A Model of Leadership: Therapy Groups for Ambivalent Emerging Adults

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This article presents an approach to group therapy that is pertinent to the developmental ambivalence of emerging adults. This approach focuses on two leadership functions: emotional stimulation and executive function. Emotional stimulation refers to interventions that help members express their feelings, values, and personal attitudes, whereas executive function refers to interventions that establish group boundaries, manage time, and keep the group on course. This article describes a typology of interventions generated from sessions in which these two functions are applied to assist emerging adults in working through their ambivalence and defining their golden mean.

KEYWORDS: Group therapy, emerging adult, ambivalence, golden mean

Group therapy is an effective and efficient treatment, particularly suited to the developmental and interpersonal challenges of college-age students (McEneaney & Gross, 2009). Over the past two decades, developmental psychologists reconceptualized the interpersonal challenges of this age group (Nelson & Padilla-Walker, 2013). Arnett (2006) designated ages 18–25 years as emerging adulthood, characterizing it as the "Age of Identity Explorations" (p. 8), a stage when emerging adults explore a range of possibilities in love and work before making the enduring choices of adulthood. These explorations make life stimulating and eventful. But emerging adults also live in the the the "Age of Instability" (Arnett, 2006, p. 9), with frequent changes in their intimate relationships, work, and education. They continually face a variety of alternatives without clear expectations to guide them. Owing to this transience, emerging adults may approach issues of love, work, and education with ambivalence (Arnett, 2007a,b).

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In this article, I present a typology of leadership functions particularly relevant to this age group, a typology that will in turn be used as a heuristic tool to further investigate the leadership strategies of therapy groups for ambivalent emerging adults. Before introducing this typology, however, I distinguish between ambivalence in developmental literature and ambivalence in group therapy literature.

AMBIVALENCE IN DEVELOPMENTAL LITERATURE

The literature on college students in therapy emphasizes that this population may be more ambivalent about entering into treatment than individuals in other stages of life (Eichler, 2006). This ambivalence reflects the mixed feelings a student might have about becoming dependent in a therapeutic relationship (Eichler, 2006). At this stage in life, college students seek greater autonomy and recognition for their strengths (Eichler, 2006).

In contrast, the emerging adult literature relates ambivalence to the inherent instability of this developmental stage (Arnett, 2004, 2007a,b). Emerging adults often feel unable to take a stand, make their own decisions, or run their own lives (Arnett, 2007b). They can feel pride in handling adult responsibilities competently (Arnett, 2004) but for the most part regard entry into adulthood as onerous (Arnett, 2007a,b). They typically see adulthood as a daily grind, a boring routine, and a form of stagnation (Arnett, 2004). Becoming an adult means "the end of possibilities, the end of spontaneity, the compromise of their dreams" (Arnett, 2007b, p. 27). Conversely, from their perspective, instability also has its charms. It offers endless possibilities, a life rich with spontaneity as well as optimal opportunities to live out one's dreams (Arnett, 2004, 2007a,b). Instability breeds both uneasiness and excitement about the possibilities of the future. Herein lies the emerging adult's developmental ambivalence: Instability is both aversive and attractive.

Instability is particularly prominent in the emerging adult's romantic and sexual relationships (Shulman & Connolly, 2013). Emerging adults often move from one brief sexual and romantic encounter to the next rather than committing to a single relationship (Shulman & Connolly, 2013). Research over the past two decades documents a common pattern of "hooking up" and casual sexual encounters (Arnett, 2004; Cohen, Kasen, Chen, Hartmark, & Gordon, 2003).

Generally speaking, men and women approach romance somewhat differently (Shulman, Laursen, & Dickson, 2014). Women tend to be more embedded in their relationships than men (Jordan, Walker, & Hartling, 2004); nevertheless, Shulman and Connolly (2013) ascribed fluidity and instability to the romantic relationships of both sexes. Both men and women want to accomplish educational and work goals before committing themselves to a marriage (Arnett, 2006). In one study, emerging adults ranked education and work goals as their most prominent goals, with goals for romantic relationships ranking third (Ranta, Dietrich, & Salmela-Aro, 2014).

