The Interpersonal Approach and Group Theory Summary

OBJECTIVES
After reading this chapter, you should be able to:

✔ Discuss the theoretical foundations of the interpersonal approach.
✔ Explain the essential concepts of the interpersonal approach.
✔ Discuss the interpersonal perspective on the group therapeutic process.
✔ Describe the role of a leader who emphasizes the interpersonal approach.
✔ Outline the seven themes group counseling and therapy theories share and how these themes can be used in group practice.

INTRODUCTION
The interpersonal approach to group counseling and therapy emphasizes members learning from each other in a setting that accentuates here-and-now interaction, feedback exchange, the correction of interpersonal perceptual distortions, immediate emotional experiencing, the utilization of essential therapeutic factors, and cognitive processing. It views members’ interaction in the group as the basis for interpersonal learning, the objectives of which are awareness, insight, and change in relationships both in and out of the group setting (Leszcz, 1992). The interpersonal approach to group therapy was made prominent by the work of Yalom (1970).

Focal conflict theory, general systems theory, and the interpersonal approach are similar in that they claim that members’ group interactions mirror their interactions
outside group. The interpersonal approach differs from focal conflict theory and general systems theory in that it does not emphasize the group as a social system. Thus, it does not stress group-as-a-whole interventions as an imperative aspect of the leader's role. In addition, the interpersonal approach stresses an interpersonal learning process, which the leader must facilitate. Finally, the interpersonal approach is heavily influenced by the work of Sullivan (1953), which was not specifically intended to be a group approach to therapy.

THEORETICAL FOUNDATIONS

The interpersonal approach to group therapy sees group interaction as the mechanism for change (Leszcz, 1992). This perspective is the product of Yalom's conceptualization of interpersonal learning as a therapeutic process. Yalom's ideas were based most extensively on the work of Harry Stack Sullivan.

Sullivan (1955) contended that self-esteem depended on individuals' perceptions of how significant others evaluate their behaviors. During childhood, "the developing personality embraces those parts of the self that are valued by his or her significant others" (Leszcz, 1992, p. 38). By behaving in a way that significant others approve, individuals are able to maintain their interpersonal attachments and build their self-esteem. Conversely, behaviors that do not gain the approval of significant others cause interpersonal anxiety because individuals perceive that such behaviors threaten their attachments with significant others. Because significant others disapprove, individuals' perceptions of their self-worth diminish. The behaviors that create interpersonal anxiety or threaten disapproval are "disavow[ed] through the process of selective inattention" (Leszcz, 1992, p. 38).

Because significant others disapprove, individuals disown personal experiences and avoid using interpersonal behaviors that communicate these experiences. Conversely, individuals learn to value interpersonal behaviors and their accompanying internal experiences when they gain the approval of significant others. Thus, individuals create their own personalities on the basis of how they perceive the evaluations of significant others by eliminating or maintaining interpersonal behaviors. The resulting composite, although formed at an early age, persists and influences relationships throughout an individual's life (Hall & Lindzey, 1978).

When Steve was 5 years old, his parents scolded him on numerous occasions for feeling and acting sad and angry. When Steve experienced these scoldings, he perceived he was doing something inappropriate and that feeling sad and angry was unacceptable. Eventually, so Steve could maintain his parents' approval and his own self-worth, he stopped attending to these unacceptable feelings. Consequently, Steve came to believe that he had to conceal his feelings to maintain attachment with his parents and be worthwhile. Recently, when Steve, now 28 years old, joined a group, he described a number of failed relationships. He discussed feeling unable to
meet his needs for emotional support. He also stated that his partners complained they never knew when he was upset and felt shut out by him. When other members encouraged him to talk about his sadness, Steve denied feeling sad.

Yalom (1995) also stresses Sullivan's idea that individuals are disposed toward perceiving others in a way that distorts what actually occurs in their relationships. These distortions are associated with individuals' perceptions and possible misinterpretations of significant others' approval and disapproval. Sullivan coined the term parataxic distortion to describe this perceptual process. "A parataxic distortion occurs in an interpersonal situation when one person relates to another not on the basis of the realistic attributes of the other" (Yalom, 1995, p. 19). Rather, individuals react to others unrealistically because of their perceptions and internal reactions (Yalom & Vinogradov, 1993). These distortions define acceptable and unacceptable interpersonal behaviors and lead to impaired relationships.

