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The Lonely Professionals: A Case for Group Therapy With Resistant Influentials

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Abstract

This article explores the commonalities across the personal and professional characteristics of resistant influentials (RIs) and makes a case for their need for community, accountability, and, specifically, group therapeutic counseling interventions. Research is presented on group counseling, specifically types of group counseling, recent scholarship, theoretical approaches of group psychotherapy, and practitioner-based intervention strategies. Research is discussed on the nature and unique challenges of RIs, specifically attorneys and faith leaders. Finally, the authors make a case made for the need of group counseling for RIs and provide specific reasons why this is a uniquely challenging commitment for these individuals.

Keywords: group counseling, resistant influential, lawyers, faith leaders

Individual people are, at all times, members of a number of groups (Gladding, 2012; Jacobs, Masson, & Harvill, 2009), varying in size, complexity, and affiliation. While the coupling strength of group affiliation will differ from person to person and from group to group, everyone has membership in multiple groups. Groups may include immediate or extended family (Gladding, 2012), national groups (Kottler & Brown, 2000), sports and recreation teams, community groups, demographic groups (Marbley, 2011), educational groups (Gladding, 2012), and work groups (Gladding, 2012). Groups can also include individuals who share common experiences with others (experiential groups), such as professional affiliate groups, amputees, individuals with intellectual disabilities, athletes who have won national championships, families of alcoholics, survivors of trauma and mass disasters (Ritchie, Watson, & Friedman, 2006), and any other endless number of mix-and-match life experiences. In the face of Western rhetoric lionizing rugged individualism, and despite feelings that people are alone in their experiences (Jacobs et al., 2009), people are inextricably linked to an infinite number of other people through official, unofficial, and experiential group membership.

As the dawn of a new century emerges and the pathology of individualism begins to come into focus, working with groups in a therapeutic context has taken on a new relevance in the practice of the helping professions. While group counseling has been a part of the helping profession since the early 18th century, "working with persons in groups has become an increasingly popular, diverse, and viable means of promoting change and the accomplishment of tasks" (Gladding, 2012, p. v). Counseling and psychological group interventions continue to increase in popularity due to research-based efficacy, economics, and group learning opportunities (Jacobs et al., 2009). Yet while group counseling interventions are becoming more popular, several professions are suffering from mental health and substance abuse challenges above related peer norms. These challenges stem from isolation, loneliness, and existential darkness, possibly as a function of their job (Hedman, 2014; Jennings & Graham, 2016; Krill, Johnson, & Albert, 2016).

Attorneys and law students disproportionally suffer from substance abuse and mental illness (Krill et al., 2016). Similarly, rabbis, clergy, or ministers, here referred to as *faith leaders*, may suffer from doubt, lack of support networks/loneliness (Staley, McMinn, Gathercoal, & Free, 2013; Trub & Elias, 2007), and depression (Hedman, 2014). Identified together, attorneys and church leaders generally have similar responsibilities of high caseloads, stressful decisions, thin personal and professional boundaries, the weight of care for many in their community, and specifically for attorneys (and implied to faith leaders), a burdensome amount of secondary traumatic stress (Jennings & Graham, 2016).

Unfortunately, these visible community actors and leaders must live isolated and private lives, as their personal opinions, behaviors, expressed thoughts, and decisions carry the weight of many other people (Staley et al., 2013). A lawyer who loses a case or worse, is unprepared, may cost their clients substantial money or even their freedom. A faith leader who has a crisis of doubt or who is involved in a moral scandal can dissolve a church community, bring personal and professional shame to themselves and their church body, and unwind the spiritual, moral, and personal convictions of hundreds (or thousands) of people. As such, isolation can be perceived as a necessary function of the job. Unfortunately, this loneliness and isolation may lead to increased mental illness or a

lack of mental health, physical health problems, and an increased chance of death (Routasalo, Tilvis, Kautiainen, & Pitkala, 2010). Because of the commonalities across these two professions, the authors of this article propose a single label to uniformly name these groups: *resistant influentials* (RIs). We hypothesize that other jobs, including mental health professionals (e.g., psychologists, counselors, social workers), senior business leaders, medical professionals, senior school and university leaders, and other public officials could also be classified as RIs. For this article, we have chosen to focus on attorneys, law students, and faith leaders.

This article will explore the commonalities across the personal and professional characteristics of RIs and make a case for their need for community, accountability, and specifically, group therapeutic counseling intervention. Below, we will present research on group counseling, including types of group counseling, recent scholarship, theoretical approaches of group psychotherapy, and practitioner-based intervention strategies. We will then provide brief research on the nature and unique personal and professional challenges of RIs, specifically attorneys and faith leaders. Finally, we will make a case for the need for group counseling for RIs and offer some specific reasons why this is a uniquely challenging commitment for these individuals.

