Role of Catharsis in Group Psychotherapy

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ABSTRACT. The authors reviewed the literature in counseling theory and research concerning the use of catharsis and the integration of catharsis in group psychothera-py. From their review, they provided answers to 3 questions: (a) Is catharsis effective in producing therapeutic change? (b) How does catharsis cause change to occur? and (c) What counselor interventions activate emotional arousal and enhance expression? The authors contended that the use of catharsis is not limited to any particular theoretical orientation and is used in both brief and long-term group psychotherapy, and they outlined specific considerations for group psychotherapists when using catharsis.

THE CONCEPT OF CATHARSIS was first considered by Aristotle to describe the release of negative emotions among theater audiences (Davis, 1988; Fuhriman, Drescher, Hanson, Henrie, & Rybicki, 1986). He believed that one function of a tragedy was to arouse strong emotional responses in the audience and then to purge those emotions through catharsis. Pythagorea, a Greek philosopher, believed that catharsis resulted in a restoration of harmony through the discharge of feelings (Walsh, 1981). Many years later Charles Darwin presented a different point of view, stating that the free expression of emotions intensifies feeling (Biaggio, 1987).

The debate about the role of catharsis, or emotionally arousing and expressive methods, has continued in the context of therapeutic change and has been described as one of the longest

running debates in the social sciences (Scheff" & Bushnell, 1984). This controversy needs to be reconsidered in light of recent research and changes in thinking about the affective components of counseling (Frank & Frank, 1991; Young, 1992). The first psychotherapeutic position on the subject was advanced by Freud (1895/1956). He introduced the use of catharsis as the cardinal method in the following statement from "The Psychotherapy of Hysteria."

> The patient only gets free from the hysterical symptom by reproducing the pathogenic impressions that caused it and by giving utterance to them with the expression of affect and thus the therapeutic task consists solely in inducing him to do so. (p. 283)

Since then, many theoretical viewpoints have developed. Some, such as cognitive therapy (Deffenbacher & Stark, 1992; Lazarus, 1991; Prochaska & Norcross, 1994), do not rely on catharsis as a foundational methodology and are more concerned with reducing undesirable emotions such as fear, anger, and depression rather than with encouraging their expression. Others, including gestalt therapy and psychodrama, consider catharsis as fundamental to producing positive therapy outcomes (Kellerman, 1984; Kottler, 1994). The battle continues to be between those who believe emotional expression is a curative force (Stratton, 1990) and those who believe that emotions should largely be restrained (Lewis & Bucher, 1992). Evidence in the literature supports both positions (Padover, 1992; Young, 1992). Rather than take sides in this controversy, we believe that a resolution is more likely to be discovered in an integration of these apparently dichotomous perspectives. Our goals are to provide a review of the literature on the role of catharsis in group psychotherapy and to propose some general principles that group counselors and psychotherapists can rely on to guide them in the use of affective techniques.

The term catharsis has been interchanged with abreaction, emotional insight, corrective emotional experience, unblocking blocked emotion, and experiencing. The word stems from the

psychodynamic approach. Although it tends to evoke the psychodynamic paradigm, it has become a catch-all term (Scheff, 1979). It does not differentiate two separate counseling activities: emotional arousal of the client and the encouragement of emotional expression by the client. Arousing techniques are those that frustrate, shock, anger, or produce some other state of emotional arousal for the purpose of helping the client make a change. Expressive techniques are those that help clients experience fully and convey present emotions or those associated with past events. A variety of methods exist to achieve arousal and expression. Those methods have arisen from psychoanalysis and emotional flooding therapies as well as from other more conventional therapies. Before discussing specific methods, we would like to pose and attempt to answer two basic questions about catharsis that are pertinent to the practice of group counseling and psy-chotherapy: (a) Is catharsis effective in producing therapeutic change? and (b) How does catharsis cause change to occur?

Is Catharsis Effective?

