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GROUP DYNAMICS AND PSYCHOLOGICAL WELL-BEING: THE IMPACT OF GROUPS ON ADJUSTMENT AND DYSFUNCTION

DONELSON R. FORSYTH AND TIMOTHY R. ELLIOTT

Groups are the setting for most social activities. All but an occasional recluse or exile belong to groups, and those who insist on living their lives apart from others, refusing to join any groups, are considered curiosities, eccentrics, or even mentally unsettled (Storr, 1988). Nearly all human societies are organized around small groups, such as families, clans, communities, gangs, religious denominations, and tribes, and the influence of these groups on individual members is considerable. Virtually all social activities—working, learning, worshipping, relaxing, playing, socializing, chatting in cyberspace communities, and even sleeping—occur in groups rather than in isolation from others.

Groups exert a ubiquitous, unrelenting influence over their members, shaping both their psychological adjustment and their dysfunction. Those who study mental health—clinical psychologists, counseling psychologists, community psychologists, health psychologists, social workers, and psychiatrists—have long recognized the relationship between groups and

members' psychological well-being. Pratt (1922), as early as 1905, found that patients suffering from tuberculosis improved when they took part in small-group discussions and listened to inspirational lectures. When Moreno (1932) used sociometric methods to create cohesive subgroups in an institutionalized population, he documented increases in adjustment and decreases in interpersonal conflict. Freud (1922), in an insightful rebuttal to the idea that people in groups become a mob or lose their individual identities, argued that groups are essential to most adults' mental health. Lewin (1936) founded the scientific field of group dynamics, and his training groups, "T-groups," provided the template for a wide variety of interpersonal, group-based training techniques.

In this chapter we seek, in a limited way, to reestablish the link between the social psychology of groups and the application of group dynamics to understand clinical and interpersonal dysfunction. We begin our analysis by asking some fundamental questions: Are groups real, in a psychological sense? Are individuals who are members of groups influenced, in fundamental ways, by these memberships? Can their adjustment, health, and dysfunction be understood if these memberships are ignored? If groups are not real, then little can be gained from examining their influence on the psychological adjustment of individuals.

THE REALITY OF GROUPS

Groups lie at the center of one of the great debates in the field of psychology and sociology: Are groups real? Durkheim (1897/1966), for example, argued that his analysis of suicide provided clear evidence of the reality of groups because it explained psychological despair in purely group-level terms. Durkheim also endorsed the conclusions of Le Bon (1895/1960) and other crowd psychologists, going so far as to conclude that people in large groups can become so deindividuated that they act with a single, and somewhat delusional, mind. Durkheim believed that the collective conscious can be so powerful that it blots out the group members' will.

Although McDougall (1908) agreed with many of Durkheim's (1897/1966) conclusions—and traced much of the influence of groups over individuals back to humanity's instinctive gregariousness—most psychologists questioned the significance of groups and group-level processes. Allport (1924) argued forcefully against the scientific legitimacy of group concepts when he concluded that "the actions of all are nothing more than the sum of the actions of each taken separately" (p. 5). Groups, according to Allport, were not real entities, and he felt that the behavior of individuals in groups could be understood by studying the psychology of the group members.

Few contemporary psychologists would agree with Allport's (1924) radical rejection of the importance of studying groups, but vestiges of this antigroup orientation continue to influence theorists' and researchers' willingness to consider group-level concepts when explaining maladaptive and adaptive processes. Asked why an individual is depressed, addicted, or engages in aberrant actions, many psychologists would focus on internal, psychological determinants of behavior. Extant clinical conceptualizations and intervention models adopt this so-called "psychogenic perspective" when they emphasize personality traits, genetic factors, past events, and biological processes as causes of dysfunction (Forsyth & Leary, 1991). This bias has been summarized unabashedly by Urban (1983), who argued that when psychologists look for causes outside of the individual, they "deny and distort the essential quality of human existence. Everything of significance with regard to this entire process occurs within the inner or subjective experience of the individual" (p. 163). Psychogenic approaches assume that psychological states mediate the relationship between the external world and the person's reaction to it.

