

CHAPTER 1

THEORIES AND ASSUMPTIONS

Beneath any ordinary interaction among a group of people lies a fascinating world of interpersonal process—a world we often let pass as we go about our lives. However, upon a closer look, stretches of interpersonal terrain often lay themselves bare in front of our eyes—a member shutting down in communication; another using anger to keep others at arms' length; yet another constantly jumping in before others get an opportunity; and more.

We can neither confirm nor deny: festering within these exteriors might be certain perceived disapproval from others; flight from vulnerable feelings; evasion from anxiety; and what not.

The complex, fertile, and elusive nature of the interpersonal process in a group often baffles beginning group therapists, whilst keeping the most seasoned therapists on their toes, no less. Yet it is the very nature of its elusiveness that fascinates us, and it is the pursuit of the depth and richness of its underlying process that rejuvenates all involved.

From a pragmatic perspective, this pursuit also makes economic sense. Cost containment has become a major thrust in the healthcare industry. As a consequence, the length of group counseling and therapy is being cut shorter and shorter, and group therapists are increasingly called upon to search for therapeutic methods bringing forth client change in shorter and shorter timeframes. Placing interpersonal process at the heart of group counseling, we believe, is paramount to this end, as it maximizes group power within a brief time frame.

This text provides a comprehensive framework and a variety of methods through which you, as a group leader, can build your muscle in tackling the subtle and complex dynamics of a group. Through sharing our experiences, our treasure maps if you will, we hope you and your group can strike therapeutic gold.

This exciting journey will start with the base camp—the theoretical underpinnings—from which the interpersonal approach of this group work has drawn its origins. All leadership skills and intervention techniques in this text are solidly built upon the groundwork of the concepts and assumptions of the

following theories. Granted, these theoretical approaches are immensely complex; an in-depth discussion will be far beyond the scope of this section. We, hence, highlight only those ideas connected with the theme of our text.

SULLIVAN'S INTERPERSONAL THEORY

Harry Stack Sullivan was the first to present a systemic theory of interpersonal relationships in psychotherapy (Sullivan, 2013; Sullivan & Perry, 1971). His work has since spawned a lineage of interpersonal theories and studies (Kiesler, 1982a; Strupp & Binder, 1984; Teyber, 2000). Steering clear of the prevailing trend at the time of focusing on intrapsychic processes, Sullivan, instead, put an emphasis on interpersonal processes. This focus, indeed, proved to break new ground.

Major Notions of Sullivan's Interpersonal Theory

To help you zoom in on Sullivan's interpersonal theory, we condense Sullivan's groundbreaking theory into the following major notions:

- Human behaviors are recurrent and recursive: Our idiosyncratic behaviors seem to be moded by “the relatively enduring pattern of recurrent interpersonal situations which characterize a human life” (Sullivan, 2013, pp. 110–111).
- We are driven by interpersonal needs: It is not the sexual drive but the need for control, affiliations, and inclusion (the three interpersonal forces) that influence human motivations and actions.
- Our anxiety is rooted in interpersonal disapproval: Anxiety in interpersonal relations is the central force that organizes human behavior. Most people have a pervasive anxiety rooted in the fear of being discounted, rejected, or disapproved of by others, especially significant others. Our behaviors are mostly motivated by our desire to reduce anxiety.
- Problems manifest themselves in interpersonal relations: Our problems are primarily embedded in disturbed interpersonal relations and often manifest themselves in handicapped interpersonal communication.
- We cocreate our interpersonal reality through a reciprocal feedback loop: Recurrent interpersonal patterns and communication styles create a reciprocal loop in our environment—a type of feedback loop wherein the effect and the cause become circular. Thus, we not only affect others but are simultaneously affected by our interpersonal cocreation.

From Sullivan to Yalom

Sullivan's interpersonally oriented theory and practice represent momentous insights into the nature of human suffering and healing—insights that continue to influence contemporary theorists, including Irvin D. Yalom, the most influential figure in group psychotherapy. Many of Yalom's concepts of group psychotherapy can be traced back in some form to Sullivan's original concepts (Yalom & Leszcz, 2005).

As for us, Sullivan's interpersonal theory deeply shapes the way we view group members' behaviors as well as the way we formulate leadership skills and interventions. Beginning with Chapter 7, we provide ways to explore the interpersonal patterns and coping strategies that play out in members' interactions with one another. Chapters 9-12 discuss how to directly address these often difficult dynamics, making them the grist for the mill of group work. All over these chapters, Sullivan's impact leaves its trace.

EXPERIENTIAL THEORY

Another theoretical model that greatly contributes to our interpersonal approach to group work is experiential therapy: a therapeutic approach that places emphasis on *the felt experience* (Elliot & Greenberg, 2007; Lietaer, Rombauts, & Balen, 1990).

