“This remarkably comprehensive textbook shaped by contributions from international experts in online group psychotherapy, advances the field in a clear, valuable and absolutely necessary fashion. In presenting the state of the art of online group therapy—research, theory, accrued wisdom and technique—across modalities, and across ages, this textbook responds effectively to a major paradigm shift in contemporary practice. The authors address the implementation gap that exists between what our clients seek and need, and what practitioners must understand to embrace this evolution in our field. It is an essential guide for group therapy clinicians, supervisors, and educators.”

Molyn Leszcz, M.D. Past-President, The American Group Psychotherapy Association. Professor of Psychiatry, University of Toronto

“This is an illuminating volume that arrives at a perfect time in our post-pandemic world. The Virtual Group Therapy Circle is a comprehensive compendium of up-to-date information, perspectives, and instruction about online group therapy, a burgeoning field that many professionals believed could not work. How does one build an alliance and create cohesion? Don’t we need to need to be able to see the body? To feel the other’s presence? To experience the visceral intensity of the moment? This volume candidly tackles such questions focusing on how different models of group therapy (including Interpersonal, Modern Analytic, Psychodramatic, CBT, Systems-Centered, and more) can achieve successful outcomes balanced by addressing drawbacks to online intervention. The Virtual Group Therapy Circle will undoubtedly be viewed as the essential reference book on the subject on online group therapy.”

Joseph Shay, Ph.D. co-author of Psychodynamic Group Psychotherapy and co-editor of Odysseys in Psychotherapy and Complex Dilemmas in Group Therapy
“Some might consider ‘remote group psychotherapy’ an oxymoron. Is it possible that the highly interactive and relational form of psychotherapy practiced in a group format can be effective in a remote situation? There are certainly advantages to remote therapy. It makes therapy available to some who would otherwise be unable to access it. It can be cost-efficient since it reduces office costs, travel expense, etc. It is convenient. There are also obvious disadvantages. It is not the same as sitting together. There are some who do not have the technical skills to properly use remote sessions. Some cannot afford the technology required to participate in remote psychotherapy. Some people’s living situations do not allow sufficient privacy to participate online. Indeed, there is a question as to whether online group therapy can guarantee confidentiality. Nonetheless, prompted by Covid-19, group therapy now is being practiced remotely. Some therapists have found it so convenient that they have decided to offer only remote group therapy henceforth. Haim Weinberg, Arnon Rolnick, and Adam Leighton present us a comprehensive text to examine this new world of group psychotherapy. They have brought together a stellar cast of authors who examine various aspects of remote group psychotherapy. The group begins by examining some of the challenges of doing group therapy remotely. The next section focuses on various group process approaches and how they are impacted by being online. The book then examines some specific approaches: Psychodrama and Person-Centered groups online. The book concludes with the important topic of training, teaching and supervising online groups. This is an important book that focuses on an extremely important topic in the practice of group psychotherapy today.”

J. Scott Rutan, Ph.D. Founder, Center for Group Psychotherapy, Massachusetts General Hospital/Harvard Medical School. Past President, American Group Psychotherapy Association
The Virtual Group Therapy Circle

This book provides group therapists and counselors with the necessary knowledge and help to develop their skills in effectively conducting online groups.

Group therapy represents the most efficient utilization of the scarce resource of mental health interventions. Online settings dramatically increase the dissemination of this approach. This book identifies the diverse challenges and suggests solutions in remote group therapy for specific therapeutic approaches such as psychodynamic, relational, psychodrama, CBT, ACT, and group supervision. The contributing authors explore specific issues that anyone who conducts groups online should be aware of.

Using a group therapy lens, this book develops further the ideas and areas explored in the authors’ previous books Theory and Practice of Online Therapy and Advances in Online Therapy.

Haim Weinberg, PhD, is a clinical psychologist, group analyst, and certified group psychotherapist based in California, USA.

Arnon Rolnick, PhD, is a licensed clinical psychologist with a special interest in the usage of technology in psychotherapy. Based in Tel Aviv, Israel, he is a certified supervisor in CBT and biofeedback.

Adam Leighton is a counselor, group facilitator, wilderness therapy facilitator, and lecturer at the Ruppin Academic Centre, Israel.
The Library of Technology and Mental Health

Series Editor: Jill Savege Scharff, M.D.

This series, established in 2011, features authors from various parts of the global economy discuss the effects of technology on our growth and development, our relationships, our society in general, and the relevance of communication by telephone and internet to the spread of psychoanalysis. They discuss the impact of internet addiction including pornography, the effects of screen time and social media, and the value of telepsychotherapy, telepsychoanalysis, and telesupervision, all illustrated with clinical examples, ethical considerations, and personal reflections. The series editor is Jill Savege Scharff.

Screen Relations
Gillian Russell

Psychoanalysis Online 2
Impact of Technology on Development, Training and Therapy
Jill Savege Scharff

Psychoanalysis, Identity and the Internet
Explorations into Cyberspace
Andrea Marzi

Psychoanalysis Online 3
The Teleanalytic Setting
Jill Savege Scharff

Psychoanalysis Online 4
Teleanalytic Practice, Teaching, and Clinical Research
Jill Savege Scharff

Advances in Online Therapy
Emergence of a New Paradigm
Haim Weinberg, Arnon Rolnick, and Adam Leighton

The Virtual Group Therapy Circle
Advances in Online Group Theory and Practice
Haim Weinberg, Arnon Rolnick, and Adam Leighton
The Virtual Group Therapy Circle

Advances in Online Group Theory and Practice

Edited by Haim Weinberg, Arnon Rolnick and Adam Leighton
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About the Contributors

Deniz Altinay, MA, is a psychodrama trainer and psychotherapist. He gained his Master's degree in Psychological Counseling in Ankara, Türkiye (Turkey). He is the former General Secretary of the Turkish Group Psychotherapy Association and the founder and President of the Istanbul Psychodrama Institute, the Turkish Union of Psychodrama Institutes, and the Istanbul Playback Theatre. He is the founder of Child Psychodrama, School and Company Educations Section. His published seven books include Psychodrama 450 Warm-Up Games, Handbook of Psychodrama, Group Psychotherapy, and Spontaneity Theatre, Child Psychodrama, Selected Issues in Psychodrama, Contemporary Applications of Psychodrama, and The Moment. He is the Managing Editor of the IGPP E-Journal. Deniz is a board member of the International Association for Group Psychotherapy and Group Processes (IAGP) and a member of the Federation of European Psychodrama Training Organization (FEPTO) and European Association for Psychotherapy (EAP).

Rachel Arnold, MS, is a graduate student in the Clinical Psychology doctoral program at Brigham Young University. Her research focuses on therapy effectiveness and factors that make therapy work, with group psychotherapy being a specific theme throughout the majority of her research.

