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Many variables relate to the successful functioning of groups, but one that is fundamental is the size of the group. Part 1 of this bibliography includes a selection of studies from small-group research in experimental social psychology. Part 2 of this report represents an attempt at a rigorous review of the feelings of clinicians and counselors regarding the desired size for groups. (Author/MPL)
THE OPTIMAL SIZE FOR DISCUSSION GROUPS

Robert M. Petty
Department of Educational Psychology
University of Illinois, Urbana

Mrs. Mary Vance, Editor
Post Office Box 229
Monticello, Illinois 61856
In these days of increased public concern with environmental quality, city planners and urban designers are required to seek new methods with which to accomplish their goals. As Proshansky, et al (1970) have said, "Planning must anticipate future needs, not just meet present ones. Planning can be expected to avoid problems (which implies that) clear goals are essential, but defining meaningful goals is complex." Frequently, therefore, the planner collaborates with professionals from other disciplines—psychologists, educators, social workers, architects, engineers, sociologists—as well as with potential client-users; and the process of planning becomes an increasingly complex, interdisciplinary task. What all of this means is that planners can no longer function alone, but must work in groups. Unfortunately, communicating in groups is more easily suggested than accomplished. One reason for this is that often people are neither comfortable nor adept at communicating in group settings, especially when the discussion is extended beyond technological expertise to include personal feelings and attitudes.

There are many variables which relate to the successful functioning of groups; but one which is fundamental is the size of the group. While, there is no body of literature which specifically relates group size to urban planning, there are two areas of research, represented by the two sections of this review, which might be helpful. Part I of this paper includes a selection of studies from small group research in experimental social psychology. All of the groups in these references were formed in order to discuss something, usually referred to as a "human relations problem." Because this area of research is vast and because the present intention is not to repeat what has already been adequately reviewed (see Hare, 1962; Kelley and Thibaut, 1969; McGrath and Altman, 1966), Part I is designed to be representative rather than exhaustive.

Part II of this report represents an attempt at a rigorous review of the feelings of clinicians and counselors regarding the desired size for groups. Maintaining the jargon of these writers, group members are variously referred to as "clients," "patients," "participants," etc. Undoubtedly some references are missing by
accident, while others have been excluded purposely. This latter group includes instances where the writer may have indicated a preferred group size, but neglected to explain why a particular size was optimum. In any case, it is up to the individual user of this bibliography to generalize from the reported findings and make application to his own situation.


PART I


1. Using groups varying in size from two to seven members, this study sought to systematize a set of hypotheses regarding the relationship between the number of members in a group and members' social interaction.

2. The task for each group was to discuss a "human relations" problem for forty minutes.

3. Social interactions were coded by an observer who was present with the group.

4. Results: As group size increases,
   a) Interactions involving "tension release" increase,
   b) "suggestion giving" increases,
   c) "showing solidarity" increases,
   d) "showing tension" decreases,
   e) "showing agreement" decreases,
   f) and if groups with 2 members are not considered, "giving information" increases while "giving opinion" decreases.
   g) Evaluative statements are fewer in larger groups.
   h) Larger groups are more likely to show solidarity.
   i) The number of persons who participate at low rates increases in larger groups.
   j) More persons are content to "listen" in larger groups.


1. The social interaction of group members was studied using the Bales Interaction Process Analysis.

2. This study is interesting because groups of various types were studied: experimental groups composed of students, non-student committees in their natural work settings, therapy groups through a series of sessions, and diagnostic councils operating in a research-clinic setting.

3. The groups ranged in size from three to ten members.

4. Results:
   a) As predicted, as the total number of interactions which an individual initiated increased, he also tended to be the target of more acts, address more acts to particular others, and address more acts to the group as a whole.
   b) There are no effects due to group size.

1. This study reported a quantitative investigation of the use of leaderless discussion groups as an aid in the selection of candidates for leadership positions.

