THE EVALUATION OF CO-LEADING A GESTALT GROUP

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A personal awareness group was conducted at Charity Hospital in New Orleans in the Spring of 1978, by the authors, for the benefit of psychiatric outpatients. A total of ten persons responded to the invitation to join the group. Each of these clients had a medically documented history of stress, a diagnostic record indicating some form of recurring depression. All were living at home and functioning more or less with the aid of some kind of anti-depressant. None appeared to be seriously confused or disoriented.

THEORETICAL FRAMEWORK

Gestalt theory is holistic because of its emphasis on the total personality. It concerns itself with the basic humanity of the person, the focus being on positive rather than negative experiences. According to Fritz Perls, Gestalt teaches specific techniques whereby the individual, conceived as a whole, can realize the goal of self-actualized awareness.

According to Gestalt philosophy, the meaning of life is nothing more (or less) than the creative process of day-to-day living, the here-and-now performances of the complete individual. In a sense, each of us fashions his or her experience in the form of successive acts of creation. These acts are formed into patterns, or Gestalts, of awareness.

It is of the nature of such patterns to come full circle, to achieve closure. The most interesting and important dynamic of a Gestalt is to attain completion. If this closure does not occur, the individual experiences the discomfort of an unfinished situation. Any disturbance of the organismic balance constitutes an incomplete Gestalt.

One of the aims of Gestalt theory is lead the individual to the experience of cohesiveness, the awareness of integration of all of the various parts of the self. In order to realize one's inner potential for cohesiveness, the person must utilize his or her systems of communication. These systems are (1) the sensory modality, whereby
one becomes aware, through the five sense channels, of the physical world; (2) the motoric modality, namely the muscular system which enables us to physically act on that world; and (3) the reflective modality by which we form ideas or concepts of that world.

These systems are cooperative and interdependent. In abstraction we can isolate one or the other and consider it separately, but in actuality all are facets of the larger Gestalt of the total personality.

Once the individual is in touch with these systems, he or she can strive for a richer contact with inner reality. All reality is in the "now". The past and the future are illusions. Whenever one abandons the present and retreats to the past, contact with immediate experience is sacrificed. Likewise, as soon as the individual leaves the position of being in touch with the present and enters the future through fantasy, he or she loses the security and support of his or her reality, and anxiety is experienced. Perls' thesis is that anxiety is the tension between now and later, and this gap is a void that is usually filled with habituals such as planning, predictions, and reasonable expectations.

GENERAL OBJECTIVES

One of the purposes in co-leading this group was to fulfill in part the requirements for certification as Fellow of the Gestalt Institute of New Orleans. In this respect the group served as a practicum for the implementing of theoretical principles to which the authors had been exposed in workshops conducted at the Institute. These principles were for the most part drawn from two sources: (1) the techniques of Gestalt psychology pioneered by the work of Fritz Perls, M.D.; and (2) the concepts of neurolinguistic programming as set forth by Richard Bandler and John Grinder in their two-volume work entitled The Structure of Magic.

A second purpose was experiential in nature. The authors desired to improve their skills and to become more comfortable in working with people in the therapeutic context of a group setting. It is a recognized precept in Gestalt circles that there is no acceptable substitute for actual experience.

Both of these general objectives were satisfactorily realized; so at the broadest level the group was, from the point of view of the authors, a success.

GOALS FOR THE GROUP

Our goals for this group were: (1) to assist the clients in the process of maturation; (2) to help the clients function in a more integrated way (the goal of cohesiveness); and (3) to facilitate the clients' transition from environment dependency to self-support.

With these goals in mind, the authors hoped that the group members would become more self-confident and that the group experience would increase their capacity for autonomous functioning. Much emphasis was placed on being in contact with the immediacy of present experience, and the clients were encouraged to relate their feelings,
thoughts, and behavior to the here and now as opposed to the there and then. We assumed that by having the clients concentrate on the present instead of the past, they would be more free to change and achieve greater degrees of self-realization. We also assumed that the clients could deal more effectively with their problems if they avoided an intellectual analysis of why their problems existed. Analyses of the "why/because" form encourage clients to become disassociated from their issues. Our goal was to employ the role enactment model in which the clients could personify selected aspects of their conflict.

**WORKING CONDITIONS**

Over the period of three and a half months the group met once a week, on Tuesdays from 3:30 to 5:00 PM, in the outpatient department on the third floor, the psychiatric ward, at the hospital. Much of the third floor has been renovated; the part in which we were located was not. As far as the general ambience of surroundings was concerned, the setting could scarcely have been more dismal. (Dreary walls. Inadequate lighting. The unrelieved sounds of the city--sirens and horns--pouring in from the outside. Uncomfortable wooden school chairs. Phones ringing. A huge air conditioning unit which, if used at all, would freeze one instantly to the spot.)