Aaron E. Black is a clinical psychologist in full-time private practice in Rochester, NY, where he treats individuals, couples, and groups, and provides clinical consultation. Additionally, he leads training groups and workshops nationally and writes about attachment theory, psychological trauma, and group psychotherapy. He is a Fellow and a past Board member of the American Group Psychotherapy Association (AGPA) and he is on the faculty at the Center for Group Studies in New York City.
Cliff Briggie, MBA, PsyD, LCSW, spent more than 45 years providing leadership, consultation, supervision, and direct clinical care in a variety of behavioral health organizations, most recently working at Community Health Center in Connecticut. He has authored numerous publications and presentations on many topics in the fields of Clinical and Organizational Psychology. He had expertise in the areas of trauma, addiction, and group therapy; and was passionate about providing training and supervision to future generations of psychotherapists to come.

Nina W. Brown, EdD, LPC, NCC, Distinguished Fellow of the AGPA and an American Psychological Association (APA) Fellow, is a professor and eminent scholar at Old Dominion University in Norfolk, VA. She received her doctorate from the College of William and Mary, and has served as President of the Mid-AGPA, Secretary of the AGPA, President of APA Division 49, President of the Group Council, and other positions. She has written and published more than 40 books on group psychotherapy and narcissism, some of which have been translated into other languages.

Gary M. Burlingame, PhD, is Professor and Chair of the Brigham Young University Psychology Department, and he is affiliated with the clinical psychology doctoral program. His scholarly work is focused on factors that lead to effective small group treatments for mental/medical illness and measurement. He has contributed over 60 books, technical manuals, and chapters, and more than 150 peer-reviewed articles.

Carlos Canales, PsyD, CGP, FAGPA, SEP™, is a bilingual licensed clinical psychologist, a certified group psychotherapist, and a Somatic Experiencing® practitioner. He specializes in working with affect, the body, and relationships. He leads training groups and workshops emphasizing attachment and Somatic Experiencing principles. He is the founder of Vida Psychotherapy, an outpatient clinic in Des Moines, IA.

Katherine S. Chapman, MA, is a current doctoral student in clinical psychology at Fielding Graduate University, based in Houston, TX. She has experience working in private practice and medical school settings with individuals across the lifespan in both digital and in-person formats.

Stavros Charalambides is a relational analyst and group psychotherapist, and an elected member of the International Association for Relational Psychoanalysis and Psychotherapy (IARPP) Board of Directors since 2018. He co-chairs the IARPP special interest group focusing on couples, families, and groups. In 2016, he founded and is Director of the Greek Institute for Relational and Group Psychotherapy. His latest
book, The Envy Executioner, has been published in Greek (Disigma Publications, 2021). His main interests are in sibling dynamics, envy, and mourning in the transference and countertransference.

**Hanan El-Mazahy**, MD, PhD, ABMPP, is a child and adolescent mental health consultant. She is Triple Board certified in Psychiatry, Pediatrics, and Mental Health, and practices in Alexandria, Egypt. Her psychotherapeutic interests include psychodrama, EMDR, and DBT.

**Shelley Firestone**, MD, F-AGPA, PAT, CGP, has been in private practice for 30 years treating adults, adolescents, and children with individual, couple, and group psychotherapy and psychodrama. She is an active contributor to the AGPA and the American Society for Group Psychotherapy and Psychodrama (ASGPP), and the founder of the Jacob and Zerka Moreno Foundation for Psychodrama, Sociometry and Group Psychotherapy (MZF); she is also a member of the American Society of Marriage and Family Therapy (AAMFT) and the American Society of Addiction Medicine (ASAM). She is the winner of the Zerka T. Moreno Award (2016). Her contributions to multiple journals reflect her passion for psychodrama, group psychotherapy, and writing.

**Robi Friedman**, PhD, is a clinical psychologist and past President of the International Group Analytic Society. His combined small/large groups model, called the Sandwich Model, is applied in many present conflict dialogue meetings. He writes on dreaming and dreamtelling, on interpersonal pathology known as Relation Disorders, and on the habitus of societies under threat or glory which he calls the “Soldier’s Matrix.”

**Susan P. Gantt**, PhD, ABPP, CGP, AGPA-DF, FAPA, has coordinated group psychotherapy training in psychiatry at Emory University for 29 years. She chairs the Systems-Centered Training (SCT) and Research Institute; teaches SCT in the US, Europe, China; and trains groups in Atlanta, San Francisco, and the Netherlands. Susan has co-authored four books with Yvonne Agazarian, and she co-edited The Interpersonal Neurobiology of Group Psychotherapy and Group Process with Bonnie Badenoch. She received the 2011 Alonso Award for Excellence in Psychodynamic Group Psychotherapy. Her most recent book is Systems-Centered Training: An Illustrated Guide for Applying a Theory of Living Human Systems (Agazarian, Gantt, & Carter, 2021).

**Kimberly B. Harrison**, PhD, is a clinical psychologist based in Houston, TX. She has a robust private practice which incorporates both virtual and in-person sessions for groups and individuals. Kimberly also is the founder of the Conative Group, PLLC, a collective of mental health
practitioners serving a variety of needs in local and virtual communities.

**Ruthellen Josselson**, PhD, ABPP, is Professor of Clinical Psychology at the Fielding Graduate University and a psychotherapist in practice. She is Co-director of the Irvin D. Yalom Institute of Psychotherapy and has led, taught, and supervised group therapy for many years. Her most recent book is *Narrative and Cultural Humility: Reflections from “The Good Witch” Teaching Psychotherapy in China.*

**Iris Lachnit** is a trainee in clinical psychology based in Berlin, Germany. She obtained her Master’s degree in Clinical Psychology and Psychotherapy in 2018, and trained at Dresden University of Technology (Germany), the University of Turku (Finland), and the University of Connecticut (US). As part of her training, she has worked in a psychosomatic-focused clinic and now focuses on outpatient systemic therapy. In 2021, she returned to the US in order to work with Dr. Meera Rastogi on online art therapy groups at the University of Cincinnati.

**Anat Laronne**, PhD, is a medical psychologist and head of the medical psychology service at Assuta Medical Centers in Israel. Anat is a lecturer in the fields of medical and health psychology in several colleges in the country. She has specialized in psycho-oncology and in CBT treatment for the last 12 years, working in a variety of health care services. She has served as a member of the medical psychology consultant community for the Israeli Ministry of Health since 2018.

**Enav Karniel Lauer**, PhD, is a licensed clinical social worker, a psychotherapist, and a group analyst. She currently works as a lecturer at the Bar-Ilan University’s School of Social Work and as a Coordinator of the Therapy Rehabilitation and Health Supplementary Study Program. She is also a lecturer at the Training Program at the Israeli Institute of Group Analysis. Enav serves as a supervisor of group and individual therapists and works with individuals and groups in her private practice. Her fields of expertise include Holocaust trauma, trauma loss and dissociation, and analytical group therapy.

