

## Article 88

### **Help-Giving as a Factor in Perceived Group Helpfulness and Member Satisfaction in Small Counseling Groups**

Paper based on a program presented at the 2012 American Counseling Association Conference, San Francisco, CA, March.

Floyd F. Robison

Robison, Floyd F., is Associate Professor and Coordinator of the Counseling and Counselor Education Program at Indiana University, at the IUPUI campus in Indianapolis. His professional interests include group and gerontological counseling, and assessment.

#### **Abstract**

Yalom (1995) identified altruism as a curative force in counseling and therapeutic groups. This study investigated the relationship between group participants' evaluations of the amount of help they gave other members and the following outcome variables: (1) amount of help they believe they received from others, and (2) satisfaction with their groups. Participants in six-week personal growth groups rated the amount of help they gave and received, and their satisfaction with their groups, at the end of the second and fifth meetings. Results revealed that participants who rated themselves as having given more help rated themselves as having received more help from the group and rated the group experience more favorably. Results suggest that participants who believe they are helpful to their group mates tend to evaluate the group experience as more helpful and satisfying to them.

Yalom (1995) described 11 curative factors in small group therapy that, when experienced by members, would contribute to their positive outcomes in their group. One of these curative factors was altruism. Yalom defined altruism as a member's experience of having selflessly helped one or more other group members achieve their change goals.

However, altruism involves benefits to both the helper as well as those being helped. This conceptualization of altruism as a "two way street" originated in evolutionary theory. According to Dawkins (1975), organisms help others of their species when it advances opportunities for them to transfer their genes to the gene pool of the species' next generation. Thus, in the natural world, pure altruism (i.e., helping simply for the sake of helping) does not exist. Organisms help because "there is something in it for them," namely, survival of their genes.

Although it is unlikely that persons in counseling and therapy groups help one another to achieve the immediate outcome of survival (although it may indirectly accomplish that purpose), human altruism often is driven by self interest, in the forms of

emotional or social gratification a person receives when helping others (Flynn & Black, 2011; McGuire, 2003). Persons who help others without apparent material gain in social, educational, or occupational settings derive intangible benefits. These benefits may include improved self-esteem (Conway, Rogelberg, & Pitts, 2009; Yang & Chen, 2011), increased life satisfaction (Dulin, Hill, Anderson, & Rasmussen, 2001), improved health and perceived well-being (Kahana, Bhatta, Lovegreen, Kahana, & Midlarsky, 2013; Schwartz et al., 2012), relief from guilt (Stocks, Lishner, & Decker, 2009), and emotional healing from trauma (Music, 2012; Stidham, Draucker, Martsolf, & Mullen, 2012). In interpersonal relationships, helping others has been observed to increase the development of empathy in helpers (Stocks et al., 2009) and enable the helper to more readily bond with the person helped (McGuire, 2003). Yalom (1995) also acknowledged the intangible benefits of helping others in therapeutic groups. He observed that helpful members often experienced a greater sense of goal attainment or belonging in the group after helping others.

Altruism appears to be an “advanced” curative force, that is, it tends to be perceived by members at later stages of group development (Kivlighan & Goldfine, 1991; Kivlighan & Mullison, 1988). Shaughnessy and Kivlighan (1995) observed that members who identify altruism as a therapeutic factor also tend to identify “other-centered” factors, such as interpersonal learning and modeling, as important contributors to their evaluation of the group’s helpfulness and overall satisfaction with the group. In a counseling group, “helping” may take many forms such as exchange of ideas, emotional support, interpersonal feedback, and confrontation of resistance.

