, 1994).

Case study questions are divided into three areas that include descriptive-questions, discovery-oriented questions, and explanation-oriented questions. Descriptive-questions are designed to provide a rich description of some naturally occurring event. Discovery-oriented questions are designed to highlight generalizable principles or highlight a specific model. Explanation-oriented questions are designed to develop an explanation of how or why something occurs (Moon & Trepper, 1994). For this study, I used a combination of descriptive-questions and discovery-oriented questions.

It is essential that data collection be multi-method using the principle of triangulation described by Denzin (1978) and also explained by Lather (1986), who describes not only using multiple data sources but the idea of convergence and counter-patterns. Multiple sources of information that may include observations, interviews, audio-visual materials, documents and reports are important in case studies. Yin (1989) recommended six types of information including documentation, archival records, interviews, direct observation, participant observation, and physical artifacts.

For this case, I made efforts to include multiple data sources including focus group interviews, individual interviews, and also transcription of videotaped group therapy sessions. I have attempted to move toward uniformity across the data sources, methods, and incorporation of the theories. I paid attention to counter-patterns within the
data, highlighting when someone diverged from what others were saying. I was unable to
interview a participant in the group that came only one or two times. The absence of a
negative case stands as a weakness in the study.

The Purposeful Case

For this case study, the data sources available for analysis include the following:
video tapes of all group sessions, focus groups exploring the experiences of the
therapists' and women in the group, and case notes for all group sessions. The following
additional data was gathered to gain a better understanding of the topic: individual
interviews with all the women in the group and individual interviews with all the
therapists who were part of the group. Such data gathering was helpful in understanding
the context of the case by situating the case within its setting (physical setting, or the
social, historical and/or economical setting for the case).

The participant's (both therapists' and women's) identity was closely guarded in
all written materials that are produced from the data. A copy of the consent form and
human subjects approval can be seen in Appendix B and Appendix C. Presentation of the
data, for publication or presentation, will include code names known only by my major
professor and me.

Through data collection, a detailed description of the case emerges, as well as an
analysis of emerging themes and interpretations of the case by the researcher. This
analysis is rich in the context of the case. The researcher narrates the study through
techniques such as a chronology of major events, followed by an up-close and detailed description of some of the incidents in the case (Creswell, 1998).

Formal qualitative data analysis is complex and time consuming. What often makes this process more intricate is that there is no systematic convention on how analysis should proceed in case studies (Moon & Trepper, 1994). Data analysis can include a holistic analysis of the entire case or an embedded analysis of a specific aspect of the case (Creswell, 1998). Some important questions when considering what approach to use are, “Will analysis be simultaneous or after all data has been collected?” And, “What types of analysis will be used?”

For this case study, a transcriber transcribed the audiotapes of the individual interviews. I transcribed the segments that were gathered from the selected videotapes and I transcribed the original two focus group interviews (see Appendix D). After each interview, I prepared summaries of the participant’s observations and my own impressions (see Appendix E). These summaries were sent to the participants for member checking. The transcripts and summaries were used within the guidelines of data analysis outlined by Spradley’s Developmental Research Sequence (1979, 1980), which includes coding for significant words and phrases, then clustering this initial information into domains of meaning and identifying emergent categories, themes, and sub-themes. After each interview and summary, I wrote down my own reactions, a process called reflexive journaling (see Appendix F). Themes and categories were identified for each interview or data source and then were collapsed in order to identify themes across the three areas of focus (see Appendix G and Appendix H). The transcripts, summaries, and emergent
categories and themes were reviewed and refined with input from the internal auditor.

Attachment theory, feminist thought, and a Collaborative Language Systems approach to therapy influenced the analysis process. These theories framed the biases that I brought to the study namely the concepts of the secure base, the influence of gender, and the collaborative nature of the group’s structure and dynamics.

**Researcher’s Role**

I believe that my background and previous experiences have prepared me to conduct this case study investigating how women and therapists experienced this group with divorcing women. There were times when I wondered whether a white married male individual such as myself that has never been divorced would be viewed as someone appropriate to conduct this type of a study. I think the most important reason that I felt compelled to continue my work was due to the response that I received from the women in the group when we discussed my desire to conduct research on the group processes and individual experiences. As they expressed their excitement and as they encouraged me to continue, many of my own fears faded away.

Through the course of this experience, I have come to feel that I am uniquely qualified to conduct this case study. One reason I feel that I am suited for this study is my involvement as a co-therapist in the group. For one year, I co-facilitated the group, participating in the group’s process and hearing the stories of the women and two of the female co-therapists. Second, after co-facilitating the group, I conducted the pilot study that was briefly reported earlier in this document. I became even more excited about
pursuing this work and continued in my efforts to articulate this study in a meaningful way that represented the voices of the participants and that was, hopefully, useful to others who may read my work. As stated above, I have continued to receive encouragement from the therapists and women in the group who expressed a desire to have their experiences written and talked about by others.

I have taken what I learned with this group of women and applied it to other clinical settings. I continue to co-facilitate a group with divorced women in a different setting than the one that is the object of this case study. Further, I have incorporated my group experiences into my work with individual clients dealing with similar divorce issues. To continue working with divorced women is a mission that I want to carry throughout my career. For these reasons, I feel that I am qualified and suited to conduct this study.

**Integrating Qualitative Traditions**

There is considerable overlap within qualitative traditions. In this study, the case will include both the ethnographic and phenomenological strategies to the case study. Although I separate them here for clarity of discussion, all components within the case study will overlap and complement each other.

**Ethnography**

Broadly discussed, the process of ethnographic research is inductive. The researcher must be flexible with the ability to change plans as new information is
obtained (Newfield et al., 1996). Ethnographies are molded by the theoretical underpinnings and principles of the researcher and guide the process of data collection and analysis (Ellen, 1984; Newfield et al., 1996). More specifically, ethnography has been defined as “a description and interpretation of a cultural or social group or system” (Creswell, 1998, p. 58). In an ethnography, the researcher observes patterns of behaviors, customs, and the way of life or “culture” of a group of people. Ethnographic research usually involves participant observation where the researcher is immersed in the activities of the people being studied over a long period of time (Creswell, 1998).

When examining a therapeutic process, ethnographers are concerned with the process of therapy versus the relationship among variables. The ethnographic researcher should ask questions regarding how clients, families, and/or groups experience an event such as the therapeutic process and/or the experience of therapy.

Many authors agree that few studies in the family therapy field have been ethnographic in nature as well as focusing on the client’s perception of therapy or the therapeutic process. Overwhelmingly, most studies present the perspectives of the clinician or researcher (Fessler, 1983; Kruger, 1986; Newfield et al., 1996). In their overview of ethnographic research in the marriage and family therapy field, Newfield, et al. (1996) proposed that only a handful of ethnographic studies have been conducted and these are in the areas of adolescent substance abuse (Kuehl & Newfield, 1991; Newfield et al., 1996), and the use of reflecting teams (Sells, Smith, Coe, Yoshioka, & Robbin, 1994; Smith, Sells, & Clevenger, 1994). There are no studies in the field that examine the perceptions of divorced women and therapists in group and individual therapy.
Although not fully ethnographic, this study has ethnographic components. The major component of an ethnography that applies to this research is my status as a participant-observer in the group. Another component is the length of time that I have spent in the field including spending over two years in the role of therapist and researcher in this group’s process, which situates me as an “insider” in the group.

Phenomenology

A phenomenological study “describes the meaning of the lived experiences for several individuals about a concept or phenomenon” (Creswell, 1998, p. 51). More broadly, phenomenologists investigate and explore the meaning and structure of the human experience. Researchers look for what is salient, what is essential, and for the underlying meaning around a phenomenon. Thus, data analysis, from this perspective, proceeds through the methods of induction and looking for emerging themes. The researcher acknowledges pre-judgments or biases through heavy bracketing (i.e., the recording of such biases in written form), stating in writing underlying assumptions, and relies on intuition to obtain a picture of the experience (Creswell, 1998).

Even though each researcher interprets and applies phenomenological research differently, the basic assumptions of phenomenological studies are fairly well established. Boss, Dahl, and Kaplan (1996), in their work on the use of phenomenology in family therapy research, postulate seven assumptions of phenomenological family therapy research. These include: (a) Knowledge is socially constructed and therefore inherently tentative and incomplete; (b) Researchers are not separate from the phenomena they
study; (c) Knowledge can be gained from art as well as science; (d) Bias is inherent in all research regardless of the method used; (e) Common, everyday knowledge about family worlds is epistemologically important; (f) Language and meaning of everyday life are significant; and (g) Objects, events or situations can mean a variety of things to a variety of people in the family.

From these seven assumptions, I recognize underlying ideas that have guided my work with divorced women in individual and group therapy. First, I realize that because I am part of the data that will be gathered and analyzed, I cannot be objective. Thus my feelings, my beliefs, and values are part of the study and as much as realized need to be stated explicitly. Second, I assume that the divorced women in this study are “experts” in their experience and are also experts in what they believe was helpful for them in individual and group therapy. Third, I believe that the boundary between the therapist and the researcher is highly blurred in this type of endeavor. Fourth, I recognize the power and hierarchy that is involved in my relationship vis-à-vis the women in the group. And last, I recognize the impact of the women being influenced by knowing the researcher—an insider in the system.

Not one study could be located in the MFT field conducted from a phenomenological perspective that focused on how divorced women and therapists experience group and individual therapy. However, in their review of phenomenological research in MFT, Boss et al. (1996) indicated that there have been some researchers/therapists in the field (Walters, Carter, Papp, & Silverstein, 1988; White & Epstein, 1990) that have taken phenomenological ideas and, after listening to family’s
experiences, have organized new ways to work with families in therapy. In addition, phenomenological research has been conducted in the area of family violence (Goldner, Penn, Sheinberg, & Walker, 1990) and in the area of couple passion (Imber-Black & Roberts, 1992).

Although not exclusively phenomenological, I was interested in the stories of the divorced women and therapists who were associated with this group. More specifically, I am interested in how both women and therapists experienced the group process and their individual experiences. As stated in Chapter I, the focus of areas is highlighted in Appendix A. The questions that I asked the focus group interviews dealing with how participants experienced the group process will further be examined through an analysis of taped therapy sessions. Additionally, in the follow-up individual interviews I focused on how women and therapists individually experienced the group, what the group has meant to them, and how this group experience compared to other therapy experiences dealing with divorce.

Data

It should be noted that I realize attempting to describe the group process, (what happened between the participants) is a challenging endeavor. To accomplish this task, I have gathered data from three sources. This was done in an effort to triangulate the data and present only those categories and themes that are salient across the three sources. The three sources of data included a focus group conducted with the women in the group, a focus group conducted with the therapists, and transcriptions of videotaped segments of
the group. The focus groups were conducted as part of the pilot study that was presented in Chapter I. To add to the focus group data, I examined video taped segments of the group during transition periods—times when new participants entered the group or when therapists left the group—because those were times of contemplation and discussion regarding what the group was and what it had meant to us as participants. Transition times during the group were initially identified through a review of the case file. After an initial review and identification of transition sessions was completed, I manually went through each of the tapes to identify further transition times that may not have been identified in the case file. In total, I observed eight transition sessions, lasting approximately 1.5 hours each. Segments were chosen for transcription when participants used the term "the group" or when it was clear to me, by the context of the discussion, that they were talking about their experience in the group or what the group had meant to them. Further, I went through a random viewing of tape segments in order to find segments that represented statements across the life of the group. Approximately ten hours of additional tapes were viewed and appropriate segments identified.

I gathered data for the focus on individual experiences by interviewing therapists and women participants. In total, six therapists (three women and three men) and seven women were interviewed. Interviews were taped and transcribed for analysis. The interviews lasted approximately one and a half hours.

I made the decision not to include the supervisor of the group (who also served as the chair of this project and the internal auditor. I made the decision not to interview the supervisor in order to limit and focus the data that was part of the case study. In leaving
out the supervisor, I realize that a major element of the consistency and the influence on the group is missing and stands as a limitation of this study.

Data Analysis

Qualitative methodology is an ideal approach for this study because the research questions concern the experiences of the group participants (both group processes and individual experience). Qualitative studies are particularly useful in the investigation of such questions in that they provide for in-depth analysis and description of people’s phenomenological experiences.

Qualitative researchers are often concerned about issues of validity and reliability but use different procedures than those utilized in quantitative studies in the process of designing a trustworthy research study. These strategies are referred to by Lincoln and Guba (1985) as credibility, transferability, dependability, and confirmability.

“Credibility” (Lincoln & Guba, 1985) refers to whether the researcher’s work may be found credible and believable. Credibility is analogous to internal validity in quantitative research. Two of the most important ways to ensure credibility are: (1) triangulation, defined as using a variety of techniques, sources, and timing to get the most in-depth and clear description and information concerning the phenomenon being studied; and (2) member checks, in which the respondents check the researcher’s information and interpretations. Member checks become crucial when the researcher is attempting to reconstruct the realities of the informants. Other methods used to ensure
credibility are (3) prolonged engagement in the field; (4) persistent observation; and (5) peer debriefing.

In this study, I addressed the issue of credibility through triangulation of the data, member checks, prolonged engagement in the field, and persistent observation. For the initial focus on group processes, focus groups interviews with seven (three women and four therapists) were employed (with member checking done by each participant) as well as an intensive review of videotaped sessions (transition times) including a review of eight transition sessions representing twelve hours of videotapes. These transcriptions of videotaped segments represent those times when new members were coming into the group or when someone was leaving the group. At these times, the group members would typically discuss what their experiences to date had been. Additionally, I went through a random viewing of tape segments in order to find segments that represented sessions across the life of the group. Approximately ten hours of additional tapes were viewed and appropriate segments identified.

Additionally, I conducted individual interviews with all of the therapist participants (n=6), as many women participants that could be located the women participants (n=6), and one male participant. In total, I conducted 13 interviews. After transcribing and then summarizing each of the interviews, I submitted the summaries to the study participants for review and revision (e.g., member checking). Participants were asked to share and make suggestions as to whether or not the summaries and the way in which they were organized were in line with their own recollections and experiences. Samples of transcripts and summaries are reproduced in Appendix D and Appendix E.
“Transferability” (Lincoln & Guba, 1985) refers to the need for the researcher to provide sufficient information through thick description to allow another individual to make judgments about whether findings can be transferred to a similar situation and context. Transferability in qualitative research is analogous to external validity in quantitative research. For this case study, I made use of thick description, using quotes and rich description, in the results section of this document. I was careful to whenever possible use the participant’s own words to describe the categories, themes, and sub-themes that emerged from the data.

Dependability (Lincoln & Guba, 1985) referred to the stability and predictability of the data. Dependability is analogous to the conventional concept of reliability. Dependability can be accomplished through overlapping methods such as (a) triangulation, and (b) inquiry audit, accomplished by having a third party examine the records and processes used in the study such as how records are kept and interpretations of data.

As stated earlier, as much as possible I triangulated the data through multiple sources (i.e., video-tapes, focus groups, and individual interviews). Additionally, I used both an internal auditor (i.e., major professor) and an external auditor (i.e., independent third party) to examine my records to increase the level of the dependability of the data. Qualitative researchers have recommended the auditing of data, both internally and externally (Lincoln & Guba, 1985). The internal auditor was well versed in qualitative inquiry and data analysis, conducting many studies and publications from a qualitative tradition. The internal auditor intensely reviewed all summaries and analyses making
suggestions regarding emerging themes and the presentation of the data. Feedback and recommendations from the internal auditor were incorporated into the document.