Clients Need Direct Experiences, Not Cognitive Explanations

Experiential therapy springs from the humanistic school of therapy (Pascual-Leone & Greenberg, 2007; Elliot & Greenberg, 2007), which assumes that growth and change happen naturally when experiences are not impeded. Taking this assumption one step further, the experiential therapy approach emphasizes that for change to take place, clients need *direct experiences*, instead of cognitive explanations (Greenberg, Rice, & Elliott, 1998).

For example, the prominent existential psychotherapist Rollo May once said, "The patient needs an experience, not an explanation" (May, 1983, p. 158). This statement highlights the therapeutic tenet of experiential therapy.

From this precept, enters this notion: To truly know something, one must achieve that knowing through a personal, immediate experience, not just through discussion, listening, or abstract processing (Bohart, 1993, Horvath, 1995;

Elliot & Greenberg 2007). Only when the experience is felt directly, are people then able to access a myriad of thoughts and feelings.

From Disowning, to Owning-Up, to Reclaiming

An experience cannot be felt unless it is owned by the person having it. And to group therapy with an experiential slant, this ability to “own up” to one’s experiences puts itself at the central point of the trajectory of its members’ growth and change:

- Clients begin the group stuck in processing experiences or *disowning* their undesirable experiences.
- Clients, gradually, allow themselves to *own up* to their own experiences, becoming able to immerse themselves in their experiences.
- Clients reclaim their ability to process experiences, reconstruct the meaning of experiences, and respond to experiences in new ways.

This unfolding process, from disowning, to owning-up, to reclaiming one’s self, is a process nothing short of splendid.

Learning Self-in-Relationship Skills Through Group Interactions

To apply experiential therapy in the group setting is to help members embrace what is happening; articulate what is unspoken or difficult to express; and reflect on the meaning of their here-and-now relationships in the group (Yalom & Leszcz, 2005). When emotionally engaged with their fellow members in this way, group members find themselves with a surge of energy and vivacity, inspired to reach deep within to uncover long-hidden issues, wounds, and emotions.

This experiential approach stands unsurpassed as a treatment choice through which members can learn *self-in-relationship skills* (Furman, Bender & Rowan, 2014; Elliot & Greenberg, 2007)—skills that are difficult to develop when one is alone, without others to practice with or to get feedback from. The experiential approach, with its built-in emphasis on here-and-now engagement, accelerates members’ pace of delearning and relearning these self-in-relationship skills.

In Chapter 13, we provide a special kind of *experiential therapy* useful for group counseling, especially when it comes to healing unresolved pain, loss, and trauma—*psychodrama*. Packed with actions, basic techniques of *psychodrama* offer

group therapists flexible and adjustable methods, applicable to various group settings, and at the same time, powerful in healing members' long suffered pain.

OBJECT RELATIONS THEORY

A client's issue is like an onion—multi-layered with each one closer to the core than the one before. Object relations theory helps therapists appreciate these many layers.

What Is This Obscure Term—Object Relations?

You may feel uncertain about the term *object relations*, but you need not. Simply put, *object* refers to people, including our internalized perceptions of people, while *relations* refers to relationships. Stripped down, object relations theory is precisely what we've been discussing thus far—interpersonal relationships.

Although object relations theory has been historically written about in obscure and impersonal terms, it is nevertheless a powerful theory. When fully understood, it can help therapists comprehend the core of their clients' predicaments.

The Quest for Connection Is What Motivates Our Behaviors

Although similar to interpersonal theory, object relations theory takes issue with Sullivan's postulation that human behaviors are motivated by our need to reduce anxiety. Instead, it believes that as humans, our ultimate motivation is to seek relatedness, attachment, and connection to others (Greenberg & Mitchell, 1983; Kohut, 2014; Sandler, 1981; Strupp & Binder, 1984; Teyber, 2000). Being crucial to our survival, attachment and connection play a central role in the ways we interact with our early caretakers, so much so that they tend to become internalized within us (Cashdan, 1989; Flanagan, 2016).

Our Internalized Others Are With Us Everywhere We Go

If our early caretakers are empathic and responsive to our needs, a sense of self-worth and trust will become the basic constituents of our psychic development.

On the other hand, when our caretakers and early home atmosphere deprive us of empathy and nurturance, this environmental deficiency can lead to a weakened, fragmented, or disordered self.

These childhood injurious and conflicted ways of interaction are deeply rooted within those who seek therapy. Impressed upon them and internalized within them is an enduring mode of perceiving—a cognitive schema—that shapes their relationships with others later in life.

Coping Strategies Are Just the Outer Layers of the Onion

Armed with object relations theory, therapists are equipped with a great tool to help their clients come to their recognition—their recurrent, problematic coping patterns are an upshot of their past unresolved issues, as well as a source of their current relationship difficulties (Greenberg & Mitchell, 1983; Kohut, 2014; Sandler, 1981; Strupp & Binder, 1984; Teyber, 2000). For example, people who come from a background lacking emotional nurturance, where their parents were emotionally unavailable, neglectful, or abusive, often felt immensely hurt and pained as children. The more their self and relations were injured, the more they felt disquieted and insecure, and thus, they chased affirmation and reassurance with a sense of urgency. When affirmation and reassurance are unavailable, the unbearable pain may drive them to apply more extreme coping strategies to up the ante.

