The major difference between an outpatient therapy group which hopes to effect extensive and enduring behavioral and characterological change and such groups as A.A., Recovery, Inc., bulimia groups, groups of expectant mothers, weight-reduction groups, and cancer support groups is that the therapy group strongly emphasizes the importance of the here-and-now experience.

In chapter 2, I presented some of the theoretical underpinnings of the use of the here-and-now. Now it is time to focus on the clinical application of the here-and-now in group therapy. First, keep in mind that the here-and-now focus, to be effective, consists of two symbiotic tiers, neither of which has therapeutic power without the other.

The first tier is an “experiencing” one: the members live in the here-and-now; they develop strong feelings toward the other group members, the therapist, and the group. These here-and-now feelings become the major discourse of the group. The thrust is ahistoric: the immediate events in the meeting take precedence over events both in the current outside life and in the distant past of the members. This focus greatly facilitates the development and emergence of each member’s social microcosm; it facilitates feedback, catharsis, meaningful
The Therapist: Working in the Here-and-Now

self-disclosure, and acquisition of socializing techniques. The group becomes more vital, and all of the members (not only the one who is "working" that session) become intensely involved in the meeting.

But the here-and-now focus rapidly reaches the limits of its usefulness without the second tier, which is the illumination of process. If the powerful therapeutic factor of interpersonal learning is to be set into motion, the group must recognize, examine, and understand process. It must examine itself; it must study its own transactions; it must transcend pure experience and apply itself to the integration of that experience.

Thus, the effective use of the here-and-now is dualistic: the group lives in the here-and-now, and it also doubles back on itself; it performs a self-reflective loop and examines the here-and-now behavior that has just occurred.

here-and-now self-reflective loop (process)

If the group is to be effective, both aspects of the here-and-now are essential. If only the first—the experiencing of the here-and-now—is present, the group experience is intense, members feel deeply involved, and emotional expression is high. Members will finish the group agreeing, "Wow, that was a powerful experience!" Yet it will also prove to be an evanescent experience: members have no cognitive framework that permits them to retain the group experience, to generalize from it, and to apply what they have learned to "back home" situations. In fact, this is precisely the error made by many encounter group leaders of the 1960s and 1970s. If, on the other hand, only the second part of the here-and-now (the examination of process) is present, then the group loses its liveliness and meaningfulness; it degenerates into a sterile intellectual exercise. This error is made by overly rigid, formal, aloof therapists. Accordingly, the therapist has two discrete functions in the here-and-now: to steer the group into the here-and-now and to guide the self-reflective loop (or "process commentary"). Much of the here-and-now steering function can be shared by the group members; but, for reasons I shall examine later, process commentary remains to a large extent the task of the therapist.

DEFINITION OF PROCESS

The term process, used liberally throughout this text, has a highly specialized meaning in other fields—law, anatomy, sociology, anthropology, psychoanalysis, and descriptive psychiatry. In interactional psychotherapy, process refers to the nature of the relationship between individuals who are interacting with one another.

Process may be contrasted with content. Imagine two individuals in a discussion. Now examine the content and the process of that discussion. The content consists of the explicit words spoken; the substantive issues, the arguments advanced. The process is an altogether different matter. When we ask about process, we ask, "What do these explicit words, the style of the participants, the nature of the discussion, tell about the interpersonal relationship of the participants?"

A therapist who is process oriented is concerned not primarily with the verbal content of a patient's utterance, but with the how and the why of that utterance, especially insofar as the how and why illuminate aspects of the patient's relationship to other people. Thus, the therapist considers the metacommunicational aspects of the message: Why, from the relationship aspect, is the patient making the statement at this time, to this person, in this manner? Consider, for example, this transaction: During a lecture a student raised his hand and asked, "What was the date of Freud's death?" The lecturer replied, "1938," only to have the student inquire, "But sir, wasn't it 1939?" The student asked a question whose answer he already knew. Obviously his motivation was not a quest for information. ("A question ain't a question if you know the answer.") We might infer that the process of the transaction was that the student wished to demonstrate his knowledge, or that he wished to humiliate or defeat the lecturer.

Frequently, in the group therapy setting, the understanding of process becomes more complex; we search for the process not only behind a simple statement but behind a sequence of statements made by a patient or by several patients. What does this sequence tell us about the relationship between one patient and the other group members, or between clusters or cliques of members, or between the members and...
the leader, or, finally, between the group as a whole and its primary task?

Some clinical vignettes may further clarify the concept:

- Early in the course of a group therapy meeting, Burt, a tenacious, intense, bulldog-faced graduate student, exclaimed to the group in general and to Rose (an unsophisticated, astrologically inclined cosmologist and mother of four) in particular, "Parenthood is degrading!" This provocative statement elicited considerable response from the group, all of whom possessed parents, and many of whom were parents; and the ensuing donnybrook consumed the remainder of the group session.

Burt's statement can be viewed strictly in terms of content. In fact, this is precisely what occurred in the group; the members engaged Burt in a debate of the virtues versus the dehumanizing aspects of parenthood—a discussion that was affect-laden but intellectualized and brought none of the members closer to their goals in therapy. Subsequently, the group felt discouraged about the meeting and angry with themselves and with Burt for having dissipated a meeting.

