

## The Journey in OZ: From Activity-Based Psychotherapy to Adventure Therapy

H. L. "Lee" Gillis, Ph.D.

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### Preface to article

My goal in this chapter is to share a co-created map of the adventure therapy field developed at the Adventure Therapy conference in Perth, Western Australia. I shared a process in the keynote that was designed to empower the group present to define tasks needed by adventure therapy in the future; whether that future was the four days of the conference, or the next four years or the four decades following the conference.

I chose to be interactive in the keynote and acknowledge all the "wizards" in the room who could easily stand where I was humbled to stand that day. My "acknowledgment" of wizardry came in generating tasks for the delegates by asking questions that were answered in small groups, formed from pairs that were created by partnering with someone sitting nearby in the auditorium. I gave short time periods to answer the tasks and trusted the process that those in attendance would do what they needed to with the time given. Only the final task results were collected in written form; those are presented in this chapter with some additional comments.

Although there is no way to capture what occurred in the many discussions that followed my generating the four tasks, I do hope my attempt to *co-create* a future path for the field and to frame what came of that initial co-creation is made clear by following a story line. *The Wizard of Oz* (Baum, 1900) was the narrative; more of Wizard's involvement is explained later. Also be aware that in *writing* this keynote that was *spoken*, I sometimes vacillate between present and past tense. I apologize for any inconvenience - perhaps the use of tense-switching as a "confusion technique" might bring some clarity to of the points you need to take away.

### Parallels between Adventure Therapy and Group Psychotherapy

I wish to share potential parallels from the history of psychotherapy and then offer a narrative for framing the map we create today. In my address I presented the audience with a task. As the reader I give you the same task:

Your **first task** is to digest the points made and form your own reactions.

In reading a recent review of the history of small groups (Scheidlinger, 1995), I was struck by several themes that were similar to the history of adventure therapy. These themes include a) an initial acknowledgment of those who used group process for healing long before there was formalized group work, b) the response to national or international stressful challenges, and c) developmental issues that are perhaps archetypal to the development of a field/profession.

We who identify with adventure therapy, as would those who identify with group psychotherapy, acknowledge that many of the native peoples throughout the world valued group work. These people may generally be identified as folk healers, prophets, shaman, storytellers, ministers, actors and others who valued the group as an agent of change. We owe them a great debt and all of us can learn more about adventure therapy by studying the ways of these groups.

Secondly, I label as "crises-trauma-challenge" based those issues that resulted from reactions of a field to the stress and challenges of war, social unrest, or are perhaps an example of a zeitgeist<sup>1</sup>. I wish to separate these from developmental issues that may occur in any field and are documented as occurring in group psychotherapy. The seeds from these musings come from Scheidlinger's (1995) history of small healing groups.

#### **Crises/Trauma/Challenge-based issues.**

##### *Beginning by accident*

**Observation:** Joseph Pratt is often cited as the first to use formal group work methods by meeting with a client population who shared a similar problem (Tuberculosis) and addressing some of their shared needs through didactic lecture. He came upon this method almost by accident in the sense that he was able to react to what was happening in the waiting room among his client's relatives: talking about their shared concern.

**Question:** Might Kurt Hahn's work in Abordovey (Kimball, 1993) be seen as the accidental beginning of therapeutic adventure as Christian Itin has alleged, or might we go back further to native and biblical traditions of going to the woods or bush for inspiration, solitude and personal change for our beginnings.

##### *A reaction to social trauma*

**Observation:** The rapid growth of group work at the end of WWII created a need to treat larger numbers people. Not only was individual psychotherapy expanded, but also the use of group work was became a necessity in order to work efficiently and pragmatically.

**Question:** Might the use of the Outward Bound model as an alternative treatment to corrections (Kelly, 1968) have served as a springboard that allowed experiential work in the out-of-doors to flourish? Initial reports of reduced recidivism of a 21-day expedition compared with traditional treatment led to many resources being invested in the development of adventure programs for adjudicated youth.

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<sup>1</sup> The spirit of the time; the taste and outlook characteristic of a period or generation.