Leaders will commonly observe a variety of parataxic distortions emerging in group interaction. The following example occurred during the early meetings of an adolescent group.

RENEE: “Brian, you just can’t act that way. I won’t like you if you do.”
LEADER: “Renee, I’d like you to try a different way to…”
RENEE: “Shut up! You are so critical of me and everything I do. You think I can’t do anything right! You go to h——!”

In this example, Renee’s reaction was due to a parataxic distortion, which is indicated when a member’s emotional reaction is far more intense than a situation warrants. Here, Renee’s angry reaction was inconsistent with the content of previous and current interaction. Although this example involved the leader, parataxic distortions occur between members as well.

Parataxic distortions are correctable through the process of consensual validation (Sullivan, 1953; Yalom, 1995). Consensual validation is a process in which individuals learn how to value themselves, their internal experiences, and their behaviors differently, depending on others' responses and perceived evaluations. In this way, group members who encounter others' reactions that are contrary to their own perceptions can correct their interpersonal distortions. For example, if a member who is ashamed of having shared his feelings hears that other members deeply appreciate this sharing, it can change his belief that others will reject him because he is worthless when he shares feelings. This corrected interpersonal distortion helps this member value his emotions and become more emotionally open in his relationships.

Yalom (1995) regards interpersonal relationships as a critically important human need. "People need people—for initial and continued survival, for socialization, for the pursuit of satisfaction. No one—not the dying, not the outcast, not the mighty—transcends the need for human contact” (p. 21). Sullivan and Yalom view mental health in terms of healthy relationships. Therefore, the goal of group counseling and therapy is to help group members learn how to achieve healthy and satisfying relationships.
ESSENTIAL CONCEPTS

The interpersonal approach focuses on members’ interactions “as the nucleus of change, growth, and improvement” (Leszcz, 1992, p. 37). This focus is grounded in the assumption that developing and sustaining relationships is a highly significant human need and that individuals’ definitions of self-worth are a function of their relationships.

Therapeutic Factors

Yalom (1995) describes 11 factors that contribute to the process of change in a therapy group. These factors are “the essential things that make people get better” (Lonergan, 1994, p. 207) and are oversimplifications of the complex interactive phenomena that contribute to helping therapy group members (Yalom, 1995). These factors are valuable for their utility as leadership objectives.

Two of these factors are interpersonal learning and cohesiveness. Yalom (1995) treats these separately to emphasize their importance. Seven other factors—installation of hope, universality, imparting information, altruism, the corrective recapitulation of the primary family experience, developing socializing techniques, and imitative behavior—are also important contributors to change. Yalom (1995) sees the final two factors—existential factors and catharsis—best understood in the context of the other factors. Chapter 10 addresses therapeutic factors in much greater detail.

Interpersonal Learning

Interpersonal learning is a comprehensive term that encompasses the processes of consensual validation, corrective emotional experience, the group as a social microcosm, and transference and insight. Whereas other therapeutic factors contribute to change, interpersonal learning is the most essential mechanism of change (Yalom & Vinogradov, 1993). Interpersonal group therapy uses interpersonal learning to alter interpersonal distortions, provide insight, and help members master the interpersonal behaviors necessary to experience more satisfying relationships (Yalom & Vinogradov, 1993).

Interpersonal learning involves members gaining an understanding of how others perceive and react to their interpersonal behaviors. When members share their perceptions and reactions, others receive information that can correct interpersonal distortions. In addition, this information provides members with input about alternative interpersonal behaviors that can improve their relationships. As members become more adept at self-observation and effective interpersonal behaviors, they transfer their learning to relationships outside the group.

Consensual Validation. The most significant factor in interpersonal learning is the process of consensual validation, the most essential component of which is interpersonal feedback. Leaders encourage consensual validation on the premise that
individuals can alter their interpersonal distortions when they compare their self-evaluations to others’ evaluations (Yalom & Vinogradov, 1993). Thus, when members find that others see certain interpersonal behaviors positively, they can begin to regard those behaviors positively even though they previously have seen them as unacceptable. Consensual validation also affects behaviors that others see as unacceptable and that the member has seen as acceptable.