2. Each group was composed of ten students randomly selected from educational psychology classes.

3. Discussion topics were related to course topics.

4. Results:
   a) It was found that "with suitable motivation to cooperate and achieve the goals relevant to the problem, a differentiation of function will occur within the group." (p. 532).
   b) "In a leaderless group discussion, one task may be assumed by several people; some tasks may be assumed by one; some tasks may not be performed at all. These tasks include initiation or formulation of the problems and goals, organization of the group's thinking, clarifying other individuals' responses, integrating responses of several individuals, questioning, motivating others to respond, accepting or rejecting other individuals' responses, outlining the discussion, summarizing, generalizing, obtaining the group's agreement and formulating conclusions." (p. 533)
   c) The group member who performs the above tasks most frequently will be considered the leader by the other group members.


1. To assess candidates for leadership positions, leaderless discussion groups are formed from job applicants.

2. Groups of two, four, six, eight, and twelve members were studied.

3. The purpose of this study was to investigate the effects of variations in group size of initially leaderless discussions on: (1) the mean leadership rating attained by participants on supposedly 'absolute' rating scales; (2) the extent of stratification which developed, as measured by the variance in leadership ratings attained by participants; (3) the extent of agreement among raters; and (4) the consistency of participant behavior." (p. 399)

4. Results:
   a) As group size increased, members showed fewer leadership traits.
   b) Relative stratification generally increased as groups contained more members.
   c) Observer agreement of members' ratings was maximal with six-member groups and relatively poor with smaller and larger groups.
d) There were no systematic trends regarding behavioral consistency.


1. This book is a very good summary of many aspects of groups which have been studied experimentally in laboratory settings.

2. Topics covered include: how an individual functions in a social context, a taxonomy of group tasks, the relative effectiveness of individuals as opposed to groups, group structure, and variables affecting group performance (e.g., size).

3. Regarding group size:
   a) Advantages of larger groups are that a member is more likely to find another with whom interaction is possible, while it may be easier for more reserved members to "hide in the crowd."
   b) Disadvantages of larger groups are that subgroups are more likely to form with goals inconsistent with those of the larger group and increased heterogeneity may make consensus (or agreement) more difficult.

Fox, D., T. Lorge, P. Wetz, and K. Herrold. *Comparison of decisions written by large and small groups*. American Psychologist, 1953, 8, 351. (abstract)

1. Small groups (six - eight members) and large groups (twelve - thirteen members) spent fifty minutes discussing "a complex human relations problem."

2. The discussions were appraised using Lorge's Quality Points Score.

3. Results:
   a) The quality of the decisions reached by the large groups was superior to that of the small groups.
   b) Large groups did not experience any special difficulty in establishing channels of communication.
   c) These findings contradict previous research.

1. Boy Scouts were divided into groups of five or twelve members to work on a group discussion problem.

2. Results:
   a) The major finding was that consensus resulting from group discussion decreased in the larger groups.
   b) There was more opinion change among members of small groups.
   c) Group leaders had more power to influence group members in small groups.
   d) In large groups, the leader was not less important than other individual members.
   e) Members of large groups were most dissatisfied, probably because there was less opportunity for each member to present his ideas.


1. This study investigated the "effects of several situational variables on the phenomena of social influences."

2. Groups of two, four, and six members were compared.

3. Each session lasted sixty minutes and groups met either once, twice, or three times.

4. Social influence was defined as "a change in a response following the presentation to the subject of a response standard of apparent social derivation."

5. Results:
   a) "For the particular situation studied, neither group size nor duration of group participation had significant effects on social influence." (p. 17)
   b) Social influence increased when the source of the response was another group member.
   c) Increasing group size did not facilitate task performance.

1. Groups were composed of two, three, four, five, six or seven members and met for four, forty-minute sessions to discuss human relations problems.

