

*How do Mothers of Adult Offenders
Experience*

Gestalt Group Therapy?

A Phenomenological Exploration

**Lill Hallbäck
MSc. Gestalt Psychotherapy
Derby University
July 2004**

© Lill Hallbäck, 2004

The material in this publication is subject to the rules of the Copyright Act.
No part of this publication may be reproduced in any form, or by any means
without prior permission in writing from Lill Hallbäck.

Printed in Norway by Arnesen's Printing Company, Oslo.

“Being a parent is like a prison term,
Mother said. You’re a mother for life.”

Hal Sirowitz (1998:73)

Contents

Acknowledgements	ii
Abstract	iii
Introduction	1
Literature Review	4
Methodology	22
Findings	32
Discussion	48
Conclusion	58
Poem	60
Appendices	61
References	66

(16.920 words)

Acknowledgments

Writing this dissertation has been a long and exciting journey - like being on a continuous roller coaster. Many people have supported and assisted me. I am deeply touched and indebted to my co-researchers for their genuine enthusiasm, willingness, and support in this research project. Without their courage and contributions, this research would not be possible. I also want to acknowledge the kind support from the Norwegian Organization for Relatives of Prisoners.

I am grateful to my daughter from whom I have learnt a lot, and for her support - in sharing my experiences as her mother. My son Michael has been a great support in computer assistance, proof reading and designing of my front page. Edgar, my loving and very patient, boy friend, has been a tremendous support. I also value the support from my mother.

I want to honor the caring love, support, and valuable contributions from my dear friends and colleagues, Solveig Velten and Anne Grete Lingsom. Solveig, for her inspiration when asking me in 1998 to work as a group leader for families of adult offenders, and Anne Grete for playing the “devil’s advocate” while reading and re-reading drafts of my dissertation. I also want to extend my thanks to Mette Kjeldahl for support, and so generously letting me browse through her book shelves. My dear peer group has been a continuous support. Thank you Hege, Åshild, Knut and Svein.

Ken Evans introduced me to research in such a fascinating way that I was thrilled. Stephanie Pugsley, my supervisor during the last year, inspired and supported me in my writing process. Gestalt colleagues throughout the world have been most helpful in my search for related literature. Daan van Baalen, therapist and supervisor for many, many years, and initiator and facilitator of a M.Sc. in Gestalt Psychotherapy at the Norwegian Gestalt Institute in Oslo. Thank you all for warm and kind support!

Abstract

This study is an exploration into how Gestalt group therapy is experienced as a mother of an adult offender using a phenomenological method of research. The related literature on losing a loved one to incarceration and Gestalt group therapy is reviewed and discussed in light of the findings. The data was collected through individual interviews, analysed using a phenomenological approach, and organized into five distinct areas of interrelated themes – themes that describe the participants' personal experiences of Gestalt group therapy as mothers of adult offenders. A synthesis of the meanings and essences is provided. The purpose of this study was to arrive at a greater understanding of how Gestalt group therapy is perceived and described as mothers of adult offenders. The implications the findings have for Gestalt psychotherapy practice are considered, and possible future research is explored.

Introduction

It was a beautiful summer day in the beginning of July 2001, and I was about to go for a last swim, when my phone rang. I was expecting my son calling from the United States, where he was visiting his father - he used to call on weekends. I said hello, and heard an unknown voice saying my name, and that he was calling from the Ministry of Foreign Affairs. "Your daughter has been arrested and is in jail." For a moment I was speechless - my head was spinning, and I could hardly breathe.

In a flash I remembered our conversation before she left on vacation. How worried I was about her leaving. I told her that I was scared about her going to this place, and begged and pleaded her not to go. My fear of her ending up in jail, and if she did, there would be nothing, I repeated nothing, I could do to get her out of there! She said she would be careful and return in two weeks.

From far away I heard the voice on the phone telling me that my daughter was caught with possession of first category of drugs (heroin) without permission, and using the first category of drugs (heroin) without permission. If she were found guilty, she would be facing 1 – 10 years in jail! His voice was fading more and more. Before he said goodbye, I was told to call the Ministry of Foreign Affairs on Monday morning for more information. I heard my own voice mechanically thanking him for calling and letting me know. My daughter was in jail, on the other side of the world, in a country with a completely 'different' correctional system! I was stunned and in shock, not able to move.

The following days the whole thing seemed unreal. Was this really happening? I was thrown into unknown territory and felt completely helpless. I felt as if I was blind and could not find my way around. I needed someone to guide me. Was there anything I could do? I did not know!

I was a mother in despair and did not know what was happening with my daughter. Because I did not know, I tormented myself with horror fantasies of what was happening to her. These horror fantasies during day time, escalated into nightmares and kept me awake. I could not speak to her, not see her and therefore had no way of having my fantasies either confirmed or disconfirmed. I was stuck in my horror fantasies until I became obsessed with the idea of getting her out of jail and back home. Nothing else mattered. I now moved from not knowing what to do - to knowing. I also moved from chaos to having a direction. I felt like a wild, ferocious tiger fighting for my child.

The metaphor I have of myself during this period was a captured, wild animal in prison, restlessly walking back and forth in my cage, in silence, while all I wanted to do was yell and scream out my pain and break through the iron bars. I did not share the desperate feelings I had, neither the fear of loosing my mind and going insane. I did not share the continuous, throbbing pain in my chest neither did I share the sleepless nights or days without being able to eat. I kept it all to myself.

Two months later my daughter returned home.

My personal and professional background led me in 1999 to start Gestalt therapy groups with families of adult offenders. When starting out on this research, I was hoping that my understanding of how mothers of adult offenders give meaning to their experience of Gestalt group therapy would be expanded and my perspective broadened. This research has given me the opportunity to explore how mothers of adult offenders perceive and describe their experience of Gestalt group therapy.

When it came to choosing a subject for my dissertation, I was challenged by the idea of doing research on something I really felt passionate about, and which at the same time was relevant for my practice as a Gestalt therapist. To my knowledge, there is no existing research on the experience of Gestalt group therapy with families of adult offenders. According to Creswell (1998), the strongest and most scholarly rationale for a study follows from a documented need in literature for increased understanding and dialogue about an issue. Besides dialogue and understanding, a qualitative study may fill a void in existing literature, establish a new line of thinking, or access an issue with an understudied group or population (ibid). Barritt (1986) suggests that by

heightening awareness and creating dialogue, it is hoped that research can lead to better understanding of the way things appear to someone else and through that insight lead to improvements in practice. I wanted my research to add to the limited research literature in this field, and hope that this research will be an inspiration for Gestalt practitioners and people in the helping profession to learn more about what Gestalt group therapy has to offer families of adult offenders.

I have conducted my research in a professional, scientific manner, which is valid within the qualitative tradition.

Literature Review

Introduction

I began my literature search with an exploration of what Gestalt therapists had to say about families of adult offenders. To my knowledge, there is no existing research on the experience of Gestalt group therapy with families of adult offenders.

I then contacted *organizations for families of adult offenders in different countries, and found* literature and studies mainly on children of incarcerated parents and inmates' spouses - very little on inmates' parents. Hoffmann (2002) confirms that very little attention has been devoted to inmates' families, and only recently have researchers referred to them as the "forgotten" or "hidden victims" of crime. Then I came across a comparison of some central Gestalt concepts with one of the crisis debrief models (Bauer and Toman, 2003; Young, 1998).

Yalom and Vinogradov (1989:28) address a central question - what is the aim of therapy? Their answer to this is change. They suggest that, "a group experience resembles a therapeutic cafeteria in that many mechanisms of change are available and each individual ... "chooses" those particular factors best suited to his or her problems".

My interest in Gestalt group therapy, seen from a group process perspective, was a challenge when searching for literature. To my surprise, I came across more literature than expected - all though not very much. In my review of related literature, I also turned to what is written on self-help procedures.

A Traumatic Experience

In attempting to understand how a family member is affected by the incarceration of a loved one, the Canadian Families and Corrections Network (CFCN) states:

“The family is sentenced by the incarceration of the offender, and the family will do the same amount of “time” as the offender” (Withers, 2000:2). Families of offenders are in crisis (ibid). “CFCN understands the term “family” to include a group of individuals who are related by affection, kinship, dependency or trust” (Hairston, 1996).

The emotional cycle of incarceration, referred to as the emotional roller coaster ride in the CFCN’s handbook, tends to follow some predictable ups and downs where the family member will progress through different phases and stages in their own time and at their own pace (Withers, 2000:4-5). They identify seven phases and stages:

- First is the phase of arrest and trial. Feelings of grief that accompanies any loss, and emotions like disbelief, hurt, anger, sadness and depression are common.
- When your loved one is found guilty, the family member may experience detachment and withdrawal as part of their coping mechanisms.
- During the incarceration stage, emotional disorganization is common and may feel like “pieces are flying all over the place” (Withers, 2000:5).
- In the recovery and stabilization phase, the bumps don’t feel so drastic any more, and the family member is getting on with his or her life.
- In the anticipated homecoming, the family member may experience a “mix of emotions” and questions about the inmate. Has he or she changed, and will he or she stay out of jail?
- In renegotiating the relationship with the inmate, the roller coaster ride is about to start again.
- The reintegration and stabilization is the ending phase.

”Research on the effects of separation show that when the reason for the separation and the length of the separation is known, stress is significantly reduced. The

experience of stress increases when there is uncertainty about the physical and emotional well-being of the separated person” (Withers, 2000:2).

In her research: The Invisible Sentence Project, Scott (2003), interviewed twenty-two women. The majority of the women were partners of an inmate but this study also included mothers and one sister. Most women reported psychological trauma related to the incarceration of a partner or family member. Shock and grief were distressing emotions experienced as part of the separation from their family member or partner. One woman described her pain associated with the grief of the separation similar to the loss when somebody dies. Anger, rage and hostility, fear and loneliness were also common initial feelings in response to incarceration (ibid).

Most of the women in Scott’s (2003) research perceived the initial period of incarceration as the most difficult and highlighted the need for support. Sleeping problems led to medications such as sleeping pills and/or anti depressants for some of the participants. Changes in eating patterns and in particular difficulties in eating were experienced. For some of the women the disturbances in sleeping and eating patterns continued after the initial adjustment period (ibid).

Twenty of the women experienced the inmate’s sentence as difficult and stressful (Scott, 2003). The common factors they identified were grief and loss, loneliness and isolation, stigma, worry about the inmate, anger about perceived injustice and a sense of helplessness, frustration and difficulty in dealing with the correctional system. The impact of these common identified factors varied in terms of the well being of each participant. Stress, anxiety and depression supported their expressed experiences (ibid). Scott (2003), in her research highlights: “Almost all the women continued to be affected by stressors throughout their ‘invisible sentence” (p7). Their suffering depended on which stage of the sentence they were in (ibid).

The emotional component is one of the strongest perceived effects for a family member when experiencing an incarceration of a loved one, according to Ferraro et al. (1983). They further assert that parents find emotions like guilt, shame, rage and fear difficult to deal with (ibid). In her report on the impact on family members when an adult member is under correctional supervision, Hairston (1996) refers to one

mother with her son in prison. This particular mother “identified guilt, and the feeling of being alone as feelings which guided her actions in how she dealt with her son’s incarceration” (p5).

In her study on losing a loved one to incarceration, Fishman (1981) looks at the affect of imprisonment on family members, and concludes that a family member experiences an emotional trauma with conflicting feelings, love for and identification with the absent person. Emotions like, anger and rejection towards the absentee is also often experienced. The disrepute in the community may lead to denial of normal social outlets for grieving the departed family member (ibid). Fox (1981) highlights especially how women are experiencing the incarceration of a loved one, and states that these women typically find themselves in a situation of crisis. It is therefore crucial for these women to be given an opportunity to mourn, in order to prevent later mental health problems (ibid). Codd (2000) and Lowenstein (1986), have also along with Fox (1981) conducted research, which demonstrates that women do not have the opportunity to deal with this trauma in a constructive way, which leads to high levels of anxiety and depression.

Hostetter and Jinnah (1993) conclude in their research that most families of most prisoners suffer a great deal of hardship because of the incarceration of a loved one, and that more ought to be done to help families better manage the initial crisis of losing a loved one to prison or jail, and cope with the ongoing emotional strains. They further point out that families of prisoners often fall through the gaps in social services because agencies are not aware of their special needs (ibid).

