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Grupos em Gestalt terapia: Por que?

Gestalt Therapy Groups: Why?

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RESUMO

Os autores relatam 28 anos de experiência intensiva em andamento degrupos de terapia (3 dias completos por mês, freqüentemente em um ambiente residencial), em diferentes cidades francesas. Esses grupos oferecem um corpo e implicações emocionais e muitas vezes são combinados com sessões individuais (um coquetel de potencialização). Eles são liderados por um casal de terapeutas (co-terapêutica sem confluência). Alguns aspectos importantes são destacados: a confidencialidade, "abertura límbica", experiências, e alguns jogos e exercícios. A questão permanece: o que a terapia individual tem a oferecer, que não poderiam ser trabalhados em grupo?

Palavras-chave: Grupo; Gestalt Terapia; a confidencialidade; o corpo e a implicação emocional; co-terapia.

ABSTRACT

The authors relate 28 years of experience of intensive on-going therapy groups (3 full days per month, frequently in a residential setting), in different French towns.
These groups offer a body and emotional implication and are often combined with individual sessions (a potentiating cocktail).
They are led by a couple of therapists (co-therapy without confluence).
Some important aspects are underlined: confidentiality, ‘‘limbic opening’’, experiments, and some games and exercises.
A question remains: What does individual therapy have to offer, which could not be worked out in a group setting?

Key words: *Group; Gestalt Therapy; Confidentiality; Body and emotional implication; Co-therapy.*

Introduction

Our 28 years of clinical practice (1971-1999), within the Ecole Parisienne de Gestalt (EPG; Paris School of Gestalt) inspired us to put the following thoughts to paper… We have led many hundreds of intensive 3- to 4-day groups, thematic workshops (sexuality, couples, dreams, etc) and especially *on-going therapy groups* (2-3 intensive days each month, in several French cities, with constant group composition). Many of these groups are still running, uninterrupted, since 1978.

We would like to highlight the richness, often underestimated, of Gestalt therapy *groups*, versus traditional individual therapy (one-to-one); we recommend a *combination* of these two formats wherever possible.

Here, we will discuss *individual therapy with follow-up* within the group, as compared to *groups*, centred on process and group phenomena, where the group is considered as the client : as developped at the Cleveland Institute for example (Polster, 1973; Zinker, 1977; Clarkson, 1993) and in Brussels (Wollants, 1996). Neither shall we investigate in this article what we call "socio-Gestalt", or Gestalt of an organization considered as an organism (Ginger, 1987); nor, generally speaking, Gestalt applications in organizations, institutions or businesses (Masquelier 1995).

Our experience has shown that nearly *all* kinds of problems can be worked on in a group situation, whereas many cannot be *efficiently* treated in an individual therapy setting. Let us name, for example, problems of timidity or inhibition (either in a group, or with members of the opposite sex), or on the contrary, excessively self-centered people, who constantly invade other's boundaries… We shall return to such themes later on.

It should be specified that in the framework of our *group therapy*, our style of Gestalt implies strong *emotional involvement with bodywork*, and is not restricted to *verbal* exchange (Ginger, 1987; 1995), as is more often the case with individual therapy.

The setting and the working conditions

Our groups usually have about ten participants per therapist, ie twenty in groups co-led by a *therapeutic couple* (which is our preferred way of working).

Our groups are "slowly open", ie new members may enter when a place becomes available when another leaves (Masquelier, 1998). There is thus a *waiting list* (which may last from weeks to months).

This also implies that the person who is preparing to leave the group (after 12 - 18 months, on average) announces his intent at least *one session in advance* (usually, the month before). This way, each group member has time to get ready to say goodbye, and finish unachieved business. The departure may include ceremonies or rituals, which are the responsability of the departing member: sharing memories with each participant, presents, songs, poems, etc. At the same time, the future new member receives notification one month in advance.