**Observation:** The rapid growth of the community mental health movement in the United States in the 1960s and 1970s allowed many alternative forms of treatment, in the form of activity based work: art, dance, play therapies. In addition there was perhaps the more psychologically damaging marathon groups and the encounter groups led by untrained persons to which the traditional field of group psychotherapy reacted.

**Question:** Might the deaths of young people in wilderness programs with militaristic attitudes cause adventure therapy to examine its values and ways of working so as not to be “lumped in” with fringe groups (Griffin, 1995)?

**Observation:** Managed care in the USA is forcing many practitioners to begin to work in group formats due to groups’ cost efficacy (Gottlieb, 1997).

**Question:** Might adventure therapy’s cost-effective way of working with young people be a blessing to state governments and a curse for our own pocketbooks as professionals? While many of our colleagues are employed by agencies working on government contracts, their pay is substandard for the level of education and types of programming involved.

#### Developmental issues.

##### *Having beginnings in an activity base*

**Observation:** Slavson and Moreno, pioneers in group work, used activity and movement as primary methods because they felt these methods were the best ways to practice in a group. The “legitimizing” of group work by psychoanalysis led the group field into areas of “talk therapy” and left the activity base until it was picked up later by art and music recreation and other experiential therapies.

**Question:** Has adventure therapy lost its roots in stress/challenge expedition work or has it failed to move beyond these roots?

##### *Dominance of a prevailing ideology*

**Observation:** Psychoanalysis was the dominant view within mental health and held reign over many of the “alternative” approaches that grew from it and other thinking. As mentioned above, the movement of psychiatry into group psychotherapy gave it some legitimacy while leading the field to embrace a prevailing ideology: psychoanalysis that perhaps limited the growth of other views of group work for many decades.

**Question:** Might there be a short term expedition model that has so dominated the field of adventure therapy that it has served in the same role of psychoanalysis? Has fascination with Hahn’s model of Outward Bound limited the amount of growth that therapeutic camping and high/low ropes course activities have received?

##### *Not recognizing others of different thinking*

**Observation:** While attempting to legitimize group work to the larger field of mental health, there was a movement to only recognize those who held degrees in psychiatry or psychology. Squabbles emerged in group psychotherapy as claims of hegemony<sup>2</sup> emerged from schools that dared question psychoanalysis.

<sup>2</sup> This is the predominant influence of one state over others.



**Question:** Are models of therapeutic camping or high/low ropes work given equal weight and acceptance in the field of adventure therapy, or are they lumped together under in a similar tent?

### *Initial characters in the field*

**Observation:** Initially, people who believed in or “discovered” group work were coming from outside of mainstream mental health and served in careers such as internist, ministers, engineers, and educators.

**Question:** Adventure therapy has a history of bringing together traditionally trained and non traditionally trained people who have gathered under a similar tent without much discussion of whose training might be more in line with adventure or with regard to whose experience is more valuable to adventure therapy. The field has generally valued each other without arguing about degrees and diplomas, tending to value experience and passion. Might adventure therapy’s history of being open to people of all walks be both a blessing and a curse? Does our inclusively keep us at arm’s length with legitimacy to the larger field of mental health?

### *Warring factions in group psychotherapy*

**Observation:** Group psychotherapy had two individuals who carried on a public debate that many reflect on as being detrimental to the entire field’s growth. Slavson & Moreno carried on their public fights for 40 years. They even created two separate associations (American Group Psychotherapy Association and the American Society for Group Psychotherapy and Psychodrama) and they were known for not recognizing the other.

**Question:** Might there be those in adventure therapy who represent various factions in the field that might serve to send the field down a similar road and repeat their past? Are there more agreements or disagreements between those who work primarily in expedition formats from those who work exclusively with ropes courses from those who only work in residential therapeutic camps?

### *Definition issues*

**Observation:** The group field appears to have argued over whether there was a difference in group therapy and group psychotherapy and group counseling. There were also arguments over whether what one practitioner was doing could even be classified as group psychotherapy. There also existed tension between those doing what they called therapy, those who defined their work as psychoeducational, and those who said they worked experientially.