Despite these handicaps, the group functioned smoothly. It is a tribute to the flexibility of Gestalt techniques that they can successfully be adapted to conditions which are far from ideal. It also reflects to the credit of our clients that they were cheerfully willing to work creatively in such a gloomy setting.

**THERAPEUTIC INTERVENTIONS**

(THREE EXAMPLES)

There was nothing extraordinary in any of the work issues furnished by any of the clients. None of them was seriously disturbed and none required referral. The three most frequently recurring themes were: (1) polarities of the form topdog/underdog, which we handled using the straightforward hotseat technique; (2) agony over the question of whether or not to leave their spouses or lovers; and (3) problems related to their jobs, particularly as regards relations with fellow workers.

Example A: Mrs.X

One of the clients was able to identify two conflicting aspects of herself, which she termed the "right" part and the "wrong" part. She indicated that she was confused. The right part, out of which she was consciously trying to operate, was the part which encouraged her to be calm, self-effacing, devoted wife, concerned parent, and church goer. The wrong part, which she was trying to suppress, was the part which encouraged her to act for herself alone, regardless of the consequences at home, church, or on the
job. The wrong part had the power, and she was much more animated when enacting that part.

The polarity was fairly obvious, but took a long time to develop, as she was considerably resistant to owning that part, let alone to viewing the energy of that part as a potentially valuable resource.

In neurolinguistic terms, she was operating primarily from her auditory representational system. By encouraging her to visualize the wrong part, she was able at last to move away from her initial confusion and to form an image of that part.

By employing the hotseat technique, she enacted the roles of both parts and was able to see and to say that both parts wanted to help each other but did not know how. Finally she was able to reach out to the wrong part, to take its hand, draw it nearer, and hug it closely to herself. She then broke out in laughter.

EXAMPLE B: Mrs. Y

Since her husband's death, this client had experienced a deep sense of loneliness. Her sense of loss was particularly acute in the afternoon, and she complained of missing the drive she and her husband were in the habit of taking each day.

Mrs. Y was encouraged to close her eyes and, in fantasy, visualize her husband as he was the last time they went driving, and, at the same time, to repeat to herself that he is now dead and she will not see him again. This was repeated for three sessions.

Upon completion of the last session, Mrs. Y stated that she no longer felt the need for the afternoon ride, and realized that her husband was dead and would not be coming back. She further stated that she would begin sewing again, a task that was time consuming and one which she enjoyed.

EXAMPLE C: Mrs. Z

In one of the sessions Mrs. Z faced her anger issue toward a fellow worker. Mrs. Z had been strongly inclined to deny the reality of her anger, and yet she was visibly seething and smiling at the same time. Her brows furrowing, eyes flashing, chin jutting out defiantly, she would look around sheepishly to ascertain that no one was aware of her feelings. So the immediate challenge facing the co-leaders was to get Mrs. Z to admit that the anger was there.

Apparently a girl at work had "teased" Mrs. Z about being "crazy". This was a point of sharp sensitivity for Mrs. Z. The co-leaders encouraged her to act being crazy, which took some considerable time to develop. When this aspect of the sane/crazy polarity came at last into focus,
Mrs. Z flew into a rage, threw a chair violently at the door, and broke into laughter. The noise attracted the attention of the hospital staff members, who rushed in to insure everything was under control. The expression of anger proved to be a valuable catharsis for Mrs. Z, who afterward claimed, and appeared, to feel much better and more relaxed. But she was also aware of being depressed, which she said is how she finally feels whenever someone is needling her. So behind the anger was a layer of depression, and this is an interesting example of how the resolution of one's work issue can lead directly into the next. To borrow Perls' metaphor, one layer of the onion having been peeled, the next comes into view.

POSITIVES

(1) The co-leaders encountered little, if anything, in the way of reluctance on the part of the clients. Almost invariably the client was more than willing to risk working in a new and unfamiliar setting. This suggests that we as co-leaders succeeded in creating an atmosphere conducive to therapeutic growth; at least we were doing nothing to inhibit or prevent such growth from taking place. Any feeling of resistance or discomfort on the part of the client was circumvented. Thus one of the fears shared by the co-leaders prior to organizing the group—namely that nobody would work and that we would all simply sit there staring vacantly at each other—was never realized.

