What Changes the Individual in Gestalt Groups?
A Proposed Theoretical Model

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Our purpose is to account for the positive changes in individuals who participate in a Gestalt-oriented group. A theoretical model is suggested that attempts to integrate the therapeutic interactions that take place in a Gestalt group with certain internal changes that occur within these individuals. This proposed conceptual model is based on seven general assumptions about the dynamics of individuals interacting in a group. It is field/systems based and suggests six therapeutic vehicles present in a Gestalt-oriented group that make possible specified changes of the internal structures in individuals. Clinical examples are provided to illustrate the model's applications.

The main purpose of this article is to understand more clearly the interactions that take place at the contact boundaries between individuals who are members of a Gestalt group and the group itself. These interactions may result in certain positive changes in the internal processes of these individuals and lead to more satisfying lives. This is a focus that, we believe, has not been dealt with in the Gestalt literature in any detail. Several writers have described their differing views of Gestalt groups: Perls (1967), Kepner (1980), Zinker (1980), Frew (1983), and Huckabay (1992), to mention a few. Yalom (1995) has written about the subject of therapy groups very extensively and brilliantly from his existential perspective. However, the specific processes that, in a group setting, enable an individual to change have not been examined closely from a Gestalt perspective.

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Individuals usually join personal growth and therapy groups in order to bring about changes in themselves because they believe that being in a group will have a positive impact on their lives. However, it is the individuals themselves who, in conjunction with the group leader, create the group they hope will bring about such changes. What happens at this interface between the individual and the rest of the group that makes these changes possible?

A myriad of factors affect these processes. For example, individuals do not enter a group empty-handed. They bring to it unique personal experiences; partially shared cultural backgrounds; and a specific, individual biogenetic makeup. What they bring to the group will determine, in part, what happens in the group, and this, in turn, will affect how the group impacts the individual. Thus, there is a continuous feedback loop that exists between each group member and the rest of the group.

In addition, the group itself does not exist in a vacuum. It is part of a larger entity—perhaps a mental health clinic, a training program, or a personal growth center, as well as, most certainly, a community, a nation, a culture, and a historic period. These larger entities have an effect upon the members of the group, influencing the expectations, beliefs, and mores of the group.

In this article, we are proposing a theoretical model that attempts to describe some of the processes that occur within an individual as a result of certain specific kinds of interactions in a group. It is a tentative proposal that we hope can be further developed and refined.

The Plan

The plan of this article is as follows: First, we present seven assumptions about group therapy, from the perspective of our Gestalt field-systems orientation, that underlie our theoretical model. Then, we describe the details of the model itself, beginning with its structural and dynamic elements that are its building blocks. Some of these elements of the model identify forces that are outside of and surround the therapy group, other elements exist within the group, and still others are dynamics within the individuals who make up the group. Finally, we apply the model to group therapy situations by presenting six vehicles, or processes, which we believe facilitate individuals changing as a result of their experiences in a Gestalt group. Clinical examples are included to illustrate the details of the operation of our model.

Assumptions About Individual Therapeutic Change in Groups

As both Lewin (1947) and Perls (1967) have pointed out, a well-functioning group can provide an extraordinarily rich medium for individual
change. Nowhere else can an individual receive the same kind of sincere, honest feedback and emotional support or immediately experience the impact of her interpersonal interactions. The effect of the "cheering section" of other group members when one person clumsily experiments with new behavior, stumbles again and again, only to be encouraged to try one more time, is incredibly supportive. When a secret that has been the source of a lifetime of agonizing shame is revealed and is met with kindness and understanding, instead of the feared rejection and disgust, the effect is one of a huge burden having been lifted and replaced by relief and lightness. Although any therapy group can provide such opportunities, a Gestalt-oriented group, because of its use of experiments, its holistic focus, its respect for each individual's phenomenological experience, and its present-process orientation, is particularly well suited to provide support for individual changes (Melnick, 1980).

Individuals come into therapy groups because they are unhappy, dissatisfied with their lives, or in actual psychic pain. They often wish they could change the external circumstances of their lives, firmly believing that this would solve all their problems. Somewhat less often do they enter therapy groups in order to bring about specific and detailed changes in themselves. Seldom are they clearly aware of how responsible they are for their present circumstances because of choices they have made in the past and are still currently making.

We make the following assumptions about the therapeutic changes that result from participation in a therapy group. These assumptions underlie our theoretical model that will specify how these changes come about.