Rather than weekly or fortnightly workshops of a few hours, we prefer *intensive,*

longer workshops: 2 to 4 full days, often *residential*, in the country. This allows progressive warming-up, followed by deeper implication, in emotionally secure conditions.

We usually work seated on the ground, on thick carpet, with mattresses and cushions. This lets each person change position easily, and find the right distance between themselves and the others: participants neither feel *isolated* nor "imprisoned" in a chair.

From the first sessions, we emphasize *confidentiality* -- which is not a limitation, but rather a *freedom: any subject can be discussed* in the group, in complete safety. This includes forbidden desires (sexual or aggressive, for example), unusual experiences, shameful or violent traumatic events. All may be stated, even role-played – within the framework set by the therapist(s), but all may not be *acted out*! Sexual and aggressive acting out are not allowed – but *tenderness*, or *controlled* conflict are.

"Double locking"

When participants are liable to meet outside the group, in other situations (especially in an advanced workshop for therapists, for example), we institute reinforced confidentiality, that we call "*double locking.*"

The first "turn of the key" concerns the *outside*: nothing must be said (in a way that would identify the person concerned) about what was said or done in the group. We must say that we are pleasantly surprised at how well this rule of privacy is *respected*, with very few exceptions.

The second "turn of the key" concerns the *inside*: the client himself. It is agreed that whatever is said or revealed in the *therapeutic session* remains confidential and is never referred to outside therapy, even *with the person concerned*. For example, if Colette is working on conflict with her lover, or discusses the drug addiction of her teenage son, other group members will be careful not to ask questions if they meet her again, either in the group or elsewhere. This may seem artificial, or even somewhat inhuman (after all, it is natural to speak about concerns with friends), but it seems to us, with hindsight, particularly *liberating*: each participant may broach any topic, any problem, without fear of being "branded" for ever, of being "followed around" by his problem.

Of course, the *person concerned* may refer to their own business as they wish, and may spontaneously inform the others; in this case, the other group members will not pretend to ignore the issues, but these issues must never be brought up by another. However, the question may be raised, if this is useful, in a later *therapeutic* session. This rule is obviously also excellent training in confidentiality for future therapists.

The "crystal ball"

In our on-going groups, we have an *entry ritual*: the "crystal ball". The aim of this game is to help new members join an already-formed group. Instead of asking the new arrival to introduce himself or herself as usual, the group participants "introduce" him or her! Each one concentrates attentively on the new member and shares what he imagines:

"I imagine that you live alone with two children" … "I imagine you are a school teacher, and very strict with the students" … "I think you might be a doctor with an interest in homeopathy, very sweet and patient with your patients" … "I see you when you were ten years old, living on a farm, with a big dog by your side" … "I think you read many books at once and leave them lying about, opened at the page you're up to, all over the furniture in your appartment" … etc.

The aim of the game is to allow a certain amount of time for the new member: the whole group is *centred on him for at least 10 minutes*, and each tries to "sound his depths", to absorb his look, his clothes, his expression. Obviously, this game is done as soon as possible, before the person concerned has a chance to reveal himself. There are thus only non-verbal clues, mostly unconscious.

The person being introduced does not react, whether what is said rings true or not; neither does he take notes, but simply listens to *the effect he produces*, the first impression he gives. At the end of the game, he says what he felt, what surprised him, what was true (often many things) and incorrect, and he rounds out the introduction by adding what he wishes.

We thus have a lively, full portrait, including both personal and professional characteristics, and the new person generally feels understood and integrated. Many months later, when he leaves the group, each still remembers the initial picture and highlights the changes. Some even request a new "crystal ball" for their future, rather than for their past!

Members of an on-going Gestalt group, who are *trained* in listening to their intuition and in limiting their projections, often paint a remarkably exact portrait. I will always remember a nun, Mother Superior in a convent, who came *incognito*, in very ordinary civilian clothing (having requested confidentiality, as she wished to deal with her sexual difficulties). The group immediately said "You remind me of an old-fashioned school teacher" … "Yes, a teacher in a religious school" … "I think you must be a nun!" … "Yes! You are the Mother Superior in a convent!" … etc. The group members thought they were joking… yet their intuition was remarkably accurate!

