Chapter 3

GROUP DYNAMICS IN OLDER PEOPLE'S CLOSED GROUPS: FINDINGS FROM FINNISH PSYCHOSOCIAL GROUP REHABILITATION FOR LONELY OLDER PEOPLE

Kaisu H. Pitkälä[*], *Niina Savikko* *and Pirkko Routasalo*

University of Helsinki, Department of General Practice and Primary
Health Care and Helsinki University Central Hospital,
Unit of Primary Health Care, Finland

ABSTRACT

Our qualitative study explores the dynamics, phenomena, and processes occurring in 12 older people's closed groups, which were arranged as a psychosocial group intervention for older adults suffering from loneliness. The groups were formed to alleviate loneliness. We aimed to reduce the heterogeneity of participants during recruitment. Individuals with significant dementia, mobility disability, or sensory deficits were therefore excluded. The group programs were arranged according to participant interests so as to ensure that individuals with

[*] Correspondence to: Kaisu H Pitkälä, MD, PhD, professor. University of Helsinki, Department of General Practice and Primary Health Care, PO Box 20, 00014 University of Helsinki, tel. +358-50-3385546; fax. +358-9-1911 27536; email: kaisu.pitkala@helsinki.fi.

similar interests would be grouped together (art, exercise). All groups included 7–8 participants (N=93; females n=68, mean age 80) and they met once a week on 12 occasions (6 hours/day) during three months. All groups had two professional group facilitators.

We used three different types of data and grounded theory to explore the occurring group processes: 1) facilitators' detailed descriptions from each group meeting (ca. 300 pages); 2) researchers' observations and field notes of group visits (two/each group); 3) participants' feedback of the groups.

Each group went through a common path from one stage to another: from initial chaos to an effectively working and self-directed group. The entire life course was experienced by 11/12 groups, although differences were observed in development speed. Other special characteristics were detected in the lonely older people's groups. Some are features typical of all older people's groups (diseases, heterogenic functional status), and some are probably typical for only these types of loneliness groups (difficulties in adhering to their group, reluctance to discuss feelings of loneliness), art groups (courage to try new things with peer support, avoiding conversations about diseases), exercise groups (eroticism, competition between group members), and some phenomena might be specific for several group types (flirting, a common secret between group members, a common enemy increasing group cohesion). Participants had some common group roles in these groups (e.g. leader, critic, silent, dominant, team spirit creator, disabled).

Group dynamics and group roles in older people's groups resemble those known from adult groups. However, some features are different and could be taken into account when planning and gathering therapeutic groups for older people.

INTRODUCTION

Support groups and group therapy have been used for decades in older people's care and rehabilitation (Burnside & Schmidt 1994). Group therapy is a well-established treatment modality for depressed or socially isolated older adults (Schulman 1985, Gorey & Cryns 1991, Clark & Vorst 1994, Husaini et al. 2004, Agronin 2009). Support groups for relatives, caregivers, or widows are examples of psychosocial group treatments (Toseland et al. 1989, Marriott et al. 2000, Stewart et al. 2001). A variety of group types exist for older people, ranging from activity groups to more specific psychodynamic groups (Agronin 2009). Older people's group therapy has been shown to be effective

in helping older adults. The effect sizes of group therapy are moderate to large according to a meta-analysis by Payne & Marcus (2008).

Group dynamics and processes have been studied in adult groups as early as the 1940s by Foulkes, Bion or Levin (Ettin et al. 1997). In older people's groups, however, the variance and significance of group processes has not received much attention (Toseland 1990, Burnside & Schmidt 1994, Lavoie 1995, Agronin 2009) and group dynamics research has been scarce (Schmidt & Keyes 1985, Evans et al. 2001, Saiger et al. 2001, Perraud et al. 2004, Christensen et al. 2006, Toseland and Rivas 2005). To our knowledge, some studies have explored specific aspects of group dynamics in older people's groups, e.g. how participants' male gender impacts the dominance of group discussions (de Medeiros et al. 2007) or how the active roles of group leaders may impact a group's tempo (Weiner and Weinstock 1979–80). However, comprehensive investigations on group dynamics are lacking.

We conducted a randomized controlled trial in 2003–2005 on lonely older people aiming to alleviate their loneliness, empower them, support their self-efficacy, and enable peer support in the groups (Savikko et al. 2010). We were able to show that this group intervention improved older people's quality of life (QOL), cognition and health, enhanced their new friendships, and decreased their use of health and social services and mortality (Pitkala et al. 2009, Routasalo et al. 2009, Pitkala et al. 2011). Our article is based on a qualitative study, which explores the dynamics and developmental process of 12 intervention groups of older adults during the course of three months.

CONTEXT

Older people are prone to feeling lonely. Losses, work retirement, the deaths of spouses and friends, and illnesses and disabilities lead to decreased social integrity (Routasalo & Pitkala 2003). Loneliness is associated with several adverse outcomes such as impaired QOL, cognitive decline, poor health, disabilities, increased use of health and social services, and increased mortality (Tilvis et al. 2000, Routasalo & Pitkala 2003).

GROUP INTERVENTION PRINCIPLES

We thus wished to examine whether psychosocial groups designed especially for lonely older people could reverse these adverse effects. We recruited 235 participants with the aid of a national survey exploring older people's (75+) loneliness, social relationships, recreational activities, and interests (Routasalo et al. 2006, Tilvis et al. 2011). Respondents stating that they suffer from loneliness were randomized into two arms: an intervention group receiving psychosocial group rehabilitation and a control group. We used the stratified randomization procedure in the following way: participants stating similar interests (exercise, art, therapeutic writing) were randomized in groups of 16 (with eight participants entering intervention and eight functioning as the control). In this article we describe our findings from the art and exercise groups, which consisted of a total of 93 participants (mean age 80 years, age range 75 to 92 years).

A total of 12 lonely older people's groups were formed in 2003–2004, each consisting of 7–8 participants. Each group had 12 sessions during three months, meeting once a week for 5–6 hours at a time. These groups were arranged in six localities in Finland: in five communities and six rehabilitation centres for World War II veterans. The groups were closed and their composition remained the same during their whole life course. New members were not recruited if an individual did not attend or dropped out. We wished participants to feel safe, to attach and make friends with each other to alleviate their loneliness. Toseland & Rivas (2005) have stated that groups with frequent membership changes remain at the formative stage.

Group meetings were objective-oriented and group facilitators planned a program that participants were encouraged to modify. The participants were transported to group meetings and back by minibus. The meetings included coffee breaks and lunches. Everything was free of charge for the participants.

