

# EXISTENTIAL-HUMANISTIC GROUP THEORIES

## Applications

This chapter supplements the preceding chapter, describing in greater detail techniques or intervention strategies employed by group therapists who practice person-centered, logotherapy, and Gestalt therapies. Following a description of the basic techniques or intervention strategies, some of these techniques/strategies will be illustrated in the context of a group protocol that will follow for each of the three theoretical models.

### PERSON-CENTERED GROUP THERAPY

#### Techniques

It is probably the *absence* of techniques that is most associated with person-centered group therapy. The therapist in the small group is expected to give up his or her professional role with its attendant authority and instead to become a group member and facilitator who is expected to remain open to his or her unique experiencing in the group and to trust in the formative tendency in the group. The facilitator is expected to bring to the group openness, genuineness or congruence, empathy, nonevaluativeness, and unconditional positive regard for group members, but these conditions are to be *lived*, not “practiced” as techniques. Let us now examine the “core” conditions of a therapeutic relationship as *offered* by the therapist.

#### Empathy

Rogers was adamant about empathy not being a *technique*, such as “reflection of feeling.” He described empathy as much more than that. He viewed it as “the therapist’s sensitive immersion in the client’s world of experience” (Raskin & Rogers, 1995, p. 143). The therapist tries to communicate his or her understanding of the client

in such a way as to communicate a genuine appreciation of the client's world and a willingness to be corrected when it is misunderstood. This process allows the therapist to get closer and closer to the client's feelings and meanings, including those just below the level of awareness.

### **Unconditional Positive Regard**

Synonyms for *unconditional positive regard* are *warmth*, *acceptance*, *nonpossessive caring*, and *prizing*. According to Rogers, therapeutic change is more likely when the therapist is expressing a positive, nonjudgmental attitude toward whatever the client is at a given moment (Raskin & Rogers, 1995, p. 143).

### **Congruence**

Sometimes *genuineness* and *immediacy* are used as synonyms for *congruence*. In either case, it refers to the therapist's sharing of his or her feelings with the client that are generated from the relationship. One purpose is to reduce the distance that might be created by the therapist's professional role. Another purpose is to prevent therapeutic fatigue caused by the therapist's attempt to suppress feelings (Raskin & Rogers, 1995).

### **Client-Offered Conditions**

In addition to therapist-offered conditions, Rogers believed that the client needed to bring certain "conditions" to the therapy or be able to develop them during therapy. These conditions were "(1) The client and therapist must be in psychological contact. (2) The client must be experiencing some anxiety, vulnerability, or incongruence. (3) The client must receive or experience the conditions offered by the therapist" (Raskin & Rogers, 1995, p. 143). Rogers considered the first two conditions as preconditions and the third one as essential.

Traditionally, person-centered group therapists have preferred verbal interaction and use no supplements. Some have used video, art, dance, creative writing, and various nonverbal exercises, but most of these have occurred in the community groups, and when they occur it is because the convenors and the members concur on their use.

### **Group Protocols**

Rogers (1970) and Coulson (1970) have described the process movement of the person-centered small group, giving many examples of dialogue taken from group sessions. Examples may also be found in Rogers and Wood (1974).

The shifting expression of an individual's felt meaning is illustrated in this example from the filmed encounter group "Journey into Self" (McGaw, 1968).

Jerry, a middle-aged businessman, makes this comment in the first hour: “We have tremendous fears of insecurity and many times the same things which you are so insecure about you look back . . . and what you were insecure about—thank heavens, you cannot remember, and you would like to get an honest feeling . . . and act this way in all cases. This is where the thing gets off the track because you keep thinking about what other people are expecting.”

In the fifth hour, Jerry speaks this way: “As far as people are concerned I . . . I, in a sense, like being around people, but I . . . I only like to go up to a certain point, then, from there I don’t like to get too close to people, and it’s because of . . . uh . . . it’s complicated.”

As he comes more and more in contact with his own experiencing, he is beginning to speak for himself. In the eleventh hour, Beth, another group member, speaks. As she begins to weep, Rogers (the facilitator) notices that Jerry seems touched.

**Rogers:** Without knowing it she must be talking to you Jerry.

**Jerry:** Well, I am pretty choked up. I wouldn’t be able to say much.

Beth continues to speak and Jerry’s distress grows. Finally, Roz, another member of the group, crosses the circle of 10 chairs and puts her arms around Jerry. He begins to cry.

Jerry weeps a long time. Roz holds him and cries also.

**Roz (crying):** All along I really felt he didn’t feel deeply about anything. We accused him of that last night.

**Beth:** He hadn’t been able to express his feelings.

(This example illustrates not only Jerry’s deepening focusing ability, following his experiencing, but also, at the right moment, the caring and facilitative effect of Roz, who is not a designated facilitator. Rogers, the facilitator, listens with sensitive concern to Beth and to Jerry. A climate has been created that allows persons and relationship to be organized into simplifying complexity.)

The second protocol is taken from the first session of a group counseling series with a group of underachieving high school students. The leader is Dr. Walter Lifton (1976), an experienced group therapist/counselor. The session started with an introduction of Dr. Lifton and a request for each student to identify himself or herself. The group then moved off almost immediately into their feelings about how teachers rejected them. Notice the leader’s attempt to help the group discover the many answers and resources they already possess.

**Dr. Lifton:** Teachers are more comfortable with people who can understand what they’re saying than with those that don’t. Is that what you’re trying to say?

**Girl:** Yeah, and they more or less, I mean, don’t ignore, but they don’t really pay too much attention to people who don’t.

**Dr. Lifton:** So you kind of feel that if you don't master the stuff, they don't give you the attention. You don't feel that they care and you don't care. And so it sort of goes on like that.