**Question:** Might adventure therapy’s struggles to find a common way of talking about *what* we do (adventure therapy, therapeutic adventure, wilderness therapy, alternatives to corrections, mental health, adventure-based counseling, etc.) (Gillis, 1992) be just a growth period we must pass through, or is it just a hindrance?

### Summary of questions group and adventure parallels.

Are there positive connections between group psychotherapy's past use of adventure therapy that are worth exploring as ways of moving adventure therapy forward? Are there "scary connections" between adventure therapy and the larger field of group work that should serve as signpost for impending danger ahead on our journey?

### Sharing Reactions and Connections in Pairs to the First Task

After this first part of the address the audience was provided the opportunity to share and connect with another person. The instructions I gave the audience are as follows.

#### Task One:

- Be prepared to 'pause' when I put up my paws by putting up your hands and closing your mouths (but not your minds) in order for us to do the next 2 tasks.
- Find one other person who is sitting around you - preferably someone you do not know.
- Share your reaction to the similarities and/or difference between the history of group psychotherapy and the history of adventure therapy, as you know it.
- Find 3 connections you may share with that person on positive or negative connections between the 2 fields.
- Do all this in 3 minutes.
- Get together with 2 other pairs to form a group of 6 and QUICKLY go around and BRIEFLY share your connections.

### The Wizard of Oz as a Narrative for the Future of Adventure Therapy

#### Use of *Wizard of Oz* story

My own history with watching *The Wizard of Oz* as a child was being equally enthralled and frightened. The movement from black and white to color as Dorothy enters Oz was fascinating. The witch terrified me. The music and rhythms became part of my own work as we sang "O - E - O" at camp or on a long hike. The story was part of my fabric.

Ten years ago I went to a workshop with Jean Houston (Houston, 1982), who used the *Wizard* story as a transformational myth. In a three-day weekend workshop the large group I was part of "experienced" the story in word, music, and activities.

Last year I used the themes of the story as they informed cognition (scarecrow), affect (tin man), behavior (cowardly lion), hope (Glenda the good witch), promises (Wizard) and fear/evil (Wicked Witch) in a college class focused on risk and challenge. The story helped link the group and provide a narrative for a journey through issues of personal risk and growth.

Just this past year my daughter played a munchkin in the school's rendition of the story. As I write this, the university's Admissions Program has placed balloons all over campus welcoming in new freshman and using the same theme. It's everywhere! What is the message here?



### **A guiding narrative?**

In a recent article Michael Murphy (1996) relates the story through the movie version as a narrative for good psychotherapy. I found his writing sparked my thinking about the story as a narrative for the future of adventure therapy. I wish to share some elements from the story and speculate on how the journey down the yellow brick road might be a narrative for co-constructing our own map. I use the movie's version of the story instead of the actual story in that, as the Murphy notes, it is more apart of North American consciousness than the book version.

### **Characters**

The initial characters in the movie include the following people or places:

- Kansas provides a context for the story and implies a demoralized society with a strong sense of hopelessness. Much of this hopelessness is represented in the bleak environment portrayed. This bleakness and hopelessness was even portrayed in the home of the main character, Dorothy.
- Home (with Aunt Em & Uncle Henry - Dorothy's guardians) was represented in gray and bland tones and served to portray relatives raising Dorothy in an atmosphere of security but where they were too busy trying to make a living to have time for Dorothy's curiosity and wishfulness.
- Dorothy, seen as an exuberant pre-adolescent fighting her boredom by playing with her dog, Toto, and dreaming of life "somewhere over the rainbow."
- Toto, the wonderful pet and playmate, initiates action in Dorothy's life by being curious, impulsive and energetic.
- Elvera Gulch, the rule-bound rigid and powerful neighbor who takes Toto away from Dorothy for digging in her garden. Toto escapes from Elvera and returns to Dorothy.

The return of Toto sets off a double bind for Dorothy where she perceives no alternatives. She cannot go home for fear of losing Toto. She feels her only alternative is to leave the security of home. She feels hopeless and decides to run away. From here she enters the tornado that results in Dorothy losing her way and ultimately finding her way back home.

