Facilitator lessons from online psychoeducational group for relational well-being in India during COVID-19 pandemic

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The COVID-19 pandemic has affected the mental health of individuals, along with their couple and familial relationships, necessitating an effective response. Teletherapy offers an option to address these relationship concerns amidst pandemic-specific mobility restriction. Against this setting, Sukoon, a project of Tata Institute of Social Sciences, India, initiated a five-session online psychoeducational group series on relational wellbeing. This paper explores facilitator’s reflections and learnings based on session documentation and facilitator notes. Preparing well and selecting participants carefully for online psychoeducational groups was critical to success. Effectiveness was enhanced by flexibly adapting the therapy process (didactic and interactive elements) to fit online delivery and the cultural context. Identifying the potential of online psychoeducational groups for relational wellbeing could make it a valuable addition to the COVID-19 pandemic mental health response toolkit.

Practitioner points

• Effective preparation and careful selection of group members is key to the success of therapist facilitated online psychoeducational groups.
• Psychoeducational groups comprising didactic and interactive elements are more suitable for effective online group processes.
• Use of co-facilitators managing various channels of communication (audio, chat) is important.

Group facilitators need to be cognisant of challenges of online medium and address them in an ongoing manner.

Keywords: COVID-19 pandemic; facilitator lessons; online psychoeducational group; relational well-being.
The COVID-19 pandemic and the subsequent lockdowns have impacted people’s mental and relational health (Bilefsky and Yeginsu, 2020; Centre for Disease Control and Prevention, 2020; Chaker, 2020, Prasso, 2020; Rajkumar, 2020), necessitating a therapeutic response. This paper documents the experiences and reflections of one such therapist-facilitated online psychoeducational group intervention for addressing relational distress in intimate relationships in urban India during the pandemic.

**Literature review**

*The pandemic and troubled relationships*

While there are many studies quoting the impact of the COVID-19 pandemic on the mental health of individuals and communities, literature on the relational impact of COVID-19 has been scant (Brenner, 2020). Existing literature on this impact shows mixed trends, with some studies noting increased relationship conflicts and decreased intimacy (Luetke, Hensel, Herbenick and Rosenberg, 2020), and others pointing out towards a greater degree of forgiving and lesser degree of blaming of partners’ negative behaviours (Williamson, 2020) during the pandemic.

Literature on the impact of the pandemic on couple relationships in India also shows mixed trends. While some of the common relational concerns during the pandemic include not being able to access support systems (Veliyannoor, 2020) and being away from partners (Sircar, 2020), others also relate to an increase in marital distress owing to the forced proximity of partners (Maiti, Singh and Innamuri, 2020). In relationships which are struggling, this forced proximity has created the potential for magnifying already pent-up resentment towards the partner and greater opportunity for conflicts. Further, given their traditional gendered roles as caregivers and domestic workers, women report increased physical and emotional labour (Bhandari, 2020). The gendered impact is also evident, with instances of domestic violence against women increasing significantly during the lockdown (Ghoshal, 2020). Additionally, there are reports of aggravated incidents of abuse in the familial systems due to factors such as being stranded within abusive relationships or families and being unable to access help during the COVID-19 crises (Lavalekar, 2020).

*Group therapy for relational concerns*

Given the mental and physical health challenges presented by COVID-19, online groups and group therapy interventions are becoming more prevalent (Marmarosh, Forsyth, Strauss and Burlingame,
There has been an appeal made by mental health practitioners to embrace and adapt teletherapy to address relational concerns during the COVID-19 pandemic (Burgoyne and Cohn, 2020).

Groups for relational concerns are more common in Western contexts than in India (Thomas, 2012). Along with intervention-focused models, psychoeducation models that build on the synergy between education and psychotherapy, and focus on strengths and the development of insight and self-efficacy for the participants, along with increased awareness and healing, are a valuable option in couple and family therapy treatments (Lukens, 2017). Psychoeducational groups using specific couple therapy models have proven to be effective (Kaiser, Hahlweg, Fehm-Wolfsdorf and Groth, 1998; Lesch, Bruin and Anderson, 2018), with reported outcomes such as stabilisation of relationship, or the realisation that separation is necessary (Wilde and Doherty, 2012).