John believed that sharing emotions was a sign of weakness and thus unacceptable. After an intense interaction with another group member, John heard that others believed he was being evasive and dishonest because he had not shared the emotions he was obviously experiencing. John received feedback that challenged his interpersonal distortion that sharing emotions was unacceptable. John also learned that others experienced his acting as if he had no emotions negatively. Thus, John received information that challenged his assumptions about acceptable and unacceptable interpersonal behaviors. This input offered John consensual validation that changed his interpersonal distortion that sharing emotions was unacceptable.

Consensual validation is achieved through feedback exchange. Feedback allows members to learn how others perceive their interpersonal behaviors. Effectively shared and processed feedback offers members information that increases their understanding of how their behaviors contribute to the emotional and cognitive reactions of others and challenges interpersonal distortions. This information enables members to self-evaluate on the basis of what actually happens in their relationships and not on their distorted perceptions of others’ evaluations.

**Corrective Emotional Experience.** Corrective emotional experiences involve members’ experiencing intense emotion, reality testing, and cognitive processing that corrects interpersonal distortions. Two important conditions need to exist in groups for corrective emotional experiences to occur: safety and honest feedback exchange (Yalom, 1995). Corrective emotional experiencing includes consensual validation and emphasizes emotion or intense self-disclosure.

Corrective emotional experiencing involves the expression of intense emotion (positive or negative) or the sharing of a revealing and involving self-disclosure, sustained interaction that allows full expression of the emotion or disclosure, consensual validation that corrects an interpersonal distortion, and an improvement in members’ ability to interact intimately with other members (Yalom, 1995). Often, it involves members anticipating a disastrous reaction to their display of emotion or disclosure and experiencing a response from others that is contrary to this anticipation.

Beth believed that expressing her anger when she felt ignored would result in rejection and never gaining the acceptance of others. During the latter part of a session, she had felt that others had been ignoring and trivializing her input. She exploded with intense anger before she could stop herself. The other members attended to her and did not attempt to shut
down her anger. Beth, with the encouragement of the leader and other members, was able to share not only her anger but also her fears of disapproval and rejection. Instead of being rejected or criticized, she found that others appreciated her expressions. Others let her know that it was important for them to know whenever she felt ignored or angry. On the basis of this experience, Beth learned to share her anger more openly and confronted her fears of abandonment and rejection.

**Social Microcosm.** Over time, members' relationships in counseling and therapy groups increasingly resemble members' relationships outside their groups (Yalom & Vinogradov, 1993). Yalom and Vinogradov (1993) point out that the interpersonal concerns that have led members to the group eventually are demonstrated in the context of the group's interaction. In other words, members' relationship difficulties and interpersonal distortions become evident as members interact. Members' group experiences also take on characteristics of members' families of origin. Ultimately, members use the same interpersonal behaviors they have developed in their families of origin.

The interpersonal issues that bring members to groups become apparent in the members' here-and-now interactions. These interactions are thus relevant to understanding and improving members' relationships. By observing members' interactions, leaders get information about members' interpersonal dynamics. This information shapes interventions that address relationship difficulties in the group and improves relationships outside the group.

**Cohesiveness**

Cohesion in group therapy is analogous to the therapeutic relationship in individual counseling and therapy (Yalom, 1995). Yalom (1995) defines cohesiveness as "the attraction that members have for their group and for the other members" (p. 67). A cohesive group has more consistent attendance, higher levels of member participation, more intense self-disclosure, more satisfying relationships between members, increased tolerance for hostility, and overall more effective outcomes than less cohesive groups. Members of cohesive groups are accepting and supportive of each other and open to being influenced by other members (Yalom, 1995).

Cohesiveness must exist if the other therapeutic factors are to operate (Yalom, 1995). When a group is cohesive, members accept each other and value each others' opinions and thus disclose more and risk more. Consequently, cohesiveness leads to positive outcomes. The development of a cohesive group environment depends on how effectively leaders have developed a safe therapeutic group culture.

