THE POTENTIAL USEFULNESS OF GROUP PSYCHOTHERAPY AMONGST NATIONAL UNIVERSITY OF SINGAPORE STUDENTS

Y L Ong
J Lowe

.

Department of Psychological Medicine
National University of Singapore
Faculty of Medicine
Sepoy Lines
Singapore 0316

Y L Ong, MBBS, DPM, MRC Psych
Senior Lecturer

Student Counselling Service
Yusof Ishak House
National University of Singapore
Kent Ridge
Singapore 0511

J Lowe
Student Counsellor

SYNOPSIS

Eleven National University of Singapore students were involved in ongoing group psychotherapy sessions for a period of 15 weeks. Assessment as to some of the changes occurring as a result of the group therapy was carried out by means of a visual analogue scale. In every student a definite positive change was recorded in the areas of social isolation, self consciousness in groups and in increasing their insight of their underlying personality. These findings together with the actual clinical experience of being in a group suggest that group psychotherapy may be a useful means of handling NUS student problems. Further studies are needed to explore the possibilities of extending group psychotherpy for selected patients.

INTRODUCTION

Since world war II the practice of group psychotheraphy has greatly increased. A reflection of its growing influence, is in its spread into many treatment settings eg. in the treatment of alcoholics(1), homosexuals(2) and in the group approach in community psychiatry(3). It is now firmly established as a useful method of treatment. Since the publication of the subreport of the Royal College of Physicians on students health in 1966(4), it is recognised that at least 1 to 5% of university students have severe psychological disturbances which can be classified under a psychiatric diagnostic categorry. However, of greater interest is the fact that 10 to 20% of students suffer from psychosocial, psychosexual and psychosomatic problems not easily subsumed under a formal psychiatric nosology. A number of these disorders relates to stresses unique to higher education. In this way university students represent a unique homogenous group for which group therapy would offer considerable advantages. Different authors have used different group models with varying results(5,6).

The model as described by Crighton (5), based on Johnson's goals (7) include the need for improved reality testing and socialization with the facilitation of new identifications and of mutual support and the reduction both of feelings of isolation and of unrealistic dependency needs. Crighton goes on to state that the "healthy" students manage to complete this move towards a psycho-socially adult identity during their time in university, reducing authority figures to manageable size, establishing reciprocally satisfying relationships with peers, and developing mature attitudes to work and to leisure. Among the "casualties" are those who cannot give up dependence; or who over-react against authority; who become lost in a painful isolation from friends or lovers, or who try to find among their lecturers or their peers substitute parents; or who try to solve the problems of works by applying themselves to it compulsively and with guilt, or by seeking one of the forms of failure.

A student group would allow such students to explore some of these aspects as they would be given a chance to increase their socialization as although the isolated will initially find the group threatening, they will also be given the opportunity to readjust in a constructive way by the dynamics of being and feeling accepted, and of experiencing increasing concern for other group members in his involvement with them. The problem of authority amongst students is also another area that can be explored in student groups, using the therapist.

The student group therefore can be based on a model in which the aim is a change in attitude and behaviour if necessary, as the result of enhanced insight. With this objective we set up this first psychotherapy group for university students in the National University of Singapore as described in this paper.

DESCRIPTION OF PRESENT STUDY

Outline of Setting of the Group

As this was the first group to be set up amongst our local university students, an announcement was placed on the student union notice board, offering this facility. The aim of this was so as not to limit this group to students who were already receiving psychological support from the student health service or student counsellor but to make this facility available to all students and to increase general awareness of such a mode of interaction. Student selection was therefore random and on a self selection based on motivational strength towards change. Motivation was assessed by the student's acceptance of the group contract which demanded:

(a) a commitment of attending all the weekly sessions for 12 weeks.

(b) the cessation of individual contact, if any, with either of the therapists.

This second requirement was included as it was predicted that some of the students who would ask for and who would benefit from group work, might already be in individual therapy with either of the therapists. It would be put to them that in opting for group therapy they were graduating from a one to one relationship to a shared one which was highly challenging and could be viewed as a privilege (8).

After an initial interview with one of the therapist (ie. the student counsellor), in which the contract was affirmed the first 12 students interviewed who were prepared to meet with the commitments, were included. Thirty two students had shown an interest, but it was decided to run the group as a 'closed group' with the same 12 students for the 12-week period.

There were also several preliminary decisive sessions between the two co-therapists (ie. the authors) regarding

the aims and objectives of the group and the difficulties c co-therapy.