Nichols and Zax (1977) reviewed early studies evaluating emotional arousal as a method for achieving therapy goals. One study showed no effect (Ke, 1948), but six later studies dvisen, 4x, & C957, Coldman FEister, 1956, Haggard & Murray, 1952: Levison Dd, 1 94 Coven, 1961; Martin, Lundy, & Lewin, 1960; Ruesch & Prestos, 1949), Mixed results were repored in three other studies (Gordon, IS Cy Crossman, 1952; Wiener, 19551), In brief, Nichol and Zax found that the evidence supported the efiec tiveness of emotional arousal as a treatment method but pointed out weak methodology in some studies. They concluded that further research was needed to identify the actual mechanisms of change.

The perceived efficacy of catharsis by clients and therapists has received mixed reviews. Several researchers (e.g., Burlingame & Fuhriman, 1990; Marcovitz & Smith, 1983) found catharsis to be among the highest valued factors in brief group therapy. Hoge and McLoughlin (1991) found varied results when they identified and ranked the therapeutic factors that most significantly affected acute treatment settings in five previous studies. Their findings showed that clients in the five different studies ranked catharsis eighth, third, first, second, and ninth, respectively. In other studies, therapists working with short-term groups, including incest survivors (Wheeler, O'Malley, Waldo, Murphey, & Blank, 1992), adult offenders in prison (MacDevitt & Sanislow, 1987; Zimpher, 1992), men's structured groups (Hertzel, Barton, & Daven-port, 1994), faculty encounter conflict groups (Herrick, Kvale, & Goodykoontz, 1991), and children of chemically dependent families (Rhode & Stockton, 1993), consistently ranked catharsis in the top four of valued therapeutic factors. In a 2-year group with elementary school girls, Shecht-man, Vurembrand, and Malajak (1993) found that the expression of feelings was a dominant therapeutic factor. In another study in which catharsis was instituted in groups as a means to counter the effects of negative criticism, findings showed greater psychological distress after a strong emotional expression of feelings (Baron, 1990). Even so, generally catharsis seems to be highly valued by clients and therapists (Butler & Fuhriman, 1983; Fuhriman et al., 1986).

Bohart (1977) and Bohart and Haskell (1978) compared the effectiveness of cathartic treatments. In the first study, four groups of participants were compared. One group of participants intellectually analyzed an anger-produc-ing incident from their pasts. Each member of the second group expressed anger verbally to an imagined person. A third group role played the incident, and a fourth group, which was used as a control, was simply asked to recall the details of the anger-producing incident. The role-play participants reported the greatest reduction

of anger and hostility and were the least willing to punish an observed participant in another room. In the second study, the researchers found that cathartic "pillow pounding" was less effective in reducing anger than nondirective counseling and role playing. They concluded that a cognitive component, such as insight, was needed for the emotionally arousing technique to be effective. Bohart (1977) had indicated that cognitive analysis alone was not the most powerful condition in the equation. That eventually led Bohart (1980) to conclude that both expression and cognitive change are required for reduction of anger and hostility.

Another body of research was summarized in an article by Pierce, Nichols, and Dubrin (1983). In that study, they reported that women used emotional expression or "discharge" more than men. They also found no significant difference between hysterical individuals and obsessive individuals in the degree of change caused by emotional expression, although the former spent more on average time discharging than the latter. In an earlier study, Nichols (1974) had compared "feeling-expressive" and dynamic therapy conditions and concluded that catharsis leads to improvement because in the feeling-expressive therapy, the high dischargers improved at a significantly greater rate than the low dischargers did. That change was measured on the basis of behavioral goals. Participants in the dynamic therapy condition showed more improvement on Hathaway and McKinley's (1943) Minnesota Multiphasic Personality Inventory (MMPI) than those in the feeling-expressive therapy did.

In a second study, the same research group (Nichols & Bierenbaum, 1978) found that emotionally expressive therapy was effective with people who have personality disorders, those who have trouble with intimacy, and people who are depressed. The researchers concluded that an individual who has difficulty expressing feelings because of rigid defenses will benefit more from expressive therapies than someone who is already expressive or overexpressive.