If the process of therapy is like peeling the onion, then coping strategies are the outer layers, appearing in the form of intellectualization, rationalization, deflecting, caretaking, people-pleasing, dramatization, externalization, and impersonalization. Though initially useful, these coping patterns become problematic later in life.

In order to live productively, people need to develop new responses to manage the unique demands and tasks of each life transition effectively. The first step of developing new responses is to become aware that their entrenched coping patterns are getting them stuck in a rut.

Reaching the Reactive Inner Layers

Through the lens of object relations theory, group leaders have a deeper appreciation of our members' problems. As a result, we gain great respect and compassion for the pain our members endure on a daily basis. At the same

time, we are inspired and encouraged to reach the heart of our members' issues—their recurrent relational patterns.

Peeling the onion by slowly leading the group to touch on members' more reactive inner layers represents a powerful way of working with counseling groups. Chapters 6 and 8 expound on processing method and leadership skills to reach to these reactive inner layers. This method fosters great insight, self-compassion, and motivation for a member to change.

FAMILY SYSTEMS THEORY

We will never appreciate enough the profound impact that a client's family of origin can have on his or her life. Family systems theory provides a rich understanding of how the roles and rules in family systems shape our clients and how this early learning is often at the center of our clients' present day issues.

Unstated Family Rules About Roles Dictate Our Lives

Theorists in family systems, such as Gregory Bateson, Murray Bowen, Salvador Minuchin, Virginia Satir, and Carl Whitaker, have observed various overt and covert *communication and interaction patterns* in families, as well as various *fixed roles* that people play in their family of origin (Becvar & Becvar, 2013; Goldenberg & Goldenberg, 2013; Nichols, 2016). Though unstated, these patterns and roles—like unrelenting *family rules*—are, however, faithfully abided by all family members to maintain the family system's homeostasis. Unstated, these rules are thus outside of conscious awareness, making it difficult for people to change them.

Additionally, these roles and communication patterns are reciprocal and complementary. Roles reinforce each other, making all behaviors recursive. For example, a brother's domineering role reinforces his sister's submissive role, and the sister's submissive role reinforces her brother's domineering role. Similarly, a mother's critical role reinforces her son's passive role and *vice versa*. You can see that it takes multiple people to change such reciprocal, recursive relationship patterns. This adds to their resistance to change.

Our Family of Origin Remains Within Us

Family systems theory states that our family of origin remains within us throughout our life. Wherever we go, we carry the blueprint of its emotional

and cognitive road maps with us. If the old blueprint schooled us to disguise our vulnerability by our reactivity, we will replicate this very behavior in new relationships. The closer the relationships become, the more they touch the deepest layers of our inner life and the more they have the potential to stir our primitive emotional responses.

From Reenactment Toward Awareness

The family systems perspective helps group therapists catch a glimpse of group members' recurring patterns of interaction in their lives when reenacted within the group. Unfailing, the schematic perceptions and reactions—rivalry, separation anxiety, dependency, vulnerability, deficiency, or ambivalence—come to light in group interaction. Consistently, the group therapists can shift attention from the outward content of conversation toward the very family dynamics being reenacted in the group process, when it occurs.

Through the here-and-now—through the examination of the interpersonal process and communication patterns in the group interaction—members become aware of the roles they play. With that, they can start to challenge their unstated beliefs, needs, and feelings. Chapters 11 and 12 illustrate how to work with the roles that are reenacted within the group.

BRIEF THERAPY

At its core, brief therapy is about an attitude and mindset of doing therapy, not just the number of sessions.

Targeting Central Themes and Member Responsibility

From the perspective of brief therapy, the key to success is through focused intervention—treatment that targets central themes. To discover that central theme, the therapist may look into the past or the present for any indication of where the clients have gotten themselves “stuck.” When the theme is found, it is easier to figure out how to get them “unstuck.”

Another tenet to brief therapy is that clients hold the ultimate responsibility for their own well-being. For that reason, therapists strenuously avoid taking responsibility away from their clients (Hoyt, 1995; Kreilkamp, 2015; Levenson, 1995).

Those therapists who are used to conducting open-ended therapy may worry that the time limit inherent in brief therapy may shortchange their clients in terms of treatment quality. In actuality, the limited time can actually increase and intensify the work done in each session, compelling clients to become more active in the group throughout the course of therapy.

Thus, a time-limited framework often generates a sense of urgency, firing up group members to get quickly and deeply involved. This sense of urgency can serve as an antidote to passive attitudes toward change that many clients seem to harbor.

Informed by brief therapy, a group leader may choose to adopt a more focused leadership style that requires each group member to refine, reframe, and be held accountable for their goals—ones that are behaviorally concrete, specific, and achievable. The skills of goal setting (see Chapters 3 and 5), as part of the screening interview and the first session, clearly demonstrate this focusing element.

