

PLAY & CREATIVITY

IN PSYCHOTHERAPY



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Cultivating Curiosity, Creativity, Confidence, and Self- Awareness through Mindful Group Therapy for Children and Adolescents

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GROUP THERAPY HARNESSSES the desire to connect, belong, and feel part of a community, as members' reflections about their interactions lead to insight, understanding, and growth. This prepares young people, in particular, to thrive as interdependent adults, working together to foster a climate of kindness, empathy, compassion, and resilience. As part of this therapeutic process, interactions can lead to recollections of earlier painful encounters, as old memories resurface. For example, misattunements and failures of understanding within the group can recreate previous feelings of being misunderstood. The group then provides a wealth of growth opportunities. Transformative moments begin with misreading another group member in the here and now, evoking feelings from past experiences and relationships. By capitalizing on such interchanges, we can lay the foundation for repair and resilience; social-emotional development and growth; and the cultivation of curiosity, creativity, and confidence.

Early in life, the brain develops a set of "social status schema" (Cozolino, 2014, 2015). Experiences within different social groups leave an imprint in our implicit memory—those memories of which we are not consciously aware.

Negative emotions or responses to experiencing fear within the social arena evoke "fight," "freeze," or "flee" responses. Such responses often originally serve to protect the very young child who has not yet developed sufficiently to use higher-level defense mechanisms. Instead, avoidance, disconnection, splitting, and projective identification, or dissociation become automatic responses to pain. Once instilled in the brain, these responses become habitual, and change may be difficult. When defense patterns become entrenched or dysfunctional, change may require new types of interventions to lay the foundation for new neural pathways.

Adolescents may not have had many opportunities to feel accepted and validated by others. This can reinforce mistaken beliefs that they are "awkward" or "different," with something to be ashamed of that they must hide. Although their intention is to avoid trauma by avoiding others, they may wind up cutting themselves off from the beneficial effects of relationships they need to heal and grow (Cozolino, 2015). The question then is, when they are guided to revisit and confront these responses, can change occur?

Research in neuroplasticity shows us that the structure of our brains is continually altering. The potential to change in a positive direction—toward increased calm, compassion, resiliency, and vitality—is foundational to the group therapy experience. As we will see through a case presentation of the interchange between two teenagers, Danielle and Ian, playful interventions within a group environment can foster feelings of safety, as group members allow their hidden selves be seen by the others. "To restore resilience, one must restore *joie de vivre*. As will become clear, there is no better vehicle for that than natural play—the engagement that children themselves devise to pass the living moment" (Trevarthan & Panksepp, in press, p. 29).

Play, Creativity, Vitality, and Safety

Inspired, innovative, and integrative group therapy comes about through co-creating a playful, supportive, safe, nurturing, growth-oriented therapeutic environment. A safe group milieu in which it becomes less shameful to show hidden parts of the self requires finding ways to move past old responses and habitual behavior patterns. Siegel (2013) states, "The playfulness and humor that emerge from the creation of new combinations of things are essential to keep our lives full of vitality" (p. 10). Opportunities arise for group members to address feelings of anger, fear, danger, and other defensive responses. Participants can revisit their evaluation of others, reassess their sense of self in relation to others, and gain reassurance as commonalities between members become evident, collaboratively laying the foundation for shifts in experience.

Observing changes in other members of the group can become an important part of hope for one's self, whether members are engaged in dialogue or participating quietly while actively observing others. The experience of watching one's peers can be helpful for some group members who cannot put into words their own thoughts, feelings, and fears. Yalom, widely recognized as the "father" of group therapy states,

Therapy groups invariably contain individuals who are at different points along a coping-collapse continuum. Each member thus has considerable contact with others—often individuals with similar problems—who have improved as a result of therapy. I have often heard clients remark at the end of their group therapy how important it was for them to have observed the improvement of others (Yalom & Leszcz, 2005, p. 5).

An overarching goal is to work toward a shifting of group members' consciousness, especially toward increased compassion, or what Barbara Fredrickson (2013) in her book *Love 2.0*, calls "Positivity Resonance," which involves focusing on positivity, while being seen for your authenticity, a resonance receptive to the authentic experience of another. Curiosity fosters this receptivity, and helps to mitigate the emotional reactivity that inevitably arises from time to time through the vibrant interaction of group members.

Through the lens of Sensorimotor Group Psychotherapy for young children, Goldstein and Ogden (2013) describe evoking playful co-curiosity. This includes looking at what comes up in the present moment—in the body, and in the dyadic relationship of child or adolescent and therapist—while integrating somatic understanding. Galvanized by the rich integrative treatment modalities offered by sensorimotor psychotherapy (Ogden, Minton, & Pain 2006; Ogden & Fisher, 2015), these concepts have been applied to the group milieu (Goldstein & Ogden, 2013; Goldstein & Ogden, in press; Ogden & Goldstein, in press), introducing new ways to use the emergent experience, here and now, as experiences transpire in the group.