This psychogenic perspective slights the very real impact of groups on individual members. Even Allport (1962) admitted that people sometimes act differently when they are in groups. Some of these changes are subtle. Moving from isolation to a group context can reduce people's sense of uniqueness while also enhancing their ability to perform simple tasks rapidly (Triplett, 1898). Interacting with other people can also prompt individuals to gradually change their attitudes and values as they come to agree with the overall consensus of the group (Newcomb, 1943). In groups, individuals acquire a sense of shared identity, social support, and most of their values. Groups also can change people more dramatically. Milgram's (1963) studies of obedience, for example, placed participants in three-person groups. The experimenter, who has much of the authority in the setting, told the participant to deliver painful electric shocks to another person. The shocks were bogus, but the harm seemed real to the participants. Nonetheless, fewer than 35% of the participants were able to resist the demands of their role by refusing to follow orders. More recently, Insko and his colleagues have verified the discontinuity effect: People are much more competitive when they are in groups responding to other groups rather than individuals responding to other individuals (Pemberon, Insko, & Schopler, 1996). Groups may just be collections of individuals, but this collective experience changes the members.

Groups also possess characteristics that go beyond the characteristics possessed by individual members of the group. A group's cohesiveness, for example, is more than the mere attraction of each individual member for one another (Hogg, 1992). Individuals may not like each other on a personal level, yet when they form a group they experience powerful feelings of unity and *esprit de corps*. Groups seem to possess supervening qualities

“that cannot be reduced to or described as qualities of its participants” (Sandelands & St. Clair, 1993, p. 443). Group membership can transcend place and collapse space, so that the sense of community and belongingness connects each participating member with unseen others who share and subscribe to the salient features of the group. As Lewin’s (1951) gestalt orientation argues, a group is greater than the sum of its parts.

Individuals also readily hypostatize groups: They perceive them to be real and assume that their properties are influential ones. Not all collections of individuals are groups, but the perceiver considers an aggregate with certain qualities to be a group. Campbell’s (1958) analysis of *entitativity* (perceived groupness), for example, argues that perceptual factors such as common fate, proximity, and similarity influence both members’ and nonmembers’ perceptions of a group’s unity. Other investigators have shown that observers, once they decide that they are observing a group rather than a collection of individuals, no longer monitor which person said what, only which group said what (Brewer, Weber, & Carini, 1995, Experiment 1). Groups are as real as individuals, at least at a perceptual level (Hilton & von Hippel, 1990; McConnell, Sherman, & Hamilton, 1994a, 1994b).

In summary, a group-dynamics approach to psychological well-being and dysfunction rejects the idea that analyses that focus on individual-level mechanisms are superior to ones that emphasize group-level mechanisms. Groups possess features that go well beyond the characteristics of individual members, and observers’ impressions of people differ when they think the people they are watching are members of a unified group. Groups also influence their members in both subtle and dramatic ways, and some of these influences affect their mental health. We review some of these relationships between groups and psychological adjustment, but our review is a selective one. We provide examples of the relationship between groups and mental health rather than a comprehensive cataloging of all linkages. Also, whereas Levine and Moreland (1992) examined the impact of particular types of groups (e.g., families, work groups, school groups) on mental health, we examine how group processes (e.g., social support, socialization) influence health. We also focus on nontherapeutic groups and refer interested readers to other treatments of the relationship between group dynamics and group psychotherapy (e.g., Forsyth, 1991).

GROUPS, REJECTION, AND LONELINESS

James Pelosi made many friends when he first entered West Point, but all that changed when he was charged with an honor code violation. He was exonerated by a student court, but his fellow cadets believed he was guilty. They sentenced him to The Silence: No student spoke to him or interacted with him in any way for nearly 2 years. He felt

lonely and depressed much of the time and lost 26 lb during the period.
(adapted from Steinberg, 1975)

Theory and research suggest that people need to be connected to other people and that they experience significant psychological distress if these connections are severed. Baumeister and Leary's (1995) belongingness hypothesis, for example, argues that "human beings have a pervasive drive to form and maintain at least a minimum quantity of lasting, positive, and impactful interpersonal relationships" (p. 497). They likened the need to belong to other basic needs, such as hunger or thirst. Just as an inadequate diet can undermine one's health, separation can lead to pronounced psychological discomfort.

Groups play an essential role in satisfying the need to belong. Years ago, Freud (1922) argued that membership in groups promotes mental health because groups take the place of childhood families when people reach adulthood. Freud developed the concept of *transference* when he observed that some of his patients reacted to him as if they were children and he was their parent. He theorized that a similar transference occurs in groups when individuals accept leaders as authority figures. This transference leads to identification with the leader, and other group members come to take the place of siblings. Group membership may be an unconscious means of regaining the security of the family, and the emotional ties that bind members to their groups are like the ties that bind children to their family (Kohut, 1984).

