

GROUP LEADERSHIP SKILLS

INTERPERSONAL PROCESS IN
GROUP COUNSELING AND THERAPY



Mei-whei Chen • Christopher Rybak



Group Leadership Skills

Second Edition

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Interpersonal Process in Group Counseling and Therapy

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Los Angeles | London | New Delhi
Singapore | Washington DC | Melbourne



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SAGE Publications, Inc.
2455 Teller Road
Thousand Oaks, California 91320
E-mail: order@sagepub.com

SAGE Publications Ltd.
1 Oliver's Yard
55 City Road
London EC1Y 1SP
United Kingdom

SAGE Publications India Pvt. Ltd.
B 1/1 Mohan Cooperative Industrial Area
Mathura Road, New Delhi 110 044
India

SAGE Publications Asia-Pacific Pte. Ltd.
3 Church Street
#10-04 Samsung Hub
Singapore 049483

Acquisitions Editor: Abbie Rickard
Editorial Assistant: Jennifer Cline
Production Editor: Kimaya Khashnobish
Copy Editor: Michelle Ponce
Typesetter: C&M Digitals (P) Ltd.
Proofreader: Lawrence W. Baker
Indexer: Marilyn Anderson
Cover Designer: Rose Storey
Marketing Manager: Katherine Hepburn

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Printed in the United States of America

Library of Congress Control Number: 2017942488

ISBN (pbk): 978-1-5063-4930-5

This book is printed on acid-free paper.

17 18 19 20 21 10 9 8 7 6 5 4 3 2 1

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PREFACE

The power of a group in action fascinates and humbles those who behold. No matter how many times you sit in a group, you cannot help but be captivated by the surprising richness and complexity of the forces at work within it. As members' interpersonal and intrapersonal processes wed, you are privileged to catch sight of an explosion of dynamics—each with a personality and a life of its own, commanding your unfaltering respect and appreciation.

Many therapists and counselors, however, shy away from leading groups because of this uncontainable richness and complexity, which, as we have seen, can dazzle even the most seasoned of therapists. Feeling ill-equipped to handle group dynamics, new group facilitators feel nauseous, and even break out in a cold sweat, at the mere thought of leading groups.

This sense of anxiety and inadequacy completely makes sense as many budding therapists feel like they lack the necessary skills and competencies to run a group—even with training. The fact is that with the one or two group training courses that they may have taken, their preparation has often been too general to provide an in-depth understanding of how to tackle the intricacies inherent in each group session, much less how to help group members transform. As such, numerous beginning group leaders thirst for practical and tangible instructions that provide not only conceptual discussion but also specific guidelines and illustrations to help them brave the many challenges of group counseling.

We believe that the first edition of this text met such needs through converting abstract concepts into concrete actions, by way of skill and technique illustration. From the feedback that we received from its active users, it was made clear to us that the practical, as well as tangible, skills and techniques within the text have made a significant contribution to the beginning group leader's foray into the unendingly fertile and intricate world of group work.

We have been told that they begin to triumph over their fear and anxiety of taking on this most complex modality of counseling and therapy by the help of this book's skills and techniques—much like a ship at sea, in dark and stormy waters, being shown safely to the shore by a lighthouse.

We hope to extend this vital impact with this second edition.

In this new edition, we continue to hone in on the power of the group. We continue to offer a wealth of case histories, creative ways of conducting groups, and examples for skills and techniques—all in an effort to get right to the heart

and the action of the group practice, without lingering overly long in the realm of abstraction.

What, then, is new here? We add leadership skills from several theoretical foundations: solution-focused therapy, strength-based therapy, cognitive behavior therapy, and interpersonal neurobiology. We also add three new chapters to join the lineup:

Chapter 6: Leading Structured Group Sessions

Chapter 8: Unstructured Groups—Basic Level

Chapter 13: Using Psychodrama for Unresolved Pain

Taking the suggestions of our reviewers, we spread the here-and-now leadership skills over four different locations to suit varying stages of member readiness:

- Chapter 8 introduces *the first baby steps*, suitable for the early stages of a group.
- Chapter 10 ushers in the *intermediate steps*, fitting for the norming stage.
- Chapters 11 and 12 expound upon the *most advanced steps*, apt for the working stage.