Previous research on altruism as a therapeutic factor in counseling groups has been limited to career development groups. The purpose of this investigation was to explore further the relationship between help giving and evaluations of help received and group outcome in small counseling and therapy groups. Specifically, the study addressed the following hypotheses: (1) Group members who evaluate themselves as more helpful to other members during group sessions will report receiving more help to achieve their personal group goals than members who evaluate themselves as less helpful to others, during later group sessions; (2) Group members who evaluate themselves as more helpful to other members will not differ from members who evaluate themselves as less helpful in reported help received during early group sessions; (3) Group members who evaluate themselves as more helpful to other members during group sessions will report more satisfaction with their group experiences than members who evaluate themselves as less helpful to others, during later group sessions; and (4) Group members who evaluate themselves as more helpful to other members will not differ from members who evaluate themselves as less helpful in reported satisfaction with their group experiences, during early group sessions.

## **Method**

### **Participants**

Participants were 120 graduate students enrolled in an introductory group counseling course on two campuses of a Midwestern university over a four semester period. Students ranged in age from 23 to 47 years. Forty participants were female. Racial distribution of the participants was as follows: White (48 participants), Hispanic

(20 participants), African American (40 participants), Asian (6 participants), and Native American (6 participants).

### **Groups**

Participants were assigned to groups of six participants for a total of 20 groups. Participants were randomly assigned to groups by sex and race such that each group included at least one Hispanic, two African American, and two male members. Statistical comparisons revealed no significant mean age differences among the groups. Groups were facilitated by doctoral students who were trained to lead groups in the course according to an interpersonal – interactional model emphasizing the exchange of interpersonal feedback and self-disclosure, as well as promotion of the therapeutic factors described by Yalom (1995). Groups were conducted for six, weekly, 90-minute sessions.

### **Dependent Measure**

A survey instrument was constructed for this investigation to obtain each participant's estimate of the amounts of help the participant gave to, and received from, every other participant during the group meeting. The instrument consisted of three sections. The first section included the names of each group member followed by two 7-point Likert-type rating scales. On one scale the respondent was asked to circle the number (7: A great deal of help; 4: A moderate amount of help; 1: no help at all) that best indicated the amount of help the respondent believed he or she *gave* to the member. Respondents were asked to circle the number on the second rating scale that best indicated the amount of help they *received* from every other member.

The second section of the instrument presented a 7-point Likert-Type scale with instructions that the respondent should circle the number that best indicated the respondent's level of satisfaction (7: Very satisfied; 4: Moderately satisfied; 1: Very dissatisfied) with the group meeting.

### **Procedures**

Ten of the 20 groups were randomly assigned to receive the experimental procedure at the end of the second group meeting, and the remaining 10 groups received the procedure at the conclusion of the fifth meeting. At the conclusion of the second or fifth group meeting, a research associate entered the group room to distribute the surveys and instruct participants on how to complete the instrument. Specifically, participants were instructed to estimate the amount of help of any type they gave each other member of the group and circle the number on the rating scale by that member's name that best described the amount of help given to that member. Participants were then instructed to circle the rating that best described the amount of help of any type they received from that member. The term "help" was defined as any kind of interaction between members that advanced a member's progress toward goals, improved a member's experience in the group, or both of those outcomes. Thus, "help" could include, but not be limited to, information, clarification of a member's statement, emotional support, empathy, disclosure of a past experience or current feeling or thought, positive and corrective feedback, and confrontation.

## Variables

Participants' ratings of help given to, and help received from, other members during the second or fifth group session were summed and then divided by the number of members rated in order to obtain their mean ratings of help given and received during each group session. The mean ratings were classified into three categories. Mean ratings of 2.0 or lower on the 7-point scale were classified as *low help given* (on the help given scale) or *low help received* (on the help received scale). Mean ratings between 2.1 and 5.0 were classified as *moderate help* given or received, and mean ratings between 5.1 and 7 were classified as *high amounts of help* given or received.

The independent variables in the subsequent data analysis were the average amount of help given (high, moderate, low) and session during which the help was given (Session 2 or Session 5).