**Girl:** I guess so.

**Dr. Lifton:** Well, we're saying some things about teachers that are very real, and I'm sure you have some teachers that click and others that don't. The chances are that you're going to have some more teachers that you're not going to click with. What then? Are you doomed? (pause) How do you cope with it? Suppose you have a teacher who doesn't seem to really act toward you the way you'd like him or her to act toward you. He really isn't warm, interested. Is there anything you can do about it?

**Karen:** Pay attention.

**Dr. Lifton:** Paying attention will change his attitude?

**Karen:** Well, if you just work up to your ability and show him what you can do.

**Dr. Lifton:** Yes, but you know, Karen, it's kind of a booby trap. If I understand what Gail is saying, she is saying, "If you don't care about me, I say 'the hell with you.'" And so it's sort of, you know, a cycle, and I'm not sure that I'm on the track.

**Boy:** If you don't like the teacher, you're not going to be able to do very well in the work.

**Dr. Lifton:** Bill's saying something interesting. He's saying if you don't like the teacher, why should you try?

**Girl:** (Inaudible comment.)

**Boy:** Well, the teacher's not the one who's got to get along.

**Dr. Lifton:** (Noticing a boy's attempt to contribute, but hesitant to talk) You seem to want to say something, Bill.

**Bill:** I don't know.

**Boy:** The teacher's got to be interested in the class—if the teacher don't like you, he's going to make it hard for you.

**Girl:** Not always.

**Boy:** But one of my teacher's did.

**Girl:** Who are you referring to? (giggling)

**Dr. Lifton:** (recognizing concern over confidentiality) Don't worry about mentioning names. We can wipe this tape. So don't worry about it. But I think the question is an important one because no matter who the person is, you're likely from here on in to get other teachers, or bosses, that you may not like and so the real question is what do you do about these characters? Are you just stuck or, of course, one way of doing it, is to do as Bill suggested, to say "Go peddle your papers. I don't want anything to do with you." You can't always do that.

**Boy:** Try to get them to like you. Show interest.

**Karen:** It happened to my brother last year. He just worked up to his ability to show the teacher what he could do. And that helped.

**Dr. Lifton:** So this would be one way to prove the teacher was wrong, by being something different than what he thought. Suppose you had a friend that you'd like to have with you. How would you get this person to see you in a way that she would want to be your friend? What would you do about it? (pause)

**Girl:** Nothing.

**Gail:** If a person doesn't like you, you can't make them.

**Dr. Lifton:** There's no way of hoping people see you differently than they see you at first? You're stuck with the first impression?

**Girl:** Oh, no.

**Dr. Lifton:** How do you change people's ideas about you?

**Gail:** Well, you can't just be perfect when you're near them, be different. You are what you are. You can't put on fronts in front of people because I think that would make them like you least.

**Dr. Lifton:** So you've got to be true; you can't be false to them. But do we act the same—are you the same person to Diane as you are to your mother or as you might be to Tom?

**Girl:** No.

**Dr. Lifton:** So that there's more than one "you" too. (laughter) That's kind of a funny idea, isn't it—that there really isn't one you. There are several different "you's."

**Girl:** Well, I think people are like her, she . . . I mean I'd show my personality to her. When I'm home, I'd be showing my—there's a word for it but I can't think of it—

**Dr. Lifton:** Just try.

**Girl:** Myself.

**Boy:** Another character. In other words, you have a different front.

**Girl:** Yes, everybody does. I mean you're different when you're home. You're more relaxed and . . .

**Boy:** You wouldn't treat your mother like a girlfriend, in other words.

**Girl:** That's right—I'd be uncomfortable. (laughter)

**Dr. Lifton:** We're also saying that the people that we feel very comfortable with, we're able to let them see more of us than others; that the more we feel comfortable in letting a person know who we really are, the easier it is for us to talk to them and to begin to work with them.

**Girl:** That's why you really never know a person until you see them in their home.

**Dr. Lifton:** You see, that's one of the problems that we've really got to understand. For this group to be most helpful, we have to find a place where we can

be comfortable with each other, because until we feel able to say what we really feel, we're just playing games. We have to begin to say under what conditions would we be willing to share things with each other. How can we help each other feel that the other guy cares, or that he won't misuse what we're saying, or won't think less of us? That's the real problem that we've got to face. If we could have with this group, what you have with some of your girlfriends, except that here you have different kinds of people, you might have a chance to think through some ideas that you wished you had a chance to talk to somebody about, but don't know if they could manage it. This is really what the problem of this group is. This is why I was trying to have us see ways in which we could get comfortable with one another. (long pause)

**Dr. Lifton:** Kind of scares you, huh? Not always sure that you do want to share things with other people. Some things that maybe you don't feel you want to talk about. (long pause)

**Gail:** We all don't want to talk. When we do we get in trouble.

**Dr. Lifton:** Interesting, isn't it, Gail? Have you any idea why we got caught up? I have an idea. I said something that I think some people didn't like and they pulled away in a hurry. They're letting me know that they're not sure that they like this and so the best way of getting away from me is just being quiet because that's safest. Isn't that somewhat like the classroom then? I don't like the teacher; so I'm just going to keep my mouth shut and then she can't know what I'm thinking and I can't get into trouble. That doesn't quite solve it though, does it?

**Tom:** (Inaudible reply.)

**Dr. Lifton:** Can't hear you, Tom.

**Tom:** Keep your mouth shut and they give you a bad mark because you don't do anything in class.

**Dr. Lifton:** It's a funny thing, isn't it? If you do something, then they hear what you're saying. If you don't say something, then you're in trouble anyway. So that it sort of (interruption by boy)—

**Boy:** That you're doing something.

**Dr. Lifton:** For the public?

**Boy:** Yeah.

**Dr. Lifton:** Kind of odd though, isn't it? No matter what we do, if we keep our mouth shut or if we open it, we still are doing something. Gail pointed this out very nicely. You're bound to do something. (long pause)

**Dr. Lifton:** You know it's an interesting thing. Part of what we're saying is that sometimes the exams don't measure what we study. We're saying some of the teachers don't teach what we're being tested on. We're saying some of the teachers don't like us—what's the use of trying? We're saying some of the courses, we wish we weren't in them in the first place. And all these answers are real, and there's no question that for many of you this is one of the

problems involved. But is this going to solve it for you if we come up with this as answers? Is it going to solve it? Is this going to make it easier? For example, this summer, is this going to make it easier for you this summer when you go to school if we come up with these answers?