Assumption 1: As the individual participates in the therapy group, a critical turning point is when she becomes aware of her responsibility for her choices. It is only then, through increased awareness, that she becomes clear about the possibility of making changes in the way she feels; in the way she views herself and the world; in the way she goes about getting her needs and wants met; and in the way she deals with interpersonal issues, including her impact on others (Kaplan, 1978; Kepner, 1980; Zinker, 1980).

Assumption 2: Therapeutic changes take place holistically. Consistent with Gestalt theory, they involve emotional, cognitive, and, physiological changes. As holistic beings, a change in any single part of ourselves inevitably involves all parts.

Assumption 3: For an individual, change becomes possible at her contact boundaries, the point where she is clearly aware of herself and her environment. It is there, because of her needs, interests, and curiosities, that elements of the external and/or internal environments that have emerged from the ground can become figural for her. In the group, the possible locus of interpersonal contact boundaries are between the individual and the leader(s) and
between the individual and another group member, a subgroup, or the total group.

**Assumption 4:** A major leverage for significant change comes through paying attention to the moment, leading, when appropriate, to the use of the experiment. This is based on the principle of “learning by doing” (Dewey, 1915), which underlies much of Gestalt therapy.

**Assumption 5:** In the group situation, an effective process for change comes through vicarious therapy, or “silent self-therapy” (Perls, 1967). By this is meant the therapeutic effect on members of a therapy group when another member (or members) is (are) the focus of the present therapeutic work.

**Assumption 6:** The positive connections that are created between the members of a group lead to the development of group cohesion—a sense of the specialness of the group, its uniqueness, and a feeling of being strongly connected to the other members of the group. As a result, most individuals feel privileged to be a group member, as well as supported and understood by the other members. Group cohesion is increased by greater intimacy, leading to greater trust, which in turn makes increasing intimacy possible. Thus, a benign cycle is developed. Trust then becomes the “structured ground” (Wheeler, 1991) for the individual in the group against which the figures of both interpersonal and intrapersonal activities are formed.

The importance of cohesion in a group, its critical place in the group’s development, has been widely studied and is generally acknowledged to be a necessary condition for a group’s success. Yalom (1985) has called it “the necessary precondition for effective therapy” and likens its import to the therapeutic relationship in individual therapy. Several Gestalt writers have referred to its importance, but none have given it the same emphasis that Yalom has. Cohesion is often described in other terms. For example, Zinker (1980), Huckabay (1992), and Kepner (1980) refer to it as the result of good contact in the group and its support in helping the group develop successfully. Feder (1980) emphasizes the importance of feelings of safety and being nourished by the group, while Houston (1993) uses the terms itself but does not elaborate.

**Assumption 7:** For the individual, it is deeply, emotionally satisfying to be in a group that the individual has come to value. This feeling increases the individual’s sense of self-worth and self-esteem. The individual no longer feels unique in her problems but feels connected and bonded with others within the group. Thus, a sense of “universality” is engendered, with the accompanying reduction in the feelings of being isolated and alone with her issues (Yalom, 1995). The result is an extension of the individual’s sense of her own choices and potency.

In summary, the end result of interactions, including both positive and negative feedback, at the individual/group/subgroup boundaries will, for the individual, bring about: (a) a greater awareness of her internal self
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(for example, sensations and emotions); (b) an awareness of a larger number of options and choices in her life; and (c) an increased sense of self-esteem, personal power, and the ability to cope with life's demands.

The Theoretical Model

The major purpose of this theoretical model is to account for the continuous, interactive influences of group members that lead to changes in an individual member and in the group itself. This model pays particular attention to the contact boundaries existing between and within individuals, between subgroups, and between the entire group in its surrounding environment. We will first present the structures and dynamics of our model. Following that are six proposed processes, or vehicles, that work together to bring about changes in group members.

Structures and Dynamics

*Structures are bounded concentrations of energy within a surrounding energy field.* These concentrations of energy constitute forces both within the structure and in the surrounding energy field. Systems with their subsystems, such as a community mental health complex in a large metropolitan area, would be an example of such structures. The boundaries of such structures delineate different concentrations of energy. Subsystems that go to make up a system interact to bring about the attainment of the overall goal or purpose of the system. A therapy group is such a structured system containing a number of subsystems (Astrachan, 1979; Marmor, 1983; Yates, 1991). An example of this would be the kinds of subsystems found in a therapy group. First are the individuals making up the group, each one with her own internal systems and subsystems (see Figure 2 later). In addition to membership in the therapy group, each individual also concurrently exists within a complex of other systems, both physical and sociocultural. Second, are the subgroups of individuals with some commonality such as males/females, group leaders/members, and coalitions that form during the life of the group/the remaining group members.