Literature Review: Group Counseling

Group counseling is the provision of psychoeducation or clinical, therapeutic intervention to a group. Gladding (2012) defined a group as, "a collection of two or more individuals who meet face-to-face or virtually or in an interactive, interdependent way, with the awareness that each belongs to the group and for the purpose of achieving mutually agreed upon goals." (p. 4). Groups satisfy an inherent need in people to belong to a community larger than themselves (Adler, 1927; Jacobs et al., 2009; Maslow, 1962) and to accomplish tasks and goals as a belonging member of a greater narrative (Gladding, 2012). The counseling literature denotes a variety of different types of counseling groups. Types of counseling groups include work groups (task-oriented groups), discussion groups, psychoeducational groups/education groups, support groups, self-help groups, counseling groups, and psychotherapy groups (Gladding, 2012; Jacobs et al., 2009).

Types of Groups

Many different types or modalities of groups fall under the umbrella of group counseling. They range from short-term task or education groups, long-term self-help or support groups, or varied-counseling and/or therapy groups. Below, we briefly discuss some of the most common groups.

Work groups, or task-oriented groups, focus on effectively completing specific projects or goals, (Gladding, 2012). Work groups include volunteer groups, mission groups, goal groups, and working groups (Gladding, 2012) and generally meet a limited number of times (Jacobs et al., 2009). The leader of a work group is responsible to keep the team dialed-in on the group mission or goal until it has been accomplished (Jacobs et al., 2009). Discussion groups generally meet to explore "topics or needs" (Jacobs et al., 2009, p. 8), rather than focusing on individual matters or goal accomplishment.

Psychoeducational groups "help increase the self-worth of participants" (Gladding, 2012, p. 11), communicate new information, and may be "preventative, growth oriented, or remedial in their purpose and focus" (Gladding, 2012, p. 11). Psychoeducational groups can be found in churches, school and university settings, and range in the number of meetings and meeting time duration (Gladding, 2012; Jacobs et al., 2009). Support groups generally have a consistent, regular meeting time (Jacobs et al., 2009) and are based on any infinite number of commonalities and/or shared experiences. Further down the support-group continuum are self-help groups, which are generally leader-less groups directed and run by group participants (Jacobs et al., 2009). Here, members provide input and human support to each other for a single problem, often both politically and individually (Kottler & Brown, 2000). Alcoholics Anonymous is an example of a self-help group.

Finally, counseling and/or psychotherapy groups may be considered the same thing (Kottler & Brown, 2000), while other times they are considered separate group modalities. Generally speaking, psychotherapy groups, or group therapy, (Gladding, 2012) provides help and support for people experiencing psychological pathologies (Gladding, 2012; Jacobs et al., 2009; Kottler & Brown, 2000). Counseling groups "are designed to help resolve interpersonal conflict, promote greater self-awareness and insight, and help individual members work to eliminate their self-defeating behaviors" (Kottler & Brown, 2000, p. 222). Gladding (2012) further suggested that "counseling groups are preventative, growth oriented, and remedial" (p. 14). Jacobs et al. (2009) suggested that leaders of both counseling and/or psychotherapy groups should lead in "an active, creative, multisensory, theory-driven approach to counseling" (p. 14). Counseling groups are often short-term (Gladding, 2012; Kottler & Brown, 2000) and focused on troublesome behaviors rather than psychological pathology (Gladding, 2012).

For the remainder of this article, the term *group therapy* will be used to capture the number of different types of group modalities. Specific to the focus of this article, the term *group counseling* will be used as a specific reference to the group counseling modality.

Theoretical Approaches

In most cases, group therapy leaders must be oriented to theoretical counseling approaches (counseling theory) and they must be skilled in the application and use of theories (Jacobs et al., 2009). Theory is simply the "the principles that guide group leaders" (Gladding, 2012, p. 61) and helps provide context, behavior prediction, and research-based support for actions, intervention strategies, and individual and group framing. Not all groups require the use of a counseling theory (Gladding, 2012; Jacobs et al., 2009) and may otherwise be best served by using specific leadership or pedagogical theories.