On the other hand, the therapist might have considered the process of Burt's statement from any one of a number of perspectives:

1. Why did Burt attack Rose? What was the interpersonal process between them? In fact, the two had had a smoldering conflict for many weeks, and in the previous meeting Rose had wondered why, if Burt was so brilliant, he was still, at the age of thirty-two, a student. Burt had viewed Rose as an inferior being who functioned primarily as a mammary gland; once, when she had been absent, he had referred to her as a brood mare.

2. Why was Burt so judgmental and intolerant of nonintellectuals? Must he always maintain his self-esteem by standing on the carcass of a vanquished or humiliated adversary?

3. Assuming that Burt was chiefly intent upon attacking Rose, why did he proceed so indirectly? Is this characteristic of Burt's expression of aggression? Or is it characteristic of Rose that no one dares, for some unclear reason, to attack her directly?

4. Why did Burt, through an obviously provocative and indefensible statement, set himself up for a universal attack by the group? Although the words were different, this was a familiar melody for the group and for Burt, who had on many previous occasions placed himself in this position. Was it possible that Burt was most comfortable when relating to others in this fashion? He once stated that he had always loved a fight; indeed, he used almost to lick his chops at the appearance of a row in the group. His early family environment was distinctively a fighting environment. Was fighting, then, a form (perhaps the only available form) of involvement for Burt?

5. The process may be considered from the even broader perspective of the entire group. Other relevant events in the life of the group must be considered. For the past two months the session had been dominated by Kate, a deviant, disruptive, and partially deaf member who had, two weeks previously, dropped out of the group with the face-saving proviso that she would return when she obtained a hearing aid. Was it possible that the group needed a Kate, and that Burt was merely filling the required role of scapegoat? Through its continual climate of conflict, through its willingness to spend an entire session discussing in nonpersonal terms a single theme, was the group avoiding something—possibly an honest discussion of members' feelings concerning Kate's rejection by the group or their guilt or fear of a similar fate? Or were they perhaps avoiding the anticipated perils of self-disclosure and intimacy?

Was the group saying something to the therapist through Burt (and through Kate)? For example, Burt may have been bearing the brunt of an attack really aimed at the co-therapists but displaced from them. The therapists—bearded, aloof figures with a proclivity for rabbinical pronouncements—had never been attacked or confronted by the group (although the patients, in private, referred to them as "the Smith Brothers"). Surely there were strong, avoided feelings toward the therapists, which may have been further fanned by their failure to support Kate and by their complicity through inactivity in her departure from the group.

Which one of these many process observations is correct? Which one could the therapist have employed as an effective intervention? The answer is, of course, that any and all may be correct. They are not mutually exclusive; each views the transaction from a slightly different vantage point. By clarifying each of these in turn, the therapist could have focused the group on many different aspects of its life. Which one, then, should the therapist have chosen?

The therapist's choice should be based on one primary consideration—the needs of the group. Where was the group at that particular time? Had there been too much focus on Burt of late with the other members feeling bored, uninvolved, and excluded? In that case, the therapist might best have wondered aloud what the group was avoiding. The therapist might have reminded the group of previous sessions spent in similar discussions which left them dissatisfied, or have helped one of the members verbalize this point by inquiring about the members'
activity or apparent uninvolved in the discussion. If the group communications had been exceptionally indirect, the therapist might have commented on the indirectness of Burt’s attacks or asked the group to help clarify, via feedback, what was happening between Burt and Rose. If, as in this group, an important group event was being strongly avoided (Kate’s departure), then it should be pointed out. In short, the therapist must determine what he or she thinks the group needs most at a particular time and help it move in that direction.

- In another group, Saul sought therapy because of his deep sense of isolation. He was particularly interested in a group therapeutic experience because of his feeling that he had never been a part of a primary group. Even in his primary family he had felt himself an outsider. He had been a spectator all his life, pressing his nose against cold windowpanes, gazing at warm, convivial groups within.

At Saul’s fourth therapy meeting, another member, Barbara, began the meeting by announcing that she had just broken up with a man who had been very important to her. Barbara’s major reason for being in therapy had been her inability to sustain a relationship with a man, and she was profoundly distressed in the meeting. Barbara had an extremely poignant way of describing her pain, and the group was swept along with her feelings. Everyone in the group was very moved; I noted silently that Saul, too, had tears in his eyes.

The group members (with the exception of Saul) did everything in their power to offer Barbara support. They passed Kleenex; they reminded her of all her assets; they reassured Barbara that she had made a wrong choice, that the man was not good enough for her, that she was lucky to be rid of that jerk.

Suddenly Saul interjected, “I don’t like what’s going on here in the group today, and I don’t like the way it’s being led” (a thinly veiled allusion to me, I thought). He went on to explain that the group members had no justification for their criticism of Barbara’s ex-boyfriend. They didn’t really know what he was like. They could see him only through Barbara’s eyes, and probably she was presenting him in a distorted way. (Saul had a personal ax to grind on this matter, having gone through a divorce a couple of years previously. His wife had attended a women’s support group, and he had been the “jerk” of that group.)

Saul’s comments, of course, changed the entire tone of the meeting. The softness and support disappeared. The room felt cool; the warm bond among members was broken. Everyone was on edge. I felt justifi-

bly reprimanded. Saul’s position was technically correct: the group was probably wrong to condemn Barbara’s ex-boyfriend.

So much for the content. Now examine the process of this interaction. First, note that Saul’s comment had the effect of putting him outside the group. The rest of the group was caught up in a warm, supportive atmosphere from which he excluded himself. Recall his chief complaint—that he was never a member of a group, but always the outsider. The meeting provided an in vivo demonstration of how that came to pass.