2. An open-ended questionnaire was used to relate group size with satisfaction.

3. Results:
   a) From the members' point of view, five-man groups were most preferred.
   b) As group size increased, members saw each other as "too aggressive, impulsive, competitive, and inconsiderate," and the group as "too hierarchical, centralized, and disorganized." (p. 138)
   c) Based on inferences from observed behaviors, members of the smaller groups were "too tense, passive, tactful, and constrained, to work together in a manner which is altogether satisfying to them." (p. 138)
   d) "Their fear of alienating one another seems to prevent them from expressing their ideas freely." (p. 138)
   e) It was suggested that groups must be of a size which allows members to express positive and negative feelings freely and in which members would risk antagonizing others because of the overall atmosphere of regard for others' feelings.
   f) "The group should be "large enough so that the loss of a member could be tolerated, but small enough so that such a loss could not be altogether ignored." (p. 138)


1. Group members were undergraduates at Princeton University with relatively homogeneous demographic backgrounds.

2. The size of the groups ranged from four to twelve members.

3. Groups met four to seventeen times for fifty minutes on each occasion.

4. The role of the group leader was specifically de-emphasized; student (member) discussion was emphasized.

5. Bales' system for rating social interaction in groups was used.

6. Results:
   a) The main finding was that, in groups where roles were initially not differentiated, as group size increased, there was a greater tendency for members to participate either very frequently or seldom. That is, when new members joined a group, previously frequent contributors increased their participation and under-contributors decreased their participation even further.

1. "This report is an effort to formulate generalizations about the effects of group size from a critical review of past research and analysis of methods and problems relating to this subject." (p. 371)

2. This review attempted to cover all studies of face-to-face groups (two to twenty members) where behavior was measured by interviews, questionnaires, or observations.

3. Generalizations:
   a) Quality of performance and group productivity are often, but not always, positively correlated with group size.
   b) "Tentatively it would appear that smaller groups inhibit expression of disagreements and dissatisfaction more than larger groups and give each individual more opportunity to interact and to exhibit leadership behavior."
   c) As group size increases, group cohesiveness decreases while the possibility of the development of cliques or factions increases.
   d) Conformity to group pressures does not necessarily increase with larger groups.
   e) Members are generally more satisfied in small groups.
PART II


1. "The potential depth of the (therapeutic) method depends in part on the size of the group. In general, the larger the group, the more superficial the method." (p. 59)

2. In a small section, it is indicated that the optimal size for a therapy group depends on the therapist and the type of treatment.

3. It is suggested, for example, that ten is the maximum number of members for a discussional or interpretive group, fifteen is the optimum for psychodramatic groups, and forty is desirable for lecture groups.

4. It is strongly emphasized, however, that there are no clear-cut guidelines for the optimal size for a therapy group.


15. "As with other areas of group composition, the question of size is often a factor that must also be considered with the purposes of the group. The authors have no empirical evidence that would allow us to state that a specific size is right for groups. From an experimental background, however, we generally support the notion that a group of eight members is optimum for adolescents and adults and a group of ten is maximum for most interacting groups. With children up to junior high, five seems to be the maximum number for efficient operation. Our rationale for advocating relatively small groups stems from the fact that group counseling is and must be a very personal experience. As group size grows, the group must become more impersonal, less intimate, and less satisfying to members." (p. 167-168)

1. "In practice, groups range in size from about eight to about twelve or fourteen members, but optimal size is determined to a large extent by the nature of the group and its goals." (p. 6)

2. If a group is too small:
   a) members cannot space their contributions according to individual needs or capacities,
   b) heterogeneity of contributions is minimized,
   c) diversity of opinion is lost,
   d) and one or two members' absence debilitates the group.

3. If the group is too large:
   a) members lose the opportunity to contribute,
   b) shy members tend to "hide in the crowd,"
   c) absences will not be felt by the other members.