Freud's (1922) replacement hypothesis is speculative, but it nonetheless underscores the importance of groups for members. Indeed, some members of long-term, emotionally intensive groups—therapeutic groups, support groups, combat units, and high-demand religious organizations—act in ways that are consistent with Freud's hypotheses. They respond to leaders as if they were parents, treat one another like siblings (e.g., they may even refer to each other as "brother" or "sister"), and show pronounced grief and withdrawal when someone leaves the "family" (Wrong, 1994). Freud's theory is also consistent with evidence that suggests groups (a) provide a sense of security like that of a nurturing parent and (b) make relations with others who are similar in affective tone to siblings possible (Lee & Robbins, 1995).

Freud may have exaggerated people's need to return to the shelter of their childhood families, but his arguments for the importance of group membership for mental health have been borne out by studies of the effects of social isolation and loneliness. Individuals who have been isolated from others for too long, such as stranded explorers or prisoners in solitary confinement, report fear, insomnia, memory lapses, depression, fatigue, and general confusion. Suedfeld (1997) noted that these negative consequences of isolation become more intense when the isolation is unintended and undesirable rather than when people voluntarily seek solitude.

Studies of people who are socially isolated from others also attest to the distress caused by too-few connections to others. Loneliness is so commonly reported by individuals suffering from psychological problems that it has been called the “common cold of psychopathology” (Jones, quoted in Meer, 1985, p. 33). Loneliness is a profoundly negative experience, so negative that people often seek professional help simply to alleviate their discomfort. Loneliness also tends to be present whenever people suffer from depression, anxiety, personality disorders, and interpersonal hostility (Jones & Carver, 1991). Prolonged periods of loneliness have been linked to physical illnesses such as cirrhosis of the liver (brought on by alcohol abuse), hypertension, heart disease, and leukemia (Hojat & Vogel, 1987). Loneliness may also attack the immune system. Individuals who are extremely lonely have higher levels of Epstein–Barr virus and lower levels of B lymphocytes. Both of these physical characteristics are associated with reductions in immunity and increased vulnerability to mononucleosis (Kiecolt-Glaser, Ricker, et al., 1984; Kiecolt-Glaser, Speicher, Holliday, & Glaser, 1984).

Weiss (1973) drew an interesting distinction between social loneliness, which occurs when people lack ties to other people in general, and emotional loneliness, which is the absence of a meaningful, intimate relationship with another person (DiTommaso & Spinner, 1997; Russell, Cutrona, Rose, & Yurko, 1984). Transitory groups do little to prevent either social or emotional loneliness, but more “involving” groups are sufficient to prevent social loneliness. A tight-knit group of friends or a family may be so emotionally involving that members never feel the lack of a dyadic love relationship. Indeed, people who belong to more groups and organizations report less loneliness than those who keep to themselves (Rubenstein & Shaver, 1980, 1982). Groups with extensive interconnections among all the members provide a particularly powerful antidote to loneliness (Kraus, Davis, Bazzini, Church, & Kirchman, 1993; Stokes, 1985), as do groups that are cohesive or unified (Anderson & Martin, 1995; Hoyle & Crawford, 1994; Schmidt & Sermat, 1983). People who belong to groups are healthier than individuals who have few ties to other people, because they suffer fewer psychological problems and physical illnesses (Stroebe, Stroebe, Abakoumkin, & Schut, 1996). They even live longer (Stroebe & Stroebe, 1996; Sugisawa, Liang, & Liu, 1994).

Membership in a cohesive group can, however, sometimes undermine rather than sustain health. Janis’s (1963) classic analysis of the “old sergeant syndrome,” for example, describes how soldiers who come to depend too much on their units sometimes suffer psychological problems. Although the cohesiveness of the unit initially provides psychological support for the individual, the loss of comrades during battle causes severe distress. Furthermore, when the unit is reinforced with replacements, the original group members are reluctant to establish emotional ties with the newcomers,

partly in fear of the pain produced by separation. Hence, they begin restricting their interactions, and a coalition of old versus new begins to evolve. In time, the group members can become completely detached from the group.

