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To cite this article: Linda YaelSchillerMSW and LICSW (2007) Not for Women Only: Applying the Relational Model of Group Development with Vulnerable Populations, *Social Work with Groups*, 30:2, 11-26, DOI: [10.1300/J009v30n02_03](https://doi.org/10.1300/J009v30n02_03)

To link to this article: https://doi.org/10.1300/J009v30n02_03



Published online: 08 Sep 2008.



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Not for Women Only: Applying the Relational Model of Group Development with Vulnerable Populations

Linda Yael Schiller

ABSTRACT. This article presents and illustrates the application of the relational model of group development (Schiller, 1995, 1997), originally formulated to address a differential developmental pathway observed in groups comprising women, to address vulnerable populations. Following a review of group developmental theory, the article discusses the importance of practitioners moving from observation to application in the use of a group stages model for groups impacted by trauma, oppression, and loss. doi:10.1300/J009v30n02_03 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2007 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. Stages of group development, relational model, vulnerable populations, trauma, oppression, loss

INTRODUCTION

The relational model of group development was originally formulated to address a differential developmental pathway observed in groups

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Social Work with Groups, Vol. 30(2) 2007
Available online at <http://swg.haworthpress.com>
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doi:10.1300/J009v30n02_03

comprising women (Schiller, 1995, 1997), one that differed from the classic model of conflict preceding intimacy in groups. Given the feedback in recent years, it seems that this model is also applicable to a number of other types of groups, in particular those comprising vulnerable populations. This article will look at the relational theory of group development as applied to other groups in two ways. Following a brief review of stages of group development theory, it will examine the notion of “applying” a group stages model, as opposed to simply observing it, and finally discuss the relevance of the relational model for groups with vulnerable populations, particularly those dealing with trauma, oppression, and loss.

REVIEW OF PREVAILING MODELS OF GROUP DEVELOPMENT

It is useful to briefly review the prevailing models of group development before discussing how to apply one of them more broadly. Garland, Jones, and Kolodny (1973) developed the classic model in social work practice, which became known as the “Boston Model.” The stages of development they observed while working with children and adolescents are pre-affiliation, power and control, intimacy, differentiation-cohesion, and separation-termination. This model became the gold standard for all social work group development for many years. Concomitantly, in the field of psychology, Tuckman (1965) and later Tuckman and Jensen (1977) also proposed five stages of group development. Known in the vernacular as “forming, storming, norming, performing, and adjourning,” he actually called the five stages testing and dependence, intragroup conflict, development of group cohesion, functional role relatedness, and termination.

What both models have in common is that conflict seems to precede intimacy and cohesion. In addition, the stage of group development where members are able to function most independently and without the need for a great deal of facilitator intervention occurs in the fourth stage, prior to termination tasks. These models have been studied, observed, and applied in group practice since then, and were and still are frequently found to be valuable means by which to understand and work with group members. Other discussions of group stage theory have more or less also been based on this model, with some variations noted for the differentials of group life. For example, Galinsky and Schopler discuss cyclical and repetitive stages in open-ended groups (1985, 1989),

Berman-Rossi views empowering groups through understanding group development (1992) and tasks and skills for the worker across stages of group development (1993), and Kelly and Berman-Rossi examine groups of institutionalized older persons (1999) and review how both models of group development may be manifest in groups with older persons.

Following years of working with a variety of types of women's groups Schiller (1995) proposed that some groups, at the time specifically women's groups, followed a different developmental pathway. She proposed a paradigm that took into account the growing body of research on women's growth and relationships emerging from the Stone Center for Women at Wellesley College (Jordan, Kaplan, Miller, Stiver, and Surrey, 1976), and feminist scholarship at Harvard University headed by Gilligan (1982). Schiller's model included principles from Fedele's (1994) relational work with women in groups and proposed that while the first and last stages of group development seemed to hold fairly constant, something else happened in between. The five stages of this model are called pre-affiliation, establishing a relational base, mutuality and interpersonal empathy, challenge and change, and termination.