1. "The optimum number for a group would seem to be in the neighborhood of eight, with a bias in favor of a slightly larger rather than a smaller number. A larger group can easily carry a few people who, for some reason or other, are inhibited; a smaller group is more dependent upon all the members being active." (p. 21)

2. Later it is stated that groups should contain five to eight members (excluding the therapist) because "below five there is not enough elbow-room for group dynamics to develop and above eight there is not sufficient intimacy to do justice to the individual members." (p. 66)

3. Finally, a therapeutic group "is too small when below seven and too large when above ten. The optimum number is eight." (p. 201)
1. "Size alone as it effects outcome in a therapy (counseling) group is a limited and rather unproductive viewpoint." (p. 168)

2. Although most of Gazda's discussion of group size is a summary of Goldstein's et al. (1966) book, it is concluded that the optimum number of group members if five to ten.

3. By keeping the group small, reticent members cannot hide or avoid interaction.

4. Gazda's 'rule-of-thumb for group size which is based on the type of counselee in the group and the duration and frequency of group sessions'' says:
   a) Use small groups (five - seven) when frequency and duration of therapy are short (e.g., three months).
   b) Use larger groups (seven to ten) when the duration of therapy is longer (three to six months).
   c) One especially needs at least seven members with groups running beyond six months to allow for attrition.
   d) Generally, "the smaller the group, the more frequently it meets, and the longer it meets, the greater the opportunity for intensity of group involvement and growth." (p. 169)

5. Geller, J. J. Concerning the size of therapy groups. The International Journal of Group Psychotherapy, 1951, 1, 118-120.

1. "The size of therapy groups is related to various techniques and depends upon their aims and goals." (p. 118)

2. "As a general rule, it has been found that there is a correlation between the size of the group and the depth of therapy achieved: The depth of therapy decreases as the size of the group increases." (p. 119)

3. The psychoanalytic level of therapy requires that the group be small (as few as three, usually six - ten) because of the extreme intensity of the interpersonal relations within the group.

4. Groups designed to alleviate major presenting problems may use a more general treatment approach and consequently groups of eight to fifteen members are common.

5. In the "repressive-inspirational approach to therapy" (mass-emotional phenomena which support and strengthen the individual's repressive abilities) thirty to fifty persons may be together.

6. The guidance and orientation method is the most superficial approach in which theoretical and practical aspects of functioning are presented. Fifty or more people are not unlikely in this type of situation.

1. It is felt that "8 patients constitute an ideal number for a group." Like most therapists, Goldfarb does not support his contentions with controlled research. Unlike most writers, however, he at least explains himself based on "personal experiences in private practice."

2. With eight members, "it becomes possible for each member to establish feeling relations with every other member of the group, and when such feelings are exposed they may be analyzed for their neurotic content." (p. 402)

3. An eight-member group is "intimate enough to give each patient the opportunity to express his reactions to others and to stimulate an active interchange." (p. 420)

4. Another reason given in support of eight-member groups is that when two or so members are absent from a smaller group, the session ceases to be group oriented because clients then tend to direct their interaction exclusively toward the therapist.

5. Finally, Goldfarb claims that when clients are discharged from eight-member groups, those remaining request that more persons be added.


1. It is pointed out that there is a "bewildering array of diverse recommendations" regarding the optimum number of members for a therapy group.

2. Three factors account for this lack of consensus:
   a) Recommendations are largely based solely on clinical experiences.
   b) In an elementary manner, group size is often considered as a single variable influencing therapeutic outcome.
   c) Many recommendations are strongly linked to particular theoretical approaches.

3. Goldstein et al. feel that "rather than being a single determinant of later therapeutic events, group size as an influence in psychotherapy becomes meaningful only when viewed as an interactional variable." (p. 338-339)

4. Group size is hypothesized to interact with "behavioral patient characteristics" rather than "nonbehavioral patient characteristics such as age, sex, and diagnosis."

5. References relating size to group dynamics such as member interaction, leadership, and intermember relations are cited.