A number of counseling theories have been developed for individual counseling. Some of these theories include rational emotive behavior therapy (Jacobs et al., 2009), transactional analysis (Gladding, 2012; Jacobs et al., 2009), emotionally focused therapy (Priest, 2013), reality therapy (Wubbolding, 2005), cognitive restructuring group therapy (Gladding, 2012), and solution-focused therapy (Jacobs et al., 2009). Individual

counseling theories are also effectively applied to groups (Jacobs et al., 2009) and modified and applied as group dynamics and individual personalities emerge.

Group Counseling Literature

Emergent scholarship continues to expound on the efficacy of group counseling (Gladding, 2012; Jacobs et al., 2009), the importance of group therapy (Kottler & Brown, 2000), advantages of group therapy counseling (Gladding, 2012; Jacobs et al., 2009), and future directions of group therapy (Gladding, 2012). For instance, research supports group cognitive behavioral therapy and transdiagnostic group cognitive behavioral therapy as effective for people suffering from anxiety disorders (Paulus, Norton, & Hayes-Skelton, 2015). When working with individuals suffering with post-traumatic stress disorder (PTSD), researchers found that group cognitive processing therapy is more successful than individual counseling (Resick et al., 2015). Specifically, group therapy interventions can reduce PTSD symptom intensity (Resick et al., 2015).

Currently, little research exists that looks at group efficacy on the whole; rather, group therapy is still assessed at the individual level. Cutting-edge research is applying cross-disciplinary research in fields such as organization to group counseling to explore and measure the effectiveness of group therapy at the group level, exploring variables such as "group size, therapeutic alliance, and diagnostic and cultural homogeneity" (Paulus et al., 2015, p. 64).

Faith Leaders

Clergy, ministers, imams, and other faith leaders "serve as first-line mental health care providers…[and] provide more mental health care than psychiatrists, including treatment of people with serious mental illness" (Ali, Milstein, & Marzuk, 2005, p. 202). Historically, faith leaders counseled their church members by interpreting scripture, invoking cultural and religious norms, and by personal and spiritual "intuition" (Trub & Elias, 2007). Such counseling roles are not roles that faith leaders can opt out of (Trub & Elias, 2007), and they consume a disproportionate part of the leadership position. In his classic article on ministerial counseling training, Wood (1949) noted that "the question then is not whether ministers shall counsel, but how well" (p. 46).

Church leaders are often untrained or under-trained for their counseling roles (Hedman, 2014; Trub & Elias, 2007) and have to make "significant decisions about length and durations of sessions, when and to whom to refer, and even where to carry out their counseling" (Trub & Elias, 2007, p. 185). Church leaders' counsel members and community neighbors on such varied topics as managing "grief, death and dying, and anxiety, followed by depression, alcohol/drugs, domestic violence, severe mental illness, HIV/AIDS, and suicide" (Hedman, 2014, p. 293). Church leaders are subject to litigation (Parent, 2005), secondary trauma, both existential and real burdens (Baltazar & Coffen, 2011), and they serve several positions beyond that of counselor, including writer and presenter of weekly educational sessions and public sermons, teacher, executive officer, and human resources director. Additional roles include "frontline responder, gatekeeper, pastoral care provider, and counselor" (Hedman, 2014, p. 295). Even more troubling than the deep, expansive, and all-encompassing roles of a faith leader is that such leaders have

few, if any, discernible metrics that they can point towards to let them know if they are successful in any (or all) of their roles (Trub & Elias, 2007). Church organizations and faith communities are left looking for peripheral and distorted metrics to evaluate the faith leaders such as church attendance, financial giving, external political and economic climates, and popularity contests. This leads to "the perception of endless demands and unclear professional boundaries" (Muse, Love, & Christensen, 2016, p. 148), and ultimately, elevated burnout and compassion fatigue. Tragically, clergy must engage the multiple roles and lack of boundaries with poise and an outward position of unquestioning commitment to doctrinal teachings, a focus on others, and the weight of denominational heritage (Trub & Elias, 2007). This life in a "fish bowl" (Staley et al., 2013, p. 846) takes a considerable toll. Faith leaders understand that "the possible cost of disclosing personal struggles and exposing areas of vulnerability to others outside the family likely serves as a deterrent" (Staley et al., 2013, pp. 846–847) to seek outside help or assistance.