Briefly, in contrast to the preceding models, the relational model proposes that intimacy actually precedes conflict or challenging behaviors in groups, and in fact, that cohesion and connection are often pre-requisites for the emergence of conflict. This model views the centrality of connection in women's lives as the main organizing aspect of group life, and thus the middle three stages reflect holding connection through commonalities (establishing the relational base), then holding connection through differences (mutuality and interpersonal empathy), and finally the ability to hold and maintain connection through conflict and confrontation (challenge and change). Additionally, since groups developing along this model experience their most challenging stage, that of dealing directly with conflict and power issues, at stage four, the worker's role at this stage must change to accommodate this. Rather than being fairly self-directed at this point, the members are dealing with the area they typically have the most difficulty with. Therefore, the worker needs to become more active again, to assist members in negotiating this stage without losing their connections in the process.

THE CONCEPT OF "FELT SENSE"

Another key premise of this model is the need to establish a "felt sense" of safety in the early stages as a necessary step before moving on to

explore taboo subjects, differences of opinion, risk-taking behaviors in or outside of group, or being able to work through conflict in a productive fashion. Although paying additional attention to safety is important for vulnerable group members, the phrase “felt sense” has a specific meaning and is derived from Gendlin’s (1988) work on “Focusing.” It implies a perceived bodily experience that is at once visceral as well as cognitive. He describes “felt sense” as “a bodily awareness, a non-linear experience, . . . the medium through which we experience the totality of sensation” (p. 32). Cornel (2005) describes “felt sense” as “a freshly forming holistic sense that has a more-than-words-can-say quality to it” (p. 89). When clients are able to come into contact with this “felt sense,” it provides a greater range of immediate response choices that are based on a detached curiosity about oneself and events in one’s life, rather than from a state of fear, reactivity, or other negative emotions. So, being able to experience physically, as well as emotionally and cognitively, a “felt sense” of safety in a group setting is an important aspect of early group development that will prepare the ground for members to be able to deal with conflict later on. This will be especially relevant for groups with vulnerable populations, regardless of their gender or age, that have experienced trauma, loss, abandonment, displacement, neglect, violence, or oppression in its myriad forms.

To be able to tune to and experience this “felt sense” in regard to safety, one must be able to answer the question “How do you know . . .” or “How can you tell . . . that you feel safe (or don’t) right now?” Answering implies that we tune in to our physiological as well as emotional state. We might also inquire, “How can you tell in your body and mind if you feel safe?” Answers then may vary from “I can take a deep breath and feel my shoulders relax,” to “My heart is beating calmly and evenly,” to “I feel warm and peaceful in my belly,” to “My thoughts aren’t jumping around, and I can focus easily.” Note that the response is best framed in the positive tense, not the negative. (In other words, not only the absence of a problem, but the presence of a positive opposing state. We are looking for more than simply “I’m not feeling anxious.”)

WHAT DOES “APPLYING” A MODEL OF STAGE THEORY MEAN?

We facilitate our groups with a particular orientation to or philosophy about what helps. Some of our philosophical opinion is based on our own personal life experiences and personality style, some is based on

our professional training, and hopefully some of it is also based on our differential evidence-based knowledge of what actually is helpful and useful to different populations with differing needs. Using a multi-variable analysis of our groups including setting, population, presenting issue, and group process (the “4 Ps” used and taught for decades by the group work faculty at Boston University—place, population, problem, and process), we might decide to approach each group that we facilitate with a different stance. Holding constant that we each have our own unique personality and professional style, we also make choices about how we will adapt our use of self in the group depending on all the variables to consider. This occurs when we are conscious and cognizant of the choices available to us as we approach our groups. Implied in that is that in addition to carefully assessing how we use ourselves to facilitate group process, we can and perhaps should be making choices about which model of group development would provide optimum growth and healing for our members.

Whether we are consciously choosing a mode of group development or not, we *cannot* be influencing our group’s development. We are used to examining stages of group development from a *descriptive* stance, to apply a theoretical model differentially we need to think about utilizing a *prescriptive* stance. Kelly and Berman-Rossi (2000) remind us that group development models describe what might happen, not what should happen.

Thinking about group development prescriptively, rather than descriptively, opens up a theoretical as well as ethical examination. What then is the influence of the facilitator on: How the group moves along? How it grapples with the authority and intimacy themes (Shulman, 2005)? How and when conflict emerges? Whether or not scapegoating occurs? What level of risk taking and self-disclosure occurs? When and if members support each other? For example, if we approach our groups with the idea that the relational model of group development is optimal for this membership, what will that do to the evolving group culture and developing norms? This represents a shift in our thinking from how a group develops organically to how the worker may actually influence this process by her/his own presence and choices.