Additionally, an external auditor was asked to review the transcriptions, data analysis and findings of the study. The external auditor was versed in qualitative methodology and data analysis at the doctoral level. The external auditor was given copies of all transcripts, summaries, memos, data analyses, and tentative results sections of the document. Additionally, the external auditor was given the introduction, literature review, and methodology sections in order to place the analysis into context. It should be noted that not only was the external auditor well versed in qualitative methodology but was also a licensed professional counselor with extensive experience in group therapy. Feedback and recommendations from the external auditor were noted and incorporated into the document.

"Confirmability" (Lincoln & Guba, 1985) is accomplished through the triangulation of a reflexive journal and an audit. Recorded in the journal are methods, how methodological decisions are made, the researcher's feelings and thoughts, daily schedule, and overall notes about the study. The audit looks at raw data, process notes, data reconstruction, and journal entries to ensure further triangulation of data. For this case, I kept a reflexive journal regarding major decisions as well as thoughts and feelings regarding study (see Appendix F for a sample of my reflexive journal). The inside and outside auditor examined all of my materials as it related to the gathering of data and data analysis. Additionally, the reflexive memos helped in summarizing and organizing the
initial data and also helped in constructing the analysis and lending direction to the organization of the results and discussion sections of the document.

It is crucial that the researcher not assume an outcome (i.e., positive, negative, or none) for participants given that, in qualitative research, the design is emergent and based on domains of meaning that evolve in the context of the interviews being conducted. Debriefing interviews are normally introduced as a way to explore further the phenomenological experiences of the participants during the formal interview. For this study, all participants were debriefed after each of their interviews and were asked about their experience in the interview, particularly as it related to me conducting the interviews, and the emotional impact of the interview process.

All qualitative data (selected videotaped group sessions, focus group interviews, and individual interviews) were transcribed and analyzed according to the guidelines outlined by Spradley's (1979, 1980) Developmental Research Sequence (DRS). Domain analysis as specified by the DRS (any symbolic category that includes other categories) will be used to generate areas of domain. DRS employ a system of similarity and contrast principles in developing themes. The similarity principle states that the meaning of symbols can be discovered by investigating how they are similar to other symbols. The contrast symbol states that the meaning of symbols can be understood investigating how they are different from other symbols. Spradley (1979) expressed that “the meaning of any folk term depends on what it does not mean” (pp. 157-58). The contrast principle is also a part of the constant comparative method (Glaser & Strauss, 1967) in that it searches for mutual exclusivity between emergent categories. It should be noted that one
of the limitations of this study was that it did not include a negative case. Despite concerted effort, I was unable to find a woman (client) participant to interview that had come only once or twice to the group and then decided not to come.

Specifically, domain analysis consists of: (a) raw transcriptions of the interviews; (b) synthesis statements derived from key words and phrases, which are extracted from the raw text; (c) synthesis statements that are clustered and collapsed into categories of similar meanings; and (d) domains of meaning obtained from each individual/focus group/group session, which are then collapsed into categories of similar meaning from across all informants. Domain analysis is a methodological means of understanding people’s phenomenological experiences. A sample of the data analysis as it applies to this study can be seen in Appendix G and Appendix H.

In this case study of the divorced women’s group, saturation will be limited to the parameters of the information obtained from the participants in the group. However, every effort was made, through member checks and triangulation of data, to achieve categorical saturation. Categorical saturation was achieved for both the process focus and individual focus sections of the study. Within the group process analysis, I began to hear similar themes and expressions across the three data sources (e.g., women focus group, therapist focus group, and transcribed segments). Part of the determination to stop viewing taped segments was that saturation had been achieved across the three data sources.

Within the individual analysis, categorical saturation was theoretically achieved. For the therapists, I interviewed all of the therapists, except myself, that had participated
in the group. Theoretically, saturation is achieved because all therapists had been interviewed. Additionally, at the end of the interviews, categorical saturation seemed to be achieved because I was no longer hearing new emerging ideas from the therapists. For the women, categorical saturation across individual interviews was also achieved because new themes were no longer emerging. However, as stated earlier, a negative case was not included in this study and thus stands out as a limitation.

I attempted to contextualize the data that emerged in this study. Moustakas (1994) underscores the importance of “understanding the concrete relations implicit in the original description of experience in the context of a particular situation” as the primary target of phenomenological knowledge (p. 14). Thick description of the context will be provided in order to enhance the transferability of the findings into a receiving context.

Conclusion

In this case study, I explore how both women and therapists experienced this women’s group that dealt with divorce issues. This qualitative case study framed by attachment theory, feminist theory (as it applies to therapy), and collaborative language system (CLS) incorporated ethnographic and phenomenological strategies. In the divorced women’s group case study, I investigated these themes and other emergent patterns from three different perspectives. These included: First, the women’s and therapists’ experience of the group processes. Within this perspective, I explored the usefulness of the process and the therapy sessions. Second, I examined the women’s retrospective experience of this group. And third, I explored the therapists’ retrospective
experience of this group. Within the perspective of the women's and therapists' experiences, a comparison between this group and other therapy experiences dealing with divorce was discussed.

Additionally, since this group took place within a training program, questions related to this group experience as it relates to training were asked of the women and therapists. The three entry points provided necessary overlap and an opportunity for contradiction and emergent issues to surface within the study. The areas of focus and questions asked are visually represented in Appendix A.

For both the focus on process and the focus on individual participant's experiences of the group, the results presented in Chapter IV and Chapter V are framed by the specific categories of questions that I asked and were derived from attachment theory, feminist theory, and a CLS approach to therapy. I divided the results into two chapters in order to highlight the conceptual differences between a focus on group process and a focus on individual experiences. For the process results section (Chapter IV), I asked questions regarding participant's experience of the group process and examined videotaped segments where I believed that participants were commenting on their experience of the process of the group. For the individual results section (Chapter V), I asked questions regarding the participant's (both women and male/female therapists) individual experiences in the group. I have integrated the women's and therapists' individual experiences in order to give the reader an idea regarding where they converge and diverge from one another.
CHAPTER IV
GROUP PROCESS RESULTS

Introduction

The purpose of this section is to describe how participants (therapists and women) involved in the women’s group on divorce experienced the group processes. Questions were asked as to what was both helpful and unhelpful within the group process. Because none of the participants identified any unhelpful attributes, my assumption is that what is presented here is what both the women and the therapists who were involved in this particular group reported as helpful and useful within the group process. One woman in the group expressed how difficult it is to capture the group process and the feelings that developed among the participants. Contemplating her experience in the group, she commented:

Sarah and I were talking over a lonely type Christmas vacation and we thought there must be other women learning, wanting to find a healthier way to deal with life. So we talked to Peter (therapist) and formed a group. That is how we came to be. We bullied each other, we supported each other, and we’ve grown together. So it has been a great experience. It is hard to be succinct about two years of your life unfolding a little bit at a time. It is hard to scratch the surface about what we are, what we’re about, what we’ve learned or the changes [we have made].

Emergent themes within each category are elaborated upon and include several examples of direct quotes from the participants to provide the reader with some depth regarding what participant’s reported. Some themes also present sub-themes. Phrases and words in italics represent how several participants expressed their perspectives. As much as possible, the quotes are labeled as being said by women (clients), male therapists, and
female therapist. Additionally, the data source (focus group interview or group session) is identified.

I again note that the focus group interviews, reported in the pilot study in Chapter I, have been re-analyzed and incorporated into the data that emerged from the analysis of the videotaped segments. The results presented in this chapter represent those categories and themes that were salient across the three data sources (i.e., individual focus group interviews with women, individual focus group interviews with therapists, and videotaped segments of transition times in the group). The overall experience of the group process was the main category with the following sub-themes: group as a powerful and positive experience, group as a safe haven, lifeline, protected place, the group’s collaborative process, and the gender split among the therapists.

Category I. Overall Experience of Group Process

Theme 1: Group as a Powerful and Positive Experience

Overall, both the women and therapists described the process of the group as powerful, positive, and expressed being grateful to having had an opportunity to be part of the group. In describing the group process during my last session in the group I indicated:

[The group] is like a wave. It takes its own form made up of all you (women and therapists) and what you have to give, the stories of your lives. And when you come into this group you catch the wave. [This group] has taken me places this last year, places that I wish I could let you see what you have given me and I am so grateful for [being able to be part of the group].
The group members stated that the group process mainly focused around [discussing] divorce. “That [seemed] to have been an organizing theme about what we have been discussing.” Also, group members seemed to concur that a lot of time was spent dealing “with the past, trying to move forward and how we’re still holding on to things that have happened to us.”

Themes 2: Group as a Safe Haven/Lifeline/Protected Place

Across the three data sources, the group as a safe haven emerged as a major theme in describing the group’s process. Relationships (where the women could come and feel protected and understood) were seen as a lifeline, a “protected place.” Taken from the focus group interview, one woman (client) stated, “It’s that lifeline of always knowing that at any hour of the day or night we really are not alone.” In one of the group sessions, another woman expressed, “For me it has been one of the only places where I know someone understands how I feel. I think it was the therapists giving us a protected place.”

Several women (clients) described the safety within the group and networking with others as important in creating a safe place where they could examine hard issues. In recounting the group during one of the group sessions, one woman (client) stated, “Whatever you say [in the group] is safe here.” Still another woman said in one group session, “Group is a place to vent and know that it is going to stay right here. Group is a networking . . . it helps just knowing that people are there when something gets really hard.”
Exhibiting validating behaviors. Within this safe place, the participants described how important it was that others within the group validated each other. Expressing what the therapists had done to be helpful, one woman (client) in the focus group interview indicated what many of the women felt when she said:

In here we would all just be all-broke up and [the therapists] would validate our feelings. I would be mad and I would be hurting and trying to find my voice because that is something I didn’t have the right to do before and if I did show feelings, I paid for it dearly. And having someone say, ‘I was really angry about [what happened to you]’, made me feel like well, maybe I can be angry too.’

The therapists also perceived the women validating each other. One male therapist in the focus group interview captured the therapists feeling when he said the women, “can be so validating to each other. They created this environment where they can talk about anything.”

Being part of the group’s process, the therapists learned the power of being with people and believing that people can find the answers to their own problems. In attachment theory, I believe that the incorporation of these ideas are needed in order to manifest secure behaviors.

One female therapist in the focus group interview stated:

I think that I learned as a therapist that it does mean a lot to just be there for somebody. [Learning this] was hard because at first, I really struggled with what can I do to make it better or to [help the women] feel better? And there is nothing that you can do. That was hard for me to learn [but] I think that is one of the things I learned [from the group].

Another male therapist said in the focus group interview, “The biggest thing for me was when the transition happened [from] being a care-giver and trying to have the answers
[to] everyone’s problems, to believing that people are courageous enough [to find] their own answers.”

Theme 3: Group’s Collaborative Process

The group participants perceived the collaborative process as a key factor in the success of this group. Within this theme, the egalitarian relationship between the women and the therapists and the collaborative agenda emerged as specific sub-themes across all data sources.

Egalitarian relationships. The group members described the egalitarian relationship that developed between all of the participants (both women and therapists). One woman (client) in a group session stated:

The therapists’ input sometimes got us started and sometimes they don’t hardly say anything and we just go off and do our own thing and I guess that is what I like about it because we can. We can say what we want to say and if we want to say he [ex-husband] was shit that was the way it was.

A male therapist in one of the initial group sessions, in describing what he wanted the relationship between the therapists and women to be, stated, “I think there’s been even more talk [among the women] and less [among the therapists], which I think is a good thing. [The co-therapist] and I are playing less of a therapist role . . . and that was my hope.”
One woman (client) in the focus group interview described the relationship between the therapists and the women this way.

[The therapists] were good about understanding and having compassion. It was like we would all cry together. It was never this rigid therapist… it was just all of us kind of learning together that made it so workable and helped to bond us the way we were.

An illustration of the egalitarian nature of the relationships in the group is found in a discussion around when decisions were made in the group. One male therapist in the focus group interview stated, ‘What evolved [in the group] was more like a process where we would say, ‘We’re low in numbers, how do you feel about opening up [the group for new members?]’, and leaving it up to [the women].’ Another female therapist added, ‘Right. And [a therapist would propose that], ‘I have a client who might make a good member.’ And then we would take it to them and say what is the possibility [of having a new member]?’

Collaborative agenda. Both the women and therapists recognized the benefits of the group’s collaborative agenda. The collaborative agenda refers to the notion that the group topics were not set beforehand but that group discussions centered on the issues the women brought to the group each week. Recognizing the benefit of the collaborative agenda incorporated in the group, one woman (client) declared, “It is really important that if one of us comes in here and something is really on our heart that that takes precedent over anything.” Another woman (client) agreed, “One of the things that I have seen in all of us that have been here has been that if something is really on our hearts, we need to be able to say, “We’ve got to get this worked out and I just need for you to listen to me tonight.”
Regarding the collaborative agenda, one woman (client) in introducing the group to a new member stated, “We come up with the topics that the people want to talk about, so we don’t have a real set agenda. What is discussed is whatever comes to mind.”

In addition, one woman (client) in a group session commented, “We can come and be quiet or scream and cry and cuss. That is probably the neatest thing about it, is whatever you need to do when you come is what you are able to do.” One male therapist, in describing the group to a new participant stated, “We let the people in the group decide what topics they want to talk about and where they want to go with the discussions”.

Theme 4: The Benefit of Having a Gender-split among Therapists

The positive aspects of having a gender-split among the therapists emerged as a major theme that was part of the group process. Two sub-themes emerged within this area: having an experience with caring men and having a balanced perspective from both a male and female therapist. Speaking of the gender-split that was part of the group process, one female therapist commented in the focus group interview, “I think [the gender split] is imperative. [The gender-split] was just invaluable.” In discussing the group during one of the sessions, one woman (client) reinforced what the other women were saying about the gender-split of the therapists when she said, “I don’t see any reason to change the mix [of the therapists’ gender] or anything like that. I think we are progressing quite nicely.”

Experience with caring men. Both therapists and women participants indicated that they felt that it was essential that the women in the group have an experience with a
Caring man and saw this element of the group as vital to the group process. One female therapist in the focus group interview said:

*Having a male, a caring male,* in the room who is not abusive so they could see that not all men are garbage was such a valuable experience for the women. To be able to have that *intimate experience with a man* who’s not a jerk, who’s not abusive, who cares.

The women specified that it was important for the male therapist to be *caring and validating.* One woman in the focus group interview stated, “Several times [the male therapist] has even said, ‘I can’t believe that these guys would treat you like that or I am embarrassed to be a man when I hear these stories.’” Continuing these comments another woman (client) said, “And for [the male therapists] to both tell me that I was wronged and it wasn’t my fault was tremendous. That was a tremendous gift to give me.”