## Results

Data analysis was conducted using a 3 (Help Given) X 2 (Session) factorial analysis of variance. Dependent variables were mean ratings of help received during each session and mean satisfaction with the group meeting. Means and standard deviations for Rated Help Received and Group Satisfaction are presented in Table 1.

Table 1.

*Means and Standard Deviations, Help Received and Satisfaction With Group By Level of Help Given and Session*

Level of Help Given	<u>Amount of Help Received</u>						<u>Satisfaction</u>			
	<u>Session 2</u>			<u>Session 5</u>			<u>Session 2</u>		<u>Session 5</u>	
	N	Mean	s.d.	N	Mean	s.d.	Mean	s.d.	Mean	s.d.
Low	16	2.0	.97	19	2.2	1.4	1.9	.85	1.6	.90
Moderate	28	4.2	.77	23	3.7	.99	4.4	.68	3.9	.47
High	16	5.6	1.6	18	5.5	1.6	6.1	.72	6.3	.65

The analysis revealed that interaction of Help Given X Session was not significant on mean Help Received ( $F = 0.58$ , 1 df,  $p = .49$ ) or Group Satisfaction ( $F = 3.73$ , 1 df,  $p = 0.62$ ). There was a significant main effect of Help Given on mean ratings of Help Received ( $F = 73.12$ , 2 df,  $p = .0001$ ). Further analysis with the Bonferroni test indicated that participants who rated the highest amount of help given rated the amount of help received higher than participants who rated themselves as giving moderate ( $t = 5.96$ ,  $p = .0001$ ) and low ( $t = 10.57$ ,  $p = .0001$ ) amounts of help. Also, participants who reported a moderate amount of help given reported receiving more help than participants who reported low amounts of help given ( $t = 8.36$ ,  $p = .0001$ ). There also was a significant main effect of Help Given on Group Satisfaction ( $F = 337.8$ , 2 df,  $p = .0001$ ). At Session 2 and Session 5, participants rating themselves as giving a high amount of help reported higher amounts of help received than participants rating themselves as giving moderate ( $t = 13.99$ ,  $p = .0001$ ) and low ( $t = 23.64$ ,  $p = .0001$ ) help. Participants rating themselves as

giving moderate help reported more satisfaction than participants reporting low help received ( $t = 14.42, p = .0001$ ).

## **Discussion**

Yalom (1995) theorized that members perceive altruism as a therapeutic factor when they conclude that they have helped others achieve their goals. Subsequent research suggests that altruism tended to be perceived as a therapeutic factor at later periods in group development. In this study, the first hypothesis stated that group members who reported higher amounts of help given to others would also report higher amounts of help received at the fifth, but not the second, group meeting. Results revealed that higher amounts of reported help given was positively related to reported amount of help received at both the second and fifth sessions. Reported satisfaction with the group was also directly related to the amount of help members believed they had given to others at the second and fifth meetings.

Two conclusions may be drawn from these results. First, in small counseling groups, altruism appears to be an important therapeutic factor affecting members' evaluations of the group's helpfulness to them, as well as their satisfaction with the group experience. This is consistent with Yalom's (1995) definition of altruism as a behavior leading to positive outcomes for the altruistic member, and the proposition (Dawkins, 1975) that all altruistic behavior is performed in order to obtain some form of benefit for the giver, such as satisfaction with oneself and one's interpersonal experiences. The second conclusion is that the emergence of altruism as a therapeutic factor may emerge earlier in counseling group development and be perceived as a therapeutic factor by more members than observed in earlier research.

Thus, group facilitators may find it helpful to provide opportunities for members to help one another throughout the group's development. During early group meetings, members may be afforded opportunities to help one another through structured activities. During later meetings, facilitators may encourage helping behaviors by encouraging members to assume responsibility for helping one another through the exchange of feedback and sharing of personal experiences.

In this study, there were no distinctions between types of help that members gave one another. Possibly, the perceived level of help received in the group may vary according to the types of help members believe they have given others. Furthermore, the types of help most strongly associated with the perception of having received help may change as the group develops. Future investigations might explore the relationship between help-giving, perceived help received, and group satisfaction by types of help given at earlier and later group meetings.