Even at the advanced level featured in Chapters 11 and 12, the here-and-now techniques are further partitioned into several levels of intensity. The hope is that success with the less intense techniques will embolden new group leaders to apply those of higher intensity if it so suits the needs of their groups.

In addition, the entire manuscript went through a major makeover—a welcomed revision of the previous contents and a proud enhancement via the new research, new concepts, new cases, and new delivery style—giving the entire text a different feel.

Due to limited space, we let go of two old chapters (professional standards/best practices and further development of the group leader) so as to leave room for the added chapters.

The power of a group in action fascinates and humbles those who behold. No matter how many times you sit in a group, you cannot help but be captivated by the surprising richness and complexity of the forces at work within it. To work with this power, one must enter its sphere with utter openness, curiosity, willingness, humility, and a sense of awe—an attitude that can be best described as a Zen mind, or a beginner's mind. It is with this same attitude that we fashion this second edition.

ACKNOWLEDGMENTS

We feel privileged to be given the honor to create this book. The precise honor, however, must go to the numerous trainees and group participants who have given us insights into group dynamics and interpersonal processes that no amount of study in literature and theories can achieve. It is through seeing groups at work that the ideas and concepts in this text began to germinate.

It is with the deepest gratefulness that we thank our trainees and group participants, especially those who have given us permission to use their personal cases and journals, though anonymously, to demonstrate points in the text. We thank them for their generosity and the trust they have placed in us.

We want to thank Annie Huston and Wendy Haas. You hunt down and expunge flabby expressions, correct grammatical errors, tighten sentences, place words here and exchange words there—until the writing reveals its message in the clearest way possible. Your contributions quicken the pace of the book, making it easier and lighter to read.

Special thanks are to Ed Porter. This text has more to offer because of your linguistic acumen, scrupulous attention to detail, and insight into elusive group processes—a rare find of amalgamation of talents.

Thank you, Ana Ferraz-Castilho, for your assistance in updating the bibliography. What a patient researcher you are! Without your help, we would have been bogged down by the mammoth task of researching.

Thank you, Sarah Cozzi and Thomas Nedderman, for contributing your thoughtful ideas to several exercises in this text. And thank you, Kimberly Buikema, for so generously sharing with the readers the group proposal in Appendix A.

It is with utter gratitude that we thank the following reviewers—as “iron sharpens iron,” the astute comments from you have sharpened our minds and visions as we go about completing this new edition:

Professor Jack Flight, Dominican University;

Professor Karin Lindstrom Bremer, Minnesota State University, Mankato;

Professor Kevin A. Curtin, Alfred University;

Professor Susan Claxton, Georgia Highlands College;

Professor Susan Glassburn Larimer, Indiana University;
Professor Tracey M. Duncan, New Jersey City University;
Professor Tracy A. Marschall, University of Indianapolis;
and Professor Charles Timothy Dickel, Creighton University.

Finally, thanks be given to Abbie Rickard, Kimaya Khashnobish, Nathan Davidson, Lara Parra, Kassie Graves, Alissa Nance, Jenna Retana, and our copyeditor, Michelle Ponce, at SAGE. Your professionalism and your passionate enthusiasm for this book make the undertaking of this project clear and focused; your supportive approach adds an extra measure of positive energy to the entire authoring process.

For our parents, family, partners, and friends, words are inadequate to express our gratitude for your unyielding support, understanding, and love.

The authors' ultimate gratitude must go to the larger community of group counseling and therapy through which the heritage of group work is maintained and through which precious knowledge is handed on to the generations of therapists to come.

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He received awards for innovative teaching and integrated learning, a research award, two Fulbright scholarship awards, and the Beverly Brown Award for Outstanding Contributions to the Field of Group Counseling from the Illinois Association for Specialists in Group Work (IASGW).

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 (Elliot & Greenberg, 2007; Pascual-Leone & 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; Elliot &

Greenberg 2007; Horvath, 1995). 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* (Elliot & Greenberg, 2007; Furman, Bender & Rowan, 2014)—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. Unfailingly, 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 is 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 could hardly get much recognition; now, however, emotion-based treatment and transformation are 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 are 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.