**Balanced perspective.** Having a *balanced perspective* from a male and female co-therapists team was identified as an important theme across the three sources of data. In the focus group interview, one female therapist said, “I think that [the gender-split] was really critical. When you have a group, either male or female . . . I think that it is really critical to have the *gender balance.*” The women in the group, who indicated that having a *balanced perspective* was an important element of the group, added “that [the gender-split] is the one part of [the group] that I don’t think that I could ever see changed. It has been very helpful to me.” Another woman (client) from the focus group interview stated:

I think [the gender-split] provided some sort of *balanced view.* I think that it would have been very easy for the group to turn into male bashing if it hadn’t been for that male perspective and also the perspective of a woman [with different experiences than the women in the group].
Conclusion

In conclusion, the overall positive experience of the group, the group as a safe place, the collaborative process of the group, and the gender-split of the therapists have been identified as emerging themes from the data gathered. Within the theme of the group as a safe place the women and therapists recognized the importance of validating one another. Also, the egalitarian relationships between the participants (therapists and women) as well as the collaborative agenda were seen as important components to the process of the group. Further, the gender-split of the therapists was seen as providing an experience with a caring man and a balanced perspective to group participants.
CHAPTER V

THE INDIVIDUAL EXPERIENCES OF THERAPISTS
AND WOMEN IN THE GROUP

Introduction

The purpose of this chapter is to present the result from individual interviews that were conducted with both the women (N=6) and the therapists (N=6) who participated in the group. I have incorporated the results from the women and the therapists in order to highlight how they converge and diverge from one another.

Like the process results in Chapter IV, the results presented in this study are framed by the specific categories of questions that were asked. Emergent themes within each category are elaborated upon and include several examples of direct quotes from the participants. Some themes also present sub-themes. Phrases and words in italics represent how several participants expressed their perspectives. An alias was created for each participant and was used in the presentation of the results.

Through the individual interviews with the women and therapists several categories, with relevant themes and sub-themes are presented. A discussion of group dynamics and an introduction of the women and therapists is followed by a presentation of the relevant categories. The categories include: (a) The overall experiences in the group; (b) Group therapy compared to individual therapy; (c) The experiences of group in a training program; (d) Reflections on gender; (e) Reaction to male participant entering
group; (f) Termination of the group; and, (g) The impact of having me conduct the interviews.

Comments On Group Dynamics

Although none of the group participants commented on the physical space where the group met, I felt a description of the group room was important. The group met in a large room (The Bay Room) in the family therapy clinic. The room is decorated with neutral colors and looks like a typical large therapy room. The exceptions to a typical therapy room is the large one-way mirror that occupies most of one wall and the camera installed in one of the upper corners of the room. Behind the one-way mirror is a large observation with tiered seating. If filled to capacity, fifteen to twenty people could observe a group therapy session. However, I never remember being observed by more then eight people including the faculty supervisor and more typically having one to three observers.

At the beginning of the group, the therapists would invite the women into the group room from the waiting room. There were many times where the women would begin the group out in the waiting room and continue talking as they walked down the hall into the group room. All of the participants including the therapists would then chose a seat and sit down in a large circle. The group would then begin with whoever felt as if they needed to go first in talking about their week or bringing up something that was on their mind. In thinking back on the group process, I do not remember there being any conflict or disagreement about who should go first or what they could talk about. Group
discussions seemed to flow naturally with the group members “dovetailing” off what others were saying. There were a few times when I felt that one person would have a lot to say or was dominating the time in the group. My perception was that during these times we would talk about that dynamic and clear space for others to talk and give their perceptions. In my memory, each woman had an opportunity to talk in each group session. There were many times that all of us stayed beyond the hour and a half that was allotted for the group. There seemed to be a natural flexibility about time when it came to the group or a realization that everyone’s voice needed to be heard every week and that ending on time was a secondary consideration.

Women in the Group

Please note that the description of the women in the group are from my perspective and do not necessarily represent how the women saw themselves. Generally, I would categorize all of the women in the group as coming from a lower-middle class to middle class backgrounds and being college educated, with one woman pursuing a college degree through the course of the group. Socio-economically, the Family Therapy Clinic typically sees people who need therapy at a reduced cost. The women paid $5.00 a group session. Additionally, all of the woman who were interviewed and stayed in the group for any period of time experienced being victims of infidelity and abuse (i.e., emotional, physical, and/or sexual) by their former spouses. Five of the six women categorized themselves as Caucasian; the remaining woman categorized herself as Hispanic. It is difficult to assess the commonalities of religion between the women. I
remember there being a basic belief of God and at times an emphasis on spiritual things such as comments that, “I will pray for you,” made by the women to one another.

Sarah

Sarah was a charter member who attended the group until its termination. When Sarah first started the group she was in her mid-thirties and had just recently divorced. She was the custodial parent of two elementary aged children. Sarah's husband divorced her after having engaged in an affair. Sarah was initially meek and quiet in the group. As the group proceeded she embraced her strength and became a powerful force in the group. She was even known to swear occasionally inside the group, a practice she would have never done in her married life. Sarah worked as an educator and also did side work for additional money. Her divorce was financially devastating and she had to declare bankruptcy just following her divorce.

Ramona

Ramona came to the group after it had been running for a year and a half. She had just found out that her husband had been engaging in an affair and wanted a divorce. She stated that the news hit her completely off guard. She had no children and was in her forties when she started attending the group. She stayed in the group for over a year until it terminated. Ramona was raw from the pain when she first came into the group. The group seemed to help her through times of deep depression. Ramona was a professional
employed in the medical field. Her divorce represented a significant blow to her standard of living.

Kathy

Kathy came to the group after it had been formed and meeting for a few months and stayed for approximately eight sessions. She indicated that she left the group because she was ready to move on. She had been divorced for 10 years and was in her late thirties. Kathy was a professional that had worked in groups before. From the beginning, she was confident and seemed to have good self-esteem. When interviewed, Kathy indicated that she left the group because she was moving into a new relationship and felt as if it was time for her to move on.

Alice

Alice came to the group after it had been established for several months. Sarah introduced her to the group. She was going through the ending stages of her divorce when she entered and felt as if she needed support. She had two teenage daughters and was the custodial parent. She was in her late thirties when she first started the group. Alice struggled with lack of self-worth, employment, financial, and parenting issues. She began to work on completing her college education while attending the group and at times had conflicts in her schedule that made it hard for her to attend.
Jessica

Jessica was a charter member who was in the group until it terminated. Divorced 13 years when the group started and was in her fifties. She helped start the group in an effort to find others that may be hurting and struggling like she was hurting and struggling. Jessica had grown children and took custody of her teenage granddaughter while in the group. Jessica was the mother figure of the group and the unspoken leader. Jessica was self-employed, strong willed, and vocal.

Nicole

Nicole came to the group in its initial first weeks and stayed until it terminated. She was going through her divorce when she first entered the group. Nicole and Jessica were friends outside of the group and had been since their school days. Nicole was a few months younger than Jessica, which she commonly made reference to in the group. She had grown children and grandchildren. Nicole secured employment to provide for herself while going through the divorce process. Divorce seemed to represent a dramatic decrease in her standard of living.

Therapists in the Group

The therapists in the group spent time within the group and then would rotate out and another therapist would take his/her place. Figure 5.1 provides a visual illustration of the therapists’ rotation schedule during the 2½ years this group was in existence.
Figure 5.1. Therapist’s Rotation in the Divorced Woman’s Group: Timeline of Rotation of Therapists in Divorce Women’s Group

Peter

Peter was one of the first two therapists that started the group. Peter was in the second year of his doctoral program when he helped to initiate the group and implemented it with a female colleague and a faculty supervisor’s support. He was married and in his late thirties when the group began. He co-facilitated the group for just over a year.

Julie

Julie co-facilitated the group with Peter in its first year. Julie was in her second year of her doctoral program when she was asked to co-facilitate the group with Peter.
She was married and in her late twenties when she started the group. She co-facilitated the group for approximately a year and a half.

Tom

I was asked by Peter and Julie to co-facilitate the group and to take Peter’s place. I worked with Julie for six months and then worked with Heidi my remaining six months in the group. I was in the second year of my doctoral program when I entered the group. I was married and in my late twenties with three children during the course of my participation in the group.

Heidi

Julie and Tom asked Heidi to co-facilitate the group and to take Julie’s place. Heidi worked with Tom and Mike in her year in the group. Heidi was in the second year of her doctoral studies, single, and in her late twenties when she began to co-facilitate the group.

Mike

Tom and Heidi asked Mike to co-facilitate the group and to take Tom’s place. Mike worked with Heidi and Ramona during his time in the group (approximately one year). He was in his third year of his doctoral studies. Mike was just married at the time he entered the group and was in his late twenties.
Ramona

Heidi and Mike asked Ramona to co-facilitate the group and to take the place of Heidi in the group. Ramona was single, in her late twenties, and in her second year of her doctoral studies when she began to co-facilitate the group. She was one of the terminating therapists and spent approximately six months in the group.

Sean

Mike and Ramona asked Sean to co-facilitate the group and to take Mike's place. Sean was in the second year of his doctoral studies when he began co-facilitating the group. Sean was in the group for only a couple of months and took part in 4 sessions before termination. He was married and in his late twenties when he started in the group.

Category I: Divorced Women’s and Therapists’ Experiences in the Group

Women’s Theme 1: Positive and Meaningful Experiences

Through the interviews, each of the six women made comments that reflected their overall positive experience in the group. Additionally, the women conveyed that the group meant a great deal to them and helped them to deal with the issues in their lives.

Listed below are examples of what they reported.
Sarah indicated that overall, "The entire process was a very positive experience."

She further stated:

I'm just very grateful that I had the opportunity to be a part of [the group]. I'm not sure why I am crying except that maybe it just brought a lot of these things that I haven't thought about for a while, remembering the person that I was when I first entered the group. I can promise you that I am a different person today and I am not sure that I would be if it had not been for the group and all I experienced there. It gave me the confidence and the self-assurance I needed to pick myself back up and to say 'I can keep going.'

Kathy said this about the group, "I related and grew with this group experience."

Ramona stated that she felt the group was "wonderful" and that her participation in the group "made me see life again." She added, "It's meant a lot to me... it has meant a whole lot to me. I was glad that I was introduced to it... I miss it... just to have that support."

Jessica indicated that her time in the group was a time of "tremendous growth. A learning to share." She also stated, "I received a lot of training [for life] and learned so much. I don't know that I could have done what I have done with the class and style that I have without [the group]. I wish that [the group] was something that all women could do."

Nicole commented:

I think [the group] has meant everything. I think it made me who I am today. I think it made me strong. I think the group was very important. [The] Group was important and so much so that we didn't do things, we changed schedules, we did whatever it took to make sure that group worked. We knew we needed it and we were going to make it work.

Alice indicated that she came out of the group as "a better person." She stated, "I developed a lot of self worth, I had so very little before I started."
Women’s Theme 2: The Development of a Bond/Sisterhood Between the Women in the Group

Throughout the interviews, the women reported the emergence of bonding and a sense of sisterhood between them. Five of the six women identified that a significant bond developed between them. Additionally, three of the five women used the term sisters or sisterhood to describe the bonding relationship that they developed through their experiences in the group.

Nicole stated that she felt the bond that developed between the participants was important to the work that was done in the group:

I think we all bonded quite frankly. We all saw the needs that the other ones had and we could figure out, because of what we were experiencing, how to talk about it and how to bond and I think that in those first few years of those sessions, we bonded so tremendously. We became like sisters.

Additionally, Sarah identified the strong bond that occurred between the group members as important. She stated:

I think that there is a bond between us... there is just something about the feelings that we shared and the experiences we shared and the vulnerability that we all felt because of what we had been through and what we were going through, to me there is just something there between us.

In explaining what happened to create this bond Sarah theorized, “I think it is because we all exposed a part of ourselves that we might be afraid to expose to other people, even people that we are really close to.”

Sub-theme: Being with women that share similar experiences. “Oh my gosh. I thought I was the only one.” Within the bond or sisterhood, the women gained comfort and affirmation from being able to share with women like themselves. Five of the six women identified the importance of being with women who had gone through similar
experiences. About this idea, Sarah commented that “To be able to share with other people and know that I wasn’t the only one going through it and that there was a whole lot of other people going through similar circumstances [was important].” She indicated that knowing that she was not alone “helped me more than just spitting out your feelings and having them affirmed. It’s something about the sharing process with other people that have been through it.”

Reiterating this point Sarah said that “for me being able to sit in a group of women who had all been through similar experiences and were continuing to live out those experiences, that was the most therapeutic benefit for me was being able to share with other women.” Adding to this idea, Ramona stated:

Going to therapy every week was good for me. I felt like it was a blessing to have someone like [the participants] there. And I looked forward to going there because I felt like I could relieve a lot of my stress that there was someone like me that could understand what I was going through.

Other women added, ”It was sitting with the other women and sharing.” And, “I think basically what I experienced was that I wasn’t out there alone. That there were women who had experiences almost identical to what I had experienced.”
Sub-theme: Support. Four of the five women discussed support as an important component of the bond that developed between them. Ramona believed that part of what she experienced was the amount of support that each of the participants in the group offered her and each other. She stated:

At the time I started, I felt like I needed someone else to talk to and I had no idea what group therapy [was]. I was surprised at how much the support the women gave me. I will never forget the first night. I don’t think I said two words. I was very emotional at the time and I just knew it was the right place for me the first night.

Another woman described the support of the group at a difficult time for her by stating:

It was during that time that my pain was so great. Twice, I got a paper and a pen thinking that I was going to write my final note to my family. I was able to share this with the group and I felt the concern and support. I call [the group] a blessing.

Another woman indicated that, “The group was a good experience for me because it generated support that could be carried away from the group.” Another group member conveyed the importance of networking with the other women.

Sub-theme: The longevity of the group. The five women who were in the group for a long period of time (e.g., > 1 year), identified the longevity of the group as a crucial factor in creating the bond between them. As this bond was created over time, the women indicated that they were able to open up more and deal with the pain. Sarah stated that she felt the longevity of the group helped to establish the bond between the participants.

“I think for one thing the longer we were together the more comfortable we felt with each other and felt completely able to say whatever we wanted to say.” She added that the longevity of the group was “pretty amazing . . . That the same group of people, that a core group of people were able to stay together. I mean three years is a long time.”
Regarding the longevity of the group, Jessica remarked, “I know that we talked sometimes about how long does the group last and sometimes I think a group like that could last forever.” Alice stated that the longevity of the group was appropriate because “some people take a long time to heal.” All of the women save Kathy, who left the group after 8 sessions, conveyed they missed the group now that it had ended. One woman said it best this way, “Sarah and I have talked often about missing the group, about needing the group, about wanting to be able to go back to the time to where we could [have the group again].”

Therapists’ Theme 1: Overall Positive and Eye-opening Experience

Like the women participants, five of the six therapists that were interviewed reported having a positive experience in the group. They described the group as, “great,” “an eye-opening experience,” and “a really good experience.” Ramona commented that the group, “Was just an incredible experience for me” and, “A great learning experience.” Mike voiced, “It was a privilege to be a co-facilitator of the group. If I went back and picked out a few [experiences] that were the most powerful this would be one of them . . . and being part of the group . . . letting myself learn from the women in the group was as powerful as me trying to help them.”

The therapist that did not report an overall positive experience (Sean) came into the group in the midst of termination and spent only four sessions in the group. About his experience, Sean stated that he was impressed when he heard that the MFT program “had
created this place, for women," and expressed disappointment at not being able to spend more time in the group.

