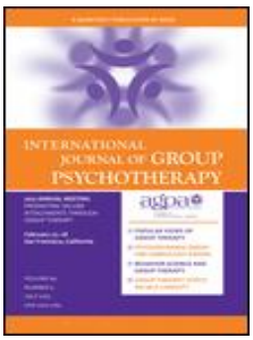

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Why Do People Prefer Individual Therapy Over Group Therapy?

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ABSTRACT

The current study aims to identify the reason people avoid group therapy despite its recognized effectiveness. Participants were 224 university students, men and women from two ethnic groups (Jewish and Arab) in Israel. We asked them to mark their preference for individual or group therapy on a 7-point scale and add five arguments in favor and against each type of therapy. Results verified the tendency to prefer individual over group therapy, with minor gender or ethnic effects. Participant arguments indicated accuracy in identifying the strength of group therapy, but various fears limit their enthusiasm about group therapy. The discussion focuses on possible ways to overcome those fears.

Group counseling and psychotherapy has proven to be an effective intervention mode with various difficulties (Burlingame, Strauss, & Joyce, 2013; Burlingame, Whitcomb, & Woodland, 2014), at least as effective as individual therapy (Baines, Joseph, & Jindal, 2004; Burlingame, MacKenzie, & Strauss, 2004; Piper & Joyce, 1996; Shechtman, 2003). Nevertheless, the public image of individual therapy is clearly better than the image of group therapy, and there is

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often skepticism associated with group treatment. Recent empirical studies have shown that potential clients seeking psychological help show limited preference for utilizing groups (Sharp, Power, & Swanson, 2004; Sherman, Pennington, Latif, Earley, & Simonton, 2007) and express some reservations about group psychotherapy (Hahn, 2009). Therapists too sometimes express resistance to group treatment (Billow, 2001; Bowden, 2002; Fieldsteel & Joyce, 2005). In a recent study based on a wide representative German sample by Strauss and colleagues (Strauss, Spangenberg, Brähler, & Bormann, 2015), most participants found individual therapy useful (73%), but only half found group therapy useful. Moreover, in case of serious troubles, 63% recommended individual treatment while only 33% recommended group treatment. Shechtman and colleagues (Shechtman, Vogel, & Maman, 2010), who investigated the role of stigma towards individual and group treatment in a sample of university students, also found that people preferred individual treatment over groups. Based on clinical experience, Piper (2008) pointed to several factors that might inhibit people from seeking psychological help in the form of group therapy; among them is the fear of losing control, fear of self-disclosure, fear of criticism, and fear of rejection. Our goal was to empirically identify people's perceptions of group therapy that influence their attitudes toward seeking group therapy.

To address this purpose, we need to understand the unique features of group therapy. In the 1900s, an attempt was made to argue that group therapy is not different from individual therapy in the mechanisms of change (Hill, 1990). Group therapists rejected this argument, pointing to the unique characteristics of group therapy (Fuhriman & Burlingame, 1990). They mentioned several therapeutic factors that can be found only in group: vicarious learning, universality, altruism, recapitulation of the family experience, and interpersonal learning. Since then, several empirical studies have examined the therapeutic factors in individual and group therapy, and found differences between them, similar to those argued by practitioners. Holmes and Kivlighan (2000) created four clusters of therapeutic factors based on the 11 factors identified by Yalom (1995). While comparing these four clusters for individual and group therapy, they found that in individual therapy catharsis/insight and problem identification were more frequently mentioned whereas

climate and vicarious learning were more frequently mentioned in group. Shechtman found the same differentiation of factors in groups with children (2003) and in groups with adults (Danino & Shechtman, 2012). These results are logical considering the interpersonal nature of group work. The richness of opportunities to learn from others, to receive feedback, and to receive support is the most important mechanism in group, but might also be the greatest challenge. We know that bonding is a major factor in therapy, including group therapy (Burlingame, Fuhriman, & Johnson, 2004), but in group therapy, bonding with the therapist may be more complicated in view of member completion, and the number of people with which to bond. The expectation to self-disclose in front of strangers and the fear of criticism and rejection are real threats to group members.

These challenges are enhanced in certain cultures. For instance, in collectivistic cultures, people tend to refrain from self-disclosure in front of strangers, because problems are solved within the family to avoid shame and stigma on the family (Chung, 2004; Pines & Zaidman, 2003; Sue & Sue, 2003). Indeed, practitioners in Israel claim that Arab citizens, who belong to a collectivistic culture, show less intention to look for psychological help compared to Jewish citizens (Al-Darmaki, 2004; Dwairy, 2009. However, research with Arab adolescents in group indicated greater self-disclosure than their Jewish peers (Shechtman, Hiradin, & Zina, 2003). Moreover, research involving university Arab and Jewish students showed that they did not differ on expectation to self-disclose or on actual self-disclosure in the group process (Shechtman, Goldberg, & Cariani, 2008). These inconsistent outcomes increased our interest in looking at these two cultures in regard to preferences or avoidance toward group therapy.