In his fourth group meeting Saul had, Kamikaze style, attacked and voluntarily ejected himself from a group he wished to join.

A second issue had to do not with what Saul said but with what he did not say. In the early part of the group, everyone, save Saul, had made warm supportive statements to Barbara. I had no doubt but that Saul felt supportive of her. The tears in his eyes indicated that. Why had he chosen to be silent? Why was he able to comment from his critical self and not from his warmer, more supportive self?

The examination of the process of this interaction led us to some very important issues for Saul. Obviously it was difficult for him to express the softer, affectionate part of himself. He feared being vulnerable, exposing his dependent cravings, and losing himself, his precious individuality, by becoming a member of a group. Behind the aggressive, ever-vigilant, hard-nosed defender of “honesty” (honesty of expression of negative but not positive sentiments) there is always the softer, submissive child thirsting for acceptance and love.

- In a T-group of clinical psychology interns, one of the members, Robert, commented that he genuinely missed the contributions of some of the members who had been generally very silent. He turned to two of these members and asked if there was anything he or others could do that would help them participate more. The two members and the rest of the group responded by launching a withering attack on Robert. He was reminded that his own contributions had not been substantial, that he was often silent for entire meetings himself, that he had never really expressed his emotions in the group, and so forth.

Viewed from the content level, this transaction is bewildering: Robert expressed concern for the silent members and, for his solicitude, was soundly buffeted. Viewed from the process—that is, relationship—level, however, it makes perfectly good sense: the group members were much involved in a struggle for dominance, and their inner response to Robert’s statement was, “Who are you to issue an invitation to speak? Are you the host or leader here? If we allow you to comment on our
silence and suggest solutions, then we acknowledge your dominion over us," and so on.

- In another group, Kevin, an overbearing business executive, opened the meeting by asking the other members—housewives, teachers, clerical workers, and shopkeepers—for help with a problem confronting him. The problem was that he had received orders to cut his staff immediately by 50 percent; he had to fire twenty out of his staff of forty.

The content of the problem was intriguing and the group spent forty-five minutes discussing such aspects as justice versus mercy: that is, whether one retains the most competent workers or workers with the largest families or those who would have the greatest difficulty in finding other jobs. Despite the fact that most of the members engaged animatedly in the discussion, which involved important problems in human relations, the therapist strongly felt that the session was unproductive: the members remained in “safe” territory, and the discussion could have appropriately occurred at a dinner party or any other social gathering; furthermore, as time passed, it became abundantly clear that Kevin had already spent considerable time thinking through all aspects of this problem, and no one was able to provide him with novel approaches or suggestions.

The continued focus on content was unrewarding and eventually frustrating for the group. What did this content reveal about the nature of Kevin’s relationship to the other members? As the meeting progressed, Kevin, on two occasions, revealed the amount of his salary (which was more than twice that of any other member); in fact, the overall interpersonal effect of Kevin’s presentation was to make others aware of his affluence and power. The process became even more clear when the therapist recalled the previous meetings in which Kevin had attempted, in vain, to establish a special kind of relationship with the therapist (he had sought some technical information on psychological testing for personnel). Furthermore, in the preceding meeting, Kevin had been soundly attacked by the group for his fundamentalist religious convictions which he used to criticize others’ behavior but not his own propensity for extramarital affairs and compulsive lying. At that meeting he had also been termed “thick-skinned” because of his apparent insensitivity to others. One other important aspect of Kevin’s group behavior was his dominance; almost invariably he was the most active, central figure in the group meetings.

With this information about process, a number of alternatives were available. The therapist might have focused on Kevin’s bid for prestige, especially following his loss of face in the previous meeting. Phrased in a nonaccusatory manner, a clarification of this sequence might have helped Kevin become aware of his desperate need for the group members to respect and admire him. At the same time, the self-defeating aspects of his behavior could have been pointed out; despite his efforts to the contrary, the group had come to resent and, at times, even to scorn him. Perhaps, too, Kevin was attempting to disclaim the appellation of “thick-skinned” by sharing with the group in melodramatic fashion the personal agony he experienced in deciding how to cut his staff. The style of the intervention would have depended on Kevin’s degree of defensiveness: if he had seemed particularly brittle or prickly, then the therapist might have underscored how hurt he must have been at the previous meeting. If Kevin had been more open, the therapist might have asked him directly what type of response he would have liked from the others. Other therapists might have preferred to interrupt the content discussion and ask the group what Kevin’s question had to do with last week’s session. Or the therapist might have chosen to call attention to an entirely different type of process by reflecting on the group’s apparent willingness to permit Kevin to occupy center stage in the group week after week. By encouraging the members to discuss their response to his monopolization, the therapist could have helped the group initiate an exploration of their relationship to Kevin.

**PROCESS FOCUS: THE POWER SOURCE OF THE GROUP**

Process focus is not just one of many possible procedural orientations; on the contrary, it is indispensable and a common denominator to all effective interactional groups. One so often hears words to this effect: “No matter what else may be said about experiential groups (therapy groups, encounter groups, and so on), one cannot deny that they are potent—that they offer a compelling experience for participants.” This process focus is the power cell of these groups; it is precisely because they encourage process exploration that they are potent experiences.