**Adam Leighton** is a counselor, group facilitator, and wilderness therapy facilitator. He specializes in experiential therapy, merging technology, outdoor activities, and Acceptance and Commitment Therapy. Adam created and instructs the CBT-based Group Facilitation with Outdoor Experiential Work course at Ruppin Academic Center. He is also the co-founder of Digi Card Therapy, a virtual therapy card platform for online therapy.
Uri Levin is a clinical psychologist, group analyst, and organizational consultant. He is a member of the IIGA, GASi, and IAGP, and chairs the Groups section of the EFPP. He teaches at Tel Aviv University and supervises individual and group settings. He works mainly at his private practice in Tel Aviv with adults, adolescents, couples, and groups. His book (co-edited with Anna Zajenkowska) *Europe on the Couch* was published in 2020 (Routledge).

Cheri L. Marmarosh, PhD, is a Professor of Clinical Psychology at the George Washington University, and has published over 50 empirical and theoretical articles that focus on how group and individual psychotherapy facilitate change. She authored *Attachment in Group Psychotherapy and Groups: Fostering a Culture of Change*. She is the incoming editor of the *International Journal of Group Psychotherapy*. She is a Fellow of the AGPA and APA. Cheri is a certified group therapist, past President of APA Division 49, and is Board certified (ABPP). She has a private practice and works with individuals, couples, and groups.

Gila Ofer, PhD, is a clinical psychologist, training psychoanalyst, and group analyst. The co-founder and past President of the Tel Aviv Institute of Contemporary Psychoanalysis and a founding member of the Israeli Institute of Group Analysis, she serves on the faculty of both institutes and at the Post-Graduate School for Psychoanalytic Psychotherapy, Tel Aviv University. She is the editor of the *EFPP Psychoanalytic Psychotherapy Review*. She has published articles in leading journals and has presented her work and taught in Israel, Europe, East Asia, and the US. Her edited book *A Bridge over Troubled Water: Conflicts and Reconciliation in Group and Society* was published in 2017.

Tate Paxton is a clinical psychology graduate student under Dr. Gary Burlingame’s mentorship. His research focuses on measurement of group therapeutic relationships, group therapy outcomes, and group therapy process.

Darryl L. Pure, PhD, ABPP, FAGPA, CGP, is a clinical psychologist with 38 years of experience facilitating groups in many different settings both clinically and in training group formats. Formerly on the faculty of the Feinberg School of Medicine, Northwestern University, where he coordinated group training in the Department of Psychiatry, he is now Clinical Associate Professor of Leadership at the University of Chicago Booth School of Business. Darryl also maintains a private practice in which he conducts six groups weekly.
Aileen Rands, MS, is a doctoral student at Brigham Young University. Her ongoing research work with Dr. Gary Burlingame focuses on the study of group psychotherapy outcomes.

Meera Rastogi, PhD, MAAT, ATR-BC, CGP, is a licensed psychologist, board certified art therapist, certified group psychotherapist, and psychology professor at the University of Cincinnati, Clermont College. She teaches in the psychology program and directs the University's Pre-Art Therapy Certificate Program. In addition to teaching, Meera runs an art therapy group at the University of Cincinnati Gardner Neuroscience Institute and has a small practice where she sees individual clients. She recently co-edited Foundations of Art Therapy: Theory and Applications (2023).

Alexandra Robelo, MPsy, is a third-year doctoral candidate in the George Washington University Professional Psychology Program. Alexandra has an interest in conducting research around the various factors that contribute to the efficacy of group therapy. With the changing landscape of online healthcare following the outbreak of the COVID-19 pandemic, that interest has expanded to understanding how the shift to more online work will impact clinicians and patients.

Arnon Rolnick, PhD, is a clinical psychologist and is certified as a supervisor in CBT and biofeedback. He has authored works focusing on the integration of interpersonal neurobiology with technological innovations. Arnon advises different organizations on transitioning to online training and supervision. Additionally, he is the director of a clinic in Tel Aviv, Israel, where he fosters the integration of various psychotherapeutic approaches among the clinic’s team of therapists.

Reut Ron, MSc, is a research analyst at the Assuta Health Services Research Institute and a lecturer in the fields of epidemiology and research at several colleges in Israel. Reut holds a degree in Epidemiology from Tel Aviv University, and she has experience in promoting, designing, and conducting research. Before taking up her position at Assuta, Reut was a research coordinator in the Department of Child and Women’s Health at the Gertner Institute for Epidemiology and Health Policy Research.

Judith Schoenholtz-Read, EdD, is Professor Emeritus and a former Director of Clinical Training, Doctoral Program in Clinical Psychology, Fielding Graduate University. She is a Fellow of the AGPA and the Canadian Group Psychotherapy Association. Her book Handbook of Online Learning in Higher Education was co-edited with Kjell Rudestam and Monique Snowden (Fielding Graduate University Press,
2021). She is a registered psychologist living and practicing in Vancouver, BC, Canada.

**Dana Shor**, MAAT, is an art therapist, a cognitive behavioral psychotherapist instructor at ITA, and an expert in ACT therapy through experience. She manages the CBT unit in a public mental health institute and works as a therapist in a private clinic.

**Ingrid Söchting**, PhD, RPsych, is the Director of the UBC Psychology Clinic and a Clinical Professor in the Department of Psychiatry at UBC. Over the past 25 years, she has specialized in treatment for mood and anxiety disorders including groups for depression, anxiety disorders, OCD, and trauma. She teaches courses in psychotherapy and ethics in the clinical psychology program at UBC and supervises psychology and psychiatry residents in CBT and Interpersonal Psychotherapy. She is involved in psychotherapy research and has published over 30 peer-reviewed articles on psychotherapy program evaluations, outcomes, and process variables such as expectations for therapy, perceptions of treatment credibility, and dropout prevention. She has given over 50 invited lectures and workshops in Canada and abroad. Her *Cognitive Behavioral Group Therapy: Challenges and Opportunities* (Wiley Blackwell, 2014) is a complete guide to group therapy across mental health problems. Ingrid is a Canadian-certified CBT therapist and a certified group therapist of the AGPA.

**Alicia Solorio**, MPsy, is a current student in the Professional Psychology Program at George Washington University. Alicia practices from an integrative lens, using Psychodynamic and Cognitive-Behavioral Therapy techniques in her work with patients. Her research interests include online group therapy, the juxtaposition of religion and psychotherapy, and forensic populations within correctional settings.

**Lisa Stefanac**, MBA, is Clinical Professor of Leadership at the University of Chicago Booth School of Business. Lisa is also co-founder and partner of KSE Leadership, a privately held leadership consulting firm, and co-founder and partner of Assessing in Action, a leadership and team effectiveness tools business. Lisa has deep experience and proven results in team coaching, interpersonal and team dynamics, leadership development, and organizational change.