In a study designed to judge the effects of two therapeutic techniques on anger reduction, Conoley, Conoley, McConnell, and Kimzey (1983) placed 61 participants in three treatment groups. One group received individual therapy involving the gestalt technique of "the empty chair"; the purpose of that technique was to examine an anger-producing incident from the client's past. A second group was treated in the same manner, with the action-behavior-con-sequence (ABC) cognitive restructuring technique of rational emotive therapy (RET). The control group received reflective listening. On the dependent measures of systolic blood pressure and a feeling questionnaire, experimental participants showed reduced blood pressure and feelings of anger, compared with those of the control group. Neither the empty chair nor the RET technique was shown to be superior.

In summary, cathartic techniques have generally been shown to be effective treatment methods, although earlier studies used flawed methods. Clients report "cathartic events" as being extremely significant. Two studies indicate that emotional arousal should be accompanied by a cognitive change to achieve maximum therapeutic effectiveness. Researchers found some indication that individuals who are underexpressive benefit most from high expressive therapies.

Why Does Catharsis Lead to Therapeutic Change?

Emotional Expression

The psychoanalytic explanation of catharsis-facilitating therapeutic change is that emotional expression (i.e., abreaction) is actually a re-experiencing of a past memory with the freeing of emotions attached to it. In addition, repressed or dissociated aspects of the remembered events may accompany the emotional expression. This early Freudian definition encouraged thinking that used a hydraulic metaphor for emotions. Emotions came to be thought of as pools of stored energy that sought release and, once released, dissipated like water running

down the drain. Although Freud changed his thinking over time, many therapies were spawned from this early psychoanalytic conceptu-alization, each with its unique position on the role of emotional arousal-expression.

Support for the ventilation-draining conceptualization is mainly theoreti-cal. One group of these theories may be called emotional flooding therapies (Olsen, 1976). These distinct therapeutic modalities are based on the belief that emotional problems can best be treated by the release of blocked emotions (Prochaska, 1984). The progenitor of this general approach was Wilhelm Reich (1945, 1971), who founded vegetotherapy. Reich believed in the early Freudian ideas, but he also hypothesized that the body was involved in repres-sion. Anger, for example, might be held down through bodily rigidity (body armor) by the unconscious tightening of the jaw muscles. Prochaska (1984) criticized Reich's view as having become fixated at an early stage of psychoanalysis (id psychology) with a disregard for the importance of the ego and its defenses. Offshoots of Reich's work include primal therapy (Janov, 1970), reevaluation counseling (Bronstein, 1986; Jackins, 1962), and bioenergetics (Lowen, 1967, 1989), as well as implosive therapy (Stampfl & Levis, 1967) and the new age therapy, rebirthing (Orr & Ray, 1977; Regloss, 1986).

The emotional flooding therapies mentioned above have checkered reputations in the therapeutic community, partially because of the personality and fortunes of Wilhelm Reich and also because several of the techniques have been considered high risk and immoral (Havet, 1989). Many more accepted therapeutic systems, however, advocate the use of arousing and expressive techniques for ventilating or purging emotions. They include gestalt therapy (Perls, 1977; Prochaska & Norcross, 1994), psychodrama (Blatner, 1989; Moreno, 1958), and group approaches such as the encounter and marathon.

Insight

Insight and the gaining of greater self-knowledge have traditionally been seen as primary curative factors in psychodynamic and humanistic psychotherapies (Young, 1992). In 1971, Sidney Jourard's book, The Transparent Self, became popular with counselors and the general public. Jourard elevated the notion of self-disclosure, including expression of one's emotions, to a sine qua non for mental health.

Significant research relative to emotional expression is found in the work of Pennebaker (1990). Pennebaker became interested in the topic of confession when he talked with polygraph technicians who told him of the high rate of confession by criminals when they are given lie detector tests. The technicians indicated that following confessions, participants often thanked the polygraph operator and some operators received Christmas cards from those they had helped to convict.