A process focus is the one truly unique feature of the experiential group; after all, there are many socially sanctioned activities in which one can express emotions, help others, give and receive advice, confess and discover similarities between oneself and others. But where is it permissible to comment, in depth, on here-and-now behavior, on the nature of the immediately current relationship between people? Possibly only in the parent-young child relationship, and even then the flow is unidirectional. The parent is permitted process comments: “Don’t look away when I talk to you!” or, “Be quiet when someone else is
speaking," or "Stop saying 'I dunno.'" But process commentary among adults is taboo social behavior; it is considered rude or impertinent. Positive comments about another's immediate behavior often denote a seductive or flirtatious relationship. When an individual comments about another's manners, gestures, speech, physical appearance, we can be certain that the battle is bitter and the possibility of conciliation chancy.

Why should this be so? What are the sources of this taboo? M. Miles, in a thoughtful essay, suggests the following reasons that process commentary is eschewed in social intercourse: socialization anxiety, social norms, fear of retaliation, and power maintenance.

Socialization Anxiety
Process commentary evokes early memories and anxieties associated with parental criticism of the child's behavior. Parents comment on the behavior of children; and although some of this process focus is positive, much more is critical and serves to control and alter the child's behavior. Adult process commentary often awakens old socialization-based anxiety and is experienced as critical and controlling.

Social Norms
If individuals felt free to comment at all times upon the behavior of others, social life would become intolerably self-conscious, complex, and conflicted. Underlying adult interaction is an implicit contract that a great deal of immediate behavior will be invisible to the parties involved. Each party acts in the safety of the knowledge that one's behavior is not being noticed (or controlled) by the others; this safety provides an autonomy and a freedom that would be impossible if each continuously dwelled on the fact that others observe one's behavior and are free to comment on it. The Freud-Jung correspondence provides an excellent illustration: toward the end of their relationship both men so carefully observed and analyzed every nuance of the other's behavior that the relationship became unbearable. The reader, too, shares the mounting anxiety and longs for the liberating final dissolution. Thus, in a Darwinian sense, the process commentary taboo has originated and persists to permit survival of the interaction necessary for our social order.

Fears of Retaliation
We cannot monitor or stare at another person too closely. Unless the relationship is exceedingly intimate, such intrusiveness is almost always dangerous and anxiety provoking, and we can expect some retribution. Aside from intentional systems such as a therapy group, there is no forum for interacting individuals to test and to correct their observations of one another.

Power Maintenance
Process commentary undermines arbitrary authority structure. Industrial organizational-development consultants have long known that a social structure's open investigation of its own structure and process leads to power equalization—that is, a flattening of the hierarchical pyramid. Individuals high on the pyramid are not only more technically informed but also possess organizational information that permits them to influence and manipulate. They not only have skills that have allowed them to obtain a position of power but, once there, have such a central place in the flow of information that they are able to reinforce their position. The greater the authority structure of an institution, the more stringent are the precautions against open commentary about process (as in, for example, the military or the church). The individual who wishes to maintain a position of arbitrary authority is wise to inhibit the development of any rules permitting reciprocal process observation and commentary.

THE THERAPIST'S TASKS IN THE HERE-AND-NOW
In the first stage of the here-and-now focus—the activating phase—the therapist's task is to move the group into the here-and-now. By a variety of techniques, many of which I shall discuss shortly, you steer the group members away from discussion of outside material and focus their energy upon their relationship with one another. You expend more time and effort upon this task early than late in the course of the group. As the group progresses, the members share much of this task, and the here-and-now focus becomes an effortless and natural part of the group life flow. In fact, many of the norms described in the last chapter, which the therapist must establish in the group, foster a here-and-now focus. For example, the leader who sets norms of interpersonal confrontation, of emotional expressivity, of self-monitoring, of valuing the group as an important source of information, is, in effect, reinforcing the importance of the here-and-now. Gradually, members, too, come to value the here-and-now and will themselves focus on it and, by a variety of means, encourage their fellow members to do likewise.

It is altogether another matter with the second phase of the here-and-
now orientation—process illumination. Forces prevent members from fully sharing that task with the therapist. One who comments on process sets oneself apart from the other members and is viewed with suspicion, as “not one of us.” When a group member makes observations about what is happening in the group, the others often respond resentfully about the presumptuousness of elevating himself or herself above the others. If a woman member comments, for example, that nothing is happening today, or that the group is stuck, or that no one is self-revealing, or that there seem to be strong feelings toward the therapist, then she is curtailing danger; the response of the other members is predictable: they will challenge her to make something happen today, or to reveal herself, or to talk about her feelings to the therapist. Only the therapist is relatively exempt from that charge; only the therapist has the right to suggest that others “work,” or that others reveal themselves without the therapist’s having to engage personally in the act he or she suggests.

Throughout the life of the group, the members are involved in a struggle for favored positions in the hierarchy of dominance. At times the conflict around control and dominance is flagrant; at other times, quiescent. But it never vanishes. Some members strive nakedly for power, others subtly; others desire it but are fearful of assertion; others always assume an obsequious, submissive posture. Statements by members suggest that they place themselves above or outside the group generally evoke responses that emerge from the dominance struggle rather than from consideration of the content of the statement. Therapists are not entirely immune to evoking this response; some patients are inordinately sensitive to being controlled or manipulated by the therapist. They find themselves in the paradoxical position of applying to the therapist for help and yet are unable to accept help because all statements by the therapist are viewed through spectacles of distrust. This is a function of the specific pathology of some patients (and it is, of course, good grist for the therapeutic mill); it is not a global, universal response of the entire group.

