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An Analysis of Gestalt Group Psychotherapy in the Context of Multiculturalism

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Abstract

With increasing demand for multicultural counseling and psychotherapy, the need for multicultural group psychotherapy is also increasing. As group therapists are becoming concerned with the applicability of Western group interventions for use with multicultural psychotherapy groups, the responsibility to adapt evidence-based practice to multicultural clients resides with clinicians. Gestalt group psychotherapy was examined as an example of a Western-influenced approach that currently does not address how to practice group therapy in a multicultural setting. After a thorough review of the multicultural group psychotherapy and Gestalt group psychotherapy literature, Gestalt group psychotherapy was found to incorporate many of the principles and theories suggested for use with multicultural psychotherapy groups.

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AN ANALYSIS OF GESTALT GROUP PSYCHOTHERAPY IN THE CONTEXT OF

MULTICULTURALISM

A THESIS

SUBMITTED TO THE FACULTY

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ABSTRACT

With increasing demand for multicultural counseling and psychotherapy, the need for multicultural group psychotherapy is also increasing. As group therapists are becoming concerned with the applicability of Western group interventions for use with multicultural psychotherapy groups, the responsibility to adapt evidence-based practice to multicultural clients resides with clinicians. Gestalt group psychotherapy was examined as an example of a Western-influenced approach that currently does not address how to practice group therapy in a multicultural setting. After a thorough review of the multicultural group psychotherapy and Gestalt group psychotherapy literature, Gestalt group psychotherapy was found to incorporate many of the principles and theories suggested for use with multicultural psychotherapy groups.

Keywords: *Multiculturalism, Group Psychotherapy, Gestalt Psychotherapy, Gestalt Group Psychotherapy*

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Introduction

Across the United States therapists and group psychotherapy facilitators are increasingly encountering clients from multicultural backgrounds. Studies have found that there was a 50% rise in interracial marriages between 2000 and 2004 (Healey, 2007). In addition, it was estimated that the majority of secondary school children will be from diverse cultural, ethnic, and linguistic backgrounds by 2020 (Zhou, 2003). According to the current literature (e.g., Camacho, 2001; Fernbacher & Plummer, 2005; Haley-Banez & Walden, 1999, etc.), it is thought that even seemingly homogenous groups can be heterogeneous in level of acculturation, cultural values, or other less apparent cultural factors (e.g., socioeconomic status, sexual orientation, etc.). Indeed, Fernbacher and Plummer (2005) state, "Every person belongs to a culture, no matter how obvious or how hidden that culture is" (p. 118).

The responsibility of adapting psychotherapy interventions to the needs of multicultural clients resides with the therapist, and therefore therapists are expected to be culturally competent in a particular therapy approach (Frew & Spiegler, 2008). In response to this growing need for multicultural services, the American Psychological Association (APA; 2002) requires that psychologists have "an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status . . . to ensure the competence of their services" (2.01b). In addition, the American Psychological Association (2000) suggests clinicians evaluate clients' ethnic and cultural background so as not to "incorrectly judge as psychopathology those normal variations in behavior, belief, or experiences that are particular to the individual's culture" (p. xxxiv).

Group psychotherapy has been found to be a highly effective form of psychotherapy through which clients relieve symptomology by learning to develop healthy interpersonal relationships through the group as a social microcosm (Yalom & Laszcz, 2005). In their *Practice Guidelines for Group Psychotherapy*, the American Group Psychotherapy Association (AGPA; 2007) acknowledges that psychotherapy groups are frequently heterogeneous in problem constellation, race, ethnicity, age, ego strength, etc., and that this heterogeneity can lead to enhanced richness of group therapy. In addition, the AGPA suggests group psychotherapy facilitators bring together groups that are a mix of individuals that will challenge and support one another and foster group cohesion.

Multicultural psychotherapy groups are thought to be more representative microcosms of society and have been shown to be of value for racial and ethnic minorities who struggle with issues of identity, empowerment, confidence, self-esteem in a Western and predominantly White society, and acculturation to the host country (Eason, 2009; Han & Vasquez, 2000; McRae & Short, 2005; Nakkab & Hernandez, 1998). Through multicultural group psychotherapy, participants have been shown to experience an increase in understanding of the self and others across cultures, as well as catharsis resulting from the understanding and acceptance by peers from multicultural backgrounds (Han & Vasquez, 2000; Yalom & Leszcz, 2005). Although there are benefits to the group psychotherapy format for diverse and multicultural clients, without careful consideration of multicultural issues and practice guidelines to assist the group facilitator, the group format can reinforce stereotypes and cause clients to feel excluded or re-experience discrimination, disempowerment, and marginalization (Chen, Kakkad, & Balzano, 2008; Eason, 2009; Han & Vasquez, 2000; McRae & Short, 2005; Yalom & Leszcz, 2005).

Despite the inherent growing need for evidence-based practice guidelines for group psychotherapy with multicultural clients, challenges arise when applying culturally relevant interventions to existing evidence-based practices. Burlingame and Beecher (2008) cite five challenges to creating evidence-based multicultural practices: (1) difficulty using standard processes to determine effectiveness of treatment across multiple and varying cultures; (2) an absence of theory regarding effective multicultural treatment; (3) difficulty defining the multicultural factors that comprise particular cultural groups; (4) difficulty defining multicultural psychological or behavioral change; (5) a poverty of measurements normed on specific cultural groups or populations. In addition, Eason (2009) notes that the multicultural body of literature lacks specificity with regard to diversity issues, is limited on specific minority groups, neglects practice implications for minority groups, and is hesitant to address historical dominant-minority issues. These challenges make if difficult for therapists and group psychotherapy facilitators to translate the theory and philosophy of multicultural competence into a coherent practice.

According to Frew (2008), the practice of Gestalt psychotherapy is culturally sensitive and compatible with a variety of diverse backgrounds when it is practiced "phenomonologically, sensitively, flexibly, and with an adherence to context" (p. 266). In addition, it was stated that Gestalt therapy could fit the worldview of clients who view themselves as part of a larger context and value their self-experience, which encompasses a variety of non-Western cultures. In a Gestalt therapy setting, diverse clients are not converted to majority or Western values because therapists are not considered the "experts" of a client's experience. Therapists do not dismiss individual values, and therapists do not consider clients to be resistant if they are not comfortable with self-

disclosure. In this regard, clients of diverse and multicultural backgrounds may be well suited for Gestalt therapy because the Gestalt theories and principles do not overshadow the client's own culture and values. Although Gestalt psychotherapy can be practiced in a way that is culturally sensitive, Gaffney (2006) points out that the background for Gestalt psychotherapy was set in German, Jewish, and American cultural values that are individualistic and explicit in nature and these values should not be considered the norm for multicultural clients. However, embedded within this Western framework for Gestalt psychotherapy are non-Western mindfulness practices and theories that are inclusive of group or collective (e.g., field theory).

Gestalt group psychotherapy is a prominent aspect of a Gestalt therapist's role. A recent survey found that 52% of Gestalt therapist respondents are currently leading psychotherapy groups (Feder& Frew, , 2006). Similar to individual Gestalt therapy, Gestalt psychotherapy groups focus on the here-and-now and are "existential, experiential, and experimental" (Feder, 2006, p. 29). Gestalt psychotherapy groups can utilize interpersonal, intrapersonal, and group-as-a-whole processes that foster change through awareness, experimentation, and risk-taking (Earley, 2000; Feder, 2006; Yontef, 1990). Group members are encouraged to assimilate new information (instead of introjecting it, or swallowing it whole without full awareness), increase awareness of phenomenology, and increase organismic self-regulation (Yontef, 1990). By making contact with other members in the group (via dialogue), clients are able to identify maladaptive fixed patterns and experiment with new ways of interacting during group as opportunities present themselves. Clients can then decide for themselves whether to repeat the experiment and change the behavior or leave the pattern of behaving be. According to Yontef (1990):

To prevent conformity through identification, introjection, confluence, and group pressure the theory and practice of Gestalt therapy emphasizes awareness of differences, individual definition of needs, preferences and values, and assimilation rather than introjection. Gestalt theory groups try to avoid directly or inadvertently encouraging the conformity generated by groups that exort expressiveness, anger, love, analysis of transference, or other substantive goals. (pp. 207-208)

In addition, Gestalt therapists are trained to "put their biases into brackets" (Yontef, 1990, p. 196). In this way, similar to individual Gestalt therapy, Gestalt group psychotherapy inherently respects the clients of multicultural backgrounds and does not attempt to convert them to dominant Western values or culture.

Although research has focused on the dynamic relationship between multiculturalism and group psychotherapy and the relationship between multiculturalism and individual Gestalt psychotherapy, research has yet to look at how to approach multiculturalism in the context of Gestalt group psychotherapy. In this review of the literature I will discuss the theories and principles regarding the practice of multicultural group psychotherapy and the practice of Gestalt group psychotherapy. In addition, I will summarize the intersection of multicultural and Gestalt group psychotherapy theories and practice guidelines by showing areas of overlap and incongruence between the two. Finally, I will make suggestions based on the literature regarding how to practice Gestalt group psychotherapy in a multiculturally sensitive and relevant manner.

