
Homogeneity or Heterogeneity of Groups: When, and Along What Dimensions?

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Abstract

Low awareness of the interplay of homogeneity-heterogeneity variables in group composition may limit the counsellor's choices from the therapeutic menu. Multi-dimensional homogeneity is generally accepted for support or one-issue oriented groups. However, for more ambitious change-oriented groups compositional considerations become more complex. For these groups, the paper suggests homogeneity in clients' tolerance of anxiety, motivation, mental and social abilities, and exclusion criteria, whereas it argues for a heterogeneity along almost all other dimensions. Understanding the interplay of these variables may substantially broaden the group counsellor's repertoire of therapeutic approaches.

Résumé

Sous-estimer l'interaction des variables d'homogénéité et d'hétérogénéité dans la composition des groupes peut limiter les choix du conseiller dans son menu thérapeutique. On accepte généralement l'homogénéité multidimensionnelle dans le cas de groupes de soutien ou axés sur un problème unique. Néanmoins, dans le cas de groupes plus ambitieux dont l'objectif est le changement, les considérations de composition se compliquent. Le présent article suggère l'homogénéité pour la tolérance à l'anxiété, la motivation, les capacités mentales et sociales et les critères d'exclusion, mais une certaine hétérogénéité pour presque toutes les autres dimensions. Comprendre l'interaction de ces variables peut considérablement enrichir le répertoire du conseiller de groupe quant aux approches thérapeutiques.

According to the author's observations, many well educated and skilled counsellors are not fully familiar with dynamically conceived psychotherapy groups that, ideally, integrate group process and content. As a result they do not have to struggle with the intricate problems of homogeneity or heterogeneity in the group composition. Instead, their groups are usually built homogeneously around a specific singular task or problem. In some instances, resolving the problem or achieving the task is a desired, sufficient, and satisfying outcome. On other occasions, the satisfaction may be due to the therapist and group members not even suspecting how much more could have been explored, had the group been conceived and composed differently.

In other words, the homogeneously composed group with a sharply delineated focus may be a deliberate and a goal-appropriate choice. Unfortunately, sometimes it is a default choice. It happens when the therapist has not considered that the singular problem and connected homogeneity in group's composition may become a limiting liability, and the therapist has not been aware of other possible solutions. It may have something to do with the way group therapy is taught in counselling.

programs, and with the consequent direction of research interests. This paper takes a brief closer look at the interplay of the group's goals and problems connected with the group's composition, and considers its implications. Hopefully, it may contribute to a broader pool of options based on which the therapist can make an informed choice.

THE BASIC CONSIDERATIONS

In his text for beginning group counsellors, Trotzer (1989) advises that "balance seems to be the key" (p. 373) to group composition, because "no magic formula exists for putting together all the right ingredients in their proper amounts" (p. 372). He argues for a flexible attitude based on the nature of the problems and the clients being worked with. Further, he acknowledges that "common-problem" and "case-centred" groups are based on different levels of homogeneity, which facilitates either cohesion or social learning. He briefly mentions some variables affecting group homogeneity, such as age, sex, verbal ability, or cultural, ethnic, and racial backgrounds of group members. He does not, however, tie these variables to the more complex ones associated with a purposeful group design, such as the objectives and ambitions of the group. Yet, clinicians practicing group therapy have to struggle with these complexities that involve important questions of group compositional homogeneity. Many clinicians would most likely agree with I. D. Yalom (1985), who states that "the composition of a group makes a substantial difference and influences many aspects of group function" (p. 270).

I. D. Yalom (1985) is chiefly interested in therapeutic groups that are geared towards substantial personal changes in its members. This goal is usually anxiety-producing and thus calls for members who can tolerate this type of environment. At the same time, this goal calls for members with diverse areas of major personal conflicts, and diverse ways of dealing with them. This kind of heterogeneity allows for change to occur, because group members can self-project and develop transference relationships (Whitaker & Lieberman, 1964; more recently Kutash & Wolf, 1993; Tuttmann, 1993). This transference is not only towards the therapist (cf. Bion, 1959; Ezriel, 1973), but perhaps more importantly, towards other group members, and the group as a whole (Horwitz, 1977; Rosenberg, 1993). This creates conditions for social learning (V. J. Yalom & Vinogradov, 1993), and important shifts in clients' interpersonal schemas through corrective emotional, cognitive, and conative experience (F. Knobloch & J. Knobloch, 1979).

I. D. Yalom (1985) agrees with Whitaker and Lieberman (1964; also restated by Salvendy, 1993) who advocate striving for a maximum heterogeneity in clients' conflict areas and patterns of coping, and a maximum homogeneity in clients' degree of vulnerability and capacity to tolerate

anxiety (i.e., in “ego strength”). In I. D. Yalom’s opinion, this postulate should apply at least for long-term intensive therapy groups. This balance would create conditions of a social microcosm, or of dissonance and adaptive discomfort, either of which are necessary for therapeutic change. Heterogeneity, however, threatens group cohesiveness, especially in the early stages of a group’s life. I. D. Yalom apparently subscribes to the theory that attraction to the group is the variable most critical to the outcome, and that this attractiveness rests chiefly on the group’s cohesiveness. Thus, he somewhat surprisingly argues for homogeneity and proposes that “cohesiveness be the primary guideline in the composition of therapy groups. The hoped-for dissonance will unfold in the group . . .” (p. 273).