Gender is related to culture because behavioral norms for men and women are different (Nam et al., 2010). Women tend to disclose more (Sultan & Chaudry, 2008), they are more open about their psychological difficulties (Doherty & O'Doherty, 2010), and they are more inclined to seek psychological help (Vogel & Wester, 2003). In the German study (Strauss et al., 2015), female participants had a more positive attitude toward group therapy. Therefore, we explored the question of preference for individual versus group therapy and the relevant arguments in the context of culture and gender.

We hypothesized that: 1. Overall, there would be higher preference for individual therapy than for group therapy; and 2. Jewish participants and women will resist group therapy less than Arab participants and men.

METHOD

Participants

Participants were 224 undergraduate students from two colleges in northern Israel. The sample included 105 male and 119 female students, 120 Jewish and 104 Arab. Age ranged from 20 to 45, with a mean of 25.73 and $SD = 5.20$. We recruited the participants from teacher education (44%) and engineering schools (56%). The Jewish students were older than the Arab students, $F(1,220) = 13.70$, $p < .001$, and male students were older than female students, $F(1, 220) = 10.70$, $p < .01$; however, we found no interaction between gender and ethnicity $F(1,220) = .70$, $p =$ n.s.

Instruments

1. Demographic information: age, subject of learning, gender, ethnicity, and experience in individual or group treatment.
2. The major instrument was developed for the current study. It involved a closed question: "When facing a problem, which treatment would you prefer, 12 sessions with an individual mental health professional or 12 sessions with a group of about 10 participants and a professional leader?" Next, we asked the participants to rank their preference for each type of treatment on a scale from 1 to 7.

Finally, participants were asked to state five arguments in favor and five against each type of treatment.

Two independent raters identified seven arguments in individual or group treatment and seven arguments against individual or group treatment. Agreement between raters was high (Kappa ranged from .90 to .99; $p < .001$). The categories:

Support for Individual Therapy

1. Focus on client ("all the attention is given to the client"; "the client receives all the therapist's time")
2. Intimacy ("close relationships develop between the client and the therapist")
3. Privacy ("free to talk about everything"; "secrets will be kept")
4. Security ("no fear of criticism")
5. Authenticity ("I don't need to pretend or lie in front of others")
6. Sense of control ("I can do whatever I want with my time")
7. Narcissism ("I am not interested in others' stories")

Support for Group Therapy

1. Interpersonal learning ("one could learn a lot from others"; "feedback is helpful in enhancing self-understanding")
2. Universality ("knowing that others have similar problems is helpful"; "makes me feel less anxious")
3. Interesting ("it is interesting to listen to other people and their problems"; "the dynamic in the group makes it interesting")
4. Cost effective ("it is much less expensive"; "it is affordable")
5. Non-intrusive ("I can always avoid participating seriously"; "the focus is not on me")
6. Social ("one could get to know new people"; "it is an opportunity to give and receive support")
7. Richness ("one gets to hear many ideas/opinions"; "feedback is rich and creative"; "opens a window to many new experiences")

Opposition to Individual Therapy

1. Limited range of opinions ("one hears only the therapist's feedback, which may be wrong"; "one doesn't get to hear people with similar experiences")
2. Intrusive ("it can force me to talk about things one doesn't want to discuss"; "I am always the focus of attention")
3. Boring ("one speaks about the same problem again and again")
4. Dependent ("one becomes too close to the therapist and dependent on him"; "one loses one's own sense of judgment")

5. Expensive ("I cannot afford having private help"; "therapy is very expensive")
6. Pressure ("it can be quite embarrassing to talk about issues I want to forget"; "it makes me angry when I am forced to talk")
7. Long process ("it could take years and the problem might never be solved")

Opposition to Group Therapy

1. Lost in the crowd ("I might not get the attention I need in a group of people"; "other people might take over")
2. Fear of criticism ("criticism may decrease my self-esteem"; "people might not like what I have to say")
3. Fear of self-disclosure ("I would never expose myself in front of strangers"; "I wouldn't betray loved ones in front of strangers")
4. Fear of losing control ("the group may take the process in a direction I don't like"; "dominant members may overtake the group")
5. Confusing ("too many opinions may confuse you"; "you hear many ideas and you don't know which is right")
6. Fear of strangers ("I cannot talk in front of strangers"; I need to know people before I share something personal")
7. Narcissism ("I am not interested in stories of other people"; "some people can really get on your nerves")