**Ella Stolper**, MA, is a psychoanalytic psychotherapist and training group analyst, a supervisor and teacher at the Institute of Group Analysis in Israel and at the Group Facilitation Programs at Tel Aviv University. She founded and manages an institute for group analysis in the Russian Federation (Stavropol), is a member of the board of directors of
an Israeli association for group therapy, a consultant for organizations, and has a private practice.

Barney Straus, MSW, MA, is an adventure-based therapist in private practice in Chicago, IL, where he works with individuals and groups to treat people recovering from addictions and compulsive behaviors. Barney has created programming for many treatment centers in the US. He is a part-time faculty member at Loyola University Chicago, School of Social Work, Roosevelt University, Department of Psychology, and New Mexico Highlands University, School of Social Work. Barney is the founder of Adventure Forward Therapy, a practice dedicated to integrating adventure into the therapeutic process. He is the author of the 2018 book *Healing in Action: Adventure-Based Counseling with Therapy Groups*. He is also the co-author of the fourth edition of *Group Psychotherapy with Addicted Populations* (Routledge, 2023).

Nikolaos Takis, PhD, is a clinical psychologist, an individual and group psychotherapist, and a psychodrama trainer. He is Associate Professor and Director of the counselling centre of the American College of Greece. He is a full member of the French and Hellenic Society of Psychoanalytic Group Psychotherapy and past president of FEPTO. He is also a candidate psychoanalyst at the Hellenic Psychoanalytical Society.

Haim Weinberg, PhD, is a clinical psychologist, group analyst, and certified group psychotherapist based in California, USA. He served as the Director of International Programs at the Professional School of Psychology where he created and coordinated an online doctoral program in group psychotherapy. He co-edited a series of books about the social unconscious and wrote a book on Internet groups. He developed group therapy training groups in Asia, and is leading online training process groups for therapists around the world.

Darrah Westrup, PhD, is a licensed clinical psychologist with a private practice in Durango, CO. She is a recognized ACT expert and has authored or co-authored four books on ACT, including *Learning ACT in Groups: An Acceptance and Commitment Therapy Skills Training Manual for Therapists* and *Advanced ACT: An Experienced Practitioner’s Guide to Optimizing Delivery*. Darrah is an ACBS Fellow and a peer-reviewed ACT trainer, providing supervision, consultation, and training to individuals and institutions worldwide.

Ellen L. Wright, PhD, is a licensed psychologist and psychoanalyst in private practice in Philadelphia. She is a founder and faculty member at the Center for Group Studies in New York City and a supervising

**Feng Xing** is a doctoral student in the Professional Psychology Program at George Washington University. He is currently training at Georgetown University, providing short-term psychotherapy and group therapy. His research interests focus on group therapy, supervision, and training models for international trainees.

**Efrat Zigenlaub**, PhD, is an expert organizational social psychologist and group facilitator. She is a graduate of the Israeli Institute for Group Analysis and leads an analytical therapeutic group in her private clinic. She serves as a senior lecturer at Ono Academic College, a lecturer at Haifa University, School of Social Work and Tel Aviv Jaffa Academic College, and is a faculty member of the Tel Aviv University group mentoring program. Efrat is also a consultant and group facilitator in public and business organizations.
Chapter 1

Introduction

Haim Weinberg, Arnon Rolnick and Adam Leighton

In the virtual world we meet,
Strangers bound by common need,
To heal our wounds and mend our hearts,
Online group therapy starts.
Through screens we share our deepest fears,
And shed our doubts and tears,
With others who understand,
The struggles of a helping hand.
We find solace in the words,
Of those who’ve been there, heard,
The same stories, felt the same,
And found a way to make a change.
Though miles apart, we’re not alone,
In this digital therapy home,
We find strength in one another,
To face our fears and heal our cover.
So let us come together,
In this virtual space forever,
To heal and grow, to be set free,
In online group therapy.

The above poem was authored by ChatGPT, an interactive model designed to generate text based on provided instructions. We requested the model to create a poem about online group therapy, and this was the output it produced. Is this the future of online group therapy?

Preface

This is the third book we have co-edited about remote therapy (Weinberg & Rolnick, 2020; Weinberg et al., 2023). It will certainly not surprise readers to hear our main message: that this is a new paradigm with advantages and disadvantages. Specifically regarding group therapy we expect that the

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transition to remote therapy is likely to lead to a significant leap in the use of this format. We argue that remote therapy enables a significant increase in the accessibility and prevalence of group therapy.

In 1968, Carl Rogers said that groups will be “the most significant social invention of the century” (p. 16). Research (Burlingame et al., 2021) shows that group therapy outcomes are equivalent to individual therapy. Groups have many benefits both in terms of the processes that take place in them and in the practical and cost-effective context. Many individual therapists as well as group therapists emphasize that participation in courses and experiences of group therapy was very important to their professional development (Hahn et al., 2022). Despite this, there is a concerning trend of a decrease in the number of training programs offering group therapy (Yalom & Lescz, 2020).

In the latest (sixth) edition of The Theory and Practice of Group Psychotherapy, Yalom and Lescz (2020) write:

Paradoxically, however, professional training for group therapists has failed to keep pace with the widespread clinical application of the group therapies. Fewer and fewer training programs—whether in psychology, social work, counseling, or psychiatry—provide the depth of training and supervision that future practitioners require.

(p. 2)

In sum, there is a huge gap between the growing need for group psychotherapeutic interventions and the relative lack of use of groups.

Amid a shortage in mental health professionals and an increasing demand due to the COVID-19 pandemic, the United States is currently facing a mental health crisis (White House, 2023). Whittingham et al. (2023) conducted a statistical analysis of publicly available data sets and other resources to assess the utilization of unmet therapy needs across the United States. Their findings were remarkable; if 10% of unmet needs for therapy were fulfilled through group therapy rather than individual therapy, the impact would be threefold: (1) mental health treatment would be accessible to an additional 3.5 million people; (2) the need for 34,473 new therapists would be reduced; and (3) the United States would save more than $5.6 billion. Utilizing online groups could play a significant role in increasing the prevalence of group therapy and achieving these positive outcomes.

Recruiting and selecting participants for group therapy can be a challenging task, particularly when therapists choose participants from their existing pool of individual patients, which may raise ethical conflicts of interest. However, we believe that online group therapy offers a simpler and more efficient recruitment process. Patients can now participate in groups from remote geographical areas, and the selection process can be expedited since we can conduct intake meetings with group candidates online, thereby saving time.
Online groups can also mitigate issues such as high dropout rates and inconsistent meeting attendance. The ease of connecting from home and the elimination of the commute and associated stress can lead to increased attendance. In in-person groups, a patient’s inability to attend physically can lead to dissatisfaction among group members and decreased group cohesion. Remote group therapy can effectively minimize such situations. We anticipate that this book, along with other publications, will encourage therapists to offer more group therapy sessions.