It is not surprising that faith leader burnout is of significant interest to faith communities and researchers (Muse et al., 2016). Many seminary graduates drop out and leave their ministerial positions (Muse et al., 2016) within years of entering the professions. Jackson-Jordan (2013) found that church leaders who are talented in working with people, who have relationships outside of their church home, who are engaged in mentoring relationships, who have high expectations and personal beliefs about spirituality, and the ability to set healthy boundaries are less likely to burnout and leave their church leadership roles. As noted above, there is little training for growing into these characteristics. Church leaders are expected to follow hierarchical rules, be a visible presence to their parishioners and communities, and act as model citizens, often for decreased compensation, and all for the love of God (Muse et al., 2016). The lack of training and the expectation of altruistic motivations carries with it a highly distorted optimism. Interpretations of certain parables can pit self-care against the care of others in a sin versus God-centric lose/lose proposition. This leaves the faith leader in a difficult, winless set of circumstances; (a) little to no training, (b) an endless conveyer belt of challenging mental health issues, (c) trauma/crisis response interventions, (d) trauma/crisis aftercare, (e) boundary-less responsibilities that are simultaneously crammed into a hierarchical and enigmatic job description, and (f) the expectation that they are able to do this all with a smile because they are working on behalf of a higher power.

Legal Professionals

Legal professionals, including licensed attorneys and law students, play an outsized role in the function, development, and creation of American life (Benjamin, Kaszniak, Sales, & Shanfield, 1986). The impact of the law profession is extensive, influencing laws, courtrooms, policies, and professions in the United States. Attorneys propose and make laws, uphold the law, interpret the law, and serve in a variety of prominent public and private positions. With these influential roles comes significant ridicule and criticism, ranging from complaints heard at the local tavern to pointed criticisms by the likes of "Aristotle, Jesus, Chaucer, Erasmus, Shakespeare, Samuel Jackson, and Carl Sandburg" (Benjamin et al., 1986, p. 226). Over the past 30 years, legal education has become increasingly competitive and unattached to the actual practice of

law; the practice of law "has become more like a trade than a profession, with an emphasis on money and profit rather than on service and justice" (Johnson, 1991, p. 1232); and while at work, attorneys deal with individuals and/or groups of people in their worst times. This collision of deeply challenging and traumatic work, combined with uneven expectations and a focus on profitability and change, has created a devastating nexus where law students experience the highest rates of depression and mental illness of any other band of university students, while practicing attorneys suffer from mental illness at rates higher than any other profession (Krill et al., 2016; Tani & Vines, 2009).

Law students have in recent years become the focus of a number of studies, anecdotes, and concerns (Krieger & Sheldon, 2015). There are numerous studies that link law school to increased anxiety, depression, and substance abuse (Sheldon & Krieger, 2004; Tani & Vines, 2009). Specifically, law students experience "declines in well-being and increases in depression" (Sheldon & Krieger, 2004, p. 280). Additionally, they experience a shift from intrinsic motivation to a more externally focused motivation, and these changes correlate to the aforementioned changes in well-being (Sheldon & Krieger, 2004). Incredibly, research suggests that students enter law school "relatively 'normal' at the outset, rather than being an especially unhappy or materialistic population" (Sheldon & Krieger, 2004, p. 280). This statement was further corroborated when Krieger (2002) mentioned that students arrive with average mental health indicators "but quickly shift to psychological distress in their first year" (p. 114). Krieger also suggested the downward psychological shift in entering law students is deeply troubling because

> these negative changes persisted throughout law school and into the students' early careers, making it clear that the negative findings in law students do not represent a brief 'adjustment' problem at the beginning of law school. The incidence of clinically-elevated anxiety, hostility, depression, and other symptoms among these students ranged from eight to fifteen times that of the general population. (p. 114)

The "unusually high levels of stress, anxiety, and depression" (Gutierrez, 1985, p. 130) in law students builds and arms psychological powder-kegs for a population who utilizes mental health support services less than graduate students in other programs (Gutierrez, 1985). This pressure only increases upon graduation. Surprisingly, and somewhat damning, data shows little to no increased lawyer well-being and life satisfaction when correlated with law school rank or journal participation. This calls into question the prevailing wisdom of the time that graduating from an elite institution, academic awards, ranking, prestige, and higher income (beyond basic needs) will result in a "pathway to a happier working life" (Krieger & Sheldon, 2015, p. 607).

Once law students graduate and enter the professional world armed with a steep drop in optimism, intrinsic motivation, altruistic goals and values, and crushing debt loads (Krieger, 2002; Sheldon & Krieger, 2004), they are then served a steady diet of child abuse, criminal matters, divorce, bankruptcy, disputes, dishonesty, and other challenging human or corporate challenges they are hired to solve. Lawyers are bound by professional responsibility, codes, ethics, and confidentiality. They suffer disproportionately from mental illness and substance abuse (Krill et al., 2016) and secondary trauma (Jennings & Graham, 2016), and these illnesses and abuses contribute to lawyer disciplinary matters and lawyer misconduct (Wilson, 2014).