Pennebaker began his formal research by studying students in a college counseling center and allowing them to write about traumatic experiences in their lives. Very often, those were events that they had not previously discussed with anyone. In general, the participants (a group of 50 students) would write about one or two major topics for 20 min a day on 4 consecutive days. Half of the students wrote about their deepest "thoughts and feelings" concerning a traumatic event they had experienced. The other half wrote about superficial topics. The major result of the first study was that students who wrote about their deepest thoughts and feelings experienced less illness as measured by visits to the student health service than those who wrote about superficial topics. The participants were aware that their journals would be read by the experimenter. Later medical studies showed that compared with superficial writers, the deep

writers showed heightened immune function for up to 6 weeks and fewer visits to the student health service.

In a similar later study, Segal and Murray (1994) asked college students with unresolved traumatic experiences to write essays about trivial or traumatic topics. Initially, the students reported negative moods following the writing but had overall heightened immune functions. When psychotherapy was added, negative moods following the writing disappeared and a cognitive restructuring took place. Kraus (1997) substantiated the importance of a combination of reconceptualization and catharsis in helping group members to recontextualize strong feelings and initiate new goals. Siegel (1995) successfully introduced catharsis and the subsequent development of new coping strategies into law enforcement debriefing sessions, whereas Everly (1995) structured cathartic experiences in a model of debriefing from trauma by systematically reconstructing the incident.

Although these are dramatic findings, other aspects of the research are more relevant to psychotherapy. First, the participants did not feel that positive changes were simply the result of the release of pent-up emotions. Participants gave no indication that they felt better following the writing experience. In their follow-up responses to the study, the participants did feel that the experience had been very helpful, but 80% of them explained that the benefits came from greater self-understanding rather than from getting negative emo-lions "off their chests" Clients made these statements (Pennebaker, 1990): "It helped me think about what I felt during those times", "I never realized how it affected me before"; "I had to think and resolve past experiences.... One result of the experiment is peace of mind, and a method to relieve emotional experiences. To have to write emotions and feelings helped me to understand. how I felt and why" (pp. 48-49).

Greenberg and Safran (1988) have written extensively on the mechanisms of change factors associated with emotional expression and their relationship to insight. Of these, three seem pertinent to this discussion. The first is acknowledgment of primary affective responses. Expression of strong emotions helps the client recognize the existence of deeply felt but unconscious emotions. Such experiences are difficult to refute or defend against because they are felt in the present and are not merely a verbal rehashing of past events.

Another factor leading to insight because of emotional expression is that one takes responsibility for the affective experience. Greenberg and Safran hypothesized that when one expresses an emotion, one begins to "own" it. Therefore, as the emotion is personalized, "I" becomes the one who can do something about resolving it. A shift from an external locus to an internal locus of control takes place.

Greenberg and Safran also identified the expression of emotion within the therapeutic relationship as one of the reasons why catharsis leads to a change of perception or insight. In some ways, that notion is similar to the concept of confession. Expressing emotions alone is not the same as acknowledging them to someone else. As Yalom (1975) concluded, "Catharsis is part of an interpersonal process; no one ever claimed enduring benefit from ventilating feelings in an empty closet" (p. 84).

Arousal and Attitude Change

Jerome Frank (1981, 1991) is responsible for a shift in thinking about the causes of change in counseling. Frank identified six curative factors or mega-techniques shared by various theories that are behind the healing power of many methods: (a) enhancing efficacy and self-mastery, (b) increasing the strength of the counselor-client relationship, (c) providing new

learning expe-riences, (d) providing opportunities to practice new behavior, (e) increasing motivation and expectations of help, and (f) arousing emotions. These common factors are supposed to account partly for researchers' inability to have failed to find any one theoretical approach to be superior to the others and their conclusion that psychotherapy generally is effective (ef. Ginter, 1985;Miller & Berman, 1983; Norcross & Goldfried, 1992; Smith, Glass, & Miller, 1980).

