

Psychological maturing and coping strategies: Study based on group process

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Abstract: This article presents data concerning an intervention in a group focusing on psychological maturity and strategies for coping with stressful life events. The sample consisted of 32 students at the School of Health and Welfare Professions of the Technological Educational Institute (TEI) of Patras. The aim of the study was to investigate the relationship between psychological maturity and coping strategies in the life of undergraduate students. In addition, the study investigates the degree to which an intervention may influence the psychological maturity of the participating subjects and their consequent coping strategies.

Assessment was based on a combination of qualitative and quantitative measures. The results of the study show that the intervention ameliorated the psychological maturity level of the experimental group. The individuals under investigation used a variety of coping strategies, an attitude that is probably more functional, given that the character of coping can change according to circumstances. It appears that the participants learned through experience and that the support offered by the group is one of the most important and functional coping strategies.

Key words: psychological maturity; coping strategies; groupwork

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Introduction

In recent years, psychologists and clinical researchers have been very interested in youth counseling. Similarly, efforts are made in Greece to deal with various adversities affecting young people, especially university students aged 18 to 20 (Malikiosi-Loisou, 1993; Kalantzi et al., 1996; Leventidou, 1997; Kalantzi et al., 1997). Before summarising the challenges faced by young people, it is important to consider the theories that attempt to determine the phases of developmental process that many young people go through.

According to Erikson (1956)¹, the fifth stage of the developmental process is adolescence (12-20 years). During the fifth *psychosocial crisis*, adolescents attempt to find their own *identity* that will lead them to adulthood. If adolescents manage to combine all their previous experiences into an entity giving the perspective of continuity from the past into preparation for the future, they will develop a satisfactory *identity*, a clear view of who they are, where they came from, and where they are headed. If negotiating this stage is unsuccessful, adolescents experience *role confusion* and identity crisis. According to Winnicott (1965, p.190) 'in finding an identity for themselves, adolescents have to remain silent and isolated'.

Adolescence is an important part of the developmental process with particular features, which are discussed by Winnicott in two papers (1965a, pp.79-87; 1971a, pp.138-150). He speaks of the 'one real cure for adolescence' as 'the passage of time', which together with the gradual maturational processes' do in the end result in emergence of the adult person' (1965a, p.79). Some of his thinking on adolescence bears resemblance to Erikson's (for example, Erikson, 1965, pp.254-255), although while Winnicott refers to him in other contexts he surprisingly does not do so in relation to this stage of development, as (1995) Jacobs points out.

Adolescence is divided into three stages: early (12-14 years), middle (15-17 years), and late (18-20 years) (Giannakoulas, 1994; Anastasopoulos, 1997; www.pediatric advisor). While certain attitudes, behaviors, and physical milestones tend to occur at certain ages, a wide spectrum of growth and behavior for each age is normal. Consequently, these guidelines are offered as a way of showing a general progression

through the developmental stages rather than as fixed requirements. It is perfectly natural for a young person to attain some milestones earlier and other milestones later than the general trend. Regarding emotional development, if all goes well, young people at the point of late adolescence can begin to develop a better sense of self, become gradually more emotionally stable, have a greater concern for others, and have thoughts about their purpose in life and pride in their own work. Referring to social development, late adolescence normally starts with the young person becoming more self-reliant and able to make own decisions, more comfortable around parents, interested and concerned in serious relationships, beginning to integrate both emotional and physical intimacy in a relationship and to develop a clear sexual identity. In relation to emotional development, this period can indicate the ability to think ideas through and set goals, the ability to express ideas and to develop a deeper perspective of life which may lead to young people becoming involved in community issues (environment, homelessness, world hunger) (www.pediatric advisor).