In her study Scott (2003) concludes: “The difficulties faced by women who have a partner/family member in prison are clearly numerous but it is hoped that identification and documentation of some of the issues will help raise awareness and be a tool for possible steps forward in the future” (p19).

Selected Gestalt Concepts Compared with one of the Crisis Debrief Models

In their article, a Gestalt perspective of crisis debriefing, working in the here and now when the here and now is unbearable, Bauer and Toman (2003) explore and compare selected Gestalt concepts with one of the crisis response models created by the National Organization for Victim Assistance (NOVA, Young, 1998).

Bauer and Toman (2003:56) compare the Gestalt contact cycle (Melnick and Nevis, 2000), “and the use of dialogue to facilitate the creation of the narrative” with the three question sets of the NOVA protocol, and in this way form a theoretical connection between the two fields. They further highlight interesting parallels between the crisis response process and Gestalt concepts and suggest that surviving traumatic events leads to figural changes and new gestalts. They define crisis response as short and similar to emergency first aid and hold that “although it is therapeutic work, crisis response should not be confused with therapy, contact time is minimal, often in a large group, and it lacks expectation of an ongoing relationship” (p57).

Bauer and Toman (2003:58) agree with Melnick and Nevis (2000) when stating their assumptions about the Gestalt contact cycle:

- The stages of the contact cycle are not clearly defined units, but rather overlap.
- The concepts in this cycle can be applied to either brief or extended time periods.
- Repeated interventions facilitate enduring and long-term change.

To these three assumptions they “also add that more immediate intervention, as is typical in crisis response, is potentially more powerful than the intervention that occurs at a later date” (ibid:58). Gestalt therapy emphasizes the importance of working in the here and now. “In crisis responding the client does not need to construct the here and now from the there and then as the intervention is closely connected to the time and place of the traumatic event” (ibid:58).

Bauer and Toman's (2003) comparison of selected Gestalt concepts with the NOVA crisis response protocol:

<u>Gestalt Concepts</u>	<u>NOVA Crisis Response Model</u>
Sensation	Question set 1: Physical sensory perception. 35 minutes.
Awareness and figure formation	
Energy mobilization and dialogue	Question set 2: Re-engaging the cognitive process. 25 minutes
Action	Question set 3: Preparation for the future. 10 minutes
Contact	Post crisis intervention, therapy
Withdrawal	Post crisis response, therapy

The Gestalt contact cycle (Melnick and Nevis, 2000) begins with the sensation phase where internal and external sensations emerge. Then follows the awareness phase with identification or noticing of the emerging sensations, and “the meaning of those sensations within the larger environmental field” (Bauer and Toman, 2003:58). “Sometimes a block can occur earlier in the cycle of contact, preventing even sensations from registering” (ibid:59). “If a perceived threat is emotional rather than physical,” denial and shock is often the initial reaction to a severe crisis, “as if the mind and spirit block the formation of figure that contains new and terrible information. Survivors report feeling numb, going blank, or being frozen in one place” (ibid:59). As figure begins to form and the numbness fades away, survivors often experience sensations as their first response (ibid).

The Nova group crisis response protocol also begins with eliciting sensory information. People are asked the first set of questions about their sensory memories, physiological responses, and symptoms (Bauer and Toman, 2003). According to Young (1998), when there is a perceived threat to survival, the human emergency system seems to kick in as the body prepares to flee or fight. In this way the cognitive functions are impaired or shut down and emotional reactions are heightened (ibid). In trying to dilute the strength of these sensory memories, NOVA

crisis responders ask questions to fill in the missing step, and in this way bring sensations into awareness (Bauer and Toman, 2003). In this first set of questions the focus is on sensory responses, shock and denial (ibid).

Seen from a Gestalt theoretical perspective, there is a leap from sensation to action, skipping the awareness phase. Individuals frequently leap from sensation to action in a survival situation. Even though it is important to survival when a person goes directly from sensation to action, (and in this way skipping over awareness) it has a cost for the individual. He or she may get stuck with unregulated sensations (Bauer and Toman, 2003).

In the next phase of the contact cycle (Melnick and Nevis, 2000), Bauer and Toman (2003) compare the mobilization of energy and dialogue with the NOVA protocol question set two. As awareness increases, excitement is generated and expressed through mobilizing energy and this mobilization of energy leads to a clearer figure and direction.

Nova's second question set assists with the dialogue process. The crisis responders engage the survivor in a dialogue to help them clarify the figure and begin to tell their story, and in this way re-engaging the thinking process by gathering the scattered pieces of sensation and emotion into a coherent and organized narrative. This process would seem parallel to the Gestalt contact cycle by assisting the survivor to make the transition from sensation to awareness to mobilizing energy. In this second set of questions focus is on fear, anger, and emotional turmoil.

In the third phase of the contact cycle (Melnick and Nevis, 2000) Bauer and Toman (2003) look at how mobilization of energy to action and contact is compared with the Nova protocol question set three. They state: "Energy builds to the critical point at which action begins. Action involves a more task-focused time of exploration and movement. Contact is the result of the energized action" (p63). According to Perls et al. (1992), is contact "the awareness of, and behaviour toward, the assimilable novelty, and the rejection of unassimilable novelty. All contact is creative adjustment of the organism and environment" (p230).

In the third set of Nova questions, the field shifts from attention to creative adjustment, bringing to awareness issues yet to arise, and in this way challenging the mobilized energy into action in order to engage in problem solving tasks. In this third set of questions, focus is on problem solving and healthy coping skills (ibid).

The NOVA process parallels the contact cycle stages from sensation to awareness to mobilization of energy into action, as survivors transform their sensations into energy and purpose to deal with the future in a methodical way (Bauer and Toman, 2003). The NOVA protocol stops at this point of the contact cycle. Perls et al. (1992) view all contact as "the creative adjustment of the organism and the environment" (p230). NOVA predicts that it can take up to 5 years to come back to equilibrium after a traumatic event (Young, 1998). The resolution of the contact cycle, given the time frame, could take years (Bauer and Toman, 2003). Crisis responders are available for only a brief period of time to provide emergency emotional first aid. The withdrawal stage marks the resolution or completion of the contact cycle. If contact were to take years, withdrawal would be delayed and remain unfinished business for a lifetime (ibid). Bauer and Toman (2003:66) hold that "one of the limitations of this crisis-oriented approach is that it is possible to miss this distinction and not pursue the therapeutic support needed to complete the cycle of contact."

A shaken snow globe with all its pieces suspended and swirling rapidly around is how Lieberman (1999) view the brain in response to a crisis (Bauer and Toman, 2003). Bauerman and Toman (2003:65) extend Lieberman's (1999) analogy of the brain in response to a crisis to: "All the pieces swirl about, and when they settle down, they are never in the same place they were when the crisis struck. In order to incorporate the crisis event and its aftermath into one's life story, the story changes and new gestalt forms." After a crisis experience sensory perceptions that once were ground can now stand out as figural. Bauer and Toman (2003:65) conclude with: "this perpetual change can be temporarily or it can last indefinitely."

Role Strain

Adapting to new roles in our environment might be adjusting to new and unknown situations (Vander Zanden, 1988). Such involuntary change can cause difficulties and stress for a person, and might lead to role strain (ibid). People suffering from role strain report feelings of failure and insecurity, chronic frustration, ulcers, heart disease, and early death (Krantz et al. (1985). As to whether people will experience role strain or not, depends in large measure on how they perceive their new roles (Vander Zanden, 1988). Modifications in the role content, small or large, will also provoke implications for the whole system, including family members (ibid).

The Unified Field

As human beings we always exist within systems of relationship (Parlett, 1997), families, communities and different groups. “Lives and collective systems intertwine and need to be considered as a unified field” (ibid:16). We are all part of a field, and related to everything in that field (Melnick, 1997). Yontef (1993:295) outlines some characteristics of the field:

- A field is a systematic web of relationships
- A field is continuous in space and time
- Everything is of-a-field
- Phenomena are determined by the whole field
- The field is a unitary whole: Everything affects everything else

Parlett (1997:26) views human beings operating “rather like fish, not noticing much of the time the familiar, routine, and predictable nature of the most lived-in culture – the water they swim within. That is until it changes.” According to Yontef (1993:306), is everyone affected in some way, “when something happens to one member of a family.” “Given the interactive nature of the unified field, changes in individuals arising in therapy can result in increments of change throughout their relationship systems and in society generally, like ripples extending outwards” (Parlett, 1997:32). Perls (1992) believed that working with even a small number of people would be of significance to other people in a larger system.

Groups

Vander Zanden (1988:113) suggests that understanding “groups is to understand much about human behaviour.” There are many kinds of groups, groups with which we identify and belong (in-group), and groups with which we do not identify and do not belong (out-group) (Vander Zanden, 1988).

Group Therapy

Group therapy has, according to Yalom (1998), gone through a series of transformations, thus encompassing a wide spectrum of practice, since it was first introduced in 1940. With the multiplicity of group therapies today, Yalom (1998) suggests that we better not speak of one single group therapy, but of the many group therapies. He further advocates the advantages of doing therapy in a group format, and points to extensive research in this field, which has demonstrated that clients “do as well in the group format as in individual format, or better” (ibid:2).

The Gestalt Group Process Model

Gestalt groupwork can, according to Joyce and Sills (2003:173) “be an extraordinary exciting method of therapy.” Philippson and Harris (1992:1) view the therapy group as “a living embodiment of a fundamental Gestalt Principle: That the whole is more than the sum of its parts...A Gestalt therapy group is much, much more than the sum of its individual members; it also includes the constant and ever-changing interactions between individuals which are known as the dynamics of the group.” They further view the therapy group as a social system, with possibilities for social interaction between individuals (ibid). Philippson and Harris (1992) suggest that the therapy group is an ideal place to work with especially problems of social adjustment, since that is, according to their experience, what most people bring to therapy. This opens up possibilities for personal growth and change, which are “simply not available in one-to-one therapy” (ibid:1). The Gestalt group process model has according to Philippson and Harris (1992:17) the following characteristics:

- The group is viewed as a social system in which individual and group functioning are inseparably linked.
- The process of the group, and the group members' growing awareness of that process, is seen as the most important vehicle for therapeutic change in the group.
- The group process is not static, but changes over time, passing through clearly identifiable stages as the group develops.
- The role of the therapist is to facilitate the development of the group as a social system in a manner, which allows members to assume responsibility for the group process, and for their own learning within the group setting.

Kepner (1994:13) emphasizes the Gestalt group process as “an attempt to create conditions for learning about what it means to be a member of a group....so that the polarities and dilemmas of separateness and unity can be experienced in the context of personal growth.” Houston (2003:98) highlights the therapy group as a place of “vicarious learning,” where group members are encouraged to try out new experiments and behaviour in an environment where other group members act as models (ibid).

Frew (1997) refers to extensive literature by Schutz (1973), Tuckman (1965), and Bennis and Shepard (1956) when stating, that “groups seem to navigate their way through a number of different phases over the course of time” (p134). He outlines some of the main developmental phases that groups go through over the course of time, and some of the key issues that may arise (ibid:135):

- During the orientation phase, safety, belonging, orientation, similarities, purpose, and dependency are key issues.
- The key issues during the differentiation phase are power, control, differences, distrust, competition, leadership, and counter dependency.
- In the affiliation phase affection, support, cooperation, and interdependency will arise as key issues.

The Role of the Group Leader

In addition to a group's developmental phases, Frew (1997:140-143) also outlines a group's dominant mode during these phases to help group leaders make purposeful interventions.

- The dominant mode during the orientation phase is intrapersonal. Group members need help to increase their awareness of what they are experiencing, as well as sharpening what they might want to say to other group members.
- The dominant mode during the differentiation phase is interpersonal. Interventions made at this level, is to encourage contact between group members, especially at points of difference.
- The dominant mode during the affiliation phase is the group itself. The group now feels like a group, and the intrapersonal and interpersonal levels of experience frequently play a secondary role.

Frew (1997:131) emphasizes the importance of a skilled group leader when stating: "Group leadership is a complex task." He further argues that "intervention-making is truly an art form that requires skill, creativity and experience" (p147). Frew (1997:131) urges group leaders "to alternate interventions at the intrapersonal, interpersonal and group levels of process and to support a group's developmental tendencies."