This conclusion is puzzling in light of I. D. Yalom’s (1985) previously stated “rule” of “*heterogeneity for conflict areas, and homogeneity for ego strength*” (p. 265; italics in original). It is possible that this “rule” still holds but only under certain conditions, and when considering other important variables. Moreover, this may be the case even for brief or time-limited therapy groups.

Knobloch and Knobloch (1979) developed the concept of motivational balance, based largely on the theory of social exchange (cf. Thibaut & Kelley, 1959). According to them, social exchange includes not only tangible but also imaginary and fantasy rewards and costs. The attractiveness of the group, or attractiveness of the whole therapy process, rests on the motivational balance of these rewards and costs. The task of the therapist is not only to initially, and then continually, assess this balance, but also to promote it in therapy. Thus, Knobloch and Knobloch propose homogeneity in the level of motivation among group members. This motivational homogeneity can help to overcome initial difficulties with cohesiveness that stem from the heterogeneity of members’ problems and ways of dealing with them.

MacKenzie (1991) carefully considers the group’s objectives, and the connected question of the group’s therapeutic ambitions. He maintains that group interactions can be conceptualized as lying along a continuum, that at one end deals with the provision of practical support, and at the other with expectations of intensive introspection (cf. Kaplan & Sadock, 1993). Groups at the support end will provide anxiety relief, and anxiety stimulation at the introspection end. Thus, the continuum may be seen as social support/social skills groups, groups with an educational and cognitive focus, interpersonal-restitutive groups, and interpersonal explorative groups. Along with the different group objectives, the therapeutic ambitions of the group will change and increase. The group’s need for homogeneity or heterogeneity changes along this continuum as well.

The problem many therapists have with the expression “higher therapeutic ambitions” may be purely semantic, and connected with our customary vertical spacing of values. In fact, “higher” does not necessarily mean “better”: higher LDL cholesterol blood count is actually “worse,” whereas a higher sound is simply different than the lower one. The expression “higher therapeutic ambitions” should be understood as meaning “different ambitions,” and seen as a descriptive rather than evaluative term. It is also important to stress that the term refers to the group’s and individual group members’ therapeutic ambitions, not the therapist’s.

With these considerations in mind, it is easier to appreciate the need for, the usefulness of, and the legitimacy of all groups no matter where they are on the proposed continuum. However, the objectives and therapeutic ambitions of the group should be clearly and explicitly delineated, and the group should be homogeneous in this regard. Similar to the homogeneity in motivational balance, the common objectives and therapeutic ambitions among group members can be grounds for a sense of universality. In groups with “higher therapeutic ambitions” this sense may compensate for the initial difficulty with cohesiveness connected with heterogeneity in members’ problems and ways of coping.

Other variables that contribute to a group’s homogeneity or heterogeneity may be reviewed from the point of view of group objectives and therapeutic ambitions. Perhaps an exception may be sex and age variables in children and teenage groups, where homogeneity is commonly accepted clinical wisdom. In adult groups, the gender homogeneity may be called for in certain support groups, in groups dealing with a specific gender-related problem, or in groups where members are not interested in or ready to attempt a resolution of their problems with the opposite sex. On the other hand, such a resolution may be achieved in a gender-heterogeneous group; such a group provides an excellent opportunity for in vivo social learning and interpersonal corrective experiences. Besides the above mentioned exception, a similar approach may be taken to the age structure of the group. There is nothing wrong with an age-homogeneous support group that is often focused on some age-related or age-specific problem. However, in an age-heterogeneous group the members, through mutual relationships, may resolve their relationships with a wide range of significant others in their lives; for example, with their parents, peers or children (Knobloch, 1985; Knobloch & Knobloch, 1979).

The heterogeneity of the intensive therapy group may even be enhanced by deliberately choosing members with diverse, but mutually complementary personality traits, that serve complementary roles in the group process. F. Knobloch (personal communication), a founder of a

therapeutic community in Vancouver, B.C., used to quip: "For every rebellious rule-breaker we need one obsessive rule-follower or even rule inventor." The attention to the group-role complementarity may also be one way of dealing with the problem of group isolates. The group with diversity of group roles not only identifies and amplifies the individual's isolation, but also permits the group to address the isolation, to understand its meaning, function and consequences, and then allows for social learning and experimentation with more satisfying coping strategies to occur.

Discussing dimensions like group time limits, and open versus closed designs is beyond the scope of this paper. However, these dimensions are also closely tied with a gentle balance between the need for group cohesiveness and the group's therapeutic ambitions, and consequently with important questions regarding the homogeneity or heterogeneity in the group composition.

HOMOGENEITY OR HETEROGENEITY: WHEN, AND FOR WHAT?