The present study focuses on *late adolescence* (18 to 20 years). Late adolescents undergo a transitional period of life starting from puberty and signalling the course towards a fully-fledged adult personality. The establishment of identity is important to enable adolescents to embark on their journey as adults:

As they leave this stage, adolescent boys and girls are beginning to feel real, to have a sense of self and of being. This is health. From being, comes doing, but there can be no doing before being, and this is their message to us. (Winnicott, 1986, p. 25)

Late adolescence has some similar issues with the stage named by Erikson *Young Adulthood* (21 to 34 years). Erikson's theory is in some degree a product of his times. As adolescence is a psychosocial state of being and is affected by the social changes in the altering world in which we live (Tsiantis et al.,1994), there is a tendency for this period to be lengthened, so that one could say that the person who lived in 1956 and was 19 years old was a young adult, whereas nowadays a 19 years old person is still in late adolescence. We think that this is an important issue to be questioned and discussed by the specialists, in combination

with the transcultural differences. According to Erikson (1956), in this initial stage of being an adult, the most important event is finding intimate relationships, primarily through marriage and friends. The successful young adult can experience true intimacy, thus making good and enduring relationships possible. If young adults are unsuccessful in navigating this stage, they may retreat into isolation and they will fear a committed relationship.

This transition, a trying time for adolescents, requires the abandonment of the security of infantile dependence, and, through a mourning process, differentiation from their family of origin (Brandt & Silverman, 1985). The processes of psychologically and emotionally differentiation from one's family of origin, and the development of self as a unique and autonomous individual are considered the primary task of adolescence, integral to healthy psychological development (Bowen, 1978). This is a prominent issue in Greece, where the parent-child relationship is governed by a strong, emotional dependence (Kataki, 1984, 1991; Ierodiakonou, 1988). It should be noted that in Greece children's reliance on their parents lasts a quarter of a century (Kataki, 1991).

According to Blos (1976), adolescence is completed through the second major individuation, the sense of continuity of Ego through past, present and future, the assimilation and resolution of childhood conflicts and establishment of sexual identity. Blos (1967) states that what is in infancy a 'hatching from the symbiotic membrane to become an individuated toddler' (Mahler et al., 1975) becomes in adolescence the shedding of family dependency and the loosening of infantile object ties in order to become a member of society at-large or, simply, of the adult world.

During late adolescence, the individual has some important tasks to perform concerning career, relationships with friends and with the opposite sex, social recognition and approval, values of life, and the overall lifestyle (Kaye & Ets-Hokin, 2000). These tasks are far from simple, requiring extensive reserves of courage, mettle, energy, tolerating ambivalence, and risk appetite (Aylmer, 1987).

Another task for late adolescents is to discover who they are as members of a broader society. Like Erikson, as Jacobs notes (1995), Winnicott appreciated the need for society 'to be shaken by the aspirations of those who are not responsible', although the last thing

that adults must do to adolescents is to abdicate, because that leads the adolescent to premature and false adulthood (1971a, p.146). Winnicott (1971) considers being a citizen of the world as the ultimate, most important and rare achievement in an individual's development. For most people, it is their maturity that allows them to belong to a group.

As a result, adolescence can be a most stressful period, considering the choices a person makes at this time determine numerous future developments. Specialist support and guidance is often useful for individuals to help them deal with the hassles of this period. According to Bowen (1978), in this age phase, and through appropriately developed intervention, the level of psychological maturity may yet be amended.

Bowen's views were a springboard for the design and application of a group intervention with people aged 18-20. This intervention took the form of a *sensitization seminar* aimed at self-exploration, self-consciousness, and psychological maturity. The group process and dynamics are primarily due to the central prominence it was given by many clinicians and theorists of various theoretical and psychotherapeutic approaches, such as Freud (1922), Frank (1961), Berne (1964), Cartwright & Zander (1970), Anzieu (1964, 1975), Glasser et al. (1974), Kaës (1976,1979), Ginoux (1982), Giannitsi (1997), Clark (1998), Yalom (2005).

A group constitutes a cohesive entity with its own well-defined, inborn rules (Bion, 1961). It is a context sensitive to individual needs, and provides opportunities to observe, actively participate and work through personal issues in a supportive, confidential environment. A group promotes the development of an intermediate space between the outer reality and the inner unconscious reality of the group members, where group members develop the ability to explore and change their concepts and emotions (Trevithick, 1995).

Before presenting our study, it may be helpful to define some of the terms used. We have adopted Bowen's definition that *psychological maturity* is truly equivalent to *differentiation of self* (Bowen, 1978, Kerr & Bowen, 1988). *Differentiation* refers to a process whereby individuality and togetherness are managed by a person and within a relationship system (Kerr & Bowen, 1988). *Differentiated self* is defined as:

One who can maintain emotional objectivity, while at the centre of an emotional system in turmoil and, at the same time, actively relating to the important persons of the system' (Bowen 1978, p. 485).