**Girl:** Yes, I believe so.

**Boy:** Maybe.

**Girl:** Because if you walk into a room with the right attitude, then . . . I don't know.

**Girl:** Then you can do better. If you walk in with the wrong attitude, then you hate it. (pause)

**Karen:** Oh, I know why I worked the way I work in school, I mean, why I'm working for a goal. Well, I'm planning to go to college. I think if you have a goal set, I think you work harder.

**Dr. Lifton:** I'm wondering, would any of the rest of you be willing to share with us what it is you see as your purpose in school? Karen has suggested that she sees a goal that seems to be very clear to her. What about some of the rest of you? Can you see any purpose in returning?

**Gail:** We have no choice.

**Dr. Lifton:** Beg your pardon?

**Gail:** We haven't got any choice.

**Dr. Lifton:** You have no choice?

**Gail:** You have to go to school. It's compulsory. I think if you didn't have to, I think more people would take an interest in it. There might not be as many going to school but there would be a better attitude in school.

**Dr. Lifton:** In a sense, I think what you're saying is that you're kind of not liking it because you have to.

**Girl:** It's true.

**Dr. Lifton:** So you'll prove to them they can't make you do something, huh? (pause)

**Boy:** If you could pick your own subjects, that would be better.

**Dr. Lifton:** Just for kicks, what would you take if you had your own way?

**Boy:** Math.

**Dr. Lifton:** You would take only math? (inaudible comments and laughter)

**Dr. Lifton:** Do you want to tell us about it? Why math?

**Boy:** I just like math. I don't know why. It just came to me easy. I like numbers better than I do words. (pause)

**Girl:** I'd take all English.

**Dr. Lifton:** You'd take all English.

**Boy:** Science.

**Dr. Lifton:** You'd take all science.

**Girl/Boy:** Science.

**Dr. Lifton:** You'd take science, too.

## GROUP LOGOTHERAPY

### Techniques

The founder of logotherapy, Viktor Frankl, is credited with the contribution of the techniques of *paradoxical intention* and *dereflection* to the therapy armamentarium. The therapist employs paradoxical intention when the therapist encourages a client to *intensify* his or her neurotic symptoms. Frequently when asked to consciously magnify the symptoms, clients are unable to do so. The technique has been found to be effective for persons with phobias, obsessions, and compulsions.

Dereflection is the second major technique of logotherapy. Clients are encouraged to cease focusing on their symptoms (hyperreflecting) and instead to focus on meaning potentials. Frankl believed that people are able to forget themselves only if they give of themselves, and Williams and Patrick (1980) have contended that forgetting of oneself in dereflection is antithetical to narcissism.

Logophilosophy that teaches the acceptance of pain, guilt, and death is a necessary step all people must take, and this philosophy in and of itself is considered to be a therapeutic intervention. Books on logotherapy are used as a form of bibliotherapy. Some group leaders even spend the first few minutes of each session giving a minilecture on some aspect of logotherapy. Frankl coined the term *last aid* to describe the need to accept guilt and death rather than neurotically struggling to deny them. He believed that acceptance of one's own death can lead to authentic decisions and decisive actions in the here and now and help a person widen his or her perspective by differentiating those activities that are relatively meaningless from those that are meaningful.

Another aspect of logophilosophy considered to have therapeutic effects is its emphasis on individual uniqueness. For example, to help individuals discover otherwise unseen meanings in their lives, a logotherapist will often draw their attention to certain relationships in which they are irreplaceable.

In addition to the basic techniques and interventions described here and in the section titled The Role of the Therapist in the preceding chapter, group leaders are expected to be familiar with a variety of supplementary methods or techniques that they can apply by improvisation when they seem relevant. For example, humor is frequently employed to neutralize anticipatory anxiety.

### Group Protocols

Martha (cf. Williams & Fabry, 1982) came to the group in distress about what had happened that day in the home she shared with three other women, two of them mutual lovers. The third one had expressed the desire to find a suitable psychologist, and one of the lesbians had recommended



the one Martha had been seeing for the past few months. Martha had found it inappropriate to share the psychologist with someone living in the same household. She had talked this over with the psychologist, who had agreed with her. When she herself informed the three other women of this decision (which, she now realized, should have been done by the psychologist), a fierce fight broke out in which the three women attacked Martha and insisted that she move out. The incident left Martha deeply disturbed and confused.

**Leader:** (after listening for several minutes to Martha's account and numerous details that in her opinion were entangled in the present blow-up): What are your options?

**Martha:** I have no options. I have to move out. I've moved six times since my divorce, and you should have seen the crummy places I've lived in. This is the first decent place, and now these three bitches . . . How can I change my attitude in this? How can I find meaning here?

**Leader:** This is not a situation in which you have to change your attitude!

**Martha:** What do you mean?

**Leader:** You remember what we said about facing a meaningless situation? As long as you can change your situation, you need not accept it by moving out.

**Another woman:** But Martha's attitude is highly defeatist. It would be good to find a healthy attitude.

**Leader:** A healthy attitude, yes. But when we speak about finding a meaningful attitude in a meaningless situation, we're talking about situations that cannot be changed. You will have options about what to *do*.

**Martha:** No, I don't. You should have heard them tear into me. They want to get me out and I love that place (crying). Oh, how did I get into this mess?