A Review of the Multicultural Group Psychotherapy Literature

In order to provide a meaningful discussion about the intersection of multicultural group therapy and Gestalt group therapy frameworks, first the multicultural group therapy literature must be examined. In this section a general introduction into the current lines of thought regarding the theory and practice of multicultural group psychotherapy will be provided. In addition areas of competence and recommendations for practice by group therapists currently leading multicultural psychotherapy groups will be outlined. For this review of the literature, the term "multicultural group psychotherapy" is defined as counseling or psychotherapy in a group setting in which the group member composition is heterogeneous for racial or ethnic background. To keep this project of manageable size and scope, literature that homogenously addresses other multicultural components, such as religion and sexual orientation, will not be included. In addition, the focus of this literature review will be on heterogeneous, rather than homogenous, psychotherapy groups. The purpose of this heterogeneous inclusion criterion is to mirror current multicultural trends in the community and in the literature, thus enabling the facilitation of a more relevant discussion of multicultural group psychotherapy. This section will rely upon a review of the multicultural group psychotherapy literature between 1995 and 2011 through the PsycINFO/Ovid database based on the following keywords: *multiculturalism, group psychotherapy, diversity, cross-cultural.*

Pre-Screening and Group Member Selection

Currently in the literature (e.g., AGPA, 2007; Anderson, 2007; APA, 2000; Chen, Kakkad, & Balzano, 2008; Haley-Banez & Walden, 1999; Han & Vasquez, 2000; Merta, 1995; Nakkab & Hernandez, 1998; Rivera, Garrett, & Crutchfield, 2004) it is recommended that

group leaders examine group members' culture-bound values and attitudes regarding group psychotherapy prior to the start of group participation. This can be achieved using standardized measures, the "Cultural Formulation" from the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition-Text Revision* (APA, 2000, pp. 896-897), or the racial-cultural identity development and white racial identity development frameworks (D'Andrea, 2004). Using these assessment tools and guidelines, as well as other interview techniques, each group member should be assessed for level of acculturation, level of racial-cultural identity development, experience with past or current psychotherapy, therapist roles, and conceptualization of mental health diagnoses and symptoms (AGPA, 2007; Anderson, 2007; APA, 2000; Chen, Kakkad, & Balzano, 2008; D'Andrea, 2004; Han & Vasquez, 2000; Merta, 1995). According to Han and Vasquez (2000) assessing each member's level of acculturation is especially useful in predicting group member participation and comfort level regarding self-disclosure, as level of acculturation appears to be a moderator of verbal participation.

Based on the pre-screening data, it is recommended that a group therapist select clients who represent a variety of stages of identity development, ego strength, level of acculturation, and verbosity (Haley-Banez & Walden, 1999). A group comprised of clients who represent a variety of intrapersonal and interpersonal factors enhances developmental growth among members and facilitates more learning and discussion (Haley-Banez & Walden, 1999). In addition, individuals who are highly aware of self and other racial-cultural differences may benefit more from multicultural group settings than individuals who are less aware of, or resistant to, cultural differences (Rivera, Garrett, & Crutchfield, 2004). Although differences in these client factors can enhance group

development and process, too large of differences between factors such as ego strength and identity development can hinder group cohesion because it may be more difficult for group members to understand each other's perspectives (D'Andrea, 2004; Haley-Banez & Walden, 1999; Rivera, Garrett, & Crutchfield, 2004).

Preparation and Pre-Group Training

Client preparation.

As with any therapy modality, client anxiety prior to the start of group psychotherapy is often elevated due to the anticipation of a variety of unknowns related to the group psychotherapy format. Due to fear of stereotyping and alienation by other group members, anxiety may be heightened for clients of multicultural or diverse backgrounds (Chen, Kakkad, & Balzano, 2008; Han & Vasquez, 2000). To alleviate multicultural clients' anticipatory anxiety and concern of judgment by other group members, group facilitators can orient group members to cultural differences prior to the first group psychotherapy meeting (Chen, Kakkad, & Balzano, 2008; Han & Vasquez, 2000). This can be achieved by entering into a dialogue with each group member about his or her developmental and current cultural environment to identify the cultural composition and psychoeducation needs of the group (Nakkab & Hernandez, 1998). More specifically, the group therapist can engage individual group members in a dialogue about ethnic identity, experiences with immigration, traditional beliefs, family, and beliefs about symptoms and the role of psychotherapy (Nakkab & Hernandez, 1998). In addition to obtaining relevant cultural information for the education of group members, group therapists can use this information to avoid over-pathologizing and misdiagnosing clients, as well as for fostering a successful therapeutic alliance with clients from minority groups (Han & Vasquez, 2000). Group

therapists should also incorporate psychoeducation regarding the nature and purpose of group therapy. By discussing with clients the use of a here-and-now focus, as well as the potential benefits in communication, assertiveness, and the expression of emotion , clients can begin to develop trust and a sense of safety with the group therapist (Han & Vasquez, 2000).

Therapist preparation.

Diversity and multicultural factors affect every aspect of group process and as such group therapists should have multicultural training beyond the traditional individual psychotherapy format to be considered competent in leading multicultural psychotherapy groups (Okech & Rubel, 2007). Multicultural training should include building awareness of the cultural values ascribed to one's own culture, as well as awareness of cultures that one does not identify with (Sue & Sue, 2008). In support of this, Haley-Banez and Walden (1999) suggest a group therapist "examine his/her multiple identities, worldview, and phase of identity development . . . to understand the impact of his/her own development and worldview on the group" (p. 411). By doing so, the group facilitator reduces the risk of imposing his or her values on group members and enhances the effectiveness of group leadership (Merta, 1995). To develop cultural awareness, group therapists need to have a knowledge base regarding between and within-group cultural differences, and a self-awareness of reactions to clients from multicultural groups and learn how to manage or use these reactions therapeutically (D'Andrea, 2004; Okech & Rubel, 2007; Sue & Sue, 2008).

Methods for group psychotherapy training often include didactic training that have experiential, observational, and discussion components (McRae & Short, 2005). According

to McRae and Short (2005), group psychotherapist training should incorporate not only the stages of group development and therapeutic factors, but also include an analysis of societal structure (current and historical) that examines differences of societal power and authority between multicultural groups. This examination of societal structure is thought to increase a group therapist's ability to collaborate with multicultural group members. McRae and Short (2005) state,

> Given the fact that racial and cultural factors often represent power, authority, and class or status in hierarchies in society, the lack of attention to them may be reflective of existing societal structures that perpetuate the invisibility and institutionalization of a dominant culture in which privileges are readily available to some subgroups and not to others. (p. 142)

In addition, authors contributing to the multicultural literature (e.g. D'Andrea, 2004; Sue & Sue, 2008) suggest group therapists of racially heterogeneous groups learn how to assess for and incorporate the level of racial-cultural identity development of each group member, as well as the group therapist's own racial-cultural identity development, into group work. By incorporating the principles of racial-cultural identity development (RCID) into heterogeneous group work, D'Andrea (2004) suggests that group work will be more effective and ethical for group members. The theory and principles of RCID will be discussed in further detail later on this paper in the section addressing multicultural group development and process.

     Approaches to group psychotherapist training have been categorized as etic or emic, with racial and cultural information being presented in a general, cross-cultural, and comparative manner, or a more specific and dynamic manner, respectively (Anderson,

2007; McRae & Short, 2005). In addition to the etic and emic perspectives of multiculturalism, Anderson (2007) suggests a third perspective, dialectic, be added as a cultural viewpoint in therapist training and multicultural group psychotherapy application. From a dialectic perspective group psychotherapy facilitators "assess consequences of group interactions in the context of human diversity" (Anderson, 2007, p.228). Behaviors that a group therapist might observe using a dialectic perspective include the self-consciousness of a culturally oppressed group member and the obliviousness of privilege of a culturally privileged group member (or obliviousness to the lack of privilege of cultural minorities). By being aware of both within and between multicultural group differences and the behavioral interactions among diverse group members, the group facilitator can encourage dialectic interactions between group members and help group members gain perspective.

Practicing multicultural group therapists (e.g., Green, 2002; Merta, 1995) caution group facilitators from feeling complacent with their multicultural competence and falling into the illusion of competence by relying too heavily on didactic instruction. Green (2002) states, "Such a stance is itself an act of privilege and serves to perpetuate the value of one's own constructions over direct experience with different others who may challenge our essential views of what is most important" (p. 243). To prevent such illusions of competence, the literature suggests group therapists treat multicultural competence as an area of continuing education that includes frequent re-examination of one's own experiences and biases, participating in direct multicultural training experiences, and creating a professional network of colleagues with experience with different cultural populations (Green, 2002; Merta, 1995). More specifically, multicultural training

experiences should incorporate role-plays, rehearsals, and practice identifying and handling multicultural issues that arise organically in heterogeneous training groups (Merta, 1995). If training groups for multicultural group therapists are not racially or ethnically heterogeneous, then multicultural community members should be brought in as resources and vicarious learning (e.g., fishbowl or hot seat) techniques should be used to provide multicultural learning opportunities for all members (Merta, 1995). In addition, rather than solely rely on training groups, multicultural group therapists should participate in multicultural group psychotherapy as a group member to identify cultural bias and countertransferences (Fenster & Fenster, 1998).

Group Development and Process

    Rules and norms.