Irrespective of group content, the principles of psychosocial group rehabilitation intervention were the same in all groups. The professional group facilitators enhanced security and equal communication in the groups. They aimed to promote interaction and friendships between participants. Professionals worked more as facilitators than as active leaders. However, they worked actively to empower participants, enhanced their active participation, and stimulated their self-efficacy and problem-solving skills in line with self-management principles (Barlow et al. 2002, Bodenheimer 2002). We hypothesized that group dynamics will occur within the groups and members will experience the ups and downs of newly developing human relationships.

The group intervention aimed to enable participants to share their experiences with peers, discuss their feelings of loneliness, receive support, and develop feelings of solidarity. Details of the intervention have been described in another article (Savikko et al. 2010).

Group facilitators were professionals in older people's work: nurses, physiotherapists, and occupational therapists. When recruiting these professionals we wished to ensure that they value older people, are able to reflect on their work as group facilitators, and receive feedback for their work. Each group had two professional facilitators who received thorough training (Pitkala et al. 2004). Group facilitators additionally received work supervision during the entire group functioning period. Each facilitator pair coached two groups. The latter began when the first one finished.

Table 1. Characteristics of participants in the art and exercise groups

Characteristic	Art groups (N=47)	Exercise groups (N=46)
Mean age (range)	80 (75 – 91)	80 (76 to 92)
Females, n (%)	35 (75)	33 (72)
Lives alone, n (%)	39 (82)	37 (80)
Education <8 years, n (%)	31 (66)	28 (60)
MMSE[1], mean (range)	27.2 (21 to 30)	25.7 (19 to 30)
Often feels depressed, n (%)	8 (16)	2 (4)

[1] Minimental State Examination (Folstein et al. 1975).

PARTICIPANTS

We recruited participants with specific inclusion criteria. We wished to ensure that groups were fairly homogenous and participants had similar interests. All participants had stated that they suffer from loneliness. They had also indicated similar hobbies or interests in the survey, and the frame and contents of the group program were organized accordingly in each group. The randomization was performed in groups of 16 individuals with similar interests. Prior to randomization we thoroughly assessed all participants using cognitive and functional tests and excluded people with moderate or severe dementia. All participants had to be able to move independently with or without mobility devices. All had to see and hear sufficiently to be able to participate in the group work. By interviewing potential participants beforehand and using these inclusion and exclusion criteria we wished to

ensure the homogeneity of the intervention groups (Agronin 2009). Participant characteristics are presented in Table 1. All groups had 2–4 males.

Group Activities and Contents

Participants with an interest in art and inspiring activities were placed in their own groups, whereas those with an interest in exercise formed their own groups. Various artists (musicians, actors, artists) attended the meetings of the art groups, the participants visited cultural events and sights and also actively produced their own art. Participants in the exercise groups performed various athletic tasks, e.g. Nordic stick walking, strength training, swimming, or senior dancing. We additionally arranged several hours for discussions in the groups during each session. All activities were adjusted according to the participants' physical condition and wishes.

The different group contents were consciously arranged in the intervention to be certain of captivating the attention of elderly people with various interests, so as to get them to commit themselves to the groups. The common interests of the groups also ensured that participants could find kindred spirit and potential friendships within the groups. Each group was planned so openly that group members always had the opportunity to influence the meeting programs.

Data Collection

Our study explores data from multiple sources.

The group facilitators wrote a diary entry of each group meeting. This material (ca. 300 pages) is abundant and consists of both descriptions of what happened in the groups as well as how participants behaved in the groups. Facilitators described the contents, events, participants' behavior, and interactions in the groups as well as reflectively considering the facilitators' own role and feelings of the events and interactions occurring in the groups. These diaries form the primary data used in our qualitative study investigating group phenomenon and dynamics. The authors (KHP, PR) additionally observed each group twice during their course. Field notes were written and also used as data material in our study.

We have additional data from the initial survey responses of each participant (Routasalo et al. 2006), concerning their feelings of loneliness, social networks, interests and preferences, as well as the study nurses' interviews and data measured on various scales concerning participants' functioning, cognition, QOL, depression, and health (Pitkala et al. 2009). We thus know whether participants had any sensory or cognitive problems or suffered from depression. Participants furthermore gave written half-structured feedback on their experiences of the group intervention. We thus have several data resources that may reinforce or contradict the hypothesis and ideas formulated from the primary data.

We use grounded theory as the basis of our qualitative analysis (Martin & Turner 1986). The diaries and field notes were analyzed using an inductive approach. The diaries were read several times: the first time when the researchers received them by e-mail after each group meeting. On the second time they were analyzed during work supervision sessions. When the diaries were read for the third time, they were coded using the NVIVO analysis program. The diaries were independently coded by three researchers.

Different occurrences and features that appeared in the diaries were coded into themes at the beginning of the analysis. These themes were next combined into categories. In the last phase the appearance of different phenomenon were tabulated to clarify their prevalence and absence in different groups as well as for deviating cases. Tabulation was additionally used because we wished to explore the possible differences between groups in relation to the appearance of a specific phenomenon on a time line.

We use citations to support and illustrate our findings and interpretations. Only short passages of the citations are presented, and the possibility of recognizing individual participants from them is obliterated.

Our study received permission from the local ethics committee. It was performed according to the Helsinki declaration. Each participant provided informed consent.

DEVELOPMENTAL STAGES OF OLDER PEOPLE'S GROUPS

A common life course can be detected in all older people's groups, and this can be described by similar developmental stages in all groups. The developmental stages are introduced in Table 2.