**Leader:** Never mind how you got in. How will you get out?

**Martha:** I don't know.

**Leader:** Yes, you do. You have just given your answer. You said you want to stay. Would you stay even if you'd have to share your therapist?

**Martha:** I guess so.

**Leader:** Even if you'd have to give up your therapist?

**Martha:** Yes.

**Leader:** All right, then. We know where you are. We know where you want to be. How do you get from here to there? What would you choose as your first step?

(The group spent the next 20 minutes supporting Martha's decision. They talked about various ways to discuss the situation with the other

women and shared similar experiences that had worked for them. They suggested that Martha face the other three women in a logodrama within our group.)

Martha called the leader the next evening and said she had left the group with a clear mind. She had fallen asleep, but awakened around two in the morning in great anxiety. She then thought over what had been said within the group and wrote down notes about her options. She felt calm again and had slept until it was time to go to work. While preparing breakfast, she spoke with the woman who owned the lease of the house and said to her what she had practiced in the logogroup: "We'll have to talk about all this later." The same evening, they had a four-hour talk, which cleared the air.

In recent years, logotherapists have become increasingly aware of the usefulness of dereflection. Regardless of whether a problem is current (as was Martha's dilemma) or whether it has been on the participant's mind for a long time (as the one in the following example), the problem occupies the client's mind; in other words, the client is "hyperreflecting" about it. It is in the nature of the group process (as it is in the nature of any therapeutic process) to get the client to talk about the problem, to think about it, to observe the problem between sessions, and this attention to the problem will increase the client's reflecting on it. This seems to be an inescapable dilemma of all therapies, especially in their diagnostic stage. You cannot diagnose and deal with a problem unless you pay attention to it and paying attention to it may make it worse (cf. Frankl, 1978).

A zigzag approach of paying attention to the problem and alternately dereflecting from it has been found useful.

Evelyn suffered from insomnia. She would fall asleep, then after two hours wake up without being able to fall asleep for hours. A medical examination had shown no organic reason for her sleeplessness. Whenever it was Evelyn's turn in the group to discuss anything that troubled her, she spoke about the agony of lying in bed, trying to fall asleep.

**Leader (interrupting her tale):** Is there anything you'd like to do and don't have the time?

**Evelyn:** Lots of things. That's what's so infuriating. There are all these things I want to do, and I am too tired to do them.

**Leader:** What, for instance?

**Evelyn:** Two months ago I bought a pattern of needlepoint, a lovely Alpine scene. I haven't had the time to work on it for more than a couple of hours.

**Leader:** What other things would you like to do?

**Evelyn:** When we were married and did some entertaining, I enjoyed gourmet cooking. I hardly have time for that now. Another thing I meant

to do ever since my father died is to sort out the stamps he left in boxes, and put them in an album the way I did when I was a child.

**Henry (another group member):** I did that, some years ago. I started collecting stamps again and began corresponding with people in India and Brazil. The man from Brazil came to visit me. We don't exchange stamps any more but we correct each other's letters. I am learning Portuguese that way.

**Evelyn:** I like that. I've always wanted pen pals in far-away countries. (Tells about a pen pal she had in Japan when she was in high school.)

**Leader:** You seem to have quite a few interests you have no time to follow up.

**Evelyn:** It's not so much the time. It's the strength. I feel exhausted all day. Especially after I have trouble with my boss, and even more so with Doris, his secretary.

**Leader:** Do you have more difficulties sleeping after having trouble at work?

**Evelyn:** I think that's probably true.

**Leader:** Tell us more about Doris.

**Evelyn:** She's terrible. (Tells about Doris's spying on people, her pettiness, her vindictiveness.) Nobody in the office likes her. She works all the time, even during coffee breaks.

**Al (another group member):** I had that situation once. I quit.

**Evelyn:** But I like my job. It's well paid, interesting. At my age I couldn't find something like that again. Why should I let that bitch make me quit?

**Al:** Would you rather be sleepless the rest of your life?

**Evelyn:** Oh, I don't know if it's all Doris's fault. I also have trouble sleeping on weekends. There's always somebody who upsets your applecart.

**Leader:** Are there people who have a soothing influence on you?

**Evelyn:** Oh sure. My granddaughter, for instance. With her I become a four-year-old again.

**Leader:** After you are with your granddaughter, do you sleep better?

**Evelyn:** Not necessarily. There's something basically wrong with me.

**Leader:** Let's find out a few things that are basically right with you. Would you be willing to make a list of things you'd like to do if you had the time? Like needlepoint or stamp collecting. See if you can find 10 such activities.

(Evelyn promised to make such a list for the next meeting but didn't do it. Instead, she reported an upsetting dream. She had found herself in bed with Doris, both nude. There was great gentleness between the two women.

Evelyn had gently embraced Doris and a feeling of great serenity had come upon her.)

**Evelyn:** Is it possible that I have lesbian feelings? And toward Doris, of all people? And at my age? No, that couldn't be true.

**Leader:** You recall what we said about logotherapeutic dream interpretations. Dreams are not necessarily a message from the psychological unconscious about repressed sex drives. They can also be a message from the noëtic unconscious about repressed meanings.

**Henry:** A message from your conscience?

**Leader:** What would your conscience have to say to you about your relationship with Doris?

**Evelyn (startled, after a moment of reflection):** Be nice to Doris, and she'll be nice to you.

**Leader:** Could that be the message?

**Evelyn (in great excitement):** Yes, that must be it! I didn't know I was going to say that; it just came out. And when I said it I felt as good as I felt in my dream when I hugged Doris.

**Leader:** What are you going to do about it?

**Evelyn:** Do?

**Leader:** Yes. We talked about this in our very first session. You don't change by thinking about it, or dreaming, but by doing. What would you say you could do as a first step toward getting closer to Doris?