Some highly cohesive groups may also purposefully sequester members from other groups in attempts to keep members away from a corrosive and hostile "outside world" (J. P. Elliott, 1993). In such cases, in-group/out-group perceptions stress similarities between members and the differences with those nonmembers outside the group. Contact with outsiders may be discouraged in these high-demand groups because such interaction may potentially corrupt the member's belief system or worldview; contact with nonmembers may be limited to the superficial civilities required of everyday life and to highly structured attempts to persuade or debate nonmembers with scripted or rehearsed material (J. P. Elliott, 1993).

These dynamics imbue members with a clear sense of identity, value, and purpose, but they can restrict individuals' self-conceptions and complicate social interactions with nonmembers. If members' identities are defined in large part by their membership in the group, their self-concept may become oversimplified. As the results of studies of self-complexity suggest, they may respond more negatively when their group fails or their relationship with the group is threatened (Linville, 1985, 1987; Niedenthal, Setterlund, & Wherry, 1992). Individuals who leave high-demand religious groups because of changes in beliefs or social mobility may experience a "shattered faith syndrome" that may be marked by loneliness, chronic guilt and isolation, a lingering distrust of other people and groups, and anxiety about intimate relationships (Yao, 1987). Others who are disciplined for violating group norms and beliefs may face "shunning" or "dissellowship," in which guilty members are ostracized, alienated, and left alone to confront the consequences of their actions without the comfort of the peer group.

GROUPS AND SOCIAL SUPPORT

Ricky's husband committed suicide, leaving her to care for their two small children. For months she relied on tranquilizers and her family for help, but she could not overcome her grief. Then she joined a self-help group of about 10 people who were recently widowed. The group helped her climb out of her despair, providing her with friends, support, and a place to talk. She explained, "I can't tell you how important that group was to me in terms of making me live with myself, live with my grief, and get through the pain." (Lieberman, 1993, pp. 294–295)

When people find themselves in stressful, difficult circumstances, they often cope by forming or joining a group. In times of trouble, such as illness, divorce, or loss, people seek out other people (Dooley & Catalano,

1984). When students first go to college, they cope by forming extensive social networks of peers and friends (Hays & Oxley, 1986). People who have been diagnosed with serious illnesses often take part in small discussion groups with other patients (Jacobs & Goodman, 1989). People who have personal problems, such as a general feeling of unhappiness or dissatisfaction, seek help from friends and relatives before turning to mental health professionals (Wills & DePaulo, 1991). Individuals experiencing work-related stress, such as layoffs, time pressures, or inadequate supervision, cope by joining with coworkers (Caplan, Vinokur, Price, & Van Ryn, 1989; Cooper, 1981).

Groups counter stress by providing members with social support: personal actions and resources that help them cope with minor aspects of everyday living, daily hassles, and more significant life crises (Coyne & Downey, 1991; Finch et al., 1997). Group members provide emotional support when they compliment and encourage one another, express their friendship for others, and listen to others' problems without offering criticism or suggestions. They offer informational support when they give directions, offer advice, and make suggestions about how to solve a particular problem. They also offer task support and tangible assistance to one another. Moreover, as noted above, most groups offer their members a sense of belonging: The need to belong is satisfied when people join groups (Sarason, Pierce, & Sarason, 1990). For others, group support may reinforce a sense of worthiness and reassure the unique worth of the person under times of duress (Cutrona & Russell, 1987); such support has often been associated with decreased levels of distress and depressive behavior (e.g., T. Elliott, Marmarosh, & Pickelman, 1994).

Some groups fail to deliver on their promise of support. They add stressors by stirring up conflicts, increasing responsibilities, and exposing members to criticism (Hays & Oxley, 1986; Seeman, Seeman, & Sayles, 1985). Overall, however, groups are more frequently supportive than burdensome. People who are deeply involved in a network of friends and families tend to be healthier than more isolated individuals. Although the benefits of relationships do not emerge in all studies, many show that people with more ties to other people suffer fewer physical (e.g., tuberculosis, heart disease) and psychological (e.g., depression, anxiety) illnesses. In one long-term study, 7,000 people were asked to describe their social relationships. Nine years later, the researchers found that people who did not have many ties to other people were more likely to have died than people with many ties (Berkman & Syme, 1979). Having a network of friends helps people return to health more quickly should they become ill. Heart patients, stroke victims, and kidney patients all recovered more rapidly when their friends and loved ones visited them regularly (Wallston, Alagna, DeVellis, & DeVellis, 1983). One review of 17 studies shows that people

who received support from others tended to experience less stress in their lives (Barrera, 1986).