Frank's research has placed emotionally arousing methods at the center of therapeutic change, rather than as a radical and isolated technique.

Frank and his associates conducted a number of experiments with counseling clients to gauge the effectiveness of emotional arousal (see Frank, 1991, for a discussion of these experiments). Using ether or adrenaline to heighten emotions, the researchers demonstrated that pharmacologically produced emotional arousal led to attitude change more readily than conditions of low emotional arousal did, even when a placebo was used. The participants were more suggestible to attitude change if they were artificially stimulated, even if they were unaware that they were receiving a stimulant. An interesting finding was that the timing of the counselor's suggestion seemed to be important.

Attitude change was less likely when the suggestion was made during the peak of emotional arousal and more likely as arousal subsided.

Arousal and Dissonance

Another answer to the question whether catharsis leads to change rests on Festinger's (1957) theory of cognitive dissonance. That theory states that people are motivated to keep their cognitions— such as values, beliefs, and attitudes consistent. Kiesler and Pallak (1976) reviewed

dissonance studies and equated dissonance and arousal. Researchers have found physiological evidence that cognitive dissonance is associated with various physiological measures of arousal (Cooper, Zanna, & Taves, 1978; Croyle & Cooper, 1983; Pittman, 1975; Zanna & Cooper, 1974). McCarron and Appel (1971) concluded that confrontations by counselors bring about emotional arousal more often than reflections or probes and that the most discrepant confrontations cause the most arousal.

Levy (1963) examined the relationship of cognitive dissonance to the process of counseling, positing that clients accepted interpretations as a way of reducing arousal caused by the counseling process. Interpretations are defined as counseling interventions that provide a discrepant point of view and offer an opportunity to envision the situation differently. Confrontations, by contrast, are interventions that point out inconsistencies in the client's beliefs, behaviors, words, or nonverbal messages (Young, 1992). Reflections are defined as supportive restatements of a client's emotional messages. Levy contended that interpretations first cause dissonance with the client's current attitudes, values, or beliefs. The subsequent arousal motivates its own reduction. Attitude change occurs because clients are driven to reduce the arousal caused by the counselor's discrepant messages. Interpretations offer clients a way of reducing arousal by adopting a different conceptualization of the problem.

Building on earlier findings (see Claiborn, 1982), Olsen and Claiborn (1990) manipulated arousal (the independent variable) by offering clients one of two different messages during a counseling interview. The first was a confrontation followed by an interpretation (high-arousal condition), and the second was a reflection followed by the interpretation (low-arousal condition).

The interpretation was the same in both conditions. They had three hypothe-ses: (a) that participants in the high-arousal condition would show a decrease after interpretation and low-arousal participants would show an increase, (b) that those in the high-arousal condition would show greater attitude change related to the interpretations and that their affective response and perception of the counselor would be more positive for the low-arousal condition partic-ipants, and (c) that participants in the two treatment conditions would show greater attitude change and accept interpretations better than control partici-pants, whose physiological readings were taken but who did not participate in a counseling interview.

Olsen and Caliborn found that confrontations produced more arousal (as measured by galvanic skin response) than reflections did. In the low-arousal conditions, however, reflections did not increase arousal, as was predicted. High-arousal participants did accept interpretations better than controls. The authors concluded that the study lent support to early research that arousal facilitates attitude change (the acceptance of a new interpretation).

Emotions as Unfinished Actions

One concept of emotions suggests that they are connected to action; they have a directional component (Greenberg & Safran, 1988; Lazarus, 1991; Plutchik, 1980). The frustration-aggression hypothesis is a good example of that notion, which experimentally conceptualizes aggression (presumably the result of anger) as the consequence of being unable to attain one's goals.