PROCEDURE

Participants were recruited from two institutional sources. One was an undergraduate education program in a major university, and the other was an undergraduate engineering program. Both institutions are in northern Israel. Through the Internet, we asked all the students in the education program to participate in the study. Out of about 100 students, 70 agreed to participate and completed the instruments. In the engineering college, 150 students were approached, and 120 responded positively and completed the instruments. When the researchers realized there were insufficient Arab students to permit a comparison between Arab and Jewish students, they reached out to a class of 50 Arab students, of which most agreed to participate. In total

we gathered 248 participants, but deleted those who didn't fully fill out the questionnaire, which left us with 224 participants. The questionnaires were completed online. The researchers explained the general purpose of the study—"to learn about attitudes toward individual and group counseling"—and promised participants full confidentiality.

Statistical Analyses

We conducted analyses with SPSS (Version 22.0). An overall score was computed representing the number of arguments written in favor and against individual and group therapy. First, a MANOVA was conducted of these four scores by past experience with therapy. Next, respondents rated their preference for individual and group therapy on a 1–7-point scale. We used a repeated measures ANOVA to assess the difference between individual and group therapy (2), by ethnicity (2), and gender (2). Likewise, we used a repeated measures ANOVA to assess the difference in number of arguments written by type of therapy (individual/group therapy – 2), and type of argument (support/opposition – 2). We used a MANOVA with the four scores by ethnicity (2) and gender (2), and their interaction. Finally, chi-square tests were used to examine the differences in the prevalence of each argument by ethnicity and gender.

RESULTS

In the preliminary analysis, we measured the difference in favor and against individual and group therapy between participants who had experienced individual or group therapy prior to the study (29%) and all the other participants. The MANOVA results indicated a nonsignificant difference in the amount of arguments written in favor and against individual and group therapy, $F(4,219) = .019$, $p = .94$, $\eta^2 = .003$. Thus, past experience had no impact on attitudes toward therapy.

The first hypothesis suggested that overall participants would oppose group therapy more than individual therapy, and the second hypothesis suggested differences in preferences of individual over group therapy, by ethnicity and gender. We based the analyses on two types of responses: 1.

Two questions to be answered on a 7-point scale: "To what extent do you prefer group therapy"; "to what extent do you prefer individual therapy"; 2. A question asking for five arguments in favor and five against each type of therapy. The analyses included the type of therapy, ethnicity, and gender. Table 1 presents means and *SD*s for preference for individual or group therapy (based on the 7-point scale), by ethnicity and gender.

The overall score for preference of individual therapy is higher than that for group therapy. The repeated measures ANOVA indicated a significant difference in preference by the type of therapy, $F(1, 220) = 104.34$, $p < .001$, $\eta^2 = .322$. That is, preference for individual therapy is higher than for group therapy. Moreover, preference for individual therapy over group therapy is higher among Jewish than Arab participants, $F(1,220) = 7.49$, $p = .007$, $\eta^2 = .033$. Preference for group therapy is higher among Arab than Jewish participants, $F(1,220) = 11.29$, $p < .001$, $\eta^2 = .049$. Further, preference for individual therapy is higher among females than males, $F(1,220) = 4.20$, $p = .042$, $\eta^2 = .019$. Thus, based on these two questions, participants prefer individual therapy over group therapy, which supports the first hypothesis. This trend is higher for Jewish participants and women; these results contradict our expectations as stated in hypothesis 2.

We explored the hypotheses further, based on the arguments in favor and against individual and group therapy. We placed the arguments into seven categories in favor of each type of therapy and seven categories against each type, as presented earlier in the Method section. We grouped these categories into four clusters by counting the number of arguments expressed in favor and against group and individual therapy (2x2): 1. Support for group therapy; 2. Support for individual therapy; 3. Opposition to group therapy; and 4. Opposition to individual therapy. We present the results in Table 2.