The modality of group therapy has been actively used with a wide variety of client concerns in India for a long time. Support groups of several types have been functional in the Indian context since before the pandemic (Anindya, Debora and Manickam, 2020; Shirole, 2015). However, groups for relational concerns are virtually absent in India (Thomas, 2012). This is not surprising, given the overall paucity of couple and family therapy services in India (Carson, Jain and Ramirez, 2009). Indian culture places high emphasis on maintaining privacy in family-related matters (Thomas, 2012) to uphold the family’s reputation, thus allowing for sociocultural institutions such as gender, caste, class and culture to become a barrier in seeking help for marital or family concerns (Liang, Goodman, Tummala-Narra and Weintraub, 2005; Mahapatro, Gupta and Gupta, 2014).

During the pandemic, the Indian Government has initiated public health awareness drives through mass media, offering information about the pandemic, mental health services for crisis support, as well as support groups for quarantined individuals (Anindya et al., 2020). Mental health services have shifted largely from the in-person mode to a technology-assisted mode, with newly initiated helplines and tele-mental health services becoming prominent (Kumar, 2020). However, online support groups for intimate or couple relationship concerns remain a rarity.

**Context: Sukoon’s online psychoeducational group for relational wellbeing**

Sukoon is a field action project initiated by the Tata Institute of Social Sciences, Mumbai, India, that provides psychosocial services to individuals, couples and families approaching court settings for matrimonial
litigations, and conducts research and capacity building work in the area of couple and family relationships. Sukoon continued to work in the space of relational wellbeing throughout the pandemic and lockdown. This work, along with reports of increase in family distress (Bhandari, 2020), prompted the project’s decision to initiate a series of therapist facilitated online psychoeducational group sessions for individual clients experiencing distress in intimate relationships during the pandemic. The broad aims of this group session series were to provide a safe space for individuals to gain clarity and awareness about relational wellbeing and confidence to manage their relational concerns effectively, and build a skillset to enhance their intimate relationships. The group sessions were conducted with one partner from a dyad, using systemic frameworks, to address self-in-intimate relationships anxieties of one partner from the dyad. While the objective is a stable restructuring of the individual system, the change in one individual can also alter other structures in the system (Shah and Satynarayan, 2011). Sukoon’s group intervention drew from several prominent models of couple and family therapy, as literature shows that individuals and couples with relationship concerns may benefit most from a treatment strategy that employs diverse conceptual and technical innovations from different theoretical models (Snyder and Balderrama-Durbin, 2012).

The present paper is based on Sukoon facilitators’ reflections and learnings of conducting the five-session online psychoeducational group for relational wellbeing in India. Given the dearth of Indian literature on experiences of therapist-facilitated online groups for relational wellbeing (Amulya, 2020) and the changing landscape of the mental health services with its increasing use of technology, documentation of Sukoon’s facilitators’ experiences of conducting this group is a significant step towards demonstrating the possible utility of online psychoeducation groups for addressing relational wellbeing. The paper also hopes to contribute towards building an effective response during emergency situations, serving as a valuable addition to the pandemic response toolkit.

Details of the group

Structure of group sessions

Five group sessions of 90 min each were conducted over the span of 5 weeks, with one session being conducted per week. The sessions were conducted with 20 individuals virtually, via Zoom, a HIPAA-compliant online platform (Larson, 2020). The sessions used a combination of
didactic teaching, reflective exercises and participants’ sharing. As per the pre-decided inclusion criteria, the selected participants were English speaking, in the age group of 18–40 years, in intimate relationships, experiencing distress in intimate relationships at present or in the recent past, willing to reflect over their relationships, and equipped with access to technology and a stable internet connection. The exclusion criteria, on the other hand, involved presence of intimate partner violence or severe mental health concerns. After an open call for registration advertised through social media, a rigorous selection process was implemented which first involved participants’ completion of an online form comprising demographic details and expectations from the group, followed by pre-group interviews conducted by the facilitators.