**The Mystery of Online Groups**

A mysterious gap exists between our intuition regarding online therapy and our experience while treating people online (at least for the editors of this book and for many of our colleagues): On the one hand, our common sense and our bodily experience clearly tell us that the presence of the body is crucial in order to create the trust, safety, and intimacy necessary for a therapeutic encounter. This is not just a matter of intellectual understanding or theoretical arguments: We all “know” that smell, physical proximity, and eye-to-eye contact are essential elements in creating “moments of meetings” (Stern et al., 1998), and we find it hard to believe that without them we can still create an authentic intimate connection, or establish a therapeutic alliance. From a theoretical point of view, the Interpersonal Neurobiology (IPNB) approach emphasizes the importance of mutual regulation based on physical presence. Schore (2003), Siegel (1999), Cozolino (2013) and others claim that what works in therapy is not just the words but the mutual regulation of brain-to-brain, body-to-body. Shifting to online therapy is perceived by many as a relational impoverishment. The missing elements are obvious. But how much do they really matter? We discuss this in depth in our previous books (see the Introduction in Weinberg et al., 2023).

This seems even truer in groups. Mark-Goldstein and Ogden (2013) describe this eloquently:

For example, when conflict arises in the group, there may be multiple reactions: some group members are on the edge of their chairs ready to fight, some want to get out of the room, and some just freeze or shut down and seem to disappear into the couch.

They suggest that participants should:

notice what’s going on in our bodies with this conflict … the sensations in our chest, our breath (shallow or deep), the rhythm of our breathing, the changes in posture, tilt of the head, angle of the shoulders, muscular tension, and so forth.

(p. 135)
All these changes are harder to see in online group therapy: In-person, the leader and the group act as a container and help to regulate the emotional and physiological reaction of the group members. But can it happen in online groups?

Most of our colleagues who were forced to treat patients online during the COVID-19 pandemic were surprised not only that it works well, but also about the strong intimate connection that they were able to create with many of their patients in the online world. Having learned how to address the challenges of ensuring a private and confidential space (as discussed in our previous books: Weinberg and Rolnick, 2020; Weinberg et al., 2023), therapists have found that they can establish a warm holding environment in online therapy. Patients are often able to share deep and emotionally charged material, including traumatic or shameful feelings, while still sensing the empathy, acceptance, and presence of their therapists through the screen. As we discussed in our previous book on online individual and couple therapy (Weinberg et al., 2023) there is ample research indicating that a strong therapeutic alliance can be established online (Kaiser et al., 2021) and that the outcome of online therapy is comparable to in-person meeting (Fernandez et al., 2021).

This gap, between our “common sense” and our online experience and research evidence, is even more remarkable in group psychotherapy, since one of the main healing factors in groups is the group cohesion (Burlingame et al., 2018), the group is the vehicle of change. Can we create the same group cohesion online? Can a deep and authentic relationship, similar to that which we observe in in-person groups, be achieved in online groups?

Again, our clinical/human intuition tells us that the answer to these questions is negative. People perceive technology as creating a barrier and the computer screen as hindering intimacy. Indeed, any technological mediation seems to block the ability to be present, which is one of the goals we try to achieve in our groups. However, those of us who have conducted groups online for years, and those who joined this venture during the pandemic, found out that those magical moments of connection that are part of our group tradition can also occur online. People express strong emotions in our online groups: joy, sadness, excitement, yearning, anger—the entire range of human feelings. They cry, they laugh, they mourn, they regress, they raise their voice, they connect on a deep level. Moments of meeting that we see in our “traditional” groups repeat themselves online. The online group can be inspirational, full of transforming moments that can energize therapists and make them feel alive at the end of the session, despite any tiredness or fatigue.

Here is a short group vignette:

A woman in an online group went through a very difficult period due to family and work stress. She described her suffering in the group,
shed some tears and expressed the lack of support. In fact, she felt very lonely and isolated in her surrounding environment. Group members were very supportive, encouraged and empowered her with warm words, and one female member said: “You see the couch in your room behind you? Imagine that we sit together on that couch, and that I hold you in my arms, wrapping my body around you, allowing you to feel safe and calm.” This strong image made a huge impact not only on the distressed member but also created deep intimate feelings for all group members.

Some Possible Explanations

We might have some theoretical explanations for the above mystery. For example, we can look at the different aspects of presence (Lombard & Ditton, 1997) and notice that they lead to a definition of presence as “the perceptual illusion of non-mediation,” which can be achieved online (see Weinberg, 2014 for a detailed discussion). Geller (2020, 2023) argues that cultivating and training therapeutic presence in tele-therapy can help therapists to explicitly express presence, enabling clients to experience emotional and psychological safety, and allowing a shared experience, even from a distance. However, this does not explain how group members learn to stay present and connect authentically online. In a way, this book tries to unravel this mystery and explain how the here-and-now experience is created in our online groups.

One of the important factors contributing to the success of the online group is the group therapist’s secure presence (Neeman-Kantor, 2013). This secure presence can compensate for fuzzy conditions, loose boundaries, and leaking containers. The presence of the therapist involves his/her immersion, passion, attention, emotional involvement, reverie, and a readiness to be drawn into enactments (Grossmark, 2007). However, there is something beyond those features, which is how the group therapist holds the group in his/her mind. We assume that the mere fact that the therapist perceives the group as an entity beyond its individual members, addresses some of the interpretations to the group-as-a-whole, and fantasizes the group’s matrix, the group as a gestalt, has an impact on the group’s cohesion.

The group therapist does not act in void, and it is important to consider the contribution of the group members as they find a way to overcome the limitations of a leaking container (Weinberg, 2016). The participants can imagine the group as a good-enough holding environment despite its problematic “real” qualities. The function of the group depends not on the real properties of the setting, but more on the imagined ones: those that we keep in our mind. Nery (2021, p. 107) calls this experience “the imaginary together.” Perhaps this is the “invisible group”
that Agazarian (1989) mentioned: “It is important to understand that this … has absolutely nothing to do with the real, visible people in the real, visible groups” (p. 357).

The capacity of groups and their members to overcome the challenges of online therapy may also be attributed to our innate human urge and longing for social connection. Systems-Centered Therapy, as outlined in Chapter 10, describes the inherent driving forces of groups and systems. We suggest that this driving force is part of what enables successful online group therapy. As group therapists, we believe it is part of our duty to preserve and harness the group’s driving force.