Table 2. The development of the stages in older people's groups during their three-month course. Each group is described using a number. By following each number the development of a particular group from one stage to another (rows) can be observed in relation to the meetings (columns)

Group stage	1.session	2.session	3.session	4.session	5.session	6.session	7.session	8.session	9.session	10.session	11.session	12.session
At onset: chaos & role searching	1,2,3,4,5,6,7,8,9,10,11,12	3,9,11	3,9,11	7			12					
Group formation	1,4,5,6,10	1,2,3,7,9,12	2,6,7,8,9	7,9, 11	11	11						
"Honeymoon" – finding the team spirit		1,2,4,5,6,10	1,2,3,4,5,6,7,9,10,12	1,2,3,4,7,8,9,10,12	3,4,7,9,10	3,4,7,8,9,10	7,8,11	7,9,		12		12
Trust and encouragement		4,5,10	1,5,7,8,9,10	1,2,6,7,9	1,3,9	3,4,9	3,4,11	11				
Critics and conflicts		12	2,3,5,12	1,3,5,6,8,10,12	1,2,3,6,7,10	1,3,4,6,8,10,11,12	1,2,3,5,6,7,8,9,11,12	3,4,9,11	1,2,7,11	3,4,5	1	
(Becoming tired)							3					
Effectively working group			5	2,4,5	1,2,5,6,10	2,4,5,6,8	1,2,4,5,6,7,8,11	1,2,3,5,6,7,10,11	2,3,5,6,8	4,5,7,8,10,11	3,5,7,11	
Self-directed group				5	5	2,6	1,2,6,7,10	1,2,3,5,6,9,11	4,5,8,9,10	2,6,7,9,10,11	1,2,3,4,6,7	1,3,4
Mourning, future plans						1	2,4	1,7	10	3,5,6,7,8	2,3,4,5,7,9,10,11	1,3,4,5,6,7,8,9,10,11,12

The life and development of the groups advanced from one stage to another, and in a few cases a group returned to the previous stages to later advance once more. Not all groups went through every single stage (groups 9 and 12) but in general the groups matured step by step, learned to be efficient and active, became self-directed, mourned, and left farewells to the group. There were differences in developmental speed, but as a thumb rule these groups advanced quite fast to the effectively working and self-directed group stage (Table 2). Group development stages have been described in earlier literature, although fewer developmental stages have been described (Tuckman 1965, Luft 1970, Burnside & Schmidt 1994, Lenneer-Axelson & Thylefors 1998). To our knowledge, such explorations on older people's groups have not been performed before.

We give examples of these stages using extractions from the group facilitators' diaries.

Chaos, Searching for Roles

The participants' need for talking was evident in each group right from the beginning. In fact, several group facilitators wondered in their diaries whether such talkative older people can suffer from loneliness.

> "Speech babble filled the room… I began to wonder whether these people really needed this kind of group."

Contrary to our findings, the first meetings of some earlier studies of older people's groups have been described as exceptionally quiet (Burnside & Schmidt 1994). Some participants in three groups were a little tense and reserved, which the group leaders commented on in their diaries. Excitement concerning new things was noted.

Although all facilitators had instructed the groups with common ground rules (group organization consisting of the same people for 12 weeks, secrecy of other participant's issues outside the groups, respecting other participants, listening to others, avoiding interrupting others, speaking clearly) at the beginning, all groups had difficulties in forming safe group constructions and listening to others.

> "The day was a hodge-podge."

In several groups one participant expressed that she/he had expected to receive physical rehabilitation when coming to a rehabilitation center. In one group, one participant disappeared for a short time at the beginning. When dividing members into subgroups for participating in the joint activities, some participants had difficulties in collaborating. Mild power struggles were additionally detected during the first meeting. This occurred because some participants desired to take the position of leader, attract the facilitator's attention, or influence them.

> "Several people did their own thing instead of working as a group, and some got lost from the subject instead of cooperating."

The problems described above are typical for the initial stage of a group, which have been described by many authors (Tuckman 1965, Lenneer-Axelson & Thylefors 1994), although they have not often been explored in older people's groups.

Resistance to and testing of the group was additionally detected at the initial stage. During the first session one participant stated that he came to the group to see "*if there was any point in attending this group*".

> "Immediately after coming in B. remarked that he wouldn't have come if he would have known that he is the only man in the group."

Several groups had one participant who immediately blurted our "I am not lonely". Tuckman argued that hesitant participation is often observed at the initial stage, where members test the group and its leaders to discover how they will respond to various statements (Tuckman 1965).

All groups began with this initial "chaos, searching for roles" -stage. Three groups continued being chaotic for three sessions, whereas others progressed to the next stage, some even during the first session. Two groups had features of this initial stage even after developing to the next stages, thus returning momentarily to the chaotic phase.

Forming a Group

Member attachment and grouping was detected in the groups very early on, with several groups even exhibiting these traits during the first session, but mostly during the second or third session. Participants gave positive, polite

feedback to the group facilitators and praised the group, as also described in previous literature (Lenneer-Axelson & Thylefors 1998). Participants expressed positive things to each other and avoided conflicts. The expression of one's own feelings was still exiguous at this point.

> "C. said: ...wonderful, now I have one reason to leave home."

It appears that group facilitators opening up a discussion concerning loneliness had a catalytic effect on the forming stage. Some facilitators did not dare do this until the second or third session, which seemed to prolong the initial chaotic stage. All group facilitators discussed the problem of loneliness at their supervision sessions with us, and admitted that it is a challenging topic to bring up in the groups. They felt that it is a delicate matter, and a potential stigma on the participants.

The Honeymoon – Finding Our Team Spirit

Team spirit was observed at quite an early stage in each group. This emerged as participants found their own roles and the easiness of participating in the group. Each group developed its own humor typical to that particular group. A number of positive expressions of feelings were expressed towards other members (Burnside & Schmidt 1994, Lenneer-Axelson & Thylefors 1998). The honeymoon stage was obvious in most groups during the second or third session.

> "Participants encouraged and praised each other when painting."
> "The women talked about "our boys", noticed them to be an invaluable part of the group."

The participants began feeling attached to their own group. They began building subgroups, in which participants whispered with each other. Mutual assistance and support was also observed.

> "G. and F. talked a lot with each other… U. and O. laughed with each other."

Subgroup development has earlier been considered as a threat for older people's groups (Burnside & Schmidt 1994), but it seemed to act as a promoter of mutual interaction in our groups.

Trust and Encouragement

When trust began growing between the participants they began expressing their sorrows and opening up to each other in a more courageous way than earlier. The group strongly supported those who expressed their woes.

> "X. expressed how hard it was when her child died at an early age, and she mentioned that her family will not continue anymore."
> "But the participants also received many words of consolation from each other."

At this stage the group was perceived as safe enough and participants had the courage to show their emotions, especially around art experiences. Music brought up some old memories, text reading inspired discussion concerning loneliness, or a movie encouraged to reflect one's own life course.

> ".., now she could tell us the reasons for her tears during the last session. … She expressed that her husband had played several instruments. ... Now she had her dead husbands' silent violin on the wall…"

Critics and Conflicts

Participants also dared to express criticism and anger towards the facilitators and the group, as they gradually became more acquainted with each other and their confidence grew. At this stage some insurgency could be observed in several groups. Participants resisted some group tasks and tested both the group facilitators and the group rules.