A remarkably similar definition of maturity is given by Winnicott (although it must be underlined that the two theorists belong to different psychotherapeutic schools and paradigms)²:

I am here, I exist here and now, and on this basis I can enter the lives of others, and without a threat to my own basis for being myself [an unpublished paper by Davis and Wallbridge, 1981, p. 83, cited by Jacobs, 1995, p. 46).

Winnicott, in his model of maturity, reserves a special place for inner space:

We have to recognize this aspect of health: the non communicating central self, for ever immune from the reality principle, and for ever silent. Here, communication is not non-verbal; it is, like the music of the spheres, absolutely personal. It belongs to being alive. And in health, it is out of this that communication naturally arises (Winnicott 1965b, p. 192).

Bowen (1978) in his family systems theory presents *three differentiation levels: low, medium and high*. Individuals with a low differentiation level cannot separate emotion and mentality and the automatic emotional system becomes dominant in their lives. Critical decisions are based on others' opinions and desires. Having failed to be adequately emotionally separated from their family of origin, their lives are characterized by a continuing quest for relationships which may copy their initial dependent closeness to their families. Emotional pressure leads them to emotional imbalance and dysfunction, which tend to be chronic and severe.

Individuals with a medium differentiation level do not have their own personal thoughts and beliefs. They are susceptible to emotional incongruity and to others' opinion and approval. They adopt notions that fulfill their emotional needs and they try to support their life position clinging to external principles, such as religion, philosophy, science and other sources. Like individuals with a low differentiation

level, they expend their emotional energy to find love and approval, but can never have enough to fulfill their personal goals.

Individuals with a high differentiation level seem to have established their own autonomy and identity. Since their individuality is adequately developed, they are free to move between a close, emotional relationship and a goal-oriented activity. Their adequately developed mental system helps guide decision-making about important issues:

Those whose intellectual functioning can retain relative autonomy in periods of stress are more flexible, more adaptable and more independent of the emotionality about them. They cope better with life stresses. (Bowen, 1976, p. 65)

Coping reflects several actions individuals make in order to escape from all the tension they have to cope with. The term coping also refers to ways developed by the subject to deal with certain internal and external demands, which are beyond personal resources. The endlessly changing relation between the individual and the environment leads to new demands; these demands change and different coping strategies continuously appear (Folkman & Lazarus, 1991). Every coping strategy that allows an individual to maintain his or her physical and psychological welfare may be considered as functional and effective (Folkman et al., 1986; Di Matteo, 1991).

In order to describe the term intervention, we adopt Trevithick's view:

If we define skills in terms of what we learn, then interventions describe how we put that learning into practice, that is, the actions we perform to influence events. (Trevithick, 2005, p. 95)

Interventions may be educational, counselling or psychotherapeutic in nature (Forman, 1993; Davis & von Roenne, 1994) and 'undertaken for a number of different reasons, such as to guide the direction of the group towards certain themes' (Trevithick, 2005, p.97). The work implemented in the context of this study combines educational, counselling or psychotherapeutic forms of intervention.

Hypotheses

Our study concerned the adolescent-to-adult transition group and specifically students aged 18 to 20. In the current study, we explored the following hypotheses:

- We hypothesized that there is a correlation between psychological maturity and the coping strategies chosen and used by the students participating in the group, as they are assessed through qualitative and quantitative analysis. Bowen believes that individuals with a high differentiation level tend to use more functional coping strategies (Bowen, 1976).
- We also hypothesized there is positive change in psychological maturity after intervention, as this is assessed both through analyzing produced speech and the relevant scale. This hypothesis was based on Bowen's view (1978) that, in this age phase, the level of psychological maturity can still be amended through a properly designed intervention.
- Finally, we hypothesized that there is positive change in the coping strategies used by the group members after the attendance of the self-knowledge seminar, as these are assessed both through analyzing produced speech and the relevant scale.

Study design

Overview

The students at the School of Health and Welfare Professions of the Technological Educational Institute (TEI) of Patras participated voluntarily in this study and all who wished to took part in a *self-awareness seminar*, where they could learn more about themselves, their relationships with their family and others. This seminar was carried out over the course of an academic year in 19 weekly sessions.