The Scope of This Book

As the title of this book clarifies, it is about online group therapy. To determine the chapters to be included in this edited volume, we needed to establish the extent of group psychotherapy we wished to cover. The American Group Psychotherapy Association (AGPA) defines group psychotherapy thus:

Group psychotherapy is an effective form of therapy in which a small number of people meet together under the guidance of a professionally trained therapist to help themselves and one another. There are many different approaches to group therapy, but they share in common creating a safe, supportive, and cohesive space to address personal, relationship and societal issues.1

As this definition mentions that there are different approaches to group therapy, we had to decide which of these approaches to include in our book. The AGPA website also clarifies that there is a difference between therapy groups, support groups, and self-help groups:

Group therapy is different from support and self-help groups in that it not only helps people cope with their problems but also provides opportunities for change and growth. Group therapy focuses on relationships, helping you learn how to get along better with other people under the guidance of a trained professional. In contrast, support groups, which may or may not have professional leadership, help people cope with difficult situations but are usually geared toward alleviating symptoms, rather than addressing underlying patterns.

Kivlighan & Kivlighan (2014) identified four clusters of groups, based on the relative ranking of perceived therapeutic factors:
a Affective insight groups where acceptance, catharsis, interpersonal learning, and self-understanding are viewed as most important (e.g., psychodynamic therapy group).
b Affective support groups where acceptance, instillation of hope, and universality are perceived as most important (e.g., trauma group).
c Cognitive support groups where vicarious learning and guidance are ranked most important (e.g., 12-step support groups).
d Cognitive insight groups where interpersonal learning, self-understanding, and vicarious learning are most important (e.g., cognitive behavioral therapy, or CBT group).

In this book, we focus on groups that are clustered under category (a) and (d) although some authors mention social traumatic situations in online groups. Burlingame et al. (2021, p. 585) suggest classifying therapeutic groups according to the following breakdown:

- Leaderless groups e.g.,
  - Support
  - 12-step
  - Self-help
- Psychoeducational groups e.g.,
  - Bipolar disorder
  - Cancer
- Psychotherapy groups
  - Manual and time limited
  - Model- and principle-based

Manualized group treatments are typically time-limited upon a specific theoretical orientation (e.g., CBT). Model-based group treatments are less structured than manualized protocols with principle-based interventions that are tailored to individual members as well as the developmental stage of the group-as-whole (for example, group analysis or other psychodynamic approaches).

For our book we decided to include all psychotherapy and psychoeducational groups in the above classification, we do not include leaderless groups, such as the 12 Steps of Alcoholics Anonymous. We focused on the processes that are universal to all groups such as cohesion. We were curious how different approaches to group therapy face and resolve the challenges we identified in our previous book (Weinberg et al., 2023). However, we also asked the authors of the chapters to relate to the
specific concepts, methods, and processes that are an integral part of their group approach and to describe how they are converted when we move the group from the circle to the screen. For example, what happens to the group matrix, an important concept of the group analytic approach (Foulkes & Anthony, 1965), when we move online? (see Chapter 8). How is immediacy, a central concept in Modern Group Analysis (Ormont, 1993), affected in remote groups? (see Chapter 7). Can we create functional subgrouping online the same way that we do in-person in the Systems-Centered Therapy approach? (see Chapter 10). How do we focus on the here-and-now, a central idea of Yalom’s approach, online? (see Chapter 9).

Our goal was for each author to provide the following elements in their respective chapters:

- A concise introduction to the approach for readers who may not be familiar with it.
- An examination of the benefits, drawbacks, as well as practical and theoretical considerations stemming from the shift to online therapy, with a focus on:
  - Group processes in the context of the particular modality, drawing on group process frameworks (such as Yalom, Foulkes, Bion, etc.)
  - The specific modality being discussed.

### Online Interpersonal Processes

By identifying the main interpersonal processes that occur in groups, we can explore whether and how they manifest in online groups, and how group leaders can enhance them in online group settings. Interpersonal group processes lay the foundation for the effectiveness of other group processes and are thus especially important in achieving desired goals. According to Marks et al. (2001), there are three primary types of interpersonal group processes: (a) how group members deal with conflict (conflict management); (b) developing and maintaining engagement and safety; and (c) fostering a sense of togetherness, emotional balance, and effective coping with stress (cohesion and affect management). Conflict management might feel more difficult online; however, from our experience the same skills that group leaders need to manage them in their office work online as well. Safety in online groups can be achieved by wisely calculated dynamic administration (Weinberg, 2020, 2021) and is discussed in many of this book’s chapters, as well as cohesion and affect management.
Greene (2019) writes:

Typically, and most simply, three levels of analysis [in therapy groups] need to be considered:

- The personality of the individual patient, and more particularly the internal world of needs, wishes, motives, anxieties, and “working models” of self and significant others,
- The interpersonal relationship patterns and processes occurring in the group
- The collective or shared dynamics within the group-as-a-whole, such as the “basic assumptions” of the group (Bion, 1961).

(p. 60)

The first level of analysis that includes the individual personality and their internal world is not challenged when moving groups online. The question remains whether interpersonal patterns change (see the section on “Disadvantages of Online Groups”) and especially whether the group-as-a-whole dynamics are different online than in-person. In this book, we focus on those two levels of analysis and wonder how they change according to each theoretical frame of reference. We were very interested whether Yalom’s therapeutic factors (Yalom & Leszcz, 2020) are manifested differently online, and especially the group cohesion, since it is the main therapeutic factor correlated with the group positive outcome. Can it still be achieved online and is it the same kind of cohesion as in offline groups?

Group leaders experience difficulty with two types of behaviors among members of virtual groups (Kozlowski & Holmes, 2017): (1) distraction, mental absenteeism, and difficulty adhering to group boundaries (e.g., punctuality; see below); and (2) difficulty in expressing emotions leading to a diminished sense of intimacy (Gibbs et al., 2017; Weinberg, 2020).

The following are instances of participant behaviors that undermine group boundaries: challenging the group setting (punctuality or lack thereof, etc.); frequent participant absence; entering and exiting group space during sessions; participant exhibiting distraction (e.g., checking text messages); and participant eating during sessions.

Examples of emotional expression include participant disclosure of significant personal information; participant expression of interest in continuing group meetings near the end of the group process; and participant expression of negative emotions (sadness, anger, helplessness) near the end of the group process.

All the above are addressed in our book, taking into account that groups interact at multiple levels (Burlingame et al., 2021; Lo Coco et al., 2019): namely member-to-member, member-to-group-as-a whole, member-to-therapist.
Disadvantages of Online Groups

Groups online share the same risks and dangers as any online treatment faces: privacy and confidentiality are difficult to achieve totally in the online setting, and the fact that groups involve more than one patient only complicates these issues. Since we do not see the full body, we miss some important gestures and postures that give us a lot of information when we see people in our offices. As we have noted in our earlier publications, online platforms can provide clearer visibility of facial expressions, and greater opportunities to observe and interpret the dynamics among all members, provided that one develops the skills to read and attend to these expressions.