**Group participants**

Most group members were predominantly female (19 female, 1 male), despite an open advertisement process for all genders. Most participants were predominantly in the age range of 21–30 years (14), belonging to the middle class (17), with a bachelor’s (11) or master’s (7) degree, and currently employed in helping (9), creative (7) and corporate (4) professions. The group members thus came from privileged backgrounds/social locations. The majority of the participants lived with their natal families (13), with a smaller number living independently (5) or with their partners (2). In terms of their relational status, most participants (11) had been in an intimate relationship for between 1 and 5 years.

As far as participants’ expectations from the group sessions were concerned, most of the female participants’ expectations revolved around the themes of self-in-intimate relationship concerns such as improvement in communication and conflict resolution, maintaining healthy boundaries, understanding healthy intimacy, handling relational insecurities and uncertainties, healthy articulation of needs, learning relationship enhancement skills required in the foundational phase of the relationship, managing influence of past relational trauma and abuse by family or earlier partners on the present relationship, and so forth. The male participant too expected the group sessions to help him navigate through emotional attachment processes in the relationship.

**About the facilitators**

The facilitators were young adult female therapists who are part of Sukoon’s counselling team, providing services to individuals and couples with relational distress. Along with the facilitators, the sessions were
also attended and rigorously documented by a female member of the research team. The member acted as a non-participant observer across all sessions, with the consent of the group participants. The facilitators and the research team member had completed their master’s degree in Clinical or Counselling Psychology and had received additional training in couple and family therapy. They were between the ages of 25 and 41 years, and belonged to the middle or upper middle class. Two of them were in a married relationship, two in a committed relationship, and one, single. While trained predominantly in Western models of couple and family therapy, the facilitators shared a common belief of being mindful of the cultural realities of collectivistic and hierarchical nature of Indian society, and the gender and power dynamics existing in the Indian couple and family relationships.

Basic structure of sessions

To effectively handle the group size and online format, each session was facilitated by two co-facilitators, wherein the main facilitator took charge of the key session activities and the co-facilitator moderated the content shared by the participants through video, audio and chat-based modalities. One of the co-facilitators was a constant presence across all five sessions to maintain consistency, while the other co-facilitators were rotated as per their area of expertise.

All the sessions followed a similar structure. This included stating group rules, conducting an icebreaker and mood check, discussing learnings from the previous session and then introducing the session theme with a reflective exercise. The psychoeducational part of the session was imparted using PowerPoint presentations. The sessions were concluded with a suggested homework activity.

Consent was taken from the participants for the presence of the observer during sessions, who would be documenting the sessions for research purposes. Participants were assured of maintenance of complete anonymity during the said research.

The interventions

As mentioned above, the interventions were drawn from various schools of couple and family therapy. Table 1 lists session themes and key interventions.

As mentioned earlier, every group session was rigorously documented by a member of Sukoon’s research team who was a non-participant observer across all sessions. Facilitators also documented their own
### Session 1: Reviewing Current Intimate Relationship
- What is a healthy relationship
- Duluth Model (Pence and Paymar, 1993) of equality and non-violence
- Gottman’s (2000) exercises on healthy relationships, including love maps, sharing fondness and admiration, and turning towards each other.
- Couple satisfaction index (Funk and Rogge, 2007) to gain insight into one's own relationship
- Reflections: Identifying healthy aspects of current relationship

### Session 2: Communication in Intimate Relationships
- Communication styles (Newton, 2011)
- Gottman’s communication exercises
- Importance of emotions in communication (Johnson, 2002)
- Reflections: Identifying current communication styles in the relationship and developing effective communication with the partner