This self-awareness seminar was a sensitization seminar designed with the aim of self-exploration, self-knowledge and, furthermore, psychological maturing. Group intervention was chosen because in this type of intervention the interactions between the members of the group become the material with which the intervention is conducted,

alongside past experiences and experiences outside the group. These interactions offer an opportunity to give and get immediate feedback about concerns, issues and problems affecting the members' lives.

This intervention was based on Bowen's view (1978, 1988), that participation in the group contributes to strengthening the ego of its members, thus helping improve the level of their (functional) differentiation. Every team follows a course that might lead to the differentiation of the comprising members.

Sample

The students at the School of Health and Welfare Professions of the Technological Educational Institute (TEI) of Patras were invited to participate voluntarily in this study and all, who wished to, took part in a *self-knowledge seminar*. Thirty-two Nursing and Social Work students, aged 18-20, took part in this study, of whom, 12 were assigned to an experimental group who took part in this seminar and 20 to a control group.

The experimental group

The experimental group could be defined as a sensitization group:

'T-groups' ('T' standing for 'training') – or as they have also been called, Sensitivity Training groups and Human Relations Laboratories – have, since their inception in 1946, been among the most widely attended 'educationally focused' group experiences. A T-group may be briefly defined as an intensive effort at interpersonal self-study, and an attempt to learn from the raw experience of member participation in a group how to improve interpersonal skills and to understand the phenomena of group dynamics'. (Schafer & Galinsky, 1974, p.189)

According to Douglas, *group dynamics* provides 'a static analysis of a group' (1976, p. 12). It describes what is happening in the group, that is 'group properties and interactive events within a group' (Whitaker, 2000, p. 34)

We should mention that most sample participants had to leave their

family and move to Patras to study; a situation where problems of differentiating from their families of origin become more complex as they become separate from their family of origin. All members of the experimental group were orally informed that the *self-awareness seminar* would offer them the opportunity to learn more about themselves and their relationships with their family and others and signed a consent form to ensure the proper conduct of the study and their effort to act as members of a group. They, also, agreed that attendance should be regular and group sessions should be conducted according to a timetable. They agreed to obey the regulations, but were free to leave if this seminar did not meet their expectations. Before the first session, the importance was emphasized to members of confidentiality before and during the group, and after its termination.

Group leader

The leader or *facilitator* was a clinical psychologist with prior experience in groupwork. The facilitator used the *non-directive* method. Thus, she tended not to direct individual self-exploration, but to give group members more responsibility for self-exploration, in accordance with ethical principles for group leaders (AASGW, 1983). She respected members as co-equal partners in the group experience, and she clearly defined and maintained ethical, professional and social boundaries with members. Additionally, she encouraged members to discuss their experiences in the group, and she assisted them in applying what they were learning to their daily lives.

In this way, the facilitator established a safe environment where the group members could communicate and listen to each other in a free-floating and non-manipulative way. This free-floating communication offered members the opportunity to process and analyze their thoughts and behaviours and to learn how to make their own choices. It should be noted that group members easily accepted this intervention where they could actively participate.

Measures

The following tools were used to assess the intervention:

- content analysis of all intervention sessions,
- Johnson's Scale (1990) to assess psychological maturity level,
- Toulouse Scale of Coping (Esparbès et al., 1993), to evaluate the coping strategies used, and
- Participants' Evaluation Scale, exclusively designed for the current study.

Two questionnaires were administered before and after the intervention. Johnson's scale of psychological maturity (1990) and the Scale of Evaluating Coping Strategies (Theodoratou, 1999) were adapted to develop these questionnaires. Additionally, in order to analyze the sessions' content, a qualitative approach to analysis was adopted (Filstead, 1979; Parker, 1994). Finally, a Scale for Seminar Evaluation was designed so that the participating members themselves could evaluate the seminar they had attended. Those instruments are described below in detail.