> "Participants said they cannot paint (group activity in an art group on that particular day), they don't have the courage to attend meetings anymore because tasks are too difficult…"

Earlier literature has argued that complaints and criticism are slight and concealed in older people's groups (Burnside & Schmidt 1994). We could interpret this to be the case also in our groups as criticism was often expressed using humor.

Mild disagreements also developed between participants in some groups at this stage, and they gave snappy feedback to each other.

> "G. noticed that she/he might be the only World War II refugee. Y. became provoked by this and remarked that you are not a refugee anymore."
>
> While participants painted new ties and scarves for themselves, once facilitator notes: "then T. wished to use the color orange to place his mark on the tie. S. remarked "you will not use that color!" and T. kept still for a while. Then T. took the paintbrush and painted a large orange ball on the tie tip. S. shouted in a very loud voice and concurrently trampled her foot: No! Now it is ruined."

However, conflicts between participants were relatively rare and mild. For example, participants were rather reluctant to give feedback to a dominant, talkative member.

> "K. told his own rambling stories while completely interrupting the others' talk. The participants tolerated and understood him."

Participants appeared to presume that facilitators would calm down a dominant member. It has been argued that groups have strong social control and the ability to recover its own actions (Lenneer-Axelson & Thylefors 1998). However, older people do not easily confront talkative, dominant group members. The politeness and modesty of this generation and difficulty to demand their own space has also been noted in previous studies (Bowers et al. 2001, Laakkonen et al. 2004).

A disturbing use of cell phones created discussion in one group. Several participants had cell phones with them and handled their own businesses in the middle of the group program. It has been noticed that insurgency and aggressive behavior are more unlikely in older people's groups than in groups with younger people (Toseland 1990). However, our data demonstrate that this is possible, although the insurgency and aggressiveness were mild.

Becoming Tired

The stage of "becoming tired", shown in previous studies among younger adults (Lenneer-Axelson & Thylefors 1998), was detected in only one group. This happened halfway through the group meetings during a session when this group had lived through the conflict stage. During that meeting the group criticized the previous weeks' program, and after this it was passive and surprisingly quiet for the rest of the meeting. Participants discussed their plans outside the group and some of them doubted their possibilities of participating in group meetings in the future. The participants were suddenly less committed to the group than before.

> "At the end of the day I felt somewhat flaked out. Feels like the group is somehow falling apart in different directions at this stage."

Effectively Working Group

Tranquillity took over in each group after the conflict phase. Participants adapted to the common rules and there was democracy in decision-making and balance in how everybody could take part in the discussions.

Conversations deepened. At this stage participants trusted each other. They had courage to try many surprising things, such as writing poems, theater improvisation, and expressing feelings through dance. Some participants seemed to surpass their own limits with the support of the group.

> "And then the series of ventures emerged and everyone received applauses after their own performance."

Participants appeared proud of their courage and what they had accomplished. Some wished to be photographed.

> "...so my grandchildren can see how their grandpa paints".

The Self-directed Group

The groups seemed to become independent and more self-directed in the middle or end of the groups' life course. Participants gradually took more

initiative in suggesting the group program. They introduced their ideas to the group. Presents, such as home-made cakes, were common. In a few groups, a participant invited the group to visit their home. In one group, the participants proudly took the guidance of an excursion into their own hands and acted as local guides for the group.

Participants of five groups took the initiative of suggesting to continue group meetings on their own after the official part was over. Participants spontaneously changed telephone numbers and arranged meetings. They had their "own things" and laughed a lot during the breaks and lunch, when the group facilitators were not there. In several groups one person took the role of a leader. That person e.g. organized gifts for the facilitators and future meetings. Participants began acting as a group without the official leaders present.

> "Sometimes H. gave ...brisk instructions and said that it is "good we have a boss around here, as our real bosses are so quiet."

Mourning and Future Plans as the Final Group Stage

The ending of the group was discussed in each group. Sadness and grief was expressed.

> "R. was particularly quiet and serious. The end of the group work seemed to be very sad to her. She mentioned that several times during the day."

With some groups, discussions concerning group ending actually already began during the middle of the groups' life course. Some group members expressed their concern about the ending of the group meetings. The wish for "failing the course" was expressed by two groups, so they could continue for another 12 times.

Each group held a party on the last meeting. The participants bought flowers or other gifts to the group facilitators and gave speeches. The party and program was organized independently by the participants.

> "O. wanted to read a self-made thank you speech for us. He ended up crying during the first sentences."
>
> "They then appeared with flowers and handed them and a card over to us [the facilitators]..."

A couple of members in two groups, who had so far participated in every meeting, did not attend the last one. In addition, one participant of one group left for home in the middle of the last meeting. Goodbyes can be an overwhelmingly difficult situation for some people (Perraud et al. 2004), which might remind them of earlier experiences of abandonment experienced by these lonely older people.

How Can Understanding of Developmental Stages Be Used in Work with Older People?

The group facilitators' diaries used in our study are detailed step-by-step descriptions of the events that occurred in the groups. These findings could be confirmed by our own observations in groups. This enabled a systematic and detailed investigation and interpretation of the group dynamics in older people's groups. The developmental stages of the groups could be surprisingly clearly observed and they were similar to those discussed in previous literature (Tuckman 1965, Luft 1970, Burnside & Schmidt 1994, Lenneer-Axelson & Thylefors 1998). The stages of closed groups have been described in classical studies, e.g. in Bion's groups (Bion 2000), the forming-norming-storming-performing phenomenon (Tuckman 1965), or in the group life courses described by Lenneer-Axelson (Lenneer-Axelson & Thylerfors 1998). The "becoming tired" –stage as described by Lenneer-Axelson and Thylefors (1998) was observed in only one of our groups.

Two stages could be observed as novel and distinct in older people's group life courses. These stages might be special to lonely older people's groups. The first was "trust and encouragement", in which participants began expressing negative emotions and sorrows along with their positive feelings. These individuals suffered from loneliness. They may have experienced disappointments in their earlier life. Most had suffered losses. They may thus have been reserved and reluctant to express themselves and take risks in new relationships. In our groups they met peers with similar experiences, and possibly for this reason there was a clear stage during which — concurrently — everybody began opening up to each other. The other phase was the "self-directed group", during which the group began taking more responsibility of themselves as a group and of the group program. The aim of our intervention was to empower participants, and the facilitators worked towards this aim so that the groups would become self-directed and would continue meeting on

their own. Gaining independence was a desired phenomenon in our groups. This stage may not necessarily exist in all elderly groups.