### Session 3: Conflict Resolution
- Framework of Four horsemen (Gottman, 2000)
- Conflict resolution strategies (Gottman, 2000)
- Reflections: Unhelpful conflict resolution strategies in the current relationship and developing alternatives

### Session 4: Expressing and Managing Emotions
- Wheel of primary and secondary emotion (Plutchik, 2001)
- Identifying partner’s primary and secondary emotions (Johnson, 2013)
- Influence of attachment styles (Bowlby, 1969) on present relationship
- Skills for emotional expression
- Reflections: Attachment styles and primary/secondary emotions of self and partner

### Session 5: Self in Intimate Relationships
- Levels of differentiation (Bowlby, 1973)
- Importance of boundaries (Minuchin, 1974)
- Ways of setting and maintaining boundaries
- Reflections: Challenges with boundary setting; navigating challenges
experiences of conducting the session, challenges, learnings and reflections, at the end of every session. The paper draws from these reflections and notes.

From the facilitators’ desk: lessons learnt

This section describes and discusses key lessons learnt during the facilitation of this online psychoeducational group.

Getting ready for the online group: preparation

All facilitators of the Sukoon’s counselling team underwent brief training to ensure smooth functioning of the group and uniformity across facilitators. The training included the concepts and process of group work, key interventions, adaptation of the same to the online mode and challenges associated with online work.

Several preparatory meetings were also held, involving key decisions regarding selection of members and implementation of the virtual group sessions. The decision to conduct psychoeducational group sessions was taken after accounting for the online format of group work, which is usually not conducive for unstructured free-flowing interactions. Similarly, only participants who were technologically proficient were selected for the group to ensure seamless engagement with online work. Further, carefully designed selection criteria and processes ensured homogeneity in the group, which later helped in group cohesion and bonding. The choice of Zoom, a HIPAA-certified online platform, was important. It enabled the creation of a safe and reliable virtual space. Within sessions, as mentioned earlier, the role of the facilitators was also differentiated. This adaption to online work ensured that participants were able to engage through any medium of their comfort.

Preparation process, in fact, has been recognised as a key factor influencing the success of group work (Novotney, 2019). Decisions regarding assessing participant readiness for group work and outlining facilitator roles too have been identified as crucial elements of the preparation process involved before initiating group sessions (Colón and Friedman, 2003).

Digital and cultural adaptations

Given the sensitivity of the topics and the novelty of the digital modality, it was important to conduct sessions in a manner that the
group members felt safe, and bonded with each other in an online medium, which can otherwise seem impersonal. The presence of two co-facilitators with differential roles was helpful in navigating group processes in an online medium. Given the poor internet connectivity and lack of privacy in home spaces during the pandemic, video participation was encouraged but not made mandatory. When participants were uncomfortable with video, regular check-ins and feedback at the end of the session were done through chat or Zoom features like ‘thumbs up’. Recognising the need for adaptation ensured effective communication and genuine presence of the facilitator, all of which is known to enhance the efficacy of group therapy work (Geller, Greenberg and Watson, 2010).

Identifying women’s constraints in managing work and household chores through the pandemic, the timings of sessions were scheduled post-lunch. While video participation was initially preferred by facilitators, it was also realised that women in this cultural context may not have the power to negotiate space within the household. Thus, to ensure maximum participation without compromising on participants’ safety, sharing via chat was encouraged.