Johnson's Scale for Assessing Psychological Maturity

Johnson's Scale (1990) was designed to assess the psychological maturity level of the participating subjects. It was used to explore the sense of self, the sense of the other that an individual develops and the sense of the self and the other that an individual develops through a relationship. These variables were measured through 150 issues included in seven subscales: 1) subscale of mother, 2) subscale of father, 3) subscale of friends, 4) subscale of self, 5) subscale of loss and separation, 6) subscale of family relationships, 7) subscale of self-awareness. Johnson views these subscales as important dimensions of psychological maturity. This scale is in accordance with Bowen's theory about differentiation (Johnson-Ioanidou, 1998).

The Toulouse Scale of Coping (Esparbès et al., 1993) or Scale of Evaluating Coping Strategies (Theodoratou, 1999) was used to assess the coping style of the participating subjects in stressful situations. This scale was chosen because of its psychodynamic perspective: its development is based on the correlation between coping strategies and development of personalization and

autonomy (Esparbès, Tap et al., 1993). Additionally, this scale was applied to 290 students at the ATEI, Patras. The scale's reliability was established through estimating the internal consistency of the general scale (Cronbach's alpha 0.80) (Theodoratou, 1999). This scale has three aspects: Action (behavioral aspect), Information seeking (cognitive aspect) and Emotion (emotional aspect). Six coping strategies appear by compounding these aspects: Focus, Social Support, Withdrawal, Change of Attitude, Control and Denial. Each coping strategy includes three dimensions concerning the aspects above. Each dimension is examined against three sentences. Thus, this scale includes 54 questions.

Finally, a scale for participants to evaluate the seminar is important in order to better control the effectiveness of the seminar (Kazdin, 1993; Kazdin & Wilson, 1978; Nietzel et al., 1987). This scale is composed of three parts. In the first part, questions examine what group members learned about basic concepts of the seminar. In the second, group members are asked to report whether the seminar met their initial expectations. In the third, group members are asked to report their emotions during the seminar.

Results

Qualitative analysis: Content analysis of intervention sessions

The most representative sessions are summarily analysed to show certain processes and changes observed during the intervention.

During the first session, the main issue addressed was developing autonomy from the family of origin. Two subgroups were formed through discussion. The first subgroup was suffering loneliness away from their family security, in contrast, the second subgroup was looking forward to this separation leading to their emotional cut-off from their family of origin. Most members reported that they tried to cope with this separation by developing friendships that reflected their need to emotionally substitute for their absent family. The group tended to marginalize any member who expressed a different view about solitude. For example, most members responded with irony to a young student argued that she sometimes preferred to be alone at home, This rejection of diversity was possibly an unconscious way of dealing with the

insecurity and the anxiety that possessed the participants during this initial stage of group development. During this session, most members felt uncomfortably and had a difficulty opening up.

During the fifth session, the main issue addressed was failure in Panhellenic final exams, directly linked to the entrance to the university and further to the occupational rehabilitation. Group members described their emotions and how they handled their failure. It was sad to hear that most students had personal experience of this failure. This attitude reflected the general Greek attitude that a person's success is mainly dependent on whether they enter the University. Group members seemed to have embodied the high expectations of their parents through the 'family projection process' (Bowen, 1978). Group integrity was ensured through mutual understanding and sharing of similar experiences, emotions and strategies to cope with this important failure. For instance, some of them had presented psychosomatic symptoms and even breakdown after their 'failure'. During this and the following session, the group leader questioned their attitude and introduced them to the differentiation of feelings, thoughts and facts. On the contrary, until then, most members had identified their feelings of despair with the fact of being a failure.

During the tenth session, group members were invited to decide whether they wished to continue participating in this seminar, to express their view about the seminar and, also, their thoughts and emotions about the other group members. Three members decided to leave the group, thus, causing ambiguous feelings towards the group among the remaining participants. Nevertheless, during the following sessions, these ambiguous feelings were diminished and, finally, the group managed to maintain its integrity.

During the following sessions, the group proceeded to more confidential self-disclosures, as the members felt more attached to one another, discovering progressively the issues they had in common and the difficulties they faced in order to cope effectively with them. At this stage, they felt safe to explore more functional coping strategies through sharing of their experiences.

Many group members found out that human contact is absolutely essential for human survival and growth, and that the personality

is largely a reflection of such contact. They started to feel better about themselves, as they each discovered the great potential within themselves for understanding both themselves and other members.