**Evelyn:** I don't know. She is a hard person to get close to. I'll think about it.

**Leader:** I am sure you can think of something. You are a resourceful person. (Gives an example when Evelyn had shown resourcefulness in the group.) Tell us next week what you did.

(Next week Evelyn reported that she had asked Doris to have coffee with her. It was the first time she had done this. In fact, hardly anyone had done it. During this coffee break, Evelyn, also for the first time, had talked to Doris about things other than office matters. They found out that they had a common interest in the theater and discussed plays they both had seen. They went to coffee several times and others joined them. Nevertheless, Evelyn's insomnia persisted. She had made up a list of activities she liked to do and the leader suggested an experiment.)

**Leader:** You like to prepare a gourmet meal. Tomorrow, after work, buy all the ingredients, go to bed as usual, but then when you wake up, instead of trying to fall asleep again, get up and do your cooking.

**Evelyn:** But then I'll never get any sleep.

**Leader:** You can't sleep anyway, so you might as well get something done. It's a waste of time to lie there doing nothing.

**Henry:** You can invite Doris and the people from your office to your gourmet meal.

**Evelyn:** Oh no, I couldn't do that.

**Leader:** Well, then some other friends. And also buy some silk and patterns for your needlepoint project. Christmas is only three months away. You can make a lot of nice Christmas presents during all those sleepless nights.

**Evelyn:** I'll never survive these three months without sleep.

**Leader:** Tiredness is something your body does to you. We'll have to show your body who is master in the house. We'll tire out that body until it will fall asleep and stay that way all night. You have a perfectly healthy body, the checkups have shown that. And when your body needs sleep it knows how to get it.

**Evelyn:** How will I be able to go to work in the morning? I'm exhausted even now. At least, when I'm lying in bed I'm getting some rest, even if I don't sleep.

**Leader:** What kind of gourmet meal do you have in mind?

**Evelyn:** I cut out a recipe a few months ago. I'd like to try it some day.

**Henry:** Or some night.

**Evelyn (laughing):** All right, some night. It starts out with lobster soup. (She went into some detail about the menu and its preparation.)

(The next session Evelyn reported that she had invited three friends for Friday night, had done all the shopping Thursday after work, set up everything for the preparation of food before going to bed at 11. But she never woke up till morning and had to cancel the dinner invitation.)

**Evelyn:** It's very embarrassing.

**Leader:** We can't let this happen again. Invite them for tomorrow evening but set the alarm at 2 A.M. so you are sure to wake up in time to do the cooking.

**Evelyn:** You're kidding.

**Leader:** Well, don't you want to cook your gourmet meal?

**Evelyn:** Yes, but I like my sleep better.

**Leader:** There are other choices. Instead of falling asleep and then waking up in the middle of the night, you can do the cooking before you fall asleep in the first place.

**Evelyn:** But I hear the best sleep comes before midnight.

**Leader:** All right, you can go to bed at eight, set your alarm at midnight. Or at 5 A.M. and do your cooking before you go to work.

**Evelyn:** This is crazy.

**Leader:** No crazier than lying in bed every night, doing nothing.

Next week, Evelyn reported that she had taken one of her father's stamp boxes to her bedside and started sorting them out. She didn't get very far the first night because she had fallen asleep during the sorting. She received the support of the group for her achievements, although she laughingly said that everything she tried (cooking, sorting stamps) ended in failure. The group at every opportunity pointed out to her that she had succeeded in showing herself that she was not the helpless victim of her sleeplessness, that she could change her attitude toward a disagreeable situation, that she was able to break a strangling behavior pattern—that she, in short, was able to arouse the defiant power of her human spirit. She was able to sleep most nights right through, and when she did wake up and have trouble falling asleep again, she didn't worry. She had her needlepoint at her bedside “just in case,” but she hardly got to it at night.

## GESTALT GROUP THERAPY

### Techniques

**Experiment.** The experiment is the primary technique used by Gestalt therapists. It is structure that is introduced by the therapist based on the ongoing therapy experience. It is intended to increase self-awareness and self-expression and intensify contact. There are three basic experiments in the Gestalt therapists armamentarium: boundary, enactment and reenactment, and exploratory.

*Boundary experiments* provide the primary method for helping the group member explore who he or she is and how he or she contacts the environment. Melnick (1980) defined a boundary experiment as any work in Gestalt therapy in which a person risks being awkward and insecure to explore one's being. For example, the therapist may ask a timid or shy group member to be assertive with the therapist or another group member and even repeat the assertive response several times with greater and greater emphasis each time.

*Enactment and reenactment experiments* are employed when an event has never occurred, such as a possible future event or when there is unfinished business of a past event and the past event is reenacted in the here and now. The enactment or reenactment allows the group member to complete the Gestalt and master the feelings that may be or have been associated with the event. Although the most important reenactments usually are of unfinished childhood experiences, current unfinished business constitutes much of the therapy.

*Exploratory experiments* are used as the title suggests to explore areas of the group member's physical and psychological being when there may be no clear starting point. For example, if the member seems to be blocking a great deal when describing his or her self, the therapist might suggest rapid free association and analysis.

**Exercises.** The experiment should not be confused with structured *exercises* used in Gestalt therapy. Structured exercises or therapist directives are tasks given to the mem-

ber (or usually the group) that do not emerge from the here-and-now group interaction. The structured exercise has been associated with questionable practices by Gestalt therapists in the past.

**Rules.** In addition to Gestalt therapy experiments and exercises, there are games. Levitsky and Perls (1970) described six rules.\* First, *the principle of the now* is intended for the group member to present how he or she feels in the immediate moment. To facilitate “now awareness,” members are encouraged to use the present tense.

*I and the* is the second rule. It is intended to convey that true communication includes a sender and receiver. The sender is encouraged to use the message recipient’s name in the communication.