Support for individual and group therapy scores appear quite similar, and the lowest score is against individual therapy. The repeated measures ANOVA of the response by type of argument (support/opposition) and treatment type (group/individual) indicated a significant interaction between them, $F(1,220) = 27.11$, $p < .001$, $\eta^2 = .110$. Analysis of the significant interaction revealed that opposition to group therapy was significantly higher than opposition to individual therapy, $F(1,220) = 60.39$, $p < .001$, $\eta^2 = .215$. Thus, based on the second analysis, the first hypothesis was again supported. Support for

Table 1. Means and SDs for Preference of Group and Individual Therapy, by Ethnicity and Gender (n = 224)

	Jewish *M* (*SD*)			Arab *M* (*SD*)			Total *M* (*SD*)		
Preference of:	male (n = 59)	female (n = 61)	total (n = 120)	male (n = 46)	female (n = 58)	total (n = 104)	male (n = 105)	female (n = 119)	total (n = 224)
Group therapy	3.07	2.57	2.82	3.59	3.47	3.52	3.30	3.01	3.14
	(1.86)	(1.33)	(1.62)	(1.47)	(1.52)	(1.49)	(1.71)	(1.49)	(1.60)
Individual therapy	4.78	5.51	5.15	4.80	4.93	4.88	4.79	5.23	5.02
	(1.84)	(1.49)	(1.70)	(1.65)	(1.70)	(1.68)	(1.75)	(1.62)	(1.69)

Note. Range 1–7.

Table 2. Means and Standard Deviations for Support and Opposition of Group and Individual Therapy, by Ethnicity and Gender ($n = 224$)

	Jewish *M* (*SD*)			Arab *M* (*SD*)			Total *M* (*SD*)		
	male ($n = 59$)	female ($n = 61$)	total ($n = 120$)	male ($n = 46$)	female ($n = 58$)	total ($n = 104$)	male ($n = 105$)	female ($n = 119$)	total ($n = 224$)
Support of group therapy	2.05 (0.99)	2.31 (1.28)	2.18 (1.15)	2.25 (1.15)	1.86 (1.07)	2.03 (1.12)	2.14 (1.06)	2.09 (1.20)	2.11 (1.13)
Support of individual therapy	1.99 (1.05)	2.31 (0.87)	2.15 (0.97)	2.33 (0.81)	2.14 (1.05)	2.22 (0.95)	2.14 (0.96)	2.23 (0.96)	2.18 (0.96)
Opposition of group therapy	1.64 (0.97)	2.03 (0.97)	1.84 (0.99)	1.88 (1.05)	1.68 (0.93)	1.77 (0.98)	1.74 (1.01)	1.86 (0.96)	1.81 (0.98)
Opposition of individual therapy	1.37 (0.99)	1.29 (1.15)	1.33 (1.07)	1.34 (0.91)	0.96 (0.69)	1.12 (0.81)	1.36 (0.95)	1.13 (0.96)	1.23 (0.96)

individual therapy is higher than for group therapy. Hypothesis 2 was further examined through a MANOVA by ethnicity and gender. Results do not indicate a significant ethnicity or gender difference, $F(4,217) = 0.66$, $p = .621$, $\eta^2 = .012$ and $F(4,217) = 1.19$, $p = .316$, $\eta^2 = .022$, respectively. However, the interaction between ethnicity and gender was significant, $F(4,217) = 3.48$, $p = .009$,$\eta^2 = .062$; the results are presented in Table 3.

Jewish women and Arab men scored higher on support of group therapy than Arab women. Jewish women scored higher on opposition to group therapy than Jewish men. On support of individual therapy, Jewish women and Arab man scored higher than Jewish men. Based on both measures, the results appear to support only the second hypothesis in part: Jewish women indeed are more supportive of both types of therapy, but at the same time they oppose group therapy more. Moreover, Arab men are more supportive of both types of therapy, in contrast to the hypothesis. Further, Jewish women oppose group therapy more than Jewish men, also in contrast to the hypothesis.

Once we supported the hypothesis suggesting that people oppose group therapy, we wanted to learn why. The arguments that participants mentioned in support of and against group and individual therapy address this question.

Tables 4 and 5 outline the arguments for and against each type of therapy by ethnicity. The *n* and the percentage pertain to the number of participants who mentioned each argument. From the descriptive data, we learn that in regard to group therapy the central arguments that support group therapy included interpersonal learning, the richness of the experience, and universality. The central arguments against group therapy included getting lost in the crowd, fear of self-disclosure, and fear of criticism. In support of individual therapy, the focus on the client and privacy were the most frequently mentioned arguments, and against individual therapy—limited in scope, and intrusiveness were the most frequently mentioned arguments. We further tested these arguments through chi-square analysis, by ethnicity and gender. No differences by ethnicity were found for group therapy, and only a few differences were shown regarding individual therapy: Jewish participants thought that individual therapy is more intrusive and expensive than Arab participants; Arab participants

Table 3. F values for Support and Opposition of Group and Individual Therapy by Ethnicity and Gender ($n = 224$)

	Ethnicity $F(1, 220)$ (η^2)	Gender $F(1, 220)$ (η^2)	Ethnicity x Gender $F(1, 220)$ (η^2)	Meaning of Interaction
Support of group therapy	0.66 (.003)	0.33 (.002)	7.06** (.032)	Jewish women, Arab men > Arab women
Support of individual therapy	0.71 (.003)	0.29 (.001)	6.92** (.031)	Jewish women, Arab men > Jewish men
Opposition of group therapy	0.01 (.001)	0.19 (.001)	7.98** (.034)	Jewish women > Jewish men
Opposition of individual therapy	1.09 (.005)	3.35 (.015)	2.66 (.012)	–

Note. *$p < .05$, **$p < .01$.