Classifying Resistant Influentials: Needs and Barriers to Help

Both faith leaders and legal professionals have understandable and naturally isolating professions, as well as both real and perceived obstacles to assistance. Below, we will discuss some of the unique characteristics that both professions share, as well as barriers to help and available assistance.

Loneliness and Isolation

Attorneys and faith leaders can be considered leaders in their firms, communities, cities, or churches, and this role is a lonely and isolating one. Contrary to perception, the further one ascends up the corporate hierarchy, the more isolated the individual becomes (Douglas, 2012). When examining corporate CEOs, Ainley (2013) suggested that "isolation of executives leaves significant concerns for the support, development, health and welfare of our CEOs and consequently, the companies that they lead" (p. 57). This senior-leader loneliness is also seen across faith leaders and attorneys.

Being a faith leader is a lonely and isolating job (Staley et al., 2013; Trub & Elias, 2007). Sadly, "[m]ost rabbis expressed distress over their isolation and loneliness" (Trub & Elias, 2007, p. 168). Imams spend significant time with members of their faith community addressing personal, marital, discriminatory, and psychosocial challenges, as well as "psychiatric symptoms" (Ali et al., 2005, p. 204). Hedman (2014) found that a significant number of clergy in Minnesota reported either a diagnosis or a perceived history with depression. She further suggested that "more community-based support is needed to assist clergy in their role of serving parishioners" (p. 303). African American faith leaders are often forced to serve as "a 24 hour triage unit and serving as an alternative to mainstream health providers" (Allen, Davey, & Davey, 2010, p. 119). Across all faith communities, faith leaders are called to live lives of response and loneliness.

In relation to attorneys, making partner does not appear to make attorneys any happier or more fulfilled than the less secure position of associate (Krieger & Sheldon, 2015). This finding is significant because, as loneliness increases during the rise to the top, there is an expectation that the years of lower mental health, isolation, and prolonged, time-intensive work load will lead to greater personal and professional satisfaction. (Krieger & Sheldon, 2015). This expectation does not appear to have merit.

Barriers to Assistance

Lawyers and law students often refuse help and assistance because of local bar regulations, reputational concerns (Krill, et al., 2016), concerns about student conduct and university discipline (Organ, Jaffe, & Bender, 2015) and the "high-stakes environment found in many private firms" (Krill et al., 2016, p. 51). Additionally, traditional lawyer support programs such as Lawyers Assistance Programs, though successful (Wilson, 2014), offer concerns of "conflicting roles/loyalty and confidentiality" (Wilson, 2014, p. 965). Lawyers are trained to know where to look for even the most confidential of records, and more importantly, they are trained how to weaponize them against others. This leads to a deeply held concern over the creation of any sort of record, either private or public, that may contain diagnostic or personal mental health records. Further, the culture of prestige, achievement, and accolades that drives the

legal profession contains heavy bias against any sort of weakness or lack of ability. As such, mental health stigma is rampant in the legal profession (Krill et al., 2016).

Faith leaders represent God or Allah, plus years of tradition, culture, and literature. People go to faith leaders for answers to questions, both spiritual and personal. Clergy suffer from a paradoxical work environment "that requires nearly constant contact with people [yet where they] frequently feel disconnected and alone" (Staley et al., 2013, p. 843). Faith leaders are evaluated and assessed constantly under the pretenses that, "to demonstrate anything less than perfection might incur the disapproval of others—or worse, job loss—for not measuring up" (Staley et al., 2013, p. 845). When little to no tangible job performance metrics exist, when a myriad of people assume to have input on job performance, and slight missteps or misspeaks can be exaggerated and capitulated, faith leaders are often left lonely and isolated, with nowhere to turn.

The Case for Group Therapy With Resistant Influentials

Group therapy may be the perfect antidote for increasing well-being in and among RIs. Group counseling provides "social development, cooperation, and education" (Gladding, 2012, p. 322), support for lonely and isolated individuals (Gladding, 2012), and a safe and welcoming atmosphere whereby like-minded professionals can learn from each other, receive personal interactions, comments, criticism, and support from professionals who share common experiences. Stanton (2011) proposed feminist narrative group counseling for law students to combat the "isolation, hostility, and interpersonal sensitivity" (p. 1) that plagues these special graduate students. This article proposes furthering and extending Stanton's recommendation to a broader group plagued with similar challenges.