* A system such as a therapy group is located within a complex of surrounding suprasystems with which it interacts. These suprasystems are bounded fields of energy whose forces can impact the systems contained at their boundaries. Thus, surrounding systems may have a significant influence upon a therapy group and its members (Huckabay, 1992). An example of this might be the HMO to which members of a therapy group belong, specifying the number of group therapy hours it will support.

Figure 1 is a symbolic representation of the structures of a therapy group system and its surround. It is composed of the suprasystem, or the
Figure 1 Group in Environmental Systems. M1-M3 = Members; L = Leader; SG = Subgroup

The total environment surrounding the therapy group is a complex of interacting physical and social systems that vary in their proximity to the group and the degree of effect that they have on the group. For example, there is a relationship between a change in the tax base of a local government and the change in the degree of affluence of a particular neighborhood. Thus, a lower tax base can bring about a deterioration in the neighborhood in which a public mental health clinic exists. This deterioration can be expressed in many ways, for example, poorer street lighting, change of social class of residents, raise in crime rate, and so on. All of these, in turn, can have an impact upon the nature of the psychotherapy group that meets in this clinic.
Within the group, each individual not only has her internal systems and subsystems (which will be described in Figure 2 later), but is also part of many external systems that influence how she thinks, feels, and behaves—family, work, religious, and community systems, among others. For instance, a work system that has strong influence on the activities of the therapy group is the profession to which the leader belongs. This membership in a specific profession determines to a considerable extent the values, goals, and behavior of the leader, which strongly influences her role in the group. Similarly, depending upon their particular religious beliefs, individual group members may bring different values about what is considered appropriate behavior in the group.

Internal systems with their subsystems are the locus of the individual’s psychobehavioral processes. These systems and subsystems interact to influence the way the individual functions in the group and, in turn, are modified by the individual’s participation in the group—hopefully in ways that are therapeutically growthful. Since the structures and interacting dynamics of these systems are complex, considerable space will now be devoted to their description.

Turning now to Figure 2, the space within the oval represents an individual’s experience, both past and present, at a given moment in time. By “experience” we mean the flow of events in which the individual has participated. Such individual participation may be relatively active or...
passive. In contrast to the word “experience,” “awareness” specifically refers to that aspect of the individual’s experience, from either the present or the past, that is figural in that person’s consciousness in the here-and-now. Thus, it is possible to have an immediate present experience of which one is not aware or to have past experiences stored in the person’s memory of which one is, likewise, not presently aware. The locus of events impacting the individual in the present may be either external or internal to that individual. Examples might be a radio playing music in the next room or a persistent headache. Although the individual is experiencing these events, she may or may not be aware of them in the present.

The model’s structures, which represent the total experience of the individual, are only conceptual in nature. That is, these structures do not represent actual things such as parts of the brain or specific loci in the brain. For example, there is an area designated as “awareness” (consciousness) in the model, but it is not assumed that there is an “awareness” location in the actual brain. It is more likely that consciousness is a function of a large part of, if not the total, brain (Dennett, 1991). In the case of the area we have designated as “behavior,” it is more obvious that this does not have a clear locus in the brain but is a purely conceptual construct to indicate action by the individual, either overtly or covertly (i.e., not observable by others) or both.

We have chosen to represent in Figure 2 two systems that are essential to the operation of our model. These are the Biogenetic System and the Sociocultural System. Each of these two systems is, in turn, divided into a Present Sector and a Past Sector. The Present Sector represents the experience of events in which the individual is participating at the present moment, either with or without awareness. The Past Sector represents traces of past events that the individual has experienced, either with or without awareness, at a previous time. Traces of these past events have the potential to become active and part of the individual’s here-and-now experience, again, either with or without present awareness. For instance, smelling a gardenia blossom in a friend’s garden brings back vivid memories of a corsage and a high-school senior prom, which one has not thought about in years.

Why have we selected only Biogenetic and sociocultural as the two systems to represent the totality of the individual’s experience? Clearly, the Biogenetic System is essential for the continuing existence of the individual as a sentient being. We have chosen the Sociocultural System because from the moment of birth (and probably before) the individual’s experience is shaped by powerful influences, interpersonal and otherwise, from sociocultural forces.

The Biogenetic System consists of a number of interactive subsystems such as the various physiological structures and functions. Of particular
concern to this model is the fact that the Biogenetic System is the locus of
the genetic basis for individual differences in structure and functioning. This
system is also the locus of the biological basis of drives and their
accompanying affect. Information both from the external world
("external stimuli" in Figure 2) and from within the body is transported
via the Biogenetic System, typically through the nervous system.