Among recent writers, Nichols and Efran (1985) have done the most to elucidate the concept of emotions as action tendencies. They contended that emotions are partially blocked actions. An

action is often not completed because of external circumstances or internal taboos. They gave the example that avoidance behavior becomes the emotion of fear only when escape is blocked. Fans in the sports stadium become emotional because they are restrained from playing. Many experiences of danger are not experienced as frightening until later, posttrauma, when fleeing is not appropriate.

This notion of emotions as blocked actions fits with the gestalt concept of unfinished business being a primary source of psychological distress. It is also consistent with ideas such as "act hunger" in psychodrama and with the psychodynamic dictum that "one must return to the sources of trauma." The psychodynamic conception promotes the idea that it is a painful memory that causes one's continuing disturbance. For others, including Fritz Perls, it is the incomplete action or unfinished business rather than the memory:

> The gestalt wants to be completed. If the gestalt is not completed, we are left with unfinished situations, and these unfinished situations press and press and press and want to be completed. Let's say you had a fight; you really got angry at that guy, and you want to take revenge. This need for revenge will nag and nag and nag until you have become even with him. So there are thousands and thousands of unfinished gestalts. (Perls, 1977, p. 119)

What Cathartic Interventions Activate Emotional Arousal and Enhance Expression?

Several methods for catharsis can be grouped together as stimulus tech-niques. Group psychotherapists supply clients with media, such as music, films, or books, that relate to their personal problems. The ability of the client to identify with the protagonist of the story enhances

the emotional arousal and subsequent expression. Prescribing the task of watching the movie *The Great Santini* to a client from a military family would be an example of a stimulus technique.

Another set of methods for inducing catharsis in counseling is primarily physical. In psychodrama, a client's conflicts are physically acted out, and the client may be physically pulled in several directions by auxiliaries to the drama. In bioenergetics, individuals are taught breathing techniques and bodily postures that bring on shaking, burning, and stimulation to the body. Direct pressure by the counselor's hands on parts of the client's body has been used in neo-Reichian and other forms of therapy. A client whose "tears are blocked" may be touched on the eyes by the counselor, to facilitate unblocking of that bodily area. Rolfing, Astin Patterning, postural integration, and other forms of body manipulation are therapeutic methods similar to massage.

Clients are encouraged to focus attention on the area being treated and to perform breathing exercises. At such sessions, clients frequently cry or experience anger or sadness. The aim of these "mechanical" therapies is to stimulate the emotional arousal and expression that leads to the purging of traumatic events. Recovery of lost memories has also been reported.

A third set of techniques is associated with the use of the creative arts in counseling (Gladding, 1992). Through a variety of methods, clients are invited through artistic media to express themselves and to experience and release emotions. The arts as emotional catalysts differ from stimulus methods in that clients are not passive but active creators. Techniques in this area include the creative use of dance and movement, music performance, expressive writing of poetry, journaling, painting, drawing, sculpting, collage making, sand tray work, and drama with puppets and dolls.

Some of the most intensely emotional methods are those elicited in psy-chodrama. Psychodrama was conceived by Moreno (1946) as a method of expression similar to dance and visual art and is the recreation of an individual's joys and sorrows on a therapy stage. Typically, in a group, the protagonist is asked to recreate a scene from the past. Moreno believed that life happens too fast or too slow, too much or too little. Therefore, psychodrama brings an event back at the proper speed so that an individual can fully experience it. Through dramatic creation of the scene, the client experiences what Moreno described as surplus reality (Blatner, 1989). Rather than remembering (overdistanced) or reliving (underdistanced), the client is taught to return as both a participant and an observer. Psychodrama motivates this return as both participant and observer by moving the client to a strong emotional expe-rience-including both arousal and maximum expression or catharsis-and then by stimulating the client to process the experience cognitively. In addition to the client, audience members have strong emotional reactions that must be processed later.