**Here and Now**

An extremely important task for leaders is developing a group culture that emphasizes the here and now. When a group is engaged in the here and now, interaction focuses on what is occurring in the present between members in the group, not on
past or outside events. This emphasis is critical for two reasons. First, interactions occurring in the group at any particular moment contain the interpersonal distortions that have brought members to the group. Second, interactions in the here and now are more likely to be affect laden and immediate. Such interactions have a greater impact and are more challenging to interpersonal distortions (Yalom & Vinogradov, 1993). Yalom (1995) puts the importance of the here and now into perspective: “to the degree that the therapy group focuses on the here-and-now, it increases in power and effectiveness” (p. 27).

Two conditions must be present if the here and now is to have a therapeutic impact. First, members must be in spontaneous, open, and authentic contact with each other. Second, members must reflect back on their experiencing of one another to make their experiencing therapeutically useful. This is a self-reflective loop that involves cognitive processing of experience and offers members opportunities to develop insight (Yalom, 1995). Yalom strongly cautions leaders not to see emotional experiencing in the here and now alone as adequate for therapeutic progress. “There is clear evidence that a cognitive component is essential; some type of cognitive map is needed . . . that frames the experience and makes sense of the emotions evoke[d] in the group” (p. 29).

THERAPEUTIC PROCESS

The interpersonal approach uses necessary therapeutic conditions and a therapeutic process that stresses interpersonal learning. The goal is to optimize members’ interpersonal functioning. To meet this goal, members’ concerns are conceptualized as interpersonal difficulties stemming from interpersonal distortions. Next, by focusing on here-and-now interactions, leaders help members identify and correct the interpersonal distortions that hinder their interpersonal functioning.

Necessary Conditions

Yalom stresses the primacy of cohesiveness and interpersonal learning for the success of group members. These two therapeutic factors allow other therapeutic factors to emerge and operate. Whether cohesiveness and interpersonal learning are present depends on how effectively leaders have developed a facilitative group culture. For a group culture to develop and use necessary therapeutic factors, two conditions must exist: “(1) the members must experience the group as sufficiently safe and supportive so that . . . tensions may be openly expressed; (2) there must be sufficient engagement and honest feedback to permit effective reality testing” (Yalom, 1995, p. 25).

Process of Therapy

The therapeutic process is a process of interpersonal learning that includes consensual validation, corrective emotional experience, the group as a social microcosm,
the activation of the here and now, and processing that uses the self-reflective loop. Members who are involved in this process learn to function more effectively in their relationships in group. This learning then transfers to relationships outside the group.

In brief, this process flows in the following way:

1. Members interact openly and honestly in the here and now.
2. Members' interpersonal distortions emerge in their here-and-now interactions.
3. Members become aware of these distortions because of interpersonal feedback and self-observation.
4. Interpersonal distortions are corrected through consensual validation and corrective emotional experiencing.
5. Members gain insight into how others perceive them, their motivations, and the etiology of their interpersonal distortions and behaviors.
6. Members take responsibility for using and changing ineffective interpersonal behaviors.
7. Members learn about and use behaviors that are consistent with more effective interpersonal functioning.
8. These behaviors are then used in interpersonal situations outside the group.

Yalom (1995) stresses that members' success depends on both emotional experiencing and developing a cognitive structure to define, gain insight, and change interpersonal distortions.

ROLE OF THE LEADER

The basic objective for leaders using the interpersonal approach is to mobilize the interpersonal learning process. Once in operation, interpersonal learning builds group cohesion and activates other therapeutic factors. To accomplish this, objective leaders perform roles that establish a safe and facilitative group culture and perform essential functions.

Creating a Facilitative Culture

"Leaders of interpersonal groups must initially work to create a safe, supportive, and therapeutic environment" (Yalom & Vinogradov, 1993, p. 190). Accomplishing this objective requires several important steps. First, leaders carefully compose their groups with members who meet five criteria. Potential members must be able to examine their interpersonal behaviors, motivated to change, open to giving and receiving feedback, willing to experiment with new interpersonal behaviors, and committed to regular attendance (Yalom & Vinogradov, 1993).