From an evolutionary perspective, Shulman and Connolly (2013) interpreted this

instability as adaptive. Emerging adults must eventually find a mate who will have a life plan that is compatible with their educational, career, and work goals (Shulman & Connolly, 2013). Yet in the early stages of this developmental phase, emerging adults rarely possess clear plans in each of these areas. Under conditions of uncertainty, it helps emerging adults to keep their options open (Shulman & Connolly, 2013).

Over the course of this stage of development, emerging adults develop mature relationship skills. As part of a couple, they develop their capacity to coordinate aspirations and life plans, eventually learning how to commit to each other over the long term (Shulman & Connolly, 2013). It is only after developing these skills that long-term commitment is adaptive; short-term relationships then lose their evolutionary advantage.

Group therapy members typically re-create their relational patterns within the microcosm of the group (Yalom & Leszcz, 2005). They find themselves drawn to instability while also yearning for its opposite. As a consequence, they may re-create their normative pattern of unstable relationships with their therapy groups. Members may ambivalently pull away from the group to pursue alternative commitments while also trying to commit to the group's objectives. They may also ambivalently define themselves as outside of the group in pursuit of important needs while also seeking to retain their place within the group. The case studies presented in this article clearly illustrate this behavior.

This behavior does not represent resistance as it is usually understood. Instead, it preserves the emerging adults' access to alternative commitments and the opportunity for spontaneity (Arnett, 2004, 2007a,b). Nevertheless, to make positive changes, members optimally make use of the group rather than seeking alternatives to it (Corey, 2011).

AMBIVALENCE IN GROUP THERAPY LITERATURE

Groups contain processes that serve adaptive, work-oriented, therapeutic ends as well as processes that serve defensive, work-avoidant, or resistive purposes (Corey & Corey, 2006). In group literature, ambivalence is a process that serves mainly defensive, work-avoidant, or resistive purposes within the group (Bernard et al., 2008) and prominently emerges at certain times in the life of a group (Brabender & Fallon, 2009). There is a strong consensus in the literature for a five-stage model of group development, a model where the group has a clear end point (Brabender & Fallon, 2009). Ambivalence emerges most obviously during two of these five stages (Bernard et al., 2008). During the first stage, members allude to ambivalence and uncertainty about membership in the group (Bernard et al., 2008) and, alternating with an urge to flee the group, may feel highly dependent on the therapist(s) (Brabender & Fallon, 2009). During the group's fifth stage, members experience ambivalence about the group's finite nature (Bernard et al., 2008). Members must reconcile the conflict between the fantasies they had about participating in the

group and the disappointments and disillusionment they experienced throughout their participation (Brabender & Fallon, 2009).

Johnson (2009) addresses work-avoidant, defensive, and resistive processes in an article about short-term, semester-based process groups for college students, which are the types of groups illustrated in this article. Johnson (2009) notes that if a leader provides too much structure, members may surrender responsibility for group movement to the group leader, which tends to result in members resisting self-disclosure. Conversely, Johnson (2009) argues that too little structure elevates anxiety to the point where productive group activity becomes impossible. As a compromise, Johnson (2009) recommends that group leaders employ greater structure at the beginning and end of the group and less structure during the middle sessions. With this approach, leaders provide structure to assist members in entering the here and now as a means to work through ambivalence about membership. At the end of the group, when members experience ambivalence about the group ending, group leaders provide structure to facilitate termination. During the middle sessions, however, leaders encourage group members to bear most of the responsibility for the group's movement.

TYPOLOGY

To explore the leadership process of group therapists working with emerging adults, I have relied on the model developed by Lieberman, Yalom, and Miles (1973). Lieberman and colleagues identified four basic functions of the group leader: executive function, caring, emotional stimulation, and meaning attribution. This article adopts emotional stimulation and executive function as the basis of the typology of group leadership for emerging adults, as these two functions particularly relate to group work with this age group. To explain this relevance, I will define these two functions.