Kepner (1994:15) sustains that the group leader who is attending "to the group as a system as well as to the intrapersonal and interpersonal processes going on, is like a juggler who has a variety of balls, each of a different size and shape, that must be kept moving and balanced." Zinker (1978:167) emphasizes the significance of a group leader's communication, and suggests that as group leaders we "encourage people to change, we don't rape them into new behaviour." Levine (1991:281) on the other hand implies that not much direction or structure is needed from the therapist for "a group of relatively normal adults who are all undergoing a similar crisis." His point of view is that the group might proceed quite independently from the outset (ibid). Feder and Ronall (1994) advocate how crucial it is for the group leader to attend to the group as-a-whole like a living organism "that needs cultivation

and nurturing in order to develop in a healthy manner” (p:xii). Yalom (1985:7) refers to extensive research when stating the importance of therapists believing “in themselves and the efficacy of their group.” He further advocates that group leaders can be “living inspirations” to other group members by being enthusiastic role models (ibid:7).

Safety

Yontef (1993:305) emphasizes the need for a group leader to pay emphatic and respectful attention to “the anxiety, fright, shame, guilt, and so forth” that group members often feel in the beginning of a group. Unless this is dealt with in a respectful manner, individuals will not feel understood, accepted, and safe in the group. This in turn will cause problems for the development of group cohesion and safety issues (ibid).

“Until some ground is laid for offering support and making personal contact, the kinds of therapeutic work which can be broached” are according to Rosenblatt (1989:154) very limited. Safety in groups has different dimensions. Rosenblatt (1989) offers an opportunity of feeling safe to his group members, by highlighting, what group members share in his groups - will not be used to identify them outside the group. “Confidentiality has always been a cardinal principle,” he says (p151). Rosenblatt (1989) believes in offering non-judgemental attention to group member’s behaviour, whether bizarre thoughts, unconventional behaviour, or non-rational attitudes prevail. Part of the safety he wants to provide, is to care enough about his group members - not to uncritically accept any genuinely destructive behaviour. In this way, Rosenblatt (1989) differentiates, and is not accepting of group members’ self-destructiveness.

Feder (1994) focuses on creating a safe atmosphere in a group context, which he views as essential to positive growth in therapy. He further emphasizes the group leader’s first task as to allow, promote and create a “nurturing environment within the group,” and to continuously pay attention to this important aspect (p44). Feder (1994) further points to the importance of a safe environment for group members to

be able to share their secrets and not maintain aspects of themselves hidden. If not, he says, group members never make full contact with each other, and personal growth, which might have occurred from work in these unmentioned areas, cannot occur (ibid). In this way, Feder (1994:44) says, “there is a progressive effect – secrets breed toxicity, which in turn breeds further secrets.” “The person of the therapist” is according to Feder (1994:46) “no doubt the single most important variable affecting the group’s sense of safety.”

Polster (1995:227) points to the concept of safe emergency (Perls et al.1951) in therapy, and suggests that the “safety factor is complicated by the fact that therapy cannot be merely safe.” It is always a measure of risk - stretching personal boundaries. With this in mind, it is therefore essential, that the therapist and the group are supportive when a group member is trying out new behaviour (ibid). Polster (1995) states that paradoxically, the safer the therapy becomes, the more explorations and risk taking of new behaviours are available to the client, and in this way “the sense of safety is always threatened by new risk” (p229).

Change

Yalom (1998:2) argues that psychotherapy in a group format offers unique opportunities for therapeutic change - opportunities “unavailable in individual therapy,” and that “a very persuasive body of research has demonstrated” this, “project by project, or through meta-analysis.” He maintains that the aim of therapy is change, and highlights the therapeutic change as “an enormously complex process, which occurs through an intricate interplay of various guided human experiences.” (ibid:3). Yalom (1983/1985/1998) sees similar and identical mechanisms of change across groups and refers to them as various “therapeutic factors”, and emphasizes: “Therapists should do whatever is necessary to facilitate the emergence and maturation of these therapeutic factors.” (1998:6). Yalom (1983/1985/1998) offers them as guidelines - to be tested and deepened by other therapists. These therapeutic factors are interdependent, and function and operate together, at different times and in different types of groups (ibid).

- *The instillation of hope.* Group members gain hope when they observe the improvement of others.
- *Universality.* Group members express great relief at discovering that they are not alone, that others share the same dilemmas and experiences.
- *Imparting information.* Therapy groups implicitly or explicitly provide information to group members.
- *Altruism.* Group members credit other members of the group as having been important in their improvement.
- *The corrective recapitulation of the primary family group.* Group members will interact with leaders and other members in modes reminiscent of the way they once interacted with parents and siblings.
- *The development of socializing techniques.* Especially members of long-term groups learn how to listen, to be responsive to others, less judgemental and more capable of experiencing and expressing empathy.
- *Imitative behaviour.* Therapy members often model themselves upon aspects of other members, as well as the therapist.
- *Catharsis.* The open expression of affect is vital to the group therapeutic process.
- *Existential factors.* Recognizing that life is at times unfair and unjust, and there is no escape from life's pain and death. Each individual is responsible for the way he or she lives his or her life.
- *Group cohesiveness.* Group cohesiveness refers to the attractiveness group members have for their group and for other members. The members of a cohesive group are accepting of one another, supportive, and inclined to form meaningful relationships in the group. Cohesiveness in group therapy is the analogue of relationship in individual therapy.
- *Interpersonal learning.* Group therapy rests on interpersonal theory. The group provides an opportunity to relate to other group members. The importance of a skilled and experienced therapist when working with interpersonal learning in a group format is necessary.

- *The group as a social microcosm.* When the group is experienced as a safe place with few structural restrictions, group members will sooner or later interact with each other in the same way, as they interact with people outside the group. This is a keystone upon which the entire approach to group therapy rests (Yalom, 1998:9-41).

“A group experience resembles a therapeutic cafeteria in that many mechanisms of change are available and each individual...’chooses’ those particular factors best suited to his or her problems.” (Yalom and Vinogradov, 1989:28). When long-term out patients group members were asked to identify the most important therapeutic factors, they emphasized interpersonal learning, catharsis, and self-understanding. Inpatients, on the other hand, emphasized, the installation of hope and the existential factor of assuming responsibility (Yalom and Vinogradov, 1989). Universality, altruism, catharsis, and the imparting of information, are therapeutic factors widely encountered in many kinds of groups (ibid). Yalom (1998:8) refers to an interesting piece of research conducted by Feifel and Eells (1963), when saying that clients are “far more apt to comment on unhelpful or harmful aspects of their group experience” when asked four years after the termination of group therapy – as opposed to being interviewed immediately afterwards.

“Change can be transitory or long lasting. That is why one of the goals of therapy ... is to create positive change that endures” (Melnick, 2003:1). Melnick (2003) highlights the Gestalt’s approach to heightening awareness (Perls et al.1992) and create change in the individual, and poses the question: Why does change not last? Melnick’s (2003) response is that the external environment often does not provide enough support for the individual and the change to become an integrated part. Melnick (2003) draws from his own experience and concludes: By creating a comfortable and familiar learning environment for the individual, then there is a greater chance for the learning to endure. Learning will sustain when people in the individual’s environment share the same interests, goals, problems, and challenges. When “the intervener withdraws and the immediate crisis lessens,” “a method of support for continued learning is beneficial” (ibid:2).

Bohart and Tallman (1999) view the most important factor as to whether psychotherapy works or not, as “the active creative involvement of the client” (pvii). They refer to substantial research supporting their assumption of the client’s involvement as the single most important factor. Since both therapist and client have their arenas of expertise, involving the client as a co-therapist and an equal partner in defining the client’s problem, is therefore effective therapy (ibid). Bohart and Tallman (1999) argue that too much emphasis is on what the therapist does, and the role of the client is being neglected. They conclude that the healing force in therapy comes primarily from the clients themselves, and that key issues for a client’s success in therapy are faith, hope, and involvement.

Self-Help

Bohart and Tallman (1999:54) point out that “self-help procedures and groups, whether designed by therapists or not, seem to be as effective as professionally provided therapy.” Several other studies confirm their assumption. Segal and Murray (1994), had individuals talking into a tape recorder about their feelings after a traumatic event, and found that this helped the individuals resolve their feelings as well as in cognitive therapy. And when traumatized individuals were given an opportunity to “tell their story” and also engage in “account making”, Harvey et al. (1991) found it to be healing for the individuals in their study.

In another study college students were told to write for 15 minutes a day, in four consecutive days about a traumatic experience, and when compared to a control group, findings showed that the college students’ visits to the student health centre had dropped fifty percent six months later (Pennebaker, 1997).

Goodman and Jacobs (1994) and Jacobs and Goodman (1989) argue that many individuals, if not more, benefit from the assistance through self-help and personal guidance as through professionally provided therapy. The research on the effectiveness on mutual-support groups is not much, and what there is, suggests that they can be as helpful as professionally provided therapy (ibid). Goodman and Jacobs (1994) define some of the change processes in self-help groups as: Mutual

support and validation of one another's experience, concrete guidance, empathetic understanding, and a framework for interpreting experience.

Bright et al. (1997) believe that individuals are motivated to help themselves, and that some individuals seem to be helped as much, or even more by self-help groups as they are by professionally provided services. According to Bohart and Tallman (1999), can self-help groups provide three types of important learning opportunities: An opportunity for co-constructive dialogue, a supportive working space, and interpersonal learning. As to whether a client should join a self-help group or not, they leave it entirely up to whether the client is interested or not. Bohart and Tallman (1999) also state that there are times where professionally services are needed, and there are cases where a combination of a professional service in combination with a self-help group can work well. Though they conclude: "future research is needed to specify what is helpful, what is harmful, and to whom" (ibid:298).

Conclusion

Creswell (2003:30) writes that, "one of the chief reasons to conduct a qualitative study is that it is exploratory, implying that not much has been written about the topic or the population being studied. By reviewing some of the existing and available literature on the subject of losing a loved one to incarceration, I hope to have shed more light on this subject. In reviewing some of the literature on the Gestalt group process model, I also hope to have shown what Frew (1997:131) advocates: "Gestalt therapy theory and groups form a natural and logical alliance."

Methodology

"It is plain that no theory has a monopoly on the real truth."

Erving Polster and Miriam Polster (1973:4)

Main Research Question

The aim of my qualitative research project was to explore the phenomenological, felt experience of Gestalt group therapy as a mother of an adult offender (Moustakas, 1994). In my introduction, I have shared my personal experience as a mother of an adult offender, and in this way given a voice to those who not often are heard. This is in accordance to one of Moustaka's (1994:103) methodological requirements of discovering "a topic and question rooted in autobiographical meanings and values, as well as involving social meanings and significance."

My research question is: How do mothers of adult offenders perceive and describe their experience of Gestalt group therapy? The major components of this question are: "How", "perceive", "describe", "experience" and "Gestalt group therapy". The pursuing of each key word, or focus, of the question determines what is primary in pursuing the topic and what data will be collected (Moustakas, 1994). I will define, discuss, and clarify the key words of my research question, so that the intent and purpose of my investigation is evident (ibid).

The use of the word "how" facilitates clear, concise wording of the question and denotes my openness to anything that may emerge about Gestalt group therapy in the course of my interviews with my co-researchers. The word "perceive" implies the relativity of Gestalt group therapy. Gestalt group therapy is perceived differently by different people, and by the same person in different situations. The word "describe" refers to what Gestalt group therapy is and means for my co-researchers. The word

“experience” is pointing to the fact that I will be seeking comprehensive stories from the research participants of how they perceive and describe Gestalt group therapy in their lived experience (LaCourse, 1991:2-3 cited in Moustakas, 1994:106-107).

Rationale

A human science research question has definite characteristics, as it seeks to reveal more fully the essences and meanings of human experience and to uncover the qualitative rather than the quantitative factors in behaviour and experience (Moustakas, 1994). This engages the total self of the research participant, and sustains personal and passionate involvement, and is illuminated through careful, comprehensive descriptions, vivid and accurate renderings of the experience, rather than measurements, ratings or scores. It does not seek to predict or to determine causal relationships (ibid).