Other examples are even more astounding: I cannot resist the pleasure to share two other specific occasions:

"I see a tapestry on the wall in your home; you are embroidering a landscape, with a pond and some sheep, and a thread of white wool is hanging on the wall, with the ball of wool resting on the floor!" (The person concerned suspected a secret visit to investigate her home!)

"You have a secret lover; no-one knows... It's the village potter; he lives in a small house away from the town and you visit him secretly at night…" Nobody did know, but the young woman thought she had entered a group of clairvoyants (thus the name of this game: "the crystal ball").

The only explanation that I can offer to explain such (frequent) specific remarks, would be related to direct communication between the unconscious minds, some sort of thought transmission… But these phenomena remain unexplained by science – just as, witnessed in laboratory conditions, young babies dream not only at the same time as their mothers, but even the same sort of dreams (as seen with cerebral imaging techniques).

"Floating hot seat"

Therapeutic sequences follow, *at each person's request*, in no particular order, depending on what emerges in the group. One person may work on something for 20 minutes, and after a general feedback, another follows and works on their own issues for 40 minutes; some express themselves with a phrase or two, about how they felt, others return to a major problem, already treated the previous month… Each is accompanied by the therapist(s); the other group members intervene mostly when asked, by either the client or the therapist. They express themselves freely after the therapeutic sequence, during the *feedback*.

The client in the therapeutic sequence is not asked to sit in a particular place, for instance on a predetermined "hot seat": he begins where he is. This is called the "floating hot seat" (Polster, 1973). He may change places *during the session*, if necessary: finding the right distance, *enacting* a described situation, seeking a symbolic object, building a representative mini-sculpture (spectogram), meeting with one or several of the group participants, etc.

Of course, the therapist may also change places is this is appropriate: he may approach or move away from the client, or accompany him when he moves, etc.

In practice, during most sessions, there are several changes of position and enactments. In our style of working at the EPG, it is rare that the whole session remains *purely verbal and static*, with each staying in his original seated position.

Obviously, this style is better adapted to the group situation, and more difficult to apply in individual therapy.

"Limbic Opening"

Thanks to neuropsychology research (Changeux, 1983; Vincent, 1986; Ginger, 1987; Damasio, 1994; Goleman, 1995; Ginger, 1995), we know now that physical movement solicits mainly the brain's *right hemisphere*. This right side is responsible for *spatial* orientation (while the left hemisphere manages temporal orientation). We also know that the right brain is more sensitive to emotions, and is in direct relation with the deep *limbic* zones – where emotional memories are stored (amygdala), and where memories and learning are treated (hippocampus). We also know that one of

the basic *emotions* — joy, sadness, fear, disgust, anger, desire or surprise — is required for long-term *memory* storage.

Thus, movement and emotion (from the Latin, "*ex-movere*" = to make a movement towards the exterior) participate in what I call "limbic opening" (Ginger, 1987), which allows the experience of the therapeutic session to be durably stored in the cerebral structures. Let us stress that verbalisation is, in a way, the "subtitles" which favour subsequent access to the areas concerned, and continuation of the work already started.

These recent neuroscientific discoveries explain and validate the usual sequence of events in Gestalt therapy: physical expression, emotions, verbalisation of identification and sharing… as opposed to the traditional psychoanalytical order (verbal association, leading to a possible emotional feeling, with little physical involvement).

Once again, we would like to underline how much easier and more natural it is to mobilise both body and emotion in a *group* situation, than in a dual interview setting.

The interpersonal approach

Gestalt therapy *groups* add the *interpersonal* (interpsychic) aspect, fundamental in human relations, to the intrapersonal (intrapsychic) and transpersonal (spiritual) approaches : the importance of the former was emphasized by the *British School of Object Relations* (Klein, Fairbairn, Winnicott, etc.).