Emotional stimulation refers to all of the leader's interventions that help members express their feelings, values, and personal attitudes (Bernard et al., 2008), hence promoting self-disclosure (Yalom & Leszcz, 2005). Emotional stimulation may arise when members recognize the variety of feelings, values, and attitudes in the group. Sharing in the here and now increases the group's emotional stimulation level in a useful way (Bernard et al., 2008).

According to Lieberman and colleagues (1973), group leaders ideally exhibit a moderate level of emotional stimulation, as opposed to levels that are too high or too low. To use the language of statistics, emotional stimulation has a curvilinear relationship to outcome (Yalom & Leszcz, 2005).

Group leaders must sufficiently restrict emotional stimulation so that members can step back from the here and now to reflect on what they can learn about themselves and others in the group (Bernard et al., 2008). *Learning* refers to learning about self in relation to others (Bernard et al., 2008). If a group member's level of

excitation prevents learning, this indicates that emotional stimulation is beyond the acceptable limits required to achieve a positive outcome (Brabender & Fallon, 2009). The group leader, however, also must encourage sufficient emotional stimulation to promote emotional engagement or the process of establishing emotional connections between people with similar problems (Brabender & Fallon, 2009). Ormont (1990) referred to this process as *bridging*. Group therapists foster emotional engagement by assisting members to identify with each other's affective experience (Brabender & Fallon, 2009).

Bernard and colleagues (2008) defined *executive function* as establishing group boundaries, managing time, and keeping the group on course. For the most part, group therapists establish boundaries prior to the start of the group and in its early stages (Yalom & Leszcz, 2005). Maintenance of the therapeutic frame is a crucial executive function (Brabender & Fallon, 2009). According to Lieberman and colleagues (1973), to obtain a positive outcome, group leaders ideally exhibit a moderate level of executive function rather than levels that are too high or too low. Like emotional stimulation, executive functioning also has a curvilinear relationship to outcome (Yalom & Leszcz, 2005).

Group therapists must employ the executive function rigorously enough to make the group safe (Brabender & Fallon, 2009), as executive function impacts both *physical* and *psychological* safety. Physical safety includes paying attention to time boundaries, consistently marking the beginning and ending of groups, and also noting late arrivals and absences (Brabender & Fallon, 2009). The group therapist creates psychological safety by carefully attending to member communication both inside and outside the group. Group therapists create consequences for confidentiality violations by drawing attention to these boundary transgressions and fostering feedback regarding their emotional impact within the group (Brabender & Fallon, 2009). Psychological safety also depends on protecting members from emotional injury so severe that it threatens the members' continued participation in the group (Brabender & Fallon, 2009).

Conversely, group therapists must sufficiently restrain executive function to avoid limiting the free expression of feelings, attitudes, and thoughts (Brabender & Fallon, 2009). Free expression of feelings, attitudes, and thoughts refers to the members' self-disclosure in the group (DeLucia-Waack, Gerrity, Kalodner, & Riva, 2004). In summary, group leaders must apply sufficient executive function to make the group feel both physically and psychologically safe (Brabender & Fallon, 2009), while also sufficiently restraining executive function to avoid limiting the free expression of feelings, attitudes, and thoughts (Brabender & Fallon, 2009).

According to Lieberman and colleagues (1973), group leaders ideally exhibit a moderate level of executive function and emotional stimulation, as opposed to levels that are too high or too low. These functions, when effectively deployed, are carefully balanced for moderation, resulting in a positive outcome for the group (Yalom & Leszcz, 2005). Tipping the scales too far in either direction requires the leader's

Type 1	Type 2
Up-regulating Executive Function	*Up-regulating Executive Function*
→ Increased Safety	→ Increased Safety
Down-regulating Emotional Stimulation	*Up-regulating Emotional Stimulation*
→ Increased Interpersonal Learning	→ Increased Emotional Engagement
Type 3	**Type 4**
Down-regulating Executive Function	*Down-regulating Executive Function*
→ Increased Free Expression	→ Increased Free Expression
Up-regulating Emotional Stimulation	*Down-regulating Emotional Stimulation*
→ Increased Emotional Engagement	→ Increased Interpersonal Learning