Social support is particularly valuable when stress levels increase. Stressful life circumstances increase the risk of psychological and physical illness, but groups can serve as protective buffers against these negative consequences (Herbert & Cohen, 1993; Uchino, Cacioppo, & Kiecolt-Glaser, 1996; Wills & Cleary, 1996). This buffering effect argues that individuals who are part of a group may not be able to avoid stressful life events but that they respond more positively when these stressors befall them. Individuals who experience a high level of stress, for example, may cope by taking drugs if they are not part of a strong social network (Pakier & Wills, 1990). Similarly, individuals trying to recover from a devastating crisis (e.g., death of a spouse or child) who were part of a social network of friends, relatives, and neighbors were less depressed than people who were not integrated into groups (Norris & Murrell, 1990).

Social support processes are formalized and deliberately manipulated in so-called "self-help groups." As defined by Jacobs and Goodman (1989), a self-help group's members share a common problem and meet for the purpose of exchanging social support. Most support groups are guided by the members themselves with little or no assistance from mental health professionals. Self-help groups tend to (a) develop norms that emphasize autonomy and self-governance, with members rather than external authorities determining activities; (b) emphasize democratic processes, in that the group provides methods for ensuring equality of treatment and advocates freedom of expression; (c) include people who face a common predicament, problem, or concern (participants are "psychologically bonded by the compelling similarity of member concerns"; Jacobs & Goodman, 1989, p. 537); (d) emphasize reciprocal helping (both giving and receiving assistance); and (e) impose minimal fees on members.

Self-help groups exist for nearly every major medical, psychological, or stress-related problem, including groups for sufferers of heart disease, cancer, liver disease, and AIDS; groups for people who provide care for those suffering from chronic disease, illness, and disability; groups to help people overcome addictions to alcohol and other substances; groups for children of parents overcome by addictions to alcohol and other substances; and groups for a variety of problems in living, such as helping people with money or time management problems.

Jacobs and Goodman (1989) noted that many practicing psychologists are neutral about, or even openly opposed to, self-help groups because they misunderstand their value. Self-help groups are not substitutes for psychotherapy but instead are designed to provide members with social support. Jacobs and Goodman estimated that self-help groups are growing in terms of numbers and members, with perhaps as many as 7 million people belonging to such groups. They attributed this growth to changes

in the family, an increase in the number of people still living with significant diseases, an erosion of confidence in care providers, the lack of mental health services, an increasing faith in the value of social support as a buffer against stress, and the increased media attention provided by TV docudramas.

GROUPS AS SOCIALIZING AGENTS

In 1976, David Moore joined a group of forward-thinking young people who were interested in personal development, religion, and space travel. He studied and worked with the group for years and over time his ideas became arguably bizarre: He dressed only in black, he shaved his head, he cut himself off from contact with his family, and he became convinced that a comet was actually a spacecraft. In 1997, he and 38 other members of Heaven's Gate committed suicide.

Cooley (1909) drew a broad distinction between two types of groups: primary groups and secondary groups (or complex groups). Primary groups are small, close-knit groups, such as families, friendship cliques, or neighborhoods. Secondary groups are larger and more formally organized than primary groups. Such groups—religious congregations, work groups, clubs, neighborhood associations, and the like—tend to be shorter lived and less emotionally involving. Secondary groups, however, continue to define individuals' places in the social structure of society (Parsons, Bales, & Shils, 1953).

Both of these types of groups provide members with their attitudes, values, and identities. These groups teach members the skills they need to contribute to the group, provide them with the opportunity to discover and internalize the rules that govern social behavior, and let them practice modifying their behavior in response to social norms and others' requirements. Groups socialize individual members.

In most cases, group norms are consistent with more general social norms pertaining to work, family, relations, and civility. In other cases, however, norms emerge in groups that are odd, atypical, or unexpected. Cults such as Heaven's Gate condone mass suicide. Norms in gangs encourage members to take aggressive actions against others. Adolescent peer cliques pressure members to take drugs and commit illegal acts. Fraternities insist that members engage in unhealthy practices, such as drinking excessive amounts of alcohol. Work groups develop such high standards for productivity that members experience unrelievable amounts of stress.