Quantitative analysis

In order to investigate in detail the eventual changes in the participants' psychological maturity level and coping strategies, the quantitative data, before and after the intervention, are compared.

Data based on Johnson's scale

The psychological maturity level of the members of both groups was assessed before the beginning of intervention in 1997 and after the end of intervention in 1998 using Johnson's scale.

Table 1. Mean psychological maturity level of the experimental and the control group before and after the intervention.

	1997	1998
Experimental Group	2.46	2.60
Control Group	2.57	2.61

The difference between the mean psychological maturity levels of the experimental group before and after the intervention was statistically significant ($t(11)=-2,67, p<0,05$), while the difference between the mean psychological maturity levels of the control group before and after the intervention tended to be improved, but the tests performed revealed statistically non-significant difference ($t(19)=0,9, p>0,05$).

Data based on Toulouse Scale of Coping

The Toulouse Scale of Coping was used to evaluate the coping strategies which both groups used before the beginning and after the end of intervention. Tables 2 shows the mean coping strategies used by the experimental and control groups.

The tests performed between the mean values of coping strategies before and after the intervention showed that the

Table 2

Mean coping strategies of the experimental group and the control group before and after the intervention.

	Experimental group		Control group	
	1997	1998	1997	1998
Action	52.7	51.7	52.8	55.7
Information seeking	56.2	57.45	58.3	54.8
Emotion	48.25	48.7	51.7	53.5
Positive strategies	91.95	94.7	91.9	89.8
Negative strategies	65.2	63	70.8	74.8
Focus	28.65	30	32.9	31.8
Social support	30.2	32.1	28.1	29.8
Withdrawal	19.95	18.05	23.3	22.1
Change of attitude	26.7	28.75	28.8	28.2
Control	28.85	27.8	27.2	27.4
Denial	23.05	21.1	22.4	25.2

Table 3

Changes in the frequency of use of the coping strategies for the experimental and control groups after the intervention.

Coping strategies	Experimental Group	Control Group
Action	Increase	Decrease
Information seeking	Decrease	Increase
Emotion	Increase	Increase
Positive Strategies	Decrease	Increase
Negative Strategies	Increase	Decrease
Focus	Decrease	Increase
Social support	Increase	Increase
Withdrawal	Decrease	Decrease
Change of attitude	Decrease	Increase
Control	Increase	Decrease
Denial	Increase	Decrease

differences were statistically non-significant for both group members (see Table 3). We notice an increase in emotional and social support strategies in both groups, whilst withdrawal decreased in both groups. It could be claimed that these differences are perhaps suggestive of chronologically-related psychological maturity. Certainly, this could happen, as it is not evident that coping strategies can be altered only because of an intervention. However, the data based on the scale of seminar's evaluation, where the students reported themselves the percentage of the benefits they experienced as members of this intervention's group, might constitute an important evidence arguing that the specific experimental group had learned through experience to connect better with each other.

Perhaps, we could form the hypothesis that the people who attended this seminar were less self-confident than the control group and this might have been their motivation to come to the 19 sessions of this self-awareness seminar. The above data constitute a limitation of our study that might be checked in other similar studies through a personal traits questionnaire to be offered to both (experimental and control group) groups before the seminar.

Data based on scale of seminar evaluation

An overall review of these data might lead to the following summary conclusions.

- The feeling of comfort within the group was increased for most members of the experimental group (84%).
- Half of the members managed to know themselves better regarding the issue of coping with difficulties through this seminar.
- Almost all members (92%) reported that this seminar helped them deal better with certain issues of their personal life.
- Most members (75%) started trusting themselves and others (83%)
- Regarding self-criticism and criticism of others, no significant improvement was remarked over the course of this seminar.
- Most members (67%) learned that failure is an emotional and subjective experience rather than an objective view of reality. It is

really interesting that over half of the members (58%) had a more positive view of themselves and others after their attendance at this seminar.

- Half of the members put their learning about limits into effect while most members (75%) learned only theoretically about limits in their lives. As for rejection, only a minority of members (17%) managed to view rejection as a less painful experience than before their attendance at this seminar.
- Finally, all members agreed that learning through discussion within a group context is a positive experience.

As noted above, the questions addressed in this study were whether there is correlation between the psychological maturity and coping strategies used by an individual, and whether a group intervention may influence the psychological maturity level and coping strategies used by group members.