The development of a group through its different stages creates requirements and tools for group facilitators. The recognition of different stages helps facilitators be patient, guide the groups through the initial chaos, and also appreciate any conflicts, knowing that they are natural stages in group development. During the initial chaotic stage the group facilitator should clearly state the objectives and rules of the group, so that participants feel secure and adhere to the common task (Toseland 1990, Cockman et al. 1992). A common task and objective are essential for these groups, as without a common objective participants do not adhere to the groups' function (Toseland 1990, Burnside & Schmidt 1994). A common basic task describes why the group exists in the first place (Bion 2000, Cockman et al. 1992). The participants may have different views concerning this basic task, as was seen during the first meetings of our groups when some participants reported not feeling lonely. In this way they tried to step back and tell other participants that they do not identify with the group and resist its objective. After the "forming group" -stage all members of the groups, except one, adhered to the groups' objective of alleviating loneliness.

The objective should be clarified during the first session by discussing it (loneliness in our case). This can be aided, e.g. by applying activating methods such as art exercises. We used cards with images of pieces of art expressing various dimensions of loneliness (Blomqvist et al. 2007). This helped initiate discussions concerning loneliness. The facilitators' task is to discuss the common rules for group work, such as confidentiality and secrecy about other participants' personal matters, equal participation, and adherence to the groups' function (Toseland 1990). These were highlighted to our group facilitators. The basic task and secure structure — rules — can be seen as factors protecting the group (Harrison 1994, Pritchard & Pritchard 1999).

Group facilitators should understand that participants also experience hidden negative emotions during the "forming group" and "the honeymoon - finding "team spirit" -stages. Disclosing these feelings is desirable for fostering group development. The group facilitators can promote this by creating a secure environment, encouraging the expression of feelings and requesting feedback. In this sense, participants expressing critical and negative feelings are rather a strength than a challenge in promoting group development. The negative emotions and critics bring in "the real life", which participants can then experience in a safe way. Group facilitators should be able to act in a constructive way — as adults — in conflict situations and

understand that criticism, and power game are normal in a group's developmental process. The group facilitator should step back at the "effectively working group" -stage, sufficiently hand over power and responsibility to group participants, so that the group could progress naturally to the "self-directed group" -stage. In many cases, the responsibility of the group facilitator is to remind participants at a sufficiently early stage about the end of the group meetings and prepare the group for the end, so that group members have time to mourn.

Other Special Features in Lonely Older People's Groups

Other special characteristics were detected in the lonely older people's groups. Some might be features occurring in all older people's groups (diseases, heterogenic functional status), and some are unique for these types of loneliness groups (commitment difficulties, reluctance to discuss loneliness), some are unique for art groups (the courage to try new things with the support of the group and surpass personal limits, being moved by art experiences, avoiding conversations about diseases), some are unique for exercise groups (eroticism, competition between group members), and some phenomena might be specific for several group types (flirting, a common secret of the group, a common enemy increasing group cohesion).

Typical characteristics of all our groups' were *diseases and heterogenic functional status,* which has also received attention in previous literature (Burnside & Schmidt 1994). This feature influenced the groups' functioning in several ways. Participants were heterogenic in their functional status despite special attention given to homogeneity when selecting the participants for the groups. Heterogeneity increases along with aging, and this was also observed in our groups. Functioning difficulties were not obstacles for participating in the art groups, but the group had to split up into subgroups when going on excursions, so that participants walking slowly could come along. In this sense, two professional facilitators in each group were essential.

The poor hearing of some participants additionally complicated their full participation in group conversations, and group facilitators had to make special arrangements to ensure the equality of members with hearing problems. Facilitators frequently sat next to participants with hearing problems and repeated important things of the conversations to them or presented direct questions to them. On the other hand, in this way they could control the group function in other respects as well.

"We proposed that each one of us would listen to one speaker at a time, because all extra sounds could disturb those with hearing aids".

Each group had at least one member suffering from cognitive decline. This impaired their attention and ability to concentrate in the group work and discussions. When selecting participants for older people's groups it is desirable to find as homogeneous a group as possible in respect to physical and cognitive functioning as well as for the common objective of participating in the group (Toseland 1990). Groups have been arranged solely for participants with dementia (David 1991, Burnside & Schmidt 1994), but researchers have proposed that in favor of the groups' functioning, patients at different stages of dementia should not be included in the same groups (Toseland 1990, Evans et al. 2001). Participants in our groups were very discreet towards group members with memory problems and they received special attention. The groups worked well even if one participant had memory problems, but group functioning seemed to worsen if several demented members participated in the same group.

"This was probably the third or fourth time that P. told the same stories. And the group still doesn't look down on her but listens quietly, just like the stories would be new."

Diseases influenced group functioning in other ways. Some participants in several groups did not show up to group meetings because of falling ill. Some participants were admitted to hospital and others went for rehabilitation. Some participants attended the sessions while either very tired or sick. They did not want to miss any of the meetings. Because of this, the group facilitators had to occasionally act as nurses.

"I took W. to a public health nurse, because he had a fever. He had felt sick in the morning, but did not want to stay home."

Some participants suffered from fluctuations in alertness. Sometimes they were active during meetings and involved in group activities, but during some meetings they were tired and absent. Taking into consideration that diseases were present in all groups, it is surprising that they were discussed very rarely, according to analysis based on the diaries. In fact participants in some groups *avoided discussions concerning diseases.*

"Z. believes that a good attribute of this group is that you don't have to listen to disease histories. According to him they are too commonly reported when older people of their age meet."

Reluctance to discuss disease occurred in the art groups. One group named themselves the "stimulus group", in which diseases should be forgotten. This is an interesting phenomenon, as it has been argued that diseases are the most common conversation themes in older people's groups (Toseland 1990, Evans et al. 2001).

Participants appeared to enjoy *reminiscing and sharing mutual experiences.* A significant and special meaning of sharing and understanding experiences with someone of the same age was observed in all groups. The themes of reminiscing varied from one group to another. Some shared experiences from their childhood or sports achievements. More serious topics were also remembered in other groups, such as becoming widowed or being left alone. Reminiscing is said to be the most central conversation topic in older people's groups (Toseland 1990, Burnside & Schmidt 1994).

"Childhood-related homework was performed by a larger number of participants than ever before…pictures were only a part of the lively conversation."

