Research papers on Gestalt therapy in clinical practice: a short summary


Psychiatric nurses interested in extending their interpersonal and psychotherapeutic skills sometimes undertake postgraduate training in gestalt therapy. Little is known about how this new knowledge and psychotherapeutic skill base informs their practice. This paper presents the findings of a qualitative study that aimed to explore the influence of gestalt therapy training on psychiatric nursing practice. Within a framework of narrative inquiry, four psychiatric nurses trained in gestalt therapy were invited to tell their stories of training in a gestalt approach to therapy, and recount their experiences of how it influenced their practice. In keeping with narrative analysis methods, the research findings were presented as a collection of four stories. Eight themes were derived from a thematic analysis conducted within and across the four stories. The discussion of the themes encapsulates the similarities and differences across the storied collection, providing a community and cultural context for understanding the individual stories.


In der hier vorliegenden Arbeit sollen die Wirkung und Wirksamkeit von Integrativer Gestalttherapie durch eine katamnestische Befragung von KlientInnen, die sie in Anspruch genommen haben, evaluiert werden.


Die Idee zu dieser Studie entstand einerseits aus dem Wunsch der psychotherapeutischen PraktikerInnen, den Erfolg der psychotherapeutischen Behandlung bei ihren KlientInnen katamnestisch zu erfassen und der Idee, so etwas wie die US-amerikanische Consumer reports-study als (Psychotherapie)konsumentInnenbefragung auch in Österreich durchzuführen.

Hender, Kim. (2001) Is Gestalt therapy more effective than other therapeutic approaches?

Hender, K. (2001). Centre for Clinical Effectiveness. Načteno z Monash University, Medicine, Nursing and Health Sciences:

http://www.gestaltbodymind.co.uk/Gestalt%20therapy%20effeectiveness%20comparisons.pdf

Summary of findings:
We identified two randomised controlled trials (RCTs), one pseudo-randomised controlled study and four comparative studies with concurrent controls that compared Gestalt therapy to another therapeutic approach or no therapy.

The studies compared Gestalt therapy to the following: cognitive group therapy, no therapy, attention-placebo treatment, discussions of human behaviour, free group activities (sports, hobbies etc) and respiratory autogenic training.

Seven studies were identified, two of which were randomised controlled trials (RCTs; Rosner et al 2000, Cook 2000), and one which was pseudo-randomised (Paivio and Greenberg 1994). The remaining four studies were all comparative studies with concurrent control groups (Clance et al 1994, Serok and Levi 1993, Lobb 1992,
All interventions were of Gestalt therapy even if it was presented and applied in a slightly different manner in some of the studies. The variations of Gestalt therapy that were applied included: focussed expressive group psychotherapy, short term Gestalt therapy group intervention, empty chair dialogue, Gestalt group activities and Gestalt person centred group work. Gestalt therapy was compared to: cognitive therapy, attention placebo, discussion of human behaviour, no therapy, group activities and respiratory autogenic training. The papers were published in the decade from 1990 to the year 2000. They were all written in English and reported research conducted in the United States, Canada, Germany, Italy and Israel.

Six of the seven studies reported that Gestalt therapy resulted in an increase in some positive outcomes when assessed against comparators.


This metaanalytical assessment of evaluation research in the field of Gestalt therapy has been conducted on the basis of 38 studies which took place between 1970 and 1986. Its scope is substantially broader than the metaanalysis of Smith, Glass and Miller (1980) or the secondary analysis of Grawe's Berner Workgroup documented in Forschungsgutachten zu Fragen eines Psychotherapeutengesetzes (1991). The results indicate Gestalt therapy to be an effective psychotherapeutic treatment which is not inferior to other comparable methods of treatment. No definitive statement can be made concerning differential indication, individual therapy setting or long-term measures.


This paper reviews the characteristics of Gestalt therapy and links these with its clinical usefulness as one of the range of available psychotherapies.

Chairwork:


Orthodox gestalt therapy suffered a rather unfortunate fate; gestalt theory has been poorly articulated, and gestalt techniques have received minimal empirical validation. These weaknesses are, in part, a consequence of F. Perls’s biographical history, which led to an integration of disparate theoretical models that were exacerbated by F. Perls’s haphazard, idiosyncratic personal style. However, recent empirical research suggests that the 2-chair technique is superior to other therapeutic interventions for conflict splits, decisional conflict, marital conflict, and unfinished business and that the 2-chair technique is as effective as Rogerian and cognitive-behavioral therapies. Although F. Perls’s techniques may have been generated largely from his idiosyncratic personality characteristics, these techniques have some validity for very specific psychological dilemmas.

In this study, 34 clients with unresolved feelings related to a significant other were randomly assigned to either experiential therapy using a Gestalt empty-chair dialogue intervention or an attention placebo condition. The latter was a psychoeducational group offering information about "unfinished business." Treatment outcomes were evaluated before and after the treatment period in each condition and at 4 mo and 1 yr after the experiential therapy. Outcome instruments targeted general symptomatology, interpersonal distress, target complaints, unfinished business resolution, and perceptions of self and other in the unfinished business relationship. Results indicated that experiential therapy achieved clinically meaningful gains for most clients and significantly greater improvement than the psychoeducational group on all outcome measures. Treatment gains for the experiential therapy group were maintained at follow-up.