       Often the first aspect of establishing group norms is the establishment of ground rules that will govern the group psychotherapy process (Abernathy, 2002; Camacho, 2001; Chen, Kakkad, & Balzano, 2008; Haley-Banez & Walden, 1999). In addition to rules that govern the safety and functioning of the group (e.g., no physical violence), Abernathy (2002) suggests discussing individual and group expectations of group psychotherapy and using this discussion to collaboratively establish rules that prohibit the use of intentionally damaging metaphors and to make an agreement to discuss cultural disagreements that arise during the group process. This normative process is meant to address cultural issues in a direct and sensitive manner and prevent further stereotyping or marginalization by taking a "colorblind" approach to multicultural group members.

       When establishing group norms, practicing group therapists (e.g., Earley, 2000; Yalom & Leszcz, 2005) suggest the group facilitator establish the norm that group members talk

openly about feelings and psychological issues so the group does not dissolve into

nonproductive conversation. However, a group norm that encourages talking openly about

feelings and psychological issues may be less supportive of group members from cultural

backgrounds where such personal self-disclosure is less common (Chen, Kakkad, &

Balzano, 2008; McRae & Short, 2005; Merta, 1995). In addition, Earley (2000) discusses

that group norms are often formed by the group members themselves (or by collaboration

between group members and the group facilitator), which, without moderation by the

group facilitator, could result in the group members singling out or shaming clients who

are more quiet, shy, or introverted (Chen, Kakkad, & Balzano, 2008; McRae & Short, 2005).

To moderate the potentially negative consequences resulting from differences in self-

disclosure, the group facilitator can discuss cultural differences in self-disclosure during

group preparation, balance group members' communication and self-disclosure styles,

directly address cultural differences in the group, model appropriate self-disclosure, and

adapt interventions to match multicultural clients' communication and self-disclosure

styles (Camacho, 2001; Chen, Kakkad, & Balzano, 2008). In addition, Chen, Kakkad, and

Balzano (2008) recommend group facilitators teach group members to use specific and

focused feedback that is rooted in the here-and-now. By using focused and behaviorally

specific feedback, minority group members are less likely to feel attacked due to their

culture and are more likely to benefit from the feedback.

Because clients from some cultures may have difficulty self-disclosing in a group

psychotherapy setting, Chen, Kakkad, and Balzano (2008) suggest group facilitators

incorporate social justice into group work by allowing marginalized group members the

opportunity to speak about their minority experience. In addition, the authors suggest

group facilitators take an activist role and look at problems in a larger system, empower clients, and help individuals adapt to their respective culture rather than imposing majority-culture values on them.

Multicultural group process.

Yalom and Leszcz (2005) emphasize the role of universality and catharsis in multicultural groups. The authors suggest group therapists pay attention to cultural differences among group members and help the group move past these differences toward a transcultural, or universal, way of responding to one another. Further, when group members respond to each other in a universal manner, the curative properties of catharsis may result. This discussion by Yalom and Leszcz (2005) is supported by McRae and Short (2005), who state that these therapeutic factors (e.g., universality and catharsis) are constant across cultures and can help group members experience and understand emotions in the context of a broader, multicultural society.

According to Han and Vasquez (2000), Yalom and Leszcz's (2005) emphasis on the therapeutic factor of universality for multicultural clients "does not adequately deal with group work involving cultural diversity or majority-minority racial dynamics" (p. 111). Instead, Han and Vasquez (2000) propose that a multicultural approach should value diversity, develop multicultural competence among group members, and incorporate the racial or multicultural identity of individual group members and the group-as-a-whole. In addition, Han and Vasquez (2000) discuss four central issues that arise in multicultural groups: power, self-esteem, identity, and intimacy. According to the authors, power and oppression are often central issues for ethic or racial minority members. Another type of power, psychological empowerment, is valuable for clients who value dignity, respect,

interdependence, and collaboration. Psychological empowerment can be fostered by the group therapist by promoting client awareness of emotions and needs during group psychotherapy interventions. Due to issues of oppression and power, minority groups often experience low self-esteem, identity issues, and low levels of intimacy. When group interventions directly address issues of self-esteem, self-identity, and sociocultural identity in the context of the environment, clients from multicultural backgrounds can increase the capacity for intimacy and meaningful interpersonal contact and enhance cohesion and universality with group members. Similar to Han and Vasquez (2000), Fenster and Fenster (1998) recommend group facilitators be mindful of cultural trust or distrust among group members and facilitate trust by conveying empathy, cultural sensitivity, self-disclosure, and respect for and curiosity of other cultures.

Frameworks for group development.

Stages of development.

To create a framework for understanding multicultural group development, Anderson (2007) recommends adding five variables to the Gladding (2003) stage conceptualization of group work: levels of core conditions, specific facilitation of the therapeutic factors, dialectic inclinations, dialectic liabilities, and dialectic clinical foci. These variables are meant to assist group facilitators with thinking about differences between subordinate and dominant group members at each of the five stages of group process development (e.g., forming, storming, norming, working, terminating).

Similar to Anderson (2007), Han and Vasquez (2000) suggest group facilitators pay attention to the five aforementioned stages of group process development with a multicultural lens. More specifically, the authors suggest that during the first stage of

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group development group facilitators pay attention to multicultural differences in trust versus distrust among group members and foster trust by incorporating members' sociocultural experiences during group interventions. During the second stage of group development group facilitators should pay attention to member conflict, power, and struggle expressing feelings of anger and disappointment with group members and the facilitator. During the third stage of group development the group facilitator should reinforce group cohesion by providing cultural support and advice to group members as necessary. During the fourth stage of group development the group facilitator should openly address multicultural issues that affect group members and encourage group member leadership. During the fifth and final stage of group development the group facilitator should encourage goodbyes and expression of regret or disappointment, consolidate learning, and explore future needs.

A social constructionist perspective.

In a social constructionist perspective group members and group therapists are "co-actors in the creation of the field of clinical activity" (Green, 2002, p. 237). In this view of multicultural group psychotherapy, the group therapist should use dialogue to bring unspoken differences in power, privilege, and personal agency to the surface of group work. By doing so, the group therapist acknowledges the various realities of experience of group members and gives minority group members a voice in the group process. If the group process were to ignore multicultural differences among members, minority clients may hold the view that they are being silenced by the majority process and drop out of group prematurely. However, if the group process were to restrict members' voice to speaking out solely about how he or she is different from the majority culture, the

individual may not feel whole or true to the self. In order to pay attention to multicultural

differences, the group therapist needs to look at interpersonal, intrapersonal, and group-

as-a-whole processes simultaneously and not be restricted by a particular theoretical lens.

In other words, the group therapist should be able to concurrently hold onto knowledge

from a theoretical orientation and take in different perspectives from group members.

   Racial-cultural identity development.

   As discussed previously, there is consensus in the multicultural literature that group

psychotherapists and counselors should incorporate racial-cultural identity development

(RCID) into their framework for practicing multicultural group psychotherapy (D'Andrea,

2004). RCID includes the movement through emotional and cognitive awareness regarding

the cultural identity of the self, the minority cultural group one identifies with, members of

other cultural minority groups, and the dominant cultural group (Rivera, Garrett, &

Crutchfield, 2004). Sue and Sue (2008) present five stages of RCID that are meant to

descriptively address within-group differences among racially diverse individuals. The

authors point out that, by focusing our multicultural lens to specific racial groups, the

tendency may be to lump individuals of similar heritage together and ignore individual

experience with culture and identity. In response to this, Sue and Sue (2008) present the

following stages: (1) conformity; (2) dissonance and appreciating; (3) resistance and

immersion; (4) introspection; (5) integrative awareness. These stages vary in self-

attitudes, attitudes toward others of the same minority group, attitudes toward others of a

different minority group, and attitudes toward the dominant group. A summary of Sue and

Sue's (2008) RCID framework as it relates to the individual is to follow. An individual with

low race salience is in the conformity RCID stage and is depreciating or neutral toward the

self and other members of the same minority group, discriminatory or neutral toward

members of other minority groups, and appreciating of members of the dominant group.

An individual in the dissonance and appreciation RCID stage experiences conflict between

depreciating and appreciating the self, members of the same minority group, members of

other minority groups, and the dominant group. An individual in the resistance and

immersion RCID stage appreciates the self and members of the same minority group,

empathizes with members of other minority groups, and depreciates members of the

dominant group. An individual in the introspection RCID stage is concerned with the basis

of appreciation for the self and members of the same minority group, as well as the basis

for ethnocentric judgment of others from different minority groups and dominant group-

depreciation. Finally, and individual in the integrative awareness RCID stage is

appreciating of the self, members of the same minority group, and members of other

minority groups. In addition, the individual is selectively appreciating of members from

the dominant group.

In addition to utilizing RCID in multicultural group settings, D'Andrea (2004)

recommends White group therapists view their own racial-cultural identity using Janet

Helm's theory of white racial identity development (WRID; as cited in D'Andrea, 2005, pp.

274-276). What stage of WRID a therapist generally operates in affects how he or she

interacts with other members of the same or different group, and D'Andrea emphasizes the

importance for psychotherapists to include this framework into their multicultural

awareness training. Using the WRID to identity what stage of racial identity development

White group members currently operate in is also useful, particularly when trying to

identity the source of conflict or antagonism among heterogeneous group members.