Therapists’ Theme 2: Tremendous Personal Impact

Five of the six therapists that were interviewed voiced that the group had a powerful impact on them both personally and professionally. I recognize that the distinction between the personal and professional impact on the therapists is artificial, but the separation helps to explain that the group had a broader impact than on just one facet of the therapists’ lives. The therapists stated that the group reached beyond a professional impact and touched them at a deeper level. In demonstrating the overlap that existed between the personal and professional impact Julie stated, “This experience allowed me to discover that I can be a real person and not just a distant professional, but a real person and still be able to be helpful in a professional way.” The therapists described their experiences in the group as having made a significant impact in very personal ways. Their comments were divided into those statements that reflect the sub-themes of gaining a new perspective about life and experiencing personal change.

Sub-theme: Gaining a new perspective. Ramona expressed gaining perspective through her experiences in the group. She stated:

I think just being around people who have been through such hard and difficult times really gave me a lot of perspective. I had felt like I had been through hard times before and would feel sorry for myself and what was going on in my life and the difficulties I was facing, and then I would go sit with these women and I would go home so thankful and [would] feel so blessed with what I had, realizing that my problems weren’t quite as awful.

This statement is a good example of how other therapists articulated this sub-theme.
Sub-theme: Personal change. Mike remarked that he experienced a tremendous amount of personal growth in the group. He said, “I carried away from the group real personal things that affected my life and the way I think about things. [The group] was powerful in [my life]. I learned a lot about relationships in general, to be a little more compassionate.” He continued, “The group changed me. I think there are several groups I can look back on that were real powerful for me. I learned how painful divorce can be.” Additionally, Peter stated: “Personally, it was a lot about changing my view of women [from women are hopeless to] with even a little bit of support, you can make a lot of changes when you are ready.” Peter elaborated:

I think I changed my views of marriage and started thinking about the kind of expectation I had with marriage. [The women] would bring up different things about being controlled, or power issues, and it would really confront me personally.

Therapists’ Theme 3: Positive Professional Impact

As stated earlier, five of the six therapists interviewed, discussed the group having an impact on them professionally. The professional impact of the group is divided into two sub-themes learning to exhibit secure like behaviors in group, and in acquiring a greater understanding of the impact that divorce has on women’s lives.

Sub-theme: Being a real person in therapy (trusting women, having compassion, and the power of silence. The therapists described learning the importance of being a real person in the group room. Lisa indicated that this experience helped her to be able to learn the importance of “being there, sticking there with [the women] through it as we progressed.” She expressed that it was important for her to learn not just to “go in and
solve it and say well this is what you need to do, to try [and help] get them out of the
pain.” Mike voiced his learning this way:

At some level [the group] affected what kind of therapist I am and how I am able
to connect with people, have compassion for people, and give people a chance to
express their story. Because [before the group] it was real easy for me to assume I
know what someone was talking about before they finished but I didn't know. I
found that out in the group.

In describing the power of being with people to the women, Peter remarked that he
learned about, “The power of silence and the power of being with people in pain and the
ability of women to help women. To be able to let the process [that was unfolding in the
group] happen.” Additionally, Julie said it this way, “Personally, I allowed myself to be
more of a real person in the room instead of this distant therapist who ‘You don’t know
what I am thinking or feeling.’ I allowed myself to really interact more with the women.”

In these descriptions, the therapists described being there for the women, trusting in the
process, listening to the women’s stories, and being a real person.

Sub-theme: Gaining a deeper understanding of divorce. Five of the six therapists
also described learning more about the impact that divorce has on women. Listed below
are a few representative examples of what the therapists said. Mike stated, “I think that
[the group] led to quite a lot of growth in my therapy with other people and in my
understanding of the divorce process.” Lisa indicated that through her experiences she
felt that she could bring a much more “realistic picture” of divorce into her work with
others in divorce. Another therapist commented, “I think it was good for me to [hear]
from people who had been through [divorce], what their experience was, and to see the
similarities among [the women] being ostracized and how people looked upon them and how [they] lost [their] friends.”

Category II: Participant’s Experiences of Group Therapy Compared to Individual Therapy

Women’s Theme 1: Individual Therapy Should Come First

Please note that all six women that were interviewed had some experience with individual therapy either before they began the group or concurrently while attending the group. As the interviews proceeded, many of the women in the group talked about individual therapy being a forerunner to group therapy. The women reported that individual therapy was a good starting place because they were “too fragile” and had such low self-esteem that they could not have come into a group. I specifically asked the women to reflect on how they believed individual therapy and group therapy go hand in hand in describing their experiences. Five of the six women attended group therapy after they had attended individual therapy. One woman attended group therapy at the same time she was attending individual therapy. Sarah stated that she felt women:

Need the individual therapy at first. I don’t know that if I had just gone to the group, right off the bat, that I would have even felt comfortable enough to start sharing. I think my individual therapy made the group even more effective for me.

Jessica advocated that individual therapy should be a forerunner to group. She remarked:

I had worked one on one with [an individual therapist] for probably a year and a half before the group came to be and I think that, for me, I was too fragile to come immediately into a group. I needed the time because there were things that happened that I never shared with the group because it was so personal and yet I had to deal with that one on one with a therapist through the fragileness.
Alice indicated that right after her divorce was “a time where I needed to build up a little self-esteem. [Individual therapy was a time devoted to] concentrating mostly on just me. The group concentrated more on dealing with divorce on a whole.” Alice stated that women may be served better if they initially spent time “building your own self-esteem first . . . I feel like [individual therapy] needed to come first.”

Although most of the women saw individual therapy as a forerunner to group therapy, Kathy felt that the decision “should be left up to the individual to decide what is best for her personally.” She said:

I would think that would be a very individual choice. If someone is very direct or assertive, it might be of more benefit to have one on one counseling first in order for group therapy to be more effective. If someone is shy or insecure, they may be more comfortable with a group of women chatting than having more expected of them in individual therapy. Again, I think it's more about the individual and what is a more comfortable start.

Women’s Theme 2: Benefits of Both Individual and Group Therapy

Five of the six women, when discussing individual versus group therapy, advocated the benefits of both. A good example of what was said is found in Ramona’s promotion of both individual and group therapy being valuable in helping her deal with her divorce:

\[It \ would \ be \ beneficial \ for \ people \ to \ have \ both\] because in private [therapy] you can share with your private counselor things you may not want to share with everybody else. [In] group, people need someone else’s support that is going through the same thing. I think it would be good to have both.

Kathy concurred with this and felt that \textit{both individual and group therapy have a place in dealing with the issues surrounding divorce}. She felt that in group therapy people tend to
hold back. She stated that both forms of treatment really compliment each other. She advised, “Group therapy supports individual therapy.”

Women’s Theme 3: The Importance of Being with Other Women With Similar Experiences

Three of the six women believed that one of the benefits of individual over group therapy is that in group participants were able to be with women who had similar experiences. Nicole remarked that her short time in individual therapy did not give her what she felt she needed. Being with people like herself and also realizing that she was not the only one going through the experience were both important. She stated:

I only had short term, very short-term experiences with therapy before this group and it was just about four sessions one on one with a counselor. It just seemed like those sessions didn’t give me any kind of real feeling. Group was continuity between people like you. That is what was so important. That is the reason why group worked is because you just had these feelings, these joys and sorrows that you could share.

Ramona reiterated this point regarding the benefits of the group vs. individual therapy as it relates to the similarities that existed between the women in the group when she said, “our age was about the same. We had gone through the same thing at the same time. You know although some had been divorced 10 or 15 years, we were still the same age struggling. Sharing what you go through with men, that was good.”

Therapists’ Theme 1: Developing Close Emotional Connections/Support

In comparing the women’s group to other experiences they had working with people who were divorced, all of the therapists that were interviewed (N=6) in the group
discussed the close emotional connections that developed between the women and discussed their ability to offer support to one another. In describing these relationships Mike said:

The sessions were so powerful because they came in there and they had a close emotional connection with one another, they felt safe with one another, they could be soothed by one another. They were real attached to each other, more so then they were attached to the therapist. It was kind of inherent in the group that when new people would come in, they would say, ‘If you are having problems, you give us a call.’

Within these secure relationships, the therapists talked about the support that the women had for each other. Since his experience in the group Peter stated that, “Every time I'm meeting with people individually . . . I am asking about their support system . . . [Asking] ‘Who is going to walk through this with you?’ I am always thinking, ‘I wish [they] had a group.’”

Talking about this support, Ramona remarked that another powerful thing about the group that is different from individual therapy is “when the women were struggling they really reached across to each other.” Continuing with this theme, Ramona added, “This group specifically had very strong friendships [with] each other . . . and I think that was a great part in their recovery, their healing, and moving on in life which I think the people in individual therapy missed out on.”

Therapists’ Theme 2: Sharing Similar Experiences

The therapists recognized that the group was a place where the women could be with others who had gone through similar experiences and not feel so alone. About this Ramona said, “[My individual clients] have talked about how they wish they could
interact with other women who are going through the same thing because they feel that this it is just happening to [them].” Mike believed that “There is no substitute with how [the women] can relate to one another. And added, “There is something about connecting with other people going through the same experience that is really powerful.”

Continuing this theme, Julie voiced:

I think [having other women in the room] was really helpful. I can only be so confrontational in the room . . . But I think it was really beneficial for the others, for the client, that there were maybe three or four other women in the room who had been through [the same thing].

Laura commented that another important element of the group was that the women were able to challenge each other. “It is more substantial. It means more coming from [other women] who are with you in the situation.” Sean agreed and said, “with members having that common experience, they are able to relate to each other on a different level and are also able to move each other to a different place that [I] or an individual working one on one wouldn’t be able to do.” Further, he remarked that he wasn’t able to challenge group members “as easily or as quickly or as effectively as sometimes other group members [could] do for their peers.” Sean admitted that hearing that from other women was “different than [from] someone like me, who hasn’t had those experiences. [For the women to be able] say, ‘You’re a strong person. You can make it.’ I think there is more meaning—a greater potential for meaning coming from someone who has been there.”

Therapists’ Theme 3: Length of The Group

Part of the criticism regarding groups based in attachment theory is that they do not last long enough for secure relationships to develop (Brennan, 1999). The women’s
group discussed in this study lasted for approximately three years with the final decision to leave the group being left to the women. Five of the six women remained part of the group for at least two years. Three of the six therapists interviewed discussed the longevity of the group as being a key part of the healing for the participants, and an important component in working with divorced or divorcing women.

Commenting on the length of this particular group, Peter remarked, “Divorce is a lot like death and there is a grieving time. I don't think [the women] ever grieved [their] divorce and the group gave them an opportunity to [grieve], it helped [them] move on in life.” Ramona stated:

From what I heard from all of the women in the group, [the length] was one of the strengths of the group. That it was left open and was not a time based thing. The women said, ‘We come here and we feel like it is a place people really care about us, and we can discuss everything that is happening with our lives.’ I think, too, that [one of the] benefits of the group was that healing from such intense trauma takes more time. I think [the women] felt the freedom that they could take as much time as they needed and these people would still be around. So I definitely think that for divorced women probably more long-term groups are better.

Therapists’ Theme 4: Inclusion of Women at Different Developmental Phases

Three of the six therapists indicated that having women in different places in the divorce process was important. Julie stated:

I think a key thing was having women at different points developmentally in the [divorce] process because I think that if they were all at the same point they wouldn’t have been able to lend their experience. I think that was really beneficial to the women.

In her description, Ramona contrasted individual work with “group settings where there are people in different stages of the divorce [process] who come together. It was
interesting when someone would bring up a struggle and another person would say that they have been through something similar.”

Category III: Experience of the Group as Part of a Training Program

The group took place within a Marriage and Family Therapy clinic. All of the therapists that do therapy in the clinic are pursuing a doctoral degree and are typically in their first and second years of training while in the clinic.

Women’s Theme 1: Positives Experience in Training Program

All of the women reported that having the group be part of a training program was “just fine.” Along these lines, Kathy stated, “I felt like the program was run very professionally and I enjoyed being a part of such an important process for the students.” Sarah commented, “Having the group as part of a training program [didn’t bother me], I think it was a great setting.”

Women’s Theme 2: Ongoing Rotation of Therapists Had an Impact on Group

All of the women addressed the rotation of the therapists as an important aspect of the group. Because the group took place in a clinical training setting, the therapists would rotate out of the group, with one therapist being replaced by another every six months. Neither of the two co-therapists was replaced at the same time and most of the therapists spent approximately a year in the group before rotating out. The rotation of
therapists was necessary due to therapists’ completion of their practicum experience and their need to gain outside internships or other opportunities.

There were three sub-themes that emerged regarding the ongoing rotation of therapists. These sub-themes included the rotation of therapists providing the benefit of different insights, and the rotation of therapists as stressful, particularly at first, and the rotation of therapists as problematic. I present these sub-themes in the order that the women gave them regarding what was most relevant. For example, the first sub-theme has more weight in this discussion than the last.

**Sub-theme: Rotation Afforded the Benefit of Different Insights.** Other women recognized the benefits of having therapists rotate after a period of time in the group. Alice said, “We got different insights from different [therapists] and learning different views was helpful.” Sarah remarked, “I feel like I gained a lot from [the different therapists].”

**Sub-theme: Rotation of Therapists Stressful.** Five of the six women agreed that although the rotation of the therapists was a positive aspect of the group, it was also “stressful.” Regarding this issues, Sarah voiced:

The first time [the therapists] changed I think was the hardest for me because even though I knew somewhere down the road that was supposed to happen, I really hadn’t stopped to process that or think that far. After it actually happened, it was a little more devastating to me than I had thought it would be. But, [to have to deal with] change at that level helped us on other levels in [our] life.

**Sub-theme: Rotation Became Problematic.** Two of the participants saw the rotation of the therapists as particularly problematic. Ramona indicated that she “didn’t like switching counselors” it “felt like I was going back to the beginning . . . like [the
therapists] didn’t know [my] whole self anymore.” Alice concurred with this statement and said, “The only [problem with] the rotation of the therapists was having to back track all the time.” To solve this problem, Alice advocated for having one therapist remain constant through the course of the group to help with continuity and to reduce the stress and backtracking effect. When asked if having one therapist remain constant and having others rotate in an out would help the identified problems (e.g., stress and backtracking), Ramona stated, “That would be wonderful” and believed that would have solved the problems associated with the rotation of the therapists.

Women’s Theme 3: Training Went Both Ways

Half of the women interviewed (n=3) reported that they felt as if the training that happened in the group was reciprocal in nature. Sarah indicated:

On several occasions the therapists said how much the group meant to them and how much they grew from the group. When I started realizing that I had something to teach, when the [therapist]… met someone who was positively slithering into their office, [they would] remember what that was like and remember the hurt and the pain, and they would be able to understand it.

Along these lines, Nicole voiced:

*I think the training went both ways.* They offered a lot to us, something we all will never be able to repay, and yet I felt like I gave something to them [too]. The knowledge of being able to understand what divorce was and understand that there are a lot of cases [that are] identical. We were able to give them something that they could hold on to.