Group Composition

The group consisted of 7 females and 5 males. Table summarises the main feature of the students involved.

Table I
SUMMARY OF STUDENTS CHARACTERISTICS

Student	Sex	Race	Age	Faculty	Year	Previous contact witl counsellor (psychiatris
1	F	Chinese	22	Arts & Soc Sc	II (repeating)	+
2	F	Chinese	21	Accountancy	II	—
3	F	Chinese	20	Arts & Soc Sc	I	—
4	F	Eurasian	24	Arts & Soc Sc	I	—
5	F	Chinese	23	Accountancy	II	—
6	F	Chinese	20	Arts & Soc Sc	I	—
7	F	Chinese	20	Arts & Soc Sc	I	+
8	M	Chinese	25	Arts & Soc Sc	I	+
9	M	Chinese	22	Science	II	—
10	M	Chinese	24	Civil Engin.	III	—
11	M	Eurasian	25	Arts & Soc Sc	IV (Honours)	+
12	M	Chinese	25	Business Admin.	I	+

Group Setting and Structure

The group met weekly on Saturday mornings from 11.00 an to 12.30 pm. The time was arranged so that it was suitabl(for these students in order to avoid disruption of lecture: and tutorials. The setting was in the large treatment roon of the student counselling department. Fourteen chair: were placed in a large circle around two tables on which a box of tissues and an ashtray were placed. At the firs group the contract was reaffirmed between the student: and the therapists that the students were going to commil themselves for the entire 3-month period. If they were go ing to miss any session because of university commit ments, prior notice was to be given. After 2 sessions, pa tient 12 dropped out of the group as he left the university. The subsequent sessions were carried out with the re maining 11 students. The incidence of absentee was very low as out of the 165 total number of attendance possible, only 21 absentees were recorded.

Initially the group was scheduled to run for 12 weeks but as this brought the group up to the week before the 2nd term was due to start, it was decided by the group halfway through the sessions that they would like to prolong the group into the 2nd week of the 2nd term, ie. 15 weeks as they felt that they would benefit from the group support for the start of the new term.

Group Process and Content

A weekly record was kept of all the group sessions, by the therapists. Though the group was unstructured and its aim was that of increasing socialization, interaction and that of increasing insight, attention was also directed to encouraging the students to freely voice their innermost thoughts, treating this not only with regard to its manifest content but also with regard to its unconscious content ie. its latent meaning. Thus the group model as described by Foulkes & Anthony in 1957 (9) was also used as the underlying model. Both therapists saw their roles throughout as facilitators in achieving these aims.

Over the 15 weeks, some of the main themes that were

dealt with can be briefly summarized as:

(1) Introduction of group members to each other and clarification of group process.

(2) Students 7 and 11 brought up their underlying conflicts which led each member in the group to exploring their own conflicts.

(3) The main theme centred around student 12 dropping off from the group which raised marked feelings of "insecurity about university life".

(4) Shared feelings of underlying depression and coping with them — leading onto exploration of death.

(5) Cohesion of group through exploration of feeling "being "in" or "out" of the group.

(6) Absence of one therapist leading to feelings of an absent authority figure, and consolidation of cohesiveness of the group.

(7) Centred on student 8's difficulties with university life due to his basic Chinese educational background. Support from rest of group. Sharing of own feelings of isolation and pressure.

(8) Interpersonal relationships in context of feelings of love, difficulties in expressing them and fears of sexual feelings.

(9) Continuation of exploring theme of interpersonal relationships.

(10) Focussed feelings on one therapist, regarding difficulties in relating to authority. Extension of group sessions.

(11) Anxieties of facing new term and approaching examinations.

(12) Anxieties of other therapist and comparisons between different authority figures in context of "warm" vs "cold" figures, "father" and "mother" role.

(13) Exploration of their awareness of themselves and & other

(14) group members with feedback within group continuing into group 14.

(15) Termination of group — as it was the last group, the session was centred mainly on feelings arising from the breaking up of the group ie. anxieties of loss of support, separation anxieties but also emphasing on the fact that these students could use their new skills to establish more independence in the new term. Throughout the 15 weeks symptom swapping was never allowed.