*It language and I language*, the third rule, is related to responsibility and involvement. Instead of using it to refer to one’s behavior or bodily functions, the communicator is asked to substitute *I*. For example, instead of saying, “It is frightening,” say, “I am afraid.” Other applications of semantics of responsibility include the substitution of verbs for nouns and frequent use of the interpretative mode of speech.

*Use of Awareness Continuum.* Levitsky and Perls (1970) contended that the frequent reliance on the awareness continuum is one of the major innovations in techniques contributed by Gestalt therapy. For example, the therapist directs the group member to describe everything in his or her immediate awareness. This fourth rule maximizes focusing on one’s experiences versus one’s verbalizations and intellectualizing—emphasizing the *what* and *how* of behavior rather than the *why*.

*No gossiping*, the fifth rule, refers to talking directly to another person in the group rather than *about* that person. The speaker is asked to look at and speak directly to the person rather than to the group as a whole.

*Asking questions* is a sixth rule employed to discourage asking questions for information that members already possess. The therapist simply asks the questioner to change the question to a statement. The purpose of this rule is to help the group members accept responsibility.

*Games.*† Games represent a basic metacommunication by Perls inasmuch as games represent much of social behavior. For Perls, the message was not to stop playing games but to be free to substitute satisfying games for nonsatisfying games (Levitsky & Perls, 1971).

*Games of dialogue* are used as an integrative function whenever a “split” is detected. One of the most frequent splits is between the so-called top dog and underdog. The top dog acts like the super ego and is bossy and controlling, whereas the underdog is passive and prone to excuses and delays. The person with this split is asked to dialogue between these two aspects of himself or herself.

\*From A. Levitsky and F. S. Perls, “The Rules and Games of Gestalt Therapy,” in J. Fagan and I. L. Shepherd (Eds.), *Gestalt Therapy Now* (Los Altos, CA: Science and Behavior Books, 1970), Chapter 11. Reproduced with permission.

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*Making the rounds* is asked for when the therapist feels that a particular theme or feeling of a group member should be faced by everyone in the group. The theme or feeling is expressed by words, touch, observing, and so on.

*Unfinished business* is the conceptual analogue of the incomplete task of Gestalt psychology. The group member is expected to complete the unresolved feeling with the significant other, such as parent or sibling. The most common and important, according to Perls, is resentments.

*"I take responsibility"* is employed to help group members increase awareness. For each statement they make, they are asked to add "I take responsibility for it."

*"I have a secret"* permits exploration of guilt and shame. Each group member thinks of a secret and imagines how others would react if they learned of it but they are not to reveal the secret.

*Playing the projection* is when the therapist asks a group member to play the role of the projected behavior or the like and then later is asked if that could be his or her own behavior.

*Reversal* is used when the therapist suspects that a member's overt behavior or feelings is the reverse of his or her underlying behavior or feeling. For example, a very inhibited person may be asked to play an exhibitionist.

*The rhythm of contact and withdrawal* is viewed as natural and the group member who is withdrawing may be encouraged to do it more completely before reengaging the group.

*Rehearsal* refers to one's internal rehearsal in preparation for playing one's accustomed social roles. The game is to share each other's rehearsals and thus become more aware of them.

*Exaggeration* represents an attempt to increase awareness of one's body language. The therapist asks a member to exaggerate a movement to make it more apparent. The verbal analogue is the repetition game in which one is asked to repeat an expression over and over with increasing emphasis.

*"May I feed you a sentence"* is used when the therapist wants to try out an idea on a group member but the therapist avoids interpretation, per se.

## Group Protocols

Following are two protocols of Gestalt training workshops by Jim Simkin (1982). Although they are both workshops, they both illustrate very well the same techniques and dynamics that might occur in Gestalt therapy groups.

The following excerpt is an example of how one of Simkin's workshops started. Following a short introduction, a suggested exercise involved each of the participants and very quickly one of the participants asked to work.

Good evening. I'd like to start with a few sentences about contracts and then suggest an exercise. I believe that there are no "shoulds" in Gestalt therapy. What you do is what you do. What I do is what I do. I have a preference. I prefer that you be straight with me. Please remember, this is a preference, not a should. If you feel that you *should* honor my preference, then that's



*your* should! When I ask you, “Where are you?” and the like, my preference is that you tell me—or tell me that you’re *not* willing to tell me. Then our transaction is straight. Any time that you want to know where I am, please ask me. I will either tell you, or tell you I am unwilling to tell you—so that our transaction will be straight.

Now for the exercise. Please look around the room and select someone you don’t know or don’t know well—whom you would like to know or know better. O.K.? Now here are the rules. You may do anything you like to “know” the other person better, except talk! John?

**John:** The lady with the brown sweater.

**Therapist (T):** Marilyn, are you willing to be “known” by John?

**Marilyn:** Yes.

**T:** Elaine, please select a partner.

**Elaine:** That man—I believe he said his name was Bert.

**T:** Are you willing, Bert?

**Bert:** My pleasure!

**T:** Nancy?

**Nancy:** I would like to know Agnes better.

**Agnes:** That’s fine with me.

**Jonathan:** Well, that leaves me to Phil.

**T:** Yes, unless you’re willing to include me.

**Jonathan:** No thanks. I’d rather get to know Phil! (group laughter)

(The group breaks into dyads and for several minutes the person who has asked to know the other is the aggressor, “exploring” the other with his sensory modalities [touch, taste, smell, etc.], lifting, pulling, dancing with, and so on. Then the partners in the dyad are asked to switch and the “aggressor” becomes the “aggressee” as the exercise is repeated.)

**T:** O.K. I am interested in knowing more about your experience. If you have made any discovery about *yourself* and are willing to share, please tell the rest of us what you found out.