According to D'Andrea (2004), when minority group members in the resistance and immersion RCID stage are evenly mixed with White group members who are seemingly oblivious to racism (i.e., in the contact status of the WRID framework), conflict and antagonism are most likely. When group members are at a variety of developmental stages (RCID or WRID), the likelihood of positive cross-group interactions increases (D'Andrea, 2004).

Optimal theory and group development.

Optimal theory is a non-Western and non-Eurocentric framework that, according to Haley-Banez and Walden (1999), can be used to work with multicultural clients because it "encourages counselors to look concurrently at their own individual uniqueness and the commonalities with the individual uniqueness of their clients" (p. 3). By taking a holistic approach and unifying individuals through commonality of human experience, optimal theory is thought to emphasize universality and cohesion among multicultural group members. When optimal theory is applied to Trotzer's four cyclical stages of group development (security, acceptance, responsibility, work, closing; as cited in Haley-Banez & Walden, 1999, p. 409), group can understand on a holistic level how individuals come to understand and accept the self and others in a group.

Psychotherapy Interventions

Group work.

Group therapists should "use interventions and goals that are culturally appropriate and acceptable to the group to convey respect and genuineness through behavior" (McRae & Short, 2005, p. 149). To better facilitate the needs of multicultural clients in therapy groups, many practicing multicultural group therapists (e.g., Eason, 2009; McRae & Short,

2005; Nakkab, 1998; Rivera, Garrett, & Crutchfield, 2004) suggest group facilitators

consider using nontraditional methods such as a flexible group structure, collaboration

with community resources for group preparation, metaphorical communication

(Abernathy, 2002), somatic interventions, conducting group sessions online or outside of

counseling centers, and multicultural spiritual and creative arts. With multicultural

spiritual or creative arts, Rivera, Garrett, and Crutchfield (2004) suggest the use of culture-

specific indigenous interventions (e.g., African drumming, Native American talking sticks

and sweat lodges). By using indigenous interventions, the group therapist can incorporate

a more holistic and spiritual approach that complements Western psychotherapy

philosophy and respects the beliefs of multicultural clients (Rivera, Garrett, & Crutchfield,

2004). When selecting an indigenous intervention for a heterogeneous group, the group

therapist should explain not only the intervention, but also why the intervention is being

used and how it could be helpful to all group members (Han & Vasquez, 2000; Rivera,

Garrett, & Crutchfield, 2004). Heterogeneous groups with members that are more

accustomed to Western interventions may be initially resistant to indigenous

interventions, and therefore the most structured interventions (e.g., the talking stick)

should be used as an introduction to these practices (Rivera, Garrett, & Crutchfield, 2004).

In addition, in order for a nontraditional or indigenous intervention to be successful, group

member consent should be acquired prior to the starting (Rivera, Garrett, & Crutchfield,

2004).

Rather than using nontraditional interventions for multicultural group therapy,

some group therapists (e.g., Chen, Kakkad, & Balzano, 2008; McRae & Short, 2005; Okech &

Rubel, 2007) recommend group therapists adapt Western evidence-based practices and

leadership styles to multicultural clients. More specifically, Chen, Kakkad, and Balzano (2008) recommend group facilitators integrate the American Group Psychotherapy Association's (2007) evidence-based practice guidelines with developmental contextualism. Group facilitators foster developmental contextualism by taking into account group members' developmental and current cultural environment, as well as by being aware of individual and group values, needs, roles, goals, and tasks (Chen, Kakkad, & Balzano, 2008). In addition, when considering the appropriateness of interventions for multicultural groups, group therapists should take into consideration peer relationships, useful procedures, core conditions, curative factors, useful techniques, diversity inclination, diversity liabilities, and clinical focus (Anderson, 2007). These considerations also apply when adapting principles specific to psychodynamic theory (e.g., splitting, projection, and projective identification) to multicultural psychotherapy groups (McRae & Short, 2005).

Ultimately, group therapeutic interventions should promote effective communication, interpersonal learning, and cohesion (Okech & Rubel, 2007). Regardless of theoretical orientation, useful interventions are those that "allow discussion, understanding, and acceptance of differing experiences, beliefs, values, and behaviors" (pp. 252-253), but "All group work skills must be evaluated for use with diverse clients, and skills that violate cultural norms may need to be adapted or discarded" (p. 253; Okech & Rubel, 2007).

Resolving group conflict.

According to Abernathy (2002), group conflict and resistance due to multicultural differences among group members can be reduced using metaphorical communication. In this application, metaphors are used to indirectly discuss issues related to multiculturalism

that, when using more direct language, could be damaging to group members' sense of universality and empowerment. Metaphors are thought to reveal information about the group and encourage group collaboration to explore metaphors, which encourages group cohesion and mutual understanding.

Similar to Abernathy (2002), Camacho (2001) discusses the differences in direct versus indirect conflict resolution among collectivistic versus individualistic cultures; however, according to Camacho (2001), conflict resolution and the restoration of group harmony are thought to be most effectively achieved using direct communication about the issues at hand rather than indirectly through metaphorical communication. More specifically, when addressing conflict within a psychotherapy group, group facilitators clarify the issue, model appropriate communication, and determine when and for how long the group will address the conflict (Camacho, 2001; Han & Vasquez, 2000). Another way to resolve group conflict is to focus on positive feedback exchange during initial group development (Chen, Kakkad, & Balzano, 2008). Positive feedback is thought increase universality and cohesion among group members, thus reducing the potential for conflict regarding race or cultural identity (Chen, Kakkad, & Balzano, 2008).

A Review of the Gestalt Group Psychotherapy Literature

Because this project focuses on the specific theoretical orientation of Gestalt psychotherapy, it is important to understand the philosophical and theoretical underpinnings of group psychotherapy in this format. In this section an overview of the philosophical foundations of Gestalt group psychotherapy, as well as the specific group formation, preparation, development, process, and interventions commonly used by practicing Gestalt group therapists will be provided. A review of the Gestalt group

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psychotherapy literature from 1988 to 2006 through the PsycINFO/Ovid database based

primarily on the combined search terms *Gestalt psychotherapy* and *group psychotherapy*

was conducted. The decision to use 1988 as the starting date was made for completeness of

the Gestalt group psychotherapy literature and the utility of the article "The Practice of

Gestalt Therapy in Groups" (Frew, 1988). In addition to articles obtained via the

PsycINFO/Ovid database, a significant portion of this literature review was taken from the

works of Feder, especially *Gestalt Group Therapy: A Practical Guide* (Feder, 2006), and

Beyond the Hot Seat Revisted: Gestalt Approaches to Group (Feder & Frew, 2008).

Philosophy of Gestalt Group Psychotherapy

      Gestalt psychotherapy group definition.

Before a discussion can begin about how to conduct Gestalt psychotherapy groups, a

discussion of how the literature defines the term "group" will be provided. According to

Philippson (2008), a working definition of a "group" as it relates to Gestalt psychotherapy

is "any collection of people who have a perceived ability to communicate" (p. 45). Such a

broad definition for a group allows for variation in time and space and emphasizes the way

in which members communicate (or do not communicate) with each other. From this

viewpoint, a group does not have to be a collection of members sitting in one room, but can

be a group of individuals within an organization and across situations (Philippson, 2008).

In addition, individuals may form subgroups or nonlinear configurations that alter the

stages of development and group process, which is especially evident in multicultural

groups (Gaffney, 2006; Philippson, 2008). This points to another defining element of a

Gestalt group: its interconnectedness to the surrounding environment. In accordance with

field theory, a group has no distinct boundary from its surrounding environment but rather

is supported by "the potentially infinite, interpenetrating, and interdependent forces that support the emergence of the figure of 'group'" (Fairfield, 2004, p. 341). To think of a group as a distinct and separate entity is to ignore the dynamic information that can be gleaned from the environment it is in constant contact with and would depart from the core Gestalt therapy principle of field theory.

Bloom (2008) provided another definition of what it means to be a psychotherapy group, stating, "As self emerges within the sequence of contacting . . . Every individual person is implicitly or explicitly a function of the social surround; the social experience is made manifest through group phenomenon" (p. 54). Although there are inherent differences in the level of contact and the individual's own experience in a group, both Philippson (2008) and Bloom (2008) point to the importance of collective contact and shared experience among and between individuals as definitive elements of a "group." Other important definitive factors of a group are its size and how it defines itself. The number of individuals that comprise a group varies depending on the type and needs of the group environment, but Gaffney (2006) states that a group is comprised of three or more people. In addition, a group can be defined as such by its members, by the collective group, or by the environment (Gaffney, 2006). Now that I have provided a review of how the literature defines what it means to be a Gestalt psychotherapy group, a theoretical discussion of Gestalt group psychotherapy will follow.

Historical Gestalt group psychotherapy.

Gestalt group psychotherapy is often conceptualized as an integration of Gestalt therapy, dynamics theory, and systems theory (Schoenberg, Feder, Frew, & Gadol, 2005). In addition to these three theoretical underpinnings, some group therapists recognize Carl

Rogers's personal development groups as an later influence on Gestalt group psychotherapy and call for more overt integration of the two group formats (Houston, 2006; O'Leary et al., 1998).