In fact, many clients request psychotherapy not only to deal with *internal* uneasiness, but also (or mainly) because of *relationship* difficulties: marital or professional conflict, excessive shyness or difficulty with maintaining a clear position, poorly-contained irritability or aggressivity , etc.

Group work facilitates *experimentation* (Clarkson, 1993) of such relational difficulties *in situ*, in the here-and-now of their natural or stimulated appearance; whereas individual therapy only allows for *verbal* references — reported *after the fact, and altered*, both consciously and unconsciously.

We could, for example, observe or experiment with a young man's difficulty in approaching a woman; or the uneasiness, paralysis, suspicious aggression or excessive submission in a woman, when she is confronted with the slightest hint of male seduction.

Such attitudes are often exacerbated by *sexual traumatic events*, sometimes explicit (rape, identified sexual abuse), sometimes less obvious, pre-conscious, repressed or even imagined. The therapist's work is not to establish accuracy of the events (which in any case is often in vain, and traumatic), but does necessitate in-depth exploration of the victim's subjective experience. This could include *psychodramatic re-enactment* (Ginger-Peyron, 1992), with simulated (and enacted) physical aggression, which awakens the invasive feelings of fear, panic, anger and often guilt. We usually suggest, with this sort of experience, a short sequence where the victim

himself or herself enacts the *attacker,* so as to dissolve the deep neurological "imprints" of passive submission.

The *support* of a *familiar*, close-knit, even "accomplice" group facilitates not only the enactment, but also a deep "plunge", within a secure environment — when there is well-integrated confidentiality. In addition, the percentage of sexually abused group members is generally higher than the victims imagine (25 – 40% in current French therapy groups) — which helps to *dedramatise* the event, and often diminishes shame and guilt. When one person evokes such abuse, it is not infrequent that many other participants touch on similar problems, which they may never have mentioned to anyone, for their whole life. The courage of a few, wins over the timidity or modesty of the others; our experience shows, contrary to what one might think, that sexual trauma is dealt with more easily in group therapy than in individual therapy — where the closeness and intimacy with the therapist may be paradoxically inhibiting.

In general, the group situation facilitates controlled enactment, of not only *aggressivity* but also *tenderness*; both are at least difficult to handle, even forbidden in *individual* therapy, for obvious deontological reasons. Even if the therapist is very clear in his gestures and actions, it is impossible to exclude ambiguous or biased interpretation by the client.

Many other relationship and social behaviour patterns require effective group presence, in order to be *identified* or *experienced*. For instance, the frequent tendancy, which is quite unconscious — and so, neither worked on (nor lived through) in individual therapy — to "invade the territory" with constant remarks, in an overwhelming histrionic or narcissistic need. Similarly, some paranoid, masochistic or schizoid traits are more easily identified in a group setting than in individual work.

A variety of *collective techniques* may be used: dance, sculpture, psychodrama, going round the group (where each says a phrase, or receives a personal message from the client) and, of course, a wide variety of personal development games and exercises. In practice we rarely use such techniques, except as short warm-up sequences. There are also exercises in duos or in small groups, such as the trust walk, making contact with the eyes closed, sensory awareness, games to stimulate *awareness*, exercises of choice, physical confrontation, territorial defence, carrying, rocking, jumping into emptiness, etc. These games are not programmed in advance, but are suggested to amplify or explore a new, emerging individual or group situation, and are adapted to each setting (Zinker, 1977).

Finally, the group members can sometimes come out with what the therapist himself refrains from saying: "You are beginning to annoy me, with all your whinging" … "Surely you're not going to carry on again, like you did last time" … "Oh shut up, give someone else a chance to speak!" … etc. The therapist can, if necessary, soften the overly-brutal truth…

If the therapist is not alone, but co-leads with a colleague, each may take on a different role: one can provoke the client, whilst the other stays at his side; one can encourage him to act and the other, advocate waiting…

Cotherapy: confidence but not confluence

It is clear that if two people co-lead a group — which is the norm, in on-going groups at the *Ecole Parisienne de Gestalt* — that it is not worthwhile if they always agree, and propose the same thing!