Method of Assessing Changes during Group Therapy

A visual analogue scale (Appendix I) was constructed specifically for assessing the likely changes in this group. The visual analogue scale was introduced in the1920s but was only recently demonstrated to be a reliable, valid and practical method for patient use (10, 11). In our scale, 11 items were used. Each item was scored by measuring with a ruler from the "am not", "have not" or "do not" axis to the student's mark. The items were arranged so that the "nots" alternated from side to side of the page, minimising any responses set. All students in the group filled out this scale at the first group, in the middle of the sessions (ie. at the 7th session) and again at the last group. The contents of 11 items included were:

(1) difficulties in expressing self
(2) being self conscious in groups
(3) feel anxious
(4) decision-making abilities
(5) self discipline
(6) isolation in the university
(7) coping with the pressures of the work
(8) support from peer group ie. outside this closed group
(9) tension due to university life
(10) family dynamics
(11) insight into personality

These parameters were selected as it was thought that these are the main areas in which students would have difficulties and therefore it could be shown over time that the group would help the students to overcome some of these difficulties.

RESULTS

As all 11 students completed the visual analogue scale at the start, in the middle and at the termination of the group, 3 sets of measurements were obtained. The mean scores of the results on each item at the three time intervals are shown in Table II.

Table II
STUDENTS SCORES ON THE VISUAL ANALOGUE SCALE

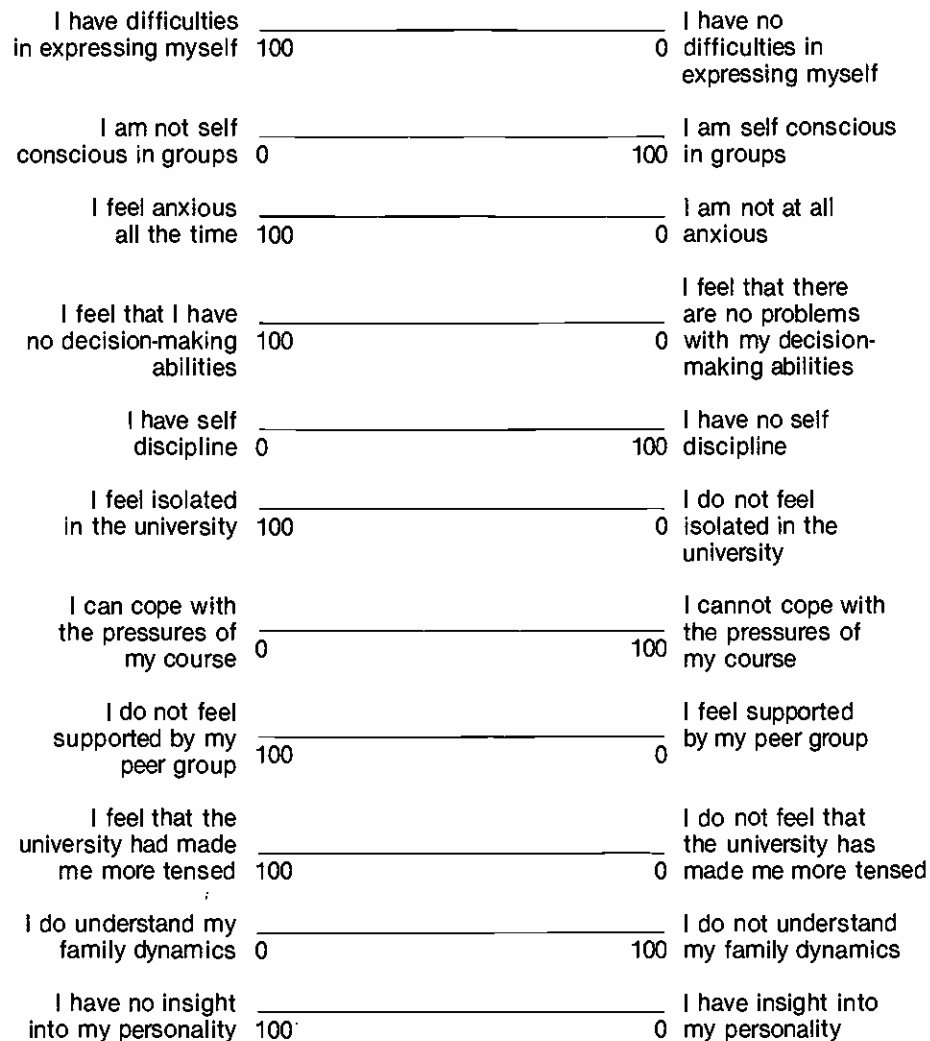| Item	Scores at start of group mean ± 1 SD	Scores at middle of group mean ± 1 SD	Scores at termination of group mean ± 1 SD	t values for differences between start and termination
1 Difficulties in expressing self	34.90 ± 29.18	47.82 ± 22.48	35.45 ± 25.91	n.s.
2 Self conscious-ness in groups	51.90 ± 22.18	50.54 ± 21.81	28.36 ± 17.57	5.370**
3 Anxiety	49.09 ± 24.85	40.91 ± 17.42	39.91 ± 23.17	n.s.
4 Decision making abilities	40.91 ± 27.47	36.09 ± 21.14	29.18 ± 20.59	n.s.
5 Self discipline	43.91 ± 26.94	27.09 ± 18.25	36.0 ± 21.07	n.s.
6 Feelings of isolation	58.91 ± 28.61	44.18 ± 23.20	32.18 ± 20.52	4.698*
7 Coping with course	46.73 ± 25.78	39.73 ± 22.76	45.0 ± 25.35	n.s.
8 Support from peer group	43.73 ± 26.95	49.27 ± 18.19	34.45 ± 22.48	n.s.
9 Tension due to university life	53.18 ± 21.96	44.91 ± 22.29	37.73 ± 22.80	n.s.
10 Family dynamics	38.82 ± 24.12	35.64 ± 19.40	29.0 ± 21.20	n.s.
11 Insight into personality	42.45 ± 28.37	36.36 ± 18.76	23.18 ± 17.15	4.665*