Embracing Here-and-Now and Small Changes

In brief therapy, our mindset must shift from idealism to pragmatism and optimism. Bound by a set time frame, therapists cannot afford to pursue an ideal or perfectionistic “cure” (Budman, 1994; Budman & Gurman, 2002; Hoyt, 1995) but must *focus on small changes*. These small changes have the power to snowball into significant changes later.

The concept of brief therapy reinforces a belief that group therapy should begin with members’ current life situations. Then, the group can move on to the observations of their recurrent relationship patterns when appropriate. Less focus is spent on review of members’ there-and-then history, and more focus, on the here-and-now. This here-and-now orientation is consistent with that of the experiential therapy approach. Chapters 11 and 12 specifically illustrate the pragmatic aspect of the here-and-now orientation.

Focusing on Trust and Group Cohesiveness

Within the brief therapy model, the leader also strives to quickly develop trust, empathy, and bonding within the group. In doing so, a safe group environment is built that allows for deeper self-exploration of the inner layers of client issues. As trust and empathy deepen within the group, group cohesiveness tends to strengthen. Group cohesiveness can be a powerful experience for many people who have difficulty in interpersonal relationships. Chapter 10

demonstrates leadership skills of how to facilitate greater risk-taking behaviors within a group as cohesiveness strengthens.

An Emphasis on Reflective Practice Between Sessions

Brief therapy also teaches us that most changes occur between sessions (Budman, 1994). This fact leads us to encourage reflective practice (Atieno Okech, 2008; Bolton, 2010) between sessions. We believe that intense interpersonal learning does not happen just within group sessions but also after the sessions have ended. Indeed, insight and self-awareness often begin just a few days after a particular session, when members have had some time to let the feedback sink in.

Throughout this text, we sprinkle journal entries of members and leaders here and there, illustrating their reflective practice between sessions. Chapter 15 specifically provides detailed rationales and methods for including reflective practice in group therapy.

Highly Direct Leadership Style

Under the influence of brief therapy, the process-minded leader will be active, clear, direct, and directive. To beginning group therapists used to the Rogerian style of individual counseling, this direct and directive style might feel unfamiliar and challenging. This highly direct style shall be intentional. Direct and directive leadership is requisite to hold members accountable for their own goals and tasks, as well as for the goal of the group as a whole.

The direct leadership style may trigger transference and authority issues for members having issues with boundary and power. Leaders need to be cognizant of this possibility. When these issues do arise, leaders can tackle them with sensitivity and nondefensiveness and treat them as grist for the mill, as illustrated in Chapters 9 and 10.

STRENGTH-BASED THERAPY

Strength-based therapy, an offshoot of the fast-growing movement of positive psychology (Lazarus, 2003), puts the energy of therapy on cultivating clients' resources, rather than on trying to fix their problems (Seligman & Csikszentmihalyi, 2000).

Tapping Into Clients' Reservoir

Strength-based therapy believes that the predisposition of all humans is such that it inclines toward adaptation and growth. However, though all people have a reservoir of strengths, they often leave many of their strengths unrecognized and unutilized (Epstein, 1998). Therapists, thus, aim to tap into clients' reservoir by coconstructing a realistic plan of action with the clients to bring these strengths out.

Without a doubt, strength-based therapy represents a striking *paradigm shift* from the traditional medical model of fixing what's wrong, toward one that builds upon what's right for clients (Seligman & Csikszentmihalyi, 2000; Walsh, 2004). It actually draws its concepts and techniques from several contemporary therapeutic approaches—including narrative therapy, solution-focused therapy, as well as a line of resilience literature and research.

Narrative Therapy: The Emphasis on "Change Talk"

The concept of *change talk* that strength-based therapy thrives on actually is borrowed from narrative therapy (White & Epston, 1990). In change talk, narrative therapists use the language of change to revamp the ways clients attribute meanings to the distress, trauma, or pain in their stories (Selekman, 1997; White & Epston, 1990).

As clients re-author the meanings of their experiences in the ways that serve them, they can revise their reactions and reclaim what strengths or resources they have, all to improve their lives. Meaning-reconstruction sits at the heart of this kind of change talk.

Solution-Focused Therapy

The *exception question* and the *miracle question* that strength-based therapy uses are drawn from solution-focused therapy (Jong & Berg, 2013). Armed with these two techniques, solution-focused therapists gain access to the problem-free areas of clients' life; thus, they get insight into what client resources to tap into.

Resilience—The Centerpiece of Strength-Based Therapy

Resilience literature and research are the cornerstones upon which strength-based therapy builds its foundation (Werner, 1995; Werner & Smith, 1992). Indeed, the notion of resilience is a centerpiece of strength-based therapy.

In life, success will always be accompanied with intermittent failures, setbacks, and disappointments. Even so, hardship will not dominate for long as small successes begin to accumulate and build our resilience. This resilience is the ultimate resource we all rely on to advance our lives.