The Present Sector of this system represents those biological activities
needed to support the individual's current functioning in the world,
including taking in information and responding with either overt or
covert behavior. The Past Sector of the system represents those bio-
genetic events that have played a part in the previous history of the indi-
vidual. However, such past events may be repotentiated and become
active in the individual's present experience. For example, muscle and
other proprioceptive memories from the past will permit an individual to
navigate successfully while on a bicycle even after many years of not
riding.

The Sociocultural System represents those experiences of the individ-
ual that have an inter-personal influence or, more remotely, a cultural
influence. At least from birth on, it is hard to imagine an individual expe-
rience whose meaning has not been shaped by the influence of this perv-
sasive system. Like the Biogenetic System, the Sociocultural System is
divided into a Present Sector and a Past Sector. The Present Sector rep-
resents those current internal psychological events that are shaped by
sociocultural influences. These influences can occur at many levels—in a
dyad, in a group such as a therapy group, in a family, in a community, in
a country, or in a cultural era.

Of particular importance to the understanding of the behavior of the
individual is her Social-Cultural Past Sector. It is here that the knowl-
edge, beliefs, values, traditions, and past unique experiences that help
shape how the individual interacts with the world are contained. This
Past Sector also determines, in part, how the individual views the future—her expectations, anticipations, predictions, forebodings, and so
on. As with the Biogenetic Past Sector, certain elements in the sociocul-
tural Past Sector may become active and influence the processes of the
sociocultural Present Sector. Again, this may be done with or without
here-and-now awareness on the part of the individual.

As can be seen in Figure 2, there is connection through a shared
boundary between the Biogenetic System and the Sociocultural System
as indicated by the double arrows. It cannot be emphasized too strongly
that there is a constant interaction between these Biogenetic and the
Sociocultural Systems during the life of the individual. Even the most
fleeting of experiences, whether it results in awareness or not, contains
affective and conative elements that are both biogenetic in origin and
shaped by socio-cultural influences. Thus, a physiological event, such as
pain, may have a very different meaning and be reacted to differently by one ethnic group compared to a different ethnic group, or the elicitation of the memory of a powerful past event may bring back both the physiological reactions and the emotions that accompanied that event.

There is also a constant interaction between the “present” and “past” sectors of the two systems of the model. For example, the meaning of new information (external stimuli) flowing into the individual is determined by what exists in the two “past” sectors. At the same time, individuals make meaning of new information (external stimuli) utilizing what exists in the two past sectors. Such an influence may range from further confirmation of what is already there (“same ol’, same ol’”) to a major insightful reorganization, as in the “aha!” experience. Thus, depending on the context, meaning is always being reconstructed (Dennett, 1991).

Two separate areas of present experience are represented in Figure 2. These are Awareness and Behavior. Both of them are activated by some combination of the impact of the Present Biogenetic Sector and the Present Sociocultural Sector. As a result, it is possible to have both here-and-now behavior and awareness or present behavior without awareness or awareness without overt behavior. What specifically brings about awareness—or consciousness, as some call it—is the source of much ongoing speculation (Penrose, 1989; Dennett, 1991).

Other ongoing processes represented in Figure 2 are:

1. the feedback loop from Awareness back to the Present Bio/Gen and Soc/Cul. This indicates the influence of present awareness upon both the biogenetic and sociocultural processes active at the time. This, in turn, can influence and modify present awareness and so on in a continuing reiterative process. A telephone ringing on a manager’s desk reminds her that the executive vice president of her company was to call her with feedback on an important report she had prepared the previous week. This awareness stimulates both physiological reactions and attention to the content of that report, as well as the possible personal implications of the impending feedback. Further awareness of these changes lead to other internal changes and so on.

2. the feedback loops from Behavior—one internal and the other external. The external loop going from Behavior back to External Stimuli represents the effect of a present behavior upon the environment which, in turn, has an impact upon the organism. An example of this would be a violinist adjusting the pitch of her intonation as she plays by means of the minute adjustments in the placement of her fingers on the fingerboard.
The internal loop indicates the result of the behavior, which remains within the body, such as proprioceptive stimuli resulting from muscular activity, for instance, the adjustments that a tightrope walker makes in her balance as she traverses the wire.

Although in this model external stimuli precede activities of the two internal systems, the model should not be construed as implying a behavioristic, stimulus-response conceptualization of experience. Instead, our model is based on nonlinear, dynamic, Gestalt processes difficult to represent in a two-dimensional, static medium.