Table 4. Frequency and Percentage of Arguments Preferring and Opposing Group Therapy, by Ethnicity (n = 224)

Support of group therapy N (%)					Opposition of group therapy N (%)				
Category	Jewish	Arab	Total	$\chi^2(1)$	Category	Jewish	Arab	Total	$\chi^2(1)$
Interpersonal learning	72	65	137	0.15	Lost in the crowd	90	66	156	3.51
	(60.0)	(62.5)	(61.2)			(75.0)	(63.5)	(69.6)	
Universality	70	49	119	2.81	Fear of criticism	21	19	40	0.02
	(58.3)	(47.1)	(53.1)			(17.5)	(18.3)	(17.9)	
Interesting	10	10	20	0.11	Fear of self-disclosure	49	33	82	1.99
	(8.3)	(9.6)	(8.9)			(40.8)	(31.7)	(36.6)	
Cost-effective	17	10	27	1.09	Fear of losing control	18	15	33	0.02
	(14.2)	(9.6)	(12.1)			(15.0)	(14.4)	(14.7)	
Not intrusive	5	0	5	–	Confusing	14	21	35	3.07
	(4.2)	(0.0)	(2.2)			(11.7)	(20.2)	(15.6)	
Socializing	33	27	60	0.07	Fear of strangers	22	23	45	0.50
	(27.5)	(26.0)	(26.8)			(18.3)	(22.1)	(20.1)	
Richness	60	53	113	0.02	Narcissism	11	9	20	0.02
	(50.0)	(51.0)	(50.4)			(9.2)	(8.7)	(8.9)	

Note. χ^2 was not calculated in cases of no variance.

Table 5. Distribution of Arguments Preferring and Opposing Individual Therapy, by Ethnicity (n = 224)

Support of individual therapy N (%)					Opposition of individual therapy N (%)				
Category	Jewish	Arab	Total	$\chi^2(1)$	Category	Jewish	Arab	Total	$\chi^2(1)$
Focus on client	108	85	193	3.19	Limited	68	62	130	0.20
	(90.0)	(81.7)	(86.2)			(56.7)	(59.6)	(58.0)	
Intimacy	31	16	47	3.67	Intrusive	36	15	51	7.69**
	(25.8)	(15.4)	(21.0)			(30.0)	(14.4)	(22.8)	
Privacy	47	49	96	1.44	Boring	8	16	24	4.43*
	(39.2)	(47.1)	(42.9)			(6.7)	(15.4)	(10.7)	
Security	55	63	118	4.86*	Dependency	7	9	16	0.67
	(45.8)	(60.6)	(52.7)			(5.8)	(8.7)	(7.1)	
Authen-ticity	4	10	14	3.75	Expensive	17	5	22	5.51*
	(3.3)	(9.6)	(6.3)			(14.2)	(4.8)	(9.8)	
Sense of control	2	1	3	–	Pressure	11	3	14	3.75
	(1.7)	(1.0)	(1.3)			(9.2)	(2.9)	(6.3)	
Narcissism	17	11	28	0.66	Long process	15	9	24	0.86
	(14.2)	(10.6)	(12.5)			(12.5)	(8.7)	(10.7)	

Note. *$p < .05$, **$p < .01$. χ^2 was not calculated in cases of no variance.

thought it was more boring than Jewish participants. Arab participants regarded it as more secure than Jewish participants (see Tables 4 and 5). Regarding gender differences, we found no such differences for or against group therapy. For individual therapy, there were two differences in opposing it: male participants felt that it was more boring and limited in scope than females (results are not in tables).

DISCUSSION

The literature suggests that group therapy is underused (Piper, 2008; Strauss et al., 2015) despite the fact that it has proven to be an effective mode of treatment (Burlingame et al., 2013, 2014), with outcomes at least as good as individual therapy (Baines et al., 2004; Burlingame et al., 2004; Piper & Joyce, 1996; Shechtman, 2003). The limited research that exists on this issue indicates a general tendency to avoid group therapy (Sharp et al., 2004; Sherman et al., 2007; Strauss et al., 2015). The purpose of the present study was to investigate the arguments for and against group therapy compared to individual therapy, considering, in addition, the impact of gender and ethnicity.