Transformational experiences arise during which healing can occur collaboratively, as recognition, exploration, and resolution of trauma and developmental issues during the group experience are aided by an essential element of play—inviting curiosity. Sensorimotor psychotherapy for our younger clients, explored by Ogden, Goldstein, and Fisher (2012), prioritizes curiosity about what is emerging in the present moment as collaboratively noting emerging body sensations, along with emotions, thoughts, and feelings. Inviting mindfulness through playful queries, such as "I'm curious," or "I wonder," we offer a collaborative lens that welcomes, in the spirit of play, wondrous and supportive

inquisitiveness. This engaged curiosity, foundational in mindfulness practices, fosters a deepening awareness of the present moment experience. We help our clients become mindfully attuned to their experiences, as they emerge in the group experience. Creative and playful modalities help to navigate complicated and contentious relationships, such as will be described in the case example of Danielle and Ian, two teen group members.

The concept of Embedded Relational Mindfulness, proposed by Pat Ogden, and written about extensively in the sensorimotor psychotherapy literature, illustrates the two paths that therapeutic relationships travel. The explicit, conscious path represents what therapist and patient sense they are doing together, supported by theory and technique. In contrast, the implicit journey pertains to what gets enacted beneath the words, beyond technique. Elusive and unconscious, the implicit journey may feel vaguely familiar, leading to outcomes that are not intended or predicted. When treating young clients, Goldstein and Ogden ascertain: "Through the use of directed mindfulness, embedded in relationships, we hope to capitalize on the neuroplasticity of the brain by teaching children to notice the internal somatic indicators that compromise their automatic reactions, and then purposefully direct mindful attention to something they typically do not notice, like deep breathing, thereby creating a new experience" (in press, p. 247).

Ogden and Goldstein (in press) expand on the collaborative nature of interactions, through mindfully witnessing, naming, and supporting what emerges, "bringing attention to these momentary shifts arising during the session and collaboratively deepening into awareness of interactions between client and therapist." Goldstein and Siegel (2012) introduce mindful group psychotherapy as the apex of the emerging group experience: "Mindfulness in the group experience creates a healing ethos that can hold very nearly any member that is a part of it" (p. 220). These ideas build upon concepts of interpersonal neurobiology, in order to elucidate the powerful emerging experience of "feeling felt" through interrelationships.

Similarly, adding neuroscience and somatic components to the traditional group therapy models that emphasize the cognitive-based verbal narrative can shift the emphasis from primarily dialogue and cognitive tasks by also inviting an exploration of present-moment awareness, practicing sensory intelligence, and welcoming experiences of consciousness into the group process. For example, as group members engage with one another in new ways, developing mindful awareness leads to powerful insights, practical skills, and expanded awareness of the body as a source of important insight and information. More significant, the group format offers an

authentic experience in which members "feel felt" (Goldstein & Siegel, in press, p. 264).

Goldstein and Ogden (2013) further elucidate the powerful influence of Embedded Relational Mindfulness© to deepen awareness, stating "This kind of mindful awareness offers group members tools for self-reflection, observation, and curiosity about the body's states—the sensations in our chest, our breath (shallow or deep), the rhythm of our breathing, the changes in posture, tilt of the head, angle of the shoulders, muscular tension, and so forth" (p. 135).

Over time, as positive experiences emerge within the framework of group, feelings of safety, comfort, and calm help members to settle into the group. Rick Hanson states that these new positive experiences can start to become "hardwired into our psyche," thereby replacing the bad, and helping to promote positive relationships. Hanson's (2009) book, *Buddha's Brain*, aids mental health professionals to develop effective ways to help patients "light up" the brain circuits that relieve worry and stress, while promoting positive relationships and inner peace.

Hanson suggests that positive experiences that emerge within the group, as illustrated here by the cases of Danielle and Ian, can in turn change the brain for the better. Danielle and Ian's involvement in therapy, and the eventual intersection of their group experience, clarify the power of a group to address interpersonal conflict, bias, and a growing emphasis on difference in our society.

Danielle: Overcoming Isolation, Shame, and Loss

As a young child, Danielle emigrated from the Middle East, fleeing with her mother after a change in government regime resulted in their lives being threatened. Her father remained behind, continuing to reside far from his daughter and wife. Danielle cannot recall the last time she saw her father.

As significant as these losses were, Danielle feels she experienced even greater trauma following September 11, 2001, when both her first and last names were changed. In the ensuing months, her family and others in their community experienced an upsurge of hostility, rage, and racial profiling. Her shame and loss were palpable, and she recalled a moment when she asked her mother "When can I go back to being called Sahair?" Her mother's anxious shout of "never" had not been fully discussed nor its ramifications explored before entering therapy. Consequentially, Danielle never told others how her history had been marked by these traumatic losses. With fearful messages woven throughout the very fabric of her being from a young age, Danielle

became afraid of others and hesitant to approach or engage with her peers. Her isolative behaviors had produced a self-fulfilling prophecy—that she would be marginalized and rejected.

Initially, Danielle's diagnosis of depression came through her school counselor, who felt Danielle was not a candidate for school-based social groups due to her feelings of secrecy and shame. At her school counselor's insistence, Danielle began intensive one-on-one therapy with me at the onset of 12th grade. I suggested that group therapy could help her combat her sense of isolation as well as aid in developing awareness of the overarching impact of her traumatic experiences. Danielle agreed to overcome her hesitation and give it a try.