Confrontation is a fundamental counseling skill for creating emotional arousal. Confrontation has been raised to a high art in rational emotive and gestalt therapies and was probably used destructively at times in Synanon and other highly confrontive groups (Young, 1992). In general, confrontation is achieved by the counselor pointing out discrepancies. Discrepancies can exist in three major realms: the cognitive-perceptual, affective, and behavioral (Hammond, Hepworth, & Smith, 1977). A discrepancy in the cognitive-per-ceptual area would include such things as confronting a client's refusal to take responsibility for actions (seeing self as victim vs. the cognition that change is possible and requires personal effort). Affectively, clients can be confronted on inconsistencies between verbal and nonverbal messages. Behaviorally, typical confrontations might help clients face inconsistencies in such areas as

lifestyle and values. As indicated in the section on cognitive dissonance, emotional arousal is a consequence of the client's awareness of inconsistencies.

Hypnosis is another method for bringing about cathartic experience. Much of the work on hypnosis currently being done is used to bring clients back in time to the origin of trauma. Interest in early sexual trauma has led many practitioners to return to the use of the psychodynamic paradigm. The argument still states that the only way to rid oneself of a traumatic event is by expressing and reliving the trauma. As a result, hypnosis has become more popular as a tool to recover lost memories. Steele and Colrain (1990) contended that because a client was often traumatized at an early age, he or she experienced only a flood of emotions and bodily sensations. Through hypnotic regression and revivification, the client can react with words rather than being paralyzed" by the trauma (Peebles, 1989). Some researchers have suggested that many therapists working with clients who have experienced incest rely too much on emotional arousal and emotional expression and that the use of those techniques needs to be carefully monitored (Haaken & Schlaps, 1991; Roland, 1993).

Group Psychotherapy and Catharsis

Group therapy is often associated with emotional arousal and has consistently been found effective as a means of enhancing emotional expression in clients who have difficulty sharing their feelings (Flowers & Booraem, 1991).
Yalom (1975) was among the first to examine the importance of emotional experiences, specifically in group therapy. He reported on a study that involved 20 participants' answers to a Q-sort about curative factors in group psychotherapy. The identified curative factors included such things as interpersonal learning, universality, and existential factors. Interpersonal input

(learning about one's impression on others) was ranked by clients as the most significant curative factor with catharsis as the second highest ranked area. On the basis of both research and clinical experience, Yalom has maintained that catharsis is vital to the group therapeutic process and a prime ingredient in the building of group cohesiveness.

Yalom's view was based partially on evidence from a number of previous studies. The first of those (Berzon, Pious, & Parson, 1963) identified ventilating emotions as one of nine curative factors identified by judges from client reports. Dickoff and Lakin (1963) also used judges to categorize clients' statements and found that catharsis was one of the three major categories. In their well-known encounter group study, Lieberman, Yalom, and Miles (1973) also identified catharsis as a frequently reported curative factor by clients. In addi-tion, the authors found that those who reported high emotional arousal were slightly more likely to report negative outcomes for psychotherapy, unless those experiences were also accompanied with a new learning about the event.

Early studies about group psychotherapy and catharsis were used as a basis for theory and research in later work. Kellerman (1984) argued that to regain psychological balance, the emotional pressure must be released by expressing emotional residue. He asserted that the quality and quantity of cathartic expression varied for each individual. Rugel and Meyer (1984) found in a study of Tavistock groups that catharsis was more valued by involved group participants and those who were more action oriented and extroverted.

Different stages in group therapy have been associated with more effective usage of therapeutic factors (Bonney, Randall, & Cleveland, 1986). Yalom (1975) found that during the later stages of group development, catharsis increased as universality and hope diminished in

importance. That contradicts earlier findings that catharsis was helpful in the early stages of the group but had no significant impact 6 months later (Cabral, Best, & Paton, 1975).

Summary and Implications for Practice

Although earlier studies showed mixed results and, in some cases, weak methods, we view the research literature as supporting the effectiveness of catharsis for producing attitudinal and behavioral change. Emotional discharge or ventilation, insight, attitude change, creation of cognitive disso-nance, and completion of unfinished actions are all psychological mechanisms for which there is some support in explaining the efficacy of catharsis.