Strength Born out of Overcoming Life's Hardship

The notion of resilience aligns well with the work of Riegel (1976) who believes that hardship gives birth to strength. From this position, a therapist can help clients go on with whatever lays ahead in life, without fear—because out of adversity, strength emerges (Desetta & Wolin, 2000).

The emphasis on client resilience not only allows clients to live without anxiety but also instills a sense of *hope*—a cornerstone of strength-based therapy (Davidson, 2014; Smith, 2006).

Help Members Find Their Areas of Resiliency

To apply strength-based therapy to group counseling and therapy, leaders first need to get members to get a firm grasp of *the paradox of adversity* so that they notice each other's resiliencies, and at the same time, appreciate the suffering that their problems inflict on them.

Get a firm grasp, they will. Search diligently enough, and members will always find many areas of resilience in each other's lives. The following areas, suggested by Wolin and Wolin (2013), are examples of what members can find as each others' resiliency: insight, independence, connection with people who matter, taking initiative, creativity, sense of humor, and the ability to abide by personal principles.

Once group members become aware of the strengths and resilience that they have forgotten or minimized, they may then begin to consider using their strengths to effect desired changes (Desetta & Wolin, 2000).

Don't Dismiss Members' Problems

One caution in applying this approach is that during the early stage of the group, the group members must take the time to come to a clear understanding of how members perceive their problems. Leaders must facilitate the group in listening to the problems members present and validate the feelings evoked.

If by mistake, the group dismisses the problems to focus on the strengths too early, then any solutions that the group arrives at are likely to be rebuffed (Cowger, 1992; Selekman, 1997).

INTERPERSONAL NEUROBIOLOGY

In recent years, findings from neuroscience have helped us understand how our emotional brains function in our interpersonal relationships. This line of studies all gathers under a big umbrella—"interpersonal neurobiology" (Siegel, 2015). Interpersonal neurobiology has made enormous contributions to our understanding of memory, learning, and change and has validated most concepts in counseling/therapy (Fishbane, 2014.) Still, much is to be learned about how our *mind* can work with our *brain* to deepen therapeutic change.

The constantly evolving field of interpersonal neurobiology can enhance our work as group therapists by expanding our understanding of *the deeply interpersonal nature of the human being* (Tootle, 2003). Major concepts of interpersonal neurobiology that integrate well into group therapy follow.

The Power of Emotional Brain Overrides the Cognitive Brain

Unlocking of the mystery of the emotional brain, particularly the amygdale, neuroscience contributes significantly to our therapeutic work (Damasio, 2006; LeDoux, 2015). The amygdale, the primary part of our brain, regulates our emotions (Tootle, 2003). Being more critical for survival, the emotional brain is given primacy, by natural selection forces, to the cognitive brain. For our survival instinct to immediately kick in when needed, emotions are given the power that overrides intellect. This is evidenced by the fact that there are twice the amounts of axons extending from the limbic area of the brain to the prefrontal cortex, as compared to the amount from other areas (Calvin, 1996; Damasio, 2006; LeDoux, 2015).

A Shift in Therapy Toward Honoring Bodily Rooted Emotions

As the primacy of emotions is revealed by the neuroscience revolution, the field of counseling and therapy also experiences a *paradigm shift*—a move away from treatment models that favor cognitive, top-down treatment, toward ones that place emphasis on the power of the bottom-up, bodily rooted emotions (Fosha, Siegel, & Solomon, 2011).

In the past, treatment focused on emotions and physical experiences can hardly get much recognition, now, however, emotion-based treatment and transformation is getting brand new respect (Fosha et al., 2011).

A New Understanding and Compassion for Resistance to Change

In counseling and therapy, we often have to deal with two conflicting forces within the client—to change or not to change—and the force to resist change can easily get an upper hand. With the help of neuroscience, now we come to appreciate the reasons why resistance is such an integral part of clients' experience.

The reasons have to do with Hebb's Law—"neurons that fire together wire together" (Siegel, 2015, p. 49). Over time, the connectivity between certain behaviors and certain messages, transmitted by neuron firing, becomes strengthened (Makinson & Young, 2012). In plain English, the more we do, think, or feel something, the more we are likely to do the same in the future. Hence, much of our functioning becomes automatic and ingrained; we become habitual. No wonder, those habits and personality characteristics formed early in life tend to be wired with such density in the brain that they gain a firm foothold, dead set against change.

We can say that when clients exhibit resistance, they are in fact, stuck in their *neuronal ruts*. To change their maladaptive habits and behaviors is literally going against their neural wiring (Fishbane, 2014). This difficulty is universal; it does not reside within just certain clients.

Understanding Hebb's Law gives us a new level of compassion for people at the crossroads of change.

Group Therapy Brings About Neuroplasticity

Though not endowed with any knack in changing our habits, we are not condemned to perpetually replicate our past, either. In the recent decade,

neuroscience has demonstrated that the adult brain can and does change. Our brains' capacities to change and to create new neural networks is accounted for by a phenomenon called neuroplasticity—a phenomenon that happens essentially in an enriched environment (Makinson & Young, 2012).