Most qualitative research differ radically from quantitative research in methods and goals. Qualitative research sees reality as subjective and multiple – as constructed in a study by participants, and stresses the socially constructed nature of reality, whereas the quantitative method sees reality as objective, ‘out there’ and singular – separate from the researcher (McLeod, 2002; Creswell, 1998; Creswell, 2003). In qualitative inquiry, the researcher interacts with what is being researched and is viewed as an integral part of the research (Barber, 2002). In this way the distance between the researcher and co-researchers is minimised (ibid). This is in contrast to the quantitative method, where the researcher is distant and independent from that being researched (Grønmo, 2002; Marshall and Rossman, 1999).

The qualitative research is viewed as value-laden and biased, and researcher’s values are actively reported, whereas in the quantitative method, research is treated as value-free and unbiased, and deals with ‘facts’ (Creswell, 1998; Creswell, 2003). Further is qualitative research based on assumptions that factors are mutually and simultaneously shaping each other, and concern is with process rather than outcome. Its emphasis is on qualities, processes and meanings, and is viewed as context bound. Research is deemed accurate and reliable through a process of verification (ibid).

The quantitative research method is on the contrary based on a linear 'cause and effect' assumption, and emphasis is on measurement and analysis of causal relationships between variables, is treated as context-free, and deemed accurate and reliable through measures of validity and reliability (Grønmo, 2002; Creswell, 1998). Qualitative research asks 'what' and 'how' questions, in contrast to 'why' questions within the quantitative method (Creswell, 1998; Holter, 2002), and in this way creates a dialogical I – thou relation (Buber, 1970) in contrast to the I – it relationship within the quantitative method (Tsudi, 2002). "The qualitative research interview attempts to understand the world from the subjects' points of view, to unfold meaning of peoples' experiences, to uncover their lived world prior to scientific explanations" (Kvale, 1996:1). The key difference between quantitative inquiry and qualitative inquiry is that quantitative researchers work with a few variables and many cases, whereas qualitative researchers rely on a few cases and many variables (Ragin, 1987).

Some of the criticisms towards the qualitative research paradigm hold that qualitative inquiry cannot cope with large numbers of participants and is too subjective and impressionistic (Holter, 2002). Collecting qualitative data from clients can be intrusive. Further, data reported, could compromise confidentiality. The method tends not to be suited to outcome research, and is regarded as unscientific and unreliable (ibid). Several of the critiques towards the quantitative methods, hold that it is too detached from 'every-day' life, and doesn't take sufficient account of the researcher's influences (Aasen and Haugaløkken, 1994). It emphasizes the 'cause and effect' relationship, and is generally not suited in exploring process dimensions. It also assumes the existence of external 'facts' (ibid).

My choice of qualitative rather than a quantitative approach arose out of the nature of the research question I was asking (Creswell, 1998). Creswell (1998) suggests that a qualitative inquiry represents a legitimate mode of social and human science exploration without apology or comparisons to quantitative research.

Brown (1997:75-80) points to a striking correspondence in the conduct of practitioners and procedures of inquiry even though the goals of the Gestalt process are explicitly therapeutic in nature, and in that respect differ from the goals of

qualitative research. She outlines some of the major areas where common ground exists. These areas are all interrelated.

- *The need for awareness of oneself, others and the context or field.*

This implies that awareness is foundational both for the therapist and for the healthy functioning of the client. In Gestalt terms, to be aware is to be present-centered and to be present-centered is to be aware. As Gestalt therapists we work in the now, immersing our clients in the experience of what is actual.

- *The availability for relationship.*

Clarkson and Mackewn (1993) look at the client and the therapist as equal in their humanity and responsibility for co-establishing a useful and creative working partnership. The data collection process in qualitative research mirrors this concern for relationship. Researchers have an agenda and need something from their interviewees, such as meaningful information. When researchers experience participants truly as participants rather than an object or an “it”, their behaviour will reflect this.

- *The availability to use oneself as an instrument.*

To use oneself as an instrument in a qualitative inquiry, calls for special training and practice in present-centeredness, awareness of oneself and others. Such training benefits researchers, particularly in the data collection process, by increasing the amount and quality of data.

Brown (1997) refers to how Gestalt fundamentals provide advantageous training for researchers utilizing qualitative methodology, and how the person of the researcher in the social science, as interviewer, participant observer, and analyser of data, is central and therefore crucial in determining the quality of a study. Melnick (1997:2) agrees with Brown (1997) and states: “Gestalt therapy is ideally suited for qualitative research.”

“A postmodern, constructive understanding involves a conversational approach to social research” (Kvale, 1996). Postmodern approaches to inquiry are in essence

existential and deconstructive, take a position of advocacy and social relativism, and draw attention to the aesthetics and ethics of research (Barber, 2002). It does not seek to overthrow and replace existing research paradigms and traditions but it seeks to critique them and to thus call attention to aspects, which are neglected or ignored (Scott and Usher, 1999: 56). The basic concept is that knowledge claims must be set within the conditions of the world today and in the multiple perspectives of class, gender, and other group affiliations (Creswell, 1998).

Method

The purpose of this phenomenological study was to explore how mothers of adult offenders give meaning to their experience of Gestalt group therapy. The central phenomenon to be explored is their experience of Gestalt group therapy. I wanted to investigate *what* was their experience like, and *how* did they experience it. As a phenomenologist, I assume that human experience makes sense to those who live it, and that human experience can be consciously expressed (Dukes, 1984). I find that a phenomenological study devoted to understanding their lived experiences best lent itself to examining this question (Creswell, 1998).

Phenomenology is also a method of research, in which the procedure involves studying a small number of people through extensive and prolonged engagement to develop patterns and relationships of meaning. Through this process the researcher “brackets” his or her own experiences in order to understand those of the informants (Creswell, 1994).

“Gestalt’s influence within the field of phenomenological research is an instrument to holistic inquiry” (Barber, 2002:78). Gestalt as a phenomenological and experiential approach to human inquiry works primarily with what can be seen, heard and felt, rather than with what is being thought or interpreted (ibid). Intellect and interpretation are not dismissed, but rather that conceptualisation comes second to the refinement of immediate experience and a felt sense of things when building a phenomenological representation or picture of awareness (Yontef, 1996).

Gestalt therapy follows from the work of Husserl (1931a) and emphasizes that you can only know that which you experience (Melnick, 1997). Phenomenology deals with awareness and focuses on how people organize meaning and bring forth intention from the background of their lives. It dictates a focus on uniqueness of each individual and considers all experience as legitimate phenomena (ibid).

Daniels (2001:8) point to a direct parallel between the process of bracketing and the “no interpretation” rule in Gestalt therapy. When the Gestalt practitioner has a guess about what may be going on, he or she may use a variety of techniques in asking the client to try it on for size. For example, “Try this line, and see if it works for you” (p8). In this way, he or she is trying to grasp the client’s world of experience, which is precisely the phenomenological stance. If the client says, “no, that is not right” (p8), he or she lets go of that possibility and follows what comes next. The Gestalt practitioner has a series of hypotheses, which emerge one after another, are tried out and dropped if they do not prove useful. This is akin of bracketing them after mentioning them, rather than before hand (ibid).

Design

I have constructed “a set of criteria to locate appropriate co-researchers in order to collect data” for my study (Moustakas 1994:103). My study relates to a small sample of four women. They shared a common experience as novice mothers of an adult offender while attending a Gestalt therapy group. To have experienced the phenomenon, is according to Creswell (1998), a prerequisite.

In my research I have focused on mothers of adult offenders and their experience of Gestalt group therapy since I am a mother of an adult offender myself with the experience of many years in individual Gestalt therapy – not Gestalt group therapy. This experience has changed my life in many ways and also changed the relationship to my daughter. I was simply very curious as to what the experience of Gestalt group therapy was like for my co-researchers and how they experienced it.

Since I had been working as a Gestalt group leader with families of adult offenders from the beginning of 1999, I was in a position of having access to former group members. These groups have been organized by a Norwegian Organization for Relatives and Friends of Prisoners (FFP). I contacted them, explained the research project I was about to undertake, and asked whether they had any objections of me contacting group members for my research. They welcomed the idea enthusiastically.

“The purposeful selection of participants represents a key decision point in a qualitative study” (Creswell, 1998:118). I wanted to interview mothers who had attended a Gestalt therapy group on a regular basis for some period of time, at least for one year. I started looking for people with whom I had an established rapport and believed would provide good data (Creswell, 1998). These were my criteria for selecting co-researchers. The sample I had to choose among was very limited.

After an initial phone call with a pre-interview for about 20 – 30 minutes, three mothers from former groups and one from a still ongoing group, volunteered to share their experience with me. “Each participant was informed not only of the nature of the study but was encouraged to become a research participant on equal footing with me” (Fraelich, 1989:68). A date and time for a lengthy interview was mutually agreed upon. I then sent a letter to my co-researchers (see Appendix 1), where I provided instructions on the nature and purpose of my investigation and how I would ensure their anonymity and confidentiality. I enclosed a consent (see Appendix 2) form and asked them to look at it ahead of time and bring it along for the interview.

I decided that a semi-structured interview, “whose purpose is to obtain descriptions of the life world of the interviewee with respect to the meaning of the described phenomena” (Kvale, 1996:6) would best suit my research. I therefore engaged in a small pre-pilot interview with one of my fellow students, and two pilot interviews on myself to develop “a set of questions or topics to guide the interview process” (Moustakas, 1994:103). I was interested in finding out what was the essential structure of the experience of Gestalt group therapy, from the perspective of mothers of adult offenders. As a Gestalt therapist, it was natural for me, to choose a qualitative research interview, since; “Interviews are conversations where the outcome is a co-production of the interviewer and the subject.” (Kvale, 1996:xvii).

I invited the co-researchers to my office and conducted a one-on-one interview for about an hour. I emphasized creating a safe and relaxed climate “in which the research participant would feel comfortable and respond honestly and comprehensively” (Moustakas, 1994:114). I began my interviews with a social conversation and explained my responsibility as a researcher, asking questions, and if we strayed off, be responsible to get us back on track again. I had my co-researchers read through the consent form and sign.

I did not send my interview questions to my co-researchers ahead of time. I wanted to see and hear what emerged during the interviews. I had prepared eight main questions and several sub questions for the interviews and found myself repeating their answers to confirm what I had heard them say. This led to more information on the topic and very rich data, and clarified any misconceptions as they occurred. The same main questions were covered in each interview, but not in the same format.

It was especially important for me to make time for debriefing after each interview (McLeod, 1994). Talking openly about their experience was inevitably going to create a certain amount of anxiety. While attending a Gestalt therapy group, all of my co-researchers experienced themselves as a novice mother of a male, a adult offender. Two mothers experienced sons with long - term sentences, and the other two, sons with short- term sentences.

After the interview process I transcribed the interviews verbatim myself.

“Transcribing from tape to text involves a series of technical and interpretational issues for which there are few standard rules, but rather a series of choices to be made” (Kvale, 1996:169). I decided to transcribe the interviews with exactitude and detail. Kvale (1996:172) says that some co-researchers may experience “a shock as a consequence of reading their own interviews.” I therefore decided to call my co-researchers, and explain how I had transcribed the interviews verbatim before sending them a copy. My co-researchers were encouraged to amend or change anything they wanted in the verbatim interview (See Appendix 3 for a thank you letter). Lincoln and Guba (1985) feel that this adds trustworthiness to the data. I also did a short debriefing on the phone - one month after the interviews took place.

In explaining my interview procedure, I have also included some ethical issues as they arose.

Ethical Considerations

“Ethical decisions always have some bearings on the results obtained in a study” McLeod (1994:166) says. I have given careful consideration to ethical issues at all stages of my research, and have made some “value decisions which may be in conflict with the beliefs and values of some other people” (ibid:166). After discussions with supervisors, colleagues and fellow students, I decided to conduct the interviews myself instead of having somebody else do them for me.

There are several reasons for my value decision. My co-researchers were very anxious to be identified. We already had an established rapport and a trusting relationship. In this way they felt safe and were able to share their experiences with me. I felt that I was able to “assist in unfolding of their stories” and meet the criteria of a good interviewer – being the research instrument myself, and also an expert on the topic of the interview (Kvale, 1996:147). According to Kvale (1996), the decisive factors in ethical issues are the integrity of the researcher, his or her honesty and fairness, knowledge, and experience. I felt that I was able to maintain a professional distance and not “lose a critical perspective on the knowledge obtained by closely identifying with my co-researchers” (ibid:117-122).

Even though I have given careful consideration to ethical issues at all stages in my research, my study could have been influenced by my co-researchers painting a more positive picture of their experience than they may have done in a different situation.