Overall, we supported previous results showing that university students—Jewish and Arab, men and women—prefer individual over group treatment. Scores based on a preference scale showed that preference for group therapy is lower than preference for individual therapy. Argument frequency suggested by participants further indicated that arguments opposing individual therapy were the least frequent, while arguments opposing group therapy were significantly higher than arguments opposing individual therapy. Thus, the first hypothesis was fully supported and in line with earlier results (Shechtman et al., 2010; Strauss et al., 2015).

The second hypothesis expected gender and ethnic differences. We found no such differences in preferring or opposing one type of therapy over the other. In contrast to our expectations, we found only some ethnicity-by-gender interactions. Jewish women were more supportive of both types of therapy, but at the same time they were also higher in opposing therapy. Moreover, Arab men were more supportive of therapy in contrast to the hypothesis, and Jewish

women opposed group therapy more than men, also in contrast to our expectation.

The more interesting results of this study, however, are the arguments raised in favor and against each type of therapy. In regard to group therapy, interpersonal learning and universality were most frequently mentioned as arguments in favor of group therapy. Whether the participants had experienced group therapy in the past or not, they understood that the advantage of group therapy lies in the interaction with others, in the possibilities of learning from others' experiences, and from the richness of the group experience. In other words, without reading the group literature, they intuitively understood the human richness of the group experience. But, at the same time, they were mostly anxious, anxious about getting lost in the crowd and fearful of self-disclosure, criticism, and rejection. Close to 10% were not interested in others. It seems that despite the perceived advantages of group therapy, fears prevent individuals from seeking group therapy.

In individual therapy, the positive focus is on safety, privacy, and security, but participants could also see the disadvantages of it being socially limited and socially less interesting. They also saw the disadvantages of possible dependency on the therapist, the length of the process, and its cost. Thus, despite the recognized advantages and disadvantages of group and individual therapy, people refrain from group therapy because of fear.

For some candidates, group therapy appears to be unappealing because of a lack of interest in others. This lack of interest in others appears to be an advantage of individual therapy as well as a disadvantage of group therapy. Although only about 10% of the responses mentioned this category, it suggests that some people are poor candidates for group therapy. It would be difficult for someone disinterested in others to be engaged in group therapy, such as, for example, people with attachment-avoidant type personality (Shechtman & Dvir, 2006; Shechtman & Rybko, 2004). Because such personalities do not respond to others' functioning, they may indeed not be qualified for group treatment.

The expected ethnic or gender differences were minor in this study, perhaps because we did not ask participants about actual help-seeking, as was done in earlier studies (Shechtman et al., 2010; Vogel, Wade, &

Hackel, 2007), but rather asked about arguments for or against each type of therapy. More research is needed in this respect.

This study has several limitations: first, the limited generalization, possibly because of the relatively small and non-representative sample and the location of the study; and second, the limited way in which we investigated attitudes. We were interested in hearing arguments expressed in peoples' own language; however, using valid scales in addition would have added strength to the results.

CONCLUSION

Importance of the Study

The results of the current study support the few earlier studies showing a clear preference for individual therapy over group therapy. Moreover, the arguments mentioned by participants for and against each type of therapy shed light on the reasons for avoiding group therapy. It appears that people intuitively recognize the many unique advantages of group therapy not found in individual therapy (Fuhriman & Burlingame, 1990), but they find it difficult to overcome the fear of being involved in group therapy. Interestingly, people who had not experienced group therapy in the past and probably had not read Yalom's theory (1995) still understand the power of group; but what they do not know is how group processes might help participants overcome their major fears about group therapy. Understanding how debilitating fears of group therapy are has important implications for group therapists. There are several ways to help group members overcome their anxiety.

First, practitioners as well as researchers (Dies, 1994; Nitza, 2014) found that structuring the process was helpful, particularly at the beginning stage of the group.

Second, feedback is an important skill for group leaders and members alike (Morran, Stockton, & Whittingham, 2004), because when provided in a negative way, it is devastating to group members (Shechtman & Yanuv, 2001). Group members need training in providing constructive feedback in order to maintain a safe group climate.

Finally, therapist-client relationships directly link to group safety and are powerful predictors of group outcomes (Burlingame et al., 2014), similar to their importance in individual therapy outcomes (Norcross, 2011). However, bonding in a group situation is more complicated because it involves the therapist as well as the group members. One way to increase safety in the group is for the therapist to meet each group member alone before the group starts. A short meeting may help group members overcome their fear of getting lost in the crowd, fear of criticism, and fear of self-disclosure.