Curbside Therapy: Resourcefully Meeting Clients

On the way to her first group session, despite acquiescing, Danielle felt unable to follow through. She sat outside in her mother's car, unable to come upstairs to the group session. What has been playfully termed "curbside therapy" ensued. Danielle's exasperated mother came upstairs to ask what we should do. I left the group in the skillful hands of my co-leader and went to meet Danielle, sitting on the curb adjacent to their car. Our prior individual therapy session paved the way for the ensuing "curbside therapy," as I acknowledged Danielle's tremendous anxiety and suggested that together we might mitigate her body-based response to these feelings (heart beating painfully; rapid, short, staccato breaths contributing to even more discomfort).

Collaboratively, I led us in an exercise that dropped beneath the context (the situation that presented). I suggested we bring our awareness to our bodies and what was happening at the time (I became acutely aware of my own discomfort about working publicly, beside her car; I somehow felt inadequate in my inability to anticipate this situation, which resulted in my own elevated heart rate, etc.). Together we agreed to become curious about what was arising for each of us as I accompanied her curbside. Dropping beneath the situation at hand, I encouraged her to join me in letting our awareness be filled by the feelings and sensations of the breath, etc., in lieu of discussing the context upon which we met on the curb. Mindfulness inquiries such as "Let's notice our breath," and "Notice, and just becoming aware of what you notice," are prompts that significantly aided in the unfolding awareness of our experience.

Danielle grew calmer and acknowledged that her all-encompassing anxiety about starting group had rendered her unable to mobilize and come to group. Collaboratively, we co-created what Danielle experienced as a new body-based self-calming exercise through awareness of her breath and through her

becoming mindful about where her anxiety resided in her body. This awareness led to co-development of resources from within, tools she could employ at future challenging occasions. Our collaboration arose organically, starting with my internal query, "How can I meet each client wherever he or she needs to be?"

To engage our clients wherever they are, following them and evoking curiosity or playful interest in their experience is a key element in building therapeutic relationships with our younger clients. In the same vein, Malcolm Gladwell (2013) describes educators working with unruly kids in a classroom, where he emphasizes, "If the teacher is actually doing something interesting, these kids are quite capable of being engaged. Instead of responding in a 'let me control your behavior' way, the teacher needs to think, 'How can I do something interesting that will prevent you from misbehaving in the first place?'" (p. 206).

The process of becoming client-centered evokes a lens of play by necessity, as play is a hallmark of capturing our younger clients' interest. Sitting curbside with Danielle, she dictated all aspects of our interaction, yet I communicated that I would meet her on her turf, a message she later acknowledged let her know that she mattered. Instead of trying to control her behavior by insisting she come into my office, safety was established by my orienting toward her needs.

Body and Posture as Armor

The following week, Danielle did garner her strength and join the group, albeit with the support that led to our agreement that we first meet pre-group and then enter the group room together, so she would not have to make conversation or face her peers alone. Her fear of being rendered speechless was overarching, as was her habit of not engaging with others. Danielle's body stance implicitly let all members know of her hesitancy. She entered the room with her head down, arms crossed, appearing defiant or avoidant. (She later recognized this posture as self-protective "body armor.") Her initial responses to group members were curt, often one-word answers to their questions. There was no eye contact. Yet Danielle seemed unaware of her self-protective stance.

A few weeks later, the group used a playful exercise during which members were invited to share their experiences of one another. Through group discussion addressing questions ranging from "What was your first impression of group?" to "What was your first impression of one another?" members developed an understanding of how they came across to others, and also began to grow more sensitive toward each another. Danielle accepted feedback sug-

gesting she shift her "body armor" so she appeared less alienating. A large, full-length mirror, stored in the closet yet readily available, was brought out so Danielle could view herself in the stance we were discussing. Others also gazed in the mirror, supported by their peers, encouraged by the leaders, in what became a fun and interactive exercise providing much insight.

From the onset, it was evident that Danielle had difficulties socially, exhibiting behaviors that seemed to contribute to her sense of isolation. Along with her self-protective "body armor," she reportedly remained safely distanced from her peers at school by avoiding school clubs and teams, eating lunch alone in the library, and dodging opportunities to be with other students lest this might precipitate discussion. She felt that her brown skin color contributed to some of her feelings of social isolation, and mentioned that the majority of the students at her Oceanside school were "beach blond, surfer types." She also distanced with her posture and stance. She kept her eye gaze toward the ground, and rarely responded when spoken to, her long black bangs falling over her eyes. Over time, she came to recognize this external message of her inner desire to avoid contact and to hide. Hence, in a social-feedback loop, her avoidant behavior deepened her sense of isolation, and similar behaviors continued, because Danielle didn't yet possess the tools to help mitigate her isolative behavior and avoidant impulses.

Through budding self-understanding, cultivated through her group experience, Danielle started to feel safer, both with people and with her own experiences. This opened a small window toward growing stability and confidence around others. As her burgeoning sense of safety increased, she began venturing into previously uncharted territory socially. For example, Danielle's mother, who modeled similar avoidant behavior, had been reinforcing her isolation (seen as self-protective in this "new country" that she emigrated to almost two decades earlier). Danielle's mother had avoided becoming friends with any of the families who were at Danielle's school and didn't encourage her daughter to invite classmates to their home. Through her group experience Danielle began to consider new possibilities, revisiting issues of self-esteem and trauma, exploring and building upon a new sense of self awareness. Her exchanges with others helped Danielle overcome her hesitancy and begin a new journey, thereby illustrating how "emotional competences and self-regulation strategies develop through our interactions with others, not through cognitive learning" (Hart, in press, p. 14).

Danielle attained a better sense of the way she carried her body and learned to identify thoughts and feelings that arose. Yet this dyadic resonance went beyond simple mirroring, to serve as the first step of a feedback loop that allowed in true understanding. This understanding was a product of letting

her peers join her in learning to co-create safety, listen and hear one-another, and support their fellow members. Moreover, Danielle's intersubjective experience shifted, illustrating how the "group psychotherapy format offers an experiential immersion that fosters awareness and exploration of the ways we know and have a sense of the known within our subjective experience of being alive" (Goldstein & Siegel, in press, p. 260).

"Playing" with Breath

One group exercise focused on bringing members' attention to their body-based experiences (e.g., noticing feelings of curiosity about a new member) or becoming aware of aches in their stomach, legs, and feet (perhaps an urge to mobilize or run). For Danielle, the impulse to bolt could be identified with a tingling in her feet. She noticed her limbs began moving and wiggling and connected it to her instinct to flee the room.

As our group sessions progressed, the members became keener interpreters of their inner body and the mind's signals, and the relational component of our collaborative work together significantly helped all members. This occurred, for example, during a group exercise focused on breath. Danielle was encouraged to sense her breath through guiding phrases, such as "Sense the sound of your breath"; "As you shift your awareness, feel the breath as it comes in and out." Over time, Danielle was encouraged to lead the other members in brief breathwork exercises. Taking a turn leading the group in breathwork further deepened her self-confidence and inspired a growing curiosity about other's experiences.

Learning to be more centered and finding equanimity through these self-calming exercises, which were introduced in a playful manner, Danielle and her fellow group members developed tools to mitigate feelings of shame, anxiety, fear, etc., and were encouraged to practice these nascent skills. Moreover, during a family session, scheduled seasonally with group members and their parents or guardians, Danielle was asked to model the "breathwork" exercises to her mother. She created a series of movements and encouraged her mother to follow (i.e., suggested that her hands resting on her lap, sitting with legs uncrossed, body posture aligned, and spine elongated) offering a powerful learning opportunity. Danielle wasn't just doing the relaxation and confidence-building exercises, she was teaching others to do these exercises, opportunities which deepened her subjective experience and enhanced her own integrative capacity. To practice these exercises prepared Danielle for her conflict-ridden interactions with Ian.

Ian: Playfully Sharing the First Experiences of Group

Ian is a 17-year-old who has long struggled to manage his behavior among his peers. His frequent, ongoing, interpersonal challenges and outbursts led his family to bring him to individual and group therapy so that he could develop self-reflective skills and self-regulation strategies. In the months leading up to the 2016 presidential election, the issues of intolerance, separateness, inclusion, and belonging that were arising nationwide also arose within the therapeutic milieu. Ian seemed to be taken with the heated rhetoric heard during the presidential debates, and reportedly openly taunted his classmates, especially those who might be "different" in some way. He told them he would help "build that wall," arguing "some people don't belong here." Ian cast aspersions without being fully aware of the origin of his hateful feelings or their implications. However, therapy also revealed that Ian had also been teased and called "mutt" by peers because of his olive skin color and mixed ancestry.

Ian's preexisting bias and overarching opinions came to the forefront of the group experience through his interactions with Danielle. Since nursery school, Ian had reportedly been the "identified problem kid," the one who was always stepping on someone's toes, bumping into peers, taking another's toy, or engaging in other problematic behavior. Frequently chastised by his teachers, he had feelings of shame and low self-worth, which were a deep assault on his developing psyche. One goal of group therapy was to ensure that we didn't further evoke shame while exploring these feelings, along with related sense of vulnerability and self-hate. Working collaboratively, the group process fostered Ian's recognition of similar feelings. Group discussion and heightened focus on behaviors that had led to problems in the past were replayed. Ian began to identify his propensity to feel excluded and isolated, "again and again," as he self-reported during our initial sessions. Sensing "there's something wrong with me," he told the group that the reason he was coming to therapy was because he had "problems," which he seemed to feel were insurmountable. Since Ian had come to believe that he was "defective," through the lens of group therapy we explored opportunities to revisit these feelings, while helping him to develop self-compassion, self-acceptance, and the taking and receiving of support.

Ian found that when members offered supportive positive feedback, the way that he held his body changed. His appearance shifted from the confident, cocky bully/rebel, off-putting teen to a more vulnerable, accessible person. This change manifested physically. For example, as he shrugged, Ian's shoulders dropped forward, his eyes turned downcast. At these times he displayed a fleeting, palpable unease and sense of unworthiness. Often he found

these feelings intolerable, and would create a minor conflict or use his body provocatively, pushing boundaries or instigating interpersonal conflict to shift the moment or cause a distraction. Ian longed to be seen, recognized, honored, and respected, and these softer feelings were manifested over time in the group. Yet his provocative behavior ensued again with the shadow of the 2016 elections bringing Ian's provocative taunts toward Danielle to the forefront of our group therapy sessions.

Power Pause: Powerful Pauses and Shifting the Pace

Ian's history of creating minor conflicts and his inappropriate behaviors—using his body provocatively, pushing, shoving, and violating boundaries—included an escalation of verbal taunting toward Danielle. The timing of his hostility paralleled the escalation of verbal hostilities in our society (at his school, there was a heightened climate of polarized political feelings). On the one hand, Ian would do things to attract attention, such as bringing pumpkin cupcakes to delight the group at Halloween. On the other hand, he often expressed vociferous opposing feelings and displayed open hostilities toward his groupmates. Three examples come to mind.

On the first session following the end of daylight savings time, because the room was getting dark earlier, members wished for the group to transpire by candlelight. Ian opposed this, saying it was "Ugh . . . so stupid . . . creepy." This upset his fellow members. Later in the session, he expressed feelings toward one of the female group members, calling her "a dumb blonde" for her opinion. The following week, when many in the country were expressing upset about the 2016 election results, he championed the president-elect. He called both male and female members of the group "dumb" and "idiots," and embraced the slogans, "Make America Great Again" and "Build a Wall." He did this while looking at Danielle, and while knowing her insecurity about her background. To address the escalation of feelings in the group, I had to direct their attention to the underlying context and explore the meaning Ian himself ascribed to his comments. Concomitantly, I aimed to illustrate to Ian that he was recreating the type of interpersonal conflict that occurred frequently at school. This required looking at the moment-to-moment experience that was transpiring.

One aspect of group guidelines included an overarching commitment to *Powerful Pauses*. Whenever conflict escalated, group members were encouraged to "down-regulate" by embracing pauses and slowing things down. This worked as follows: I stood up and indicated a stop sign with my hand; I then playfully whispered "*Power-Pause*," and encouraged group members to

be curious about what was emerging as they down-regulated. Members self-examined what thoughts and feelings were coming up and how this manifested in their bodies. In this way, the Power-Pause helped to bring here-and-now experiences into awareness. Were they feeling more nervous, anxious, more awakened or numb as the conflict within group escalated? Some observed with wide-eyed panic (perhaps a flight or freeze response, perhaps reminiscent of other conflicts in interpersonal relationships); others reacted by matching anger, in ever-escalating verbal assault (fight response). By regulating the pace and flow of the group dialogue, I helped group members feel assured of being safely guided through these interactions with support and reinforcement.

Group therapists help to slow the pace down, modeling patience, curiosity, and mindful attention. For example, when conflict arises in the group, there may be multiple reactions: some group members are on the edge of their chairs ready to fight, some want to get out of the room, and some just freeze or shut down and seem to disappear into the couch. The group therapist encourages each member to access and describe his or her own experience (Goldstein & Ogden, 2013, p. 135).

Addressing Conflict with a Playful Sensorimotor Exercise

One way I helped to pause the conflict-ridden session and shift the pace of the group was to follow an interactive sensorimotor psychotherapy exercise that uses two large therapy balls. A similar proximity-seeking exercise focusing on setting and respecting boundaries exercise with six-year-olds is described in Goldstein and Ogden (in press, p. 241). To address Ian's provocative comments, group members were invited to quietly observe and reflect upon the host of emotions that were emerging while remaining engaged in this learning experience. Meanwhile, Danielle and Ian were offered seats on their own large therapy balls, each placed on opposite sides of the room. They could use gentle bouncing or soothing swaying movements, with feet pushing down on the ground. Gently bouncing on exercise balls releases tension because the ever so slight bouncing and balancing keeps people's feet firmly gripping the floor in order to balance, while the gentle movement is somewhat calming.

Danielle and Ian were asked to select locations where they could gaze at one another, but at a distance they co-created. Once they found their distance (across the room from one another, supportively surrounded by the other group members), their conversation continued as they sat on the ball. Another brief hostile interchange was interwoven with playful giggling as one fell slightly off the ball and had to reestablish balance. Some wobbliness

ensued, as each was encouraged to find a distance between them that felt correct. Danielle moved back until she was out the door, at which point Ian said, "That's right . . . out . . . no more group for you." Our office doors are glass sliders, so Danielle's annoyance was visible as she sat on her ball without commenting on his incendiary words.

Only after Danielle had moved far outside the group room did Ian indicate with his hands that she shouldn't keep moving back (note that the glass doors allowed for each of them to see one another, and the glass "barrier" seemed to serve the function of offering safety). At that juncture both Danielle and Ian were instructed to notice what they felt in their bodies. I asked body-oriented questions to encourage present moment awareness, including "What do you feel inside your body right now as you face one another?", "What is happening in your stomach now?" and "Do you feel the anger now that you mentioned feeling earlier?" Although Ian started to recognize that perhaps he had sent Danielle too far away, he seemed to have difficulty suggesting she come forward. He was encouraged to notice what happened when he invited her back into the room with only his eyes and his hand gestures. Peering through the glass, his hesitancy was palpable. As they cautiously and slowly continued the exercise, this time coming closer, Ian acquiesced that he had feelings of anxiety when beckoning her near. Danielle, however, came to a different realization. She said that she had become accustomed to lots of personal space through years of aloneness, and she was not so quick to move back into the group room. She noted that she could breathe more easily when there was plenty of space between her and Ian. She expressed that Ian continued to



FIGURE 17.1
Danielle's journey on the medicine ball. (Courtesy of Bonnie Goldstein)

intermittently remind her of others who had taunted her, and said that she preferred to observe group from outside the glass, looking in.

Little headway was made with respect to their interpersonal conflict until we were able to bring their implicit experience of one another into the room, by dropping beneath the contentious content to the underlying process and feelings. At that point, the pace slowed, to allow for curiosity about what was happening in the present moment. This opened space for members to share their thoughts and feelings, emotions, and cognitions amid the contentious and argumentative banter. As the exercise continued, I instructed Ian to ask Danielle to slowly move toward him while he remained seated on the ball, until he felt that she was just the right distance from his body. In the spirit of curiosity, he was encouraged to use his hands as guides, which he did, initially somewhat reluctantly. After a few moments, the exercise shifted their experience of one another, dispelling the tension over Ian's comments. In time, Ian apologized, not for expressing his beliefs, but for casting aspersions on Danielle. He stated "It's not like I'm kicking you out of the country." Danielle responded, "But you would, and your president-elect will."

In the words of Nelson Mandela, "It never hurts to think too highly of a person, they often act differently because of it." The support and respect Danielle garnered during her experiences in group therapy led to shifts in her sense of self in the world. As a result of the support she received through this playful group experience—particularly after the provocative series of interchanges with Ian—Danielle started to reach out to others at school. Reporting her efforts to her groupmates garnered her even more support. Her subsequent evident growth in confidence and willingness to risk being "seen" were clear manifestations of growth based on her group experience.

In this exercise, through the lens of curiosity and playfulness, the collaborative group experience offered opportunities for connecting and afforded redeeming moments that emerged as members shared with one another, as guided by the support of the group leaders. While the tension in the room continued, some members spoke out against Ian's political beliefs; others offered words of support to Danielle (a unique and gratifying experience for her). In this safe atmosphere, both members could take personal risks, revisit their challenging beliefs, and have an authentic learning experience. Throughout the dyadic exchange, the observing group members were assured that they, too, would have an opportunity to do a similar exercise. They were asked to observe their own feelings, thoughts, and bodily experiences during the exercise Danielle and Ian did together. Group leaders checked in with all the group members, ensuring that interventions were adjusted to meet the needs of the group.

Similar playful exercises are often useful during high-conflict moments in group, allowing for mindful self-awareness to develop in the present moment (during the conflict), with plenty of group opportunities for practice, reinforcement, and the development of new cognizance. Other dyads within the group took turns exploring their own responses to this exercise as Danielle and Ian observed. Reflecting on their experiences and observing groupmate's experiences (similarities and differences) fostered curiosity and often led to uncovering underlying beliefs. Exploring prior experiences, perhaps ones that might have felt shameful in the past, within the safety of the group milieu, helps to forge bonds of connections with others. We sense their thoughts and feelings as we deepen into relationship.

In a follow-up session, Danielle played for group members the song "For Good" from the musical *Wicked*. She focused on the lines "Because I knew you, I have been changed for the better . . . I have been changed for good." Danielle's affinity for *Wicked* was touching, as the musical parallels her own journey, exploring issues of diversity occurring in a complicated lifelong friendship.

A Playful Introduction to Window of Tolerance

Thus far, I have discussed playful and creative ways to work interactively with young clients in a group setting that are effective in promoting confidence and self-awareness. In conjunction with these techniques, I use colorful materials that facilitate these clients' abilities to recognize and regulate affect. This is critical, especially in group settings, because intense feelings are often challenging for young people and can cause them to avoid or withdraw from a group, as we saw with Danielle.

Siegel's *window of tolerance* offers a conceptual framework that is useful when emotions, thoughts, and feelings emerge within the group. Siegel (2012) states:

Each of us has a 'window of tolerance' in which various intensities of emotional arousal can be processed without disrupting the functioning of the system. For some people, high degrees of intensity feel comfortable, and allow them to think behave, and feel with balance and effectiveness. For others, certain emotions (such as anger or sadness), or all emotions, may be quite disruptive to functioning if they are active in even mild degrees (p. 283).

Along the same lines, Goldstein and Siegel state, "A client's window of tolerance for experiencing interactions that could be interpreted as isolating or rejecting would be widened, so that he or she could maintain equilibrium even

in the face of such unsupportive experiences" (in press). Although working with the window of tolerance can be of value for all ages, I find it particularly useful with young clients in a group setting who otherwise might not be sufficiently open to the experience.

Ogden and colleagues (Ogden, Minton, & Pain, 2006; Ogden & Fisher, 2015) did pioneering work to extend the concept of the window of tolerance through the lens of sensorimotor psychotherapy. This window of tolerance model has been constructed to be accessible to children and adolescents (Ogden, Goldstein, & Fisher, 2012; Goldstein & Ogden, in press). Self-awareness skills include recognizing and understanding the oscillations of emotions as they rise and fall (identifying thoughts, feelings, and body cues, as they fluctuate in their emergent experience); and fostering curiosity and collaborative experimentation through the group milieu (i.e., understanding their shifting arousal levels, developing a heightened sense of awareness and of wonder). Often these processes are unrecognized, with clients remaining unaware, until small bits of learning, bite-size moments, allow for new learning within the therapeutic milieu.

For young clients, Ogden, Goldstein, and Fisher (2012) describe an exercise integrating the window of tolerance using a magnetic board and

(e)xplaining to children in age-appropriate language and metaphor what the higher and lower arousal levels mean. Choosing from a set of brightly colored, appealing magnets, children are invited to place their magnets on the window of tolerance at the appropriate place to represent their own arousal. As arousal fluctuates throughout the session in response to different stimuli, the magnet can be moved accordingly, and children can be asked to show and describe how the level of arousal is reflected in their body (p. 235).

Worksheets (see Figures 16.2 and 16.3) have been designed for therapists and clients using this exercise to work at the edges of the regulatory boundaries of the window of tolerance. With the help of these worksheets, clients can better understand their autonomic arousal patterns. These include signs of high or hyperarousal, low or hypoarousal, and regulated arousal within the window of tolerance. The worksheets are also useful for helping clients identify triggers and signs of dysregulated arousal. The design of these playful worksheets invites curiosity while further illustrating the concepts of high and low arousal. In addition to the aforementioned worksheets, a character-free worksheet presenting evocative colors (hot red indicating high arousal, ocean blue representing optimal arousal, dull gray representing hypoarousal), help

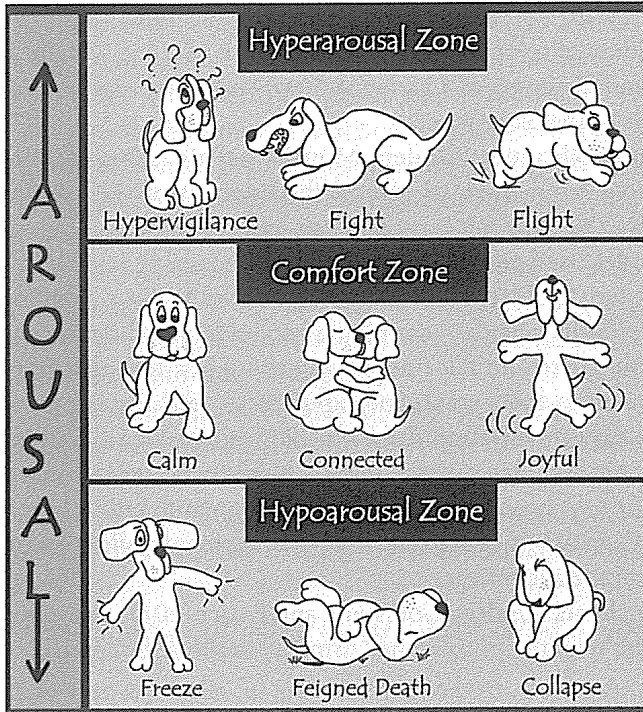
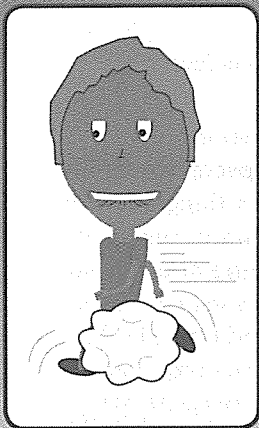


FIGURE 17.2

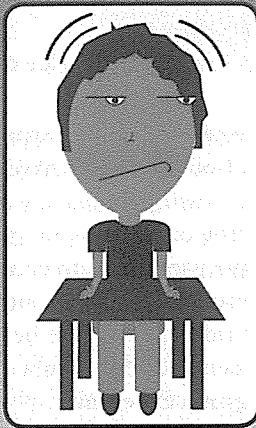
Window of tolerance chart. (Courtesy of Bonnie Goldstein; artwork by Terry Marks-Tarlow)

cultivate young clients' abilities to identify their arousal and to promote new feelings as they emerge. At the same time, clients in a group can collaboratively identify feelings and learn to tolerate whatever emerges (i.e., tolerating upset, frustration, anger), in service of expanding their window of tolerance (slowly expanding their ability to tolerate adverse feelings).

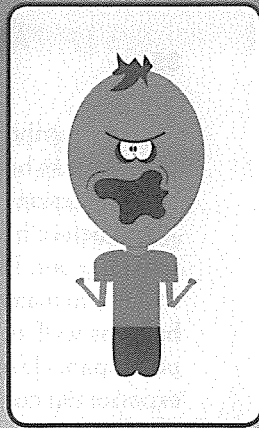
As part of their dyadic exercise, Danielle and Ian were each invited to select one of the three window of tolerance worksheets with the aim of identifying, understanding, modulating, regulating, and titrating their respective feelings of upset. This exercise helped them to slow their rapid, moment-to-moment, verbal and nonverbal interactions and shift their physical arousal. I observed this shift reflected in their bodies, for example in Danielle's collapsed posture and in Ian's raised chin and puffed out chest. Shifting their interaction fostered greater understanding, and they become increasingly effective at hear-



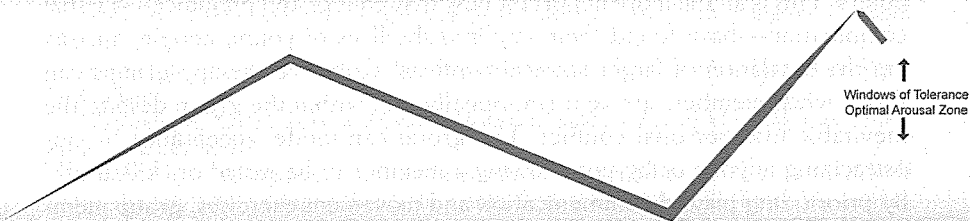
Speedy's brain goes 100 mph



Max sometimes has a hard time understanding everything his teacher says.



Ricky cannot help getting into trouble in the playground.



Robby likes school but Sometimes it's hard for him to get up for school.

Jacob wants to get good grades but his teacher says he needs to remember to bring in his homework assignments.

John sometimes loses focus in class and starts daydreaming.

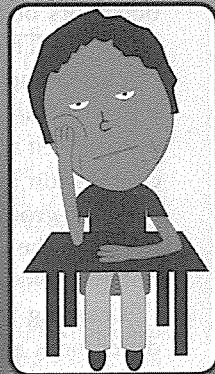
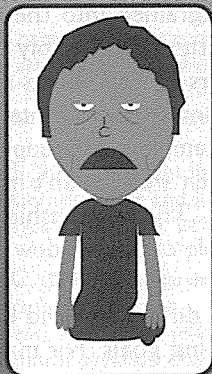
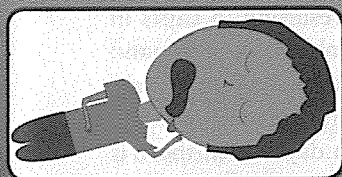


FIGURE 17.3

Window of tolerance chart designed for young children. (Courtesy of Bonnie Goldstein)

ing one another. Danielle expressed some surprise about how effective this exercise was because she did not generally have positive expectations about her interactions with others. Slowing things down helped Ian self-regulate and "think before he spoke," thereby combatting his propensity toward impulsively speaking out. Focusing on the window of tolerance with the aid of the worksheets stimulated a robust group discussion about the messages shared nonverbally, as well as the conflict-ridden exchange between Ian and Danielle. The participants learned to be open and receptive within the moment-to-moment experiential context of the group experience.

Conclusion

Working with children and adolescents in the group milieu creates new possibilities for interactions, self-understanding, and confident engagement with others. This is all the more important now that politics and prejudice—a lethal combination—have found their way into the lives of young people, mirroring the escalation of larger societal conflicts. Cohesive therapy groups can thrive when members are kept emotionally safe within the group despite the inevitable interpersonal conflict. The group can model acceptance by not ostracizing anyone or by not allowing a member to be exiled or "killed off." By prioritizing playful communication and movement exercises, group members can explore emerging internal conflicts, become more mindful of their moment-to-moment experience, and delve beneath the verbal content of presenting problems. All of this can lead to qualitative and quantitative healing and growth, as new neural pathways are created. Healing occurs when we understand how prejudices are mirrored in the body and how they prevent us from both feeling accepted and accepting others.

We have the opportunity to help young clients early in life, before their behaviors become deeply ingrained into the fabric of self and patterns of behavior. These familiar patterns inevitably emerge in the group milieu. Group therapy helps members to view things anew, as emergent experiences arise naturally through the interpersonal interchange, resulting in shifts in sense of self and other. For example, one group member told another, "I found compassion in your eyes. I felt that I didn't have to hide myself from you." Another group member said, "The relationship I feel with other group members and the group as a whole calms me down, even on days when there is not group."

Learning to acknowledge differences and developing tolerance for these differences are our overarching goals. For many young clients, such as Ian and Danielle, who struggle every day in a world that magnifies isolation and

insecurity, intolerance and prejudice, group therapy provides an opportunity to grow understanding, build a sense of safety, and celebrate diversity and self-acceptance. It provides a framework for healing that can make all the difference. In the words of Anne Frank (1949), "How wonderful that nobody need wait a single minute before starting to change the world."

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