Data Analysis

Analysing the data, I used a modification of the phenomenological approach (Moustakas, 1994; Creswell, 1998), beginning with reading and re-reading through the transcripts a number of times, examining the data in detail, and in this way trying to get an understanding of each participant’s experience. The next stage in this

process was horizontalization (Moustakas, 1994), and I began highlighting significant statements, listing every significant statement relevant to the topic and giving it equal value. I then clustered the statements into themes or meaning units, removing overlapping and repetitive statements (Moustakas, 1994), and ended up with a number of themes, some of which overlapped. I then reduced the themes and categorised them, ending up with five main clusters of themes. I finally created a textural – structural synthesis (Moustakas, 1994) of the meanings and essences of how mothers of adult offenders experience Gestalt group therapy.

Findings

Before the Group	First Time in the Group	During the Group	Changes that Occurred	After the Group
<p>A first time event</p> <p>Anticipation</p>	<p>Expectations</p> <p>Emotions</p> <ul style="list-style-type: none"> • Overwhelming • A good feeling • Relief <p>Group members</p>	<p>Safety</p> <p>Sharing</p> <ul style="list-style-type: none"> • Without being selective • Being selective <p>Similarity</p> <p>Not alone</p> <p>Comparing</p> <p>Group significance</p> <ul style="list-style-type: none"> • A positive experience • A negative experience <p>Concern and caring</p> <ul style="list-style-type: none"> • About each other • About the inmate <p>Inspiration</p> <ul style="list-style-type: none"> • from group members • from the group leader 	<p>A yearning for change</p> <p>Self development</p> <p>Health</p> <p>Quality of life</p> <p>Relation to the inmate</p>	<p>Group as a learning place</p> <p>A positive experience</p>

Presentation of Data

I have organized the data by dividing it into five distinct areas of interrelated themes.

The coding system I am using for the transcripts is as follows:

The first number refers to the interview I am quoting from, the second is the line where the quote begins.

Before the Group

A First Time Event

The experience as a mother of a male, adult offender for the very first time emerged as a common theme for all the participants.

“..... my son was placed in jail, and he was only seventeen years old....” (4:52)

“.....all of a sudden I became the mother of a convict, and it was an enormous burden on me.” (2:20)

“This was a first time experience, and I was not prepared at all. It was a shock, and I just knew I was going to need support.” (1:25)

Anticipation

A major theme to emerge as the participants reflected on their experience of joining a Gestalt therapy group for families of adult offenders was their anticipation before the first meeting.

“.....so you hope that you are not going to meet your next door neighbour or anyone from work, or anyone else you know....”
(3:106)

“.....this was one day I was really nervous about. I was simply terrified of meeting other families of adult offenders.” (2:55)

The First Time in the Group

Expectations

Expectations for the first meeting emerged as a major theme.

“I looked forward to getting help.” (1:11)

“May be to get a little help, and hoping that I wasn’t going to be so sad.....” (3:273)

Emotions

Three distinct themes emerged which encapsulated the participants’ experiences of emotions the first time in a Gestalt therapy group for families of adult offenders.

a) Overwhelming

When reflecting on their experience of the very first time in a Gestalt therapy group for families of adult offenders, overpowering feelings were evoked and emerged as a major theme.

“The first time I was here I just wanted to scream. Yes, I experienced my situation as devastating and terrible.it was like losing someone. The worst thing that could happen was if he was dead.” (1:249)

“.....my son had never been in jail before...and I was very, very upset and sad, and there was so much sorrow... that sorrow - and that my life had become like this.....” (3:64)

b) A Good Feeling

All of the participants experienced a good feeling the first time they were in the Gestalt therapy group for families of adult offenders. One participant describes how she no longer blamed herself for having her son sentenced to jail:

“It was just after everyone had sat down and we started sharing, I experienced having come quite far already. It was a good feeling, and I did no longer blame myself for having my son sentenced to jail.”

(2:68)

Another participant experienced a feeling of solidarity:

“I knew I wanted to go on with this group. I had a feeling of solidarity.” (3:56)

c) Relief

Relief emerged as a major theme when the participants reflected on their first experience in a Gestalt therapy group for families of adult offenders.

“Walking out, I had left a burden behind me.” (1:143)

“One may say that the first and also the second time, one felt actually relieved.” (4:266)

Group members

The first time in the group, the majority of the participants especially remembered another group member.

“.... I especially remember one of the group members who had been very nervous about coming here, and who was sure she was the only one in the whole world with this kind of experience....” (4:218)

“Yes, I remember especially one who was in a lot of pain, she had her son in jail, it was her I noticed the most – in real terrible pain. It was actually as if I got a stimulant myself, because even though I was in pain, I had a child who was good-natured and kindhearted.” ((2:151)

During the Group

Safety

A common theme to emerge was the group as a safe place.

“It was safe being here because there weren’t any wrong questions, and you didn’t have to think through what you wanted to say” (1:72).

“.... I felt safe from the very first time, that is how I learned.” (2:762)

Sharing

Sharing emerged as a major theme, a major component of the mothers of the adult offenders’ experience of being in a Gestalt therapy group with families of adult offenders. I have divided their experience of sharing into two themes:

a) Without Being Selective

All of the participants emphasized the significance of a safe place for self-disclosure without being selective about what they were sharing.

“Because in situations like this, it is quite agonizing while it is going on, and one was able to kind of empty oneself, or share what one wanted to, and then when leaving, be ready for a new turn. (4:644)

“....one could be oneself - in a way be who you really are - and not keep any secrets. We shared what we wanted.” (3:560)

“.... this was a disgrace you could not share with anyone else.”
(2:249)

b) Being Selective

All of the participants clearly distinguished how they chose what to share with whom.

“.....felt that I had a need to talk and go deeper into what had happened to me, and I didn't feel like sharing this with my family – and I had already told them enough about what had happened.” (1:15)

“I had my father with whom I talked a lot, but I didn't want to share it all with him, because I didn't want him to see how much pain I was in. I wanted to protect him.” (3:77)

Similarity

A common theme expressed by all the participants was the feeling of being in the same situation.

“.....there were also mothers present – and also mothers with children with the same sex – with children like I had, and other relatives of prisoners, who were in the same situation, like myself, you may say – or their children were also convicted of a very severe crime. Yes, it

was especially that we were all in the same situation, but looking at it from different points of view.” (4:206)

“Because the other mothers shared the same thoughts, and, yes, shared the same thoughts – and the same thoughts and feelings.” (3:785)

Not Alone.

Not being alone emerged as a major theme for all of the participants.

“Even though I experienced this as terrible, it was a good feeling of not being alone.” (1:60)

In a way I felt that this happens to everyone, happens to many, and in a way, one is not alone, is not alone.” (4:319)

“What I experienced was not being the only one suffering.” (2:129)

Comparing

The group members compared themselves with other group members, and this emerged as a major theme. One mother experienced comfort:

“.....a kind of comfort in a way, and in a way that somebody else was, I noticed worse off than myself, and it was a kind of comfort in a way, as strange as it may sound.” (3:336)

And another mother considered herself almost lucky:

“I was almost lucky compared to many of the other group members with children who have been in and out of prison – just to listen to their stories made me think that it wasn’t so bad for me after all.” (1:47)

Group Significance

a) A Positive Experience

All of the participants expressed in different ways how they viewed the significance of the group.

“You did everything to attend the group. It had first priority. I just had to!” (1:417)

“I wanted to come each time and made sure not to make any other appointments. It was important for me to attend the group because I wanted to, not because I had to.” (3:464)

“I used the group to get a normal life...and help to get back to the life I had before I became a mother of an adult offender.” (2:382)

b) A Negative Experience

Some of the participants had experiences in the group, which were not positive. One participant clearly expressed how negative the experience of being asked what she was aware of, was experienced for her:

“There was very much attention on what I was aware of. What are you aware of? What are you aware of with all the things going on around you? This I do remember. I experienced this as very negative for me. Because one comes to a place of refuge and not to place oneself in a vulnerable position.” (4:1265)

Another one felt as an outsider in the group when many of the group members were looking forward to a release.

“What I experienced as the least beneficial to me, I’ve gotten over it now, was when most of the other group members were looking forward to a release. I then felt as an outsider, and experienced this as

very difficult, because you then looked at the future as pitch black - my own child is going to be locked away for many years to come. (2:442)

Concern and Caring

Concern and caring emerged as two distinct themes: For other group members and for the inmate.

a) For Group Members

Some of the participants expressed profound concern when a group member did not show up or notify the group.

“Yes, for me, and I believe for the other group members as well – when someone was absent, we were all concerned about why the person was not present – wondering whether her situation had become very difficult or whether other things had happened.” (4:441)

“...who was absent, what was wrong – was she sick, or – yes, you were really involved. It was a good feeling that people cared about each other.” (1:501)

b) For the Inmate

All of the participants expressed caring and concern about the inmate. One participant expressed her profound concern:

“I thought about how he felt when he went into prison – everything that had happened. How they treated him – his feelings of being wiped out, and there was nothing you could do.he was robbed of his identity – was only a name. It was a shock for me to discover.” (1:267)

Another mother was concerned about making the visit to her son as positive as possible:

“..because when go on a visit like this, one feels that during these few hours, one will make the visit as positive as possible, no matter how miserable you feel when you walk in....” (4:1173)

Inspiration

a) *From Group Members*

The majority of the participants experienced the other group members as an inspiration.

“I remember very well one of the mothers in the group....she was very depressed and nervous the first time. Watching her development and process in the group, and how she managed to get back on her feet, was positive for the rest of us. To watch someone who you believe is not going to make it – just by coming here and sharing – is getting back on her feet, gave us an inspiration. When she can make it, so can we.” (4:967)

“...when I arrived at home, I sat down and reflected on what had been said and how people tackled their problems. I then experienced an inside feeling of being able to make it, too, - if only I tried.” (2:570)

b) *From Group Leader*

All the participants experienced the group leader as an inspiration.

“Yes, I even become stronger when I watch how things affect you, and you have your own life, so when leaving after a group meeting, I then think about the way you experienced every one else’s problems, and then I tell myself that I am a mother of adult offender, and I can also

handle it – so I learn by observing the way you do it, and the way you think. I have learned to think here. (2:834)

“Several times I thought that you were very wise. Yes, and there were several times I wished I could be a little – actually do – I liked your opinion very much, and I wished that I could go through with some of the thoughts you had, which I agreed with and also liked so much.”
(3:495)

Changes that Occurred

A Yearning for Change

Some of the participants expressed a yearning for change.

“We all wanted a better life, I believe, at least I did.” (1:792)

“One has a wish to change, something like that, in order to, how can I say this, that one can grow....to find new solutions and possibilities.”
(3:604)

Self Development

All of the participants experienced a positive change in their life during the group.

“When we arrived in the group, we behaved in a certain way, and I remember particularly someone entering the group after a while, and thought to myself – I can recognize myself in her. I was in despair, knew nothing, and was in shock of what had happened, and cried and cried, and had a terrible timeand there was one phase like this, and then another one like that, and I could follow what was happening – I was moving towards the light.” (1:314)

“Yes, after some time, I began to feel a little better.” (3:754)

“...I have become more independent and believe in myself and handle problems in a different way.” (2:398)

Health

Some of the participants experienced an improvement in their health while attending a group. One participant experienced a major change in her health.

“...when I entered into my first group, I had two bleeding ulcers, and they stayed with me until, I believe, it was during my third group that they gradually subsided.” (2:590)

Another one said:

“...after a while, I could sleep a little better.” (3:849)

Quality of life

All of the participants experienced their being in a Gestalt therapy group helped to improve the quality of their life.

“...yes, my life improved and I managed to get back to work.” (2:583)

“Yes, the quality of my life improved.” (1:604)

Relation to the inmate

Some of the participants experienced a change in their relationship to the inmate during the group process. One participant experienced a change in the relationship to the inmate, and also a change in the inmate.

“My relationship to the inmate has become much, much stronger and more transparent, and as my life outside prison improved, the inmate was also doing better, much better. (2:716)

Another mother said:

“...we can actually talk a lot more because we have shared more feelings with each other.” (1:758)

After the Group

The Group as a Learning Place

All of the participants expressed how they learned from other group members.