According to Murphy, Dorothy's crises of feeling demoralized are a result of a perception that she lacks both adaptive skills and adequate resources to do what she needs to do. Her demoralization is brought on by both the crises of trauma (losing her dog and being caught up in the "twister") and the crises of normal development (becoming autonomous). The resolution of such crises requires change — both internal and external change. Prior to this change comes anxiety, confusion, and feelings of a lack of organization and effectiveness. (Can you hear or feel the frontloading taking place in the sentence above?)

Dorothy feels incompetent and anxious perhaps due to a dependency on others (her aunt and uncle as well as the powerful Ms Gulch). In achieving her autonomy over this dependence (a common developmental path for adolescents) Dorothy networks with others (story characters) and becomes interdependent through becoming connected.

Perhaps adventure therapy's crisis is also a struggle and tension between the internal and external forces. Internal forces include trying to make a living and meet our basic needs by hassling with those who are in charge of decreasing financial resources. External forces include the ever decaying social fabric that has those of us at the front lines of



adventure therapy seeing greater numbers of youth (and adults) in more severe crises. The view can be as bleak as that Kansas landscape and perhaps produce just as much hopelessness. What can the field learn by looking for the links with Dorothy's situation?

### How does adventure therapy move past this crisis?

First, adventure therapy may need to develop a strong sense of identity and autonomy that is not dependent on others and is, at the same time, connected to others in adventure programming or mental health. This would be a developmental way to examine the field and perhaps provide some clues as to where to go first. Secondly, perhaps those of us in the field might recognize that we do need each another in order to survive, and thus the field needs to achieve a state of interdependence from within.

To go about co-creating this map, there might be some answers within the story once Dorothy lands in Oz. First, this story is powerful and multi-layered and there is not time to deal with all the symbolism and meaning inherent in the characters of Toto, Glenda (the good witch), the ruby red slippers, the Munchkins etc. We might get sidetracked in this short time. I encourage you the reader to look again at both the movie and the written story for ways these characters might be of help. For now, we will deal with the main characters.

The focus here will be on four core elements/characters Dorothy meets along her travels down the yellow brick road. She is headed down this path to meet the powerful Wizard of Oz, who she hopes will help her get back home to Kansas. To facilitate this task I would like for you to consider these instructions:

**Task Two:** As you re-familiarize yourself with this story, note parallels with the four primary figures and what they might have to say to adventure therapy—I mean Dorothy.

The Scarecrow is the first character Dorothy meets. He believes his incompetence and inadequacy can be remedied if he only has a brain. He joins Dorothy to meet the Wizard.

**Question:** Does adventure therapy lack knowledge and competence?

The Tin Man is next. He believes he cannot give or receive love because he has no heart. He joins Dorothy to meet the Wizard.

**Question:** Does adventure therapy lack passion, intimacy, and caring for one another?

The Cowardly Lion is next. He believes his lack of courage keeps him full of fear and anxiety. He joins Dorothy and company on their expedition to meet the Wizard and joins the journey along the yellow brick road toward the Emerald City.

**Question:** Does adventure therapy lack courage?

Finally the Wicked Witch is encountered prior to reaching Emerald City. She numbs the awareness of the group by scaring them with her magic and routing them through a field of poppies to alter their perceptions and put them to sleep.

**Question:** Does adventure therapy lack the ability to face fears and not be misled by an altered state?



**Task three:** Draw on a sheet of paper a LARGE circle to represent Oz. **Highlight four areas on a map of adventure therapy.** Inside the circle draw 3 smaller circles to represent 1) the scarecrow's area of competence/knowledge: BRAIN; 2) the tin man's area of passion/intimacy: HEART; and 3) the cowardly lion's area of fear/anxiety: COURAGE. Identify at least 1 issue adventure therapy seems to be lacking in each of the 3 areas. Perhaps the opening of the song "If we only had a \_\_\_\_\_" might serve to stimulate your thinking.

Outside the circle identify 1-3 'wicked' forces that threaten adventure therapy's journey on this map.