When asked about her experience in the group within a training program, Jessica stated, “I was ok with it because it was a training experience for me too. I really don’t think that I wanted a lot of smoothness [in my therapists] at that point in my life.”
Therapists' Theme 1: Need for Training in Group Therapy

All six therapists expressed the need for more training for MFTs in group therapy. Sean stated that he felt it “would be very important for MFTs to have some sort of training or experience with a group setting or processes.” Offering a unique perspective due to spending only four sessions in the group before termination, Sean identified the lack of supervision in group therapy in his doctoral program as a problem. “I don’t feel confident in [my abilities]. I have just kind of had to go on my own gut instincts and try and make it work as best as I could.” He added that he would “very much value a course or a process for facilitating a group” as part of his MFT doctoral training—identifying the need for “a lot more [exposure] to group work.”

Julie believed that MFTs, “Should have more training in [group work]. If MFTs are going to be out practicing [we need to be able to compete with] other [mental health professionals] who are trained in other fields. Julie continued by stating that she felt MFTs should fill a niche in the community, “that we have a responsibility to fill.” Further she indicated, “[If MFT training programs] are trying to prepare practitioners, they need to be prepared in how to conduct group therapy in order to be more successful in the marketplace. Ramona identified the lack of training the MFTs receive in their training programs. She indicated that, “I don’t think that I was trained per se in my program of study to run groups at all. I think that it was more hands on.” She added:

[Most of the] faculty are open to you starting groups and they would agree to supervise the group. But as far as a curriculum based learning course or theory, I don’t think that in my 2 ½ years I learned in a course how you run a group and [which] things are important when you run a group.
Therapists’ Theme 2: Supervision and Co-Therapy

Four of the six therapists interviewed discussed supervision and co-therapy as important parts of their training in the group. Peter described the group in terms of a training experience as being “really good, developmentally appropriate, [with] good supervision.” He expressed the benefits of the group were the opportunity to do co-therapy and feeling more supported in his group work (e.g. more time with co-therapist, more intense supervision) than in his work with others in his training clinic. He stated, “I had never done co-therapy before. I could try out new things, [as] I felt more supported in the group than with the therapy I was doing individually, because with the group, I had another therapist in the room and I had weekly supervision [above and beyond my other clinical supervision].” Supervision consisted of live (behind the mirror and video-taped review) as well as team meetings with the supervisor on a weekly basis. The supervision for the group was in addition to the supervision that therapists received as part of the clinical practicum.

Julie remarked that she felt that having the group in an MFT program offered the group important things. Having a supervisor behind the mirror was important and she remembered times when, “We did a reflecting team (e.g., supervisor and other therapists in training) or had the group behind the mirror come in front of the mirror and share their experiences. I think that was really beneficial for [the women] as well as the therapists.” Further, Julie commented that above the supervision having “a good co-therapy team is something that I have learned can be a really unique experience.”
Mike indicated that part of the benefit of having this group in a training program was the benefit of supervision. He said, “Supervision has been really powerful and meaningful for me, learning about myself, learning about therapy. I think I talked about gender a lot in supervision and I talked about the life of the group, my role, and where did I fit.” Additionally Mike stated that the other powerful part about the training and about doing this group was the co-therapy. “I got to do co-therapy with two female therapists and it was really hard to let the first one go because my emotional connection to the group included this other therapist and so that was hard.”

Therapists’ Theme 3: Message to MFT Programs – “We Need Experience With Group Therapy”

As I conducted the interviews, I found myself asking the therapists what message they wanted to deliver to MFT programs about this group and group therapy training generally. All therapists expressed a desire to have MFT programs integrate group therapy into their clinical training programs. Mike remarked, “I think that MFT programs would be doing their students a favor to implement such a group. I think the more modalities that we experience in our training the better.” Peter wanted MFT training programs that do not implement this type of group (women’s group with gender-split co-therapists) in their training program to know, “They run the risk of missing out on one of the most powerful or meaningful training experiences that you can offer students because gender is such an important organizing principle in life and in therapy. He continued, “I am afraid that they won’t address gender as well as they could if they would do some men and women groups where those dynamics can come out.”
In talking to MFT training programs, Ramona offered this advice and said, “I would say the group was an important part in terms of my growth and learning as a therapist. I think that groups have tremendous amount of benefits. I think that it would be great if each student in the program had to go through co-facilitating a group.”

Category IV: Reflections on Gender

Women’s Theme 1: Provided a Positive Experience with Caring Men

All six women reported that the gender-split among the therapists was important because it gave them the opportunity to have a positive experience with a caring man. The women identified the experiences they had with a caring man as being a crucial aspect to the group’s process.

About the gender-split among the therapists, Sarah stated that she loved that part of the group and added:

_It helped many of us to have a male figure_. For the first time in a very long time [we were] able to have a male person who didn’t shoot down everything we said, but instead _affirmed our feelings and seemed to understand_ and say, ’you’re not crazy.’ So for me it was a very important part of the healing process to have a male figure there.

Jessica made the following comment about having an _experience with a caring man_:

[Having a man in the group] was most important because all of us . . . had been through really nasty experiences with men and to have had a male therapist . . . teach me to not be afraid of men [was important]. _[The male therapists] are giving us the affirmations_ that we are women and that we were treated badly but not all men are that way was [also] very important.
Sarah stated:

I didn’t know how it would feel talking to a man. I had never really--since [my ex-husband] and I had divorced--sat down and really visited with a guy. [So] this was new and I think for me it gave me a lot of strength to know that I could listen to the questions that they had for me and be able to pick up and go on and be okay with it. It was a growing kind of thing. I felt like it was good to have a male’s view.

Ramona remarked that the male/female co-facilitation of the group, “Didn’t bother me at all. If anything, I think it would be good to have a man’s point of view on things that we might share and not just hear from women.” Kathy felt much the same way and said:

The lasting impact [of the group] would be the respect I developed in getting to know a [male therapist]. It was a good time for me to get to know a man that was such a loving husband with a strong faith and [who was] just an over-all genuine person. I really needed to know at that time that there are still such [men] around.

**Therapists’ Theme 1: Gender Split Among Therapists was Positive Component of the Group**

Three of the five therapists interviewed recognized the gender-split among the therapists as an important component of the group. The experience with caring men and the balance that the gender-split brought the group were sub-themes that emerged. Julie commented on the gender-split of the therapists and indicated:

It was really crucial to have a man in the room and to have the male-female perspective represented in the therapist system. I think it was really good for these women who had so many negative experiences with men to have a man that they could learn to trust and open up to and see that not all men are bad, not all men are evil.

Ramona stated that one of the “great parts of the group” was the gender split among the co-therapists. “I really enjoyed that very much and I think it was beneficial for the group members as well because they got both perspectives. I think it balanced out pretty well in
terms of how we worked together.” Peter commented on the gender split of the therapists and reiterated that the gender issues were always present in the room. He said that the women “certainly commented a lot about things like, ‘I was fixing to slam men again, but I guess I won’t since you’re here.’” Or the women would make generalizations about men and then say, "Of course there are exceptions." Peter reiterated the point that having a male co-therapist in the group was “a very important piece of the whole process.” Having a male co-therapist “was one way that [gender issues] were constantly in the room with us. In this society the cards [are stacked against [women], but they have the power to be healthy women or unhealthy women.”

Therapists’ Theme 2: Male Therapists Were Challenged

All three male therapists that were interviewed discussed being challenged as a man in the group. Sean stated that he was impressed when he first heard that our program “had created this place, for women.” He reported:

Being challenged as a man in facilitating this group with all these women. I remember thinking at times maybe carrying all the weight of them in that group—or the sins of all men in that group—but also being able to challenge them that, “I am a man—speaking for you—and I can hear you and I can be sensitive.

Peter asserted that gender was always an important issue within the group for him, especially as it impacted him being the only man in the room. “I think that is a big part of it, the gender deal.” He stated that being the only man around, “they looked at me a lot to have all the answers, to guide the session. [The group helped me learn] how to shut up and let [the] women help themselves. Because they really didn't need another man to tell them what to do.”
In handling these issues, Mike stated that he was open in the group about how he felt. He stated:

I was real honest with them. I'd say, 'I feel like taking care of you, I feel like protecting you.' I think at some level they appreciated that but they were [also] giving me some counseling at that point letting me know they're OK. They're going to make it.

Being a former male therapist in the group, I really related to what each of the three male therapists said about their experiences. There were definitely times in the group where I felt as if I needed to fix the problems in the women’s life and be a good man for them. I grew in the group and realized that they had what they needed inside of them and were making it through difficult issues without a man and without being in a romantic relationship. I learned that women have the power to assist themselves and the best I can offer is to listen, affirm, trust them, and give them my honest perception.

**Category V: Reactions to Male Participant Entering Group**

For several months, the group participants discussed bringing in a man, other than the male therapists and who had been divorced, into the group. The group deliberated about issues regarding the impact on gender dynamics, appropriateness and timeliness of the transition. The women finally made the decision to go ahead and bring a man into the group. It must be noted that the therapists screened the gentleman who came into the group to make sure that there was sufficient similarities between their experiences to promote a connection among participants (e.g., having an unfaithful spouse and not wanting the divorce being the key similarities). The therapists had many discussions with Burt regarding the nature of the group and his ability to chose to come and stay in the
group depending on his comfort level and the women's reaction. Burt was informed about the group's decision to have him join and was eager to come into the group knowing the potential risks for all involved. All of the women (n=5), save Kathy who was no longer attending the group, commented on the impact of having a man enter the group.

Women's Theme 1: Overall Positive Experience With Male Participant

Four of the five women expressed an overall positive experience with the male participant. These positive experiences emerged as a major theme within this category. Good examples of how the women felt about Burt coming into the group were voiced by two of the women. When we first started talking about it one women indicated:

‘Oh no. I don’t think that is a good idea.’ But the way it evolved and the way it came about, I mean I was fine about it when it happened. And there was never a time that I felt after Burt entered that group that I couldn’t say exactly what I needed to say. I don’t know if that would have been true if it had been somebody else but I know personally that Burt fit right into the group. Strangely enough, I didn’t think after the initial few sessions with him [that] I was conscious of ‘There’s a man in our women’s group.’ I just didn’t think of it like that. I thought of him as one of us who had been what we had been through.

Another women stated, “We weren’t sure if we were going to like it . . . and then he came in and talked about his fears and his hurts and it was like, ‘Hey he is just like us. He has the same pain.’ He was just like us.”

One of the women saw bringing a male into the group as problematic. She remarked, “I think that was the turning point of the group.” She indicated that bringing a male into a women’s group, “Was the turning point, because from there it was never the
same. He had the same emotions, he had the same feelings but it was a male feeling. I do feel like that was a mistake.”

Women’s Theme 2: Discussion and Timing of Male Entering The Group was a Key Factor

Four of the five women in the group recognized that the timing of when the male participant entered the group was extremely important and also that the group took a great deal of time discussing the implications and the readiness of the group before it happened. One woman stated the decision, “was discussed very openly and we all felt like we had a say on either whether it was even going to happen or not. So I think that and the timing had everything to do with it.” Another woman said this about the decision to bring a male into the group, “It was fantastic and the therapists were good to work it through and protect us and tell us that it was our turf and they weren’t taking that away from us.” Alice suggested, “We did have a gentleman come in later, which I didn’t have any problems with . . . because I felt like we had reached a point in our group that that was not going to be a problem. We had reached a point where we were comfortable with our lifestyles and ourselves.

Therapists’ Reactions to Male Participant Entering Group

The two therapists (Ramona and Sean) who were part of the group when Burt came into the group commented on its impact. These two therapists comments about the male entering the group were similar to what the women participants expressed. Overall, they felt as if it had a positive impact on the group and discussed the importance of a
group being ready for such an event. Understandably, the remaining four therapists did not comment within this category.

Category VI: Termination of the Group

The termination of the group emerged as a major category from the individual interviews with the women in the group. Five of the six women interviewed were still attending when the termination of the group took place and all of them conveyed some concerns regarding the ending. Sarah stated that the group’s termination “was a combination of things. Looking back, maybe it was just time.” Other women talked about having “mixed feelings” and the group not ending “naturally.” The women identified conflict between two members and discomfort with the last rotation of therapists as themes regarding the termination of the group.

Women’s Theme 1: Conflict Between Members

At the end phase of the group, all of the women recognized that there had developed conflict between two of the women in the group. The conflict seemed to be centered on a life decision made by one of the women. Listed below are examples of what the women said regarding this conflict. When asked about the termination of the group Jessica stated that she felt that conflict and competition developed between herself and another participant. When asked about the nature of the termination Alice remarked, “I think it kind of started with a couple of the women being at each other’s throats for a while. It wasn’t about us anymore, it was just these two people battling back and forth
during therapy.” Most women believed that the ending therapists tried to deal with the conflict, but that there was some resistance within the group. Sarah said, “There had been a little conflict within the group towards the end among some of the members.”

Women’s Theme 2: There was Some Discomfort with Changing, New Therapists

Three of the five women who were part of the termination indicated their discomfort with the changing therapists as part of the factors that played into the group’s termination. It is not clear whether the conflict was separate from the women’s discomfort but their comments seem to suggest that part of the uneasiness with the new therapists was from the therapists trying to deal with the conflict head on. Nicole stated, “Although, the conflict started it, the changing of the therapists impacted her decision to quit coming. She stated that at the end, “I wasn’t quite at ease with the two therapists that were there. They didn’t know what the situation was and when I didn’t see any great support, I just quit going and the next thing I knew it had been dissolved.”

Ramona commented that part of her feelings towards the group was related to the ending therapists and their relationship with her.

And that’s where [the new therapists] came in and just blew us away. I could not ever feel like there was a bond between us at all. I just said, ‘I don’t feel comfortable anymore and I feel like my voice is not being heard.’ And I left the group primarily because of [the therapists]. [Although], I do not feel like [they] were the [sole] source of the problem.
During that time in the group, Sarah believed nothing could have been done differently.

She stated:

Towards the end, even when the therapists realized that there was a little bit of a problem in the group, [the therapists] tried to openly address it. Other than that, I don’t know what you would do. As long as the communication is open, I don’t know really what else you could do. I feel like at that ending, if one or two or three of us would have said, ‘Please don’t end the group,’ I think that would have been heard and something would have been done to figure out a way to keep it going.

Nicole added, “There was this resentment of [the therapist] trying to hit this thing head on and saying, ‘Talk about it. I am challenging you and don’t back off.’ I don’t think [the therapist] mishandled it. I think that it was just the thing of not wanting to talk honestly.”

Therapists’ Reactions to Termination

The two therapists (Ramona and Sean), who were in the group at the time of termination, made comments about the way the group ended. Both of these therapists made comments about the conflict between the two members of the group and their effort to talk openly about these issues with the group. Additionally, both of the terminating therapists expressed some concerns that they could have done something better or a wondering if part of the reason that the group ended was because of a personal failing.

Category VII: The Impact of Having “Me” as a Researcher and Interviewer

As I contacted the women to ask whether they would volunteer for this research project, I gave them the option of being interviewed by me or by someone who was not associated with the group. Initially, all but one of the women indicated that they wanted
me to conduct the interviews. The one woman who requested someone else to do the interview called me back a few days later and expressed her desire to have me as the interviewer. When asked about this more specifically, she expressed that after she had had time to think about it, she realized that she wanted me to interview her because I had been in the group with her and she wanted someone who knew her and had been part of the group to interview her.

After the interview, I asked each of the woman what it was like to have me interview them given that I had been a co-facilitator of the group and given my gender. The women’s expressions regarding the impact of me interviewing them are divided into these two themes. The two themes are the women being comfortable in the interview and a more specific theme addressing gender dynamics.