* P < 0.01
** P < 0.001

From Table II it can be seen that there were no statistically significant changes for the measurements on any of the items between the start and the middle, or the middle and the termination of the group even though apparent trends maybe postulated. However, when comparing the scores between the start and termination of the group ie. before and after the course of the group therapy, statistically significant differences were found for the items dealing with self consciousness in the groups; isolation in the university and insight into the underlying personality (in each case the t value obtained by means of the 2-tailed paired t test is given in the last column of Table II). As this method quantitates changes in the students' inner experiences after going through therapy, it can be concluded that the group sessions had definitely helped them at least with feeling less self conscious in groups on the whole; that the group had reduced their feelings of isolation in the university and had given them an increased insight into their underlying personality. No other statistically significant differences were found with the other self rating items.

DISCUSSION

From the onset the authors were aware that a student therapy group would be different from the usual 'closed' or 'semi open' groups. First the members would probably be known to each other and would have contact with each other outside the group. Next the selection of the students was at random as the group was opened to all students. The students would therefore be varying in their degree of disabilities. With this particular group there seemed to be a spontaneous semi biased selection of students in that five of the twelve students had had contacts with either one of the authors. However, this is probably to be ex-

Appendix I

Would you please indicate on the 0 — 100 points line scale
below how you feel at the present.

I have difficulties in expressing myself	100 _____ 0	I have no difficulties in expressing myself
I am not self conscious in groups	0 _____ 100	I am self conscious in groups
I feel anxious all the time	100 _____ 0	I am not at all anxious
I feel that I have no decision-making abilities	100 _____ 0	I feel that there are no problems with my decision-making abilities
I have self discipline	0 _____ 100	I have no self discipline
I feel isolated in the university	100 _____ 0	I do not feel isolated in the university
I can cope with the pressures of my course	0 _____ 100	I cannot cope with the pressures of my course
I do not feel supported by my peer group	100 _____ 0	I feel supported by my peer group
I feel that the university had made me more tensed	100 _____ 0	I do not feel that the university has made me more tensed
I do understand my family dynamics	0 _____ 100	I do not understand my family dynamics
I have no insight into my personality	100 _____ 0	I have insight into my personality

pected as such students would feel the need to have therapy and would also be more aware of the services available for psychological help. The size of the group was also larger as most experienced group therapists recommend that any group should only consist of seven to nine members, in order to allow enough time to go into depth in each meeting of at least some individual behaviour. However, Sadock & Kaplan (12) have found that ten to twelve members can be an optional group size if the therapists are going to structure the group experiences.

This student group fell in a way between both models as the original aim was to be a fairly unstructured group with the aim of a change in attitude and behaviour as the result of enhanced insight, but also had to be structured as a time limit had to be set. The size of this student group was however not determined only by the model but by the fact that there had been a much greater than predicted response from the students for the group places. From one of the author's working experience, with students, it has been noted that students who seek help from counsellors usually require almost immediate attention as the difficulties are usually not overtly of long duration and will not warrant a delay of a long waiting list. Counselling work with students has therefore been in the crisis intervention mode. This made a good argument for the larger group number as if group methods are to be of use they

must at least accommodate the student more immediately.