Second, leaders establish the group as a therapeutic social system that supports members’ growth and change. This system is developed with the guiding principle that members helping members is the most effective and desirable outcome; that is, “the group is the agent of change” (Yalom, 1995, p. 109). Accomplishing this objective involves developing a normative structure much like the facilitative group environment discussed in chapter 2.
The norms that Yalom (1995) recommends include self-monitoring, self-disclosure, procedural, importance, agents of help, and support. Self-monitoring group norms help members become responsible for group functioning and include members making comments about interaction, pointing out conflict, encouraging each other to stay in the here and now, and monitoring each other's feedback. Self-disclosure norms facilitate members' disclosing here-and-now reactions and other information relevant to interaction. Examples are norms that do not force disclosures, that allow members to make choices about what to disclose, and that do not criticize self-disclosure. Procedural norms promote free-flowing and spontaneous interaction. Yalom (1995) warns that overly structured procedural norms prevent spontaneous interaction and make groups boring. Norms related to the importance of the group to its members are articulated in how members utilize the group for help. When such norms are in place, members participate, with the belief that interaction is helpful. Norms that communicate that members are the agents of help are in place when members turn to each other for input and feedback as opposed to looking to leaders for help. Examples are norms that allow members to ask each other for help, that encourage each others' risk taking, or that give feedback when others need it. Support norms establish safety and security in the group. Norms that communicate support include those that accept each others' feelings nonjudgmentally, that never criticize the person but that share reactions to behaviors, that stay with a member as long as work is productive, that guard against feedback overload, and that encourage risk taking.

Activating the Here and Now

Yalom and Vinogradov (1993) stress that one of the leader's primary responsibilities is teaching members about here-and-now interactions. During the early stages of a group, leaders have to continually instruct members to share immediate emotions, discuss what is happening in the present, share immediate reactions to each others' behaviors, and give immediate feedback. Donigian and Hulse-Killacky (1999) state that in order to activate the here and now, leaders need to help members focus on their interactions and reflect on group events. The important part of activating the here and now is attention to process (Donigian & Hulse-Killacky, 1999).

Process and the Self-Reflective Loop

The concept of process is a benchmark of the interpersonal approach. Process describes "the nature of the relationship between interacting individuals" (Yalom, 1995, p. 130). Process characterizes how interaction actually occurs (e.g., volume or rate of speech or nonverbal behaviors) and the purpose of the interaction. Yalom (1995) considers process the how and why of interaction. Thus, leaders who pay attention to process observe interaction, wonder about the motivations or purposes behind interaction, and consider what interaction says about the relationships of the interacting members.

Process describes not only a discrete interaction but also a series or sequence of interactions. These interactions may involve several members or the entire group. Examples of process include interactions designed to reduce anxiety, negotiate norms, or make decisions. In terms of dyadic interaction, process could involve
developing a relationship, criticizing, supporting, and challenging. The interpersonal approach stresses the importance of leaders making statements identifying process. Yalom (1995) argues that process “is indispensable and a common denominator to all effective interactive groups” (p. 137). Becoming aware of process allows members to learn from their interactions and develop a different understanding of themselves (Yalom & Vinogradov, 1993). Process observations that help members reflect on their interactions are instrumental to this learning.

Leaders using the interpersonal approach perform several tasks to utilize process for interpersonal learning. The first task is activating a here-and-now focus. This is achieved by directing members to interact about what is transpiring in the group at the moment and directing members away from discussing events that occur outside the group (Yalom, 1995). Once here-and-now interaction takes place, the next task is “process illumination” (Yalom, 1995). This means that leaders make statements that describe the how and why of interaction. Examples of process statements include “The group seems to want to avoid talking about Mary’s issue”; “John, it looks like you’re trying to convince Shelley to like you”; or “Some of you want to confront the issue of how much emotion to share in here, while others would rather not talk about it.”

Yalom characterizes the sequence of here-and-now experiencing and then reflecting on that experience as the self-reflective loop. Interacting in the here and now openly and with emotional honesty and then reflecting back on this experiencing is an essential aspect of interpersonal learning. The self-reflective loop allows members to conceptualize their experience and gain insight. Insight leads to understanding about relationships and interpersonal behaviors.