Crandall (1988) described how bulimia—a cycle of binge eating followed by self-induced vomiting or other forms of purging—can be sustained by group norms. Bulimia is considered by society at large to be an

abnormal behavior, yet it is prevalent in certain groups, such as cheerleading squads, models, dance troupes, women's athletic teams, and sororities. Crandall suggested that such groups, rather than viewing these actions as a threat to health, accept purging as a normal means of controlling one's weight. In the sororities he studied, he found that the women who were popular in the group were the ones who binged at the rate established by the group's norms. Also, as time passed, those who did not binge began to binge. Thus, even norms that run counter to society's general traditions can establish a life of their own in small subgroups within that society.

These emergent group norms are sustained by a common set of group-level processes (Forsyth, 1990). Informational influence occurs when the group provides members with information that they can use to make decisions and form opinions. People who spend years and years in a group that explains things in terms of UFOs, for example, will in time also begin to explain things in that way. Normative influence occurs when individuals tailor their actions to fit the group's norms. People take norms such as "Do not tell lies" and "Help other people when they are in need" for granted, but some societies and some groups have different norms that are equally powerful and widely accepted. Normative influence accounts for the transmission of religious, economic, moral, political, and interpersonal attitudes, beliefs, and values across generations. Interpersonal influence is used in rare instances when someone violates the group's norms. The individual who publicly violates a group's norm will likely meet with reproach or even be ostracized from the group.

The operation of these three factors—informational, normative, and interpersonal influence—can be readily observed in groups as diverse as military units, street gangs, college fraternities, and religious denominations. All of these groups have a relatively exclusive membership; all subsequently provide members with a unique sense of identity. In addition, all use signs and symbols to mark their territory and to communicate nonverbally to group members and, to some extent, to outsiders. Forms of dress, grooming, and personal appearance may be espoused and regulated to some degree within each group, so that the exclusiveness, identity, and values of the group are reinforced and displayed.

Speech, in particular, may be highly jargonized in these groups. Montgomery (1989) observed that the group's discourse serves to dichotomize the speaking world into insiders and outsiders. J. P. Elliott (1993) noted the dual, if not ironic, function of group jargon:

While one normally thinks of language as a communicative system employed to bridge semantic gaps, this jargonized discourse is equally effective at excluding and repelling, generating limits and maintaining boundaries. The discriminating power of language exalts and assures those inside this rhetorical space, while rejecting and offending discursive Others. (p. 3)

Members understandably and typically rely on the group for guidance and answers to personally important questions. They often conform to group norms that encourage friendliness, cooperation, and total acceptance of the principles of the group. In some situations, these effects may be relatively benign or positive: For example, people who regularly go to church generally are more socially conservative, conforming, and acquiescent, and they exhibit fewer behavioral problems than those who do not go to church (Spilka, Hood, & Gorsuch, 1985). However, in demanding religious groups, the pressure to conform and suppress individual expression may have more deleterious effects. Participants in one study of high-demand religious movements reported changes in their personality as a function of participation in the religious group, with much of the change in the direction advocated by the principles of the group (Yeakley, 1988). Studies of related groups describe similar dynamics across all the groups: intense cohesiveness, public statements of principles, pressure placed on anyone who dissents, ostracism from the group for disagreement, and strong rewards for agreement with the group's ideals (Gallanter, 1989).

GROUPS, PANIC, AND DELUSIONS

The citizens of Mattoon, Illinois, were certain that a mysterious gasser was on the loose. After one woman reported that someone had sprayed a poison gas into her bedroom window, the local paper published the headline "Anesthetic Prowler on the Loose." The police received dozens of calls for the next week but could find no perpetrator. The conclusion was that the town suffered from a mild form of hysteria. (adapted from Johnson, 1945)

In most cases, groups are a source of emotional, interpersonal, and informational stability. Groups satisfy members' needs to belong and provide members with social support when they are stressed or experience trauma. They are also a rich source of social comparison data when group members face ambiguous situations (Festinger, 1954). When physical reality and conventional sources of information do not provide enough information, group members often compare their personal viewpoint with the views expressed by other members of groups to determine whether they are "correct," "valid," or "proper" (Goethals & Darley, 1987; Wills, 1991).