Women’s Theme 1: Comfortable Sharing Their Experiences Due To Shared a History Together

Sarah stated that she felt as if “it was much easier [to have me interview her] than it would have been with somebody that I didn’t know or had not actually been part of the group. I think it was much easier.” When asked about this, Ramona remarked:

I was really glad to hear from you. It couldn’t come at a better time than when I got your message on the phone last week because I have been depressed and when I heard your voice I thought, ‘Oh, Tom.’ I think it’s been good for me and [I am] of course happy to see you. As far as having an impact, it’s all good.

Another women said, “I feel comfortable talking. I [don’t] have any problems [with you interviewing me]. Jessica indicated that one of the reasons that she felt that it was important that I interview her was the fact that we have history together. She commented:
Because the importance of talking to you is that we have history. I don’t need to start back here and explain all of this as I rethink about the experiences, you were there, and you shared them with me so we didn’t have to spend a long time talking about what happened. We shared it and you knew.

When asked if Jessica felt comfortable in sharing what she needed to share during the interview she said:

Oh Lord, yes. Because you know we told each other very openly and honestly so many things. And I was able to share with you and Heidi the deep, dark secret that I could never share with the rest of the group. And man, if I can tell you that, there are no secrets.

Alice felt “a little more comfortable talking because [you were] there. And added, “You did hear a lot of the problems, a lot of the laughter, and the joy that we were able to share. I feel like I can open up and say what I want to say.”

When asked to reflect on this issue, one of the women admitted that having me interview her was “tough.” She stated, “I was nervous about it. Not that I was uncomfortable coming. I thought about it a long time and how much I wanted to say and I decided that I wasn’t going to hold anything back but to be honest and straightforward in how I felt.”

Women’s Theme 2: Impact of Gender on Interview Process

All of the women agreed that having me, as a male, interview them did not impact their comfort level in the interview. When asked specifically about the impact of me being a male interviewer, Sarah said:

I feel so comfortable talking to you because it just sort of feels like we are back in group. And now again, had you been a male who I didn’t know or had not been in the group, I think that the things I said might have been more guarded, because I still tend to do that and more so with males than females.
In speaking about being interviewed by a male Alice stated:

The *male part is not a big deal anymore*. Yeah, several years ago it would have been . . . we did a lot of male bashing. We were very angry. I was very angry. A lot of that was healing from the divorce, realizing that I can go on. [But] being interviewed by a man is not a big deal anymore.

**Therapists’ Theme 1: Comfortable Sharing**

All of the therapists indicated that having me (a male colleague and former co-facilitator) interview them was “*comfortable.*” Lisa commented that she felt comfortable in the interview and reflected that having me interview her may have helped her recall her experiences better because we shared some of the same experiences. Sean stated that he felt that one positive of having me conduct the interview was that we have a relationship and that he felt “*very comfortable that [he] could share*” both his positive and negative perceptions about his experiences.

About the interview process, Mike remarked, “It was not difficult to talk to you because of our previous relationship. In fact, it is *easier for me to talk to you than [someone I don't know].* I feel *comfortable* with you and I can be vulnerable with you.” Peter said that it was comfortable and reassuring that [I was the interviewer]. He felt he could say what he needed to say because of our “similar values about caring about people and being helpful.”

Julie commented that she did not feel “limited in what I could or should say because it was you. If anything, I might have said more than if it was somebody else who had not been part of the group just because you can trigger my memory.”
My Interview With Burt

After completing the interviews with the women in the group and analyzing the data, I made the decision to ask Burt if I could interview him. He accepted and I conducted an interview with him asking him the same questions that I asked the women and the therapists in the group. I present them separately here because I had completed the analysis for the women and therapists and felt as if a description of Burt’s involvement, limited to the last six months of the group, was more appropriately handled separately.

Burt had just completed his divorce when he came into the group. He had earned an advanced degree and was working full time. His ex-wife had been awarded custodial parent of their two young children but they shared joint custody. He was having a particularly difficult time dealing with being away from his children. Burt’s ex-wife left him and moved in with her lover after he discovered her affair. He had attended individual therapy before coming into the group. Burt stated that he knew that going into the group was a risk (only man in a woman’s group), but felt as if he needed support and wanted to find a place to be able to share with others who knew what he was going through.

During the course of the interview, Burt’s comments fell within many of the same categories and themes that emerged for the women. Overall, Burt expressed a positive overall experience in the group. Initially, he commented on the similarities he and the women shared especially the pain and hurt that come with divorce. He expressed that it was nice to be able to discuss his experiences with others. He talked about one of the best
things that happened in the group was being connected to people. In describing this connection, Burt stated that there was a sense of belongingness, a sense of friendship with the other participants. In comparing individual and group therapy, Burt stated that individual therapy was a place to be listened to and to look at things from a different perspective. Burt expressed that different from individual therapy, group provided a place to be able to communicate and help others. Burt indicated that he felt as if the gender-split among the therapists was important and that he felt as if the women benefited from hearing from a man’s point of view. Burt voiced that it “did not matter” that the group was in a training setting and that he also sensed the conflict in the group upon termination. Burt expressed that he wished that the group could have continued and described the group as a “safety net for myself”. He further stated that the group became “a sounding board—if I need to make a decision because my family is too far away.”

Comparisons Between Women and Therapists’ Experiences

This chapter has focused on presenting the individual experiences that women and therapists reported regarding their involvement in this divorced women’s group. To do justice to the data, I separated the two groups in order to give the reader a better understanding of the variety of experiences that the participants expressed about the group. At this point, it seems appropriate to highlight those categories and themes that appear salient across the women and therapists’ groups. They include the following: the overall positive experience of the participants, the description of a close emotional connection that developed within the group (bond, safety, exhibiting validating behaviors
to one another, and a place to be with others with like experiences), the gender-split of
the therapists (experiences with a caring man and the benefits of different insights), and
the impact of me as the interviewer.

Overall Positive Experiences

Most all of the women and therapists that were interviewed expressed their
experiences within the group as positive. Participants reported that it meant a great deal
to them to have been part of this experience.

Many of them talked about how the group had changed them and made them
better people. I was struck by the therapists’ similar report that being part of the group
had been extremely meaningful. The group seemed as important to them as it did for the
women.

Close Emotional Connection

At many places in the presentation of the results, the participants described the
close emotional connection or bond that developed between the participants. The women
reported developing a bond, a sisterhood between them. The therapists expressed learning
how to be real with the women and related seeing the women validate and support each
other. Both the women and the therapists recognized that being able to be in a place with
other women who understood and had similar experiences was part of the safe bond that
developed between them.
Gender-Split

Both groups discussed the positive impact of having a gender-split among the therapists. The most common themes that were salient for this category were the women having an opportunity to have an experience with a caring man (e.g., to be able to be in a group and to have a caring man’s perspective on their lives). Both women and therapists conveyed that it was helpful to have the benefits of many insights that were further facilitated by the gender-split of the therapists.

My Impact as the Interviewer

I made the decision to give the women and the therapists the choice of being interviewed by myself or by another interviewer. All of the participants chose to have the interviews conducted by me. All of the participants commented that they felt “comfortable” in our interviews and also felt that they could say the things that they needed to say. Also, many of them stated that they felt that talking with me was easier (because of our previous relationship and also our common experience in the group) then talking with a stranger.

Differences Across Groups

The differences across the group are presented below. The therapists reported both personal and professional impact resulting from the group, while the women reported the overall impact of the group with no distinction between roles. This difference is understandable given that the therapists were being trained and would
naturally consider the impact that the group had on them professionally. What is interesting is that they reported a profound personal impact as well. I believe that this highlights the power of the group. Additionally, in talking about the group being run in a training program, the therapists’ comments reflect a focus on their training and the broader issues of the marriage and family therapy (MFT) field. Lastly, the need for training, the benefits of supervision and co-therapy the group offered, and the messages to MFT programs are themes that were expressed by the therapists. These differences are understandable in light of the fact that the women would not necessarily having the same type of experience in training as the therapists.

The women reported their perceptions regarding individual and group therapy differently from the therapists. The women stated that individual therapy should come first and advocated the benefits of both forms of therapy. These themes, from the women, are understandably different from the therapists who had not experienced divorce nor been in therapy to deal with the issues surrounding divorce. Furthermore, within the category of the perception of women to the group being part of a training program, the women identified the rotation of therapists and the reciprocal nature of the training (training that went both ways) as major themes. These themes are naturally situated in the women’s experiences. Clients may typically be more impacted then therapists when termination of the therapy relationship occurs. Additionally, although the therapists may wish to believe that the training was reciprocal in nature, they may be hard pressed to identify that experience for the women.
Lastly, the themes of the reaction to the male participant entering the group as well as the termination of the group are expectantly found in the women's experience and the therapists that were in the group at the time. This may be due to the notion that not all of the therapists experienced these events (male participant entering group and the groups termination) while five of the six women were present during these times. It is interesting to note that the two therapists who were in the group (Sean and Ramona) both talked about the termination expressing similar comments as the women.
CHAPTER VI

SUMMARY AND DISCUSSION

Introduction

The purpose of this dissertation research study was to explore the experiences of participants who were involved in a divorced women’s group (the object of this case study). Specifically, three areas of focus were explored: how the participants experienced the group process, the individual experiences of the women in the group, and the individual experiences of the therapists in the group. In Chapter IV and Chapter V, I present the predominant themes and sub-themes that emerged from the data analysis. A representation of the major categories and themes for all three areas is presented in Appendix I.

The intent of this chapter is to demonstrate how the study’s significant themes relate to the predominant theories that were used to frame the study. These theories include: attachment theory, group therapy, feminist ideology, and collaborative language system (CLS). Additionally, I address the implication for using this type of group therapy as an educational instrument in marriage and family therapy (MFT) programs. Clinical implications, the limitations of the study and the need for future research conclude this chapter.

Implications for Attachment Theory

Attachment theory was one of the primary frameworks that guided my conceptualization, organization, and presentation of the study. Pistole (1997) argued that
attachment is a viable way to frame the work conducted in group therapy settings.

Proponents of attachment theory suggest that the therapist and the therapeutic process may be viewed as a temporary secure base, a place where clients can feel safe, be comforted, and make meaningful connections from the past to the present (Bowlby, 1969; Slade, 1998). Other scholars go further in implying that therapeutic groups, particularly those that are ongoing and long term, may also be able to provide a secure base to participants (Brennan, 1999; Kilmann et al., 1999).

During the interviews, the participants frequently described the secure relationships that developed in the group. The women in the group described feeling a bond, a sisterhood, a network of safety and security between them. The therapists expressed learning how to exhibit secure behaviors (to listen and to validate), and learned the importance of being “real,” trusting the women to find their own answers. The therapists also commented that the women supported one another through secure like behaviors. These findings lend support to the argument that a secure base was established between the participants. The security felt among group members facilitated the bond and helped the participants feel safe as they negotiated their way through difficult circumstances.

Along this same line, Byng-Hall (1995) applied attachment theory to helping families and discussed the importance of establishing a reliable network of attachment relationships in families. In my case study, the women expressed creating a “bond” or “sisterhood” with one another. Perhaps, in describing themselves as “sisters” with a close “bond,” there is evidence that not only was a secure base established in the group, but
that they also formed a network of secure relationships was also formed. The identification of secure behaviors in the group room and the description of the security that developed in the group from the various sources (e.g., process and individual) is preliminary evidence that group work has the potential to offer a “safe place” where clients can explore and make meaning of the difficult issues they face. Additionally, there is some evidence that group therapy conducted in this way, may provide group participants with a healthy network of secure relationships that may add more support than other therapy structures (i.e., individual therapy).

A major criticism of attachment theory, as it applies to group therapy, has been that short term groups do not have a long enough time frame to be able to establish secure relationships between participants (therapists and women), something essential in attachment therapy. Brennan (1999) argued that briefer forms of group therapy would not allow for secure relationships to develop. The women’s group discussed in this study lasted for approximately three years with the final decision to leave the group to the women. Five of the six women interviewed remained part of the group for at least 2 years. Three of the six therapists interviewed and five of the six women interviewed discussed the group’s longevity as an important factor that facilitated the bond created between the participants. The longevity of the group, combined with the factors associated in attachment theory suggest that there is the potential of developing secure relationships within group therapy settings. Thus, this study is an important initial step in promoting the use of long term group therapy in working with divorced women and with other populations where loss and healing from difficult experiences is deemed necessary.
Implications for Group Therapy: The Gender Split Among Therapists

One of the themes that emerged across the analysis was the gender-split among therapists being seen as an essential part of the group process. The gender-split was also important in how participants experienced the group. As noted earlier, Yalom (1995) in his classic work on the practice of group psychotherapy indicated that, “there is much agreement among clinicians that a male-female co-therapist team may have unique advantages: images of the group as the primary family may be more strongly evoked” (p. 414).

Although this comment ties the gender-split more closely with attachment theory (e.g., emphasis on experiences in one’s primary family), many of the participants recognized that having the gender-split as part of the group offered much more than a model of the primary family. For example, the group members expressed that having a male-female therapist team kept gender at the forefront of people’s awareness and offered important challenges to all group participants. Furthermore, the participants saw the balanced perspective that a male-female therapist team brought to the group as imperative. These expressions can be related to what is accepted within the group therapy literature. For instance, clients may benefit from the model setting of a male-female pair working together with mutual respect and without destructive competition, mutual derogation, exploitation, or pervasive sexuality they may more naturally associate with male-female pairings (Roller & Nelson, 1991; Yalom, 1995). These findings lend further evidence that using male-female pairings, specifically in group therapy with divorced women, may be a key component of a successful therapeutic experience. Further, using
gender-split teams may have particular application with women who have been derogated, exploited, and at times sexually manipulated or abused by the men in their lives.

Other General Implications

Other authors have found that group therapy with women helps to break down feelings of isolation (Burden & Gottlieb, 1987) and allows women to openly discuss issues that they may be hesitant to discuss in mixed gender groups (Enns, 1992). Additionally, group therapy gives women an opportunity to share and support others in a common experience (Fedele, 1994), to learn about their uniqueness, to trust others, and to trust themselves (McManus et al., 1997). The experiences of the women in this group are isomorphic to the experiences listed above. For example, the women reported that combating their feelings of being alone as well as sharing with women who had similar experiences were both seen as essential components in this study.

Feminist Ideology

Within feminist ideology, the feminist value of helping women develop the ability to nurture themselves, as well as drawing support from other women were seen as vital. In this case study, there was evidence that the participants (both the women and therapists) recognized that the women drew support from one another. Additional evidence of this support was shown by the women’s descriptions of being able to share with others who had similar experiences and therefore did not feel so alone in their
struggle. These ideas fit well within the tenants of feminist ideology of the personal being political (i.e., one's experiences are shared by others and have social and political consequences) as it applies to group therapy.

Another major theme developed within this case study was the women's experience with caring men. This theme, a vital element of the group, is more difficult to explain within the tenants of feminist ideology. One explanation may be that in a patriarchal society where the women had had such negative experiences with men, having an experience with a caring man was particularly powerful for the women to erode their stereotypes that all men support patriarchal values.