The therapist is an observer-participant in the group; the observer status affords the objectivity necessary to store information, to make observations about sequences or cyclical patterns of behavior, to connect events that have occurred over long periods of time. You are the group historian; only you are permitted to maintain a temporal perspective; and you remain immune from the charge that you remove yourself from the group or elevate yourself above the others. It is the therapist who keeps in mind the original goals of the patient and the relationship between these goals and the events that gradually unfold in the group.

- For example, two patients, Tim and Marjorie, had a sexual affair which eventually came to light in the group. The other members reacted in various ways but none so condemnatory nor so vehemently as Diana, a forty-five-year-old nouveau-moralist, who criticized them both for breaking group rules: Tim, for being “too intelligent to act like such a fool”; Marjorie for “her irresponsible disregard for her husband and child”; and the “Lucifer therapist” (me) who just “sat there and let it happen.” I eventually pointed out that, in her formidable moralistic broadside, some individuals had been obliterated, that the Marjorie and Tim with all their struggles and doubts and fears whom Diana had known for so long had suddenly been replaced by faceless one-dimensional stereotypes. Furthermore, I was the only one to recall the reasons for seeking therapy which Diana had expressed at the first group meeting: namely, that she needed help in dealing with her rage toward a nineteen-year-old, rebellious, sexually awakening daughter who was in the midst of a search for her identity and autonomy! From here it was but a short step for the group, and then for Diana herself, to enter the experiential world of her daughter and to understand with great clarity the nature of the struggle between mother and daughter.

There are many occasions when the process is obvious to all the members in the group but they cannot comment on it simply because the situation is too “hot”: they are too much a part of the interaction to separate themselves from it. In fact, often, even at a distance, the therapist too feels the heat and is wary about naming the beast.

- One neophyte therapist, when leading a training group of hospital nurses, learned through collusive glances between members in the first meeting that there was considerable unspoken tension between the young progressive nurses and the older, conservative nursing supervisors in the group. The therapist felt that the issue, one reaching deep into taboo regions of the authority-ridden nursing profession, was too sensitive and potentially explosive to touch. His supervisor assured him that it was too important an issue to leave unexplored and that he should broach it, since it was highly unlikely that anyone else in the group could do what he dared not. In the next meeting, the therapist broached the issue in a manner that is almost invariably effective in minimizing defensiveness: he stated his own dilemma about the issue, and told the group that he sensed a hierarchical struggle between the junior nurses and the powerful senior nurses, but that he was hesitant to bring it up lest the younger nurses would either deny it or so attack
the supervisors that the latter would suffer injury or angrily scuttle the group. His comment was enormously helpful and plunged the group into an open and constructive exploration of a vital issue.

I do not mean that only the leader should make process comments. As I shall discuss later, other members are entirely capable of performing this function; in fact, sometimes their process observations are more readily accepted than those of the therapists. What is important is that they not perform this function to avoid the patient role or in any other way to distance themselves from or elevate themselves above the other members.

Thus far in this discussion I have, for pedagogical reasons, overstated two fundamental points which I must now qualify. Those points are: (i) the here-and-now approach is an ahistoric one, and (ii) there is a sharp distinction between here-and-now experience and here-and-now process illumination.

Strictly speaking, an ahistoric approach is an impossibility: every process comment refers to an act already belonging to the past. (Sartre once said, “Introspection is retrospection.”) Not only does process commentary involve behavior that has just transpired but it frequently refers to cycles of behavior or repetitive acts that have occurred in the group over weeks or months. Thus, the past of the group, events in which the group members have participated, are a part of the here-and-now and an integral part of the data on which process commentary is based.

Often it is helpful to ask patients to review their past experiences in the group. If a patient feels that she is exploited every time she trusts someone or reveals herself, I often inquire about the times she has experienced that feeling in this group. Another patient, depending upon the relevant issues, may be encouraged to discuss such experiences as the times he has felt most close to others, or most angry, or most accepted, or most ignored. Other patients may, with profit, discuss patterns of behavior that develop over time that they observe in others or in themselves.

My qualification of the ahistoric approach goes even farther. As I shall discuss later in a separate section, no group can maintain a total here-and-now approach. There will be frequent excursions into personal history and current life situations. In fact, this discourse is so inevitable that one becomes curious at its omission. What is important, however, is the accent: the crucial task is not to uncover, to piece together, and to understand the past, but to use the past for the help it offers in understanding (and changing) the individual’s mode of relating to the others in the present.

The distinction between here-and-now experience and process commentary is not sharp: there is much overlap. For example, low-inference commentary (“feedback”) is both experience and commentary. When one member remarks that another refuses to look at her or that she is furious at another for continually deprecating her, she is at the same time commenting on process and involving herself in the affective here-and-now experience of the group. Process commentary, like nascent oxygen, exists for only a short duration; it rapidly becomes incorporated into the experiential flow of the group and becomes part of the data from which future process comments will flow. For example, in a group meeting of mental health trainees, one member began the session with an account of some extreme feelings of depression and depersonalization. The group avoided pursuing this man’s dysphoria and instead offered him much practical advice. The leader commented on the process—on the fact that the group veered away from asking the member about his depression and depersonalization. The leader’s intervention seemed useful: the group members became more emotionally engaged, and several discussed their fear of self-revelation. Soon afterward, however, a couple of counterdependent members objected to the leader’s intervention; they felt that the leader was dissatisfied with their performance in the group, that he was criticizing them, and, in his usual subtle manner, was manipulating the group to fit in with his preconceived notions of the proper conduct of a meeting. Other members took issue: they commented that some members seemed compelled to challenge every move of the therapist. Thus, the leader’s process comments became part of the experiential ebb and flow of the group, and the members’ criticism of the leader, at first process commentary, also became experience, and itself subject to process commentary.