Loneliness was a discussion topic in all groups. During the group facilitator training sessions we discussed how elderly people might feel about sharing experiences concerning their loneliness in the group. The group facilitators felt uncomfortable bringing up the topic. We therefore created a tool for discussing the various aspects of loneliness using art cards (Blomqvist et al. 2007). Loneliness was a major discussion topic in most groups already during the first session. With loneliness cards the older people were able to lively discuss the different aspects of loneliness.

"It was surprising to deal with loneliness by using art images. Many group members openly discussed the difficult incidents that had occurred during their lives."

Discussing loneliness was not easy for everyone. Dealing with the topic through art was easier for some participants. Some denied suffering from loneliness and others wanted to joke about the topic.

"G. mentioned that he is not lonely. H. said that they are taught to be old in this group."

Discussing loneliness became easier with time in each group. Participants were even able to joke about themselves concerning this topic and they even competed with others in drawing attention to themselves by using this topic.

"R. and S. "quarreled" about which one was more lonely. R. mentioned that S. has someone, but she herself doesn't have anyone. S. replied: I don't have anyone, now I have this group, which I have waited for the entire week."

Loneliness experiences were discussed from numerous viewpoints, as participants' experiences were very different. Several were widowed. Losing a spouse or another close person, even a child was discussed thoroughly. On the other hand, it was apparent to everyone that different people can experience loneliness in very different ways. In this respect participants tolerated the others' views well, accepted each other, and were discrete towards each other.

The participants' varying ways of approaching and experiencing loneliness created special challenges for the group facilitators in many ways. They had to be comfortable in elaborating and asking delicate questions about loneliness when participants brought up the topic. They had to be sensitive and give participants space when needed while giving the impression that participants are understood and accepted. Group facilitators additionally had to be sensitive if participants had difficulties with their feelings or there was resistance in the group. In other words they had to be sensitive in understanding when talking and asking additional questions was appropriate and when dismissing the topic was more diplomatic.

All in all, participants were very committed to their groups and the common objectives of alleviating loneliness and building friendships. A group's ability to attract members is said to dependent on how well it is able to satisfy the needs of its participants (Lenneer-Axelson & Thylefors 1998) and how clearly the group objective has been presented to the participants (Perraud et al. 2004). In this sense the leaders were very successful. The groups felt that they had a common task — alleviating loneliness. We knew before the intervention began that people suffering from loneliness might experience difficulties in adherence. These people may have experienced abandonment or feelings of being an outsider, and might therefore have difficulties trusting other people. In one Swedish study with similar older people's groups, 40% of

the participants dropped out of the intervention (Andersson 1984, 1985). In fact, our group facilitators wrote about these issues in their diaries. Some participants showed *difficulties in adhering to their group.* Some participants had a need to be separated from others, others seemed to experience feelings of being an outsider, and each group had participants with difficulties engaging themselves with the group.

> "I was somewhat nervous about U.'s response after the first session. She seemed to be suspicious and maybe a little 'sulky'".

Some participants obviously attended the first meeting only to see what the group activity was about.
> "K. was the one, who at the first meeting was the first to tell that he will no attend next time and that he is not lonely."

Several participants were absent from the group sessions and in this way showed their difficulty engaging with the group. Absences were more common at the beginning of the intervention. Participants' weak adherence appeared to impact the entire group process. Other group members in some groups waited for and asked after the absent person, and the group felt incomplete without the missing person. Others felt insulted if one participant discontinued the group (this happened in two groups). They felt they were not good enough for the one who left the group. Participants pressured members planning to leave so that they would continue.

> "D. said that she would not attend the excursion, as she had visited the place before. Others muttered and remarked that escaping in such a manner wasn't allowed, and that replacement was not an option as they had already gotten used to D."

We interpreted that a group's social control can sometimes be too strong, and can act against itself. It can even lead to the dropping out of a group member. According to Toseland (1990), a group member may resolve experiences of losing their freedom derived from the social control of the group by leaving the group. However, single cases have shown how important it is that group facilitators pay attention to participant adherence, and support it in a delicate manner. This requires special professional skills from the group facilitators. However, the situations can sometimes be beyond their intervention. Adherence and absences have been recognized as threats for group cohesion (Perraud et al. 2004).

Art group participants in particular supported each other in *overcoming their limits and trying new things.* Several participants probably performed various tasks under the art theme for the first time in their lives, e.g. writing poetry, acting, and painting. This courage to try new things is partly related to a permissive and supportive attitude in the group, but art as a tool also seems to affect people, shake their attitudes, and get participants to open up themselves and jointly reflect on their experiences. Art touched the participants and they were affected by art experiences and had the courage to show it as well by sharing experiences with each other. This might have had an impact when participants ventured to overcome their own limits and the feeling of connectedness developed in the group.

The group can have a *mutual secret,* which may be related to tension between participants or to their earlier relationships. The secret can be shared between two or three members and later on between several group participants. Mutual agreement exists that the secret cannot be talked about. An uncovered and denied topic of conversation can hinder the activity and development of the group. This phenomenon was observed in one group, which was formed in a small community. We randomized the participants, so as not to effect who would be participating in the groups. One group had two siblings who did not get along with each other. They did not want to reveal that they are relatives, but instead pretended that they did not know each other. This affected the development of the entire group (group 3 in Table 2).

We observed an interesting phenomenon in two groups, which was that the groups had a *mutually experienced disappointment* with the group program. According to the group participants the program underestimated them. This disappointment was discussed, the group facilitators were criticized, and the producer of the disappointment received a 'common enemy' -label by the group. It appears that dealing with a mutual disappointment can make the group more connected and uniform. An 'unsuccessful' art program can in this way work as a rallying point for the group.

Flirting between women and men and joking had special meaning in the groups. This was detected in five art groups, although clear romances between participants did not develop during the group process. In the art groups, flirting might have been related to *the basic assumption group* described by Bion (Bion 2000, Lenneer-Axelson & Thylefors 1998). According to Bion, one out of three basic assumption groups is the "couple making group", in which two members of the group form a couple. The atmosphere of this group is hopeful, waiting, and also erotic in some sense. Hope for the future is essential to this kind of group. Sometimes the main aim of the group can be forgotten in a

"couple making" group (Bion 2000, Lenneer-Axelson & Thylefors 1998). Our art groups can be recognized as future oriented, as the hope of friendship development was a central characteristic in each art group and the role of the official facilitator diminished towards the end of the groups' life courses.

Participants in several groups paid more attention to how they looked, and dressed up more for the group meetings towards the end of the sessions. Group facilitators commented in their diaries about the change in clothing and how participants visited hairdressers. Participants found it important that they were noticed, and their dressing up was also a message of respect to other members. This phenomenon has previously been observed in older people's groups (Burnside & Schmidt 1994).