**Bert:** I discovered that I felt very awkward and uncomfortable when Elaine was the aggressor!

**Elaine:** I sensed your discomfort and found myself concerned with what you thought of me.

**Bert:** I would like to work on my always having to be “masculine”—my avoidance of my passivity.

**T:** When?

**Bert:** Now! (At this point, Bert leaves his chair in the circle and sits in the empty chair across from the therapist.) I feel anxious. My heart is

pounding and my hands feel sweaty, and I'm very aware of all of the others in the room.

**T:** Is there anything you would like to say to the others?

(For the next 15 to 20 minutes, Bert worked. When he finished, the therapist turned his focus [awareness] back to the group.)

The next protocol is taken from Simkin's training film, *In the Now*.

After introductory comments, Al moved from the group circle to the "hot seat." He was very eager to start. His work with Simkin is presented verbatim from the film. It concludes with the last several minutes of the film, which involved primarily an exchange between Al and Colman, another participant.

**Therapist (T):** O.K., now I would suggest we start with getting in touch with what we're doing in this situation now. Most people are interested, or at least they say they are interested, in changing their behavior. This is what therapy is all about. In order to change behavior, you have to know what you're doing and how you do what you do. So, let's start with your examining, focusing your awareness, and saying what you're in touch with at this moment. Say where you are, what you're experiencing.

(Al gets up and moves to the hot seat across from therapist.)

**Al:** I feel as though I got the catastrophe by sitting over there suffering, and I still feel it at intervals. But I really haven't felt so much like a patient in all the time I've been a psychologist. I think it's for this special occasion. Last night at four o'clock in the morning I awoke . . . well, it started at nine . . . I started blushing in the groin, you know. I thought it was flea bite 'cause we got five new dogs . . . pups. I couldn't find the flea. By four o'clock in the morning, I was blushing here and here, in my head, and I couldn't sleep, I was itching so. And I got an antihistamine. By nine or ten in the morning the itching went away and then coming here and I get this chest . . . my chest hurts.

**T:** How about right now?

**Al:** I'm sweating. I sweat and I'm warm.

**T:** What happened to your voice?

**Al:** It got low and warm and I wiggle a little.

**T:** And now?

**Al:** I feel a tension I carry around a good deal up here—a band that grabs my head like that and pulls me together like I'm puzzled.

**T:** Play the band that's pulling on Al. "I am Al's band and I . . ."

**Al:** I am Al's band containing him. I'm his crazy megalomania—want to run the world his way.

**T:** Tell Al what your objections are to his running the world his way.

**Al:** He's a nut . . . to think he can run the world his way—or a child.

**T:** Now give Al a voice and let Al talk to the band.

**Al:** I know how to run it as well as anybody else. Why shouldn't I?

**T:** You sounded like a fairly reasonable nut or child at that moment. . . .  
And now?

**Al:** Back to my gut. I make myself suffer to recognize I can't take what I want.

**T:** Okay, what is it that you want that you're not taking at this moment?

**Al:** Well, I very reluctantly thought of the milk and the world as one.

**T:** You're reluctantly not taking the milk and the world at this moment.

**Al:** I'm sure that's not what I said. I reluctantly *thought* of the milk. I didn't want to talk about that. I'd rather be a megalomaniac than an infant asking for warmth (mother's milk).

**T:** Can you imagine anything in between those two—the infant and the megalomaniac?

**Al:** It's a long way, yeah. You know I'm an extremist. Let's see a bite-size. Yeah, how about just writing an article on art therapy, which I've scheduled for the last three years? I haven't done that. I would like to just flow and to come out without any pain, without giving up anything else.

**T:** So you want to be the breast.

**Al:** I want to be the breast! To be the giver, to flow. Oh, well, I hadn't thought of it that way.

**T:** Well, think of it that way. Take a couple of hours. Imagine yourself a big tit.

**Al:** It's a very feminine thing to be, a breast.

**T:** Yeah.

**Al:** Give a little.

**T:** Yeah.

**Al:** Give a lot.

**T:** Yeah.

**Al:** You get . . . you capture your son with that milk. You hold onto him.

**T:** Al?

**Al:** Yeah.

**T:** Would you be willing to be as tender, soft, feminine as you know how?

**Al:** It's a threat.

**T:** What's a threat?

**Al:** To follow your suggestion would be a threat . . . of what? Makes no sense.

- T:** O.K. Do the opposite. Whatever the reverse of being soft, tender, loving, feminine is for you.
- Al:** Be masculine.
- T:** Show me.
- Al:** It's something like "*practice*" . . . you know fatherly, uh, "*shut-up!*"
- T:** Yeah, do a little scowling with it. That's it.
- Al:** "*Shut-up!*" So it's not puzzling, it's uh, it's father. "*You burnt the soup! Leave the table,*" and then a kind of fantasy of mother crying. I sort of regret that my father died before I became friendly with him again.
- T:** Say this to him.
- Al:** I'm sorry. (Sigh) Well, inside I said I'm sorry you died.
- T:** Outside.
- Al:** I'm sorry.
- T:** Say this to him outside.
- Al:** I'm sorry you died too soon (for me).
- T:** Give him a voice.
- Al:** I haven't the slightest idea what he would say. I thought of his excusing me. He says, "You, you didn't know any better. You were young and angry."
- T:** Your father sounds tender.
- Al:** He may be the father I wanted. I never, I don't think of him as a tender man but . . .
- T:** It's the voice you gave him.
- Al:** Yeah. I may have underestimated him.
- T:** Say this to him.
- Al:** Dad, I guess I did, I underestimated you.
- T:** Say this to Al.
- Al:** Al, you underestimated me. You could have been closer . . .
- T:** (Interrupts) No, No. Say this sentence to Al: "Al, I underestimate you."
- Al:** Al, I underestimate you. You can do a good deal more than you're doing. Then I put myself down and say, "You're crazy to expect so much from yourself," and don't do anything . . . like going from do everything to do nothing. Just sit and don't create it. I feel a little phony to accept your interpretation so easily.
- T:** You see what you just did?
- Al:** I puzzled myself?
- T:** You said, "I feel a little phony." There came your band.
- Al:** And it hurts here (points to stomach). It didn't hurt there for a long time. Now it's back. What happened? I'm supposed to know? So I've got a blind spot. I'm entitled.