Groups can, however, also be a major source of emotional, interpersonal, and informational instability. Indeed, instances of mass hysteria—the spontaneous outbreak of atypical thoughts, feelings, or actions in a group or aggregate, including psychogenic illness, common hallucinations, and bizarre actions—can often be traced back to the communication of faulty and misleading information among group members (Pennebaker, 1982; Phoon, 1982). In June 1962, for example, workers at a garment

factory began complaining of nausea, pain, disorientation, and muscular weakness; some actually collapsed at their jobs or lost consciousness. Rumors spread rapidly that the illness was caused by "some kind of insect" that had infested one of the shipments of cloth from overseas, and the owners began making efforts to eradicate the bug. No bug was ever discovered, however, and experts eventually concluded that the "June bug incident" had been caused by mass hysteria (Kerckhoff & Back, 1968; Kerckhoff, Back, & Miller, 1965). In 1974, a team of occupational safety investigators were called to a garment plant in the southwest United States to investigate the cause of an epidemic of nausea, dizziness, and fainting among nearly one third of the plant workers. Despite the severity of the symptoms, no toxic agent could be found and the researchers were forced to conclude that the illness "involved psychogenic components, e.g., stress or anxiety" (Colligan & Murphy, 1982, p. 34).

These outbreaks of a contagious psychogenic illness are not that rare. Although such incidents are difficult to document conclusively, one team of researchers identified 23 separate cases that involved large numbers of individuals afflicted with "physical symptoms . . . in the absence of an identifiable pathogen" (Colligan & Murphy, 1982, p. 35). More than 1,200 people were affected by these outbreaks, with most reporting symptoms that are often associated with anxiety, panic, and stress (e.g., headaches, nausea, dizziness, and weakness). Many were women working in repetitive, routinized jobs, and the illness often spread through friendship networks.

Because of the scarcity of information, experts are reluctant to offer recommendations to prevent the problem. Some suggest that as soon as the possibility of a physical cause is eliminated, medical experts should tell workers that their problems are caused by stress rather than physical illness. An alternative, however, lies in removing the negative environmental conditions that encourage such epidemics. Research indicates that in many of the cases, the affected employees work under highly stressful conditions. In some instances, the outbreaks occur when employees have been told to increase their productivity or have been working overtime. Poor labor-management relations have also been implicated, as have negative environmental factors, such as noise, poor lighting, and exposure to dust, foul odors, or chemicals. These findings suggest that psychogenic outbreaks can be reduced by improving working conditions (Colligan, Pennebaker, & Murphy, 1982).

GROUPS, IDENTITY, AND SELF-ESTEEM

R., an 18-year-old African American man, joined three friends robbing stores, beating bystanders, and vandalizing storefronts during a riot in Harlem. R. expresses no remorse for his actions, and interviewers conclude he is exhibitionistic, delusional, defiant, and emotionally re-

stricted. They suggest that his personality reflects his attempt to protect his self-esteem from negative experiences as a minority in a White-majority culture. (adapted from Clark & Barker, 1945)

Just as Freud (1922) believed that identification causes children to bond with and imitate their parents, identification with a group prompts members to bond with and take on the characteristics of their groups. According to social identity theory (Tajfel, 1981; Turner, 1981), when people identify with a group their sense of self changes. Their unique, individualistic qualities—traits, beliefs, skills, and so on—make up their personal identity. All those qualities that spring from membership in social groups, such as families, cliques, work groups, neighborhoods, tribes, cities, countries, and region, make up the collective self or social identity.

People who identify with their groups experience a strong sense of belonging in their groups and take pride in their membership. They are more involved in the group's activities and willingly help the group meet its goals (Abrams, 1992; Deaux, 1996). However, with the increased identification with the group comes the tendency to engage in self-stereotyping: the integration of stereotypes pertaining to the group in one's own self-descriptions (Biernat, Vescio, & Green, 1996). Social identity is also connected to feelings of self-worth. People who belong to prestigious groups tend to have higher self-esteem than those who belong to stigmatized groups (Rosenberg, 1979). High school students who are members of the most prestigious groups generally report feeling highly satisfied with themselves and their group. Students who want to be a part of an in-crowd but are not accepted by that clique, in contrast, are the most dissatisfied (Brown & Lohr, 1987). People who were members of prestigious or satisfying groups in high school have higher levels of self-esteem later in life (Wright & Forsyth, 1997). Sports fans' moods swing up and down as their favorite team wins and loses. After a loss, they feel depressed and rate themselves more negatively, but after a win they feel elated and rate themselves more positively (Hirt, Zillmann, Erickson, & Kennedy, 1992). Crocker and Luhtanen reported that individuals who have positive collective self-esteem also have more positive personal self-esteem (Crocker & Luhtanen, 1990; Crocker, Luhtanen, Blaine, & Broadnax, 1994; Luhtanen & Crocker, 1992).