It must be borne in mind that Figure 2 represents only a moment in time—a snapshot of an ongoing process that is continually active, like a single frame from a movie film. Rather than describing a static figure, as in Figure 2, a better representation of the actions of the above processes would be a continuously changing display such as a movie or a videotape.

**The Processes of Change**

Awareness is characterized by contact, by sensing, by excitement and by Gestalt formation [Perls, Hefferline, and Goodman, 1951, p. viii]

In this section, we present how our model accounts for changes in the individual members of a therapy group. Given the seven assumptions about individual changes in groups stated above, plus the structures and dynamics of our model, what are the specific processes by which such changes take place? We posit that there are six major vehicles that can account for these changes primarily through their effect upon the two internal systems, the biogenetic and the sociocultural, within the individual.

These six major vehicles are based on a common characteristic; they all lead to increased awareness and to changes in the two internal systems. As was suggested in the summary of the assumptions on which this model rests (see above), the end result of interactions in a therapy group will, for the individual, bring about an increase of critical awarenesses. These awarenesses involve contact, sensing, excitement, and Gestalt formation entailing a clear figure/ground differentiation. Increased awarenesses, in turn, lead to a recognition of a larger number of options and choices available in the individual's life instead of no-longer-appropriate fixed Gestalts or old patterned habits not based on present contextual needs. These changes result in the individual's enlarged sense of self-esteem, personal power, and the ability to cope better with life's demands. Thus, increased individual awareness is fundamental to therapeutic change.
The questions that now emerge are: what is the content of these awarenesses? And how do these awarenesses come about in the therapy group situation? As to content, included in these possible awarenesses would be such phenomena as

- needs, desires, wishes, wants, goals
- sensations, perceptions
- feelings, emotions
- past experience, memories
- assumptions, expectations
- beliefs, values
- behavior (e.g., contact style) and its consequences

Such increased awareness by an individual can occur either accidentally or purposefully. An example of the latter would be when the leader, or other group members, direct the individual’s attention to one of the above phenomena, and it becomes figural for her. As a result, she becomes more aware of either: (a) one or more of the psychobehavioral functions of her two internal systems and/or (b) the overt manifestation in her behavior stemming from one of these psychobehavioral functions and its consequences within the group (Kepner and Brien, 1970).

**Specific Vehicles of Change**

Following are the six posited vehicles and their effect upon the two internal systems of the individual, the biogenetic and the sociocultural. Additionally, there is a clinical example for each vehicle demonstrating its application in a group setting and how this application is accounted for in our proposed model.

**Vehicle One:** To increase the individual’s awareness of the results of an interaction between her biogenetic and sociocultural systems leading to a block in her mobilization of energy.

**Example:** Melissa was telling the group about a problem she was having at work with her secretary who consistently came late. “I’ve spoken to her several times about it and each time she promises to be on time, but then she comes late again. I really don’t know what to do. I can’t fire her because she is so competent.”

After several expressions of sympathy from members of the group, John spoke up saying, “You know, Melissa, if you speak to your secretary the way you talk to us in here, I wouldn’t listen very much either. Your voice is so wispy and hesitant, I don’t feel there would be any consequences if I didn’t listen.”

“How does your voice sound to you?” the leader asked Melissa.

“Normal, like it always does,” she answered.

“Can you describe it?” pursued the leader.

“Well, it is a little soft, and I do say ‘er’ a lot,” Melissa replied.

“Would you like to make more of an impact using your voice, particularly to your secretary?” the leader asked.
“If it would get her to come in on time, I sure would.”
“I can’t promise that, but it’s worth a try I would think,” continued the leader.

Melissa nodded her head in agreement, upon which the leader said, “I notice that your chest and diaphragm don’t move much when you talk. Your breath doesn’t support your voice. Try sitting up straight in your chair and putting your hand on your belly and see if you can move your hand with your breath.”

After several minutes of practicing this, Melissa said, “This is hard, but in some ways it feels good too. I feel fuller and bigger.”

“Now could you practice telling your secretary not to come in late continuing to breathe the same way you just have been doing,” the leader asked.

“Well, we’ve talked about this before, and you don’t seem to hear me. I will not stand for your coming late one more time!” Melissa said in a loud and firm voice. With a smile on her face, she looked around the room, and turning to John said, “Well, how was that? Did I get you to listen?”

John lifted his hand to his head as if he were taking his hat off to her and replied, “You bet.” Others chimed in with agreement.