When Dorothy and company finally make it to Emerald City the all-powerful Wizard will not talk to her and her travelers until they perform a task. The Wizard gives them a task, which seems impossible: To get the broom of the wicked witch! In achieving this impossible task, Dorothy and friends each face their perceived individual inadequacies and find what they need along the way.

**Task Four:** What task might the Wizard ask us to do as a field?

Identify a task for adventure therapy that may seem impossible but might help adventure therapy face the areas of the map that were found to be lacking.

Utilize some solution thinking from group psychotherapy and from adventure therapy in order to develop this task.

Dorothy as you may remember achieved her task and came back to the Wizard who was found to be a fraud. "You're a very bad man," Dorothy said. "No," replied the Wizard, "I'm a very good man, I'm just a very bad Wizard."

The Wizard recognized the achievements of her three companions by giving them symbols of knowledge, passion, and courage. He could not help Dorothy and in fact leaves without her, thanks to Toto. She was only able to help herself, as Glenda the Good Witch informs her. She only needed to click her heels together to get where she wants to: HOME. Dorothy asks why she could not have gone home the first time she met Glenda. Glenda replies that she *could* have, had she only believed. What must we as adventure therapists come to believe?

The following section outlines some of the tasks that were identified at the conference. The tasks may seem impossible but might help adventure therapy (AT) on its journey back to Kansas or out of Oz. So as you read the challenges, consider are you willing to get the broom from the wicked witch?

**According to the participants in the keynote address who responded to this task, adventure therapy needs...**

### **Theory**

- To know what makes an adventure therapist & how one qualifies for the title;
- To have a common definition of adventure therapy (which is not prescriptive); common boundaries; measure success; maintain & utilize diversity within a common boundary; enrich discovery of adventure; encompass all cultural differences;
- To focus on understanding process rather than product;



- To look at why it is such a big step to step back to nature and the stripping away of distraction so that people are free to develop, differentially between programs;
- To be open to input on spirituality;
- To reevaluate the role of fear & program sequencing & risk disclosure;
- To define what AT is globally/culturally;
- To cut the jargon: define our language & simplify it;
- To develop the soft skill perspective;
- To de-mystify therapy - there is a lot of stigma attached to this word & linking/attaching it to a word like adventure which has positive connotations...are we simply trying to package therapy in an attractive way?
- To formalize "what is adventure therapy";
- To have training & understanding in psychology; to identify areas of psychology relevant to adventure therapy; to understand the process of change; to have no 1-step ideas ;
- To re-address the connection of each segment (brain, heart, fear);
- To develop more emphasis on behavioral outcomes & change;
- To recognize cultural differences (what works in the USA might not work in Australia).

### Research

- To quantify the effects of our work; to define exactly what our work is;
- To evaluate & analyze & develop solutions & ideas & share concepts about adventure therapy consistently, individually, in small groups & large groups;
- To provide independent research into programs;
- To make researchers available to practitioners. This needs to be a partnership between practitioners & researchers. A time needs to be set aside for programming to do the research. This needs to be marketed as an important function of programming i.e., It needs to be legitimate to stop programming for a month to achieve this goal;
- To develop more work on research, resources, success rates; network to share/garner information (e-mail, chat rooms, conferences); cost benefit analysis toward institutional care etc.;
- To demonstrate through research & evaluation that long-term change has taken place;
- To define objectives & goals, define special interests/aims, categorize, then define the methodology, provide procedures & guidelines, & provide means of assessment;
- To promote research & coordinate information exchange;
- To identify potentials risks of carrying out our work: what things do we probably act courageously & do? What things can we probably not do (at least not yet)?
- To have accountability to individuals (clients) & research; using these two to promote acceptance by mainstream therapies & economically more efficient & better programs;
- To gain greater credibility for adventure therapy by researching, evaluating & reporting the impact of AT programs much more rigorously;

- To promote the general knowledge in the community of its value by the development of its own body of knowledge, research, & empirical measurements plus the pooling of knowledge by regular networking;
- To provide for evaluation & research to develop a field of knowledge to assist learning, to continue development, to educate others, to draw government funding to assist programs.