**T:** Your blind spot happens to be Al.

**Al:** A total blind spot?

**T:** You're not entitled to that blind spot. What are you doing?

**Al:** Puzzling. You're playing God and telling me I'm not. I'm not God? That was a . . . I didn't expect to say that at all, really.

**T:** What just happened?

**Al:** I exposed something, I guess. It was quite unintended.

**T:** Yeah.

**Al:** I was just going to argue with you, and I came out with my manic side. I don't often do that.

**T:** You just did.

**Al:** It slipped. I'm sorry. . . . I'm sorry; I'm glad; I'm glad. Whew!

**T:** What do you experience right now?

**Al:** Warmth. I love having people laugh, especially with me. So I guess everybody wants it. Wants warmth and love.

**T:** God never makes excuses or gives reasons.

**Al:** No?

**T:** I know.

**Al:** I give you permission to be God. I understand. Yeah, you have warmth. I give you . . . I give you warmth. What else do you want? The world? You can have the world, just be sure to give it back . . . in ten minutes. God is an imposter, because I'm God. And that other one is a fake. I really could do the whole thing myself.

**T:** Yeah. Now you're catching on.

There's quite a bit of . . . unfinished business that sometimes accumulates during a workshop—especially in the area of resentments and appreciations. Now you don't have to have any appreciations or resentments, you may have some other unfinished business. If you have any unfinished business, now is the time to bring this out.

**Coleman:** I want to talk to Al.

**Al:** Go ahead.

**Coleman:** I left last night and you bothered me. And I feel that you're haunted, you're a . . . mezepah (warlock) and you came here looking and you saw what happened to me. And you asked me a question which was really a statement. You've done that animal trainer bit before, is what your question stated. This guy showed you, and you wouldn't believe. And last night when I came to you . . . to relate to you, you almost took it.

**Al:** I pulled away because you damn near broke my glasses.

**Coleman:** Yeah.

**Al:** That's why.

**Coleman:** O.K. Go ahead. Still with the mezepah.

**Al:** With your hug. No, you're perceiving it . . . badly. I bought it; I did not have any notion whatsoever as to whether you had created that idea, the trainer, on the spot.

**Coleman:** I don't want . . . don't give me that. When I came to you last night . . . and I tried to convey to you my feeling, it wasn't your glasses. O.K., your glasses were incidental, but you turned to me and you said: "Oh, yeah, now I see why you do that."

**Al:** I said I had no idea . . .

**Coleman:** Better late than never. You couldn't take it that I felt for you . . . you had to put it off on me that I had to do it . . . you can't eat it, you can't taste it.

**Al:** O.K., I feel its unfinished business . . .

**Coleman:** And I still like you.

**Al:** Let's, let's hear what's behind it, then.

**T:** Oh, shut up!

**Coleman to T:** I don't mind crying; it makes it hard to talk. I . . . I did come . . . entirely as . . . I say, I think, a scoffer. Go ahead, do me. But I think it's beautiful, and I do appreciate it. Thank you, and all you beautiful people.

**T:** Could you add one more sentence, Coleman? Remember that the "it" in gestalt therapy is "I." Your sentence was "It's beautiful."

**Coleman:** I think I'm beautiful.

**T:** I do too.

## SUMMARY

This chapter supplemented the preceding chapter by providing sample protocols of therapy groups led by therapists representing person-centered therapy, logotherapy, and Gestalt therapy. In addition, the major techniques or intervention strategies for each of the three existential-humanistic models presented were described.

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## REFERENCES

- Coulson, W. R. (1970). Major contribution: Inside a basic encounter group. *The Counseling Psychologist*, 2, 1-34.
- Frankl, V. E. (1978). *The unheard cry for meaning: Psychotherapy and humanism*. New York: Simon & Schuster.
- Levitsky, A., & Perls, F. S. (1970). The rules and games of Gestalt therapy. In J. Fagan & I. L. Shepherd (Eds.), *Gestalt therapy now*. Los Altos, CA: Science and Behavior Books.
- Lifton, W. M. (1976). Group-centered counseling. In G. M. Gazda (Ed.), *Theories and methods of*

- group counseling in the schools* (2nd ed.). Springfield, IL: Charles C. Thomas.
- McGaw, W. H. (Producer). (1968). *Journey into self* (documentary film). La Jolla, CA: Western Behavioral Science Institute.
- Melnick, J. (1980). The use of therapist-imposed structure in Gestalt therapy. *Gestalt Journal*, 3, 4.
- Raskin, N. J., & Rogers, C. R. (1995). Person-centered therapy. In R. J. Corsini & D. Wedding (Eds.), *Current psychotherapies* (5th ed.). Itasca, IL: F. E. Peacock.
- Rogers, C. R. (1970). *On encounter groups*. New York: Harper and Row.
- Rogers, C. R., & Wood, J. K. (1974). Client-centered theory. In A. Burton (Ed.), *Operational theories of personality*. New York: Bruner/Mazel.
- Simkin, J. S. (1982). Gestalt therapy in groups. In G. M. Gazda (Ed.), *Basic approaches to group psychotherapy and group counseling*. Springfield, IL: Charles C. Thomas.
- Williams, D. A., & Fabry, J. (1982). The existential approach: Logotherapy. In G. M. Gazda (Ed.), *Basic approaches to group psychotherapy and group counseling* (3rd ed.). Springfield, IL: Charles C. Thomas.
- Williams, D. A., & Patrick, S. (1980). A new remedy for narcissism. *The International Forum for Logotherapy*, 3, 41–43.