The shorter time commitment of 3 months was essentially also to allow the student to be able to fulfil the commitment as any longer period would either extend into the student's vacation period or would cover examination periods where it could be predicted that it would make it difficult for the group to maintain impetus and prevent members dropping out. As such the authors were proved wrong as this group extended over the 4 weeks vacation break between the 1st and 2nd terms but group attendance remained good throughout.

By including the use of a visual analogue scale we have been able to illustrate that the most important finding of this group, is that the students in this group both verbally in their group interaction and through the visual analogue scale reported the therapeutic usefulness of being able to feel supported by the group in feeling less isolated, and to be less self conscious in groups. Though they reported also that this effect did spread beyond just this group this was not picked up by the item on the scale regarding their peer group. Gaining insight into their underlying personality was as stated, one of the main aims of this group and this seems to have been achieved mainly by means of the interactions and group dynamics within the group and the interpretations which were made on the basis of this.

Though the visual analogue scale had not picked up any other statistically significant changes, it is not really possible to draw any firm conclusion from this. It is likely that the visual analogue scale, though adequate, is not sensitive enough to measure change in the psychotherapeutic process. However, this reflects the important perennial problem with psychotherapy in that the assessment of improvement has always been difficult.

From Table II, the only 2 items that did not show an apparent difference between the means at the start and termination of the group therapy were that of coping with the pressures of the course and that of difficulties in self expression. It is perhaps understandable as to why no change was found in the students' feelings of how they were coping with the pressures of their varied courses as the group did not at any time deal directly or practically with this issue but instead indirectly dealt with this issue in terms of increasing the confidence amongst students about their capabilities. However, it is not perhaps so easy to understand as to why no measurable change occurred in their difficulties related to expressing themselves, as this was encouraged throughout the group. With the remaining 6 items, there is an apparent improvement in all, and this is again to be expected as the content of these 6 items were dealt with, directly, in the group sessons. The fact that these changes were not statistically significant underlines again the difficulty in finding an appropriate instrument for measuring changes during group therapy. Further experimental work would have to be done to find a more sensitive measure. In addition the numbers involved in this study are very small due to the limits set on group size and as such changes would have to be very large before they would be statistically significant.

All in all the experience was a positive one for the students, reflected in the fact that they asked to prolong the group — this was done as stated from 12 weeks to 15 weeks as it was thought by both the therapists that its would be helpful to support the students through the first few weeks of the new term as anxieties about the final examinations would rise as was the case.

Both the therapists also felt strongly that the group was helpful for students. This again, cannot be quantified, but is to some extent reflected in the fact that a second group is now in progress. The purpose of this second group is also that it will allow a comparative study to be carried out against this first group, as well as enabling new information to be gathered about the usefulness of groups with regards to examination stress, as this second group covers the final examinations period. It is also the hope that the information from these preliminary studies, would enable this form of therapy to be used as a formal mode of treatment for our local patients who have attained a certain degree of education and are able to verbalize their problems.

ACKNOWLEDGEMENT

REFERENCES

1. Glatt MM: Group therapy in alcoholism. Brit J Addict 1958; 54: 133.
2. Hadden SB: Treatment of homosexuality by individual and group psychotherapy. Amer J Psychiat 1958; 114: 810.
3. Peck HB: Group approaches to community psychiatry. In: Comprehensive group psychotherapy (Ed. Kaplan & Saddock) Williams & Williams Co, Baltimore 1971; 643-51.
4. Royal College of Physicians: Report of subcommittee on The Student Health Service 1966.
5. Crighton JL: Group work with students. Student Health Practice. Ed. A Wilkinson Pitman Medical 1979.
6. Crighton JL, Lehn D: Behaviour research therapy 1969; 1: 245-8.
7. Johnson JA: Group therapy — A practical approach. McGraw Hill, New York 1963; p 2.
8. Goldstein AP: Therapist patient expectancies in psychotherapy. Pergamon Press 1962.
9. Foulkes SH, Antony EJ: Group psychotherapy. Penguin Books 1954.
10. Aitken RCB: Measurement of feelings using visual analogue scale. Proc R Soc Med 1969; 62: 989-93.
11. Folstein M, Luria R: Reliability, validity and clinical application of the visual analogue mood scale. Psychological Med 1973; 3: 479-86.
12. Sadock BJ, Kaplan HI: Group psychotherapy with psychiatric residents. Int J Group Psychother 1969; 19: 420.