Group therapy represents one form of such an enriched environment where clients learn to think differently, to feel what was previously blocked, and to make more conscious choices. Through such enriched interactions, new neural connections are made; defragmented networks are repaired; and the neuroplastic process is then activated (Cozolino, 2010; 2016). Of course, for new neuronal connections to take root via Hebb's Law, the new ways of thinking, feeling, and behaving need to be practiced over and over, until they feel like second nature. Only then will the new wiring be sufficiently strengthened.

These kinds of new learning brought about in group therapy can change the brain structurally and physiologically—literally *rewire* the way the mind works (Doidge 2014; Makinson & Young, 2012). Such a neural basis is the bread and butter of group counseling and therapy.

Process-Minded Leadership as a Necessity for Fostering Neuroplasticity

Cozolino (2010) proposes that neural plasticity is made possible in the following conditions:

- A safe and trusting relationship has been established.
- There are moderate levels of stress.
- Emotion and cognition are both activated.
- New meanings have been coconstructed for the clients' life stories.

We happily find that Cozolino's notions resonate with the principles of leadership skills and techniques proposed in this text, including the two tiers of here-and-now processing featured throughout this text. Learning to handle the group in the level of its interpersonal process, leadership has a surefire capacity to create the kind of environment to enhance members' neuroplasticity.

The First Step of Conflict Resolution Is to Calm the Amygdala

According to neuroscience, our emotional memories tend to be processed in the amygdala—a part of the limbic brain that mediates the fight-or-flight

response. In other words, the amygdala scans the environment for danger, then quickly does what needs to be done without sounding the alarm to the prefrontal cortex (PFC), the thinking part of the brain (Fishbane, 2014; Makinson & Young, 2012). This highly reactive impulse of the amygdala serves to protect our survival.

In most people, the brain is in a delicate equilibrium between the cognitive (the PFC) and the emotional (the limbic system) (Makinson & Young, 2012). However, in a stressful situation, such as interpersonal conflict, the amygdala is likely to get an inkling of threat. This sends our bodies into the fight-or-flight mode, short-circuiting the thinking part of our brain. (Fishbane, 2014). This kind of emotional hijacking is typical in interpersonal conflicts, especially in open conflict within a group.

According to our clinical experiences, it is unrealistic to teach people in conflict to show empathy for one another. Others in front of us have to validate our experiences, thus calming the activated amygdala before we can call on the higher brain (the PFC) to reflect on the meanings of what has occurred intrapsychically and interpersonally.

In Chapter 9, you can find the steps for resolving open conflict in the group. Our principle of conflict resolution in the group is that the triggered amygdala must be calmed first, and then the PFC can be called on for a higher level of reflective processing.

UNDERLYING ASSUMPTIONS

With the previously discussed theories as the backdrop, the interpersonal approach to group work featured in this text assumes seven core premises about the nature of people's problems and about how problems can be resolved through the relationships within the group. This section discusses these seven core premises in detail.

Assumption 1: Most Problems Are Interpersonal in Nature

People come to counseling or therapy to solve the problems that plague them—they may feel isolated or depressed; have problems with their spouse, coworkers, or others; have a pressing issue that holds them back from building the lives they desire; or so on. The road toward the resolution, however, is not a direct line.

The first thing we as group leaders must realize is that we cannot directly solve our clients' problems. According to Yalom and Leszcz (2005), most clients in therapy share two common difficulties:

- Difficulties in establishing and maintaining meaningful relationships
- Difficulties in maintaining a sense of personal worth

These difficulties are interpersonal in nature, which can only be solved within the interpersonal context. The interpersonal process of the group provides the exact context wherein clients can learn a new way of healthy relating to replace the old, impaired one. This will likely rebuild their sense of self-worth and their interpersonal connection.

Assumption 2: Clients' Underlying Problems Will be Played Out in the Group

A major difference between individual counseling and group counseling is that in individual counseling, clients tend to *talk about* relationship issues, whereas in group counseling, they *act upon* them, mostly without a trace of awareness. The group setting, therefore, allows therapists to do something that the individual counseling cannot afford—to witness what goes wrong interpersonally for clients.

For example, we get to see how members play out their distancing behaviors, build their walls, carry on impersonal communication styles, or get into off-putting behaviors, and then we realize how all of these play a part in their interpersonal problems.

Yalom and Leszcz (2005) point out that a group is indeed a “social microcosm” (p. 46)—a setting that affords us a glimpse into the bona fide interpersonal patterns in group members' outside lives. With that, the most important tool emerges right in front of us—the here-and-now interaction among members.

Assumption 3: Family Experiences: The Primary Source of Interpersonal Process

The question is, where do these interpersonal problems come from? Sullivan's interpersonal theory and object relations theory both inform us that people's interpersonal difficulties are often rooted in early childhood interactions, especially those within clients' families of origin. Family systems theory also

informs us that many maladaptive interpersonal styles stem from hurtful interaction patterns in the family of origin (Goldenberg & Goldenberg, 2013; Nichols, 2016). These deeply ingrained interactions tend to manifest themselves in clients' current relationships.