This explanation is made richer when one considers the impact that the group had on the male therapists, including myself. The male therapists reported that their experiences with the women influenced them in significant and meaningful ways, particularly in how they viewed women. Feminist theory seeks to conceptualize how gender operates in our culture and how it interacts with our thinking about each other. With gender being at the forefront of many group discussions, and with the stories of the atrocities these women experienced at the hands of men, the group became a place where both the women and therapists were compelled to re-examine their thinking about each other. At least for these women, they came to see that not all men were abusive or manipulative, but that there were men capable of validation and trust. Likewise, the male therapists came to see the women as capable of finding their own way. Also, the men were challenged regarding their beliefs of a woman's capacity to solve her own problems without having a man to make everything better. These findings lend preliminary
evidence that groups dealing with divorced women may be better served by a male/female therapist team. Not only does such a structure have potential benefit for the women in the group but also for the therapists. The male therapists in particular were challenged to re-think their relationships with the women in their lives.

One of the most applicable ideas of feminist thought that adds to the utility of therapy with women in general and more specifically therapy with women of this divorce group, is that women are the best judge of what is helpful to them in therapy. Additionally, group therapy helps to break down feelings of isolation many women face as well as giving them a common experience with other women. Across focus areas (e.g., process and individual) the participants recognized the importance of group discussions being centered on what the women wished to discuss. This open forum provided a space where women could move away from feelings of isolation and relate with others in a common experience.

Collaborative Language Systems

A Collaborative Language Systems (CLS) approach to group therapy is innovative and has potential to make significant contributions to the field. CLS therapy is reflected by therapists who attempt to move away from the hierarchy naturally embedded in the process of therapy. Further, these therapists desire to establish a co-evolving relationship and reciprocal process with clients. Specific to this group, I conceptualize the collaborative process as a key factor in the egalitarian relationship that developed between the women and the therapists. Fitting within a CLS framework, the relationship
that developed between participants over time was conceptualized as a connection between people, a move away from the roles of therapist and client typically maintained in group therapy.

Further, a CLS approach challenges the therapist’s assumption of knowing what is best for the client. The collaborative therapist is willing to suspend and question his/her own expertise, to risk not knowing, and to be humble about what he or she thinks or “knows.” Within these CLS ideas, both the women and therapists recognized the benefits of the group’s collaborative agenda. In this study, the collaborative agenda refers to the notion that the group topics were not set beforehand but that group discussions centered on the issues the women brought to the group each week.

Although this group had CLS components in it, I recognize that the elements of the process and the therapists were not necessarily trained in a CLS model of therapy nor did they completely adhere to its tenants. However, this study provides initial support for groups to be conducted using a CLS framework when working with divorcing women. Also, it suggests that we could benefit from further inquiry and rigorous investigations on groups framed by a CLS approach.

Implications for MFTs in Training

The women and therapists that participated in the group were asked about their experiences of being in a training program. All the therapists indicated that if they had not been asked to participate in this group they would have come through their doctoral program with no training in group therapy. Furthermore, they agreed that every student
who goes through a marriage and family therapy (MFT) program would benefit from being required to have a group therapy experience. These benefits may include the following: the opportunity to have an experience with group dynamics, the opportunity to have an experience with co-therapy in a group therapy setting, the opportunity to have more supervision beyond what is typically offered (e.g., individual faculty supervision, reflecting teams, video-tapes, and one-way mirrors on group therapy), the opportunity to fill a niche in the community, and finally, the opportunity to be better prepared for future practice that may require experience in group therapy.

As stated earlier, the need for MFTs to be trained in group therapy emerged as a dominant theme in this case study. The therapists recognized their own need to be trained in group therapy in order to be more viable practitioners. They also recognized the need in most communities for group therapy. I would add that affordable group therapy (offered by most clinics associated with MFT training programs) for women who face economic hardships as a result of divorce, is a vital need in most communities. Additionally, group therapy is another way for training programs to provide more supervision, provide therapists in training with more co-therapy experiences, and to increase clinic census.

It should be noted that most of the women had a positive experience as it related to the group being run by doctoral students in training and being housed in a training program. Closely related to what is commonly accepted in the group therapy literature (Yalom, 1995), the women reported that it felt good to help others in their training and they felt the training was reciprocal in nature.
Looking back, many clinicians conducting groups in the 1960s had the courage to begin bringing families into therapy. Many of those associated with starting the MFT movement were clinicians doing group therapy. Indeed, MFTs have a history of providing quality work beyond individual forms of therapy (Nichols & Schwartz, 1995). Since conducting this research, I have had ad hoc discussions with educators and professionals who teach and train therapists within MFT training programs. These conversations revealed that other training programs do not routinely or typically utilize group therapy to train therapists. Important questions arise from the preliminary evidence that there exists a lack of group therapy training for MFTs. These questions include: Do training programs use groups in significant ways to train therapists? What are the benefits of advocating and implementing their use? Who better to offer group therapy than Marriage and Family Therapists? And, why have we moved away from using group modalities to treat individuals and families? These are questions that the field needs to consider. I believe that a lack of training in group therapy hampers emerging professionals and leaves them not fully able to engage in clinical opportunities or to fulfill expectations that are required of them in agencies and other clinical arenas.

Clinical Implications

From this case study, clinical implications and questions emerged for professionals who work with divorced women. First, clinicians may consider how attachment theory, particularly the concept of a secure base and the development of a network of secure relationships, relates to group therapy with divorcing women. Can
group therapy become a network of secure relationships? Is this an important element in helping clients in group therapy? These are questions that still need to be answered. Therapists may consider how the manifestation of secure behaviors in group therapy (e.g., listening, validating, supporting, and being “real”) impacts their work with this population. Second, clinicians may consider what forms of therapy they recommend when treating divorced women. Many participants in this study expressed the benefits of both group and individual therapy and advocated the need for women to be able to be with other women who have had similar experiences. Thus, clinicians may consider group therapy as an adjunct to individual therapy for this population. Third, those who conduct groups with divorced women may wish to consider how they select participants in their groups. For example, this group was made up of women who had been mistreated (i.e., abuse, infidelity) by their husbands. Therefore, I advocate that it may not be a good idea to put women who have been unfaithful to their husbands with women who’s husbands had engaged in extramarital affairs. And fourth, therapists working with this population may contemplate a move away from didactic groups, where topics are set beforehand, to more collaborative groups where the women guide the group process and discuss what they deem important. In all of this considerations therapists should take caution and realize that all of these considerations need to be further explored and are only tentative suggestions for this case study.
Suggestions for Training Programs

Training programs may begin to explore whether or not implementing groups as part of their clinical training endeavors is viable. This case study is seen as an initial step in promoting group therapy with divorced women with the potential of providing fertile ground for the growth of therapists in MFT training programs. Such groups can be approached with the following tentative recommendations in mind: (a) programs may consider using male-female therapist teams to run their group therapy. Mixed gender teams have the potential to provide therapists in training with needed co-therapy experiences and also provide numerous opportunities to address how gender influences therapy and their own personal lives; (b) in conducting such groups, programs may contemplate providing long-term therapy where discussions flow from what the women want to talk about at each group session instead of topics introduced by the therapists (e.g., didactic training); and (c) programs should carefully review how they rotate therapists in training in and out of the group in order to provide as much safety and security for the clients as possible. Although careful consideration was given to the rotation of therapists for this group, two women from the case study suggested having one therapist remain constant throughout the life of the group while other therapists rotate in and out. Perhaps, another way to achieve a feeling of safety and security would be by having a supervisor be one of the co-facilitator of the group while the therapists-in-training rotated in and out. This structure would provide the therapists in training with a co-therapy experience with a seasoned practitioner, may stabilize the rotation deemed as stressful for many women in the group, and may provide many therapists in training with
a needed group experience. If programs chose to adopt this kind of structure, special consideration should be given to the issue of hierarchy and how such a therapist team would deal with hierarchy issues in and outside of the group. Although this may be unfeasible in many training situations, the rotation of therapists should be carefully handled with much discussion between members of the group as it relates to timing and the transition between rotating therapists. Programs might want to carefully review the timing and discussion surrounding bringing a male participant into the group setting. Although most of the women agreed that this was a good experience done at the right time, one woman did identify this event as a turning point that may have led to the termination of the group. As stated earlier, all of these suggestions are tentative and based on the experiences of one group. Each of the above areas offers fertile ground for more exploration and examination.

Limitations of the Study

As stated in the results section, the participants (both therapists and women) expressed that the group was a positive experience. I felt encouraged regarding the themes that emerged from the data and I related to what the participants said on many levels. However, as with any research endeavor, there are limitations and flaws in this case study. First, in the paragraphs above, I have argued for the clinical implementation of many of the elements that emerged for this study. Any implementation of the recommendations from this study must be done cautiously. The reader should remember that this case study is an attempt to capture the experiences of only a few people as it
related to one group experience. The broader application of what emerged as meaningful for these few people needs further investigation.

Second, I fully disclose that the conceptualization, presentation, and summary presented have been filtered through my eyes, my biases and beliefs about this case study. Peer checking and member checks addressed some of this concern. Further, some of these issues were discussed as part of the theories (attachment, feminist ideology, and CLS) that served as a framework in organizing my thoughts. Additionally, as in all qualitative inquiry, the researcher is the personal and primary research instrument. Although steps were taken to address my own biases (e.g., memoing, bracketing, member checking, and inside and outside auditors), they are found throughout the study.

Third, my role as a participant observer added a layer of complexity to the research. I made the choice early on to remain close to the group even though I was leaving the group as a therapist. I have had several interactions since leaving the group with the therapists and also with the women. Truly, I was embedded in the system. The reader must consider that the responses were influenced by my role as a participant observer. The women and therapists could have felt compelled to report a more positive experience due to the relationship they had with me rather than a product of the group experience as a whole. For example, I made the decision to give the women and the therapists the choice of being interviewed by myself or by another interviewer. All of the participants chose to be interviewed by me and expressed feeling comfortable in that choice. I believe that I was able to get richer information from the interviews due to the established trust between the participants and myself. However, I do recognize that my
imprint on the interviews was felt and that the data that emerged from them is forever tainted by my biases and influence. Although steps were taken to address this (e.g., giving participants a choice as to who interviewed them, member checking, and the voluntary nature of the study), the limitations that my role brings are recognized.

Fourth, as noted in Chapter III, I chose not to interview the faculty supervisor who was part of the group from the initial session through termination. Her influence obviously impacted the group process, the therapists, the women, and the way in which the group was run. For example, the faculty supervisor was the main force behind the use of CLS tenants that were used to frame the way the group was run. Additionally, she was a major factor in deciding what therapists came into the group—a decision making process that was carefully controlled. Although I felt that leaving her out of the interview process was an important part in focusing the research, her lack of input as a participant in the study is a limitation of the case study.

Fifth, the termination of the group stands as a problematic component within the group. I have to admit that writing about the group’s termination was difficult. In some ways, I wanted to protect the ending therapists as well as the women from the conflict that was part of the group’s termination. The termination of the group could be attributed to many factors including the unwillingness of the women and ending therapists to deal with the conflict in the group, the participants creating a context where they could leave the group, the therapists inappropriately handling the conflict that arose between the two women, and/or the impact of the male participant’s influence on the group. Whatever the reason, the termination of the group stands as a phenomenon that occurred in the group
that is difficult to understand in light of the other themes that emerged. Careful consideration should be given to the emergence of this category as it relates to the others.

Future Research

The case study lends preliminary evidence of the need for further research in the area of group therapy with divorced women. Furthermore, there is a need for research in how group therapy for divorced women applies to attachment theory, feminist ideology, and a collaborative language system (CLS) approach to therapy. For example, future research in this area could focus on an examination of attachment styles and how they may shape long-term group therapy and its impact on attachment styles and behaviors for both women and therapists. Additionally, further research could be conducted on the establishment of a secure base in this type of group setting, as well as ways to measure the emergence of a network of secure relationships between participants.

Within feminist ideology, the potential to further study how group work may be influenced by gendered dynamics emerged from this case. Also, the element for divorced women to have an experience with caring men should be cautiously considered and studied. Further, CLS tenants need to be rigorously applied to group therapy, and more specifically, to group therapy with divorcing women, to see if they have broader application in working with this population and in this setting.

Additionally, research could be conducted in training programs to investigate the benefits of group therapy for MFTs. Several questions were asked in the section regarding MFT programs that could be individually examined through several studies.
Furthermore, recommendations for MFT programs as to the implementation of group therapy for divorced women were discussed. These recommendations may be contemplated as an initial group therapy model for use with this population, but should undergo explorations regarding its efficacy and effectiveness. Research in this area could take advantage of quantitative designs (e.g., quasi-experimental design with pre and post measures), more qualitative designs (e.g., additionally interviews with women in different settings), or mixed designs combining quantitative and qualitative traditions.

Conclusions

As I conceptualized this study, my hope was to articulate the experiences and stories of the women and therapists in the group in such a way that others could hear them and experience what I felt was such a powerful influence in my life. Additionally, it was my hope that other women and therapists, particularly therapists in training, would be able to learn from these experiences and apply it to their own work in dealing with divorce. In these efforts, I have felt encouraged by the words of the women and therapists to continue moving forward in an attempt to help others.

As discussed in previous sections, there is much that still needs to be done in this area. I have plans to pursue further research on how MFT programs are incorporating group work in their MFT training and the barriers that keep MFT programs from using group therapy more effectively. Additionally, I have begun to engage in grant writing efforts to use the findings from this case study as preliminary evidence that further inquiry is needed to investigate whether the reported positive outcomes and the way this
group was conducted is generalizable to other women’s divorce groups. As divorce continues to have broad ramifications for our society, the need for effective therapy services and for further research in this area must naturally increase. My hope is to be able to continue to provide meaningful help to the women who experience divorce and to the therapists who seek to better serve this population.
REFERENCES


APPENDIX A

CASE STUDY MODEL
Case Study Model

Qualitative Inquiry

Case Study Tradition
(With Ethnographic and Phenomenological Components)

<table>
<thead>
<tr>
<th>Unit of Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group Processes</strong></td>
</tr>
<tr>
<td>(Women and Therapist)</td>
</tr>
</tbody>
</table>

**Grand Tour Question**

1) What were your experiences of this group?
2) What elements, if any, of the group process that were helpful?
3) What elements, if any, of the group process that were unhelpful?

**Grand Tour Question**

1) What were your experiences of therapy in this group?
2) What has it meant for you to be a part of this group experience?
3) How do you compare your experience of therapy in this group to other therapy experiences dealing with divorce?

**Grand Tour Question**

1) What was your experience with the divorce women’s group?
2) What has it meant for you to be involved in the women’s group?
3) How do you compare your experiences as a therapist in this group to other therapy experiences with divorcing women?

**Data**

- Focus groups
- Video tapes

**Data**

- Individual Interviews
- Case Notes

**Data**

- Individual Interviews
- Case Notes

**Conceptual/Theoretical Frameworks**

- Attachment Theory
- Feminist Theory
- Collaborative Language Systems
APPENDIX B

CONSENT FORM
Consent Form

I hereby give my consent for my participation in the project entitled:

A Case Study of How Both Women and Therapists Experienced Group Therapy.

I understand that the person responsible for this project is Dr. Liz Wieling, Ph.D., 742-3000, and Thomas Kimball, M.S.W., 743-2820, ext. 269.