(2) Almost invariably, at the beginning of work, the client would complain of having intolerable pain surrounding his or her issue. In almost every case the client achieved, or claimed to achieve, a breakthrough such that the pain either disappeared or was sharply reduced. Appearances bore this out; quite congruently, the client who had appeared visibly to be in pain, prior to work, was now was evidently not in pain, or at least not in as much pain as before. This was reassuring to us as co-leaders, as it tended to confirm the validity of the specific Gestalt principles we were employing, at least insofar as immediate short-range goals are concerned. Perhaps many of these breakthroughs were of the Band-Aid variety, and did not effect any significant changes in the long-range underlying process of the client. Nevertheless, a facilitator must surely start where the client presently is, and must accomplish something at the outset, and then something else farther down the line.

(3) While the client generally began work in evident pain, the actual work itself was often accomplished in a lighter, sometimes almost playful, vein. This coventional our suspicion that therapy does not always have to be painful in order to succeed.

(4) Our use of guided fantasy proved to be a novel experience for the clients, and turned out to be a very useful technique in this group. We were fortunate in being able to make this discovery at an early session. The value of guided fantasy, which we used approximately one third of the time, was that it served as a catalyst to stimulate interest in work issues. It was an excellent device
for getting into, or uncovering, material of which the client was only dimly aware. To borrow from the language of chess, it served as an opening to get us safely into the middle game. In addition, guided fantasy proved to be a good end game device for aiding the clients in focusing awareness on integrations they had achieved while working.

(5) Both of us emerged from this experience impressed with the advantages of co-leading. An easy division of labor evolved, in which Durald organized the group and handled the taping, while Hanks assumed the responsibility for the writing and typing of the final evaluation. Our different temperaments and styles tended to complement rather than inhibit. At no time did a power struggle develop. The client had the advantage of being able to choose which particular facilitator he or she felt most comfortable working with. As co-leaders we could, and at times did, co-facilitate, interacting with each other in the therapeutic process. Finally, there was the added advantage that one of us in an emergency could cover for the other, thereby ensuring group continuity. In all these ways the preference of co-leading as opposed to single leadership is clear. This assumes, of course, the chemistry of compatibility between the two people. Also, there is good reason for suspecting that the co-leaders should be of the opposite sex.

NEGATIVES

Plusses notwithstanding, a number of minuses served to counterbalance our success.

(1) Because of the administrative policy at the hospital, it was not possible to charge fees for client participation in the group. We suspect this worked an evil effect on our project. Absenteeism was uncomfortably high. This lends credence to the widely held view that a client will tend to discount a free service. Unless a client has a personal financial investment in the outcome, he or she will not take the opportunity seriously enough. One of the conclusions we have reached is that it would be a mistake to use the facilities of this hospital until such time as it becomes possible to charge fees for this type of outpatient service.

(2) Another difficulty, closely related to the above, was that the co-leaders were unable to sufficiently impress upon the clients the need for continuity in group attendance. Typically the client would feel better after working one time. While this is a credit to the specific Gestalt techniques employed in that one session, the longer range result was that the client, feeling momentarily relieved, would jump to the conclusion: My problem is solved; there is no need to come back! Of course this left us in the position of applying topical relief without effecting any substantive changes in the underlying process of the client's coping style. On the other hand, it is entirely possible that the clients genuinely did not wish to tamper with their more basic process, and that they were getting exactly what they wanted from the group, namely, relief for the immediate moment, nothing more. Nevertheless, it seemed to us as co-leaders that the spotty attendance in part reflected our inability
to educate the clients as to the benefits of more consistent participation.

(3) Almost all of the clients would, if allowed, talk endlessly about the details of their personal history, family relationships, problems at work, and so on. Evidently this approach was comfortable for them, perhaps because of their experience in hospitals, where they could chatter away while someone silently wrote in their chart. In so doing they were violating the Gestalt principle of talking about an experience instead of having one. Both of us allowed them to ramble too much at times. While this permission may have contributed to their feeling more or less at ease in a new and potentially awkward situation, no Gestalt results were thereby achieved at those times.

(4) Finally, both of us were slow in encouraging the client to accept "I" ownership of an issue. We tended too much at times to allow the client to externalize material in lieu of accepting the responsibility of dealing with it experientially.

CONCLUSION

It has been a highly satisfying experience for us to have had the opportunity of co-leading this group. Our association with the clients has been valuable, not only to them in the ways in which they may have benefited, but also to us by virtue of the new insights we have gained concerning the subtleties of group dynamics; and we have profited as individuals, having attained added insights into the inner workings of our own subjective natures. In the balance of positive and negative results, it is clear to us that the advantages have outweighed the disadvantages. There are things we would do differently in organizing another group, and that is useful information. The negatives have been instructive, the positives rewarding.

If we are drawn to any single conclusion, as a result of our endeavor, it is that for each of us the merits of co-leading cannot be ignored. Single leadership may be more financially satisfying, but dual leadership offers a far richer spectrum of therapeutic resources to which the client can creatively respond.

REFERENCES