As RIs, faith leaders and attorneys share similar characteristics. Broadly speaking, both groups experience endless personal and professional challenges on a recurring basis. Specific professional stresses unique to each profession particularly undermine the well-being and emotional and physical health of individual leaders. Faith leaders and attorneys deal with death, mental health issues, tragedy, broken relationships, broken contracts, and other perversions of community life on a regular basis. And sadly, they are expected, both implicitly and explicitly, to just handle their stress. Handling these challenges in isolation, along with the inevitable loneliness, will "reduce psychological well-being, quality of life and cognition, and may lead to deteriorating health, increased use of healthcare service and mortality" (Routasalo et al., 2009, p. 302). Despite the respective RI cultural expectations, RIs cannot solve these problems alone.

Krieger and Sheldon (2015) found that solitary stress reduction practices, such as yoga, tai chi, mindfulness, solitary prayer, and meditation, had almost no correlation to lawyer well-being. The authors found that experiences of autonomy (note: here autonomy does not mean working alone, but captures workplace conditions such as ability to make decisions, be authentic, etc.), relatedness to others, and competence as the three variables of well-being. All three of these variables may be met through group counseling. Lawyers who have external social support, particularly marriage and children, show the greatest sense of well-being (Krieger & Sheldon, 2015). Jennings and Graham (2016) suggested that collaboration, mentorship, friends within the legal profession for debriefing, as well as relationships with different professionals outside of the legal

profession "can potentially help normalize" (p. 683) the challenges of secondary trauma inherent in the legal profession. Furthermore, contrary to the current emphasis and focus of the legal profession, "law students and lawyers would realize greater well-being from culturing their sense of self, personal purpose, and *positive relationships with other people in personal and professional life*, than from focusing intensely on rewards and recognition." (Krieger & Sheldon, 2015, p. 624). This sense of well-being must be intentional and begin in law school. Currently, law school "marginalizes fairness, justice, morality, emotional life, and caring for others, and exclusively emphasizes competitive processes to the extent that they become the only goal" (Krieger & Sheldon, 2015, p. 568). Yet given the insulated nature of local and regional legal communities, and the competitive climate of law school, being vulnerable with fellow attorneys may be challenging because such collaboration may be perceived to negatively impact a lawyer or student's strength, charisma, or power in an adversarial profession.

Faith leaders may also benefit from group support (Trub & Elias, 2007) and intervention. Muse et al. (2016) found that just a week of intensive, multi-therapy treatment "was successful in significantly lowering clergy burnout and depression" (p. 155). As stated above, faith leaders functionally serve as counselors, chief executive officers, public figures, professional entertainers, and conduits to God. This is a boundary-less, isolating, and lonely job. Faith leaders would benefit from "curative factors" (Kottler & Brown, 2000, p. 231) such as support, "instilling hope, developing social skills, creating cohesiveness, and facilitating catharsis of emotions" (Kottler & Brown, 2000, p. 231), all critical components of group counseling. In one of the more important articles on clergy wellness, Staley et al. (2013) found that "being intentional about forming relationships, participating in groups, finding safe places to be vulnerable and authentic, and keeping company with those who share common interests may all be effective ways of enhancing social support among clergy" (p. 856). The formation of vulnerable spaces, authentic relationships, and enhanced social support are all indicative of group therapy spaces.

Recommendations for Professional Counselors

First and foremost, it is critical for counselors to recognize the significance of an appointment made by an RI. When a RI reaches out to a mental health professional for support, they may be doing so at significant risk of personal, professional, and reputational harm. Of course, this is not an empirical statement, but it is something to be aware of. Such reaching out is against professional norms and could be conceptualized as personal submission. This carries additional baggage that must be addressed both practically and relationally in the therapeutic relationship. Second, traditional behavioral techniques, such as mindfulness, yoga, or long walks on the beach, may not be viable antidotes for RI well-being. The personal and professional isolation and secondary trauma inherent in their professions (Hedman, 2014; Jennings & Graham, 2016; Krill et al., 2016) cannot be overstated. As such, surface-level behavioral recommendations, such as *just take some 'you' time* or *take a yoga class* or *just don't work so much*, may not capture the scope of their professional position and the enmeshment of their profession and identity. Third, counselors should consider outreach directed at providing opportunities to bring RIs into formal or informal group sessions together. By facilitating

the development of a community of individuals who share similar struggles and experiences within the context of a group counseling setting, counselors may provide opportunities to reduce feelings of loneliness and isolation. The facilitation of this type of group setting may also provide opportunities for the development of true relationships and emotional connections for those with shared experiences. Fourth, RIs are particularly adept at challenging assumptions and influencing people towards wanted outcomes. Relying on research-based theoretical approaches and interventions may help keep emergent egos and defense mechanisms from impeding therapeutic progress. Finally, counselors must directly and openly address concerns of confidentiality, record keeping, and note taking due to the specific confidential natures of the RIs professions. Mental health professionals should be prepared to balance client requests for secrecy and then note taking practices with ethical responsibilities.