Other disciplines provide additional insight into this leading/following dilemma. Post-modern constructivism, a sociological and anthropological construct, includes as part of its paradigm the effect of the interviewer on the culture or subject she/he is interviewing. It says, in effect, that an interviewer always has an influence on the subject they are interviewing; that there is no such thing as pure objectivity. In other words,

by virtue of what is asked, the answers themselves are affected. Meaning, then, is socially constructed; it does not exist in an objective form. We are always a part of everything that we try to examine, and our presence itself, to say nothing of our words, changes things.

Our presence seems to have an effect not only on groups of people, but on the very nature of matter and the physical universe as well. According to quantum physics, our very awareness of something seemingly changes it. Heisenberg (as cited by Kushner, 1998), called it the "Uncertainty Principle," and Kushner cites him to state, "Our acts of observation alter the states of the (subatomic) particles we observe" (p. 195). According to Heisenberg, detached observation on the most primary subatomic level was not possible. In the very act of observing an event, the observer became a participant. All beings, from space to time, matter to energy, intention to creation, are in one spectrum. In other words, we cannot even observe something, be it actual physical matter or an energetic process, without changing it.

So, if our very observations have the power to influence and change matter and energy, then how much more may our presence, our words, and our own energies affect and influence what happens in our groups? While the worker is not the only variable, we are clearly one of them. Returning to the social work paradigm with its quandary between following and leading, we must be clear that the choices we make can and do affect what happens in our groups. Thus, we need to be aware of our own philosophies and orientations so that we can practice ethically and without hidden agendas. We need to self-monitor in order to make those ever present judgment calls as to when to follow an organically evolving group, and when to "lend a vision" as Schwartz (1961) states, in moving the group towards another way of working together.

An example of this occurs in the men's groups Sternbach (2001) describes. In these groups, all members and the worker were men. Sternbach describes purposely choosing to work from the relational model of group development in order to help the men heal in the arenas that they typically have greater difficulty, those of forming and maintaining close intimate connections that include sharing vulnerabilities. He states that his groups then do tend to develop along the lines of the relational model, contrary to what would be expected for groups of men. The differentiating factor seems to be his facilitation style and choices.

Thus, when "applying" a model of group development, rather than observing it, we need to be conscious of why we are making these choices. We need to stay tuned to our biases and countertransference, particularly when as women we are dealing with our own relationship to

conflict, power, and anger, and as men when dealing with expressions of vulnerability or perceived weakness.

It would seem that the groups most likely to benefit from being facilitated along the lines of the Boston Model would include groups of high physical energy, where attention is paid by the members to competition, those used to and more comfortable with confrontation and frequent attention to power dynamics and power struggles, to name a few. Young people in general, and certain cultural styles that are fast-paced and value directness and independence may benefit from following this model. Here too, however, one female practitioner states what happened when she shifted her paradigm of expectation and style of facilitating when working with a group of adolescent girls in a residential setting. "Of everything I have learned thus far from working with the Girls Group, I am most surprised by how my change in facilitation style has affected my view of group work. Working in a residential setting, I have traditionally thought of the girls as perpetually in a 'power and control' stage. I witnessed this same theme in the group. Then, as I read about alternative models (of relational development), I began applying differential theory in my own work. I was shocked by how the elements I viewed as power and control seemed to diminish when I entered the mind of a more relational context" (Smith, 2006, p. 11).

Conversely, groups that are slower-paced, such as work with older persons, that struggle with a history of oppression, tend to avoid confrontation, and are less concerned in general with power dynamics may benefit more from a group that develops along the lines of the relational model. Cultural variations may also benefit from this style, when the culture values respect for authority and tradition (as in certain Asian cultures), interdependence of kinship and clan lines rather than independence (as in certain Latino cultures), or have been displaced and are now struggling to maintain their identity (as in certain immigrants and most refugees). For example, Chen (1995) cites that group work with Chinese clients needs to take into account characteristics of Chinese culture that include "restraint of feelings and reluctance to self disclose, a strong sense of parental authority and dignity, great respect for the elderly (p. 46), and a view of the group worker as really the "Leader" of the group (p. 48). Gloria (1999) identifies a number of cultural values present in work with Chicana college students. She cites traditionality, or a traditional value system that emphasizes family and community "manifest through strong feelings of loyalty, unity, commitment and reciprocity;" "simpatico: a cultural pattern of social interaction that emphasizes the promotion and maintenance of harmonious or smooth social interpersonal