Specific to the Gestalt theory setting, group psychotherapy was born out of Fritz Perls's teaching groups in which he demonstrated individual Gestalt psychotherapy in a group setting (Frew, 1988; Frew, 1990; Schoenberg, Feder, Frew, & Gadol, 2005). Coined the hot seat model, Perls would work primarily with one person at a time and utilize the other members of the group as a Greek chorus (Schoenberg, Feder, Frew, & Gadol, 2005). Rather than use the group as a direct source of support to the individual, group members were considered a nonresponsive and nonjudgmental blank screen upon which the individual could autonomously project and work through aggressions and fears (Schoenberg, Feder, Frew, & Gadol, 2005). This practice was exclusive of some of the central Gestalt theory, namely, field theory and dialogue, and therefore is considered to be a didactic departure from the foundational model of Gestalt psychotherapy (Schoenberg, Feder, Frew, & Gadol, 2005).

Kurt Lewin first developed the term group dynamics and founded the Research Center for Group Dynamics at the Massachusetts Institute of Technology (Houston, 2006; Schoenberg, Feder, Frew, & Gadol, 2005). Originally interested in studying how groups solve problems, Lewin became aware of underlying group processes and identified five core elements of group dynamics (Schoenberg, Feder, Frew, & Gadol, 2005). In every group, Lewin observed that group members are responsible for creating and adapting group goals, norms, and rules. In addition, groups establish group roles for each member and seek to move through (and be aware of), the group developmental stages. Last, Lewin

observed that groups might focus on any of three levels of interaction: intrapersonal, interpersonal, and group-as-a-whole (Schoenberg, Feder, Frew, & Gadol, 2005). These three levels of interaction will be described further in some detail later on in this paper when I discuss group process.

According to systems theory all organisms can be understood in the context of the system (or field) in which they make contact , including other organisms (Schoenberg, Feder, Frew, & Gadol, 2005). Embedded within this theory is the concept of gestalt (i.e., the whole is greater than the sum of its parts), in which the individual cannot be understood in isolation, but rather in the context of a social system or group. In addition, group systems may be closed, open, or somewhere in between. If a group is very closed and new members do not replace old members, the group will die out and lose energy. If a group is very open and members flow in and out freely, the group is unlikely to develop a sense of safety or move into deep, meaningful contact among members. Another component of systems theory is how the group self-regulates to maintain homeostasis. Described by Gestalt therapists as the process of organismic self-regulation, and described in more detail in another section of this paper, groups (and individuals within the groups) move through different levels of energy as they sense, become of aware of, take action on, and dissolve figural needs such as norms and roles. The last key principle of systems theory describes the influential role each individual group member's environment (or field) has on creative group process, leading to multiple ways to achieve group goals and figural issues (Schoenberg, Feder, Frew, & Gadol, 2005).

Modern Gestalt group psychotherapy.

Modern Gestalt group psychotherapy is a combined application of Gestalt therapy and group dynamic principles that emphasizes process, energy, movement, contact, authenticity, and presence (Feder, 2006; Zinker, 2008). A survey conducted in 2002 found that 54% of Gestalt group therapists use some combination of hot seat, interpersonal, or group/systems approaches in their practice (Feder & Frew, 2006). In Gestalt psychotherapy groups, intrapersonal (e.g., "hot seat") approaches focus on how individuals access deeper feelings and complete unfinished gestalts, interpersonal approaches focus on the here-and-now, and group-as-a-whole approaches provide the context for the former two levels (Earley, 2000). In addition, in order to truly practice Gestalt group psychotherapy, a therapist must incorporate principles from field theory, dialogue, group dynamics, organismic self-regulation, self versus other support, here-and-now orientation, contact boundaries, awareness, experimentation, and holism for all levels of individual and group interaction (Earley, 2000; Feder, 2006). Individual change in a Gestalt psychotherapy group setting results from the interaction of these principles and germinates in the form of risk taking, experimentation, and repetition.   Therefore, "'Group work' is the attention to the phenomenal relationship of 'myself' and 'others,' as a process – the dynamic, changing relationship of 'I' and 'we'" (Bloom, 2008, p. 54).

In order to better understand the ground from which Gestalt group psychotherapy originates, a brief discussion of some of the key Gestalt principles (i.e., field theory, organismic self-regulation, phenomenology, etc.) that have been applied in the literature to the group setting is to follow.

Field theory.

The "field" is a term from physics that refers to an experiment in which the spatial

configuration of a grouping of metal shavings is shifted depending on the location of a

magnet in relation to the shavings (i.e., the magnetic field; Parlett & Lee, 2005). When a

magnet is passed over the shavings, all the metal pieces move in different ways to form a

new spatial configuration. No metal shaving is affected in isolation of the others because

each shaving bumps into other shavings as they are individually affected, causing

movement in multiple shavings as the magnetic field passes over them. This principle was

applied to Gestalt psychotherapy metaphorically and is based primarily on the work of

Kurt Lewin (Parlett & Lee, 2005). Lewin coined the term "field theory" as a metaphorical

explanation, based on the magnetic field experiment, for how internal personal drives and

external social forces interact and affect one another in an event (Parlett & Lee, 2005).

According to field theory, a field is any defined combination of parts that interact with a

particular environment or environments. By utilizing field theory in one's

conceptualization of a behavior or event, one adopts a holistic viewpoint and avoids

missing out on crucial causative factors related to a behavior or event that one may miss by

taking a reductionist viewpoint.

Phenomenology.

To be phenomenological requires a particular methodology that can be broken

down into three parts or rules: bracket off one's biases and assumptions, describe instead

of interpret, and horizontalization (Fairfield, 2004). When bracketing off one's biases and

assumptions, bias is not controlled for or eliminated but rather brought into the therapist's

awareness in the present moment. Using this approach, any interpretations that arise from

biases or assumptions can then be held loosely and are easily reversed by the therapist,

leaving the therapist more open to the present experience and the multitude of situational factors that may be affecting each group member. According to Fairfield (2004), therapists should also apply this take-it-or-leave-it approach to interpretations stemming from biases and assumptions to theories, methodologies, and values that affect how a psychotherapy group is conceptualized. By being open to one's present experience and in turn bracketing off biases and assumptions, the group therapist is better able to describe, rather than interpret, observations of the group (Fairfield, 2004). The rule of description brings the therapist and group members into awareness of their present experience, and group members are taught to share observations through a particular type of interhuman contact called dialogue (Fairfield, 2004; Fernbacher & Plummer, 2005; Yontef, 1990). The third rule of phenomenology, horizontalization, equalizes the multitude of observations that are in the therapist's present awareness, as well as equalizes the group members and the group therapist (Fairfield, 2004). Observations and contributions from group members are seen as equally important to those of the therapist, and the therapist uses observation and description to communicate with group members. Each of the three components of phenomenology help set up dialogic conditions, which will described in the next section.

Organismic self-regulation.

The construct of organismic self-regulation describes the process in which groups, subgroups, and individuals strive to sustain homeostasis (Schoenberg, Feder, Frew, & Gadol, 2005). In the beginning of this process a disturbance in homeostasis is brought into awareness and recognized as a need (or "figure"), followed by contact with the environment to satisfy the need, restoration of homeostasis, and the opportunity for other

figures or needs to be brought into awareness and satisfied (Frew, 1990; Schoenberg,

Feder, Frew, & Gadol, 2005). In Gestalt terminology, awareness can be defined as:

> 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 which one is not aware of or to have past
>
> experiences stored in the person's memory of which one is, likewise, not presently
>
> aware. (Handlon & Fredericson, 1998, p. 282)

After a need or figure has been brought into awareness, the process of satisfying a need can

be automatic or deliberate (Frew, 1990). Needs that are not immediately met become

internalized figures that compete with other needs, potentially resulting in ambivalence or

incompleteness (Schoenberg, Feder, Frew, & Gadol, 2005). In a group psychotherapy

setting figure formation occurs at the group member, group, subgroup, therapist, and

organization levels, creating a broad and complex experience of self-regulation

(Schoenberg, Feder, Frew, & Gadol, 2005).

The paradoxical theory of change.

According to the paradoxical theory of change, change occurs only when an

individual fully invests in what he or she is in the moment rather than trying to be what he

or she is not (Beisser, 2004; Yontef, 1990). Change does not occur by coercion, insight,

interpretation, or influence by an "expert" therapist, but rather by the individual sitting

with who they are in the here-and-now. By fully experiencing their current state or role,

the individual will shift naturally to something different. From this perspective the

individual is a whole being rather than divided into opposing parts. If the individual

experiences compartmentalized or fragmented roles, the Gestalt therapist encourages

communication between the roles (Beisser, 2004). By identifying each role, the individual

can begin to integrate the fragmented parts of the self and become what they are fully

(Beisser, 2004). By being what one is fully, an individual can become something else. To

support the paradoxical theory of change the Gestalt therapist asks the individual to fully

experience what they are and does not assume the hierarchical role of the expert; such a

hierarchy already exists within the individual and assuming such a role would only align

with one aspect of the individual's internal dichotomy, thus alienating the other (Beisser,

2004). In this way, the Gestalt therapist also does not seek change, but rather aims to be

present in the moment and fully experience what he or she is.

Model for changing.