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1. "The size of the group has in this form of therapy been found to be an important point. Our groups are now made up of from six to eight patients." (p. 95)

2. The authors claim to have purposely tried groups of different sizes and found smaller groups to be inferior because:
   a) they slow down from lack of stimulation
   b) and "there may be the inertia of inhibition, of passivity, or of stubborn, hostile, mutual disagreement, when larger numbers would afford the necessary catalyst members." (p. 95)

3. Conversely, large groups (greater than eight members):
   a) render mutual participation slow due to lack of time,
   b) are cumbersome and difficult for the therapist,
   c) create a situation in which individuals' reactions may go unnoticed,
   d) lower mobility,
   e) and perpetuate a lack of sense of belonging.


1. "Normally, groups are composed of about six people and the therapist. This number of participants has been arrived at empirically, and research is yet to be done to establish an optimum number." (p. 293-294)

2. This number is required for "maximum personal interaction" and "the economy that has been one of the attractive features of a group approach."

3. In larger groups:
   a) the process is slowed,
   b) more members remain at the periphery,
   c) and involvement increases.


1. Six to eight members is the suggested size for therapy groups although good results may be obtained with up to ten.

2. This recommendation is based on the feelings that "the increased number dilutes the therapeutic intensity" and that the therapist is unable "to observe and record adequately the reactions and the interchange in a very large group."

3. (Dr. Hulse is a psychiatrist and, presumably, favors an analytical approach to therapy.)
I.

1. The optimum number of clients for a therapy group is "probably between six and eight."

2. "With this size group interpersonal relations can best be brought into focus."

3. "In larger groups "there is not enough opportunity for interaction."

4. Smaller groups will suffer and not function effectively in the absence of a member or two.

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1. "The size of the group influences the emotional interaction of its members. In general, the larger the group the less emotional interaction and the less closeness among its members." (p. 27)

2. "There appears to be rather general agreement among group therapists that the membership of a group should not exceed eight people." (p. 84) The author cites several reports which support this view.


1. "There is a direct relationship in all true groups between size and function." (p. 6)

2. The dyad and the triad are discussed as the most intense and least valuable, respectively, of group sizes.

3. Groups of four to eight members are "ideal" for a number of reasons:
   a) Libidinal drives are diluted to safe levels.
   b) Opportunities for intragroup transference potentialities are provided.
   c) One or two people cannot destroy the group.
   d) Heterogeneity of psychodynamic types implements group interaction processes.
   e) Diluted acting out may be permitted.
   f) The therapist is required to exert a minimum of leadership and control.
   g) Strong or numerous regulations are not required.
   h) Each member is permitted a reasonable amount of attention and time.

4. The above reasons seem to come from personal experience as they are not supported by references.

5. Groups of eight to thirty are discussed as "ideally adapted to the educational process."

6. Masses are discussed as being similar to large audiences.

1. The ideal size for a group is seven to ten patients.

2. Groups smaller than seven are inadvisable because:
   a) spontaneity decreases,
   b) group identification is slow to develop,
   c) single individuals disproportionately influence the group,
   d) individual responsibility is increased to a degree of discomfort,
   e) there is a lack of a sense of belonging,
   f) the desensitizing effect of catharsis is less,
   g) satisfactory interrelationships do not develop,
   h) and exacerbation of symptoms by one patient may quickly spread to other group members.

3. Groups larger than ten are unwieldy and there exists a tendency toward dilution of effectiveness.

4. Although Loeser, et. al., state "that throughout the literature, workers in this field have reached an agreement on this point (seven to ten members is ideal)" (p. 223), they fail to cite any supportive references.


1. "Although the size of therapy groups varies from two to a hundred, most groups range between five and ten." (p. 120)

2. The size of a group depends upon:
   a) the value set upon the therapist's values either by himself or by the clinic,
   b) the patient load,
   c) the demand for therapy,
   d) the open or closed nature of the group,
   e) the patients' diagnoses,
   f) and the type of therapy employed (e.g., Ten members may be too many in intensive analytic therapy while twenty-five would be proper with a lecture-discussion technique.).

1. "The size of the group should vary between seven and ten members." (p. 128)

2. A group could function with three to six members, but there would be a decrease in the amount of activity which would lessen interactive content. Also, the therapist would be forced to become more active attempting to stimulate participation.