Figure 1. Typology of executive function and emotional stimulation.

careful consideration, as extremes do not usually lead to optimum outcomes. The following typology indicates the variety of forms such a balanced and moderated leadership may take (see also Figure 1):

Type 1. Group therapists up-regulate executive function to increase safety and down-regulate emotional stimulation to increase interpersonal learning.

Type 2. Group therapists up-regulate executive function to increase safety and up-regulate emotional stimulation to promote emotional engagement.

Type 3. Group therapists down-regulate executive function to support the free expression of feelings and up-regulate emotional stimulation to promote emotional engagement.

Type 4. Group therapists down-regulate executive function to support free expression and down-regulate emotional stimulation to promote interpersonal learning.

Executive function and emotional stimulation possess special relevance to emerging adulthood's developmental ambivalence. Executive function directly addresses the emerging adult's qualms about coordinating aspirations with a partner's aspirations. In a therapy group, this ambivalence takes the form of skipping sessions, premature termination, failure to claim group time, and extragroup contact. With scrupulous application of the therapeutic frame, group therapists provide members with sufficient physical and psychological safety to reflect on their own behavior (Brabender & Fallon, 2009). They can then express feelings about their ambivalence with words rather than actions. For example, the therapeutic frame provides members with the safety to feel the emotional significance of their absences and recognize that they can achieve their goals through attendance (Brabender & Fallon, 2009). Through executive function, group therapists advocate for the primacy of the therapeutic relationship over the social relationships that develop as extragroup contacts (Rutan, Stone, & Shay, 2007). Finally, through the executive function group, therapists regulate session content and move members into the here and now (Rutan et al., 2007).

Emotional stimulation directly addresses emerging adults' aversion and attraction to intimacy. Some of the case illustrations outlined later in this article demonstrate that emerging adults require an increase in emotional stimulation to engage emotionally with other group members. As these case results indicate, therapy works optimally when invested with an emotional charge (Bernard et al., 2008). Emerging adults remove themselves physically from group sessions by absences, and my case illustrations show how emotional stimulation helps emerging adults commit to group attendance. Finally, the case illustrations indicate that emerging adults sometimes benefit from a reduction in emotional stimulation. When necessary, the group environment provides members the opportunity to step back from exchanges that are emotionally charged (Bernard et al., 2008). Otherwise, the emerging adult's ambivalence may interfere with interpersonal learning about self and others.

With emerging adults, group leaders also deploy two other leadership functions: *caring* and *meaning attribution*. Caring underpins a positive therapeutic alliance necessary for group development (Bernard et al., 2008). Furthermore, the literature suggests that the ideal follow-up to emotional stimulation is the attribution of meaning to the group member's personal experience (Bernard et al., 2008). I propose, however, that executive function and emotional stimulation serve as the primary functions that relate to emerging adults' developmental ambivalence. For this reason, they serve a unique purpose in organizing a group therapist's ideas about working with emerging adults in therapy groups.

CASE STUDIES

In the following case studies, I draw on my experience conducting groups for emerging adults to illustrate the four leadership types. To illustrate each type of leadership, I present common difficult situations that group therapists face (Bernard et al., 2008; Gans, 2010; Johnson, 2009; Yalom & Leszcz, 2005) at various points in the development of a group.

These studies follow Johnson's (2009) short-term model (10–25 sessions) of interpersonal group therapy for college students in counseling centers. In describing his model, Johnson divided group development into three time periods: the First Session: Setting the Groundwork; Middle Sessions: Process Illumination and Activation; and Final Sessions: Saying Good-bye. For clearer insight into group process, this article also draws on sources that employ the five-stage model in the following discussion.