In terms of the proposed model (see Figure 2), the here-and-now external stimuli of John calling attention to her voice and the leader setting up the mini-experiment involving her chest and diaphragm produced an interaction between Melissa’s Biogenetic and Sociocultural Systems, including both their present and past sectors, that increased her awareness of her breathing patterns. This awareness fed back to the two systems, thereby motivating her to attempt to change her breathing behavior, again changing her awareness in the reiterative loop.

The leader then suggested that Melissa again practice telling her secretary not to come in late (external stimuli activating the two systems), which she did, this time with considerably different results in both behavior and awareness. The group support from John and others for her new behavior also impacted her two systems and her awareness. Thus, a change in both past sectors of the two systems may bring about a wider repertoire of choices for Melissa in her future voice-support behavior during interactions with others.

Vehicle Two: To have new experiences at the interpersonal level, which challenges the individual’s old assumptions and expectations (projections) about other individuals’ behavior.

Example: After Jane described to the group an incident in which she had a heated argument with her daughter—something she confessed that she did very rarely, Jane went on to tell the group how embarrassed and guilty she now felt. “I feel really ashamed for fighting with her that way,”
she said, hanging her head. “I really don’t think that mothers should lose their tempers with their children.”

The group leader then told Jane, “Your head is down and we can’t see your face. You don’t seem to want to look at us. Would you be willing to slowly look around at each member of the group and then tell us what you see.”

After surveying the group, Jane said, “I’m really surprised to see so many smiles and nods. I feel so accepted and supported. After what I had said, I’d assumed that everyone would think that I’m just a terrible mother.” Turning to several members of the group Jane asked, “Is it true? You don’t think that what I did was so bad?”

One of the women spoke up, “Come on, Jane, we all do it; we all say things we wished we hadn’t to our kids, and in a way we wished we hadn’t. We’re only human, we make mistakes, and the kids survive. Besides, it probably makes you more real to your daughter.” Several other people spoke in the same vein. The group then went on to discuss what it was like to be a parent while Jane listened eagerly with a quiet smile on her face.

In terms of the proposed model (see Figure 2), we can assume that Jane felt there was enough support (external stimuli impacting her two internal systems leading to awareness) that she was willing to share with its members (resultant behavior) the incident of her heated argument with her daughter. Because of Jane’s beliefs, values (introjects around ideal self-concept), and her expectations regarding others (projections) contained in the past sector of her Sociocultural System, she made here-and-now assumptions (projections) about how others view her (awareness). This, plus her continuing feeling of support from the group, led to her telling the group (resultant behavior) how “ashamed” she felt and why.

As the leader had Jane do the mini-experiment of slowly looking around the group and reporting what she saw (behavior), the external stimuli she received from the group was at odds with her stored (Past Sociocultural Sector) beliefs, values, and assumptions that she had projected onto its members (awareness). That this discrepancy between what Jane expected from the group and what she then currently experienced only partially modified her stored beliefs, values, and assumptions was attested to by her slight resistance in accepting what she had experienced. However, her obvious eagerness to listen (behavior) to the group’s discussion of parenting (external stimuli) suggests that her experience with the group was having some effect on the past sector of her Sociocultural System.

**Vehicle Three: To afford an opportunity to experiment with new behaviors that confront the individual’s introjects and to receive feedback on these behaviors from the group.**
Example: After listening to one of the men in the group, the leader said to him, “Gary, you seem so sad telling us about the breakup of your relationship. Your eyes are moist, your voice is low, and your breathing is very shallow. Are you aware of that?”

Gary answered, “I wasn’t until you pointed it out. I am sad. I really miss Lisa.”

The leader reported, “You look like a young boy trying very hard not to cry.”

Gary responded, “Well, I’m not a little boy. I’m a big man and big men don’t cry.”

Frank, who was sitting next to Gary, countered, “I’m a big man too, but I cry a lot.” He leaned over and put his arm around Gary saying, “I think I know how you feel, Gary, and it’s hell. Believe me, crying helps.” With that, Gary leaned his head on Frank’s arm and began to let himself cry. When he stopped, several people in the group expressed sympathy for his pain.

One of the women in the group said, “You haven’t shrunk, Gary, you’re still a big man.

Smiling, Gary answered, “I guess I am.”

Again, applying the proposed model (see Figure 2) to account for this case example, at the start the leader called attention to Gary’s bodily behavior as he was describing the breakup of his relationship with Lisa. This external stimulus activated Gary’s awareness of his emotional state and its meaning (reiterating feedback loops between awareness and the Biogenetic and Sociocultural Systems) leading to the reporting of his feelings of sadness and of missing Lisa (behavior).