**SUMMARY**

The effective use of the here-and-now focus requires two steps: experience in here-and-now and process illumination. The combination of these two steps imbues an experiential group with compelling potency.

The therapist has different tasks in each step: First, to plunge the group into the here-and-now experience; second, to help the group
observe and understand the process of what occurred in the here-and-now experience: that is, the implications that the interaction contains about the nature of the members’ relationships to one another.

The first step becomes part of the group norm structure, and the group members ultimately assist the therapist in this chore.

The second step is more difficult. There are powerful injunctions against process commentary in everyday social intercourse. The therapist must overcome resistance, and the task of process commentary, to a great extent, remains the responsibility of the therapist and consists, as I shall discuss shortly, of a wide and complex range of behavior—from labeling single behavioral acts, to juxtaposing several acts, to combining acts over time into a pattern of behavior, to pointing out the undesirable consequences of a patient’s behavioral patterns, to more complex inferential explanations or interpretations about the meaning and motivation of such behavior.

TECHNIQUES OF HERE-AND-NOW ACTIVATION

In this section I wish to describe (but not prescribe) some techniques: each therapist must develop techniques consonant with his or her style. Indeed, therapists have a more important task than mastering a technique: they must fully comprehend the strategy and theoretical foundations upon which all effective technique must rest.

I suggest that you “think here-and-now.” When you do so long enough, you automatically steer the group into the here-and-now. Sometimes I feel like a shepherd herding a flock into an ever-tightening circle; I head off errant, historical, or “outside” statements like strays and guide them back into the circle. Whenever an issue is raised in the group, I think, “How can I relate this to the group’s primary task? How can I make it come to life in the here-and-now?” I am relentless in this effort, and I begin it in the very first meeting of the group.

Consider a typical first meeting of a group. After a short awkward pause, the members generally introduce themselves and proceed to tell something about why they have sought therapy and, often with help from the therapist, may discuss how they are feeling that very day. I often intervene at some convenient point well into the meeting and remark to the effect that, “We’ve done a great deal here today so far: Each of you has shared a great deal about yourself; your pain, your reasons for seeking help. But I have a hunch that something else is also going on, and that is that you’re each sizing one another up, each arriving at some impressions of the other, each wondering how you’ll fit in with the others. I wonder now if we could spend some time discussing what each of us has come up with thus far.” Now this is no subtle, artful, shaping statement: it is a heavy-handed explicit directive. Yet I find that most groups respond favorably to such clear guidelines.

The therapist moves the focus from outside to inside, from the abstract to the specific, from the generic to the personal. If a patient describes a hostile confrontation with spouse or roommate, the therapist may inquire, “If you were to be angry like that with anyone in the group, with whom would it be?” or, “With whom in the group can you foresee getting into the same type of struggle?” If a patient comments that one of his problems is that he lies, or that he stereotypes people, or that he manipulates groups, the therapist may inquire, “What is the main lie you’ve told in the group thus far?” or, “Can you describe the way you’ve stereotyped some of us?” or, “To what extent have you manipulated the group thus far?” If a patient complains of mysterious flashes of anger or suicidal compulsions, the therapist underscores the importance of that patient’s signaling to the group the very moment they occur during the session so that the group can track down and relate these experiences to events in the session.

If a member describes her problem as being too passive, too easily influenced by others, the therapist may move her directly into the issue by asking who in the group could influence her the most and who the least? If a member comments that the group is too polite and too tactful, the therapist may ask, “Who are the leaders of the peace-and-tact movement in the group?” If a member is terrified of revealing himself and fears humiliation, the therapist may inquire, “What is the main lie you’ve told in the group thus far?” or, “Can you describe the way you’ve stereotyped some of us?” or, “To what extent have you manipulated the group thus far?”

In each of these instances, the therapist can deepen interaction by encouraging responses from the others. “How do you feel about the stereotype?”; “Can you imagine yourself ridiculing him?”; “Does this resonate with feelings that you are indeed influential, angry, too tactful?”; and so on. Even simple techniques of asking patients to speak directly to one another, to use second-person rather than third-person pronouns, and to look at one another are very useful.

Easier said than done! These suggestions are not always heeded. To some patients they are threatening indeed, and the therapist must here, as always, employ good timing and attempt to experience what the
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Patient is experiencing. Search for methods that lessen the threat. Begin by focusing on positive interaction: "Toward whom in the group do you feel most warm?" "Who in the group is most like you?" or, "Obviously, there are some strong vibes, both positive and negative, going on between you and John. I wonder what you most envy about him? And what parts of him do you find most difficult to accept?"

The subjunctive tense provides safety and distance and often is miraculously facilitative. I use it frequently when I encounter initial resistance. If, for example, a patient says, "I don't have any response or feelings at all about Mary today. I'm just feeling too numb and withdrawn," I often say, "If you were not numb or withdrawn today, what might you feel about Mary?" The patient generally answers readily: the "once-removed" position affords a refuge and encourages the patient to answer honestly and directly. Similarly the therapist might inquire, "If you were to be angry at someone in the group, at whom would it be?" or, "If you were to go on a date with Albert [another group member], what kind of experience might it be?"