Beyond the general conclusions listed below are some suggestions drawn from the review of literature that group psychotherapists may wish to consider when using emotionally arousing and expressive techniques.

Combine Cognitive and Behavioral Methods With Emotional Arousal-Expression

Most writers agree that producing arousal and maximizing expression is not sufficient for therapeutic change (Corey & Corey, 1992). This point was noted by some of the earliest proponents of cathartic techniques (Moreno, 1940). A contemporary psychodramatist, Blatner 1985) reiterated this position, stating that clients should first re-experience (heighten awareness), then abreact (maximize expression), and finally learn how to integrate these feelings through learning new skills and cognitions (a new role). The research of Pen-nebaker (1990), Kraus (1997), and Bohart (1980) confirmed that clients report that the release of emotions is not as significant as the new insights and new learning experiences that result from emotional expression and confession.

Expect Clients to Move Away From Emotional Arousal

Dissonance theory as well as psychodynamic concepts such as resistance and defense suggest that clients are motivated to reduce emotional arousal. They do this in a wide variety of ways that require careful monitoring on the part of a group psychotherapist (Ginter & Bonney, 1993; Young, 1992). Without being aware, a counselor may collude in the lowering of arousal by allowing therapeutic conversation to drift away from painful issues. It is the group psychotherapist's responsibility to remain vigilant towards the clients' movement away from deeply moving experiences, to point out discrepancies, and to help clients develop new frameworks that are more constructive (see Ginter & Bonney, 1993).

Some Clients Benefit More Than Others From Catharsis

Individuals who have difficulty expressing emotions may actually be helped more from emotional arousal-expression than those who are already expressive or overexpressive. One implication of this finding, especially considering the growing interest in men's issues, is that men who tend to have more difficulty in expressing emotions may derive benefit from those methods (see Kelly & Hall, 1992). Other individual and cultural differences may also define the effectiveness of cathartic techniques.

Emotional Arousal May Be an Indicator of Unfinished Actions

The gestalt therapists and other clinicians cited in this article have suggested that a primary source of emotional arousal is blocked or incomplete actions. One implication of this is that resolution of emotional experience often includes some action on the part of the client that is

directly tied to "unfinished business." Thus, the counselor's task is to help the client not simply to ventilate emotions but to resolve those feelings by changing the situation that has given rise to them. To accomplish that, the client must translate those feelings and thoughts into a constructive plan of action that "completes business." The context of group psychotherapy is particularly powerful for addressing this because it allows for interpersonal feedback, confrontation, and interaction.

Emotional Arousal-Expression Is a Powerful Tool That May Be Misused

Catharsis is a hazardous method in mental health counseling and is probably responsible for the negative outcomes noted in early encounter groups (see Lieberman, Yalom, & Miles, 1973). Furthermore, inappropriate catharsis is considered a major ethical issue in group counseling (Corey & Corey, 1992). Some authors (e.g., Peebles, 1989) have suggested that with posttraumatic stress disorder, the abreaction and revivification caused by emotionally arousing techniques can retraumatize clients. Evoking memories of traumatic events as a stimulus may promote further repression and dissociation or even trigger psychotic decompensation, self-mutilation, or suicide attempts.

Blatner (1985) suggested an approach that offers parameters for the use of catharsis. He stated that in psychodrama the group therapist never sets out to achieve a catharsis. Instead, the client's expression is facilitated, and if strong emotions come out, a resolution of the incomplete action is attempted. Such an attitude is consistent with a model that promotes the client's agenda over that of the group therapist and is congruent with the position that we advocate.

The counseling literature points to the power of catharsis to help and conceivably to harm a client. The guidelines we have reviewed suggest that the group psychotherapist who is

operating in accordance with these findings selects emotionally arousing and expressive methods for the clients who are most likely to benefit from them. Group therapists help clients face their deepest feelings while encouraging them to translate insights into positive action within the group setting.

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