Owing to the need for confidentiality, I have carefully disguised individuals and particular groups. Nothing is fictional, but the illustrations are composites that preserve the authentic group dynamics. The groups described in the following were led by me and another therapist, although the illustrations describe the work of a single clinician.

Type 1: Up-regulating Executive Functioning and
Down-regulating Emotional Stimulation

To illustrate this type of leadership, I have selected a group struggling with attendance issues during the group's initial sessions. Counselman and Gans (2010) referred to multiple factors that may deter an individual from attending group sessions, including group membership problems, leadership style, and group dynamics. In this case, a member named Ethan, age 20, perceived that he faced a forced choice between attending the group and waiting tables to earn money for a service trip to El Salvador. Ethan attended the first session but was absent from the second session. In the third session, Ethan asked if he could attend the group every other week, which challenged the group's time boundaries. This challenge compounded the high levels of emotional stimulation, including anxiety and an urge to flee, inherent in the initial stage of group development (Brabender & Fallon, 2009).

Case Illustration: Increased Safety and Learning

The group therapist initially responded by up-regulating executive functioning, invoking the attendance boundary that "members attend *all* sessions." The group therapist also elicited from Ethan a reluctance to remain in the current group session. Then the group therapist turned to the whole group and asked if anyone else felt similarly, employing an approach rooted in Agazarian's (2004) system-centered therapy. Agazarian, who coined the term *functional subgrouping* to describe this method, uses the term *subgrouping* in a positive sense. In this approach, a group therapist reduces anxiety and increases safety by transferring the anxiety to the whole group. In this case illustration, other members allied with Ethan by sharing similar feelings about attending the group. The group therapist then asked if members also felt different feelings. Some members expressed their strong desire to attend group that afternoon, and with further discussion, those who looked forward to group discovered that they shared feelings with those who resisted group. A group enthusiast remarked, "I've left the group thinking: 'Did I say too much about myself?' And I worry about coming to the next session." A hesitant group member noticed, "I get nervous every time I speak but I always feel better after I do." Members discovered that they shared feelings across subgroups.

Ethan closely followed this discussion, then, seemingly more in touch with a sense of sadness, he explained that working toward his service trip to El Salvador was one of the few things he did that made him feel good about himself. Group members empathized with him, speaking of their difficulties with self-esteem and how they tried to cope. Finally, Ethan spoke up again: "I'll find times to wait tables that don't conflict with group. My time with all of you is important to me."

As a result of the group therapist's interventions, Ethan's level of emotional stimulation was reduced and his mind was cleared, although he was left with a

residual sense of sadness. He recognized that he did not face a forced choice, and the group's attendance boundary no longer appeared to prevent him from achieving his goals. Ethan learned the value he placed on the group and withdrew his initial proposal of attending every other week. He also discovered that he did not risk the loss of his service trip. He increased his sense of safety as he positioned himself within the group's attendance boundaries without sacrificing his commitment to his El Salvador service trip.

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Type 2: Up-regulating Executive Functioning and Up-regulating Emotional Stimulation

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To illustrate this type of leadership, I selected a group operating during the Middle Sessions (Johnson, 2009). As is typical at this stage of group development, members began self-directing their self-disclosure (Johnson, 2009). Some members, however, found this norm to be a source of distress and resisted (Brabender & Fallon, 2009). Research shows that self-disclosure exposes clients to a fear of being shamed, undermining their sense of safety (Farber, Berano, & Capobianco, 2006). Yalom and Leszcz (2005) present a bewildering array of other factors that may contribute to a member refraining from self-disclosure.

Viewed from a developmental perspective, the actions of Emily, age 22, served the purpose of keeping her options open as a group member by withholding self-disclosure. On one hand, she suspended emotional engagement. On the other hand, she attended every session. Her stated goal was to learn how to become emotionally closer to other people.