In moving group therapy online, there is a loss of liminal space—the time before and after the group therapy session where people have an opportunity to interact with one another. Groups that meet in-person socialize, interact with each other, and bid farewell with customary group rituals during these times.

Allied with the loss of the liminal space is a complaint that patients have about the loss of a boundary between their therapy world and their personal world and the need to create space moving from one to the other. Commuting from home or work to the group taking place in the therapist’s office or agency allows for an in-between time where people slowly disconnect from the daily hassles and prepare themselves for the group meetings.

We will briefly describe further contrasts in how we encounter face-to-face groups compared to online groups, differences that may not be immediately apparent when transitioning to online work. For instance, during an in-person session, individuals can choose who they want to sit next to, maybe a person he or she feels particularly comfortable with, thus providing a sense of ease.

If a participant feels overwhelmed (or underwhelmed) during a session, they can distract themselves by dissociation, sometimes by focusing on other members of the group and using non-verbal cues, such as eye contact, to communicate. However, in online groups, available “distractions” will typically be outside the group context, such as checking emails.

Another contrast between in-person and online group therapy, which also differs from online one-on-one therapy, is the size of the faces or images that we see. In in-person meetings, although we sit farther away, we can still focus on an individual, resulting in a perceived larger image, whereas in online therapy, we are limited to viewing a small portion of a person on a computer screen. This disadvantage can be compensated by seeing the facial expressions larger and clearer.

The online group loses its classical format of people sitting in a circle: the circle is squared. The closed circular form provides an additional
holding environment sensation since it conveys archaic associations to the womb. In online groups, the members are shown on the screen in boxes, one beside, above, and below the other. Although it is possible to rearrange the order of those boxes in Zoom, and even to impose it on how group members see the group on their screens, most of the group therapists do not do that or even do not know it. Usually, we do not necessarily have the same order on all the screens, as each computer is generating a different group composition, and this arrangement changes every session.

A fascinating result of the “squared circle” is the ability to observe 25 faces simultaneously. This provides a unique opportunity to perceive the group as a cohesive entity without having to shift one’s gaze. This new perspective may have implications for group therapists and participants in terms of their ability to maintain a mental image of the entire group, which we previously discussed. The ability to see the entire group at once also has other potential benefits, such as the ability to consciously select which faces to focus on and an increased ease in paying attention to non-speakers. We delve further into these implications in Chapters 24 and 26.

As described above, during group sessions multiple physiological reactions occur, with our senses continuously bombarded by multisensory stimuli directly related to the session’s content. Not surprisingly, online sessions may seem bland in comparison. This is akin to watching a nature movie at home versus being in a jungle with a group of people and experiencing the full sensory richness. We do not suggest that one is inherently superior to the other, but undoubtedly a wholly distinct experience.

One danger associated with offering online treatment, especially for groups, is the rapid mass entry of commercial companies. Remote treatment of mental health problems surged in the pandemic, as in-person treatment became difficult while pandemic-driven isolation increased anxiety and depression. Digital mental health companies plunged in, promising to provide millions with access to high-quality care by video, phone, and messaging. Rolfe Winkler in the Wall Street Journal described it (December 18, 2022) thus: “Heavy advertising and other strategies from Silicon Valley’s playbook boost providers’ growth but not the quality of care.” This is not to say that commercial offerings are inherently low quality, but to suggest that greater regulation and supervision are required.

**Issues of Privacy and Confidentiality**

The protection of patients’ privacy is an essential aspect of any therapeutic work, and mental health professionals receive extensive training to ensure that it becomes second nature. The concept of confidentiality is
fundamental to all forms of psychotherapy. However, when working with groups, ensuring privacy becomes a considerably more complex task. Lasky and Riva (2006) write: “Confidentiality in group psychotherapy is more complicated than in individual therapy because self-disclosure is at the core of group therapy and there are numerous people hearing the disclosures” (p. 455). Unlike working with individuals, the facilitator must ensure that every group participant is behaving in a way that protects the privacy of all members. This poses a particular challenge, as group participants typically do not have the same level of training and awareness regarding privacy and confidentiality. Additionally, the facilitator must ensure that all participants are using relevant tools, such as video conferencing software, in a manner that safeguards everyone’s privacy. Overall, maintaining privacy in online group therapy requires a heightened level of vigilance and attention to detail from mental health professionals.

When working with face-to-face groups, the facilitator is responsible for ensuring that the physical venue is suitable, preventing unwanted interruptions, and minimizing the risk of participants being overheard by outsiders. However, in online group therapy, the facilitator must go one step further and direct participants to ensure that they are alone and that no one can see or hear the group sessions online. With each participant a potential “breach,” it is crucial to establish clear guidelines and protocols to safeguard the privacy and confidentiality of all group members.

Co-facilitation

Co-leading groups (when two therapists lead the group together) provides several advantages when leading groups, such as two different points of view, two different leading styles, and a model for couple relationship and communication (Yalom & Leszcz, 2020). To date, little has been written about the effects of online settings on co-facilitation, despite it being considered optimal in many group therapy formats (e.g., trauma groups, couples groups, etc.). Regretfully, even in this book, this aspect has been overlooked. Our anecdotal experience suggests that the primary difference is how co-facilitators communicate with each other. Eye-to-eye contact between the two co-leaders is crucial for their successful collaboration. Typically, non-verbal cues such as a nod or a gesture would convey a desire to comment, an agreement or disagreement with the other co-leader’s interpretations. However, in the online setting, non-verbal cues are limited and these communication channels need to be adapted due to the limitations of the format.

One possible solution that some colleagues found helpful is to use the chat channel to communicate privately with the other co-leader. We found this solution problematic, for several reasons: (1) It distracts the group therapists from the here-and-now and the immediate communication happening in the group; (2) It carries the risk that mistakes will be made
when the leader inadvertently sends the message to the entire group instead of the co-leader; and (3) It creates a “behind the group’s back” communication, which is against the guidelines provided to group members. To address this difficulty, one of the authors has found it helpful to make a conscious decision to communicate verbally with his co-facilitators in front of the group. The implications of this decision extend beyond the technical aspects of coordination. It has encouraged us to be more transparent about our thoughts and concerns regarding the here-and-now of the group, and provided a model for open negotiation between couple partners. This has propelled us to shift from a secretive and distant approach to a more open, collaborative, and vulnerable stance as facilitators.

**Who Might Benefit from Online Group Therapy?**

One question that frequently arises when discussing online therapy, including online group therapy, is its suitability for various patients. In both our previous and current books, we indirectly addressed this question by including chapters on various patient characteristics, such as children, adults, the elderly, and the chronically ill. Our diverse group of authors come from various backgrounds, including different ethnicities, geographies, and professions. However, none have definitively stated the suitability or unsuitability of online group therapy for specific populations.