Regarding the first question, quantitative data does not reveal a correlation between the psychological maturity level and coping strategies. However, the results of the content analysis do reveal such a correlation; experimental group members with higher psychological maturity levels tend to adopt more positive and functional coping strategies. Generally, the content analysis showed that most members presented low differentiation traits and used non-functional strategies. Specifically, the experimental group members clearly express this through the description of their life conditions; individuals that had not differentiated from their family of origin, presented isolation or psychosomatic symptoms in stressful situations. Additionally, differentiation levels varied, and different strategies (always in proportion with the differentiation level) were used by some members depending on the situation they had to deal with.

As to whether an intervention may influence the psychological maturity level of the participants, the qualitative and quantitative data analyses favour the experimental group. There was a significant difference in the psychological maturity level compared to the control group.

The above results show that a specifically designed intervention may enable participants to attain a slight but significantly higher level of differentiation.

Regarding whether a group intervention may positively influence the coping strategies used by participants, the data of this study do not prove so. The general progress of the group towards psychological maturing did not cause any clear changes in the coping strategies used. Likewise, no significant changes were noticed in the coping strategies used by experimental group members.

The quantitative data show that after the intervention the participants adopted several positive and negative coping strategies that seem to be functional for the individuals themselves. Furthermore, according to Lazarus & Folkman (1991), it seems that some strategies may be functional, even if they are not classified as positive based on most classifications (Lazarus & Folkman, 1984; Esparbès, Sordes & Tap, 1993).

We must mention that the qualitative analysis of data shows that members tend to adopt more functional strategies. Additionally, according to the data on the Scale for the Seminar Evaluation, most members of the experimental group reported that this seminar helped them deal better with personal issues. Based on the data, participation in this seminar positively influenced the coping strategies used by the participants.

In general, the findings of the assessment of the intervention show that the aims of the current study were realized to a great extent. The participants had the opportunity to work on the issues of this seminar pertaining to self-knowledge. This seminar also increased the participants' sensitivity to issues covered which pertain to human relationships and the management of painful personal experiences, such as failure, rejection, separation, and other stressful situations. Working on these issues offered the participants the opportunity to think in depth about psychological maturity and coping strategies. We should note that during the course of intervention the group members shared common concerns and experiences. Thus, they managed to reduce the sense of isolation and stigmatisation that had developed due to their failures.

Based on the assessment approaches used in this study, research data seem to strengthen the view that the members participating in this seminar improved their psychological maturity level and also learned that the group may become a safe place of rest. The group can guide and support its members in this process of differentiation and acceptance of the other's diversity since the dynamics of interaction within the group allow the individuals to change and develop themselves without losing

their own real identity. The dynamic of the group enabled the members to dramatically develop their self-knowledge. Group members felt secure enough within the group to reveal and explore themselves and deal with their emotions and their thoughts sincerely and in depth.

Conclusion

In conclusion, the acceptance of one's real self, the journey to maturity, and the process of reducing chronic stress are tasks lasting over the course of one's life span (Bowen, 1978, Kerr & Bowen, 1988, Kerr, 1996). The findings of this study are encouraging; as data analysis of our study suggests, a group can, in the process of maturing, provide an important and effective source of support. Our intervention contributed to the change of low differentiation traits and guided and supported individuals in the difficult processes of self-development and psychological maturing (Bowen, 1978; Olson, 1996). In general, given the extreme internal and external demands of the person-environment relation that an individual must deal with in order to experience personal growth toward maturity, groupwork could be considered an answer and a suggestion (Anzieu, 1975; Kaës, 1999) of how to handle life's difficulties.

Notes

1. According to Erikson (1956) the developmental process consists of eight stages that extend from birth to death. This paper will only describe those stages of development related to adolescence and young adulthood. Each stage is viewed by Erikson as a *psychosocial crisis*, which arises and needs to be resolved so that the next stage can be satisfactorily negotiated. The first four stages cover chronologically the period from infancy to school age (birth to 11 years), the fifth stage refers to adolescence, the sixth refers to young adulthood, while the last two stages refer to the period from adulthood to old age (35 years to death).
2. Bowen is a family therapist, whereas Winnicott is a psychoanalyst.

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