Summarily, the more homogeneous the group, the quicker may be the development of the sense of cohesiveness that is necessary for its sustained work. At the same time, the sense of "therapeutic tension" (Horwitz, 1977) is likely to dissipate in homogeneous groups quite rapidly, if it was present there at all. This sort of therapeutic tension, connected with the group's heterogeneity, is considered by many group therapy theoreticians and practitioners to be a necessary condition for clients' substantial therapeutic change. However, a heterogeneous group with high therapeutic ambitions faces problems with group cohesiveness, especially in its early stages. These problems have to be continuously attended to, and compensated for, by a variety of means so that the group survives and achieves its objectives. Moreover, this kind of a group needs to be carefully screened for clearly delineated exclusion criteria.

There is no "right" or "wrong" recipe for group composition or a solution that will satisfy the needs of all groups. The problem is to clearly delineate the group's objectives, expectations, and ambitions. The support group is probably best served by a homogeneity of its members along as many dimensions as possible. As the therapeutic ambitions of the group increase, so does the importance of the homogeneity-heterogeneity interplay among different dimensions. Vinogradov and I. D. Yalom (1989) maintain that the single most important criterion for selection for any group is the client's ability to perform the group's task. This maxim, applicable to any group, comes to the fore when the task is more difficult and thus, generally less attainable. Then for the group with "high therapeutic ambitions" it is extremely important to achieve homogeneity in:

1. Client's abilities to tolerate anxiety and vulnerability, or summararily, in clients' "ego strength";
2. Exclusion criteria, for example psychotic illness, acute major depression, acute mania, or severe borderline or antisocial personality disorder;
3. Clients' motivation for change, and acceptance of the group's objectives and ambitions; and,
4. General mental and social abilities (i.e., all within a fairly broad "normal" functional range).

On the other hand, such a group benefits from heterogeneity along almost all other dimensions, and namely in:

1. Diversity of problems, conflict areas, and clients' coping styles; and,
2. Diversity in gender, age, education, status, ethnic background, and so on, in the composition of the group.

At this point it may be helpful to revisit the previously quoted Trotzer's (1989) wise call for balance. Certainly the suggested heterogeneity is not boundless, and too many or too extreme differences in the group's composition are rather harmful. Finding the optimal balance is a great test of the therapist's experience, skills, and creativity.

IMPLICATIONS

The therapy group may be compared to any other social group. There is nothing "wrong" with the afternoon-tea group where questions of homogeneity or heterogeneity are not a problem; in fact, a homogeneous group may provide a welcome feeling of secure familiarity. However, with the increasing difficulty of the task the group sets for itself the questions of group composition come to the fore. The group planning a mountain hike or expedition has to take into account the motivation and ability of its members, and their ability to contribute in a variety of ways to the group's task. A false sense of "democracy" (cf. "a degradation of democratic dogma"; Bertalanffy, 1967, p. 339), that is, not attending to these problems, usually leads to unsuccessful outcomes and demoralization (Knobloch & Knobloch, 1979). Nobody is satisfied; neither the group members for whom the task has been more than they wanted and were able to do, nor the members who have been willing and able to achieve more but were frustrated in their efforts.

There appears to be quite a substantial community demand and need for change-oriented "ambitious" therapy groups; this demand has not yet been met. This is especially unfortunate in the case of community counselling agencies. The whole mental health field is now under pressure to provide less expensive and more accessible services, and commu-

nity agencies appear to be viable alternatives to the services provided by the medical system.

Community agencies have a long-standing, excellent record in providing individual, couple, children, and family counselling, and a wide variety of support, educational, or specific issue-oriented groups. They have, however, seemed to shy away from "highly ambitious" groups that ideally, integrate the content in the here-and-now of the group process.

Financial sponsors tend to misperceive these groups as non-specific and consequently aimless and time-consuming luxuries. Nevertheless, this may be a function of how a particular group is conducted, not of its design. The group design advocated here is, in fact, highly goal-oriented (cf. Knobloch & Knobloch, 1979, 1982), but the goals are delineated and achieved differently than in the single-task groups. Moreover, this design is also suitable for time-limited groups (MacKenzie, 1991). In the author's experience, contrary to the aforementioned institutional mistrust, these groups seem to be therapeutically-, time- and cost-effective alternatives for many community agency individual clients. The research seems to support this experience (cf. Piper, 1993).

There may also be, however, other reasons for a certain mistrust of the change-oriented groups. In the author's view, they might have been based on: (1) a fear of the anxiety they tend to generate; and (2) degree of misunderstanding of the homogeneity-heterogeneity variable involved, and their potential to compensate for this anxiety by therapeutic and personal rewards.

A better understanding of these variables may lead to a greater acceptance of ambitious, change-focused groups. It is necessary to stress again that this would not replace the valuable services the community agencies have provided so far, because it is not a question of what is "better" or "worse." Rather, it would broaden the scope of the services provided in a way that meets community needs.

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I would like to thank Dr. Marvin Westwood for his helpful and encouraging comments, and K. Grant, M.A., M.Ed. and Dr. A. Scott for their expert linguistic help.