relationships;" and "personalismo: a cultural pattern that emphasizes the importance of relationships" (Gloria, p. 248). When these cultural traits are present in group members, the application of the relational model seems very compatible. Finally, groups whose members are identified as vulnerable may benefit from the relational stance. One intern, working with a mixed gender group of mentally ill adults states: "People with mental illness have been marginalized and discriminated against throughout history, much as women have been historically (rendering both of them vulnerable populations currently or historically). (Perhaps) one of the reasons that the (relational) model is so powerful (with this population) has to do with the fact that there is a natural bonding that takes place in a population that has experienced common large scale discrimination and marginalization" (Hirschi, 2006). This experience of discrimination, marginalization, and vulnerability also holds true for refugee groups, who by definition are escaping oppressive and sometimes murderous regimes (Nicholson and Kay, 1999; Fadiman, 1997; Danieli, 1985).

APPLYING THE RELATIONAL MODEL OF GROUP DEVELOPMENT WITH VULNERABLE POPULATIONS

The American Heritage Dictionary defines vulnerable as: "susceptible to physical injury or attack, open to censure or criticism, assailable." Vulnerable group memberships may include, but are not limited to those whose presenting concerns are around trauma, oppression, and loss.

POPULATION CLUSTERS: TRAUMA, OPPRESSION, AND LOSS

Trauma

Since September 11 and Hurricane Katrina, we have witnessed that trauma affects all of us in the United States. It is more on our minds than before, although not all of us have been touched by these tragedies personally. The international community has long had more intimate contact with the vicissitudes of war, terrorist attacks, and natural disasters. (The Middle East, Darfur, the Balkan States, Rwanda, the Indonesian tsunami, and the London bombings within just the last decade come immediately to mind.) Trauma comes in two forms—public trauma and private trauma.

Public trauma refers to events such as natural disasters, airplane or car crashes, terrorist attacks, war, and epidemics. What these events share is that they are experienced by multiple individuals and occur in the public domain. There are witnesses, shared experiences, and public acknowledgment of the occurrence. In contrast, private trauma includes events like battering, rape, sexual abuse, growing up with neglect or abuse, alcoholic or substance abusing family systems, or medical trauma. Individuals or a few family members at a time usually experience these events, and often there are no witnesses, no public acknowledgement, and even no belief by others that the traumatic event actually occurred.

Whether the trauma occurs publicly or privately, we know that healing and recovery is enhanced not only by having peers who shared a similar experience, but also by talking about it, by processing the events and the feelings and sharing the strategies for recovery. Herman (1992) outlines three stages for recovery from trauma: safety, remembering and mourning, and reconnection. This concept of stage theory of trauma recovery is shared by virtually all trauma practitioners in the field today, and this model or a similar one is espoused and practiced. Group work with this population therefore needs to follow a similar format to avoid re-traumatizing fragile group members. The relational model, with its emphasis on safety and connection preceding conflict or challenge, dovetails with the field of traumatology's stage theory of healing.

Oppression

Potential group members who have experienced oppression are often minority members of a society. They may experience oppression because of difference—different ethnicity, religious beliefs, sexual orientation, or physical or cognitive abilities, to name a few. These differences may be profound and easily observable or subtle or hidden. A student recently did a survey at a major university about professors' awareness of disability services and accommodations for students with physical or learning disabilities (Conroy, 2005). She found to her dismay that many professors were not aware that they were required to offer reasonable accommodations to students who needed them, or even what those were. This lack of knowledge and awareness contributed to the students with disabilities feeling even more disenfranchised and unheard. Some of them were "out" with their disability, either by choice or because it was apparent to the eye (e.g., one student was in a wheelchair); others, however, were still dealing with feelings of shame, embarrassment, or

denial, and because of this internalized oppression were not able to ask for what they needed to succeed.