“For every group I was in, I learned something from the other group members.” (2:565)

“...I have learned so much from this..... in a crisis like this you gain so much knowledge as a human being.” (1:570)

A Positive Group Experience

All of the participants expressed in different ways how being in a Gestalt therapy group had been a positive experience for them.

“...what was positive about being in a group, was listening to what other group members shared in relation to their experiences.” (4:527)

“.....if anyone else should happen to experience a disaster like this, I want to act as an agent for this particular way of handling it.”
(1:432)

“What I really want to emphasize is the importance of a group like this for families of adult offenders.” (2:799)

Textural - Structural Synthesis of How the Mother of an Adult Offender Experiences Gestalt Group Therapy.

A shock” (1:25) and “an enormous burden” (2:20) is how “the mother of a convict” (2:20) “all of a sudden” (2:20) experiences having her son “placed in jail” (4:52) when he is “only seventeen years old” (4:52).

Gestalt group therapy is anticipated with mixed feelings, and the mother of the adult offender is “anxious about how this is going to be” (4:300) - “even though this is a confidential matter” (3:113).

The first time in a Gestalt therapy group is full of expectations “as to whether this is going to help in some way” (1:84). The group offers an arena where the mother of the adult offender can share her overwhelming feelings of “being in hell” (2:113), how she has run herself completely “down to the ground” (3:613), and the “worries about how this will end” (3:166). Group therapy can also provide the group members with “a good feeling” (2:83) of being in “the right place” (1:88). When leaving the group this first time, the mother of the adult offender experiences a big relief of having left “a burden behind” (2:86). From this very first group meeting, the mother of the adult offender “remembers very well the friendliness from the other relatives of prisoners” (2:94).

The group is a “very dear” (3:112) place with “known and safe faces” (3:321) – “just like a family” (1:477). The group member writes “a big cross on Mondays” (3:112) for “every time” (1:79) the group meets to ensure her presence - because the group offers “a break from insanity” (4:429), and provides a place to leave “worries behind every week” (4:931). Nothing is “wrong here – all kinds of feelings” (1:803) are accepted as natural, and a feeling of already knowing “the people even though you have never seen them before” (4:906) is experienced.

The group is a safe place to cry and be sad, and share the “pain with other relatives of prisoners” (2:201), where one can “let go completely” (1:458) with “nothing to hide” (4:163) – there isn’t “anything bad or strange about it” (3:973). The mother of the adult offender is selective about what she chooses to share with her family because

“the family is too close” (1:461) and she wants to protect them “from things like this” (1:461).

The group is a caring environment where group members really care for each other, and just hope “that no one is going to be absent” (1:493) - “because dramatic events may arise and a group member may not be able to be present” (4:801). In this “supportive” (2:372) environment, the mother of the adult offender shares her profound care about “how the one in jail is doing” (1:458), given that “it was a first time event” (1:375).

The group creates an atmosphere of “not being alone, and being with other group members” (3:758), and provides a feeling of being “in the same situation” (1:375). Being in a group “makes it possible to exchange experiences and get help” (4:524) - especially from group members who “already had been through what I was facing now” (2:650). The group leader is valued as an inspiration because she is “guiding us towards a progress” (1:314).

In a Gestalt therapy group “one accepts the situation after a while, and is not so shocked any more” (3:824). This creates a prospect for “a new life” (2:255). Being in a group can provide group members with meaningful experiences, because being “in a crisis like this you gain so much knowledge as a human being” (1:570). Group members credit the group for “feeling better by being here” (1:364), and having “made it to where I am today” (2:406). “This kind of therapy should be more known to people – in this way people may place priority on themselves and make life easier” (1:874).

Discussion

In my discussion I will compare the findings from my research investigation with the literature I have reviewed, and discuss the implications of these findings for Gestalt psychotherapy. I will critically evaluate my study and the methodology I have used, and consider new areas for future research.

Comparing the Findings with the Literature Reviewed.

The participants in my study all shared a common experience as novice mothers of male, adult offenders. They perceived the incarceration of their sons as a traumatic event, describing a whole range of overwhelming emotions and feelings: Shock and grief of losing a loved one, shame, guilt and fear. This is consistent with the Canadian Families and Corrections Network's (CFCN) view that families of adult offenders are in crisis, and will go through an emotional roller coaster ride, the emotional cycle of incarceration (Withers, 2000). Scott (2003); Fox (1981), and Fishman (1981) also acknowledge the psychological trauma related to the incarceration of a family member. My findings agree with Ferraro et al. (1983), identifying shame, guilt, and fear as some of the emotions parents find difficult to deal with.

Scott (2003) highlights the need for support, especially in the initial period of the incarceration. My participants' reports confirm this, as they all spoke of the critical need for support: "This was a first time experience and I was not prepared at all. It was a shock, and I just knew I was going to need support" (1:25). This is also consistent with Hostetter and Jinnah (1993), arguing that more ought to be done to help families in the initial crisis of incarceration, and with the ongoing emotional strains.

The first time in the group, the participants in my study described having to manage extremely powerful and overwhelming emotions. This is in line with Bauer and Toman's (2003:59) view that emotions "may be intensified as the thinking process diminishes or stops" during a severe crisis. Bauer and Toman (2003) emphasize the importance of story telling as a mode of draining the energy of the overwhelming emotions. In this way the thinking process is being re-engaged through a process of organizing the sensory information and bringing the event into here and now (ibid). All of my participants shared the experience of a "good feeling" and also a sense of relief after having told their stories in the group the very first time.

The participants in this study shared their anticipation and anxiety before the first group meeting. Yontef (1993:305) stresses the importance for a group leader to pay emphatic and respectful attention to "the anxiety, fright, shame, guilt, and so forth" that group members often feel in the very beginning. Feder (1994) emphasizes the need to create a safe environment in the group, which is essential to personal growth in therapy. All of the participants in my study experienced the group as a safe place. One of them expressed: "...it was safe being here because there weren't any wrong questions, and you didn't have to think through what you wanted to say" (1:72).

Group cohesiveness is what Yalom (1998) refers to as the attractiveness of the group for its group members. All of my participants valued the group as a dear and significant place: "You did everything to attend the group. It had first priority" (1:417). The participants also cared deeply about other group members, and my findings are consistent with Yalom and Vinogradov(1989). Group cohesiveness is initially reflected as group support and acceptance, and this facilitates self-disclosure when the group is perceived as safe and supportive. This is also in line with what Frew (1997) refers to as the affiliation phase where common key issues are affection, support, cooperation, and interdependency.

The participants in my study all emphasized the great need to share, and the importance of sharing in a safe place: "...this was a disgrace that you could not share with anyone else" (2:249). Bauer and Toman (2003) confirm the importance of sharing and that it also facilitates healing. When people are able to tell their truths, they can let go of some of "the emotional overload" (p61). This is also in line with

Yalom's (1998:22) notion of catharsis - "the open expression of affect" - which is vital to the group therapeutic process. Yalom (1985:127) also confirms self-disclosure as "essential in the group therapeutic process," and that "sharing must come if therapy is to proceed." In this way, my participants did not re-create in the group the same "duplicitous modes of relating to others" as outside of the group (ibid:127). As shown in my findings, the participants in my study were selective in sharing outside of the group.

When clients are interviewed four years after the termination of a therapy group, as opposed to immediately afterwards, it is much easier for them to comment on unhelpful or negative aspects. This is consistent with my findings. One of my participants clearly emphasized how negative the experience of being asked what she was aware of in the group, was for her (see findings, 4:1265). The interview took place four years after her termination of a group. Feifel and Eells (1963) also confirm this in their research.

Withers (2000:2) points to the fact that "stress increases when there is uncertainty about the physical and well-being of the separated person." My findings confirm this: "I believed that a physician would arrive, yes, the same way he or she would for us, but there was never any doctor...never any dentist. They ended up extracting his teeth - he had an infection in his mouth - nothing worked and it was a shock" (1:293). The women in Scott's (2003) study also confirm the stressful factor of worrying about the inmate.

My findings also confirm the disturbances in eating and sleeping patterns in Scott's (2003) study. One participant in my study also suffered from bleeding ulcers shortly after her son was arrested, yet another one was operated for cancer. This is in line with Vander Zanden (1988) saying that involuntary adjustment to new situations may cause stress and role strain, which may in turn lead to ulcers (Krantz et al. (1985).

Three major themes that emerged in my data were: The feeling of being in the same situation as other group members, the feeling of not being alone, and participants comparing themselves to other group members. A feeling of relief was experienced in all three situations. These findings are in line with Yalom's (1998) notion of

universality – group members experience great relief especially at an early stage of the group, discovering that they are not alone and share the same experiences and dilemmas as other group members. Similarities, orientation, and belonging are also some of the key issues during the orientation phase (Frew, 1997).

My findings show how all of the participants valued other group members and the group leader as inspiration and as models. One mother expressed her inspiration from another group member like this: “To watch someone who you believe is not going to make it – just by coming here and sharing – is getting back on her feet, gave us an inspiration” (4:967). Another participant was inspired by the group leader and said: “I wished that I could go through with some of the thoughts that you had, which I agreed with so much” (3:495). This is consistent with the instillation of hope, which is crucial in all of the psychotherapies, along with the imitation of behavior, as two of the many therapeutic factors for promoting change in therapy, according to Yalom (1998). Group members model themselves upon aspects of other group members, as well as the therapist. Having been their group leader, and a mother of an adult offender, I seem to be in line with what Yalom (1985:7) refers to as a “living” inspiration to the others, because I have “trod the same path,” and found the way back.

Altruism as a therapeutic factor for promoting change, is as Yalom (1998) sees it, when group members credit other group members as important in their improvement. All of the participants expressed that they learned from other group members. One participant expressed: “For every group I was in, I learned something from the other group members” (2:565). Houston (2003:98) also highlights the group as a place of “vicarious learning” – a place where group members are encouraged to try out new behavior with the support of other group members.

The most important of the therapeutic factors in my findings were the installation of hope, universality, altruism, imitative behavior, catharsis, and group cohesiveness. Yalom and Vinogradov (1989) point to interpersonal learning, catharsis, and self-understanding as the most important therapeutic factors valued by outpatient group members in their treatment. My findings differ from Yalom and Vinogradov (1989).

Positive therapy outcome is significantly correlated with high expectations of getting help before therapy, Yalom (1985) affirms. This is confirmed in my findings, which show my participants' expectations of getting help before the first group meeting, and the positive therapy outcome they experienced. Research conducted by Goldstein (1962) also confirm this.

“We all wanted a better life, I believe, at least I did” (1:792). The yearning for change in my findings is in line with Bohart and Tallman's (1999:vii) view of the client's involvement as “the single most important factor whether therapy works or not.” Bauer and Toman (2003) view repeated interventions as facilitating enduring and long-term change, and Melnick (2003) highlights the importance of creating a positive change that endures. My findings show that repeated interventions created a positive change for my participants, which in turn had an impact on the quality of their current lives. All of the participants reported a major positive change in their mental health, and two of my participants also reported a major change in their physical health. As to whether the positive change endured or not - I do not know - not having asked this question.

The change some of my participants experienced also had an impact on their relationship to the inmate. One mother perceived a positive change in her son as well. This is in line with Parlett's (1997) view of human beings always existing within systems of relationship and Yontef's (1993:306) notion of “when one person in a family changes, every one is affected in some way.” The benefit of a positive change in therapy, as my findings showed, can also impact a change in the client's relationships like “ripples in the water” (Parlett, 1997:32).

Levine (1991:281) suggests that not much direction or structure is needed from the group leader of “a group of relatively normal adults who are all undergoing a similar crisis.” His point of view is that the group might proceed quite independently from the outset. This is in contrast to Kepner (1994:15), who on the other hand suggests that the group leader who is attending “to the group as -a-system as well as to the intrapersonal and interpersonal processes going on, is like a juggler who has a variety of balls, each of a different size and shape, that must be kept moving and balanced.” One of the participants in my study shared: “Everyone sat in a circle, and everyone

looked at each other. In this way there was a personal contact...” (4:902). “The group leader asked questions that she knew was useful for that particular person...” (4:945).

Implications for Gestalt Psychotherapy

When a person is doing time, he or she cannot be seen in isolation of his or her significant relationships (Withers, 2000). It is apparent and confirmed in my findings that the emotional component of a son’s in carceration for a novice mother is strong and dominant, and has a profound effect on her life and relationships with others. These findings add credence to the need of emotional support and psychotherapeutic opportunities while coping with the stress of incarceration and its aftermath. As evidenced in my study, all the mothers highly valued the physical and emotional availability to their offspring. From a holistic point of view, the inclusion of the family unit is important to consider, not only for the stress it is undergoing but also for the support it can provide.