She/He has explained that these studies are part of a project that has the following objectives:

To explore the meaning I attribute to the divorced therapy group process. Further, the to explore my experiences of individual and group therapy.

(1) She/he or her/his authorized representative has explained that I will be asked to participate in a 1-hour interview that will be audio and video tapped for transcription and analysis at a later time. Further, I understand that selected video taped group sessions that I took part on will be transcribed for analysis as part of this study.

(2) I understand that the potential risks are seen as minimal. However, I understand that the questions and process of the individual interviews may bring up psychological discomfort including the emergence of emotional issues. I understand that I will be allowed time at the end of each interview to process the feelings and issues that may have arisen during the interview. Additionally, I understand that if psychological risks are greater than expected, a referral to the family therapy clinic or an outside clinic will be made.

(3) I understand that this research has the potential to add to the field of psychotherapy and the field of Marriage and Family Therapy due to the limited number of studies that pay attention to the client’s/therapist’s perceptions of what is meaningful within the therapy/group room. I understand that my participation in this research may help other women and therapists dealing with the issue of divorce in group therapy.

I understand that I will receive no monetary compensation for my participation in the interview process.

The risks have been explained to me as following:

The questions asked may bring up psychological discomfort including emotional issues.

It has further been explained to me that the total duration of my participation will be approximately 1 hour; that only Dr. Elizabeth Wieling, Thomas Kimball, or an authorized
representative will have access to the records and/or data collected for this study; and that all data associated with this study will remain strictly confidential.

Dr. Elizabeth Wieling (742-3000) has agreed to answer any inquiries I may have concerning the procedures and has informed me that I may contact the Texas Tech University Institutional Review Board for the Protection of Human Subjects by writing to them in care of the Office of Research Services, Texas Tech University, Lubbock, Texas 79409, or by calling 742-3884.

If this research project causes any physical injury to participants in this project, treatment is not necessarily available at Texas Tech University or the Student Health Center, nor is there necessarily any insurance carried by the University or its personnel applicable to cover any such injury. Financial compensation for any such injury must be provided through the participant’s own insurance program. Further, information about these Serious may be obtained from Dr. Robert M. Sweazy, Senior Associate Vice President for Research, 742-3884, Room 203 Holden Hall, Texas Tech University, Lubbock, Texas 79409-1035.

I understand that I may not derive therapeutic treatment from participation in this study. I understand that I may discontinue this study at any time I choose without penalty.

Signature of Subject: ____________________________ Date__________________

Signature of Project Director or his/her Authorized Representative: ____________________________ Date__________________

Signature of Witness: ____________________________ Date__________________
May 31, 2001

Dr. Elizabeth A. Wieling
Mr. Thomas Kimball
Human Devt & Family Studies
MS 1162

RE: Project 01112  A Case Study of How Divorced Women and Therapists Attribute Meaning to their Experiences in Group Therapy

Dear Dr. Wieling:

The Texas Tech University Committee for the Protection of Human Subjects has approved your proposal referenced above. The approval is effective from May 1, 2001 through April 30, 2002. You will be reminded of the pending expiration one month prior to April 30, 2002 so that you may request an extension if you wish.

The best of luck on your project.

Sincerely,

Dr. Richard P. McGlynn, Chair
Human Subjects Use Committee
APPENDIX D

SAMPLE TRANSCRIPT
getting in the clinic. So it is a way... so they should be happy with that. Basically, once I got Liz’s commitment to be the supervisor, then everyone else was great with it. Kind of like, “If you can make it happen, that is great.”

I ... ? You initiated it??? (I can’t understand you)

P Right. And I think too, that I had a co-therapist and that I had a supervisor and a time I thought we do it and it could be open to other people. And, they were looking for ways to get more people, places to refer them to, and so it all kind of fell into place. It wasn’t a big deal at all. It was Thursday nights at 7:30, so it wasn’t taking prime time away from anyone.

I What was your experience with the divorced women’s group?

Well, I learned a lot about myself and about women and about divorce and some things I learned about myself and my ability to be effective was actually came through a comment and a conversation with Dr. Ivey about how it was going and he said, “Yeah. I’d imagine that you wouldn’t have to say anything the whole time and good things would happen.” And at the time, I was saying a lot. I was confronting women about their stereotypes and about their own courage and their own confidence and even some of them would say, “Ok it is your turn for Don to pick on you.” And so it was kind of a joke that I am not trying to be a jerk, but I am going to pick on you for a little while about what you’ve done to be a healthy person, or how long ago that need for a man in your life continues to mean the same thing to you or whatever.

So there was some growth that took place for me in the first couple of months, too, as a therapist and as a person to be able to be the people in the midst with the women in the midst of their anger. And being the only man around, they looked at me a lot to have the answer, to guide the session, all this kind of stuff and I purposefully did not have the last word. Which is another thing that I had done. I would open the session, I would close the session, I had wrapped things up, I would summarize, I would challenge and so I think part of that was the responsibility of wanting it to work. And then the other part, was transitioning into letting Charette take more of the lead and me learning how to shut up and let women help themselves. Because they really didn’t need another man to tell them what to do. That was a real big dynamic that I thought was meaningful, was for me to be able to say, “I’ve got things I can learn and I’ve got some skills I can learn about the power of silence and the power of being with people in pain and the ability of women to help women by being present and being committed to each other.” And that that in itself was a huge gift they could give each other that was not about me at all.

I You talked a little bit, you talked about you as a therapist and you as a person. Can you talk about your experience?

I can remember being ashamed of being a man. And wishing even sometimes I could a thousand men so I could be a good man to a thousand women who had been mistreated or abused or divorced or neglected or controlled. And, the pulling inside of wanting to fix their lives and how to balance out being a caring person with supporting their journey into their own confidence and their own growth. And, I saw for me personally, it was a lot about changing my view of women from, “You’re hopeless and it’s a good thing I am around.” To “With even a little bit of support, you can make a lot of changes when you are ready.” I think I changed my views of marriage and started thinking about the kinds

I

169
APPENDIX E

SAMPLE OF SUMMARY
What was your experience with the divorced women's group?

I learned a lot about myself and about women and about divorce... so there was some growth that took place for me... as a therapist and a person to be able to be... in the midst with the women... in the midst of their anger.

Personal Growth

The therapist indicated that he felt as if he grew a lot as a person within the group. The therapist stated that there were times that he felt ashamed of being a man. He added that there were times where he wished that there were more men or that he could become a thousand men... wanting to fix their lives... there was big growth... for me to be able to let the process happen and... get out of the "fix it" mode.

The therapist indicated that he believed that if he had not made the transition from feeling that the women needed a good man, the notion that you can't be happy without a man... [the] same line that society is trying to tell them... to the belief that the women could find their own way that it would have been devastating to the progress and stability of the group.

He remembered that for him personally, it was a lot about changing my view of women [from women are hopeless to] with even a little bit of support, you can make a lot of changes when you are ready.

Further, The therapist elaborated, I think I changed my views of marriage and started thinking about the kind of expectation I had... with marriage... [the women] would bring up different things about being controlled, or power issues, it would really confront me personally.

The therapist indicated that he remembers going home after group and speaking with his spouse about something really good happened tonight... someone was really courageous... really vulnerable... really honest... I remember thinking, "I wish I was in a men's group that had this kind of vulnerability... [The group] certainly reinforced why I buy into the power of group therapy.

Talking about initiating the start of the group, The therapist indicated that [The group] was really for me personally... gave me some courage to try to do something that maybe other people had tried and failed.
Professional Growth

Professionally The therapist indicated that he felt as if he grew and learned to trust his co-therapist and there was a big growth... for me to be able to let the process [that was unfolding in the group] happen. The therapist indicated that he learned through supervision that he didn't have to say anything the whole time and good things would happen.

[The group] taught me a lot about being patient and letting [the process] develop.

The therapist indicated that he learned about the power of silence and the power of being with people in pain and the ability of women to help women by be present and be committed to each other. And that it itself was a huge gift they could give each other that was not about me at all.

Gender

The therapist asserted that gender was always an important issue within the group for him, especially as it impacted him being the only man in the room. I think that is a big part of it, the gender deal. He stated that being the only man around, they looked at me a lot to have all the answers, to guide the session... [The group helped me learn] how to shut up and let [the] women help themselves. Because they really didn't need another man to tell them what to do.

The therapist stated that at times it was a difficult balance being the only male in the room because the women would turn to me and ask me to speak for all mankind, speak for every male in the world... "What is the male opinion?"

The therapist commented on the gender split of the therapists and again reiterated that the gender issues were always present in the room. He stated that the women certainly commented a lot about things like, "I was fixing to slam men again, but I guess I won't since you're here." Or the women would make generalizations about men and then say, "Of course there are exceptions."

The therapist reiterated the point that having a male co-therapist in the group was a very important piece of the whole process... having a male co-therapist was one way that [gender issues] were constantly in the room with us. Highlighting the fact that in this society the cards [are stacked against [women], but that they have the power to be healthy women or unhealthy women.

The therapist indicated that the group definitely expanded my understanding of gender and how dynamic... powerful [gender] is in all the work [we as therapists] do.
APPENDIX F

SAMPLE OF FIELD JOURNAL
Decisions Regarding Who Will Conduct Interviews

We made the decision that we would give both the women and therapists a choice regarding who conducted the interview with them.

I felt that the benefits outweighed the potential problems. Benefits included:

1. Benefits of established trust. Since most of the participants have a relationship with me, I felt that the trust already established would be more comfortable.

However, I recognize that others may have a different perception of this, especially the women, so I decided that I would give them a choice in the beginning of who interviews them whether it be me or someone that has never been associated with the group.

Thus, I will give participants option to be interviewed by someone else if they desire if they feel that they could speak more freely.

Further, to deal with the issues that may arise by me conducting the interview, at the end of each interview, I will ask both women and therapists the effect of having me, as a man, therapist and colleague interview them.

The hope of asking these questions is to address some of the issues that are raised by me doing the interviews.
APPENDIX G

PRE-ANALYSIS
Experience

(Overall)

- was positive
- gave them strength: courage to keep going
- assurance that they were not alone
- compassion

Meant to Them

- recreate
- everything helped me move on though drawn

Companion to Individual Therapy (Precede to group)

- not alone

Retronic - took of Pressure - began here and only

- from other women's stories

- Bond Between women - 5r Sisters

Taming (Teaming went Both ways - Invidia at First)

- Rotation of Therapis
d - hard but - spill out - instead one

- Gender - split among Therapis

&

- by another good experience with caring man

important

Showing

- experience with caring man

as Interviewer

- that I was tied already had relationship

- comfortable

- could be honest

- could have been a problem before this

- group but not now
APPENDIX H

SAMPLE OF ANALYSIS
## Sample of Analysis

<table>
<thead>
<tr>
<th>THERAPIST</th>
<th>THERAPIST</th>
<th>THERAPIST</th>
<th>THERAPIST</th>
<th>THERAPIST</th>
<th>THERAPIST</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal and Professional Impact</strong></td>
<td><strong>Personal and Professional Impact</strong></td>
<td><strong>Personal and Professional Impact</strong></td>
<td><strong>Personal and Professional Impact</strong></td>
<td><strong>Personal and Professional Impact</strong></td>
<td><strong>Personal and Professional Impact</strong></td>
</tr>
<tr>
<td><strong>Personally</strong></td>
<td><strong>Personally</strong></td>
<td><strong>Personally</strong></td>
<td><strong>Personally</strong></td>
<td><strong>Personally</strong></td>
<td><strong>Personally</strong></td>
</tr>
<tr>
<td>Admiration</td>
<td>Shared a Gender Feminism</td>
<td>Realistic Picture of divorce</td>
<td>Important of exhibiting Secure Like behaviors</td>
<td>Being Their, not try to fix it</td>
<td>Secure Base Not Being Alone</td>
</tr>
<tr>
<td><strong>Professionally</strong></td>
<td><strong>Professionally</strong></td>
<td><strong>Professionally</strong></td>
<td><strong>Professionally</strong></td>
<td><strong>Professionally</strong></td>
<td><strong>Professionally</strong></td>
</tr>
<tr>
<td>Growth</td>
<td>Growth</td>
<td>Growth</td>
<td>Growth</td>
<td>Growth</td>
<td>Growth</td>
</tr>
<tr>
<td>Women able to support one another</td>
<td>Women more powerful in group.</td>
<td>More powerful in group.</td>
<td>Women support one another</td>
<td>Women could support one another</td>
<td>Women support one another</td>
</tr>
<tr>
<td>Level of Growth in the group</td>
<td>Open in group/ less restrained in opinions about</td>
<td>Support system</td>
<td>Challenge each other</td>
<td>Same experiences</td>
<td></td>
</tr>
</tbody>
</table>

**Overall Experience**: Satisfied Little Time, was disappointed because I had looked forward to group. Negative feelings.

**Overall Experience**: Powerful Positive Growth.

**Overall Experience**: Positive Experience of divorce.

**Overall Experience**: Positive Experience of divorce.

**Overall Experience**: Positive Experience of divorce.

**Overall Experience**: Positive Experience of divorce.
APPENDIX I

SUMMARY OF RESULTS
| Process | Women | & | Therapists |
|---------|-------|&|-----------|
| Category I: Group as a Powerful and Positive Experience | Category I: Experiences In the Group | | Theme 1: Positive and Eye Opening Experience |
| | Theme 1: Safe Haven, Lifeline, Protected Place | | Theme 2: Tremendous Personal Impact |
| | Sub-theme Exhibiting Validating Behaviors | | Theme 3: Positive Professional Impact |
| | Theme 2: Group as a Collaborative Process | | |
| | Sub-theme: Egalitarian Relationship | | |
| | Sub-theme: Collaborative Agenda | | |
| | Theme 3: Benefits of Gender-Split | | |
| | Sub-theme: Experience with Caring Men | | |
| | Sub-theme: Balanced Perspective | | |
| Category II: Group Therapy Compared to Individual Therapy | | | Theme 1: Developing Close Emotional Connections. |
| | Theme 1: Individual Therapy Should Come First | | Theme 2: Sharing Similar Experiences |
| | Theme 2: Benefits of Both | | Theme 3: Length of the Group |
| | Theme 3: Being with Women in Similar Experiences. | | Theme 4: Women at Different Phases |
| Category III: Group in a Training Program | | | |
| | Theme 1: Positive Experience | | Theme 1: Need for Training in Group Therapy |
| | Theme 2: Impact of Rotation of Therapists | | Theme 2: Supervision and Co-therapy |
| | Theme 3: Training Went Both Ways | | Theme 3: Message to MFT Programs. |
| Category IV: Reflections on Gender | | | |
| | Theme 1: Positive Experience With Caring Men | | Theme 1: Gender-Split a Positive Component |
| | | | Theme 2: Male Therapists Challenged |
| Category V: Reaction to Male Participant Entering Group | | | Theme 1: Similar Reaction By Two Therapists in the Group. |
| | Theme 1: Positive Experience With Male Participant | | |
| | Theme 2: Timing | | |
| Category VI: Termination | | | |
| | Theme 1: Conflict Between Members | | Theme 1: Similar Reaction By Two Therapists in the Group |
| | Theme 2: Discomfort with New Therapists | | |
| Category VII: Impact of Me as Interviewer | | | Theme 1: Comfort |
| | Theme 1: Comfort | | |
| | Theme 2: Gender | | |