We need to spread the word that groups are safe in order to overcome participants' fears if we want them to make group therapy their choice. In light of the proven effectiveness of group therapy as well as its cost-effectiveness, such efforts are really a necessity.

REFERENCES

Al-Darmaki, F. R. (2004). Counselor training, anxiety, and counseling self-efficacy: Implications for training psychology students from the United Arab Emirates University. *Social Behavior and Psychology*, *32*(5), 429–440.

Baines, L. S., Joseph, J. T., & Jindal, R. M. (2004). Relative efficacy of individual versus group psychotherapy. *International Journal of Group Psychotherapy*, *65*, 1937–1942.

Billow, R. M. (2001). Therapist's anxiety and resistance to group therapy. *International Journal of Group Therapy*, *51*(2), 225–242.

Bowden, M. (2002). Anti-group attitudes at assessment for psychotherapy. *Psychoanalytic Psychotherapy*, *16*(3), 246–258.

Burlingame, G. M., Fuhriman, A., & Johnson, J. (2004). Processes and outcomes in group counseling and psychotherapy; research and practice. In J. L. DeLucia-Waack, D. A. Gerrity, C. R. Kalodner, & M. T. Riva, (Eds.), *Handbook of group counseling and psychotherapy* (2nd ed., pp. 45–61). Thousand Oaks, CA: Sage.

Burlingame, G. M., MacKenzie, K. R., & Strauss, B. (2004). Small group treatment: Evidence for effectiveness and mechanisms of change. In M. J. Lambert (Ed.), *Bergin & Garfield's handbook of psychotherapy and behavior change* (5th ed., pp. 647–696). New York, NY: Wiley & Sons.

Burlingame, G. M., Strauss, B., & Joyce, A. S. (2013). Small group treatment: Evidence for effectiveness and mechanisms of change. In M. J. Lambert (Ed.), *Bergin & Garfield's handbook of psychotherapy and behavior change* (6th ed., pp. 640–689). New York, NY: Wiley.

Burlingame, G. M., Whitcomb, K., & Woodland, S. (2014). Process and outcome in group counseling and psychotherapy: A perspective. In J. L. DeLucia-Waack, D. A. Gerrity, C. R. Kalodner, & M. T. Riva, (Eds.), *Handbook of group counseling and psychotherapy* (2nd ed., pp. 55–68). Thousand Oaks, CA: Sage.

Chung, R. C-Y. (2004). Group counseling with Asians. In J. DeLucia-Waack, D. A. Gerrity, C. R. Kalodner, & M. T. Riva (Eds.), *Handbook of group counseling and psychotherapy* (pp. 200–212). Thousand Oaks, CA: Sage.

Danino, M., & Shechtman, Z. (2012). Treating parents of children with LD: A comparison of individual and group treatment. *Psychotherapy Research, 22*, 592–603.

Dies, R. R. (1994). Therapist variables in group psychology research. In A. Fuhriman & G. M. Burlingame (Eds.), *Handbook of group psychotherapy: An empirical and clinical synthesis* (pp. 114–154). New York, NY: Wiley.

Doherty, D. T., & O'Doherty, Y. K. (2010). Gender and self-reported mental health problems: Predictors of help-seeking from a general practitioner. *British Journal of Health Psychology, 15*(1), 213–228.

Dwairy, M. (2009). Cultural analysis and metaphor psychotherapy with Arab-Muslim clients. *Journal of Clinical Psychology, 65*(2), 199–209.

Fieldsteel, N., & Joyce, A. S. (2005). Does anyone want groups? In J. Motherwell & J. J. Shay (Eds.), *Complex dilemmas in group therapy* (pp. 135–141). New York, NY: Brunner-Routledge.

Fuhriman, A., & Burlingame, G. M. (1990). Consistency of matter: A comparative analysis of individual and group process variables. *Counseling Psychologist, 18*, 6–63.

Hahn, W. K. (2009). Ingenuity and uneasiness about group psychotherapy in university counseling centers. *International Journal of Group Psychotherapy, 59*(4), 543–552.

Hill, C. E. (1990). Is individual therapy process really different from group therapy process? The jury is still out. *Counseling Psychologist, 18*(1), 126–130.

Holmes, S. E., & Kivlighan, D. M. (2000). Comparison of therapeutic factors in group and individual treatment process. *Journal of Counseling Psychology, 47*(4), 478–484.