We usually work with mixed therapeutic couples, *a man and a woman.*

It is important that they understand eachother well enough, and that there is sufficient trust, to cope with *therapeutic discord* — sometimes amplified — and let the client assume responsibility for his choices. One may be deliberately stimulating and provocative ("paternal"), and the other can show compassion and support ("maternal"). It is often interesting to swap roles, to avoid habituation and maintain the clients' freedom of choice. The two therapists can even "argue" publically in front of the client… This reminds him of his own daily life, both during his childhood and at present, and facilitates transferential projections (Petit, 1980). Lateral, fraternal-type transference also occurs, which is not unimportant.

However our two co-therapists do not always work together: most of the time, the group is divided in two, each smaller group in a different room: some with the *female* therapist, the others with the *male* therapist, for the half-day (3-4 hours) session. After the morning, each participant chooses with whom he would like to work: he may either *continue with the same therapist*, or he may *go with the other*. He could even work through the same issue with a different therapist, for instance… We appreciate such richness and diversity of therapeutic vision and support, and we like the client to have freedom of choice (Ginger-Peyron, 1990).

It goes without saying that in order to maintain therapeutic coherence, it is clearly stated that the two colleagues practise *shared confidentiality*, ie. each informs the other of what he considers important. This obviously implies *frequent discussion and coordination* between the therapists, prior to each session and after each half-day. Such exchanges allow a coherent *therapeutic strategy*, as well as *mutual*, *on-the-spot supervision*.

So, what does individual therapy have to offer?

Faced with the numerous advantages of individual Gestalt Therapy within the group setting, we may wonder what the *individual* therapy setting — which is more frequently practised — has to offer.

First of all, it is *simpler to set up* — for both therapist and client: appointment times and frequency are flexible, according to mutual availability, payment can be negotiated, the room does not need to be too large, etc.

Above all, it is less intimidating for beginning clients: it is rare that they choose to expose their problems straight away to "strangers"; the initial demand is generally specifically individual, and confidential.

Apart from such practical issues, are there specific indications for individual therapy?

This choice may be made to protect the client, or protect the group: very *shy* people who would not dare speak in public, or those who have *trouble expressing themselves*: those with limited education, foreigners, stammerers, etc.

Some *professions* are not well accepted in groups, due to negative *a prioris,* or on ideological grounds: psychiatrists, priests, nuns, politicians, policemen, prison guards, …

The same applies to certain *practices*, especially pedophilia. In fact, it is difficult to treat sexual delinquents in an unprepared group.

The group may also be contra-indicated for certain *pathologies*: aggressive paranoids can be hard to control in a group, as they try to control everything themselves, by criticising every therapeutic proposition.

Histrionics may attempt to use the group as witness to their difficulties, or deliberately dramatise to attract attention or sympathy.

Major deppressives may be paralysed, overwhelmed by the effort required to take their place, and take time for their therapeutic sequence. Similarly, those suffering from social phobias, and those inhibited when they feel the eyes of another upon them.

In general, care must be taken before offering group therapy to certain clients who are seriously disturbed… or who disturb the others! Nevertheless, with experienced therapists and adapted rhythm and methods, these are the clients who will gain the most benefit from the group setting — where they are confronted with social reality, and real relationships. Moreover, Gestalt in small groups is used in many psychiatric hospitals.

A potentiating cocktail

Finally, our experience shows us that the richest format is a *combination of individual and group therapy*, with the advantages of both. We advise this, wherever possible, *with the same therapist.*

For example: an intensive group workshop every month (16 hours or so), and a weekly 50-minute individual session. If the client lacks time or money, the individual sessions may be decreased to one session per month, between the groups, or even to occasional sessions (Perls, 1967). It is also possible to begin and end with a period of individual therapy, to prepare the client, and finish off.