Also, this study did not address the possible contributions of group member characteristics to the relationship between perceived help given and help received. Kivlighan and Goldfine (1991) suggested that some group members obtain satisfaction from helping others and participate with the group with "other-oriented" goals. These members may be more likely to experience the group as helpful when they help others achieve their group goals as well. Thus, further investigation may enable group leaders to form and conduct groups in ways that enable members to contribute to others' progress and, in so doing, optimize their own benefits from their group experiences.

## References

- Conway, J. M., Rogelberg, S. G., & Pitts, V. E. (2009). Workplace helping: Interactive effects of personality and momentary positive affect. *Human Performance*, 22(4), 321-339.
- Dawkins, P. (1975). *The selfish gene*. New York, NY: Basic Books.
- Dulin, P., Hill, R. D., Anderson, J., & Rasmussen, D. (2001). Altruism as a predictor of life satisfaction in a sample of low-income older adult service providers. *Journal of Mental Health and Aging*, 7(3), 349-360.
- Flynn, S. V., & Black, L. (2011). An emergent theory of altruism and self-interest. *Journal of Counseling and Development*, 89(4), 459-469.
- Kahana, E., Bhatta, T., Lovegreen, L. D., Kahana, B., & Midlarsky, E. (2013). Altruism, Helping, and volunteering: Pathways to well-being in late life. *Journal of Aging and Health*, 25(1), 159-187.
- Kivlighan, D. M., Jr., & Goldfine, D. C. (1991). Endorsement of therapeutic factors as a function of stage of group development and participant interpersonal attitudes. *Journal of Counseling Psychology*, 28, 150-158.
- Kivlighan, D. M., Jr., & Mullison, D. (1988). Participants' perception of therapeutic factors in group counseling: The role of interpersonal style and stage of group development. *Small Group Behavior*, 19(4), 452-468.
- McGuire, A. M. (2003). It was nothing: Extending evolutionary models of altruism by two social cognitive biases judgments of the costs and benefits of helping. *Social Cognition*, 21(5), 363-394.
- Music, G. (2012). Selfish genes, altruism, and trauma: Research and clinical implications. *British Journal of Psychotherapy*, 28(2), 154-171.
- Schwartz, C. E., Quaranto, B. R., Bode, R., Finklestein, J. A., Glazer, P. A., & Sprangers, M. A. G. (2012). Doing good, feeling good, and having more: Resources mediate the benefits of altruism differently for males and females with lumbar spinal disorders. *Applied Research in Quality of Life*, 7(3), 263-279.
- Shaughnessy, P., & Kivlighan, D. M., Jr. (1995). Using group participants' perceptions of therapeutic factors to form client typologies. *Small Group Research*, 26, 250-268.
- Stidham, A. W., Draucker, C. B., Martsolf, D. S., & Mullen, L. P. (2012). Altruism in survivors of sexual violence: The typology of helping others. *Journal of the American Psychiatric Nurses Association*, 18(3), 146-155.
- Stocks, E. L., Lishner, D. A., & Decker, S. K. (2009). Altruism or psychological escape: Why does empathy promote prosocial behavior? *European Journal of Social Psychology*, 39(5), 649-665.
- Yalom, I. (1995). *Theory and practice of group psychotherapy* (2<sup>nd</sup> ed.). New York, NY: Basic Books.
- Yang, M., & Chen, M. (2011). Effect of altruism on the regulation of negative emotion. *Bulletin of Educational Psychology*, 42(4), 701-718.

*Note: This paper is part of the annual VISTAS project sponsored by the American Counseling Association. Find more information on the project at: [http://counselingoutfitters.com/vistas/VISTAS\\_Home.htm](http://counselingoutfitters.com/vistas/VISTAS_Home.htm)*