Morran, D. K., Stockton, R., & Whittingham, M. H. (2004). Effective leader interventions for counseling and psychotherapy groups. In J. L. DeLucia-Waack, D. A. Gerrity, C. R. Kalodner, & M. T. Riva (Eds.), *Handbook of group counseling and psychotherapy* (2nd ed., pp. 91–103). Thousand Oaks, CA: Sage.

Nam, S. K., Chu, H. J., Lee, M. K., Lee, J. H., Kim, N., & Lee, S. M. (2010). A meta-analysis of gender differences in attitudes toward seeking professional psychological help. *Journal of American College Health, 59*(2), 110–116.

Nitza, A. (2014). Selecting and using activities in groups. In J. L. DeLucia-Waack, D. A. Gerrity, C. R. Kalodner, & M. T. Riva, (Eds.), *Handbook of group counseling and psychotherapy* (2nd ed., pp. 95–106). Thousand Oaks, CA: Sage.

Norcross, J. (2011). *A guide to psychotherapy relationships that work* (2nd ed). New York, NY: Oxford University Press.

Pines, A. M., & Zaidman, N. (2003). Israeli Jews and Arabs: Similarities and differences in the utilization of social support. *Journal of Cross-Cultural Psychology, 34*(4), 465–480.

Piper, W. E. (2008). Underutilization of short-term group therapy: Enigmatic or understandable? *Psychotherapy Research, 18*(2), 127–138.

Piper, W. E., & Joyce, A. S. (1996). A consideration of factors influencing the utilization of time-limited, short-term group therapy. *International Journal of Group Psychotherapy, 46*, 311–328.

Sharp, D. M., Power, K. G., & Swanson, V. (2004). A comparison of the efficacy an acceptability of group versus individual cognitive behavior therapy in the treatment of panic disorder and agoraphobia in primary care. *Clinical Psychology & Psychotherapy, 11*(2), 73–82.

Shechtman, Z. (2003). Therapeutic factors and outcomes in group and individual therapy of aggressive boys. *Group Dynamics: Theory, Research, and Practice, 7*, 225–237.

Shechtman, Z., & Dvir, V. (2006). Attachment style as a predictor of children's behavior in group psychotherapy. *Group Dynamics: Theory, Research, and Practice, 10*(1), 29–42.

Shechtman, Z., Goldberg, A., & Cariani, R. (2008). Arab and Israeli counseling trainees: A comparison of ethnically homogeneous and heterogeneous groups. *Group Dynamics: Theory, Research, and Practice, 12*(2), 85–95.

Shechtman, Z., Hiradin, A., & Zina, S. (2003). The impact of culture on group behavior: A comparison of three ethnic groups. *Journal of Counseling & Development, 81*(2), 208–216.

Shechtman, Z., & Rybko, J. (2004). Attachment style and observed initial self-disclosure as explanatory variables of group functioning. *Group Dynamics: Theory, Research, and Practice, 8*(3), 207–220.

Shechtman, Z. Vogel, D., & Maman, N. (2010). Seeking psychological help: A comparison of individual and group treatment. *Psychotherapy Research, 20*(1), 30–36.

Shechtman, Z., & Yanuv, H. (2001). Interpretive interventions: Feedback, confrontation, and interpretation. *Group Dynamics: Theory, Research, and Practice, 5*(2), 124–135.

Sherman, A., Pennington, J., Latif, U., Earley, H. L., & Simonton, S. (2007). Patient preferences regarding cancer group psychotherapy interventions. A view from inside. *Psychosomatics, 48*(5), 426–432.

Sue, D. W., & Sue, D. (2003). *Counseling the culturally different: Theory and practice* (4th ed.). New York, NY: Wiley.

Strauss, B., Spangenberg, L., Brähler, L., & Bormann, B. (2015). Attitudes towards (psychotherapy) groups: Results of a survey in a representative sample. *International Journal of Group Psychotherapy*, *65*(3), 410–430.

Sultan, S., & Chaudry, H. (2008). Gender based differences in the patterns of emotional self-disclosure. *Pakistan Journal of Psychological Research*, *23* (3–4), 107–122.

Vogel, D. L., Wade, N., & Hackel, A. H. (2007). Perceived public stigma and the willingness to seek counseling: The mediating role of self-stigma and attitudes toward counseling. *Journal of Counseling Psychology*, *54*, 40–50.

Vogel, D. L., & Wester, S. R. (2003). To seek help or not to seek help: The risks of self-disclosure. *Journal of Counseling Psychology*, *50*(3), 351–361.

Yalom, D. I. (1995). *The theory and practice of group psychotherapy* (3rd ed.). New York, NY: Basic Books.

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