Loss

The third set of vulnerable populations for whom the relational model may be more applicable are those who are dealing with loss, acute or chronic, as the main focus of their participation in a group context. This category includes the obvious one of bereavement. It can also include older people in general who are dealing with multiple losses of spouses, friends, independence, and physical and cognitive abilities. (Older persons may also benefit from the slower pacing of challenging emotional content and process usually found in groups following the relational model of development.) It can include empty nesters, existential crises of faith, those affected by divorce, the chronically ill or disabled. Swack (1998) describes two forms of trauma: trauma of violence and trauma of loss. Not all trauma of loss involves violence as well, but all trauma of violence includes elements of loss. These losses can involve loss of a sense of safety in the world, loss of self-efficacy, loss of self-esteem, loss of family and/or loss of faith or belief. Group members who have been displaced also fall into this category—refugees, immigrants—especially when their cultural norms stress greater collectively and kinship networks, a slower-paced lifestyle, circular rather than linear thinking, or a different relationship to time and space. The alienation experienced by these populations may be social, personal, and spiritual: for example, the Hmong, whose belief systems and culture are described in “The Spirit Catches You and You Fall Down,” (Fadiman, 1997). Nicholson and Kay (1999) state that refugee groups could benefit from a group that “adjusts the group process to the specific contextual needs of differing cultural groups” (p. 477).

APPLICATION

There are a number of difficulties that these three populations share that are suited to the format of the relational model of healing. Although not all members of vulnerable populations experience all of these difficulties, they may include the following areas.

Members of these groups may experience frequently overwhelming emotional states, which can lead to reduced ego functioning. There may be a sense of disconnection and alienation from self, from family, from

community, which can manifest in hopelessness, depression, or dissociative phenomena. In groups, this can look like avoidance or resistance; when in actuality it is a passive response to inner turmoil, rather than an act of defiance. A psychobiological response to overwhelming circumstance can be manifest in the fight, flight, or freeze response (van der Kolk, McFarlane, and Weisaeth, 1996). In groups, this may take the form of aggressive or offensive behavior, missed sessions, dropouts, or silent members. An inability to find and speak in one's own authentic voice is often a result of trauma or oppression, particularly when it has been long term. This loss of voice experienced by some silent members is often accompanied by a feeling of powerlessness.

The experience of shame frequently accompanies a post-traumatic response, particularly in private or domestic traumas, or when survivor's guilt is part of the sequelae of emotional response. Jordan (1997) describes shame as involving a profound longing for connection but feeling unworthy of it or unable to attain it. She also sees the act of shaming as one of the weapons that a dominant group or person uses to silence or marginalize the nondominant person's view of reality. Karen (1992) calls shame a deep wound to the self. It is experienced as a feeling of being struck at the core of one's being. Finally, external oppression can become internalized, which occurs when trauma, oppression, or traumatic loss become chronic rather than acute, and the development of a victim mentality ensues.

What often shifts some of these experiences from a temporary response to a chronic condition is the lack of a support system, a community, or even a single other who will see, hear, and validate one's reality; who will process, share, and make space for one's feelings. Resiliency theory (Gitterman and Shulman, 2005) refers to the importance of this other, of at least one positive person, mentor, role model, or peer as making the difference between recovery and moving on from the difficult circumstances or life events, or of staying stuck in them. Other theoretical frameworks that help us to understand the concept of vulnerability include oppression psychology, trauma theory, and grief work. Balancing these formulations of understanding the problem are frameworks that help us to understand healing and recovery. They include empowerment theory, resiliency theory, strengths perspective, mutual aid, and integrated body-mind paradigms.

Group work that holds at its core relational theory and applies the relational model of stages of group development seems to be ideally suited to counteract these sequelae of trauma, loss, and oppression. Following pre-affiliation, this model starts with the phase of establishing

a relational base, which includes a heightened attention to the safety of group members, as recommended by Herman (1992), van der Kolk et al. (1996), and other trauma specialists. It moves its members directly into relationship building, finding commonalities, and creating or restoring a sense of community in the group by focusing on and encouraging a “felt sense” of safety, connections, and building trust as the ground-work. By tuning in specifically to the “felt sense” of safety, members can begin to shift their psychobiological response of fight, flight, or freeze to a calmer and more grounded state of being. McCallum (1997) discusses this in her work with male sex offenders. As a female co-facilitator of all male sexual offender groups, she notes that “group safety is a pre-requisite for self discovery. Safety . . . is needed . . . if open discussion of the offences and behaviors is to be encouraged” (p. 25). The ability to honestly self-reflect, and to be able to confront and be confronted by other offenders is the only path that can ultimately lead to rehabilitation. Not surprisingly, many sexual offenders have histories of their own victimization as children. First finding commonalities in their shared problematic behaviors, and once they feel enough trust and safety from the group in their vulnerable histories as well, are well within the parameters of the relational model. Ironically, even with a population whose presenting issue is aggression and anti-social behaviors, a premature confrontational stance will close members down and prevent progress. One member stated: “First night here was the scariest thing I’ve ever done. I felt shame . . . but after listening to everybody talk, there was a common bond here, the barriers were down” (McCallum, p. 24).