Compared an affective (gestalt 2-chair intervention) and a cognitive-behavioral (problem-solving) counseling intervention used to help clients resolve intrapersonal conflicts related to a decision. 48 16–72 yr olds were randomly assigned to 3 groups: a problem-solving group, a 2-chair group, and a waiting-list control group. Trained counselors saw clients for 2 sessions. Ss were pre- and posttested on measures of indecision and stage of decision making. A 1-way analysis of variance (ANOVA) revealed that the affective intervention was more effective than the cognitive-behavioral intervention or no treatment for reducing indecision. Both counseling approaches were more effective than no treatment in facilitating movement through the stages of decision making. Postsession comments suggested that there were difficulties associated with maintaining a focus on the problem in the cognitive-behavioral treatment and that the 2-chair intervention assisted clients in making broader decisions.

EFT:


The mood disorders are prevalent and problematic. We review randomized controlled psychotherapy trials to find those that are empirically supported with respect to acute symptom reduction and the prevention of subsequent relapse and recurrence. *Results*: One hundred twenty-five studies were found evaluating treatment efficacy for the various mood disorders. With respect to the treatment of major depressive disorder (MDD), interpersonal psychotherapy (IPT), cognitive behavior therapy (CBT), and behavior therapy (BT) are efficacious and specific and brief dynamic therapy (BDT) and emotion-focused therapy (EFT) are possibly efficacious. CBT is efficacious and specific, mindfulness-based cognitive therapy (MBCT) efficacious, and BDT and EFT possibly efficacious in the prevention of relapse/recurrence following treatment termination and IPT and CBT are each possibly efficacious in the prevention of relapse/recurrence if continued or maintained. IPT is possibly efficacious in the treatment of dysthymic disorder. With respect to bipolar disorder (BD), CBT and family-focused therapy (FFT) are efficacious and interpersonal social rhythm therapy (IPSRT) possibly efficacious as adjuncts to medication in the treatment of depression. Psychoeducation (PE) is efficacious in the prevention of mania/hypomania (and possibly depression) and FFT is efficacious and IPSRT and CBT possibly efficacious in preventing bipolar episodes.

This study examined the effectiveness of Emotion Focused Therapy with 32 adult survivors (EFT-AS) of childhood abuse (emotional, physical, and sexual). EFT-AS is a 20-week individual psychotherapy based on current emotion theory and experiential therapy theory and research. The study employed a quasi-experimental design in which participants, who met screening criteria, were assigned to therapy or a variably delayed therapy condition. Clients receiving EFT-AS achieved significant improvements in multiple domains of disturbance. Clients in the delayed treatment condition showed minimal improvements over the wait interval but after EFT-AS showed significant improvements comparable to the immediate therapy group. These effects were maintained at 9 months (on average) follow-up.


To be able to understand the role of emotional expression psychotherapy (FEP; a manualized form of Gestalt therapy), with opposite process assumptions about the expression in the sense of an underlying emotional contagion was examined. Clients suffering from major depression were rated for the expression of emotion in three randomly selected sessions of a 20-session treatment course. While the types of emotions generally experienced by CT clients and FEP clients did not differ significantly, differences in the subgroups of active and observing-group members were found. This indicated that the process assumptions made by the respective treatments were only valid for the actively participating clients and not for the observing group members. Emotional contagion as a process was not supported.


This article presents the basis for, and the research on, emotionally focused couples therapy (EFT), now recognized as one of the most researched and most effective approaches to changing distressed marital relationships. Drawing on attachment theory and the research on interactional patterns in distressed relationships, we describe the theoretical context of EFT. We then outline the nature of the clinical interventions used in EFT and the steps hypothesized to be crucial to couple change. The central role of accessing and working with emotional issues in the relationship context is highlighted. Following this presentation, we review both the outcome and process research on EFT and present meta-analytic data from randomized clinical trials to substantiate the clinical impact of EFT on couple adjustment. Finally, the empirical and clinical challenges facing EFT are summarized.

**Experiential and humanistic therapies:**


This study compared process-experiential and cognitive-behavioral psychotherapy in the treatment of major depression in a researcher allegiance-balanced randomized clinical trial. Sixty-six clients participated in weekly sessions of psychotherapy for 16 weeks. Clients’ level of depression, self-esteem, general symptom distress, and dysfunctional attitudes significantly improved in both therapy groups. Clients in both groups showed significantly lower levels of reactive and suppressive coping strategies and higher reflective coping at the end of treatment. Although outcomes were generally equivalent for the 2 treatments, there was a significantly greater decrease in clients’ self-reports of their interpersonal problems in process-experiential than cognitive-behavioral therapy.
The effectiveness of humanistic therapies: A meta-analysis.

by Elliott, Robert


Presents a meta-analysis of 86 studies on the effectiveness of humanistic therapies. Results indicate that clients who participate in humanistic therapies show, on average, large amounts of change over time. Posttherapy gains are stable. In randomized clinical trials with untreated control clients, clients who participate in humanistic therapies generally show substantially more change than comparable untreated clients. In randomized clinical trials with comparative treatment control clients, clients in humanistic therapies generally show amounts of change equivalent to clients in nonhumanistic therapies, including cognitive behavioral therapy.


The knowledge of being infected with the human immunodeficiency virus type 1 (HIV-1) brings about psychological distress and social problems including anxiety, depression, and social isolation. Participating in psychosocial intervention programs can help to reduce these problems. To date, however, very little is known about the efficacy of different intervention strategies. We implemented a study with a randomized experimental design to investigate the effectiveness of a cognitive-behavioral group psychotherapy (CBT) and an experiential group psychotherapy (ET) program for 39 asymptomatic HIV-infected homosexual men. Both therapies consisted of 17 sessions over a 15-week period. The major finding of this study was that psychosocial intervention, independent of the therapeutic orientation, decreased distress significantly, as compared with a waiting-list control group (WCG). There were no significant changes in the intervention groups as compared with the WCG in coping styles, social support, and emotional expression. Finally, CBT and ET did not differ in their effects on psychological distress or on the other psychosocial variables measured in this study.