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Case Illustration: Increased Safety and Emotional Engagement

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The group engaged in a lengthy discussion on procrastination. One of the group therapists intervened with questions recommended by Johnson (2009) to encourage members to move away from the there and then and into the here and now: "Imagine it's time to go. What disappointments would you have about the meeting today? What will you wish you had talked about?" (p. 524). This intervention up-regulated emotional stimulation and directed members to talk about their feeling of disappointment. By diverting the whole group away from the discussion on procrastination, the group therapist also up-regulated executive functioning and set a boundary on the session's content.

Emily responded by sharing her thoughts rather than her feelings about her disappointments. The group therapist continued the up-regulation of executive function by acknowledging her thoughts and asking if she knew how she felt. When she admitted that she was unsure, the group therapist asked if she wanted to find out how she felt. When Emily agreed to explore her feelings, the group therapist helped Emily to enter the here and now. She told the group about the deep sadness she felt

that no one in the group knew her. The group therapist asked if anyone wanted to respond. Sammy replied, "I'm so glad you finally cracked, Emily. I like getting to know the real you." Emily replied, "I finally feel like I belong to the group."

Propelled by a series of questions that continued the up-regulation of executive functioning, Emily moved into the here and now, yet the group therapist's questions also maintained her psychological safety by allowing her to co-regulate her self-disclosure. The group therapist provided her with an extra measure of safety by asking if she wanted to discover what she was feeling.

The group therapist also up-regulated emotional stimulation by helping Emily focus on her feelings and share them in the here and now. This up-regulation continued as the group therapist asked if anyone in the group wanted to respond to Emily's sadness. Sammy disclosed that he liked knowing Emily, inciting Emily to reveal her feelings of belonging in the group, a sign of increased emotional engagement.

Emily relied on the group therapist to help her achieve her goal of becoming emotionally closer to others. With the group therapist's support, she entered the here and now and risked self-disclosure. She identified just the right level of risk (safety) she would take to emotionally engage the group. Then Emily repositioned herself within the group, balancing her need for safety and emotional engagement.

Type 3: Down-regulating Executive Functioning and Up-regulating Emotional Stimulation

To illustrate this type of leadership, I have chosen an intervention dealing with extragroup socializing during the Middle Sessions of a group (Johnson, 2009). Yalom and Leszcz (2005) regarded extragroup socializing as a potent form of resistance or group ambivalence about change. Johnson (2009) added that it is a form of resistance to self-disclosure. For many emerging adults, loneliness motivates a yearning for unfettered social relationships (Arnett, 2007a,b). This age group balances a developmentally appropriate aspiration to alleviate isolation, though this contradicts the therapeutic goal of members maintaining an exclusively therapeutic relationship.

I adopted Flapan and Fenchel's (1983) view that extragroup socializing is inevitable, as the university setting in particular provides many opportunities for inadvertent contact. Group members see each other in campus dining facilities, at the library, and while attending university programs or parties (Bleiberg & Baron, 2004; Jennings & Anderson, 1997). Thus, in my groups, I establish a ground rule that states,

> Any contact between group members is considered "group property" since it involves members of the group and will affect what happens in the group. Therefore, information about the contact is to be shared with the entire group and the therapist during the group sessions. (Flapan & Fenchel, 1983, p. 6)

In my experience, college students often sidestep this ground rule unless deliberately prompted to talk about their extragroup contact. In the following case, Noah, age 18, and Olivia, age 19, began surreptitiously meeting outside group sessions. They did not speak about their extragroup contact, and their level of group participation declined.

Case Illustration: Increased Free Expression and Emotional Engagement

The group therapist began a session with this question: "Can we discuss if group members are seeing each other outside of the group?" Noah and Olivia quickly disclosed that they had eaten dinner together. The group therapist emphasized the appropriateness of Noah and Olivia's disclosure and reinforced this point by encouraging other members to disclose extragroup contact in the future. Bernard (1994) recommended this approach as a means to avoid stigmatizing group members who engage in extragroup contact and thereby limiting their self-reflection about their behavior. In this way, the group therapist sought to down-regulate executive function. At the same time, the opening question highlighted the group's ground rule. Hence this down-regulation of executive function still opened up the space for Olivia and Noah to speak freely about their extragroup contact.