When the leader called attention to his here-and-now behavior, with the personal feedback that he looked “like a young boy trying hard not to cry” (external stimulus), Gary’s introjects (past Sociocultural Sector) about the meaning of being a little boy and about the behavior of big men and crying, which he then shared with the group (behavior), were activated. Frank was quick to challenge Gary’s introjects using himself as an example and suggested some new behavior for Gary to try out (external stimuli). After processing this input, Gary was willing to accept this suggestion, probably because of the support he felt from a fellow male and the group, and he let himself cry (new behavior).

The group responded positively to Gary’s new (for him) behavior by expressing sympathy (external stimuli). Further, using his here-and-now example, one woman directly challenged Gary’s introjects about the meanings of “big men and crying” (further external stimuli). This input seemed to modify, at least for the moment, some beliefs and values contained in Gary’s past Sociocultural Sector, and he responded with an expression of agreement with these challenges (behavior).
Hopefully, a process of some modification in Gary’s belief/value system had begun that will prompt more reality-based behavior in the future.

Vehicle Four: To receive acceptance and support from others after self-disclosure of a personal secret.

Example: After 2 years of regularly attending a therapy group, Margarita, a foreign-born, middle-aged woman, finally revealed her secret, accompanied by many tears and sighs, that she and her older brother had a brief, but intense, sexual relationship during their adolescence. She slowly, haltingly, very reluctantly, and with much emotion told the group that, despite the fact that her brother had taken the initiative to begin this relationship, she has been carrying a heavy burden of guilt, feeling that she may have been seductive and sexually provocative toward him. All the members expressed their understanding and support to Margarita in a clear and caring way. Two of the women put their arms around her while one of the men held her hand. Other group members expressed their gratitude that Margarita trusted them with her secret. Through her tears, Margarita said, “Oh! Such a relief! You are all so kind and supportive. I never dreamed that I could tell you and that you would be this way towards me!”

Using the model in Figure 2, Margarita’s beliefs, values, and ideal self-concept (Past Sociocultural Sector) were such that her reluctance to sharing her secret with others (behavior) was very strong. This situation can be shown in the model by noting the process of her awareness of her secret and her introjects about its meaning feeding back to both the present sectors of the Sociocultural and Biogenetic Systems to block the behavior of sharing.

We assume that the 2 years of attending the therapy group (continuing external stimuli) had instilled in Margarita a sense of its caring acceptance and support (Sociocultural and Biogenetic Systems). We can further assume that this sense was sufficiently powerful that her previous resistance to share with the group her secret was lessened to a point where, with a good deal of emotion (Present Biogenetic Sector), she was motivated to tell the group her secret (behavior). Her developing trust in the group was reinforced (external stimuli) by the reaction of the group, which served to modify her long-held beliefs (Past Sociocultural Sector) about how others would react towards her secret. This, in turn, had an impact on her self-concept (Sociocultural System).

Vehicle Five: To obtain feedback from others, pointing out the negative and positive impact of the individual’s behavior.

Example: Irene said to Cathy, “I find it hard to listen to you sometimes. You use a lot of words, and I don’t know what you are getting at so I start to drift off and think about something else.” Cathy looked hurt.
Tom, who was sitting next to her added, "You know, Cathy, I'm really interested in what you have to say, but sometimes I get confused too. It would help me if you'd speak in shorter sentences."

Several other people in the group nodded in agreement and said, "That's right," and, "That would help me too."

Now looking more thoughtful than hurt, Cathy said, "I guess I just kind of free associate when I'm talking and expect you to know what I mean. I'll try talking in shorter sentences, but you have to tell me if I begin to use too many words. O.K."

There was general agreement in the group that they would do so in the future.

In using our model (Figure 2) to account for this example, the focus is upon Cathy's behavior. Members of the group called her attention to her speech patterns (External Stimuli→Awareness) first in a critical way that had an effect on Cathy's feelings, at least as indicated in her hurt look (Awareness→Present Biogenetic and Sociocultural Systems→Behavior). Further feedback to Cathy from the group was more supportive because it conveyed the group's interest in what she had to say plus a specific suggestion about ways she could change her speech pattern (External Stimuli→Awareness). Cathy's hurt feelings were changed to that of interest, and she then offered a contract to the group that she would try to change her behavior in the future if they would give her feedback on it (Awareness→both systems→behavior). Cathy's contract with the group set up a typical reiterative process by which modified behavior led to new external stimuli impacting awareness, resulting in further new behavior; thus, new Behavior₁→External and Internal Stimuli₁→Awareness₁→modification of systems₁→new Behavior₂→External and Internal Stimuli₂→Awareness₂ (modification of systems₂, and so on.