The therapist must often teach patients how to request and offer feedback. One important principle is to avoid global questions and observations. Questions such as, "Am I boring?" or "Do you like me?" are not usually productive. A patient learns a great deal more by asking, "What do I do that causes you to tune out?", "When are you most and least attentive to me?" or, "What parts of me or aspects of my behavior do you like least and most?" In the same vein, feedback such as, "You're O.K.," or "a nice guy," is far less useful than, "I like you when you're willing to be honest with your feelings, like in the last week's meeting, when you said you were attracted to Mary but feared she would scorn you. I like you least when you're impersonal and start analyzing the meaning of every word said to you, like you did early in the meeting today."

Resistance occurs in many forms; often it appears in the cunning guise of total equality. Especially in the early course of the group, patients often respond to your here-and-now urgings by claiming that they feel exactly the same toward all of the group members: that is, they say that they feel equally warm toward all the members, or no anger toward any, or equally influenced or threatened by all. Do not be misled. Such claims are never true. Guided by your sense of timing, you push the inquiry further. Sooner or later you must help members to differentiate one from the other. Eventually they will disclose that they do have slight differences of feeling toward some of the members. These slight differences are important and are often the vestibule to full interactive participation. I explore the slight differences (no one ever said they had to be enormous); sometimes I suggest that the patient hold up a magnifying glass to these differences and describe what he or she then sees and feels.

- Often resistance is deeply ingrained, and considerable ingenuity is required. For example, one patient, Bob, resisted participation on a here-and-now level for months. Keep in mind that resistance is not usually conscious obstinacy but more often stems from sources outside of awareness. Sometimes the here-and-now task is so unfamiliar and uncomfortable to the patient that it is not unlike learning a new language; one has to attend with maximal concentration in order not to slip back into one's habitual remoteness. Bob's typical mode of relating to the group was to describe some pressing current life problem. Often the problem assumed crisis proportions which placed powerful restraints on the group. First, the members felt compelled to deal immediately with the precise problem Bob presented; and second, they had to tread cautiously because he explicitly informed them that he needed all his resources to cope with the crisis and could not afford to be shaken up by interpersonal confrontation. "Right now," he might say, "don't push me, I'm just barely hanging on." Efforts to alter this pattern were unsuccessful, and the group members felt blocked and discouraged in dealing with Bob. They cringed when he brought it problems to the meeting.

One day he opened the group with a typical gambit: after weeks of searching he had obtained a new job but was convinced that he was going to fail and be dismissed. The group dutifully, but warily, investigated the situation. The investigation met with many of the familiar, treacherous obstacles that block the path of work on "outside" problems. There seemed to be no objective evidence that Bob was failing at work. He seemed, if anything, to be trying too hard, working eighty hours a week. The evidence, Bob insisted, simply could not be appreciated by anyone not there at work with him: the glances of his supervisor, the subtle innuendos, the air of dissatisfaction toward him, the general ambience in the office, the failure to live up to his (self-imposed and unrealistic) sales goals. Moreover, Bob was a highly unreliable observer; he always downgraded himself and minimized his accomplishments and strengths. The therapist moved the entire transaction into the here-and-now by
expressed the reality of invisible, unvoiced ones. How to tap onto others, great efforts to work despite anxiety and often disabling depression.

Bob laughed it off; he treated the incident as a gag or a therapeutic ploy. But the therapist held firm and insisted that he was entirely serious. Bob then insisted the therapist was wrong and pointed out his failings in the group (one of which was, ironically, the avoidance of the here-and-now); however, Bob's disagreement with the therapist was incompatible with his long-held, frequently voiced, total commitment to the group, perfect attendance, willingness to help others, great efforts to work despite anxiety and often disabling depression.

The intervention was enormously useful and transferred the process of Bob's evaluation of himself from a secret chamber lined with the distorting mirrors of his self-perception to the open vital arena of the group. No longer was it necessary that the members accept Bob's perception of his boss's glares and subtle innuendoes. The "boss" (the therapist) was there in the group. The transaction, in its entirety, was available to the group.

I never cease to be awed by the rich, subterranean lode of data that exists in every group and in every meeting. Beneath each sentiment expressed there are layers of invisible, unvoiced ones. How to tap these riches? Sometimes after a long silence in a meeting, I express this very thought: "There is so much information that could be valuable to us all today if only we could excavate it. I wonder if we could, each of us, tell the group about some thoughts that occurred to us in this silence which we thought of saying but didn't." The exercise is more effective, incidentally, if you start it yourself or participate. For example, "I've been feeling on edge in the silence, wanting to break it, not wanting to waste time, but on the other hand feeling irritated that it always has to be me doing this work for the group." Or, "I've been feeling torn between wanting to get back to the struggle between you and me, Mike. I feel uncomfortable with this much tension and anger, but I don't know yet how to help understand and resolve it."

When I feel there has been a particularly great deal unsaid in a meeting, I have often used, with success, a technique such as this: "It's now six o'clock and we still have half an hour left, but I wonder if you each would imagine that it's already six-thirty and that you're on your home. What disappointments would you have about the meeting today?"