Specifically, this study points to the following outcomes and implications:

All of the participants perceived the Gestalt therapy group as a *supportive system* where they experienced relief and strength, and a sense of meaning and purpose in their current life situation. An outstanding component in my findings was the urge to share “their secret” with other families of adult offenders in a safe place. It is evident from my participants’ experiences that the process takes a certain amount of time, and that *time* is essential to the process. Little by little they gradually experienced feeling better. In the area of human development, Gestalt group therapy with mothers of adult offenders seems to contribute to individual, societal and family life - and to the profession of Gestalt psychotherapists.

On a personal and professional level this research has had a profound and rewarding impact on my life. What I already knew and had experienced, has been confirmed in my findings. This has given me a sense of affirmation and validation, and a greater courage to move forward with what I believe in – seeing things as they appear, and as they are, not judging them, learning to describe experiences rather than explain or

analyse them. I have learned about the possibilities for change based on commitment, wholeness, caring, and the process of life itself. My findings have implications for my practice as a Gestalt psychotherapist. For future groups with families of adult offenders, I will conduct pre-interviews and explore anticipations and expectations for the group. In this way, the negative preconceptions may be removed, and the positive expectations reinforced. By reinforcing the positive expectations for help, it is more likely, as demonstrated in several research inquiries, (Yalom, 1998) to achieve a positive therapy outcome. Additionally, will I place much more emphasis on the significance of notifying me as a group leader if some one is not able to attend a group-meeting.

I am pleased with having carried out a research project that is congruent with my beliefs and values about science and humanity - grounded in a philosophy that is consistent with its purposes and values, and explicates the wholeness of the experience from the point of view of those directly impacted by it.

This study, I believe, is timely, socially relevant responding to a long neglected value and seems to be in line with Creswell's (2003:30) view: "One of the chief reasons to conduct a qualitative study is that it is exploratory. This means that not much has been written about the topic or the population being studied" (Creswell, 2003:30). Further exploration and research in the areas of families of adult offenders, and on Gestalt group therapy, is welcomed and needed.

Critical Evaluation

The aim of my research was to provide a description of how mothers of adult offenders experience Gestalt group therapy using a phenomenological method of research. I have followed Moustaka's (1994:103) "series of methods and procedures that satisfy the requirements of an organized, disciplined and systematic study," and even though, in bringing my study to a close, I am aware of its limitations.

A much larger sample would be necessary to make broader generalisations based on the findings in this study. My sample was drawn from a group of people within an association of prisoners' families, offering Gestalt group therapy to its members. The participants in this study were all women, aged between forty-five and fifty-five, and all Norwegians. I have conducted my interviews in Norwegian, translated quotations of them into English, and tried to be as accurate as possible. It is important, though, to acknowledge my own interpretive influence in this process, since being the researcher I am "intimately connected with the phenomenon" (Moustakas, 1994:59). My transcripts and translated quotations are available to view. Further research would be needed in order to draw any conclusions outside of this specific context.

My findings have revealed the complexity and difficulty for a novice mother when her son is sentenced to jail. In terms of the interviewing process, talking openly about their experience was inevitably going to create a certain amount of anxiety. Two of my co-researchers no longer had sons in prison. One of them shared at the end of the interview: "...seeing the house again evoked feelings in me – it became painful - because during that period..." (3:1221).

Creswell (1998:193) addresses a central question: "How do we know that the qualitative study is believable, accurate and 'right'?" In a phenomenological method of research, the researcher is an integral part of the process of data collection and analysis, often leading to the question of reliability and validity. An outstanding feature of the design of this study was that I, the researcher, am a mother of an adult offender and have been the participants' group leader. While this is not necessarily a limitation, in fact, my co-researchers regarded it as an asset - it did influence the mothers' perceptions of their experience of Gestalt group therapy, which was overwhelmingly positive. All though my research could be criticized for this, I consider it to be an advantage. The aim of my study was to get as close as possible to the subjective experiences of Gestalt group therapy as a mother of an adult offender, obtaining comprehensive portrayals of my research participants' experiences (Moustakas, 1994).

In my introduction I detailed how I became interested in studying Gestalt group therapy as a mother of an adult offender, thus culminating in the pursuit of my

research question: “How do mothers of adult offenders perceive and describe their experience of Gestalt group therapy?” This is in accordance with Creswell’s (1998:202) view of clarifying the researcher’s “past experiences, prejudices, and orientations that have likely shaped the interpretation and approach to the study.” Yalom (1998:7) points to how therapists “have invested considerable time and energy in mastering a certain therapeutic approach” and by no means are “disinterested or unbiased observers.” Seen from this perspective, therapists’ answers will largely be determined by their particular school of conviction (ibid).

Not analysing my role as a researcher during the process was a limitation, and is in agreement with Pugsley (1999) when she states that analysing the researcher’s role would enable us to be more rigorous in our approach, and may answer Polkinghorne’s (1989:57) question of whether the interviewer influenced “the contents of the subject’s descriptions in such a way that the descriptions do not truly reflect the subject’s actual experience.”

Future Research

My exploration into the experience of Gestalt group therapy with mothers of adult offenders has opened up possibilities for future research. During the process of transcribing the interviews and analysing the data, I identified five areas for further research that would deepen and extend knowledge on this topic.

The first and most obvious would be to conduct a future study with a researcher who is neither a family member of an adult offender, nor has been the participants’ group leader. He or she would conduct individual interviews on this topic, which might yield different or additional data.

My findings show an overwhelming positive response. A second research project would be to conduct individual interviews with the same participants in this study, focusing only on their negative experiences of Gestalt group therapy. It would be interesting to compare the findings with my study.

This study focused on Gestalt group therapy as experienced by a mother of an adult offender. It would be interesting to create and conduct a third research project with a self-help group as a control group, and then compare the results.

A forth and possible study would be to conduct a focus group interview, expanding the number of participants and mixing genders. My study was limited with four female participants. A much larger sample with mixed genders in a focus group interview might reveal additional aspects and increase our understanding of how families of adult offenders perceive and describe their experience of Gestalt group therapy.

NOVA (the National Organization for Victim Assistance) predicts that it can take up to five years to come back to equilibrium after a traumatic event (Young, 1998). Seen from this perspective I think it would be interesting to increase the number of years in Gestalt group therapy - to five years - and then explore the significance and impact of the long-term effect in individual interviews.

Conclusion

“Trust is that state of being during which people believe that their needs can be met without injury by others or their environment.”

Petrusca Clarkson (1989:75)

My research, though very small and based on a specific study group, appears to support much of the previous literature and studies on the affect of losing a loved one to incarceration – “it is similar to the loss when somebody dies” (Scott, 2003:8). When a family member dies, there are rituals in society for mourning. Losing a loved one to incarceration seems to be without rituals for mourning in our society today: “this was a disgrace you could not share with anyone else” (2.249).

An outstanding component in my findings was the importance of a safe place “to share the pain with others” (2:201), “a break from insanity” (4:429) and the opportunity the group offered: “a place to leave worries behind every week” (4:931). I was at first quite surprised of the simplicity in my findings: sharing in a safe place with other group members is what the participants in my study perceived and described as helpful. In this way, it seems, “narrating their truths,” the participants in my study were given an “opportunity to organize the facts and expel some of the emotional overload” (Bauer and Toman, 2003:61).

When embarking upon this research project, I was looking for co-researchers with experience of Gestalt group therapy for at least one year, as a mother of an adult offender. To my surprise, all of my co-researchers were *novice* mothers of adult offenders. I am deeply touched and grateful for my co-researchers’ willingness to share their experiences with me, and in this way help in establishing a new line of thinking (Creswell, 1998): “this kind of therapy should be more known to people – in this way people may place priority on themselves and make life easier” (1:874). In

view of my findings, it would seem important, therefore, to create more opportunities for support, in a way that is congruent with their beliefs and values, when losing a loved one to incarceration.

The purpose of my study was to lay the ground for further discussion, debate and research into the area of Gestalt group therapy with mothers of adult offenders, and gain an understanding of this phenomenon from the inside, as opposed to the outside. In bringing my study to a close, it is my hope that you, the reader, have a feeling of better understanding what it is like to experience the phenomenon being explored in this study (Polkinghorne, 1989).

I conclude with a quote from one of the participants:

“Yes, I changed a lot.
I turned into a new mother.”
(2:510)

“Even if you murdered someone & your picture appeared on the front page of every news paper in the country, I wouldn’t stop being your mother.”

Hal Sirowitz (1998:73)

Appendix 1

Letter to Co-Researchers

Thank you for your interest in my dissertation research on the experience of how mothers of adult offenders perceive and describe their experience of Gestalt Group Therapy. I value the unique contribution that you can make to my study and I am excited about your participation in it. The purpose of this letter is to reiterate some of the things we have already discussed on the phone (date) and for you to look at the participation-release form that you will find attached. Please bring it along and we will go through it together.

The research model I am using is a qualitative one through which I am seeking comprehensive depictions or descriptions of your experience. In this way I hope to answer my question: “How do mothers of adult offenders perceive and describe their experience of Gestalt Group Therapy.” Through your participation as a co-researcher, I hope to understand the essence of Gestalt Group Therapy as it reveals itself in your experience. You will be asked to recall episodes, events or situations about your experience of Gestalt Group Therapy. I am seeking vivid, accurate, and comprehensive portrayals of what these experiences were like for you: Your thoughts, feelings, and behaviours, as well as situations, events, and people connected with your experience. I value your participation and thank you for the commitment of time, energy, and effort. If you have any further questions or if there is a problem with the date and time of our meeting, I can be reached at I look forward to seeing you.

Warm regards

Lill Hallbäck

Enclosure: Participant Release Agreement

Appendix 2

Participant Release Agreement

I agree to participate in a research study on “How mothers of adult offenders perceive and describe their experience of Gestalt Group Therapy.” I understand the purpose and nature of this study and I am participating voluntarily. I grant permission for the data to be used in the process of completing a Master of Science degree in Gestalt Psychotherapy including a dissertation and any further publication. I agree to meet at the following location on the following date.....at.....for an initial interview of 1 to 2 hours. If necessary, I will be available at a mutually agreed upon time and place for an additional 1 to 1 and a half hour interview. I also grant permission to tape-record the interview(s).

I understand that the transcripts of my interview will be posted to me so that I can amend anything that I am not happy with (within two – four weeks).

I am aware that I could ask for information about me to be withdrawn at any stage before the final drafting (June 2004), but that the dissertation will then be available to students and members of the Sherwood Institute and Derby University and could be published in the future.

Signed (Research Participant).....Date.....

Signed (Primary Researcher).....Date.....

Appendix 3

Thank You Letter to Co-Researchers

I refer to our phone conversation yesterday, where I explained the way I have transcribed the interview with you. I have tried to transcribe verbatim as detailed and accurate as possible.

I appreciate your willingness to share your unique thoughts, feelings, events, and situations with me in the extended interview.

I have enclosed a transcript of your interview. Please review the entire document. Be sure to ask yourself if this interview has fully captured your experience of Gestalt Group Therapy. After reviewing the transcript of the interview, you may realize that an important experience(s) was neglected, or there is something in the interview you want to change. Please feel free to add comments that would further elaborate your experience(s), or change what you have said. If you prefer we can arrange to meet again and tape-record your additions or corrections. Please do not edit for grammatical corrections. The way you told your story is what is critical. When you have reviewed the verbatim transcript and had an opportunity to make changes and additions, please return the transcript in the stamped, addressed envelope within 2 - 4 weeks.

I have greatly valued your participation and your willingness to share your experience. If you have any questions or concerns, do not hesitate to call me.

Warm regards

Lill Hallbäck

Appendix 4

This nursery rhyme in “Mother Goose” has been an inspiration for me in the process of writing my dissertation.

“Humpty-Dumpty sat on a wall.
Humpty-Dumpty had a great fall.
All the king’s horses and all the king’s men
couldn’t put Humpty together again.”