The group therapist continued with the up-regulation of emotional stimulation by asking how members felt about Olivia and Noah dining together. Members described feeling excluded and rejected by the pair. Next, the group therapist asked if either Noah or Olivia wanted to "think and feel out loud" (Johnson, 2009, p. 523) about the group's reaction. "Thinking and feeling out loud" is a functional definition of entering the here and now (Johnson, 2009). Through this intervention, the group therapist further up-regulated emotional stimulation.

Both Olivia and Noah chose to enter the here and now. Olivia expressed surprise that group members cared so much about her meetings with Noah, and she interpreted their reaction as evidence that they cared about her and that she was important to group members. Noah felt confused. He described the challenge he faced in absorbing the impact of his actions on others, yet he acknowledged that his extragroup contact affected how other group members felt. Through the up-regulating of emotional stimulation, both Olivia and Noah shared feelings that allowed them to emotionally engage with the group, thereby strengthening the therapeutic relationship.

In sum, Olivia and Noah met outside the group, but they did not speak about it despite the ground rule requiring them to do so. A combination of down-regulation of executive function and up-regulation of emotional stimulation provided an enriched environment that supported their movement within the group. Both Olivia and Noah freely expressed what they regarded as just the right level of feelings to attain just the right level of emotional engagement with the group. With this balance, they repositioned themselves within the group.

Type 4: Down-regulating Executive Functioning and Down-regulating Emotional Stimulation

To illustrate this type of leadership, I have selected a group during the Final Sessions (Johnson, 2009). Carl, age 23, dropped out of the group because he preferred to spend his last few sessions training for a sport. Carl had repeatedly asked for group time to explore his uncertainty about membership before he made his final decision. When an individual terminates under these circumstances, group members often feel disappointed and frustrated (Bernard et al., 2008). The group, inflamed by Carl's sudden departure, struggled with developmental ambivalence.

Case Illustration: Increased Free Expression and Learning

The group therapist started the session by reading Carl's e-mail. Carl explained that his performance in both his sport and the group was suffering as a result of dividing his time between the two activities. He viewed his sport as a better contribution to his long-term growth than group therapy and thus decided to focus his time on training. The group therapist asked for reactions to this news. Several members defended Carl for putting his own interests ahead of the group's needs. Other members wished they had forced Carl to terminate weeks before. Both factions voiced indecision about the commitments entailed in group membership.

The group therapist proposed a structured activity that freed members to explore their feelings, but in a contained, down-regulated manner. The group therapist asked if the members wanted to write a farewell e-mail to Carl that expressed their feelings. They agreed to this task, with one member volunteering to serve as the group secretary. This activity served to down-regulate both executive functioning and emotional stimulation at a time when Carl's decision threatened the membership boundary and strong feelings about Carl and his termination overstimulated the group.

The group once again quickly split into two factions. One faction felt angry that Carl had delayed his decision to leave. The other faction missed Carl's honesty and sincerity. Both groups shared a sense of disenchantment, but after a full airing of these views, the mood flipped. Members rallied around an idea proposed by one member that "we got what we needed from the group, even if Carl did not." The group decided that they wanted their e-mail to express a feeling of "hope." They hoped that "Carl got something out of the group" and that he "continued to grow through [his] sport."

During the composition of the e-mail, members opened up sufficiently to learn about the range of feelings in the group. They discovered that they shared feelings of hope despite their disenchantment after learning of Carl's decision. Additionally, in writing the farewell e-mail, members implicitly expressed that Carl was now *outside* the group while they remained *inside* the group. Through the e-mail, they drew a circle around themselves, freely expressing who they were and how they felt.

Down-regulation of both emotional stimulation and executive function through a structured activity provided space for increased self-reflection, although this was limited by the structure. As a consequence, members expressed themselves more freely to Carl and communicated their feelings about their identity as group members. The group calibrated how much they would express about their own feelings and how open they would be to each other's feelings (learning). Instead of a position where they either devalued Carl or devalued the group, the group moved toward affirming how they had benefited from the whole experience.