Feder (2005) provides a discussion of his model for changing that briefly

summarizes some of the theory of Gestalt therapy. According to the author, an individual

makes a creative adjustment in response to some event or trauma in his or her life to help

cope or deal with the situation. When an individual uses this creative adjustment

frequently and becomes good at it, the creative adjustment becomes automatic and falls out

of awareness.   Termed a fixed gestalten, this automatic pattern of behavior is often

extended beyond its original purpose and may be used inappropriately or to the

individual's disadvantage. If a fixed gestalt becomes problematic for an individual, the

individual may experience a crisis or distress, which is often the motivating factor for

entering psychotherapy. In the therapeutic context, the individual becomes aware of this

maladaptive fixed pattern of behavior and makes the decision to change. With the support

of the therapist and group members, the individual begins to take risks and experiment

with new behaviors inside and outside the therapy room. By repetitively using a new

behavior pattern, the new behavior can stick with the individual and represents change. In this way, an individual's decision to change is not coerced and, by taking a phenomenological approach, observations of fixed gestalten are nonjudgmental. Experiments and risks can be collaboratively created with the group and therapist or suggested by the individual, and other group members can participate in an experiment by directly joining in an activity or by providing the individual with feedback. In addition, the model for changing presented by Feder (2005; 2008) respects an individual's autonomy by allowing him or her to decide whether or not to repeat an experimental behavior or try something new.

Central to the model for changing presented by Feder (2005; 2008) is the role of the individual as he or she interacts with the group environment. In a psychotherapy group, the therapist and the group function as a medium to bring fixed patterns into awareness and test out new behaviors and ways of being. In support of this, Handlon and Fredericson (1998) propose a model of observation to explain specifically how individual internal systems (e.g., awarenesses, biogenetics systems, and sociocultural systems) interact with the group system to create individual change. The authors propose six vehicles of individual change within the group: (1) increasing the individual's awareness of the interaction between biogenetic and sociocultural systems that may lead to a block in energy; (2) experiencing new interpersonal interactions; (3) experimenting with new behaviors; (4) receiving acceptance and support from others after self-disclosure; (5) obtaining positive and negative feedback from others; and (6) experiencing vicarious learning through other group members' awarenesses and experiments. These six vehicles take an individual through an internal change process that increases awareness of past and

present sociocultural and biogenetic internal systems, leading to a change in both internal and external behavior. Throughout the individual change process group members and the therapist act as change agents by providing support, feedback, and observations of behavior, thus increasing awareness and allowing the individual to fully experience how they really are and ultimately leading to behavioral change.

Now that I have provided a brief discussion of some of the key philosophical and theoretical bases for Gestalt group psychotherapy, I will discuss how the Gestalt group psychotherapy literature addresses screening and group member selection, group preparation, group development, group process, and group therapist interventions.

Screening and Group Member Selection

Feder (2005; 2006) recommends selecting group members in such a way that gender and personality will be balanced. Although this balance does not have to be precise, it is a good idea to select members who are a range of shy, passive, loud, aggressive, etc. so that members will challenge and learn from each other, but not overpower or inhibit group work. Ideally, the group therapist should be "Choosing members who will hopefully fit together in such a way as to provide an energetic, interesting, challenging, and safe-enough ground" (Feder, 2006, p. 62).

Preparation and Pre-Group Training

Client preparation.

After screening clients for appropriateness of group fit, group members should be oriented to the process of group psychotherapy, including the potential risks and benefits of this particular therapy format. Although risks are not directly addressed in the literature, the benefits of Gestalt group psychotherapy include increased awareness of

one's functioning in the here-and-now, learning by doing, experimenting with new ways of interacting, becoming more direct and clear, receiving feedback from peers, learning better ways to resolve conflict, and becoming more comfortable with self-disclosure (Feder, 2006).

Therapist preparation.

Perhaps most important for therapist preparation is the idea that Gestalt group psychotherapists should be "… capable of understanding his/her own observations and interventions not only at a gut level but also at a theoretical and methodological level" (Zinker, 2008, p. 91). In other words, the group therapist should be familiar with Gestalt principles and able to apply them to his or her life. By doing so, the group therapist will be more aware of his or her biases and better able to take a phenomenological approach by bracketing off his or her biases and assumptions during group work. In addition, practicing Gestalt group therapists (e.g., Schoenberg, Feder, Frew, & Gadol, 2005; Zinker, 2008) discuss the importance of using Gestalt theory and method, as well as applicable theories of group dynamics and processes, as a roadmap for navigating the group's figural issues of awareness, organismic self-regulation, group development, and group process. Due to the complex nature of Gestalt group facilitation, the group therapist should prepare by participating in substantial training not only in individual Gestalt therapy, but also in Gestalt group therapy.

Group Development and Process

Rules and norms.

To set the ground for therapeutic group development and work, practicing Gestalt group psychotherapists (see Earley, 2000; Feder, 2005; Feder, 2006; Philippson, 2008)

recommend establishing group rules during the first group meeting. Group rules are

defined as explicit behavioral guidelines that are not to be broken (Earley, 2000). Group

rules to be established include asking participants to devote attention and efforts to their

experiences that directly pertain to the group, bringing personal contact among members

outside of group back to the group therapy setting, keeping group discussions confidential,

provide advanced notification of an absence or termination of group therapy, and not

engaging in physical violence or other aggressive behavior (Earley, 2000; Feder, 2005;

Feder, 2006). Although Gestalt group therapists generally agree upon most group rules,

the rule of no sexual contact among group members has received contrasting opinions

about its importance for the group functioning. According to Philippson (2008), sexual

relations among group members should be prohibited so as to better facilitate an

environment that is safe for the exploration of sexual issues. Perhaps contrasting this

advice is Feder (2005; 2006), who recommends allowing group members to have contact

(of varying degrees) with one another but establishing a rule that any discussions or

interactions outside of group can be brought back to the group (i.e., grist for the group

therapeutic mill). Allowing group member contact outside of group meetings appears to

follow field theory, according to which the definition of a group is inclusive of its

environment and therefore contact outside of group meetings can still be part of the group

work itself. Whether a group therapist prohibits sexual contact among members or not,

practicing Gestalt group therapists (Feder, 2006; Philippson, 2008) do agree upon the

importance of creating a safe environment (i.e., field) to incorporate the exploration of

sexuality and sexual issues in group.

In addition to establishing group rules, Zinker (2008) points to the role of the

therapist as a communicator of group norms and values that are expressed via leadership.

Although similar to group rules in function(indeed, group rules are a type of group norm)

group norms may be expressed implicitly or explicitly and function more to enhance (or

detriment) group functioning rather than to create an action-consequence dyad (Earley,

2000; Kepner, 2008; Zinker, 2008). In support of Zinker (2008), Kepner (2008) stated,

"Norms are ways of describing what is permissible or valued in a group. Rather than being

stated directly they are inferred from behavior and reflect the assumptions people make

about themselves, one another, and how things 'ought to be'" (p. 31). Group norms can be

formed by the group therapist or group members and can be therapeutic or anti

therapeutic (Earley, 2000). The role of the group therapist is to monitor group norms and

address any anti therapeutic norms that have formed within the group (Earley, 2000).

More specifically, important group norms to convey to group members are those that

enhance effective communication and here-and-now contact, such as speaking in the first

person, addressing other group members directly, and focusing on interpersonal contact

(Earley, 2000; Zinker, 2008). Anti therapeutic group norms to watch out for include the

inhibition of anger expression (Earley, 2000).

If a group therapist identifies a potentially anti therapeutic group norm, such as

inhibition of anger expression, it is also the task of the Gestalt group therapist to bring the

group norm to the awareness of the group and question its usefulness and efficacy to group

functioning (Earley, 2000; Kepner, 2008; Philippson, 2008). Some group norms, such as

rules for safety and the therapeutic functioning of the group, should always be upheld

(Feder, 2006; Philippson, 2008). Other rules or group norms, such as group personality

boundaries that inhibit conflict resolution or hide processes, should be pointed out to the group and questioned by the group therapist (Philippson, 2008). In particular, group norms that have been established passively by members or are out of group members' awareness are important to point out and question the validity of their current function or role in the group.

Safety.

Contemporary Gestalt psychotherapy groups are typically interactive in nature (Feder & Frew, 2006) and group members' active experimentation, self-disclosure, and discussion is therefore often implied. Because of these core implications, conflict due to differences in self-disclosure style between group members can be expected. In order for individuals to feel comfortable with verbal or activity-based experiments and/or risks it is important for group members to have an adequate perception of safety within the group (Feder, 2008). According to Feder: ,

> A nurturing safe-enough environment is then a vital ground for meaningful
>
> therapeutic work. Within the context of this atmosphere, members will be more
>
> likely to expose secrets, express feelings, both sweet and sour ones, and enter into
>
> experiments." (p. 72)

As discussed earlier, experimentation is the route in which awareness leads to change, and it is therefore vital that group members feel supported and safe in the group environment. As a starting point to creating a "safe-enough" environment, Feder (2008) recommends coming across in a positive manner by making contact with each individual member and using self-revelatory and withholding techniques judiciously in the best interest of the client (or clients). In addition, the Gestalt group therapist fosters a safety by being

empathic and authentic, incorporating creative group activities, focusing group attention, monitoring group progression, and removing overly disruptive or aggressive group members (Feder, 2006). Due to the ever-changing stage of group development, it is important for the group therapist to constantly assess for the current level of safety of the entire group, individual group members, and any subgroups and provide environmental support as necessary (Feder, 2008). Issues of safety can affect the group-as-a-whole and need to be addressed and worked through as much as possible, however, it is also important not to bog the group down and inhibit other figural issues from being worked on (Feder, 2008). In addition, although becoming more comfortable with self-disclosure (via experiments or risking) is often a benefit of Gestalt group psychotherapy, shy, quiet, or introverted group members should be not be shamed or coerced into self-disclosure, but rather supported and allowed to participate in whatever way feels appropriate to him or her (Feder, 2006).

Gestalt group process.

Within a Gestalt psychotherapy group, as well as in any social system, phenomenological processes are occurring simultaneously on intrapersonal, interpersonal, and group-as-a-whole levels (Earley, 2000; Frew, 1988; Kepner, 2008). In a group psychotherapy format intrapersonal processes may include an individual's beliefs, internal systems (e.g., awareness, behavior, biogenetics, and past and present sociocultural systems), and assumptions; interpersonal processes may include how individuals interact with each other and the roles they play; group-as-a-whole processes may include group rules and norms (Earley, 2000; Handlon & Fredericson, 1998; Kepner, 2008). These phenomenological processes interact to create a dynamic and complex group climate that

is constantly changing and evolving. It is the role of the therapist to manage the plethora of information from this multitude of processes and hone in on the most salient or relevant processes to provide opportunities for learning, awareness, personal growth, and change for members of the group. According to Kepner (2008), in the Gestalt psychotherapy group a therapist can choose to be a therapist for an individual client in the group, a facilitator to increase awareness of interaction between group members, or a consultant to the group in its entirety.

Another aspect of Gestalt group process, parallel to organismic self-regulation, is the cycle of group awareness. Adapted from the group development work of Yalom (1970) and formulated by Warner and Polster (as cited in Kepner, 2008), Kepner (2008) depicts a cyclical figure representing the flow in which each event comes to the group awareness: group sensation, group awareness, group energy, group action movement, group contact, group resolution, and group withdrawal, rest, and silence. In the group's sensation phase individuals experience one or more of the five senses in relation to one another. Sensation is a concrete and fundamental experience that allows individuals to detect what is most obviously pressing to them. In the group's awareness phase individuals attend to their sensations and use this concrete information to search for meaning in each other's lives. This shared awareness leads to the next phase, energy, which is characterized by group members' excitement in the search for greater meaning. Energy in turn leads to action, in which group members begin planning and comforting one another. Thus, the action phase takes group members away from hypothetical possibilities and moves them toward true contact. After contact has been satisfactorily made, the group is ready for withdrawal and

silence in which group members can experience its sensations again. If a new theme

emerges, the cycle can begin over again.

Gestalt group development.

Based on the work of Schutz (as cited in Kepner, 2008), Kepner (2008) outlined

three stages of group development that integrate interpersonal, intrapersonal, and group-

as-a-whole phenomenological process levels. These stages are: identity and dependence,

influence and counterdependence, and intimacy and interdependence. In the first stage of

group development, identity and dependence, members are thought to be concerned with

issues of identity and dependence. In this stage individuals may be wondering about how

they will fit into the group, what the other group members will think of them, and what

they will be doing in the group. The chief tasks of the Gestalt group therapist during this

stage are to establish safety and trust for future risk-taking and experimenting and foster

contact among members. To do this, the group therapist can define the expectations and

approaches of the group, initiate an activity where members can share intrapersonal

information, foster interpersonal contact, and bring group-as-a-whole and interpersonal

contact into intrapersonal process. In the second stage of group development, influence

and counterdependence, members are thought to be concerned with influence, authority,

and control. In this stage individuals may interrupt other members, challenge the group

therapist's authority, or express negative reactions to the group. During this time the chief

tasks of the Gestalt group therapist are to point out and question untested assumptions and

group norms, encourage conflicts to be dealt with explicitly, and point out fixed roles

members may carry in the group. In the third and final stage of group development,

intimacy and interdependence, members are thought to experience the deepest contact as

a result of intimacy and interdependence. In this stage members come to depend on each

other for support and challenge and view the therapist not as an authority figure, but as a

resource when needed. During this time the chief tasks for the Gestalt group therapist are

to act as an experienced resource to the group, help the group prepare to say goodbye, and

address any unfinished business. According to Kepner (2008),

> This [Gestalt group psychotherapy] model is based on two assumptions: first, that
>
> the development of the creative potential in individuals is dependent on and related
>
> to a well-functioning and healthy social system; and second, that groups, like
>
> individuals, go through stages of development in their process of change that can be
>
> roughly characterized behaviorally as a move from dependent through
>
> counterdependence to independence. (p. 19)

In other words, individuals function and develop within a social system or social systems,

be that a family, psychotherapy group, or other environmental system. In order to develop

and form functional creative adjustments, the social system(s) must also be well

functioning and healthy. This points to a need for a careful consideration by the group

therapist of individual, interpersonal, and group development processes.

Complementary to the stages of group development outlined by Kepner (2008),

Zinker (2008) discussed four stages of Gestalt group development: superficial contact and

exploration, conflict and identity, confluence and isolation, and high cohesiveness: the

metaphor of family. In the first stage of group development, superficial contact and

exploration, group members make verbalizations without making direct contact with other

members and begin carving out a role or identity for themselves within the group. In

addition, in the first stage of group development, more attention is paid to the group

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therapist and an exploration of the rules and norms takes place. In the second stage of

group development, conflict and identity, the individual identity of each group member

evolves as a function of conflict and confrontation among members. This stage is

encouraged by the group therapist's facilitation of working through conflict and an

underlying "… assumption that whatever displeases us in others is grist for the mill in our

own intrapsychic and interpersonal existences" (Zinker, 2008, p. 95). In the third stage of

group development, confluence and isolation, the group reaches a fixed gestalten in which

each member's role is stuck in place and interactions between and among group members

are characterized by generalized support or hostility (i.e., bickering) that lack contact,

warmth, or commitment. In addition, individual or group work may become tedious (often

due to bickering) and/or members may be less patient during others' work. Members'

roles in the group become exaggerated and often differ greatly from how members behave

in their private lives, and other members of the group support these roles. The fourth and

final stage of group development, high cohesiveness: the metaphor of family, is

characterized by interpersonal trust and a high capacity to care for, confront, and respect

each individual in the group. Each member is valued and seen as making important

contributions to the group, and members display patience and somberness with regard to

individual and group work.

In their discussions of the stages of group development, Kepner (2008) and Zinker

(2008) both viewed the evolution of the individual and the group across the interface of

contact. Despite differences in how the authors organized the stages (i.e., three stages

versus four) both authors saw group development as beginning with initial, superficial

contact and preoccupation with the group therapist and rules. Next, members begin

challenging rules, norms, and each other while establishing an identity within the group. Finally, group development then "ends" at a point of heightened interdependence, cohesion, and support. Development through the stages seems to be a function of how long the group is together and the nature of the group. For example groups with high member turnover may develop more slowly or only develop as far as identity formation. Not all groups will reach each developmental stage and the stages are seen less as goals or benchmarks as they are observations of group process across time. Fairfield (2004) cautions group therapists against adopting a rigid framework of group process development and instead encourages therapists to tolerate the openness and ambiguity of a group and its current needs. In this way, the group therapist can uphold a phenomenological attitude and will not be pathologize the group for being at a different developmental stage than one might expect when the developmental stages are strictly adhered to.

Although there are descriptive similarities between the stages of group development outlined by each author, there is a clear difference between how each author approached therapist interventions at each stage. For example, Zinker (2008) conceptualized the stages of group development as flowing and being continuous in nature and Kepner (2008) emphasized the stages as being orderly and stepwise in nature. As evidence for this difference in conceptualization, Zinker (2008) did not define a stage in which the group prepared for closure and described the stages of development in a cyclical fashion. A second major difference between Kepner (2008) and Zinker (2008) can be found in how each author addressed the role of the therapist at each stage of development. Kepner (2008) provided specific tasks and goals the group therapist should keep in mind

when formulating activities. This is contrary to Zinker (2008), who provided examples of group dialogue depicting the use of experiments at the various stages of group development, but provided no concrete goals or activities for therapist intervention. Zinker's (2008) approach points to the importance of formulating interventions (e.g., experiments) that suit the developmental stage of the group-as-a-whole and each individual, advice for which cannot be given in a formulaic format. In addition, Zinker's (2008) undefined developmental goals allow the Gestalt group therapist to stay in the here-and-now and is congruent with the main principles of Gestalt therapy (e.g., field theory and phenomenology).

Group Therapist Interventions

In a Gestalt psychotherapy group the therapist is seen as "an equal among equals, though we have different roles" (Feder, 2006, p. 46). During group work the therapist manages group progress, shifts among the three levels of process (i.e., interpersonal, intrapersonal, and group-as-a-whole), and acts as an experienced consultant to the group when needed (Feder, 2006; Kepner, 2008). The group therapist adopts a role that is present (as opposed to neutral), while being both silently and actively engaged in the group process when appropriate (Philippson, 2008). In addition to paying attention to the three process levels, the Gestalt group therapist uses his or her observations of process to bring greater awareness to the group. This awareness functions to keep group members authentic, avoid concealment of meaning through group norms and social defensiveness, and move through the group's organismic self-regulation process if there is a block (Philippson, 2008; Schoenberg, Feder, Frew, & Gadol, 2005). To bring awareness to the group, the group therapist maintains a "phenomenological attitude" and exhibits genuine

curiosity for the group process without rushing to interpret or assign meaning to his or her observations (Philippson, 2008, p. 47).