3. At least seven members are needed so that the group can continue if one or two drop out. Participants who leave the group should be replaced as soon as practical.


1. In the section on group size, Ohlsen primarily summarizes Loeser's (1957) article.

2. However, some factors are suggested as considerations to be made when determining the proper size for a therapy group:
   a) "...a member must be able to capture the floor to speak,"
   b) "to feel safe in discussing his feelings,"
   c) "to interact meaningfully with others,"
   d) "and to obtain feedbacks"
   e) the client's "maturity"
   f) the client's "attention span"
   g) the client's "ability to invest in others"
   h) "Each client must recognize that adequate time has been allowed for him, that he will not have to wait too long in order to speak, and that the group is small enough for him to become deeply involved with the other members." (p. 57-58)


1. A therapeutic group should contain "usually more than three and less than thirteen" patients who have gone through a selection procedure. (p. 28)

2. "The psychotherapy group should meet at least once a week for an hour and a half and should consist of from four to twelve patients." (p. 9)

3. (This text is written for psychotherapists who are just beginning training in group psychotherapy. Dr. Pinney, M.D., is Clinical Assistant Professor of Psychiatry at Cornell University Medical College.)
1. Dealing with neurotic alcoholics on an outpatient basis, the optimal number of group members is five or six.

2. "A group larger than this does not give sufficient opportunity for the participation of all patients. These anxiety-ridden patients require a great deal of individual attention within the confines of the group situation." (p. 199)


1. In an historical appraisal of group psychotherapy, Slavson points out that most therapists prefer eight members in an analytical group.

2. Slavson, however, prefers five or six patients because:
   a) there will be greater concentration of emotional affect,
   b) self-identity is not lost,
   c) hostilities and discomforts may be reawakened,
   d) it is more the size of one's family,
   e) emotional induction spreads rapidly,
   f) and interpersonal penetration is deeper.


1. "When group-counseling rather than group-guidance methods are to be used, the group should be relatively small. The optimum number is not yet established by research, but reports on experimental studies indicate that desirable the number ranges from six to fifteen." (p. 174)

2. Warters feels that, generally, groups smaller than six are too restrictive and have limited resources while groups larger than fifteen may not be counseling (therapy) groups once the size is that large.

1. In 1960 a questionnaire was sent to each member of the American Group Psychotherapy Association to obtain survey information regarding therapists' backgrounds, experience, type of groups conducted, therapy goals, length of sessions, fees, etc.

2. 64% of the organizations responded.

3. Following is a summary of the data on group size:

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4. Groups run in institutional settings tended to be larger (about ten members), groups in social agencies were about the median, and groups in private practice were smallest.


1. The group should number eight or ten.

2. "With fewer than eight there is often not enough interpersonal provocation and activity." (p. 529)

3. There is less spontaneous interaction with fewer than eight members.

4. "However, with more than ten it is difficult for both patient and analyst to keep up with what is going on." (p. 529)

5. Large groups are bad for a patient's "morale" because he will feel "lost" and his "security" would seem to disappear. These feelings would immediately produce "immobility."

6. There should be an equal number of men and women (four or five of each sex).

1. Devoting an entire chapter to the question of the proper size, the authors review other therapists' ideas, add some personal thoughts, and conclude that "Group size is not an absolute number or an absolute concept, but a dynamic, interconnected variable in psychoanalysis in groups." (p. 88)

2. Whereas other writers (e.g., Slavson) claim a particular size or range of sizes to be ideal for therapy groups, Wolf and Schwartz state that group size depends on many factors, (e.g., therapist's style and experience, clients' diagnoses, time, size and shape of the room).

3. In contrast to Geller (1951) it is felt that depth of therapy determines size, rather than size determining depth.

4. As long as there are at least four group members, a group of any size will not be facilitated nor impeded by the addition or deletion of a member.

5. Wolf and Schwartz use groups with eight to ten patients, but feel that research is necessary before this range may be considered rigid.

6. The same points are also made in: