CHAPTER SEVEN

EXISTENTIAL-HUMANISTIC GROUP THEORIES

Existential-humanistic theories represent one of the three major theoretical groupings of group counseling and therapy models presented in this text in addition to the senior author's eclectic developmental model. The existential-humanistic theories are characterized by the placement of responsibility for one's fate with the individual rather than with one's inherited predispositions or environment. It is believed that the individual will choose health and self-actualization over illness or self-destruction if he or she has freedom of choice. There is a strong focus on the immediate situation and on the nature of the relationship between the counselor/therapist and the client(s). Carl Rogers and his colleagues, especially Carkhuff, Truax, and Gendlin, were primarily responsible for the seminal research that isolated the "core" (necessary and sufficient) conditions of a helping relationship.

Three major theories were selected to represent the existential-humanistic theory and practice: person centered, logotherapy, and Gestalt. Each of these theoretical models will be described and in certain areas compared and contrasted in this chapter. Examples of application will follow in the next chapter. Although logotherapy, Gestalt, and person-centered therapy were selected to represent existential-humanistic theory, other individuals have developed variations of existential therapy that should be studied for a more comprehensive understanding. Particularly, as applicable to group therapy, Yalom's (1995) fourth edition of *The Theory and Practice of Group Psychotherapy* (1989) and *Love's Executioner* (1989) as well as his *Existential Psychotherapy* (1980) should be studied. Rollo May's existential applications to existential therapy are explicated in *Existential Psychology* (1961) and in May, Angel, and Ellenburger's (1958) *Existence: A New Dimension in Psychiatry and Psychology.* Bugental's focus on authenticity adds another element to existential theory and therapy. His theory and practice are found in *Psychotherapy and Process: The Fundamentals of an Existential-Humanistic Approach* (1978) and the *Search for Authenticity: An Existential-Analytic Approach to Psychotherapy* (1981).

HISTORY AND DEVELOPMENT

Person-Centered Group Therapy

On the 11th of December, 1940, in a speech at the University of Minnesota, Carl Rogers aroused a furor among scholars and mental health professionals by sketching a

radically different therapeutic approach. He tentatively outlined Newer Concepts in Psychotherapy, which relied "much more heavily on the individual drive toward growth, health, and adjustment." Therapy becomes "a matter of freeing (the client) for normal growth and development." This new approach, Rogers announced, "places greater stress upon . . . the feeling aspects of the situation than upon the intellectual aspects." It stresses "the immediate situation" rather than "the individual's past," emphasizing "the therapeutic relationship itself as a growth experience" (Rogers & Wood, 1974, p. 8). In the next 20 years, through empirical studies, the conditions for realizing the ambitions of this "newer therapy" were meticulously formulated in theory and practice. Client-/person-centered therapy is still dedicated to discovering the conditions that favor the activation of healing and growth within the person.

In the 1970s, the term *person centered* won favor over *client centered.* The term is used to reflect the therapist's attitude toward the person. The therapist does not see a patient who is sick nor a client who is a customer. The therapist centers attention not on a theory, nor on himself or herself, but on the other—the whole person.

The person-centered therapy group consisting of 8 to 12 individuals with one or two therapists revolutionized the practice of psychotherapy. With the advent of the encounter group, it was no longer possible to make a sharp distinction between *therapy* and *growth.* In 1968, the La Jolla Program (an institute of the Center for Studies of the Person) began an education program for group facilitators featuring brief groups of 50 to 100 persons. In 1973, Rogers and other colleagues initiated a new form of person-centered group work: More than 100 people live together for about two weeks in a group-directed community for learning; their only planned activity, besides meals, is to gather in one large meeting where all plans and decisions of the group are made. Person-centered approach workshops have been convened in North and South America, Asia, and Europe. Figure 7.1 highlights trends in person-centered group development.

Group Logotherapy

Logotherapy was chosen as representative of existential therapy because it is a direct offshoot of modern existential philosophy, which originated from the Danish theologian Soren Kierkegaard. Although the word *existentialism* did not come into usage until 70 years after Kierkegaard's death, he laid the foundations of a philosophy that was further developed in Germany by Martin Heidegger and Karl Jaspers, and in France by Jean Paul Sartre, Albert Camus, and Gabriel Marcel.

The basic tenet of existential philosophy is contained in the sentence, *Existence precedes essence,* which means that one's essence, one's essential being, is the result of one's existence—namely, what one does with one's life. To put it more succinctly, what people do determines what they are. The emphasis is on choice and responsibility for one's choices. Further, emphasis is placed on personal uniqueness and the importance of meaning.

Although meaning is central for both the German and the French branch of existential philosophy, there is a significant difference. The French existentialists assume that life has no meaning in itself, but that human beings have an innate need to find meaning; therefore, people have to invent meanings that makes sense to them. The

Trends in Half Century of Person-Centered Therapy

Year					
1935	Rochester, New York			Patient (Therapist)	Surrender of role of expert.
		Nondirection (two-person)			Take guidance from client.
1940	Ohio				
			Two-person group: Psychotherapy		Relationship more personal.
1945					
1950				Client (Facilitator)	Surrender of rigid theories.
	Chicago, Illinois				
1955					Trust in own feelings.
		Reflection (two-person)			
1960					Congruent with own experience.
			Small group: Psychotherapy and social therapy		
	Wisconsin	Experiencing (two-person) (applications)			
1965					Therapist experience enters relation.
					Surrender control of intellect.
1970		Encounter (small group)	Large group: Psychotherapy, social therapy, and create, heal, and surpass culture		
	California (Center for Studies of the Person)			Person (Convenor)	Trust more intuitive processes.
1975		Community for Learning (large group)			Surrender theories to rely on experience.
1980					Greater trust in group for organic decisions, self-knowing beyond the personal.
					Surrender to being more than doing.
	Rogers moves west–organizing radius expands	Increased involvement of therapist as a genuine person with larger numbers of persons–closer to "real" life	Increased complexity of therapeutic effort	"Other" viewed more holistically	Therapist's deepening surrender to increased complexity

FIGURE 7.1 Trends in Person-Centered Group Development

German existentialists assume that life, existence itself, does have meaning, and that it is not up to people to invent their own but to discover the meanings their lives hold.

The first person to use the principles of existential philosophy in therapy and counseling was the Swiss psychiatrist Ludwig Binswanger, who was a follower of Sigmund Freud but broadened Freud's ideas in the direction of existentialism. He called his system *daseinsanalyse.*

Viktor Frankl, the founder of logotherapy, was a student of Alfred Adler, whose individual psychology was in turn an offshoot of Freud's psychoanalysis. Frankl was greatly influenced by the philosophy of the German existentialists Martin Heidegger and Karl Jaspers, and the phenomenologist Scheler. Frankl rejected the French existentialists' contention that life has no meaning and that people have to arbitrarily "give" meaning to their existence.

Frankl's whole life and work is testimony of his attempts to prove that life does have intrinsic meaning. Such proof can be found only existentially, by living as if life had meaning and not as if everything were chance. In his practice, and in the practice of his followers, Frankl found proof that the assumption of a meaningful life is the precondition of health. The therapy he developed was originally (in the 1920s) called *logotherapy;* later (in the 1930s), the alternative term *existential analysis* was used. When his book began to be translated into English, the confusion with Binswanger's *daseinanalyse,* which also was translated as "existential analysis," prompted Frankl to change the name of his therapy to *logotherapy* to avoid confusion. The Greek word *logos,* which signifies "the unifying principle of the universe," was translated by Frankl as "meaning," thus logotherapy is "therapy through meaning."

Logotherapy differs from other existential treatment modes in that it alone has successfully developed what can properly be called *psychotherapeutic techniques* (Ungersma, 1961). Logotherapy also differs from other current existential modes in that it places more emphasis on what Frankl calls objective meanings to be fulfilled in the world. The other existential modes are much more subjectively based.

Gestalt Group Therapy

Gestalt is a German word meaning whole or configuration. As one psychological dictionary puts it, "Gestalt is an *integration* of members as contrasted with a summation of parts" (Warren, 1934, p. 115). The term also implies a unique kind of patterning. *Gestalt therapy* is a term applied to a unique kind of psychotherapy as formulated by Frederick S. Perls, his coworkers, and his followers.

Perls began, as did many of his colleagues in those days, as a psychoanalyst, after having been trained as a physician in post–World War I Germany. In 1926, he worked under Professor Kurt Goldstein at the Frankfurt Neurological Institute for brain-injured soldiers, where he was first exposed to the tenets of Gestalt psychology but "was still too preoccupied with the orthodox approach to assimilate more than a fraction of what was offered" (Perls, 1947, p. 5). Later, Perls was exposed to the theories and practice of Wilhelm Reich and incorporated some of the concepts and techniques of character analysis into his work.

While serving as a Captain in the South African Corps, Perls wrote his first manuscript in 1941–1942, outlining his emerging theory and application of personality integration, which later appeared as the book *Ego, Hunger and Aggression.* The term *gestalt therapy* was first used by him and two coauthors, Ralph Hefferline of Columbia University and Paul Goodman of New York City.

In 1952, the New York Institute for Gestalt Therapy was formed and soon began to offer workshops and courses for professionals. The New York Institute was housed in the apartment of Fritz and Laura Perls, with their living room serving as the group or seminar room. The initial faculty consisted of Frederick S. Perls, M.D., Laura Posner Perls, D.Sc., Elliot Shapiro, M.A., Paul Goodman, Ph.D., and Paul Weisz, M.D.

Intensive courses for non–New York City residents were offered beginning in 1953, and some of the faculty began to commute to Cleveland following the formation of a Gestalt therapy study group there in 1953. This study group formed the Gestalt Institute of Cleveland in 1955. The Cleveland Institute was instrumental in the development of Gestalt theory in groups and communities (Greve, 1993).

Simkin, who was among the original students studying at the New York Institute (1952–1955), moved to Los Angeles in 1958. When Fritz Perls came back to the West Coast in 1960, Simkin arranged a Gestalt therapy study group for Perls that fall. Walter Kempler, M.D., Robert Gerard, Ph.D., Everett Shostrom, Ph.D., as well as Simkin and some six to eight other psychotherapists were among those who participated.

Fritz Perls returned from a trip around the world in 1963 and resumed training Gestalt therapists in the Los Angeles area. In 1964, Simkin, Kempler, and Perls began training psychotherapists in Gestalt therapy at the Esalen Institute. Some of these psychotherapists were from the San Francisco area and an Institute was formed there in the late 1960s by Jack Downing, M.D., Cynthia (Werthman) Sheldon, M.S.W., and others. The Los Angeles Gestalt Therapy Institute was organized in 1969 by three of Simkin's trainees: Robert L. Martin, D.S.W., Robert W. Resnick, Ph.D., and Eric H. Marcus, M.D.

In addition to the New York Institute, two are in the San Diego area: one primarily organized by Tom Munson, M.D., and the other organized by Erving Polster, Ph.D., and Miriam Polster, Ph.D., in 1973. The Simkin Training Center in Gestalt Therapy opened in Big Sur in 1972. Since the early 1970s, Gestalt therapy institutes have been multiplying rapidly.

THEORETICAL RATIONALE

Person-Centered Group Therapy

By the early 1960s, a theory for what is now known as *person-centered group therapy* was well established. A basic axiom of the theory (a corollary of the "formative tendency") states that each person is capable of experiencing the incongruence between the *self-concept and his or her total organismic reality;* also within the person is a natural tendency to *reorganize the self-concept to a closer congruence with the totality of experience.*

Running through the development of person-centered group therapy from the beginning has been an increasing willingness (without denying the destructive forces

of life) to trust and follow formative events in others, in oneself, and in groups of persons. The formative tendency may be seen as driving or enhancing the experiencing of a client in the presence of another who is perceived as empathic, genuine, and warm. It can be seen in the process of the small group where the formative tendency sharpens and obscures outlines of individuality and reorganizes the collection into a new complexity. It can be seen in the larger group or community in organic decisions that surpass the group's rational abilities, moving madness toward health, even surpassing the organization of culture itself. In each of these forms, one sees a tendency operating within to awaken the person to a consciousness of his or her own evolution. Surviving the changing forms of therapy over the years, there remains in the person-centered therapist an inner constancy: the desire to be engaged (in a facilitative way) in the client's struggle for liberation and the willingness to be changed by his or her own interaction, or experiencing, in the relationship with the client.

A current theoretical statement that takes into account years of research and clinical observations in two-person groups, small groups, and large groups may now be formulated. The foundations of the theory of person-centered group therapy is the formative tendency of the universe. The fundamental theorem of this theory may be stated: When persons (i.e., therapist, facilitator, convenor and client, group member, participant) bring a certain *readiness* to their meeting, the formative tendency is allowed to reorganize *more complex capacities and perceptions within the individuals and within the collective.*

The *readiness* in the person called therapist is characterized by the ability to translate easily between feelings and ideas, to be congruent in the relationship with others, to experience unconditional positive regard toward others, and to experience an empathic understanding of the others' internal frame of reference and to follow it intuitively without necessarily "understanding." It is further characterized by the capability of living in the moment, in uncertainty and even doubt, to follow intuitively the expressions of the "collective organism," with every expression to be able to follow, to lead, to remain still in cooperation with the creativity of the moment's mysterious dictates. This readiness is also characterized by the willingness to trust the formative tendency as it organizes the other person's experiencing. There is a willingness, in this readiness, to be guided and changed by the therapist's own inner experiencing in the relationship(s).

In the person called client, this *readiness* includes the willingness to be changed by his or her direct experience and to develop the ability to focus within his or her inner world and the inner world of others. Thus, this person allows the operation of the actualizing tendency and perceives the other's unconditional positive regard and empathic understanding for him or her.

More complex capacities and perceptions include the increased awareness and heightened receptivity of the total organismic reality and the reduction of the incongruence between self and experience—becoming a complete person, as an individual and as a member of the human species. These capacities may also include self-healing, "psychic" abilities, and spirituality, as well as practical knowledge by which individual and collective human life may benefit. The small group is believed to possess all the capacities for healing and self-knowing as the dyadic as well as the other significant

features. The therapist centers attention not on a theory, nor on himself or herself, but on the other, the *whole person.*

Group Logotherapy

In logotherapy, the human being is seen as a totality in three dimensions: the biological, the psychological, and the spiritual or noëtic. To see human beings only in their biological or psychological dimensions is to see them only as animals, the victims of their drives and instincts, or as machines that can be manipulated. To see a human being as devoid of the spiritual dimension is to reduce the person to a caricature.

The *will to meaning* in logotherapy is the central force in human motivation. The "will to meaning" is seen as stronger than Freud's "will to pleasure" and Adler's "will to power." According to logophilosophy, the human will to meaning is not in vain, for, according to its precepts, life offers a meaning in all circumstances. Whether one chooses to search for the meaning is another matter.

Logotherapy recognizes two types of meaning: the meaning of the moment and ultimate meaning. Fabry (1980) defines *ultimate meaning* as "the premise that order exists in the universe despite apparent chaos; that each person is part of that order and that he can decide whether and how to participate in that order" (pp. 22–23). This definition allows for several interpretations of that order, including God, life, nature, science, the great spirit, and others. The acid test for ultimate meaning is whether it is adequate in the face of tragedy. If it is, then one can presume that the meaning is, indeed, ultimate.

The *meaning of the moment* refers to the transitory meanings that present themselves to the individual literally moment by moment. The significance of the meaning of the moment ranges from the mundane to the heroic, with the former being far more frequent. Crumbaugh (1973) has pointed out that the perception of the moment-by-moment meanings requires a Gestalt process. Frankl thinks that in Gestalt perception, a "figure" is perceived against a "background." In the specific case of meaning perception, one becomes aware of a possibility against the background of reality; that is, one suddenly becomes aware of what one can do about a given situation. In every moment, one chooses from the Gestalt of life—from the totality of all potential choices, one possibility—and makes it a reality.

Logotherapy suggests three major routes to meaning: (1) creativity and achievement, (2) experiential meaning, and (3) attitude. The meaning derived from creativity and achievement is usually obvious; it is equally obvious that this source of meaning is a powerful motivator of human behavior. Experiential meaning refers to the meaning derived through the experience of that which is aesthetically pleasing (e.g., the experience of truth or beauty in nature or art or music) or the experience of love. Attitudinal meaning is most important in logotherapy. It refers to the meaning potential inherent in a situation in which the individual freely chooses an attitude (seeing the opportunity to learn from a crisis, for example) in the face of unavoidable circumstances. One can take a meaningful attitude toward a situation that in itself is meaningless.

Self-transcendence, which occupies a central position in logotherapy, refers to the human ability to reach beyond one's own person toward causes to serve or people

to love. Frankl (1978) stated, "I thereby understand the primordial anthropological fact that being human is being always directed, and pointing, to something or someone other than oneself: to a meaning to fulfill or another human being to encounter, a cause to serve or a person to love. Only to the extent that someone is living out this self-transcendence of human existence, is he truly human or does he become his true self" (p. 35). Frankl holds that even one's identity is dependent on self-transcendence; he quotes one of his existential mentors, Karl Jaspers, in support of his position. Jaspers observed that "what man is, he ultimately becomes through the cause which he has made his own" (cited in Frankl, 1967, p. 9). Frankl also takes the position that self-actualization cannot occur except as a consequence of self-transcendence. According to logophilosophy, the more one aims directly for self-actualization, the more one will miss it. Only by investing one's time and energy in causes and people beyond one's self can self-actualization occur. Frankl claims that even Maslow eventually accepted this notion.

Logotherapy places a great deal of emphasis on human freedom. However, it is clearly restricted; human beings are never free *from* conditions, but they are always free to choose their attitude *toward* the conditions. Environment and heredity both have a great impact on one's life but neither influence can ever take away one's freedom to take a stance toward those conditions.

Frankl has referred to logotherapy as education to responsibility. In logotherapeutic terms, *responsibility* refers to the ability and willingness to respond to the meaning potentials offered by life. Responsibility also carries the traditional meaning of owning the outcomes of human choices and behavior. Logotherapy treats freedom and responsibility as if they were a single phenomenon, with freedom constituting the negative portion and responsibility constituting the positive portion.

The issue of choice is most important from an existentialist standpoint. Jaspers (1932) said it poignantly when he stated, "So far as I choose, I am; if I am not, I do not choose" (p. 182). In a sense, then, a person *becomes* his or her choices. Frankl's view of human choice is consistent with Jasper's. In *Psychotherapy and Existentialism* (1967), he stated, "Man makes decisions every moment, even unwittingly and against his will. Through these decisions man decides upon himself. Continually and incessantly he shapes and reshapes himself" (p. 35). In the concentration camps Frankl saw that despite the horror of the conditions, many free choices remained. Through their own choices some inmates behaved "like swine while other behaved like saints" (1967, p. 35).

Meaningful choice implies the implementing of the appropriate action. The existential position has little regard for reflection and intentions that are not followed up with substantive action. Sartre and Frankl are largely in agreement on the issue of action. Sartre (1957) stated, "He [the human being] exists only insofar as he realizes himself. He is, therefore, nothing else but the sum of his actions, nothing else but what his life is" (p. 37). Frankl's emphasis on action is equally clear. In *The Unconscious God* (1975), he stated, "Human existence exists in action rather than reflection" (p. 30).

Logotherapy uses the term *tragic triad* to refer to three inescapable conditions of human life—namely, suffering, guilt, and death. Although the inescapability of these

conditions is patently obvious to most people, it does not in any way prevent people from attempting to escape via comforting illusions. Rather than burying the reality under illusions, logotherapy urges that these inescapable conditions be faced and accepted. This acceptance, once it has occurred, becomes the source of great strength.

Logotherapy does not view suffering as the great menace of humankind. According to logotherapeutic doctrine, suffering offers the sufferer the possibility of experiencing the highest value, the deepest meaning. Animals can suffer, but only human beings can perceive a meaning in their suffering. Often, the meaning of the suffering is not readily apparent. In such cases, the sufferers may find meaning in their predicaments by choosing an attitude of courage and resolve in the face of their tragedy. Only because humans are endowed with what Frankl calls "the defiant power of the human spirit" is this attitude of courage possible. The assumption of such an attitude has the effect of ennobling the sufferers, for their suffering has become an achievement. Attitudinal meanings therefore remain as a possibility right up until the last breath. The suffering referred to here is, of course, unavoidable suffering. To suffer needlessly is simply masochism.

Like suffering, guilt should be avoided when possible, but there always remains a profound guilt that is inescapable. Frankl even goes so far as to assert that becoming guilty is a human *right*. Just as it is the right of human beings to feel guilty, it is also their obligation to overcome guilt. The obligation to overcome guilt can serve as a powerful incentive to initiate healthy changes.

Breisach (1962) considered human finiteness to be the central challenge of Sartre and Kierkegaard and the central pillar of Heidegger's philosophy. Frankl is in agreement with this mainstream existential concept. Frankl (1967) spoke of the need of human beings to become reconciled with their finiteness. When they come to grips with their limited time and capacities, they will likely begin to ask what meanings life has to offer in the time remaining. The asking of such questions has the effect of projecting them out of the superficial comfort that life offers and into the more important meanings that remain to be realized.

The most significant aspect of human finiteness is one's own death, and perhaps one most desperately does need to come to terms with this. Frankl (1967) stated that only in the face of death is it meaningful to act. So long as one soothes oneself with the illusion of endless time, decisive action is meaningless or even fanatical. Kaufman (1976) captured this view in the following: "Lives are spoiled and made rotten by the sense that death is distant and irrelevant. One lives better when one expects to die, say, at forty" (p. 214).

The logotherapist's preoccupation with death is in no way morbid. The acceptance of one's own death allows individuals to place the petty concerns of their lives into proper perspective and to begin to take action on those larger issues they have been intending to begin "tomorrow" for the past many years. However, once a person has taken action and actualized a meaning potential, there is no need to be concerned with the transitoriness of life.

The logotherapist considers *commitment* to be an essential life task. Individuals must risk committing themselves to causes even though those causes may, in the end,

prove to be unworthy of their commitment. Crumbaugh (1979) considered commitment to be the most important and the most difficult step in logotherapy.

Gestalt Group Therapy

Much of what human beings need in order to live in the world is contained outside of the ego boundary. In order to bring what is needed within the organism from the world outside of the ego boundary, it is necessary for the organism to (1) be *aware* of a need and (2) expend the necessary energy to bring the needed substance through the ego boundary. The process of getting something through the ego boundary is called *contact.*

Perls believed that the basic drive in the human organism is *dental aggression.* During the first several months of life, the infant as a suckling is totally dependent on his or her environment for survival. At this early stage, the infant's only self-supportive mechanisms are basic physiological survival systems, such as respiration, metabolism, assimilation, elimination, and so on.

With the eruption of teeth and the development of the ability to crawl and then perambulate, a marked change occurs, or at least potentially can occur, with a gradual switch from almost complete environmental support to more and more self-supportive possibilities. The young child, if permitted, can now begin to explore and discriminate, discover what is nourishing (palatable) and what is toxic (unpalatable).

This developmental phase during which dental aggression allows the child to destructure (primarily food, but also the beginning possibilities of ideas, values, etc.) and, through contact, restructure, integrate, and make part of oneself, is crucial. To the extent that the child is interfered with during this developmental phase, he or she is forced to *introject* (swallow whole) rather than destructure and reintegrate. If the child is continuously forced to take in without chewing and tasting, he or she will form the habit of becoming more and more dependent on environmental support, behaving like an automaton and gradually losing the capacity for creativity.

A human being is considered a total organism functioning as a whole, rather than an entity split into dichotomies such as mind and body. With the philosophical background of humanism, à la Otto Rank, the organism is seen as being born with the capacity to cope with life. This is opposed to the original sin theory of human development—that the organism must learn to repress or suppress its instinctual strivings in order to become "civilized." The emergence of existential philosophy coincided historically with the development of Gestalt therapy.

Perls, trained as a psychoanalyst and strongly influenced by the philosophy of Sigmund Friedlander, conceptualized personality as being multilayered. The outer layer he described as the *cliché layer.* There is little, if any, genuine self invested in the polite inquiry, "How are you?" or asking others questions about themselves or their families without any real interest. Beneath the cliché layer is a second, which is called the *role-playing layer.* Originally when learning these roles, there was a lot of self invested. However, at present, role-playing is frequently automatized and masks the genuine self. These learned roles may be that of father or mother, son or daughter, teacher or student, and the like. Beneath the role-playing layer, Perls described the

impasse layer. Sometimes called the death layer by the Russians, this layer is experienced as a feeling of emptiness or no-thing-ness in the Zen sense. For many people, the subjective experience of being without clichés or roles is extremely frightening. If one passes through the impasse, the fourth layer, the *implosive-explosive layer,* is reached. At this level, a person is closely aware of emotions that are either expressed or imploded. The last layer is the genuine personality stripped of all the learned (usually phoney) ways of being in the world (Simkin, 1979).

Perls posited a hierarchical need system in expanding his personality theory. He believed that "from the survival point of view the most urgent situation becomes the controller, the director takes over" (Perls, 1976, p. 33). An example of the hierarchical need system would be an emergency when there is a sudden outbreak of fire. If a person ran from the fire and depleted his or her oxygen supply, the person would stop to breathe because breathing would now take precedence over running (Simkin, 1979).

In summarizing the theory of Gestalt therapy, Yontef (1971) reasoned that organismic needs lead to sensory motor behavior. Once a configuration is formed that has the qualities of a good Gestalt, the organismic need that had been in the foreground is met and a balance, or state of satiation, or no-need is achieved.

> When a need is met, the Gestalt it organized becomes complete and it no longer exerts an influence—the organism is free to form new gestalten [meaningful episode]. When this gestalt formation and destruction are blocked or rigified at any stage, when needs are not recognized and expressed, the flexible harmony and flow of the organism/environment field is disturbed. Unmet needs form incomplete gestalten that clamor for attention and, therefore, interfere with the formation of new gestalten. (Yontef, 1971 p. 3)

As Perls, Hefferline, and Goodman (1951) stated, "The most important fact about the figure-background formation is that if a need is genuinely satisfied, the situation changes" (p. xi).

In order to bring about the possibility of closure, or the completion of earlier unfinished situations, persons are encouraged to deal with events as if they were occurring in the present. A specific technique for bringing past events into the present is asking the person to describe the event in the first-person present tense, as if it were occurring at the moment. The theoretical basis for this technique is rooted in the belief (and experience) that emotions that were overwhelming at the time they occurred were dealt with through the ego defenses of projection, retroflection, and introjection. By encouraging a person to reexperience rather than talk about a past event, the avoided affect may, and frequently does, surface through the support of the patient's adult ego as well as the presence of a sympathetic nonjudgmental Gestalt therapist.

According to Beisser, change occurs paradoxically by continuing a behavioral pattern rather than attempting to alter or change that pattern. "Change can occur when the patient abandons, at least for the moment, what he would like to become and attempts to be what he is. The premise is that one must stand in one place in order to have firm footing to move" (Beisser, 1970, p. 77).

From another theoretical vantage, Perls claimed that all that is needed for behavioral change to occur is *awareness.* The primary therapeutic tool in Gestalt therapy is awareness, which may be defined as being in touch with one's own existence. This ability to focus on what is actual defines a person's immediate subjective reality. Learning to focus one's awareness allows that person to discover that what is, is. There is no right or wrong reality.

Perls suggested the possibility of *universal awareness.* "With the hypothesis of universal awareness we open up to considering ourselves in a living way rather than in the aboutisms of having a mind, ego, superego and so forth" (Perls, 1975, p. 69). In order to establish good contact with the environment, it is necessary to risk discovering one's own contact boundaries through experiencing what is "me" and "not me." Adequate contact requires adequate *support.* Focus in Gestalt therapy frequently is on development of appropriate support for desired contact fullness. Support systems may include knowledge, interest, concern for others, breathing, the undercarriage of one's body, and so on. Invariably, Gestalt therapists become cognizant of faulty support systems as they deal with their patients' inability to be contactful.

Greve (1993) provided a more succinct description of the Gestalt theory and personality development. He described the personality being structured from interactions within the person and between the person and the environment. Gestalts "are formed from the inherent biological processes of human organisms to organize impinging events or emerging sensations into meaningful entities" (p. 229). The formation of Gestalt is a continuous process. Needs emerge into awareness, are acted on and satisfied, and then fade into the background. Motivation comes from the need to complete the emerging Gestalt. "The spontaneous, unconscious contact with the environment gradually creates the *self system,* the inner support structure that is based on experience. That system guides the organism through the awareness of self and the environment . . . functioning without conscious thoughts directing the action" (Greve, 1993, p. 229).

The *ego* is the objective, or reality-oriented, process that can impose limitations on the self and stop the formation of a Gestalt, such as suppressing a thought. It is essential for adapting to the real world.

According to Greve, all people have three zones of awareness through which they develop their level of functioning and personality—the greater the level of awareness the higher the level of functioning. The *interior* zone of awareness is everything that occurs within the body, such as sensations, pain, and needs. The *exterior* zone is that part of the environment within range of the senses, such as what can be seen, felt, smelt, and touched. The *middle* zone is between the other two zones and includes memories, fantasies, wishes, judgments, dreams, and so on. *Thought* controls this zone. People with a highly developed middle zone tend to be highly intellectual but out of touch with themselves and their environments.

According to Greve, the *contact boundary* is the point at which the self touches the environment. It can be psychological or physical. "The *self boundary* is a limiting psychological line beyond which the self does not develop, function, or apply (Greve, 1993, p. 230). It limits the self from the not-self.

The Gestalt cycle described by Greve would resemble Figure 7.2. Zinker (1977) would add centering before sensation. According to Greve, healthy people are authentic and know what they want. They have goal awareness of self and environment, which is characterized

> by the full expression of one's self, by experiencing rather than thinking, by completed expression, and by action taken and full responsibility taken for one's self. . . . Psychopathology occurs when awareness of self is blocked or when contact with the environment is avoided. With loss of awareness, parts of the self are lost; with avoidance of contact, experience is diminished or missed, and growth is impeded. (Greve, 1993, p. 230)

Greve listed and defined five contact boundary disturbances that may lead to psychopathology: confluence, retroflexion, introjection, projection, and deflection. Confluence and retroflexions occur during the awareness phase of the Gestalt cycle; the others occur during the second half or action phase. *Confluence* is when the figure does not form against the background; awareness does not occur. *Retroflexion* occurs when the organism holds back action although awareness is present; conflict with the environment becomes one with self. *Introjection* occurs when values, beliefs, or objects from the environment are taken into the self system but are not assimilated. *Projection* occurs when the person cannot discriminate between self and the environment and part of self is seen as environment. *Deflection* occurs when contact is about to be made but must be avoided and the resultant action misses the mark.

A basic assumption in Gestalt therapy is that the way in which the patient deals with his or her world is reenacted in the way he or she deals with the therapist. Based on this assumption, stress is placed on the I-thou interaction that occurs between therapist and patient. Gestalt therapists aim for transparency of self rather than cloaking themselves in the mantle of therapist and encouraging transference reactions. This is not to say that transference does not occur in Gestalt therapy. Rather, an attempt is made to minimize rather than to maximize transference reactions by dealing with what is ongoing at the moment in the therapist-patient interactive process.

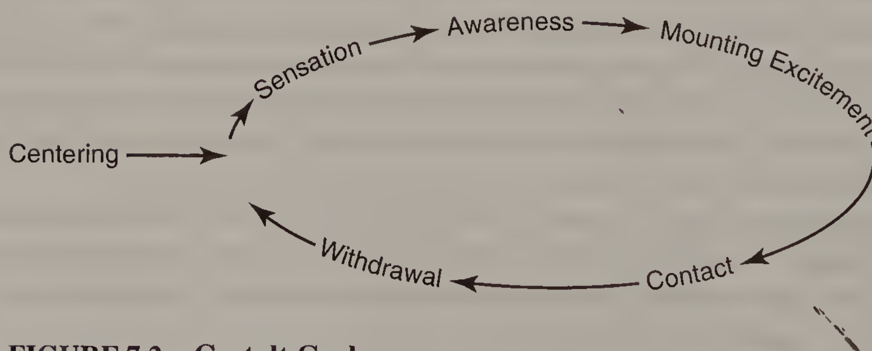

FIGURE 7.2 Gestalt Cycle

THERAPIST'S ROLE

Person-Centered Group Therapy

The role of the facilitator (or therapist) is to be facilitative in the creation of a climate that does not interfere with the potency of natural life focus. An ideal atmosphere is one where the facilitator and each group participant may enter into a creative process, with each participant living his or her own complex wholeness, whether in direct interaction with the designated facilitator, another member, or even in silence.

Participants are asked to bring a readiness and reasonable expectations to the group meeting. For his or her part, the facilitator is asked to bring, first of all, an *alertness* to each other person, to himself or herself, and to the group as a single entity or process. This alertness includes the sensitivity to who might be the most facilitative person at any time in the group. The facilitator listens sensitively, carefully, and as accurately as possible to each person and the feelings on the edge of the person's awareness. He or she listens in such a way as to sense the meaning and feelings aroused by the person's expressions (verbally and nonverbally), in the group and internally. The facilitator accompanies the person, sifting through complications (in the person or within the group), keeping the communication on the track of the significance it has for the person. The goal of this listening is not just to "get in touch with feelings," it is to follow the person's discovery of the moment's rich labyrinth of experiencing and to facilitate the expression of one grand unclear internal "this" in a present meaning.

Gendlin (1974) has advised facilitators to do anything they want, as long as they "stay in touch at all times with the person's directly felt concrete experiential datum—and help the person also to stay in touch with that, and get into it. (If doing that is the baseline, every other procedure and idea can also be tried out, and one returns quickly again to finding out, listening, and responding to where it leaves the person)" (p. 220).

Although, through directing attention to one's inner self, a person may become more self-centered, it is not the purpose of group therapy to bring about a self-preoccupation. The climate of the group is intended to allow the participant to focus inwardly, not to the exclusion of effective life in the world but solely to contact and unite with the formative tendency.

The facilitator is asked to bring to the meeting not an obligation but a *willingness* to live within a creative environment that the group may construct together (at times in ways he or she would not be able to predict or perhaps even understand). Though not blindly acceptant, he or she is asked to trust the group and be willing to "live" the theory, doing what is implicitly demanded of other participants.

Cooperating with the inner forces of his or her own actualization, the facilitator listens within with the same sensitivity and alertness he or she affords others. From the facilitator's point of view, the attention paid toward himself or herself, toward another person in the group, or to the mood or climate of the group is more of an "a-tension," a melting of tension, of role, of analysis, or of evaluative capacities in favor of an intuitive following of his or her inner world, the other's inner world, and the organic wisdom of the group. The facilitator's *willingness* to be changed by the experience characterizes, and perhaps distinguishes, this approach from other approaches to group therapy.

The facilitator trusts his or her own total organism—body, sensations, emotions, reasoning, and intuitive faculties—to live in the moment, to be guided by new principles developed out of increased awareness. The other group members will come to know who the facilitator genuinely is and what he or she is feeling. They know that the facilitator will respond to the moment, not from learned techniques, even if that means saying or doing something risky, unpopular, or even "untherapeutic." Although he or she will not impede the process with personal problems, the character of the group will be influenced by the *person* of the facilitator as much as by the individuality of the group members, to the extent that he or she feels comfortable, just as the others.

Finally, the facilitator is asked to bring an attitude of nonevaluative caring for the group members. This attitude grows out of the trust in the individual's capacity to know himself or herself and to find the pace and direction of personal change. This kind of acceptance applies to the group as well, and the ability of a group of persons together to mobilize a healing capability. Of this trust, Rogers (1970) stated,

> I trust the group, given a reasonably facilitating climate, to develop its own potential and that of its members. For me this capacity of the group is an awesome thing. . . . This is undoubtedly similar to the trust I came to have in the process of therapy in the individual, when it was facilitated rather than directed. To me the group seems like an organism, having a sense of its own direction even though it could not define the direction intellectually. . . . I have seen the "wisdom of the organism" exhibited at every level from cell to group. (p. 44)

Not suffocating everyone with a single approach, the facilitator attempts to understand and (within the limits of existing conditions) operate within the group on its own terms. The facilitator interacts with each other member in an authentic way and keeps in consciousness the whole, paying attention to the overall "music" of the group.

The facilitator is not *trying* to be the best or even, strictly speaking, trying to be empathic, or genuine, or nonpossessively warm. He or she simply *brings* these capacities to the meeting. The designated person does not decide in advance to direct the person or the group in a particular way, as this is not of the creativity of life. The designated facilitator, likewise, does not decide in advance to be nondirective, or unstructured, as this does not come from the creativity of the moment either. The facilitator surrenders impatience and easy answers for a creative state of waiting—alert to follow *or* to lead. He or she is willing to live unattached to a particular form of outcome, to be surprised by the unique creation of each group of persons.

Success is not marked by how well the facilitator shines in presenting the cardinal attitudes but in how well the group's creative, growthful wisdom is released and the benefits of growth afforded its members. *If the group can create a facilitative climate, the formative tendency will do the rest.*

Group Logotherapy

The most important qualification for logotherapy leaders is their familiarity with the basic principles of this therapy so they can impart and apply them to the group. Some leaders spend the first few minutes of each session in a minilecture of some aspect

of logotherapy. Others have no set time for "teaching" but explain certain facets of logotherapy whenever an opportunity presents itself, and rely in general on books on logotherapy the group members are expected to read. Books on logotherapy have been termed *bibliotherapy* because their reading itself provides therapy.

Das (1998) has pointed out that "counselors should become thoroughly familiar with the sources of meaning in people's lives: what they receive from life, what they contribute to it, and the stance they take toward what cannot be changed" (p. 209). They should also increase their understanding of the signs and symptoms of psychopathology arising from the absence of meaning and in which meaninglessness is a contributing factor.

Leaders must also be trained in applying the methods of logotherapy, especially the Socratic dialogue, paradoxical intention, and dereflection. They must also be familiar with a variety of supplementary methods they can apply by improvisation when they seem to serve a purpose.

Although leaders of logogroups must be superior in knowledge to the other group members on principles and methods, they must be equals on the human level. They must participate fully in the discussions, relate incidents from their lives, illustrate a point at hand, and share their problems. They must act as role models for the other members of the group. Logoleaders will be most successful in being genuine, caring human beings struggling with the problems of life as everyone else but who have found a philosophy that has helped them and that they are willing to share with the group members.

Robert Leslie (1971), professor of pastoral counseling at the Pacific School of Religion in Berkeley, and a student of Frankl, sees the following as functions of a logoleader:

> *Structuring:* Starting and ending at the appointed time, providing support for each person's contribution, and protecting members against destructive attack
>
> *Mirroring:* Making observations about what is happening, observing incongruities between words and actions, and pointing out behavior patterns
>
> *Focusing:* Helping the group move from social chitchat into greater depth, from impersonal, peripheral issues to personal involvement in significant concerns
>
> *Modeling:* Actively participating as one of the group, according to the agreed rules
>
> *Nudging:* Encouraging participants toward change: "Where do you go from here? What are you going to do about it?"
>
> *Linking:* Tying together disconnected statements and picking up unfinished business
>
> *Sharing:* Not only participating in the group process but also allowing members to participate in leadership

These functions may seem similar to those of other groups, especially those of existential or humanistic hue. But logotherapy group leaders have an additional function: challenging a person from where he or she is to where he or she wants to be, to see the

learning opportunity behind a failure, to spot the growing edge of a crisis, to divine meaning possibilities behind frustrations, to be aware of the escape hatches of traps, and to see the chance to reach out beyond the present limitations toward a vision yet unrealized.

Perhaps the most important function of the logoleader is to be aware of the unconscious decisions that become apparent during the group discussions, even though they may not be apparent to the person concerned. Some word, some gesture, some cue may give an indication of a decision that has taken place in the unconscious—a "logo-hook" on which the principles of logotherapy can be attached. The leader is not authorized to *give* meaning to the participants, but once a logohook has become visible, the leader is justified to throw his or her support behind it, to say yes to a direction the group member has chosen, however tentatively and unconsciously. The leader will not automatically say yes to all the decisions of individual members. He or she will say no to decisions that are reductionistic (reducing the person below his or her humanness), pandeterministic (expressing the belief that one's actions are completely determined by forces beyond one's control), or nihilistic (denying that meaning can be found).

A final role of the leader is assistance in the establishment of group norms that are consistent with logophilosophy. The following lists some of the more important norms and some suggestions as to how such norms can be promoted:

1. Norm of assuming responsibility for one's attitude toward unavoidable circumstances: The leader's modeling of this norm is highly desirable, if not essential. To promote this norm, it should be made clear to all that they have the right to gently confront those who may wish to deny that choice exists in the realm of attitude.
2. Norm of self-transcendence: Self-transcendent behavior, especially when evidenced in the group, should be generously rewarded. Further reinforcement of this norm can be obtained by soliciting testimonials of the benefit derived from this behavior.
3. Norm of challenging those who systematically evade making choices. When it becomes obvious that a group member is attempting to keep all of his or her options open in order to avoid decisive choice, the right to challenge this person on this issue should be clear.
4. Norm of disdain for reductionism, panderterminism, and nihilism: Comments or interpretations that smack of these "isms" should be challenged.
5. Norm of opposing hyperreflection: Catharsis is highly desirable. However, if the focus on one particular problem becomes inordinate (in the subjective judgment of the leader), the group should be encouraged to move on to another issue, perhaps treating the hyperreflected issue via paradoxical intention before doing so.

Gestalt Group Therapy

The Gestalt therapist primarily acts as a facilitator in the group, using his or her awareness to feed back to the group members their perceptions, attitudes, and feelings while interacting within the group. By concentrating on what is going on (the process) rather

than what could be (fantasy) or should be (moralizing), each group member is encouraged to take responsibility for what he or she is doing. Assuming members desire to change how they are, they are encouraged to *be* how they are in the present in order to change. All Gestalt therapists, in keeping with the I-thou philosophy, see themselves as models who will relate in a horizontal fashion with the rest of the group members.

In addition to the role of facilitator, some Gestalt therapists will also engage in dyadic exchanges with one member of the group. Frequently, this is perceived as individual therapy within a group setting, even though the other group members may be influenced by witnessing this dyadic interchange.

In co-therapy situations, usually one of the Gestalt therapists is available to work with any member of the group wishing to explore an issue, while the other will attend to the rest of the group members as the work proceeds. Occasionally, co-leaders will agree to be equally available to work with one person within the group or will alternate focusing on the one person.

The early stages of Gestalt therapy as practiced by Perls did not make use of group members or of the group dynamic but was individual Gestalt therapy practiced in a group setting. Basically, the client or patient took the "hot seat" (chair) across from the therapist and the therapist began the therapy, ignoring the other group members. Each member in turn took the "hot seat" and returned to the circle when the therapist terminated the interaction. Through the efforts of the Cleveland Institute (Kepner, 1980) and Zinker (1977) and Frew (1988, 1990), group theory and dynamics were added to Gestalt therapy. The Cleveland Institute emphasized four basic principles in Gestalt group therapy (Greve, 1993):

> (1) the here-and-now experience, (2) group awareness, (3) active contact between the members, and (4) the use of intentional experiments. The group leader [was] seen as the catalyst that transforms the individual members into a community. (p. 229)

New concepts in Gestalt group therapy integrate the intrapersonal, interpersonal, and group process dynamics. As the group progresses through developmental stages of trust and safety, establishing norms, exploration, confrontation, confluence, and working, the group members develop awareness of themselves as individuals as well as members of the group.

GOALS AND OBJECTIVES

Person-Centered Group Therapy

Wood (1982) summed up the goal of person-centered group therapy as follows: "The goal (and the art) of person-centered group therapy is to facilitate the creation of a climate in which the formative tendency may freely express itself in each person and in the group of persons" (p. 239). The person-centered group therapist views the person who comes to therapy as being in a state of incongruence between the self, as perceived, and the actual experience of the total organism. The process whereby a person

becomes aware of this incongruence and also the means through which the discrepancy is reduced is called *experiencing* (Gendlin, 1978). Experiencing within group therapy may result from silence, from an encounter with another member or members of the group, or during an interaction with the therapist. Experiencing (moments of inner-movement when a person becomes more completely his or her reality) is not caused by the therapist; it is a manifestation of the natural capacity and tendency for healing and growth within the person—the *formative tendency.*

Group Logotherapy

Williams and Fabry (1982) stated "The goal of the logotherapist is often to bring clients into full awareness of their life task" (p. 191). Nietzsche put it this way: "He who has a *why* to live for can bear almost any *how*" (cited in Frankl, 1963, p. xi). In logotherapy, the facts are not so important as the *attitude* taken toward the facts; likewise, one's symptoms are not so important as the attitude taken toward the symptoms.

Logotherapy focuses on three inescapable conditions of human life: suffering, guilt, and death. Logotherapists view suffering as offering the sufferer the possibility of experiencing the highest value, or the deepest meaning. Only because humans are endowed with what Frankl calls "the defiant power of the human spirit" can they find meaning in their suffering and develop an attitude of courage and resolve in the face of their tragedy.

Guilt, like suffering, should be avoided when possible, but there always remains a profound guilt that is inescapable. One has a right to feel guilty, but one also has the obligation to overcome guilt—or at least to initiate change toward health.

The most significant aspect of human finiteness is one's own death, and people need to come to terms with this. Frankl (1967) stated that only in the face of death is it meaningful to act. The acceptance of one's own death allows individuals to place the petty concerns of their lives into proper perspective and to begin to take action on those larger issues they have been intending to begin "tomorrow" for the past many years.

Logotherapy research has shown that about 20 percent of neuroses are noögenic (i.e., existential frustration caused by competing values within the human spirit). Focusing on the symptoms only intensifies them, according to logotherapy theory. Through *dereflection* clients are encouraged to cease focusing on their symptoms and instead to focus on meaning potentials.

Gestalt Group Therapy

Simkin (1982) described what might be considered the goal of Gestalt group therapy as follows:

> Being in contact with one's own potentially nourishing or toxic behavior enables assimilation or rejection of that behavior. This is also true for being in contact with the behavior of others, experiencing the other at the contact boundary and 'tasting' before chewing up (if nourishing) or 'spitting' out (if toxic). Choice and growth are thus enhanced through organismic self-regulation. (p. 354)

Gestalt therapy is described as a noninterpretive, ahistoric, existentially grounded system in which *awareness* is the primary focus in the here-and-now. Group members are encouraged to *be* how they are in order to change (Simkin, 1982). The group therapist and group members support the "working" client to be who he or she is in the here-and-now of the group interactions.

SELECTION AND GROUP COMPOSITION

Person-Centered Group Therapy

Selection of Group Members. There are no rules for the selection of group members for a person-centered group. Meetings convened for certain populations, such as women's groups or men's groups, or for specific themes, of course, select members accordingly.

Generally speaking, the person's readiness and his or her own choice are the primary factors in group membership. The congruence between the person's goal in attending and what the convenor believes is possible to achieve from attending the group is assessed by the prospective participant and convenor. Together they decide. The person with realistic expectations who believes he or she may benefit from the group experience and will be able to contribute to the group process is usually accepted. In ongoing therapy, the group members are usually consulted before admitting a new member.

Group Composition. Doubtless, the attitudes and skills of the facilitator, the attitudes and learning capacities of group members, conditions of the environment, the composition of persons, and the interaction generated all influence the outcomes, for better or worse, of group therapy. It is not known, at present, just what the composition of group members should be for optimum results.

It is customary for group convenors to attempt, if possible, a balance between male and female, old and young, in the composition of groups. In large residential programs, the many small groups are balanced "geographically" as well. Of course, if certain persons, such as married couples, wish to be together or separate, their wishes are respected. In support of this diverse composition for groups, Meador (1980) stated, "We don't feel we are playing god by composing groups as much as possible like the world." Having members whose personal experiences are very different is also thought to increase the creative possibilities of the group in releasing the formative tendency and enriching each person's learning.

Group Logotherapy

Selection of Group Members. "The patients best suited for an existential approach are those who express a lack of purpose about living and who have a long history of floundering in search of goals" (Rosenbaum, 1993, p. 238). Since the goal of logotherapy is to help people find focus and direction in their lives, logogroups can be helpful

to almost anyone and, properly handled, harmful to no one. Nevertheless, there are considerations as far as the selection of group members is concerned.

One consideration pertains to the distinction between logogroups for the mentally ill and those for participants with common human problems. The distinction is not always clear; there is a no-man's-land between the two areas. Some clients could be diagnosed as mentally ill or merely as struggling with problems that are, or seem to be, too large to be borne without outside help. Ideally, a psychiatrist would be the one to make the diagnosis and assign the participant to one type of group or the other. In most cases, however, the selection is made by the group leader, who generally is a psychologist, a counselor, or a social worker trained in the field of logotherapy. The assignment to one type of group or the other can, by itself, have therapeutic effects. Prospective group members who belong to the no-man's-land between the mentally ill and those merely having human problems will, in turn, gain by being admitted to the problem-solving logogroups. If such persons are assigned to therapy groups for the mentally ill, they will consider themselves mentally ill, intensify their hyperreflection on mental illness, and make it more difficult to achieve the first goal of logotherapy: to gain distance from their symptoms.

Most of today's logotherapy groups are problem-solving groups. These groups span a wide range of human problems—career, family, old age, the struggle to find meaning in a chaotic world. In such general groups, participants are accepted who respond to such wordings as "This group is not for the mentally ill but for the mentally searching" or "This group is for those who feel empty, frustrated, trapped, in transition, or in need of direction, purpose." During the past years, logogroups have been established that concentrate on certain problems as just mentioned. Special intergenerational groups have been held and researched in Chicago (Eisenberg, 1980), with members ranging in age from the upper teens to the eighties.

In the volume *Logotherapy in Action* (Crumbaugh, 1979), several logotherapists discuss group therapy for juvenile delinquents, the aged, addicts, and minorities. Elisabeth Lukas has started "dereflective" logogroups, with the purpose of steering the attention of the participants away from their problems and toward goals and commitments. James C. Crumbaugh has for years held logogroups for problem drinkers. Naturally, the selection of members for special type groups has to be geared to their stated purpose.

Group Composition. Except for groups selected for a specific purpose, and even within the special-purpose groups, logogroups will do best with a variety of participants in age, sex, race, and social and educational backgrounds. This consideration, too, is in line with the logophilosophy that emphasizes the human spirit where most people are similar because they are human.

The universality of the resources of the human spirit becomes evident in a group comprising a variety with their diverse problems and backgrounds. Thus, the lesson of universality of spirit comes across without ever having to be mentioned. By listening to the concerns of others, many participants are surprised that they can identify with so many aspects brought up even though their own situation of age, sex, and background may be different. The unspoken message of the mixed group is: "We are all human beings; let's make use of our human resources."

Gestalt Group Therapy

Selection of Group Members. According to Simkin (1982) and Greve (1993), a major criterion in the selection of group members is heterogeneity. When forming a group, care is taken to include as wide a range as is practicable of age and type of presenting problem. Attempts are also made to have equal numbers of male and female participants.

All potential group members are first seen in individual therapy (Simkin, 1982) or are oriented individually by the group therapist prior to being admitted to the group (Greve, 1993) to determine the nature and degree of disturbance and to explore the person's attitudes and extent of willingness to participate in a group. Inasmuch as group attendance involves less flexibility as to time of appointment, more time spent during each treatment session, and the reduced cost of each treatment session, these issues are addressed and explicated.

Whenever there is overwhelming evidence that the potential group member is or will become a monopolist within the group, he or she is excluded from consideration. This frequently involves evidence of extreme narcissism and/or severe characterological defects. Although Simkin (1982) has successfully included borderline patients in his groups, he has excluded patients who were actively hallucinating and/or delusional.

An additional criterion used in the selection of group members has been the degree of acceptance by the other group members when introducing a potential new member to an established group. If several members of an ongoing group feel negatively toward the prospective new member, experience has shown that attempting to bring in someone under these circumstances frequently becomes disruptive to both the group process and the therapy of the new member as well.

Group Composition. Each therapy group is balanced with an equal number of male and female patients. Attempts are made to ensure the heterogeneity of the groups by bringing in as wide a range of age, occupation, presenting problems, and so on, as possible from the sources available. Greve (1993) indicated that Gestalt group therapy is most effective with inhibited and highly intellectual persons out of touch with themselves, but increasing attempts are being made to treat disturbed individuals.

GROUP SETTING

There is general agreement among the three theories on the setting for therapy groups. Each recommends that the room be sufficiently large and comfortable for the group members and be free of distractions. Couches, upholstered chairs, and large pillows used on a carpeted floor are options suggested. Person-centered community groups are often held in any large facility that can accommodate the group, such as hotels, monasteries, residence halls, and the like. Logotherapists differ somewhat from Gestalt therapists inasmuch as they discourage the use of private homes. They also suggest smoking areas and availability of coffee and tea.

GROUP SIZE

For the three theoretical approaches, 8 to 12 appears to be the preferred size for therapy, problem-solving, and couples groups. (Greve [1993] has indicated that Gestalt therapy groups usually have 8 to 10 members.) However, logotherapists may have only 3 or 4 people in their therapy groups, which are usually led by psychiatrists. Person-centered *training* groups run from 50 to 150 and *community* groups from 100 to 250 or more.

FREQUENCY, LENGTH, AND DURATION OF GROUP SESSIONS

The purpose of the group seems to determine the frequency of meetings, length, and duration of the three theoretical approaches. The greatest variation is with person-centered groups. Their typical small therapy groups meet 3 to 4 hours per week, compared to 2½ to 3 hours for logotherapy groups and 1½ to 2 hours for Gestalt groups. For all three theoretical positions, open-ended (new members are added to replace departing members) groups are most common, although certain groups are closed and time limited, especially for logotherapy groups. For example, Eisenberg's (1980) intergenerational groups meet 1½ hours per week for eight weeks. Crumbaugh (1980) has been successful treating problem drinkers for four 2-hour sessions over three weeks. Weekend group training workshops are common in logotherapy (but not marathons) and person-centered therapy. Person-centered community groups meet from 10 days to two weeks in duration.

APPLICATIONS TO VARIOUS AGE GROUPS

The model that has been used most frequently across all age groups is the person-centered model. However, when this model is applied to young children, it is accompanied with play material and activities appropriate to the age group and it becomes somewhat eclectic insofar as the play media include dolls and toys that involves psychodynamic concepts. In a 25-year review (1970–1995) of group treatment in which 1,793 articles in journals and books were analyzed, Lubin, Wilson, Petren, and Polk (1996) reported 26 studies under the following descriptors: nondirective, client-centered, and Rogerion encounter groups. Age groups ranged from young children in nondirective play therapy to the elderly, plus preadolescents, adolescents, college students, and adults. Of the 10 reported studies (Lubin et al., 1996) on Gestalt group therapy, the lowest age level reported in which Gestalt therapy was a treatment was with college undergraduates. No logotherapy studies were reported in the Lubin review, but one will find few applications of logotherapy to others than adult-age groups.

MULTICULTURAL ISSUES

What might be appealing to some cultural groups within the three theoretical positions that illustrate the existential-humanistic point of view may be the same issues

that would create problems for other cultures. The emphasis placed on the development of the individual within the group would appeal to most clients of Western and European cultures but may be resisted by cultures where the family group and the community supercede the individual's well-being, such as in Asian, Hispanic, and Native American cultures. A similar split might occur with respect to the encouragement of emotional expression by group members. A third area that could create confusion and resistance on the part of clients from lower socioeconomic classes in the United States and Asian cultures in general is the emphasis placed on the individual's responsibility for developing programs of action for solving his or her problems rather than receiving a prescription from the group leader. Having cited three common areas of multicultural issues that could present problems for clients in existential-humanistic groups, let us focus on some issues unique to each of the three theoretical models.

Clients from cultures where authority figures are expected to lead and provide direction would likely be confused in person-centered groups where the leader trusts co- or multiple leadership to come from the group members themselves. The same phenomenon would likely result with certain social classes where the expectation is similar, especially where adult family members (parents and grandparents) provide leadership. In some cultures and classes, seeking help for mental and emotional problems is not socially sanctioned and clients from these groups are, as Chue and Sue (1984) report about some Asian cultures, seeking help as a last resort. They expect advice and immediate help. Although Japan may be an exception among Asian cultures, Murayama, Nojima, and Abe (1988) reported that client-centered therapy has been very popular in Japan since the 1950s. Many Japanese are now depending more on psychological ties than kinship for mutual help.

With a focus in self-actualization, there is the possibility that the individual will interpret this to mean placing himself or herself above everyone or everything else and move in the direction of self-centeredness. When clients come to person-centered therapy groups with poor social skills, especially those with sociopathic tendencies, self-centeredness could be inadvertently fostered.

As a form of existential philosophy and therapy, logotherapy, especially, has a universal appeal. The focus on the *will to meaning* as the central force of motivation as one struggles with three inescapable conditions of human life—namely, suffering, guilt, and death—may account for the universal appeal of the theory. Insofar as all major religions deal with these issues, people from every culture could identify with the theology. Vontress (1988) confirmed this hypothesis by contending that clients and counselors share the same universal culture and all deal with existential issues. Logotherapy has its roots in western European existential philosophy, and Gould (1993) has described the many similarities between eastern Hindu and Buddhist religions and Frankl's existential psychology.

One basic emphasis in Gestalt therapy is on how the client is dealing with the present. Many cultural groups will bring a stereotyped understanding of therapy to the group. The stereotype, stemming from psychoanalysis, is that clients talk about their past, especially their childhoods. Most clients would likely need to be directed to focus on the present and some would find this awkward and difficult. Being *directed* to focus on certain feelings or body sensations would be alien to most cultures, other than some

Eastern cultures where meditation is a common practice. Similarly, arousing deep emotions of clients, a common outcome of Gestalt therapy (e.g., "directed" expression of anger toward parents, older adults, and authority figures), may be resisted by Asians, certain cultures of South America, and Native Americans.

SPECIAL ETHICAL CONSIDERATIONS

Whenever a group of individuals come together to work toward alleviating or solving personal problems, there is the potential for growth or deterioration. Insofar as the trained professionals take appropriate and reasonable precautions to protect group members, they would be performing ethically. The leader's ethics are in evidence, beginning with his or her advertising literature and continuing with group member selection, orientation and contracting, group process/work, termination, and follow-up.

Whenever group leaders make the effort to develop written contracts and ground rules for group members' participation, most potential avenues for unethical behavior would be anticipated and prevented. Of course, the onus is with the professional leader, since members would not be ethically liable for their behavior although they could be legally liable.

Let us examine the three theoretical positions and leader practices that could lead to potential ethical violations. First, there is no comprehensive treatment of the concept of contracting (in writing) used by leaders of any of the person-centered and logotherapy groups. But that does not mean that group leaders of these theoretical positions do not use written contracts; some most certainly do. Greve (1993) indicated that Gestalt group therapists provide a group contract during orientation.

Regarding selection of group members, the person-centered leaders have the most lenient selection practices, with the decision to accept being made between the leader or convenor and the client. The Gestalt leaders, as described by Simkin (1982), select from individual caseloads, except for training groups of professionals. Logotherapists prefer to have psychiatrists select members for groups to treat the most seriously disturbed. Least restrictive selection practices seem to be with the person-centered approach, and perhaps this would expose this model to more threat for harmful behavior by certain group members even though Wood (1982) points out their ground rules, *generally speaking,* prohibit physical violence.

Leader behavior during the group process would be an occasion for potential claims of unethical conduct. Although all three models admonish the leader to be empathic and to show unconditional positive regard for group members, some Gestalt therapists assume a guru status with its attendant opportunities to abuse the power attributed to the status. Some Gestalt "directives" (exercises) are of questionable therapeutic value, and client harm has been associated with client deterioration.

Very little information can be found in the literature on termination and follow-up of group members for any of the three models representing the existential-humanistic philosophy. One can only hope that appropriate preparation is made for clients terminating their group therapy and that follow-up treatment is available.

RESEARCH

Person-Centered Group Therapy

Research on person-centered therapy occurred primarily while it was known as nondirective counseling and client-centered counseling. In fact, of the 26 studies reviewed by Lubin and colleagues (1996), none were labeled person centered. Of the numerous studies on what has now evolved to person-centered therapy, many if not most, especially in the 1960s and 1970s, were studies on the role of the core conditions of empathy, genuineness, and unconditional positive regard (acceptance) in effecting therapeutic change. These studies were conducted by using scales devised to measure these core conditions and others not necessarily included in the "core." Ratings of recorded interviews (individual and group) were correlated with measures of outcome or change. The degree of the presence or absence of the core conditions was assessed in conjunction with positive and negative change. An unresolved professional dilemma arose among person-centered therapists and those from other persuasions over the contention that the presence of the core conditions in a helping relationship were necessary and sufficient for behavioral/personality change. The almost universal acceptance of these conditions in the practice of therapists from all theoretical persuasions probably answered part of the question—that is, that the core conditions are necessary but the issue of whether they are sufficient remains unresolved. Bozarth (Round Table Discussion, 1990) has raised still another issue: "Are the conditions not necessarily necessary but always sufficient?" (p. 467).

The second type of studies on person-centered therapy focus on the effectiveness of the treatment when compared to control groups and groups treated by other therapies. A sample of the 26 studies reported by Lubin and colleagues (1996) is reviewed here to illustrate the varied results. Schwartz, Kieff, and Winers (1976) reported the effects of a group nondirective, facilitative approach on nonpatient undergraduates with difficulties in making decisions. Group members moved from guarded reactions to revealing themselves, and developed considerable cohesion at the end. All members completed the project and two reported definite increases in self-esteem.

Anderson (1978) did a comparison study of Rogerian encounter, self-directed encounter, and Gestalt therapy groups. All groups experienced significantly decreased feelings of alienation and increased sense of autonomy.

Jensen (1982) studied the relationship of leadership technique and anxiety level in group therapy with chronic schizophrenics. The leadership was either directive and structured or nondirective and nonstructured. No difference in anxiety was found between the two groups. In another comparison study of structured versus nondirective group counseling, Leak (1980) found that the highly structured group counseling approach resulted in significantly greater empathy, in enhanced interpersonal functioning, and in decreased serious infraction of rules of incarcerated felons.

In a comparison study of group cognitive behavioral and group nondirective treatment with a delayed control group, Shaul (1981) found strong support for the effectiveness of group counseling treatment in the management of loneliness and depression in adults. There was no significant difference between the two group treatments.

Braaten (1989) studied nine person-centered therapy groups of graduate students and nonstudent clients and compared them with each other and a control group in Scandinavia. Several objective measures were employed to assess change. Person-centered group therapy resulted in significant personality improvements for nonstudent client groups, but not for students, as compared to normal controls in relation to positive goal attainment, but not with symptom reduction. Maintenance of gains at a 10-month follow-up was 48 percent for clients but only 9 percent for students. Person-centered group therapy was associated with significant increases in group atmosphere/climate from early to late treatment for crucial cohesion dimensions such as affiliation and engagement. Results supported that the application of the core conditions were essential to building a cohesive atmosphere in the treatment groups.

Raskin (1986) provided a comprehensive review of client-centered group psychotherapy beginning in the 1940s and concluding with research of community groups in Central America in 1980s. This review highlights the more prominent studies.

Research on person-centered group therapy and its predecessor group treatments supports the effectiveness of this treatment over no treatment, but in comparison studies the effectiveness varies with the type of clientele treated. Research is now being directed toward identifying who benefits most from which kinds of therapy.

Group Logotherapy

No studies of group logotherapy, per se, were cited in the 25-year review by Lubin and associates (1996). This fact underscores the limited number of research studies of this group treatment modality. Likewise, effectiveness of existential psychotherapies, in general, is not well researched.

Based on Frankl's concept of meaninglessness in life, Crumbaugh and Maholick (1976) developed a Purpose in Life Test that assesses a person's views of life goals, the world, and death. Many studies of existential group treatment use this instrument to assess change, particularly of existential themes. Another test that measures aspects of meaninglessness is the Alienation-Commitment Test of Maddi, Kobasa, and Hoover (1979).

Lantz's (1984) study of curative factors using acute-care patients in group therapy found that the noëtic factor "The group helped me find meaning in my life" was selected most often as the most important curative factor. This finding certainly supports the importance given to this concept by Frankl and group logotherapists.

Opalic (1989) used the Minnesota Multiphasic Personality Inventory (MMPI) to measure change of existential group therapy of both neurotic and psychotic patients. He concluded that existential group therapy can be assessed by the MMPI and other objective instruments. Yalom, one of the most prolific authors and researchers of existential group therapy, and colleagues found improvement of bereaved spouses when they were treated with existential group therapy (see Lieberman & Yalom, 1992; Yalom & Lieberman, 1991; Yalom & Vinogradov, 1988).

Gestalt Group Therapy

The limited research on Gestalt therapy is often attributed to the fact that there are few trained Gestalt therapists in the universities where most research originates and that the

treatment is difficult to "standardize" insofar as interventions are often unique to a given client. Nevertheless, 10 studies were cited in the review by Lubin and colleagues (1996). Two research teams were responsible for 5 of the 10 studies. (The Foulds and colleagues' teams focused on nonclinical population of students.) Foulds, Guinan, and Hannigan (1974) used an experiential-Gestalt 24-hour marathon intervention with undergraduates. Compared with a nonparticipating control group, the researchers found significant changes on 11 of 18 scales of the California Personality Inventory (CPI) for the experimental subjects. This suggests that the experiential Gestalt group enhances feelings of intra- and interpersonal adequacy, fosters a stronger sense of values and a greater acceptance of different values, and increases motivation in both academic and social activities.

With a similar population and research design, Foulds and Hannigan (1976) employed a Gestalt marathon workshop with undergraduates and assessed change with the Eysenck Personality Inventory (EPI). Changes were hypothesized in extraversion (increase) and neuroticism (decrease). Significant changes were found in predicted direction.

The Serok and associates' team focused on clinical populations. A sample of their research study results follows. Serok and Bar (1984) examined the effectiveness of Gestalt group therapy in increasing the self-concept of 33 25- to 35-year olds. Compared to control conditions, self-concept and decisiveness significantly improved in the Gestalt therapy group.

Serok, Rabin, and Spitz (1985) assessed the effects of intensive Gestalt group therapy with schizophrenics. Compared to a control group, the treatment group showed some improvement in self- and other-perception and significant improvement in the presentation of body image. Serok and Zemet (1983) studied the effects of Gestalt group therapy on another group of schizophrenics. With this group of hospitalized schizophrenics, Rorschach results showed a significant increase in one measurement of reality perception.

A third research team, headed by Greenberg and involving a variety of clientele, has done considerable research on Gestalt therapy—both individual and group. Two studies of Gestalt group therapy by Greenberg are cited here. Greenberg and Webster (1982) studied the effects of Gestalt group therapy on clients with intrapsychic conflicts. Group members rated as "resolvers" showed significant decreases in anxiety and indecision and also reported greater improvement in behavior when compared with "nonresolvers." Clarke and Greenberg (1986) compared a Gestalt group therapy treatment of individuals with career indecision with a cognitive-behavioral group therapy treatment and an untreated control group. Both treatment groups were superior to the control group, but the Gestalt group was superior to the cognitive-behavioral group in reducing indecision and anxiety.

In a comparison study of short-term Gestalt sensory awareness groups with Rogerian encounter and self-directed encounter groups, Anderson (1978) found that all the treatments significantly decreased feelings of alienation and increased the sense of autonomy. No significant differences were reported on measures of intermember empathy and cohesiveness.

SUMMARY

This chapter has provided a comprehensive overview of three basic models within the existential-humanistic therapies. The three models were selected because they

represented unique and distinct treatments that together best illustrated the family of existential-humanistic therapies. The individuals who were most prominent in the development of each of the three models described were Carl Rogers for person-centered therapy, Viktor Frankl for logotherapy, and Fritz Perls for Gestalt therapy. Person-centered therapy was first known as client-centered therapy, which was introduced by Rogers in 1940. Frankl introduced "logo-therapy" in the 1920s, changed it to "existential analysis" in the 1930s and later to "logotherapy" to avoid confusion with Binswanger's *daseinsanalyse.* Perls's first manuscript was written in 1941–1942 and in this manuscript he outlined his emerging theory of Gestalt therapy. The term *gestalt therapy* was first used by Fritz Perls, Ralph Hefferline, and Paul Goodman.

In person-centered therapy, there is a belief in the innate ability of each person to experience incongruence between the self-concept and organismic reality and to reorganize the self-concept to a closer congruence with the totality of experience ("formative tendency"). In logotherapy, will to meaning is the central force in human motivation. In Gestalt therapy, there is a belief that organismic needs lead to sensory motor behavior. Once a configuration is formed that has the qualities of a good Gestalt, the organismic need that has been the foreground is met and a balance or state of satiation is achieved.

The role of the therapist in person-centered therapy is to facilitate the creation of a climate that does not interfere with the potency of natural life focus. This climate is believed to be produced when the therapist brings an attitude of nonevaluative, nonpossessive caring to the group. The basic role of the logotherpist is to assist the group member to find meaning in his or her life and to take action and the responsibility associated with the action congruent with the meaning. The therapist challenges the person to move from where he or she is to where he or she wants to be. Gestalt therapists encourage group members to *be* how they are in the present in order to change and to take responsibility for what they are doing.

The middle section of the chapter compared and contrasted goals and objectives, selection and group composition, group setting, group size, frequency, length, and duration of group sessions of the three models. The final section of the chapter concerned special ethical issues, applications to various age groups, multicultural issues, and research implications for each model.

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