This erotic feeling was even more prominent in the exercise groups. The erotic atmosphere was visible in several ways. Bawdy jokes were a typical characteristic of inside humor experienced in each exercise group. Positive tension existed between the female and male participants. Joyful flirting occurred between participants in four groups. A nascent romance was observed in two groups, and other participants supported it. Surprisingly open physical touching occurred in a couple of groups. The group facilitators were confused about this and did not know how to confine it without hurting anyone's feelings.

> "U. and O. were openly a couple today…they even considered engagement.. They had the most impossible play going on concerning their future plans. They enjoyed the attention given to them and that they were able to amuse the others…"
> ".. picked Y. up the floor [to dance], and it could be seen how Y. shone because of the attention. When she came back, Y. whooped to us, asking if we got jealous!"

Each exercise group had both men and women participants. Dancing, physical touch, and listening to one's own bodily emotions with the aid of physical exercise obviously brought up erotic needs and hopes in participants. The flirting and bawdy humor pleasantly supported our aim of the intervention: the building of relationships and alleviating loneliness. However, might one's happiness be another's grief? Do the other group members feel even more lonely when seeing others finding pairs? This is possible, but the diaries do not give a direct answer to this. Maybe these romances drew so much of our facilitators' attention that the letdowns of the other participants were ignored?

Competitive elements related to sports were evident in the exercise groups. Exercises and plays to some extent provoked *competition between the participants.* Mild but seriously-taken competition existed between group members in two groups. Losing a competition in front of the group can be experienced as losing face, even if it is just a playful game. A competitive attitude can be a threat for group cohesion and its mutual task. Earlier exercise studies have shown that competition and a class-like atmosphere may hinder some people from participating in exercise groups (King 2001). Competition is culturally and naturally related to exercise, which is challenging for group facilitators. Sports performance has been measured since elementary school, and schoolchildren's achievements have been compared with the respective performance of others. This may have created traumas in self-respect and repulsive attitudes towards exercise among many of us. Group facilitators should take this into account so that all participants can feel recognized and competent as themselves (Sorensen et al. 1999, Ojanen et al. 2001). Focusing on achievements in sports can be a burden, as some participants may feel even more like outsiders (Ojanen et al. 2001, Salmon 2001). Exercise additionally exposes the limits of our bodies to ourselves and others, which may sometimes diminish motivation (Salmon 2001).

> "P. made a sharp comment at the beginning of the group discussion, that if fatness is a conversation topic for today, she would go home straight away."

In this respect it is understandable that *discrimination* may also occur in older people's groups. In such situations facilitators should take an active and controlling role. They should offer support so that object of discrimination is not left outside the group or discriminated by some dominant participants.

GROUP ROLES

Participants assumed roles in respect to the group. Some participants had one clear role, whereas others had several roles during the course of the group process. The position of "*leader*" was taken by one group member in 10 of the groups. She/he was the one who took responsibility when something had to be organized. The participants of one group offered the leader's role to one group member, who refused to take it.

"L. turned out to be the leading spirit of the group. She concentrated on
the task, was enthusiastic, analyzed it, and inspired others to join in."

One person in each group took the role of "***critic'',*** and acted as the
antennae of group vibrations. She/he was the one who dared to criticize the
program or tell the facilitators about worries on her/his mind.

"When J. criticized last session's program with harsh words the others
looked subtly at me how I would react."

The conflict stage of the groups was interesting. Besides receiving
criticism, the facilitators also experienced some rebellions. Participants refused
to perform common tasks or participate properly.

Each group had members who would create the *"team spirit"*. Some
groups even had two or three such persons. These individuals openly stated
that they appreciated the group, and verbalized common positive feelings
experienced by the group. They gave significance to the group's feelings.

"S. put her arm on M.'s shoulder and said that we are similar in spirit."

Each group had one or two members who were *silent.* Most of them were
very attentive and good listeners, and began opening up when the security of
the group increased.

"V. said that before her disease she used to be talkative, but that she had
become a little scared of talking because she had problems finding words."

A total of ten groups had one person each, who *underlined his/her
dissimilarity.* This individual brought up the differences in his/her life situation
compared to others. These persons were bystanders at the beginning of the
group's life course, but became well attached as the group process progressed.

"He said that he is so autonomous that he wants to eat alone. He said he
is used to eating alone."

Facilitators should be able to tailor group programs so that they interest
and challenge everyone. Ignoring the silent ones and the bystanders would be
easy. Facilitators should be aware that such persons exist in older people's
groups and techniques have been developed for participating them (Burnside
and Schmidt 1994).Very *talkative and dominant* individuals are also

challenging group members, who take a lot of space from others. Their feelings may regulate the entire atmosphere of the group. The facilitators were instructed to use special techniques in controlling these persons.

> "F. began telling a story. P. did not have the patience to listen, but instead began simultaneously telling her own stories. Fortunately I was sitting beside her, and could interrupt her and urge her to listen."

There were also *humorous persons* in four groups. They told jokes and made the group laugh a lot. Some also *accompanied* them, the leaders or dominating persons. They chimed in to the others actions and supported them.

Some groups had a *disabled or sick* person who created a need in others to take care of him/her. It appears that this person took the sick role so that the entire group could project their feelings and fears.

It was important for the atmosphere that groups consisted of both men and women. The males — being a minority — often had a central role in most groups and the females supported this. We wished to avoid groups with only one man, because we did not want a situation with one "king" among many women. However, a second man refused to attend one group and, therefore, that group only had one man. The men's dominant role in older people's groups has been noticed in previous studies (de Medeiros et al. 2007). Their study suggested that men might bring a competitive atmosphere to the groups. Our study suggests that they also stimulate interaction and flirting between members.

Group processess and being a group member provokes various roles in relation to the group and the other members (Lenneer-Axelsson & Thylefors 1998). This also occurs in older people's groups. Previous studies have distinguished the typical roles of "dominant", "controller" or "messenger" (Toseland 1990, Lenneer-Axelsson & Thylefors 1998). Group roles may emphasize or caricature a person's special features.

On the other hand, groups need these roles. A group may choose the leader, bystander or critic from its members. Group therapy uses the concept of projective identification in this respect (Kajamaa 1996). In projective identification the group members identify some uncomfortable feature of themselves, and place it on others. The receiver of the role may be guided or even pressed to act according to that role. This phenomenon may also take place when the group has a scapegoat or when the group focuses on caring for one of its members as if that member is the only one suffering from disabilities.