In this style of working, it is only after these criteria have been met, does the worker open the floor or encourage direct expression of differences or make room for overt conflict to be processed directly by the members. Vulnerable populations need to first pay attention to restoration of a sense of community when joining a group, rather than initially to attend to power struggles, role position, or competition (as is common when groups are in the power and control stage of the Boston model). They also need to attend to a repair of fractured and fragmented selves or lives before opening up group process to conflict or confrontation.

The third stage of mutuality and interpersonal empathy, which combines elements of connecting through and in spite of differences, can help members to expand their worldview of self and others that may have become constricted in the face of trauma, loss, or oppression. Developing empathy for others, and having it reciprocated can be a step in creating self-empathy as well. The stress on mutuality that includes the workers’ use of self in timely sharing of reactions and responses with the group

can also reduce difficult transference responses to power and authority. Nicholson and Kay (1999), in their work with Cambodian refugees stress that in using a strengths perspective, “the worker becomes a consultant and a collaborator, rather than an ‘expert’ on the client’s situation and needs” (p. 472). This nonhierarchical worker stance is an integral part of the relational model. Members often reflect during termination sessions, that some of the most powerful moments for them in the group process occurred when the worker shared an affective response to their contributions or stories. Several members stated: “I loved how you were real with us. It made me feel that you didn’t hold yourself above us, and I really felt seen for perhaps the first time in this group.”

Once members can comfortably hold differences and remain in connection, even vulnerable group members will be more ready to navigate the challenges of conflict and confrontation found in the fourth stage of challenge and change. The work in this stage can then serve to aid with finding and using one’s own voice, increasing a sense of personal and social empowerment, and moving out of a victim mentality to one which re-embraces self-efficacy, hopefulness, and improved ego functioning. The energy often felt in groups at this stage can also serve as an antidote to sorrow and depression. During an experiential academic group, some members confronted the professor/facilitator in the last two classes of the year, questioning why she had gotten so “involved” during the previous week. Initially the facilitator reflected on personal current stressors that may have inadvertently affected her prior facilitation style of more or less “letting the group work it out for themselves.” Later, she realized that she was organically adhering to the relational model’s imperative of increased worker activity to assist members in holding the container of safety and connection during the fourth challenge and change stage of group development. In the few weeks prior there had been increased tension amongst several members, as the “demand for work” (Shulman, 2005) increased, and members seemed to want to make sure that everyone got their “turn” at being challenged to grow before the semester was over. Personal and professional themes of loss, loneliness, traumatic events, and personal defensive or coping styles had all emerged during the 14 weeks. As the challenge and change stage (as well as the termination stage) coincided with graduation, loss (of school community), and transition (to new jobs, new cities, new relationships), the members needed more assistance from the facilitator in adhering to the contract of safety and balance between personal and academic learning.

SUMMARY AND CONCLUSIONS

Key concepts presented in this article are as follows: (1) Applying stages of group development in addition to observing them (a prescriptive as well as a descriptive use of the concept of group development) and (2) Considering the relevance and applicability of the relational model of stages of group development for vulnerable populations that include those touched by trauma, loss, and oppression in addition to women's groups. A clear understanding and appreciation for the multiple variables that affect group dynamics and development can help us to make choices about which developmental sequencing is best suited for optimum growth and healing for the members of our particular group. An appreciation of the relational wounding that takes place in vulnerable populations will help us to then provide a healing matrix within our groups for relational healing as well.

The worker who can hold the container for the group and maintain needed boundaries and developmental sequencing will aid the members in healing in community. By utilizing the relational model and applying our knowledge of trauma theory (including the neuro-psychobiological responses to trauma (van der Kolk et al., 2001), oppression psychology, and grief work, balanced by empowerment theory, a strengths perspective, constructivism of meaning, and mutual aid, we can help our members move in the direction of optimum healing potential of mind, body, and spirit.

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MANUSCRIPT RECEIVED: 12/30/05

MANUSCRIPT REVISED: 04/25/06

MANUSCRIPT ACCEPTED: 05/12/06

doi:10.1300/J009v30n02_03