By making phenomenological observations and creating simple interventions (i.e., experiments) for the group-as-a-whole, dyads, or individuals, the group therapist enhances contact between and among individuals both in and outside of the group (Bloom, 2008). When describing one type of experiment, Zinker (2008) stated, "A group can recreate itself by enacting a metaphor" (p. 106). Perhaps due to the transformative nature practicing Gestalt therapists (e.g., Bloom, 2008; Philippson, 2008; Zinker 2008) ascribe to it, the experiment appears to be a key tool in a Gestalt group therapist's toolbox. Without a blueprint or agenda, the group therapist can utilize experiments as a creative methodology that could result in the facilitation of awareness, the practice of new behaviors among group members, and enhanced organismic self-regulation for whatever is most figural for the group. Thus, the experiment is an integrative approach that includes all the theories, principles, and foundational philosophy of Gestalt therapy (e.g., field theory, phenomenology, dynamics theory, organismic self-regulation, and the paradoxical theory of change) in a way that is useful for individual group members, dyads, and the group-as-a-whole.

An Analysis of Gestalt Group Psychotherapy in the Context of Multiculturalism

Upon examination of the philosophical and theoretical background of Gestalt psychotherapy as a framework for the practice of group therapy, it was determined that Gestalt group work is grounded in phenomenology, awareness, dialogue, and field theory. In addition, group member change and development are viewed in the context of organismic self-regulation and the paradoxical theory of change. Without prescribing

specific group interventions, each of these principles or theories are utilized by Gestalt group therapists as a roadmap to navigate the multitude of intrapersonal, interpersonal, and group-as-a-whole processes that result from each group member's internal and external systems. One of the difficulties using Gestalt theory and principles for the practice of group psychotherapy is the lack of specific conceptually based guidelines. In the literature, practicing Gestalt group therapists present practical guidelines, however, it is sometimes unclear if a particular guideline is based on specific Gestalt theory, experiential learning, theories and principles adapted from other theoretical frameworks, or some combination of the former three. This makes learning and conceptualizing Gestalt group psychotherapy difficult because a Gestalt group therapist needs to be simultaneously considering Gestalt theory, various group development and process theories, and universal group psychotherapy guidelines (e.g., Yalom & Leszcz, 2005) while conceptualizing and developing group interventions. The following discussion will attempt to consider all of these components in the context of multiculturalism.

In the multicultural group psychotherapy literature it is recommended that group therapists screen prospective group members for ego strength, level of acculturation, racial-cultural identity development, and culture-bound attitudes and beliefs regarding psychotherapy (e.g., Chen, Kakkad, & Balzano, 2008; D'Andrea, 2004; Han & Vaszquez, 2000; Merta, 1995). Gleaned from assessment tools or interviews, this information can then be used when selecting group members. To prevent unproductive conflict and mirror the heterogeneity often found in broader society, group members should represent a range of ego strengths, acculturation, levels of development, and beliefs (Haley-Banez & Walden, 1999). In Gestalt group psychotherapy, practicing group therapists (e.g., Feder, 2006)

suggest selecting group members in such a way that a variety of personality characteristics will be present and energy will be balanced within the group. "Personality characteristics" include communication and self-disclosure styles (e.g., shy, passive, aggressive, assertive, non -disclosing), and these styles are often considered in the multicultural literature (e.g., Han & Vasquez, 2000) to be culturally bound. Therefore, although not explicitly stated in the literature, Gestalt group psychotherapy guidelines appear to inherently support the screening for and selection of heterogeneous group members that will complement one another in a group setting.

After group members have been screened and selected, both the multicultural and Gestalt group literature emphasize the importance of client and therapist orientation to the group. To alleviate anticipatory anxiety and begin to build trust prior to entering group, the multicultural group therapists (e.g., Chen, Kakkad, & Balzano, 2008; Han & Vasquez, 2000; Nakkab & Hernandez, 1998) recommend entering into a dialogue with each group member regarding his or her developmental and current cultural influences. Using this information, group therapists should then engage in psychoeducation to orient all group members to the relevant diversity issues of the heterogeneous group, as well as the nature and purpose of group therapy. Group therapists should also use each member's cultural information to orient themselves to the relevant racial-cultural identity development and indigenous practices (if any) of each member, as well as become aware of any biases or assumptions the therapist holds toward any racial or ethnic group. This is supported the Gestalt group literature (e.g., Feder, 2006; Schoenberg, Feder, Frew, & Gadol, 2005; Zinker, 2008), where it is recommended that therapists orient group members to the process of group therapy (including the potential risks and benefits of group therapy) and apply

phenomenology to themselves by increasing awareness of (and later bracketing off) biases and assumptions toward group members. One potential limitation of group member and therapist preparation from a Gestalt perspective is the lack of a cohesive model or framework from which to understand group members' racial-cultural development. In the multicultural literature (e.g., D'Andrea, 2004; Sue & Sue, 2008) there are assessment tools and models of racial-cultural identity development that can be used by group therapists to identify each group member's cultural background and how it will affect other group members. Although without a specific assessment tool or model, Gestalt group therapy theory (e.g., field theory and phenomenology) underscores the importance of learning about and taking into consideration an individual's biological and sociocultural environment and using nonjudgmental observations to become aware of client and therapist assumptions and biases.

Multicultural theories of group process and development adapt traditional Western theories to multicultural settings with the principles of universality, respect for autonomy, social justice, dialogue, equality, and optimal theory (Anderson, 2007; Green, 2002; Haley-Banez & Walden, 1999; Han & Vasquez, 2000; Yalom & Leszcz, 2005). By incorporating each of these principles to traditional group psychotherapy frameworks of group development and process, the multicultural literature enhances the group therapist's ability to take into account each group member's racial-cultural identity and view group therapy in a more holistic manner. Gestalt group therapists grounded in phenomenology, field, theory, organismic self-regulation, and dialogue are already familiar with ideas of holism, respect for autonomy, and horizontalization.. From a Gestalt perspective, the group therapist is trained to view each individual and the group-as-a-whole within the field or

environment they are in and focus on whatever is most figural for the individual or group.

Unlike in the multicultural group literature, Gestalt group therapy theory does not adopt a

particular stepwise or linear model of group development. Often borrowed from non-

Gestalt theories, practicing Gestalt group therapists (e.g., Kepner, 2008; Zinker, 2008) often

incorporate other theorists' models of group development with models of organismic self-

regulation and the cycle of group awareness. In addition, Gestalt group therapists

emphasize the importance of a cyclical framework for group development that does not

progress in a stepwise fashion, but rather is fluid and continuously changes with the group

figure.

Multicultural group interventions are adapted to the specific group composition and

may include indigenous practices and/or modified Western evidence-based practices. To

use evidence-based practice with multiculturally heterogeneous psychotherapy groups,

group therapists should ground the practice in developmental contextualism by taking into

consideration group values, needs, roles, goals, and tasks (Chen, Kakkad, & Balzano, 2008).

In addition, multicultural group therapists should model communication styles (direct or

with metaphors) that are appropriate for the specific needs of the group (Abernathy, 2002;

Camacho, 2001). By modeling appropriate communication, the group therapist can

decrease conflict and increase universality and cohesion among group members (Chen,

Kakkad, & Balzano, 2008). Similarly, Gestalt group interventions utilize a present focus,

nonjudgmental communication of observations (i.e., phenomenology), and metaphors in a

way that increases individual and group awareness of internal and external processes and

opens the door to behavior change. The use of experiments encourages group members to

hone in on awareness and practice new behaviors that may, with repetition, lead to lasting

behavior change. In addition, the principles of phenomenology can be used decrease conflict by teaching group members to put their biases into brackets and suspend interpretations of others' behavior. In this way, phenomenology is well suited for multicultural settings because it helps avoid marginalization and stereotyping of group members.

Conclusion

Multicultural group therapists are raising concerns about the applicability of Western theoretical orientations to racially and ethnically heterogeneous psychotherapy groups. They suggest incorporating nontraditional indigenous methods or adapting Western evidence-based practice to meet the racial-cultural needs of multicultural group members. Gestalt group therapy, grounded in group dynamics and systems theories, Eastern Buddhist thought, and principles from physics, was examined as a specific Western-developed approach to the practice of group psychotherapy. Currently, no specific recommendations for how to conduct Gestalt group psychotherapy in the context of multiculturalism exist in the literature. Based on a thorough review of both the multicultural group psychotherapy and Gestalt group psychotherapy literature, it was determined that Gestalt group therapy already encompasses many of the guiding principles and theories (e.g., holism, respect for autonomy) used with culturally heterogeneous psychotherapy groups. Limitations of Gestalt group psychotherapy in a multicultural setting include a lack of specific guidelines, models, and tools for group therapists to utilize when screening and selecting group members, as well as a lack of a cohesive, overarching framework of group development and process. However, perhaps because of this flexible

theoretical framework, Gestalt psychotherapy appears to be able to respond to a variety of

group member characteristics and needs in a respectful and responsible manner.

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