Conclusion

Resistant influentials (RIs) are individuals who work in high stress, deeply confidential, and highly prominent professions. Inherent in these positions are expectations of near-mythological insight and knowledge, boundary-free and unhealthy work environments, exposure to secondary trauma, and responsibility for individuals, families, and extended communities. Underneath the billboards and marquees lie real individuals who are cultured and expected to be lone rangers, bearing the weight of their businesses/communities/churches/firms/clients/patients on their shoulders. These include professions such as attorneys and law students, medical professionals, faith leaders, public officials, chief executive officers, mental health professionals, and the like. For the purposes of this article, we explored the nature of two groups of RIs: attorneys and faith leaders.

Generally speaking, the profession of attorney or a faith leader is a demanding and isolating one. Attorneys and law students have disproportionally high levels of mental illness and substance abuse, while faith leaders suffer from burnout, loss of faith, and their own lack of mental wellness. We have introduced group therapy as a potentially important and powerful mental health intervention for RIs to specifically address their need for community, personal relationships, community-based insight, support, and appropriate challenge, psychoeducation, and attainment of personal goals. Of course, challenges with RIs and group counseling exist. Concerns of confidentiality (Kottler & Brown, 2000), psychological well-being (Kottler & Brown, 2000), and other challenges of group counseling should be addressed with future research. For the lonely, burned-out, exhausted, substance-abusing RIs, group counseling might provide safe opportunities to observe, receive feedback, freely express emotion, exchange ideas, and experiment and fail without reputational or economic harm (Kottler & Brown, 2000). The literature on these two critical professions suggests that these outputs are necessary and important for the people working as attorneys and faith leaders to maintain their mental health. Group counseling that is made attractive and available to professionals working in fields that are prone to high stress, maintaining confidential material, and overall burnout provides a viable forum for these professionals to connect with and support one another, while receiving the mental health attention that they may need.

References

Adler, A. (1927). *Understanding human behavior*. New York, NY: Greenburg.

Ainley, J. (2013, August 20). The loneliness of the CEO, and the dangers for their businesses. *Independent*. Retrieved from http://www.independent.co.uk/news/business/comment/john-ainley-the-loneliness-of-the-ceo-and-the-dangers-for-their-businesses-8777267.html

Ali, O. M., Milstein, G., & Marzuk, P. M. (2005). The imam's role in meeting the counseling needs of Muslim communities in the United States. *Psychiatric Services*, *56*(2), 202–205.

Allen, A. J., Davey, M. P., & Davey, A. (2010). Being examples to the flock: The role of church leaders and African American families seeking mental health care services. *Contemporary Family Therapy*, *32*, 117–134.

Baltazar, T., & Coffen, R. (2011). The role of doubt in religious identity development and psychological maturity. *Journal of Research on Christian Education*, *20*, 182–194.

Benjamin, G. A. H., Kaszniak, A., Sales, B., & Shanfield, S. B. (1986). The role of legal education in producing psychological distress among law students and lawyers. *American Bar Research Journal*, *2*, 225–252.

Douglas, J-V. (2012, April 19). It's lonely at the top. *Australian Financial Review*. Retrieved from http://www.afr.com/business/its-lonely-at-the-top-20120418-jzdwt

Gladding, S. (2012). *Groups: A counseling specialty* (6th ed.). Upper Saddle River, NJ: Pearson.

Gutierrez, F. J. (1985). Counseling law students. *Journal of Counseling and Development*, *64*, 130–132.

Hedman, A. S. (2014). Perceptions of depression, counseling, and referral practices, and self-efficacy reported by Minnesota clergy. *Pastoral Psychology*, *63*, 291–306.

Jacobs, E. E., Masson, R. L., & Harvill, R. L. (2009). *Group counseling: Strategies and skills* (6th ed.). Belmont, CA: Brooks/Cole.

Jackson-Jordan, E. I. (2013). Clergy burnout and resilience: A review of the literature. *Journal of Pastoral Care and Counseling*, *67*(1), 1–5.

Jennings, L., & Graham, C. B. (2016, March). Secondary traumatic stress is real: What lawyers can do to minimize its effects. *Texas Bar Journal*, *79*(3), 682–683.