Facilitators should be aware of these phenomena. A skilled facilitator can take advantage of them or she/he can experience them as challenges. For example, facilitators may experience the *'leader'* of the group as a competitor, whereas at best this *'leader'* can promote the group process towards self-direction. The *'critic'* in the group may be experienced as a threat or creator of discord, whereas in fact that person is usually the one who helps encourage the group to solve its problems. The critic helps the group tolerate conflicts, which is essential for the creative process of the group (Lenneer-Axelsson & Thylefors 1998).

WHAT PROMOTES THE DEVELOPMENTAL PROCESS TOWARDS AN EFFECTIVELY WORKING AND SELF-DIRECTED GROUP?

Mutual friendship building and alleviation of loneliness were the group objectives. Four out of six art groups and one out of six exercise groups continued the group meetings independently after the official sessions were over. Maturation of each group continued until the end. More than two out of three participants (69%) felt they had gained new friends after the group meetings. What made this happen?

According to Lenneer-Axelson and Thylefors (1998), specific characteristics exist in well-operating "ideal groups", which create an especially allowing atmosphere and permit the group to efficiently work for a common objective. These characteristics include the groups' good self-esteem or identity, clear and different views allowing for interaction, humor, acceptance of differences, tolerance of conflicts, and each group members' responsibility of taking part in the group tasks. All our groups were permissive and liberal. There was tolerance for conflicts, humor, and happiness as well. All took responsibility for the groups' basic tasks of alleviating loneliness and promoting friendships. Four groups clearly had their own identity. A mutual secret probably hindered communication in one group. Furthermore, competitiveness diminished the equality and mutual support in some exercise groups.

It can be assumed that a particularly well-functioning and self-directed group activates its members socially, and in this sense promoting the independence of the group is an essential objective for group activity in lonely older people's groups. We therefore trained our professionals in the groups to

act more as facilitators than as leaders. We wished the social actions and communication to happen between the older people and not between professionals and participants. However, the development to a self-directed group seemed to only partly be attributable to the group facilitator's actions, while also partly depending on situation-specific matters, e.g. suitable persons being selected to the same group. Group facilitators must be professionals, and familiar and confident with group developmental stages and the different roles group members can take. Promoting the development of the group requires quite small and smooth interventions from the group facilitators. Participants' feelings of safety and equality should be promoted. This requires that the sessions have a clear structure and that common rules and the mutual task are verbalized. Participants will not adhere to the group without a mutual task and objective (to alleviate loneliness) (Toseland 1990). Above all, facilitators should be able to withdraw themselves to the background and give opportunity, encouragement, and responsibility to the group, when it is ready for it.

To mature to the stage of a self-directed group, a group needs a person from its members who takes responsibility and leadership in organizing future plans and meetings. This kind of *'leader'* was found in five groups. Group spirit and attachment are greatly dependent on *the "team spirit"* creators inside the group, who verbalize the positive emotions of the group. The impact of this type of member has been identified as a promoter of group cohesion (Perraud et al. 2004). A group additionally also needs an honest *'critic'* from within its ranks. A critical member gives the possibility for diversity — allowing both 'good' and 'bad' participants to concurrently exist in the group. She/he also creates an atmosphere-within the group where participants are "living a real life" within the group, and are not just polite but distant people, who happen to participate in same activities. A critic creates space and tolerance for conflicts, which are preconditions for group creativity (Lenneer-Axelson & Thylefors 1998).

It appears that coincidences may hinder group functioning. These kinds of factors could be the heterogeneity of a group, difficulties in adhering to objectives because of a group member's own life situation or painful events earlier in life. Adherence to the groups' mutual objective appears to be essential to all participants. The poor adherence of even only one member will influence the functioning and self-esteem of the entire group. Special attention should be given to selection and potential commitment when recruiting and gathering group members.

RELIABILITY OF THE STUDY FINDINGS

The reliability and validity of the study design, data and their analyses were confirmed in several ways (Silverman 2000). The main data source consisted of the group facilitators' diaries. Half of the diaries were descriptions of group activities, which included objectives for each group meeting and evaluations of how this objective was achieved. The other half was reflections of the facilitators' impressions on group moods, relationships between participants, and also the group facilitator's own actions. For half of the group meetings we received the diaries of both group facilitators of each group. In addition, we had a possibility to visit and observe 2/12 group sessions in each group. We therefore had several different views on the groups. These gave us quite a good picture of what happened in the groups. The two facilitators might have remembered things that the other had not written about. Acquiring two sets of diaries was our goal, so as to be able to examine phenomenon of the group from different angles. We additionally visited the groups as observers and could confirm that the diaries were in line with what really happened according to our opinion. The same triangulation of the methods and data was used with data from the first postal questionnaire and the first study measurement of all participants.

Analysis reliability of the data was secured using three independent researchers. Reliability was secured after the first analysis phase by comparing the coding made by the researchers and discussing the differences.

How equivalent the descriptions in the diaries are in relation to reality can be questioned. Simple event descriptions tell very little about the feelings and moods of the groups. On the other hand, the reflective diaries are already the writers' interpretations of the events. The views of two people and descriptions from two different perspectives complete each other and enhance the validity of the data. We additionally had a total of 12 group facilitators, so we have several different kinds of descriptions and interpretations of the groups. This also improves the validity of our data. However, it is possible that group facilitators do not always wish or remember to describe things, which they do not consider relevant or where their own role would be presented in an unfavorable light. We can quite reliably interpret from the data that events described are real phenomena occurring in the groups, but it is much more difficult to draw conclusions about "missing phenomenon". Were discussions on disease really missing from the group conversations or did the leaders just not report on them? Were there only a few conflicts in the groups or were some not reported? Another problem in the data may be that the facilitators'

might experience a conscious or unconscious need to please the researchers and transact data that they think to be equivalent to the researchers needs. The training given to facilitators concerning group dynamics may in this sense have influenced the interpretations and selections of what was written in their diaries. Using this data we can approach the reality of the groups, but we cannot gain an exact picture.

CONCLUSION

The group dynamics and phenomena emerging in the group facilitators' diaries and in our observations were quite surprising in their familiarity. Similar phenomena have also been detected in other adult groups. These findings shake our attitudes towards aging. The older people's personal characteristics and humanity are visible in the findings. The basic needs for human relationships and other people's acceptance and caring are the same and universally human despite high age.

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