CONCLUSION

This article presented a typology, a heuristic tool to investigate the leadership of therapy groups for ambivalent emerging adults. Future investigations of this model should test the link between these leadership types and outcome patterns.

The typology elucidates group therapist interventions with emerging adults who display a developmental ambivalence by skipping group sessions, not claiming time, extragroup contact, and indecision about membership following a premature termination. In each case illustration, the emerging adults zeroed in on a more refined stance and moderated their ambivalence in response to the group therapist's regulation of emotional stimulation and executive functioning.

The moderation that underpins executive function's and emotional stimulation's optimal performance bears the hallmark of the golden mean known in both Western and Eastern philosophies (Hans, 1994). The *golden mean* refers to the desirable middle between two extremes of excess and deficiency and is a concept that is central to Aristotle's ethics (Hans 1994). In Aristotle's system, individuals ascertain their golden mean through trial and error. Aristotle proposes a relativistic approach in which there are many correct ways of living and thus many different golden means for each individual (Hans, 1994).

Similarly, in each of the case studies, the group leader guided members through a process of trial and error by means of executive function and emotional stimulation. Members explored how much emotional engagement they could bear. How open were they to learning about themselves? How much could they self-disclose? How much risk could they tolerate, and what type of risk?

Each of the cases demonstrates how group leaders assisted emerging adults in finding a desirable middle between competing alternatives. Ethan found a golden mean in learning to value group attendance without risking the loss of his service trip or group membership. Emily found a golden mean in emotional connectedness with her group without being overly intimate or risking complete alienation. Noah and Olivia found a golden mean through sharing freely in the here and now without being too emotionally engaged or remaining silent about their extragroup contact. Finally, Carl's group found a golden mean in the balanced, hopeful words of their e-mail, rather than devaluing Carl or the group.

Emerging adults move through this trial-and-error process toward a golden

mean in a manner that distinguishes them from adolescents, whose families typically retain greater influence over their choices (Arnett, 2006). Emerging adults lack the grounding contextual structures that they knew in adolescence, structures such as home and school (Arnett, 2006). They remain connected to their families but are generally no longer embedded in them (Arnett, 2006). Their commitment to partners, jobs, and academic institutions is temporary, and they have fragile exploratory relationships with others rather than permanent relationships (Arnett, 2006). Emerging adults lack the relational benchmarks they used to guide them as adolescents (Arnett, 2006).

Pursuit of a golden mean is a particularly useful objective in group therapy for emerging adults. It provides them with a tool for measuring what is too much and what is too little when they negotiate and coordinate their relationships. Lacking benchmarks in their relationships, the golden mean allows emerging adults to identify their own benchmarks to serve this purpose.

Of course, finding a golden mean does not address every concern. Ethan, for example, proposed attending the group every second week. Originally, he may have viewed this proposal as a good compromise between working every week and attending group every week. However, the group therapist, an expert in the therapeutic contract, must be aware of the fallacy in this proposal: Individuals are unlikely to obtain a therapeutic group experience by attending every other week. The group therapist must instead choose the best type of intervention and, as in Ethan's case, advocate that members honor their contract.

The golden mean remains subjective, and group therapists are always at risk of privileging their point of view over others because of their own personal process (O'Leary, 2001). When group therapists overly privilege their point of view at the expense of voices in the group, members may provide invalidating feedback. Such feedback appropriately triggers the group therapist's personal introspection (Yalom & Leszcz, 2005).

When group therapists recognize a pattern of ignoring certain group voices, they may benefit from consultations with a supervisor to advance their training. They may also work with a personal therapist to better understand the parts of their psychological makeup that impede the hearing of particular voices in the group. Such efforts may also help group therapists working with emerging adults to maintain their flexibility and openness. In this state of mind, group therapists will more deftly help emerging adults find their golden mean.

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