Many of the observations the therapist makes may be highly inferential. Objective accuracy is not the issue; as long as you persistently direct the group from the nonrelevant, from the "then-and-there" to the "here-and-now," you are operationally correct. If a group spends time in an unproductive meeting discussing dull, boring parties, and the therapist wonders aloud if the members are indirectly referring to the present group session, there is no way of ascertaining with any certainty whether they in fact are. "Correctness" in this instance must be defined relativistically and pragmatically. By shifting the group's attention from "then-and-there" to "here-and-now" material, the therapist performs a service to the group—a service that, consistently reinforced, will ultimately result in a cohesive, interactive atmosphere maximally conducive to therapy. Following this model, the effectiveness of an intervention should be gauged by its success in focusing the group upon itself.

According to this principle, a group that dwells at length on the subject of poor health, and on a person's sense of guilt over remaining in bed during times of sickness, might be asked: "Is the group really wondering about my [the therapist's] recent absence?" Or, a group suddenly preoccupied with death and the losses each member has incurred might be asked whether they are also concerned with the group's impending four-week summer vacation. One psychotherapy group in a prison which was asked to meet in a different room to permit observation by visiting psychiatrists began its session with a lengthy discussion of the proliferation of police computers which can instantaneously produce massive amounts of information about any individual in the country. The therapist made the useful interpretation that the group was dealing with the issue of being observed; he wondered if the members were angry and disappointed with him and suspected that he, like the computer, had no regard for their feelings.

Obviously, these interventions would be pointless if the group had already thoroughly worked through all the implications of the therapist's recent absence, the impending four-week summer break, or the therapist's act of permitting observation. The technical procedure is not unlike the sifting process in any traditional psychotherapy. Presented
with voluminous data in considerable disarray, the therapist selects, reinforces, and interprets those aspects he deems most helpful to the patient at that particular time. Not all dreams and not all parts of a dream are attended to by the therapist; however, a dream theme that elucidates a particular issue on which the patient is currently working is vigorously pursued.

Implicit here is the assumption that the therapist knows the most propitious direction for the group at a specific moment. As we have seen, this is not a precise matter; what is most important is that the therapist has formulated broad principles of ultimately helpful directions for the group and its members—this is precisely where a grasp of the therapeutic factors is essential.

Often, when activating the group, the therapist performs two simultaneous acts: steers the group into the here-and-now and, at the same time, interrupts the content flow in the group. Not infrequently, members feel resentful or rejected by the interruption, and the therapist must attend to these feelings for they, too, are part of the here-and-now. This consideration often makes it difficult for the therapist to intervene. Early in our socialization process we learn not to interrupt, not to change the subject abruptly. Furthermore, there are times in the group when everyone seems keenly interested in the topic under discussion; even though the therapist is certain that the group is not "working," it is not easy to buck the group current. Social psychological small group research strongly documents the compelling force of group pressure. To take a stand opposite to the perceived consensus of the group requires considerable courage and conviction.

My experience is that the therapist faced with this type of dilemma can increase the patient's receptivity by expressing both sets of feelings to the group. For example, "Mary, I feel very uncomfortable as you talk. I'm having a couple of strong feelings. One is that you're into something that is very important and painful for you, and the other feeling is that Ben [the new member] has been trying hard to get into the group for the last few meetings and the group seems unwelcoming. This didn't happen when other new members entered the group. Why do you think it's happening now?" Or, "Warren, I had two reactions as you started talking. The first is that I'm delighted you feel comfortable enough now in the group to participate, but the other feeling is that it's going to be hard for the group to respond to what you're saying because it's so very abstract and far removed from you personally. I'd be so much more interested in what it's been like inside for you the past weeks in the group. Even though you've been silent, I know you've tuned in to many issues."

There are, of course, many more activating procedures. In chapter 15, I will describe some basic modifications in the group structure and procedure which facilitate here-and-now interaction in short-term, specialty groups. But my goal in this chapter is not to offer a compendium of techniques. Quite the contrary, I describe techniques only to illuminate the underlying principle of here-and-now activation. These techniques, or "group gimmicks," are servants not masters. To use them injudiciously, to fill voids, to jazz up the group, to acquiesce to the members' demands that the leader lead, is seductive but not constructive for the group.

In an encounter group research project, the activating techniques ("structured exercises") of sixteen different leaders were studied and correlated with outcome. There were two important relevant findings: (i) the more structured exercises the leader used, the more competent did members (at the end of the thirty-hour group) deem the leader to be; and (2) the more structured exercises used by the leader, the less positive were the results (measured at a six-month follow-up.) In other words, members desire the leader to lead and equate a large number of structured exercises with competence. Yet too many structured exercises are counterproductive.

Over all, leader activity correlates with outcome in a curvilinear fashion (too much or too little activity led to unsuccessful outcome). Too little leader activity results in a floundering group. Too much activation by a leader results in a dependent group: the group members look to the leader to supply too much.

Remember that sheer acceleration of interaction is not the purpose of these techniques. The therapist who moves too quickly—using gimmicks to make interactions, emotional expression, and self-disclosure too easy—misses the whole point. Resistance, fear, guardedness, distrust—in short, everything that impedes the development of satisfying interpersonal relations—must be permitted expression. The goal is to create not a slick-functioning, streamlined social organization, but instead one that functions well enough and engenders sufficient trust for the unfolding of each member's social microcosm. Working through the resistances to change is the key to the production of change. Thus, the therapist wants to go not around obstacles but through them. (As we shall see in chapter 16, this is one key difference between the therapy and the encounter group.)