### **Practice**

- To commit to the full process of discussion & interaction as to our vision for adventure therapy (the value is in the process of clarification, not the destination);
- To have facilitators be sensitive toward people's fears - identifying what they are - i.e., Not assuming that the fear is of outdoor activities;
- To explore our own identity by giving & receiving honest feedback & becoming aware of our own behavior by modeling behavior we wish to encourage;
- To have a professional organization with clear ideas about the evolution, research, accountability (with some clear professional guidelines for groups who wish to be affiliated);
- To start each participant on a path of self discovery (rather than discovering only what a leader/therapist wants/needs to do for themselves);
- To actively dialogue with youth (what do THEY want?);
- To allow youth to *do* & not to talk *at* them;
- To set standards for accreditation;
- To develop a code of practice & ethics;
- To gain self awareness by asking self questions, reflectiveness in context of relationships with others;
- To go out & find the tools which help you do what you are doing
- To form a recognized functional international professional body (to form an identity);
- To form an association of adventure therapists to facilitate supervision on processes & training/research programs to assist in credibility of adventure therapy;
- To form an international association of adventure therapist with a code of ethics;
- To develop accreditation at counseling & outdoor levels;
- To encourage individuals, groups, & families to get out together & do things that challenge them & their potential; their internal & interactive abilities/qualities that help them & others reach their real potential; AT needs not exalt itself but the principles it represents;
- To establish a professional journal of theory & practice dedicated to adventure therapy.

### **Advocacy**

- To use our collective passion/enthusiasm to address the common "big issues" including finding our common ground, establishing standards, funding, research, and credibility (The issues *other* than dealing directly with our client/populations).



- To steal the following brooms: (a) medical discourse concepts/ideas/therapies;(b) philosophy/education from other sources (e.g., environmental education) & (c) funding (government & private)
- To advocate through a professional body for the legitimizing of the profession,
- To market the concepts of adventure therapy;
- To market/sell ourselves as “who we are” (but who are we?)
- To target bosses & challenge them in a program to develop their compassion for employees.

### Networking

- To develop an awareness of the AT industry in other industries
- To network & communicate
- To encourage forums/networks & continued development, to share stories, anecdotes, metaphors, to nurture ourselves, to compromise ideas according to economics
- To establish through networking theoretical frameworks & to build programs into bigger systems
- To fulfill these resources: conferencing, email, reciprocal placements, acceptance that will implement different strategies & models
- To work on international networking & develop a common language.

### Discussion

Murphy (1996) makes the point that good therapist can be like good Wizards by setting up hope and expectations for change in their therapeutic relationships. The narrative of *The Wizard of Oz* highlights some fundamental rules of being a good therapist or facilitators. We can only direct, guide and clarify for our client groups; change occurs when the client acts! If we as adventure therapists believe we have special powers to make change happen, the kind of powers that some clients believe us to have, we will only stand in the way of real change occurring.

Murphy highlights Jerome Franks' elements of effective treatment as being connected to the idea of being good wizards. I have taken some liberty to expand upon each of these as they relate to adventure therapy. First is the treatment setting. Adventure therapy would appear to have a strong ally in setting as our use of the outdoors and other risk/challenge settings can set up many assumptions on our clients' part. Second, a conceptual schema is needed. Writings on models of therapy that fit with adventure are one of the weakest areas available to our field at the moment. Finally, a prescribed set of procedures is needed for effective treatment. Here again, our tools are another powerful, but not well understood, part of adventure therapy.

Group work, at least in North America appears healthy. As a field, group work has apparently weathered their collective history and are doing well. It is estimated that at least one half of all inpatient settings in America use group treatments [Scheidlinger, 1995 #276]. How much further along might group therapy have been without their developmental problems? Or were these necessary for them to be where they are today?

By committing to continuing dialogue about the “witch’s broom” tasks defined here from the wizards in and around us and by clicking our collective heels together, we certainly have the ability to achieve the challenges we set for ourselves as a profession.

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