Johnson, A. M. (1991). Think like a lawyer, work like a machine: The dissonance between law school and law practice. *Southern California Law Review*, *64*, 1231–1260.

Kottler, J. A., & Brown, R. W. (2000). *Introduction to therapeutic counseling: Voices from the field* (4th ed.). Belmont, CA: Brooks/Cole.

Krieger, L. S. (2002). Institutional denial about the dark side of law school, and fresh empirical guidance for constructively breaking the silence. *Journal of Legal Education*, *52*(1/2), 112–129.

Krieger, L. S., & Sheldon, K. M. (2015). What makes lawyers happy?: A data-driven prescription to redefine professional success. *George Washington Law Review*, *83*(2), 554–627.

Krill, P. R., Johnson, R., & Albert, L. (2016). The prevalence of substance abuse and other mental health concerns among American attorneys. *American Society of Addiction Medicine*, *10*(1), 46–52.

Marbley, A. F. (2011). *Multicultural counseling: Perspectives from counselors as clients of color*. New York, NY: Routledge.

Maslow, A. (1962). *Toward a psychology of being*. New York, NY: Van Nostrand Reinhold.

Muse, S., Love, M., & Christensen, K. (2016). Intensive outpatient therapy for clergy burnout: How much difference can a week make? *Journal of Religious Health*, *55*, 147–158.

Organ, J. M., Jaffe, D. B., & Bender, K. M. (2015, December). Helping law students get the help they need: An analysis of data regarding law students' reluctance to seek help and policy recommendations for a variety of stakeholders. *The Bar Examiner*, 8–17.

Parent, M. S. (2005). Boundaries and roles in ministry counseling. *American Journal of Pastoral Counseling*, *8*(2), 1–25.

Paulus, D. J., Norton, P. J., & Hayes-Skelton, S. A. (2015). There's no "I" in GCBT: Identifying predictors of group-level outcome in transdiagnostic group cognitive-behavioral therapy for anxiety. *Group Dynamics: Theory, Research, and Practice*, *19*(2), 63–76.

Priest, J. B. (2013). Emotionally focused therapy as treatment for couples with generalized anxiety disorder and relationship stress. *Journal of Couple & Relationship Therapy*, *12*, 22–37.

Resick, P. A., Minz, J., Young-McCaughan, S., Roache, J. D., Borah, E. V., Dondanville, K. A., . . . Peterson, A. L. (2015). A randomized clinical trial of group counseling processing therapy compared with group present-centered therapy for PTSD among active duty military personnel. *Journal of Consulting and Clinical Psychology*, *83*(6), 1058–1068.

Ritchie, E. C., Watson, P. J., & Friedman, M. J. (2006). *Interventions following mass violence and disasters: Strategies for mental health practice*. New York, NY: Guilford Press.

Routasalo, P. E., Tilvis, R. S., Kautiainen, H., & Pitkala, K. H. (2009). Effects of psychosocial group rehabilitation on social functioning, loneliness and well-being of lonely, older people: Randomized controlled trial. *Journal of Advanced Nursing*, *65*(2), 297–305.

Sheldon, K. M., & Krieger, L. S. (2004). Does legal education have undermining effects on law students? Evaluating changes in motivation, values, and well-being. *Behavioral Sciences and the Law*, *22*, 261–286.

Staley, R. C., McMinn, M. R., Gathercoal, K., & Free, K. (2013). Strategies employed by clergy to prevent and cope with interpersonal isolation. *Pastoral Psychology*, *62*, 843–857.

Stanton, D. R. (2011). *Restoring well-being in distressed law students: An integrative group approach* (Unpublished master's project). Saint Mary's College of California, Moraga, CA.

Tani, M., & Vines, P. (2009). Law students' attitudes to education: Pointers to depression in the legal academy and the profession? *Legal Education Review*, *19*, 3–39.

Trub, L. R., & Elias, M. J. (2007). The counselor within: A study of rabbinical counseling training and practice in the conservative movement. *Journal of Jewish Education*, *73*, 163–190.

Wilson, S. (2014). The rise of the lawyer counseling movement: Confidentiality and other concerns regarding state lawyer assistance programs. *The Georgetown Journal of Legal Ethics*, *27*, 951–966.

Wood, L. F. (1949). The training of ministers for marriage and family counseling. *Marriage and Family Living*, *12*(2), 46–50.

Wubbolding, R. E. (2005). The power of belonging. *International Journal of Reality Therapy*, *24*(2), 43–44.