For example, on the enmeshment-disengagement spectrum, clients from enmeshed families often find themselves still avoiding conflict and still suppressing their undesirable emotions, especially anger, in their current relationships. They often struggle with a sense of guilt whenever attempting to assert themselves or to set boundaries.

On the other hand, clients from disengaged families tend to lack a sense of introspection and are other-focused. They have difficulty containing their emotions, especially anxiety. Since people from a disengaged family often cut off their family members as a way to shut out rising anxiety in relationships, clients with this background generally lack experience in regulating, containing, or working through their anxiety in their current lives.

Group therapy represents an *interpersonal learning laboratory* where members get a chance to receive honest feedback from others about the patterns they inherited from their family experiences. Through awareness, new behaviors become possible (Drumm, 2006; Shaffer & Galinsky, 1989; Yalom & Leszcz 2005).

Assumption 4: Group Galvanizes People's Interpersonal Patterns

Group interaction provides a platform where, sooner or later, members' interpersonal problems come out for all to see. Due to this natural tendency for people to *repeat* their past in their present, the group inevitably becomes a unique setting—an *emotionally charged setting*—where shame, guilt, abandonment, rejection, mistrust, and other dormant feelings, all have a chance to come to the forefront through group interactions.

Although threatening, the experience of these charged interpersonal encounters is a blessing in disguise. The emergence of these feelings urges us to work through them as well as their attendant issues *within* the group. The evoked experiences become grist for the mill. They afford members an opportunity to examine how and why their interpersonal experiences get organized in a certain way. Subsequently, a sense of secure attachment, mastery, acceptance, and adaptive engagement with others—qualities that make up healthy living—can be experienced (Drumm, 2006; Furman et al., 2014; Riestler, 1994).

***Assumption 5: Here-and-Now
Can Bring About Change and Healing***

The here-and-now relationships within the group have the enormous creative potential for helping clients reconstruct the past and re-envision the future. For this to occur, the group therapist must strive to engage, intervene, participate, and transform maladaptive patterns of relationships (Blaney, 1986; Ferencik, 1991; Greenberg & Mitchell, 1983; Perls, 1992; Yalom & Leszcz, 2005).

The power of the here-and-now rests in its ability to provide a personal and direct experience of the interpersonal. When clients direct their attention to their *present* emotions as well as their *present* interpersonal relations, learning and healing will naturally come about. However, when the attention is directed to events back in time, the vitality of therapy is lost. The therapeutic focus, therefore, must be on the client's whole constellation of emotions, as they occur in real time in the group.

***Assumption 6: To Last, Interpersonal
Learning Must Be Experiential***

As the saying goes, "I hear and I forget, I see and I remember, I do and I understand." In life, most of our significant learning comes from direct experience, not from speculation and intellectualization. In the group, learning about one's own interpersonal patterns takes place only when the group takes on an experiential method.

In their direct interactions with others in the group, members' "entire composite behavior is open to scrutiny within the group" (Leszcz, 1992, p. 50). In other words, the group gets to see everybody's patterns in the act. This direct experience of one another is an invaluable gift that only the group can bestow.

***Assumption 7: Sustaining Change
Can Happen Within a Short Time***

In working with clients, try to assume that all group members, irrespective of their present issues, will respond to short-term group treatment unless they prove themselves too fractious for it. Try to believe that long-lasting change can happen within a short time (Hoyt, 1995; Levenson, 1995; Malan, 2012). This is the tenet of brief therapy.

The exact time limit does not define brief therapy, but the focused innovative interventions do. The awareness that *there is* a time limit can create the power of brief therapy. To invoke this awareness, we may start each session by asking group members to respond to this question: “What interpersonal skills are you willing to practice in today’s session to bring about the change you desire?”

Within this question reside the key elements of brief therapy: *what skills, you, willing, change, today*. The emphasis on the here-and-now experience conveys a sense that therapy is present-centered and that change can happen in the experiences of pivotal moments of the present.

KEYS TO SUCCESS IN LEADING TODAY’S GROUPS

Successful individual counseling often points to a consistent trend in client change. Successful groups exhibit similar trends, particularly in interpersonal terms. To succeed in group leadership, leaders must be ready to take on certain tasks and directions. This section depicts what tasks and directions these might be.

The Growth in Self-Directedness, Present-Focus, and Connection

Although different in various ways, individual counseling and group counseling resonate with each other in the areas where clients’ growth show.

Growth Shown in Successful Individual Therapy

In successful individual therapy, clients tend to change from being other-evaluated to self-directed (Dinerstein, 1990; Levant & Shlien, 1984; Rogers, 2003). Additionally, they tend to gradually face responsibility for present life, instead of blaming the past (Dinerstein, 1990; Levant & Shlien, 1984). The client often rediscovers his or her “me, here and now” (Rogers, 2003), meaning his or her attitudes, emotions, values, and goals as they currently affect one another.

