Clinicians have become group therapists via many routes, either voluntarily or not. Group psychotherapy itself has had a checkered history, in that it has often been seen as an ancillary or a second choice form of treatment. Indeed, we know that there is a growing number of well-respected clinicians who are not only not ambivalent about being seen as group clinicians, but embrace this reality as a primary clinical identity. It has occurred to us that no one has looked deeply at this developmental path or what facilitates or inhibits movement along this path. This article is a preliminary attempt to initiate this line of study.

Currently, more clinicians are interested in becoming group therapists. This interest sometimes arises from within the therapist and sometimes from external influence, as with an agency requesting that an individual therapist also lead a group. Most clinicians begin their training as individual therapists, and most patients initially request individual therapy. Thus, there is a danger that group treatment may be perceived as secondary to individual therapy. Consequently, identification as a group therapist may also be perceived as secondary. We are interested in how a clinician develops a solid identity as a group therapist, one that is not secondary. By this we mean to identify a clinician who thinks about, values, and prescribes group treatment on a par with any other modality of treatment planning and patient care. Identification as a group therapist would be experienced on a par with one’s identity as an individual therapist, with continual focus upon developing group skills as well as individual therapy skills.

Our own experiences have led us to believe that there is a developmental path along which a professional moves, with a resultant shift in professional identity. The professional begins on the path as an individual therapist, moves on to also doing groups, and finally adds the step of identifying as a group.
It is this final step that especially intrigues us. We assume that there is some combination of external and internal factors that play a part in this professional shift. Since this is the intuitive path, we became curious about how our colleagues at a regional conference might discuss this development. Would they support our guesses about this path? What might we find out that could enable us to help them and future generations to assume the role of group therapist with comfort and pride? We were also interested in looking at what expedited or slowed one’s development along this trajectory.

This report is brief, but it is meant to open the door into looking more deeply at this developmental path, and what is entailed on its course. Our goal is eventually to develop a research protocol that might address this question scientifically. At present, we are offering this brief report of our initial phenomenological findings.

Much has been said about the characteristics necessary to be a good group therapist, such as being intuitive, empathic, committed to diversity, and to like looking at faces (Kellerman, 1979). Stein (1975) describes the training of group therapists. However, no one seems to have looked at the developmental path itself, and what facilitates movement. To this end, we planned a workshop to discuss the process of becoming primarily a group therapist and devised a questionnaire that would help us to informally survey our participants.

Not every individual therapist goes on to also identify as a group therapist. In the development of a career as a group therapist, we assumed that there was a cluster of reasons that would encourage such a direction, and others that would impede the clinician.

**ISSUES THAT ENCOURAGE A POSITIVE IDENTIFICATION AS A GROUP THERAPIST**

Reasons our workshop respondents gave for leading psychotherapy groups can be classified into three categories: 1) belief in group psychotherapy as an effective modality; 2) economic reasons; and 3) specific benefits to the therapist.

**Effectiveness**

Respondents specific points were: “Powerful tool for interpersonal learning.” “Patients experience [group] therapy as more natural, less ‘professional driven’ and are more empowered as a result.” “Because the patients have their problems in the group . . . [groups] are the most powerful therapeutic modality available.” “Learning is immediately generalizable, as it involves helping people resolve relationship difficulties right in the therapy room.” “Group is the laboratory of life.”

For these reasons, our workshop respondents felt that groups were often the treatment of choice, and definitely not secondary to individual therapy. Interestingly, women (11 respondents) felt that groups were more effective than individual therapy in general, and men (10 respondents) said that groups are specifically more effective for character change.

**Economic Reasons**

The economic reasons for leading groups ran the gamut from groups being more affordable for group members to groups being lucrative for the therapist.