**Conceptualization of Members’ Concerns**

The effectiveness of the interpersonal approach relies on leaders being able to conceptualize members’ concerns as interpersonal difficulties (Yalom, 1995). Thus, the issue that caused a member to join a group is not as significant as how that member relates to others. Members’ concerns and treatment goals are expressed in terms of altering interpersonal distortions, improving members’ ability to relate effectively, and achieving healthy relationships. For example, members who enter groups because of “depression” could be seen as individuals who have restricted relationships. Possible goals of these members could include increased involvement with others, improved relationship skills, and spontaneity. The perspective that the life satisfaction and difficulties of individuals manifest themselves in interpersonal relationships is the foundation of the interpersonal approach.

**CONCLUSION**

The major strength of the interpersonal approach is its conceptualization of interpersonal learning. Interpersonal learning and its related concepts are rooted in a model of interpersonal relationships. This model accounts for how members develop and can change ineffective interpersonal functioning. Additional strengths of the in-
interpersonal approach include its conceptualization of therapeutic factors that lead to the therapeutic progress of group members.

The interpersonal approach acknowledges that groups operate as therapeutic social systems and describes procedures for developing an effective therapeutic culture. Although Yalom (1995) recognizes that groups operate as therapeutic social systems, he describes but does not emphasize conceptualizing the group as a social system or interventions that address the group as a system.

**ESSENTIAL THEMES IN GROUP COUNSELING AND THERAPY THEORY**

The theories presented in this and the two preceding chapters reduce the complexity of group interaction, present models of effective interaction, and suggest interventions necessary to help members meet counseling and therapy goals. Leaders who use these group-focused theories are likely to increase their confidence and ability to conceptualize and implement interventions. Focal conflict theory, general systems theory, and the interpersonal approach make important contributions to the practice of group counseling and therapy. These frameworks clearly are more appropriate for group work than theories designed to understand clients in individual counseling and therapy settings. They share common themes that illuminate essential objectives, processes, and operational assumptions of group counseling and therapy.

**Origin and Significance of Interpersonal Difficulties**

Focal conflict theory, general systems theory, and the interpersonal approach have common assumptions about the origin and significance of interpersonal difficulties. First, each recognizes family-of-origin experiences as the most common source of interpersonal difficulties. These perspectives agree that interpersonal behaviors and perceptions of self and others are established as a result of interaction with significant others in families of origin. The intent of these interpersonal behaviors and perceptions is to obtain acceptance, develop and maintain positive self-perceptions, moderate anxiety, and maintain essential relationships. Early in life, these behaviors and perceptions become parts of individuals’ personalities, form individuals’ approaches to interacting with others, and persist into adult life. Often, the behaviors and perceptions developed in the family of origin interfere with individuals’ ability to develop and maintain satisfactory relationships.

Interpersonal difficulties form as individuals attempt to meet their needs as children. Whitaker (1985) describes essentially the same process presented by Yalom (1995), although their ideas originated from different theoretical perspectives. H. Durkin (1981) discusses how family-of-origin systems influence the interpersonal boundaries of the individuals. That is, interaction with others, most commonly in families of origin, shapes how individuals interact and estimate their self-worth. When family-of-origin experiences do not meet the needs of individuals, individuals find ways of protecting themselves from emotional damage by developing dysfunctional interpersonal behaviors to meet their needs.
Yalom (1995), Whitaker (1985), and H. Durkin (1981) also agree that the patterns of relating formed at an early age persist into adult life. These patterns (interpersonal distortions, habitual restrictive personal solutions, or diffuse or impermeable boundaries) have a distinct influence on relationships and life satisfaction. Individuals, as Whitaker (1985) puts it, use solutions that usually originate in the family of origin “and remain important in adult life” (p. 204). There is also agreement that persons function as if they were in their family of origin throughout life even though circumstances are obviously different and their interpersonal behaviors are no longer useful.