Vehicle Six: To afford an opportunity for "vicarious therapy" (Perls, 1967) to occur in the group because of increased awareness of the individual through observing another's therapy work.

Example: Mary, a modishly dressed 20-year-old young woman, who was employed as a receptionist in a dental office, entered her therapy group one evening, complaining, "I'm so mad at my sister! She's done it again—taken one of my shirts without asking me!"

Although Mary had brought up similar feelings before about her sister, this time the leader said, "You don't seem to have found a way to express your feelings to your sister in a way that is effective. Do you want to try experimenting with different ways of telling your sister how angry her behavior makes you?"

Mary nodded "Yes" and, with the leader's coaching, tried out a wide range of expressions of her feeling. "I hate you, Edith, when you just take my things and don't ask me for permission!" she screamed. "I've paid for
everything I own with my hard-earned money, and you act as if they belong to you too. Well, they don’t! They’re mine, not yours, and don’t ever forget it!” After several variations of this role-playing, using different degrees of loudness, Mary acknowledged that speaking in those tones would probably only make her sister angrier and lead her to retaliate. “It feels good just to let go like this, but I don’t think it’s going to work with Edith. I think I’d better talk to her when I’m calmer and not rile her up too much. Maybe then she’ll really listen to me.”

Bruce, who had been noticing Karen’s flushed face, her clenched fists moving back and forth in her lap, and her intense focus on Mary’s face said, “Karen, what’s going on? You look as if you’ve been working too.”

Karen turned to Bruce, “I was feeling everything that Mary was expressing right along with her.” Looking at Mary, she continued, “My sister does the same thing to me, and I never know what to do. You did my work too, Mary, so thank you.”

Applying our model (see Figure 2) to this example of what often occurs in a group setting, the therapeutic work that was going on between Mary and the group leader had an impact upon Karen’s behavior (External Stimuli→impact on the two systems→Awareness→Behavior), which was noticed by Bruce who called Karen’s and the group’s attention to it (general awareness). This prompted Karen to explain to the group that her situation was the same as Mary’s and that she was getting vicarious benefits from Mary’s work. In terms of the model, this phenomenon can be conceptualized as follows: Mary’s work with the leader (External Stimuli) activated in Karen (through interactions of the Past Sectors of her Sociocultural and Biogenetic Systems) awareness of the similarities between her situation with her sister and Mary’s with hers. Further, there were activated memories (Awarenesses) with their accompanying affects that Karen had experienced with her past struggles with her sister (Past Sectors of the two systems). Mary’s problem solving, with the leader’s help, around more efficacious ways to treat her sister was particularly attended to by Karen (Awareness) not only because of the similarity to her own situation, but also the therapeutic context of the present situation (External Stimuli), and this information was stored in the Present Sectors of the two systems—instantaneously to become part of the two Past Sectors. Hopefully, this information can be made use of in the future by Karen in her dealings with her sister and, by generalization, with others.

Summary

The major goal of this article has been to account for the positive changes in individuals as they participate in a Gestalt-oriented group. Its focus
has been on the interface between the individual and the group in order to clarify the processes by which internal changes take place within that person. We have proposed a theoretical model to account for these changes.

The underpinnings of our model rest on six assumptions we make about the dynamics of individuals participating in such a group. Some of these assumptions are quite general in nature; others are more specific to Gestalt-oriented groups.

Our model then proposes that there are six processes or vehicles by which lasting changes in the individual can be achieved in a Gestalt group. Using clinical examples, we have attempted to demonstrate how these vehicles make possible modifications in the internal systems of the individual leading to future behavior that is more realistic, functional, and satisfying. These six vehicles can

1. Increase the individual’s awareness of the result of an interaction between her Biogenetic and Sociocultural Systems, leading to a block in the mobilization of energy for action.
2. Provide new experiences at the interpersonal level, which challenge the individual’s old assumptions and expectations (projections) about others’ behavior.
3. Afford an opportunity to experiment with new behaviors that confront the individual’s introjects and to receive feedback on these behaviors from the group.
4. Enable acceptance and support from group members after self-disclosure of a personal secret.
5. Offer feedback from group members, pointing out the negative and positive impacts of the individual’s behavior.
6. Afford an opportunity for “vicarious therapy” (Perls, 1967) to occur in the group because of an increase in awareness for the individual through observing another’s therapeutic work.

References