Eulalie Osgood Grover (1984)

References

- Aasen, P. & Haugaløkken, O.K. (1994) *Bærekraftig pedagogikk: Identitet og kompetanse i det moderne samfunnet*. Oslo, Norway: Ad Notam – Gyldendal.
- Barber, P. (2002) 'Gestalt – a prime medium for holistic research and whole person education', *British Gestalt Journal*, 11 (2): 78-90.
- Barrit, L. (1986) 'Human sciences and the human image', *Phenomenology and pedagogy*, 4 (3): 14-22.
- Bauer, L. & Toman, S.T. (2003) 'A Gestalt perspective of crisis debriefing: Working in the here and now when the here and now is unbearable', *Gestalt Review*, 7 (1): 56-71.
- Bennis, W.G. & Shepard, H.A. (1956) 'A theory of group development', *Human relations*, (9): 415-437.
- Bohart, A.C & Tallman, K. (1999) *How clients make therapy work: The process of active self-healing*. Washington, DC, USA: American Psychological Association.
- Bright, J.I., Baker, K., & Neimeyer, R .A. (1997 9. December). Professional and paraprofessional group treatments for depression: A comparison of cognitive behavioural and mutual support interventions. In K. Baker (Chair), *The Memphis Depression Project: Professionally and para professionally led mutual support and cognitive behavioural groups for depression*. Symposium conducted at the meeting of the North American Society for Psychotherapy Research, Tucson, AZ.
- Brown, J.R. (1997) 'Researcher as an instrument. An exploration of the relationship between Gestalt and qualitative methodology', *Gestalt Review*, (1): 71-83.

- Buber, M. (1970) *I and thou*. New York, USA: Scribner.
- Clarkson, P. (1996) *Gestalt counselling in action*. London, UK: Sage Publications.
- Clarkson, P. & Mackewn, J. (1993) *Fritz Perls*. London, UK: Sage Publications.
- Codd, H. (2000) 'Age, role changes and gender power in family relationships: the experiences of older female partners of male partners'. *Women and criminal justice*, (12): 2-3.
- Creswell, J. W. (1994) *Research design: Qualitative and quantitative approaches*. California, USA: Sage Publications.
- Creswell, J. W. (1998) *Qualitative inquiry and research design: Choosing among five traditions*. California USA: Sage Publications.
- Creswell, J.W (2003) *Research design: Qualitative, quantitative, and mixed methods approaches. Second edition*. California USA: Sage Publications.
- Daniels, V. (2001) 'A review of Serge F. Hein and Wendy J. Austin 'empirical and hermeneutic approaches to phenomenological research in psychology', *Gestalt!* 5 (2): 4-11. <http://www.g-g.org/gej/5-2/reviewlit.html> (4 June 2003).
- Dukes, S. (1984) 'Phenomenological methodology in the human sciences', *Journal of religion and health*, 23 (3): 197-203.
- Feder, B. (1994) 'Safety and danger in the Gestalt group', In B. Feder & R. Ronall (eds) *Beyond the hot seat: Gestalt approaches to group*. New York, USA: The Gestalt Journal Press.
- Feder, B. & Ronall, R. (1994) 'Introduction', In B. Feder & R. Ronall (eds) *Beyond the hot seat: Gestalt approaches to group*. New York, USA: The Gestalt Journal Press.

Feifel, H. & Eells, J. (1963) 'Patients and therapists assess the same psychotherapy', *Journal of consulting and clinical psychology*, (27): 310-318.

Ferraro, K., Johson, J., Jorgensen, S. & Bolton, F. (1983) 'Problems of prisoners' families: The hidden costs of imprisonment', *Journal of family issues*, 4 (4): 575-591.

Fishman, L. (1981) 'Losing a loved one to incarceration: The effect of imprisonment on family members', *Personnel and guidance journal*, (59): 372-375.

Fox, S. (1981) 'Families in crisis: Reflections on the children and families of the offender and the offended', *International journal of offender therapy and comparative criminology*, 25 (3): 254-264.

Fraelich, C.B. (1989) 'A phenomenological investigation of the psychotherapist's experience of presence', Dissertation (PhD) The Union institute. *Dissertation abstracts international*. 50. 1643B.

Frew, J. 1997 'A Gestalt therapy theory application to the practice of group leadership', *Gestalt Review*, 1 (2): 131-149.

Goldstein, A.P. (1962) *Therapist - Patient expectations in psychotherapy*. New York, USA: Pergamon Press.

Goodman, G & Jacobs, M. (1994) 'The self-help, mutual support group', In A. Fuhriman & G. Burlingame (Eds), *Handbook on group psychotherapy*, New York, USA: Wiley.

Grover, E. O. (1984) *Mother Goose*. The original Volland edition. New York, USA: Derrydale Books.

Grønmo, S. (2002) 'Forholdet mellom kvalitative og kvantitative tilnærminger i samfunnsforskningen', in H. Holter. and R. Kalleberg. (eds), *Kvalitative metoder i samfunnsforskning*. Oslo, Norway: Universitetsforlaget metodebibliotek.

Hairston, C.F. (1996) 'Children, families, and correctional supervision: Current policies and new directions', <http://www.fcnetwork.org/reading/hairston> (23 January 2004).

Harvey, J.H., Orbuch T.L., Chwalisz, K.D. & Garwood, G. (1991) 'Coping with sexual assaults: The role and account- making and confiding', *Journal of traumatic stress*, (4): 515 – 531.

Hoffmann, A. (2002) 'The prisoner rehabilitation authority: Philosophy and programs. Selected articles: Inmates' families', <http://www.fcnetwork.org/reading.html> (24 June 2003).

Holter. H. (2002) 'Fra kvalitative metoder til kvalitativ samfunnsforskning', In H. Holter. & R. Kalleberg (eds), *Kvalitative metoder i samfunnsforskning*. Oslo, Norway: Universitetsforlaget metodebibliotek.

Holter, H. & Kalleberg.R. (2002) *Kvalitative metoder i samfunnsforskning*. Oslo, Norway: Universitetsforlaget metodebibliotek.

Hostetter, E.C. & Jinnah, D.T. (1993) 'Research summary: Families of adult prisoners', <http://www.fcnetwork.org/reading/researc.html> (28 December 2003).

Houston, G. (2003) *Brief Gestalt therapy*. London, UK: Sage Publications.

Husserl, E. (1931a) *Ideas: General introduction to pure phenomenology*. 1, New York, USA: Macmillian.

Jacobs, M & Goodman, G. (1989) 'Psychology and self-help groups: Predictions on a partnership', *American psychologist*, (44): 536 – 545.

Joyce, P. & Sills, C (2003) *Skills in Gestalt counselling & psychotherapy*. London, UK: Sage Publications.

Kepner E. (1994) 'Gestalt Group process', In B. Feder & R. Ronall (eds) *Beyond the hot seat: Gestalt approaches to group*. New York, USA: The Gestalt Journal Press.

Krantz, D.S., Grunberg, N.E., & Baum, A. (1985) 'Health psychology', *Annual review of psychology*, (36): 349-384.

Kvale, S. (1996) *Interviews: An introduction to qualitative research interviewing*. California, USA: Sage Publications.

LaCourse, K. (1991) 'The experience of time', Unpublished manuscript, Centre for humanistic studies, Detroit, USA.

Levine, B. (1991) *Group psychotherapy practice and development*. USA: Waveland Press.

Lieberman, R. (1999, November) 'Crisis response training', Paper presented at meeting of Arkansas school counsellor association at the university of Arkansas cooperative extension service, Little Rock, Arkansas, USA.

Lincoln, Y.S. & Guba, E.G. (1985) *Naturalistic inquiry*. California, USA: Sage publications.

Lowenstein, A. (1986) 'A temporary single parenthood', *Family relations*, 35 (1): 79-85.

Marshall, C. & Rossman, G.B. (1999) *Designing qualitative research*. California, USA: Sage Publications.

McLeod, J. (1994) *Doing counselling research*. London, UK: Sage Publications.

McLeod, J. (2002) *Qualitative research in counselling and psychotherapy*. London, UK: Sage Publications.

- Melnick, J. (1997) 'Welcome to Gestalt review: an editorial', *Gestalt Review*, 1 (1): 1-8.
- Melnick, J. (2003) 'Making the learning last', *Gestalt Review*, 7 (1): 1-4.
- Melnick, J. & Nevis, S.M.. (2000) 'Diagnosis: the struggle for a meaningful paradigm', In E.C. Nevis (ed), *Gestalt therapy: Perspectives and applications*. Cambridge, MA, USA: Gestalt Press.
- Moustakas, C. (1994) *Phenomenological research methods*. California USA: Sage Publications.
- Parlett, M. (1997) 'The unified field in practice', *Gestalt Review*, 1 (1): 16-33.
- Pennebaker, J.W. (1997) 'Writing about emotional experiences as a therapeutic process', *Psychological science*, (8): 162 – 166.
- Perls, F, Hefferline, R. F & Goodman. P. (1951) *Gestalt Therapy. Excitement and growth in the human personality*. New York, USA: Julian Press.
- Perls, F, Hefferline, R. F & Goodman.P. (1992) *Gestalt Therapy. Excitement and growth in the human personality*. UK: Souvenir Press.
- Perls, L. (1992) *Living at the boundary*. New York, USA: Gestalt Journal Publications.
- Phillipson, P. & Harris J.B. (1992) *Gestalt: Working with groups. Second edition (Revised)*. A Manchester Gestalt Centre Publication.
- Polkinghorne, D.E. (1989) 'Phenomenological research methods', In R.S. Valle & S. Halling (Eds.), *Existential – phenomenological perspectives in psychology*. New York, USA: Plenum.

- Polster, E. (1995) *A population of selves: A therapeutic exploration of personal diversity*. San Francisco, USA: Jossey-Bass publishers.
- Polster, E. & Polster, M. (1974) *Gestalt therapy integrated: Contours of theory and practice*. New York, USA: Vintage Books.
- Pugsley, S. (1999) 'A phenomenological exploration into how the Gestalt psychotherapist experiences and works with erotic transference and counter transference', Dissertation (MA). Derby University, UK.
- Ragin, C.C. (1987) *The comparative method: Moving beyond qualitative and quantitative strategies*. Berkeley, USA: University of California Press.
- Rosenblatt, D. (1989) *Opening doors: What happens in Gestalt therapy*. New York USA: The Gestalt Journal Press.
- Schutz, W.C. (1973) *Elements of encounter*. New York, USA: Bantam Books.
- Scott, P. (2003) 'The invisible sentence project', <http://www.fcnetwork.org/reading/invisiblesentence-australia.pdf> (27 December 2003).
- Scott, D. & Usher, R. (1999) *Researching education: Data, methods and theory in educational enquiry*. London, UK: Cassell.
- Segal, D.L., & Murray, E.J. (1994) 'Emotional processing in cognitive therapy and vocal expression of feeling', *Journal of social and clinical psychology*, (13): 186–206.
- Sirowitz, H. (1998) *My therapist said. (Poems)* New York, USA: Crown Publishers.
- Tsudi, F. (2002) 'Om nødvendigheten av syntese mellom kvantitative og kvalitative metoder' in H. Holter & R. Kalleberg (eds,) *Kvalitative metoder i samfunnsforskning*. Oslo, Norway: Universitetsforlaget metodebibliotek.

- Tuckman, B.W. (1965) 'Developmental sequence in small groups', *Psychology bulletin*, (63): 384-399.
- Vander Zanden J.W (1988) *The social experience: An introduction to sociology*. USA: Random House.
- Withers, L. (2000) 'Time together', <http://www.fcnetwork.org/reading/A/Time Together.html> (24 June 2003).
- Yalom, I. (1983) *Inpatient group psychotherapy*. USA: BasicBooks.
- Yalom, I. (1985) *The theory and practice of group psychotherapy*. USA: BasicBooks.
- Yalom, I. (1998) *The Yalom reader*. USA: BasicBooks.
- Yalom, I & Vinogradov, S. (1989) *Group psychotherapy*. USA: American Psychiatric Press.
- Yontef, G.M. (1993) *Awareness dialogue & process: Essays on Gestalt therapy*. New York, USA: The Gestalt Journal Press.
- Yontef, G.M. (1996) 'Supervision from a Gestalt therapy perspective', *British Gestalt Journal*, 5 (2): 92-102.
- Young, M. (1998) *The community crisis response team- training manual*. Washington, DC, USA: National organization for victim assistance.
- Zinker, J. (1978) *Creative process in Gestalt therapy*. New York, USA: Vintage Books.