Weinberg (2020) suggests that people with intimacy problems who do not show enough improvement in the in-person group can benefit more from online groups. Some support to this argument comes from Marmarosh et al. (2013), who pointed out that individuals with a dismissive-avoidant attachment style often engage in defensive self-enhancement when in groups, resulting in less positive outcomes and more dropouts of group therapy. The online group format can help these individuals to become less defensive since they feel protected by the “screen barrier.” Some group members with dissociative symptoms might also engage more in the group process. Participating in online groups allows them to lower their use of dissociative defenses while in-person groups might be emotionally overwhelming for them. The reduction in immediacy and sense of self-consciousness in online groups, which may be debilitating in in-person groups for socially anxious clients, may also improve their performance. The above does not mean that we should avoid confronting those people with their defenses in the offline groups. The best recommendation for them is to have a two-stage therapy, starting with online groups and moving later to in-person ones.

The most honest answer we can provide at this time is that there is no research that provides clear criteria to confidently predict who is suited to online group therapy. While sensory-oriented individuals may find it less
suitable (see Chapter 18), there is currently no empirical evidence to support this claim.

There are certain populations, such as those with speech difficulties, or those who are visually impaired, who may find online group therapy more challenging. In contrast, those with hearing difficulties might find that they can perceive sound more effectively while utilizing earphones or headsets online. We strongly encourage research and the development of solutions to ensure that online group therapy is as inclusive as possible.

**Online Large Group Interventions**

Amid the pandemic, an innovative form of online group intervention, known as the Online Large Group (OLG), gained immense popularity and demonstrated the significant advantages of the online mode of therapy during periods of crisis and social upheaval. This modality became ubiquitous and rapidly disseminated, as reported in Chapters 11, 12 and Epilogue. Given the isolation and lockdowns that people experienced during the pandemic, OLGs provided crucial support, aiding individuals in combating anxiety and depression. Social trauma typically results in a disconnection from support systems, thereby diminishing one’s resilience. The widespread participation in OLGs indicates their indispensability. These groups were often convened in an unstructured group analytic manner, allowing members to freely express their distress and respond with warmth and empathy towards one another. However, as stated in Chapter 12, OLGs were also guided by psychodramatic, mindfulness and CBT techniques. They proved highly effective during previous times of social crisis, such as the war in Ukraine. These groups were established to support individuals in Ukraine who had suffered the severe consequences of the Russian invasion. Participants from all over the world joined to express their solidarity and support, which greatly impacted and touched the Ukrainian people. Occasionally, even Russian colleagues participated, facilitating a difficult dialogue. Furthermore, following the earthquake in Türkiye (Turkey) and North Syria in 2023, OLGs provided mental health support to the helpers assisting individuals affected by the disaster.

**Hybrid Groups**

Chapter 6 provides a comprehensive overview of this modality and caution against hasty adoption without careful consideration of members’ motivations. We agree with their conclusion and would like to emphasize two critical factors that influence the success of the hybrid model: group cohesion and technological quality.

We recommend against using the hybrid solution at the outset of group formation. Instead, the group should become cohesive enough to manage
any potential dynamics of competition and envy between members in-person and those online. It takes a skilled group therapist to create an inclusive environment that does not exclude anyone.

Technological considerations are also crucial, as appropriate equipment can make or break the hybrid experience. High-quality audio and video solutions are necessary to enable seamless communication between members. Camera location and quality are critical factors in creating an inclusive environment. External cameras such as the OWL can capture a 360-degree view of the surroundings, enabling online members to see the entire group and identify the speaker. Placing the laptop (or screen) on a high stool and pinning the online member’s picture on the screen at the same level as the in-person members’ faces can create a sense of equal participation. Additionally, placing the external camera near the laptop can overcome the gap between the source of the audio and the speaker’s image.

In sum, we advise against using the hybrid model unless it is the only option available. If necessary, ensure that the group is cohesive and equipped with appropriate technology to support an inclusive and effective hybrid experience.

**What Technological Capabilities Might Significantly Influence Online Group Therapy?**

Currently, one of the most challenging technical issues with video conferencing is the inability to discern where the speaker is directing their gaze. This is also true, but less crucial, with regards to determining who another participant is looking at when they gaze at someone other than the speaker (lack of eye-to-eye contact). While it is uncertain which specific group processes may impact, we believe that this could significantly alter the online group therapy experience and the sense of intimacy.

Although virtual reality (VR) may have the potential to tackle these concerns and also offer solutions like enabling anonymity by using avatars, current VR options are still not a practical substitute for video conferencing.

An additional important feature would be the capability to hear multiple speakers distinctly even when they are speaking at the same time. Currently, most voice conferencing applications do not offer this functionality, resulting in the loss of some participants’ voices. This may especially affect individuals who speak softly or are hesitant, and their voices are the ones we often want to hear. This deficiency places added responsibility on the facilitator, who must continually scan and determine whether participants are attempting to speak.

Lower on our list of priorities would be the capability to provide a more comprehensive visual representation of the participants, and subsequently integrating other sensory experiences such as touch and smell.
The possibility of utilizing recordings is discussed in several chapters of this book and has been extensively detailed in other literature. Nevertheless, the process of recording therapy sessions still requires refinement. Video conferencing platforms must thoroughly address ethical, legal, and technological concerns regarding privacy and consent, enabling therapists and participants to record pertinent parts of therapy sessions while respecting the privacy and willingness of all participants to be recorded.

**Our Vision**

The field of economics concerns itself with the most efficient allocation of resources, which often catalyzes transformations in various sectors. We propose that group therapy represents a more efficient utilization of the scarce resource of mental health professionals, and that an online setting enables dramatically increased dissemination of this approach. Given that previous research has shown group therapy and online group therapy to be equally effective as individual therapy, we maintain that not informing patients about the availability of online group may be considered unethical, as it is the clinician’s responsibility to assist patients in selecting the best therapeutic option among the available alternatives.

Our vision begins at a family doctor’s office: after a brief conversation, the doctor and patient establish that some of the latter’s problems may be linked to mental health. The doctor suggests online group therapy as an option, which is covered by the patient’s basic insurance plan.

To make this scenario possible, several changes must occur. Technological platforms must address the issues raised earlier in this text. Health-care providers need to acknowledge that online group therapy is a viable and cost-effective solution. Mental health professionals must become familiar with the potential benefits of online group therapy, and a large number of them will require training. We recommend that all mental health professionals experience both in-person and online group therapy, and that group therapists receive training in online therapy as part of their standard training (as outlined in Chapter 24).

While online therapy cannot solve all mental health problems, it may act as a catalyst for much-needed change. We hope that this book can contribute to the infrastructure necessary to support such change.

**Note**

1 https://www.agpa.org/home/practice-resources/what-is-group-psychotherapy-.
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