As Crocker and Major (1989) noted in their seminal analysis of the relationship between self-esteem and membership in a stigmatized or negatively valued group, even membership in a socially denigrated group can sustain self-esteem. In many cases members of stigmatized groups and minority groups protect their personal appraisals of their groups from the unfair negative stereotypes about their groups held by nonmembers by rejecting the disparaging elements of their group's label. Adolescents with learning disabilities who did not negatively rate the social category of "spe-

cial education students” had higher self-esteem than did those who self-stereotyped (Stager, Chassin, & Young, 1983). Conversely, incarcerated adolescents who attributed negative qualities to the category of “delinquents” had lower self-esteem than did delinquents who did not hold negative stereotypes about their group (Chassin & Stager, 1984).

Crocker et al. (1994) also found that members of racial minorities who reject the majority’s stereotypes about their group do not display low self-esteem. They discovered that African Americans were more positive about being Black than Anglo Americans were about being White. African Americans, however, were much less likely to agree that “others’ respect African Americans as a group” (Crocker et al., 1994, p. 503). This incongruence between the perceptions of the subgroup’s “culture of origin” and the majority’s “culture at present” can result in distress, self-derogation, and loss of group identity (T. Elliott & Sherwin, 1997). Crocker et al., however, found that in most cases, African Americans’ perceptions of their group’s value were not correlated with their private self-esteem. As long as individuals believe the groups they belong to are valuable, then they will experience a heightened sense of personal self-esteem.

The identity-sustaining aspect of group memberships has a downside, however. Membership in a group or social category may provide members with a social identity, but it can set in motion the tendency to derogate members of other groups. As social identity theorists Tajfel and Turner argued, categorization sows the seeds of conflict by creating a cognitive distinction between “us” and “them.” They wrote that the “mere perception of belonging to two distinct groups—that is, social categorization *per se*—is sufficient to trigger intergroup discrimination favoring the in-group” (Tajfel & Turner, 1986, p. 13). Groups thus sustain individual members’ self-esteem but at the cost of creating animosity toward those who belong to other groups.

THE IMPORTANCE OF GROUPS

Groups have the capacity both to sustain and to undermine mental health. Groups make possible connections between individuals, and so they can protect them from loneliness. Groups are also a critical source of social support, which becomes particularly beneficial when people experience trauma or other forms of stress. Groups are also critical socializing agents, providing members with values, attitudes, roles, activities, and behavioral skills that are sometimes health promoting. Groups can also contribute directly to the development of identity and self-esteem.

Groups are not all benefit with no cost. As we have discussed, groups can demand great investments of time and energy from their members, who can become too committed to their groups. Although groups provide

social support, they are also the source of considerable stress for their members. Groups, too, can socialize members in ways that are not healthy and set social identity processes in motion that increase conflict between groups.

Their checkered impact in no way, however, detracts from their significance in shaping mental health. A social psychological approach to adjustment traces both dysfunction and adjustment back to interaction between people, and in most cases these interactions unfold in groups. Researchers and practitioners across many disciplines are shifting their sights to focus more on group-level processes rather than individual-level ones. As organizations become more multicultural, issues of group composition and diversity increase in importance. In therapeutic settings, shifts in health care have created practical advantages for those who can use groups to achieve change. Indeed, group dynamicists and practitioners who work with groups likely share more similarities than social psychologists and clinicians in general. Both recognize the causal power of a group and have seen the change that it can produce. Clinicians, with their emphasis on personality and assessment, often focus on each person's uniqueness. Group therapists, in contrast, are struck by the way in which surprisingly different individuals change when they become part of a group that changes. Both the social psychologist and the mental health professional who understands groups agree with basic assumptions such as "A group is greater than the sum of its parts," "Groups are real," and "It is easier to change individuals formed into a group than individuals who are alone." Given this shared perspective, social psychologists and clinical psychologists should join together to answer the fundamental questions about groups as well as the practical questions about the relationship among group membership, mental health, and well-being.

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