The significance of difficulties in interpersonal relationships from the perspectives of focal conflict theory, general systems theory, and the interpersonal approach is that individuals can function only as effectively as they relate to others. That is, effective interpersonal functioning is the basis of mental health, and mental health concerns are viewed as interpersonal difficulties. Thus, therapeutic goals, whether they involve correcting interpersonal perceptual distortions, developing autonomous boundary functioning, or implementing enabling solutions, are all grounded in interpersonal relationships.

Relatedness of Members’ Concerns

Each of the perspectives presented in this chapter indicates the relationship of members’ concerns in two different contexts. First, to some extent, all members share common concerns. Second, the interpersonal issues that members demonstrate in their interactions in group are identical to the relationship problems members have outside the group.

Members become involved in groups because of interpersonal difficulties. These difficulties are manifested as dysfunctional interpersonal behaviors intended to meet relationship needs, moderate interpersonal anxiety, and maintain self-esteem. Thus, to some extent, all group members share each others’ concerns. Shared disturbing and reactive motives, the isomorphic qualities of members concerns, and common “anxiety-laden issues” (Yalom, 1995) are seen as fundamental realities of the group social system.

Because all members’ concerns are related, interventions or interactions that have an impact on one member are likely to affect other members. This premise should cause leaders to encourage all members to share their reactions to significant group events, such as noteworthy interventions, feedback exchanges, or corrective emotional experiences.

These perspectives also view the interpersonal issues, attitudes, perceptions, and behaviors that members demonstrate in group as consistent with those that members experience outside group. The concepts of isomorphism, habitual personal solutions, interpersonal perceptual distortions, and the group as a social microcosm share the contention that the interpersonal perceptions, apprehensions, and interactions of members both in and out of group are essentially identical. These premises mean that group interactions are significant and that helping members deal with the interpersonal issues they experience in group is highly relevant to meeting counseling or therapeutic goals.
Here and Now

Focusing on here-and-now interaction is indispensable. The solutions members negotiate to deal with shared disturbing and reactive motives, the restrictive habitual personal solutions used by each member, the isomorphic qualities of members’ concerns, as well as interpersonal perceptual distortions all unfold in the context of here-and-now interaction. This assertion emphatically challenges the usefulness of dealing with members’ reports of interpersonal concerns outside group.

In addition, interventions focusing on here-and-now interaction have a considerably more powerful effect on members than interventions aimed at helping members deal with problems they are not currently experiencing. Most important, here-and-now interventions are more likely to stimulate emotional expression and influence members’ interpersonal perceptions and behaviors. In addition, because members enact their interpersonal difficulties in the here and now, interventions that improve how members interact in group ultimately help them become more effective in their relationships outside group.

Intervention Focus

Besides focusing interventions on here-and-now interaction, interventions need to focus on different levels of the group as a system: the individual, interpersonal, and group-as-a-system levels. Perhaps the greatest consistency in these approaches is the primacy of interpersonal interventions. Whether the intervention process involves identifying and correcting interpersonal perceptual distortions, opening or closing interpersonal boundaries, or identifying restrictive solutions and developing enabling solutions, the objectives are basically the same. Although focal conflict theory, general systems theory, and the interpersonal approach agree on the usefulness of individual interventions, they differ in their intent. General systems theory and focal conflict theory see individual interventions as a vehicle to intervene in the shared concerns of members and the group as a system. On the other hand, the interpersonal approach is not as concerned with the group as a system and is directed more toward dealing with an individual member’s perceptual distortion.

Focal conflict theory, general systems theory, and the interpersonal approach agree that interventions focused on the group as a system are useful. Yalom (1995) sees group-as-a-system intervention (i.e., mass group commentary) as a means to optimize the effectiveness of the group environment but is the least enthusiastic about group-level interventions and warns against their overuse. The interpersonal approach does not articulate how interventions at the group-as-a-system level influence individual and interpersonal levels. General systems theory and focal conflict theory more clearly and completely describe the usefulness of group-as-a-system intervention and its connection with other levels of the group system. These two approaches see group-as-a-system intervention as a way to effect communication, influence individual members and subgroups, reveal and address shared concerns, define boundaries, and so on.