The basic idea is that group sessions can thus be brought up in detail, and *explored more profoundly* in individual therapy; at the same time, the therapist and the client can *prepare* together the following group session.

To illustrate:

"Next weekend, pay particular attention to your pre-contact with each person";

"Try to avoid waiting to the last minute before starting a therapeutic sequence";

"You could try to give more room to the others, and not always be the first to jump in";

"Be careful to stick to your own point of view, your own experience or feelings, rather than slipping into your usual confluence… and do not hesitate, if appropriate, to try this out with another participant".

It is obvious that although therapeutic sequences in the group are often discussed in individual sessions, the contrary is not the case, and these remain completely *confidential* and are never discussed by the therapist in the group, unless the client has previously agreed.

Sometimes we welcome clients to the *group* who are in therapy *elsewhere* — even in another type of therapy — provided their therapist agrees. Some clients continue *individual* psychoanalysis, while they come to monthly Gestalt *group* workshops. However, we systematically refuse two simultaneous *individual* therapies (which would lead to transference dilution, and encourage deflection); we also refuse two parallel *group* therapies — which create loyalty issues which are more destructive than enriching.

The combination of group therapy (including regular *emotional and physical* implication) and individual therapy (more verbal) with the *same* therapist allows, in practice, to significantly reduce the *length* of the therapy.

We carried out a longitudinal study on 200 clients with *common* existential problems: difficulties in social, love or sexual relationships, post-traumatic disorders (following rape, attack, rejection, sudden abandon, etc.), marital conflict, chronic professional conflicts, unresolved bereavement, reactional depression following identifiable situations or events, etc. (Ginger, 1987).

Significant, even spectacular improvement was seen, by the client's entourage, by the therapists and by the clients themselves, in *two thirds* of cases, within *one year*. This represents on average 100 hours of group therapy (6 weekends) and 40 hours of individual therapy (throughout the year, less holidays, illnesses and unpredictable events). These results are comparable to those we have seen after *2 or 3 years* of *individual* therapy.

Conclusion

The time has come to reinstate *Gestalt therapy groups* in their rightful place: having become fashionable in the 60s and 70s, they subsequently lost credibility because this therapeutic approach was sometimes *poorly used,* or *over-used* : problems included insufficiently-trained or unsupervised leaders, a lack of clear rules, poorly-managed groups, haphazardly constituted, with people of diverse motivation, sometimes a mini-society of fringe elements…

We think that a *coherent therapeutic strategy*, with *man-woman co-therapy* and complementary individual sessions — frequent or otherwise — makes it possible to

reduce the duration of, as well as *enrich*, therapy for a large majority of clients.

Individual therapy within a group setting brings together traditional intrapsychic therapy, *interpsychic* therapy and *relationship experimentation* in the group's here-and-now. This combination can be used and modulated at will, with an integrative perspective including both Gestalt and the contemporary version of object-relation psychoanalysis (Delisle, 1998).

Wider implication of the *body and emotions* — facilitated by the group setting — encourages group experiences to be *durably* imprinted in the *deep* neuronal circuits of the *limbic* brain (stimulation of production of neuromediators, and new synaptic liaison formation). This neurological hypothesis (Ginger, 1995) could explain these empiricaly observed results, which can be spectacular.

Group therapy is thus *doubly* justified:

It allows profound individual *physiological imprinting*

It takes into consideration that man is above all a *social* being, inseparable from his *cultural context* (Perls, Hefferline, Goodman, 1951). The here-and-now of the present experience is influenced by the past, not only by personal and family history, but also and above all by History: the culturally-transmitted history of peoples and of humanity, which permeates myth and rite, and which makes sense of present experience, and imprints it within a permanent collective context (Cyrulnik, 1997).

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