Facilitators observed that participants, too, showed adaptations to the online modality, delving into intimate and sensitive topics largely via audio or chat. The online modality also helped participants defy the constraints levied by the traditional gender norms. For example, traditionally, women in India are socialised into honouring their families and their partners and protecting the men in their lives from shame and disrespect. Women speaking publicly about the family and partner is heavily tabooed and culturally looked down upon (Ahmed-Ghosh, 2004; Krishnan, 2005; Panchanadeswaran and Koverola, 2005). Men, on the other hand, are often expected not to display their emotional needs and vulnerabilities in intimate relationships (Nath and Craig, 1999). In this traditional gendered context, the act of participating in this group for relational wellbeing itself was an act of breaking the barriers of these norms. Participants also shared that the online platform aided this process through its scope for anonymity. Further, the agency to choose between video, audio and chat options allowed participants to establish comfort at their terms, thereby increasing trust in group members (Colón and Friedman, 2003), something that in-person group work often does not provide for. Participants shared feedback that talking about otherwise tabooed topics was consequently easier. For instance, during one of the sessions focusing on emotions and attachment styles, women participants engaged very closely and reflected
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on the problematic attachment styles and interactional patterns within their families of origin and its detrimental impact on their current styles of attachment, communication and emotional expression. They also vocalised their unhappiness with their current partner’s periodic lack of understanding and empathy for their emotional worlds. They complained about the emotional burden they carry in intimate relationships, such as always having to bring difficult topics to the table for discussion or being expected to be calm and patient during conflicts.

Not without difficulties

The facilitators encountered several challenges in the process of conducting these online group sessions in the midst of the pandemic. The first group of challenges pertained to technical issues such as inconsistent internet connectivity and problems with gadgets. These issues affected the flow of the sessions, especially the break-out rooms during group activities.

The second set of challenges were related to group processes. For instance, the gender ratio was skewed (1 male:19 female). Therefore, the facilitators had to ensure that their techniques and language were inclusive of men and women. Participants dropping out of the series, especially towards the end, also posed an important challenge. The attrition rate was approximately 50% and could be attributed to various factors such as lifting of the countrywide lockdown and opening of workspaces, lack of availability of private space as the participants connected from their homes, home duties for women attached to their traditional gender roles and varying interests in the themes covered in each of these sessions.

Studies have highlighted similar technical difficulties in online therapy wherein loss of connectivity often causes interruptions, affecting the flow of the session (Feijt, de Kort, Bongers, Bierbooms, Westerink and IJsselsteijn, 2020). Similarly, members’ commitment has also been documented as an important challenge (Colón and Friedman, 2003), with some studies reporting attrition rates as high as 50% in the Indian context (Amulya, 2020).

Did it work? Facilitators’ reflections on the impact of group sessions

The facilitators noticed a shift in terms of participants’ willingness to engage and share more of their relationship difficulties as the sessions progressed. Further, the facilitators also noted that participants were
more aware of their communication and attachments styles and were able to identify patterns and the influence of family and past intimate relationships on the present relationship. The sessions also helped participants identify areas of strength and growth. Facilitators observed that homework activities such as love maps, which provided the participants an opportunity to bond with their partner, were particularly helpful. Overall, reduced levels of distress within self and the relationship were noted, along with increased insight and skills vis-à-vis self and the relationship.

The facilitators also noticed a sense of solidarity and cohesiveness as the sessions progressed, creating a warm and supportive atmosphere within the group. Similar experiences of togetherness and support within online groups were reported in the other Indian studies (Amulya, 2020) as well.

**Conclusion**

The present paper attempts to address the paucity of literature in the area of online psychoeducational groups for relationship concerns in the Indian context. The transition from an in-person medium to a virtual platform, while fraught with challenges for both facilitators and clients, is also a potential opportunity. Sukoon’s psychoeducational group intervention with one partner from the dyad may have implications for addressing relational distress experienced by individuals in intimate relationships. Further, this integrative psychoeducational model may also have implications for group work with both partners of the couple. Teletherapy, with its numerous advantages, is and seems to be the preferred mode of mental health service provision in the light of the pandemic and the resultant new normal. Potentialities of online psychoeducational groups and learnings from the same, such as that initiated by Sukoon, appear to be tremendous and may serve as a valuable addition to the pandemic mental health response toolkit.

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