Members profit significantly when leaders are able to facilitate interpersonal learning. This conviction is predicated on theoretical assumptions and research that
indicate that members learning from each other is far more powerful and memorable than learning from interactions with leaders (Yalom, 1995). Leaders' interventions, therefore, should emphasize interpersonal and group-as-a-system intervention. This perspective also suggests that interventions focusing on individuals should include efforts to involve other members. Individually directed interventions are potentially useful, but an overemphasis ignores the potent forces of interpersonal learning.

The Therapeutic Group Environment

The three perspectives describe a group environment that is most conducive to the therapeutic progress of members. Each approach indicates that leaders should establish a safe environment. Whitaker and Lieberman (1964) state this clearly: a “shared sense of safety is an essential condition for therapeutic progress” (p. 217). In general, there is agreement that leaders and members should communicate acceptance and caring. Desirable outcomes are also connected with members sharing the perception that participation is in their best interest. The establishment of a shared perception of safety in the group is one of the leader's more important responsibilities.

Interpersonal Objectives

These theories see interpersonal relationships as the origin of interpersonal difficulties and as the means to resolve these difficulties. Leaders who successfully enable members to improve their relationships in group will be successful in helping members make important changes in their lives. Leaders' objectives are thus to establish a group environment that supports interpersonal learning and to involve members in interpersonal learning processes.

Therapeutic Process

The perspectives presented in this chapter share some common ideas about the essential phases of group counseling and therapy. All seek to improve relationships in an interpersonal environment and include similar processes. In general, these perspectives agree that the group therapeutic process would include the following phases:

1. Individuals join counseling or therapy groups because of difficulties in their interpersonal relationships. These difficulties involve ineffective interpersonal behaviors, interpersonal communication problems, limiting interpersonal perceptions, and diminished perceptions of self-worth.

2. When members begin group, they interact using customary interpersonal behaviors. Over time, members' here-and-now interactions progressively reveal the ineffective behaviors, communication problems, limiting perceptions, and diminished perceptions of self-worth that have brought them to group.

3. Here-and-now interaction brings ineffective behaviors, communication problems, limiting perceptions, and diminished perceptions of self-worth progressively into members' awareness. Awareness is the product of interaction, observation of self and others, reflection, and feedback.
4. Members find that the dysfunctional behaviors and perceptions that have become increasingly ineffective in meeting their needs before coming to group are very ineffective in group and experience a range of emotional reactions.

5. A combination of increasingly uncomfortable emotions associated with not meeting interpersonal needs, building frustration with ineffective interpersonal behaviors, corrective emotional experiencing, consensual validation, and increasing confidence in the group's caring and support leads members to make decisions to change. At this point, members clearly understand that what they are doing is not working and that they need to do something differently.

6. When members decide to change, they become open to input, ask for input, and more openly share their emotions and experiences in the group. The input of others educates members about alternative interpersonal behaviors that could meet their needs more effectively.

7. Members experiment with alternative interpersonal behaviors, receive feedback to see how well these behaviors meet their needs, and affect other members.

8. As members continue to use and become adept with effective interpersonal behaviors, they experience satisfying relationships in the group.

9. As relationships with other members become more satisfying, members strengthen their perceptions of self-worth and alter limiting interpersonal perceptions.

10. As members become more proficient with interpersonal behaviors and satisfied with their relationships in group, they experience more satisfying relationships outside group. At the same time, perceptions of self-worth grow, and distorted interpersonal perceptions are corrected.

CONCLUSION

Leaders who employ theories designed for group counseling and therapy have distinct advantages over leaders who use theory designed for individual counseling or therapy. These advantages include having a means to simplify observation of group interaction, conceptualizing an effective group environment, understanding the processes and advantages of members learning from each other, and having a structure that provides a framework for conceptualizing interventions and intervention objectives. Each of these advantages is a clear reason why individual theories are deficient in the group setting.

Leaders whose practice utilizes these approaches are working on a solid foundation. The themes described in this chapter represent a “theoretical consensus” about group dynamics and how members change in the group setting. Leaders who base their practice on these themes lead with the knowledge that they are working with perspectives developed from group counseling and therapy research and the experiences of theorists who practice group counseling and therapy.