As the self-work progresses and as clients sustain their own self with internal validation and approval, they tend to become more able to accept themselves the way they are. Their sense of self-worth increases, and they are more able to trust their own choices. As a result, they are baggage-free and have more capacity to connect with others and feel more fulfilled in their relationships.

Growth Shown in Successful Group Therapy

When a group is successful, members experience mental shifts quite similar to those in individual therapy, but the shifts are more in interpersonal terms. Research shows that in successful group counseling and therapy, members tend to grow toward *self-directedness*, *present-focus*, and *connection to others* (Salzberg & Kabat-Zinn, 2003; Yalom and Leszcz (2005). Following are the details of successful group members' changes:

- Discovering and accepting previously unknown or unacceptable parts of their self
- Expressing to others what is happening inside rather than holding it in
- Seeing others taking risks to reveal embarrassing things or vulnerable parts of themselves and benefiting from it; therefore being inspired to do the same
- Accepting and appreciating honest feedback about how they come across to others in the here-and-now of the group
- Taking risks in expressing uncomfortable feelings (either negative or positive) toward another member in the group
- Taking ultimate responsibility for the way they live their present life no matter what kinds of past influences they received from others
- More willing to trust group members and other people in their present lives

Difficulties in Today's Groups: Unexamined Interpersonal Processes

This above-listed picture of successful group behaviors seems deceptively simple. The journey one has to take to arrive at these depicted outcomes, however, can surprise us with twists and turns.

As stated previously in this chapter, clients *talk about* their problems in individual therapy, but they *play their problems out* in group counseling. If only one member does this, there will be no sweat. Multiplied, however, it can make the group dynamics dazzling, if not confusing.

Indeed, most difficulties witnessed in today's groups arise from the subterranean interpersonal processes that remain unexamined, even by experienced therapists. Following is a list provided by S. D. Rose (1989) regarding the characteristic, subterranean, problems in today's groups:

! The group has low cohesion caused by a group-collusion among certain members, making others feel unsafe.

! Many members step back and allow one or two members to carry all the emotional work for the group.

! One or more members dominate the session, constantly speaking up to contribute, not giving quieter members their chance to contribute.

! Some members check out emotionally from the session.

! Some members don't self-disclose, making it difficult for other members to help them, support them, give them feedback, or challenge them.

! Some members are angry all the time, assigning blame or criticizing others in a negative way.

! Some members simply refuse to participate in the process at all and state their refusal early on.

! Some members establish subgroups, such as pairs, triads, or cliques, excluding others in communication.

! Some members resort to put-downs, defensiveness, or passive-aggressiveness as their mode of interactions with others without even recognizing it.

! The group as a whole becomes dependent on the leader; interaction occurring primarily between the leader and members.

Though most of these problematic interpersonal processes are miles away from the concerns that members bring to the group, these processes present that critical issues—*the elephants in the room*—that must be dealt with, if the group is to move forward.

Allow the Group Members Enough Time to Soak Up Their Interpersonal Dynamics

Some groups (such as psychoeducational groups, grief support groups, cognitive behavioral therapy groups, etc.) can afford to skirt around the interpersonal processes among their members—because they are so designed (Braaten, 1989; Furman et al., 2014; Shaffer & Galinsky, 1989). Most counseling and therapy groups, however, will eventually need to address these subterranean interpersonal processes.

Before tackling interpersonal process in the group, however, we need to slow down, giving the group enough time to get to a state where members are ready to tackle the interpersonal issues. Enough time should be spent to get the following foundations well in place:

- establishing a safe environment
- responding to members' emotions and inner needs
- observing how members' coping patterns sneak up in group interactions, how these patterns shed light on their presenting problems, and what the functions are of these coping patterns and how they have served the person

Before jumping into the here-and-now incidents to examine the dynamics, try to spend a couple of sessions mindfully observing how members' interpersonal patterns and central conflicts sneak up in the group interactions. Your observations will serve as your guidepost when the group is ready to grab the bull by the horns and deal with the subterranean interpersonal processes of the group.

Strive Toward a Process-Minded Leadership

To conceptualize members' problems from the perspective of interpersonal processes, a group therapist needs to develop his or her perceptivity to the process going on the group. This is easier said than done. As Zaslav (1988) points out, most group leaders are not born with the innate capacity to see at the process level of group interaction. It is no wonder then that many therapists are repeatedly observed to have difficulty in directing the group to the process level of the here-and-now (Yalom & Leszcz, 2005).

To further magnify their difficulties, most new group leaders come from training programs that do not place significant focus on the process level of group work. They are adequate in leading structure-oriented or content-focused groups, however, when it comes to interpersonal process-oriented groups, they are left scrambling to keep up.

This text strives to fill this void in group leadership training. Becoming proficient in what is infused in this text, a new leader will feel confident and adequate in leading groups—not only in leading structure-oriented or content-focused groups but also process oriented-groups. To see the new generations of group leaders reaching this highest level of competency is our ultimate intent.

