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Chapter 1

THE FOUR-STEP INTEGRATIVE MODEL FOR GROUP PSYCHOTHERAPY: DESCRIPTION, DEVELOPMENT AND APPLICATION IN EGYPTIAN CULTURE

Refaat Mahfouz, M.D., Mohamed Taha, M.D., and Waguih William IsHak, M.D.
FAPA, Washington, D.C., US

"Behind every overt psychological symptom or difficulty, there is a covert un-met psychological need."

INTRODUCTION

Across societies and cultures, there exists a primary inborn healthy structure of the psyche, almost instinctual, that drives the unfolding process of individuals into healthy psychological functioning on four levels: needs, wants, rights, and decisions. In earlier stages of development, a child has some basic psychological needs that have to be met by his/her caregivers unconditionally, for his/her own (not their) sake and in an attitude-based not situation-based manner, such as the need to be loved, the need to be recognized, and the need to be accepted. These needs are bi-directional, i.e. the

need to be loved is accompanied by the need to love. These needs are crucial to the healthy development of children and also influence adult behavior. It is postulated that a need that is not adequately met early in life, an expected deficiency in the corresponding healthy capacity might ensue in adulthood (Deficit model of psychopathology). Moreover, a need that was met during childhood usually continues into adulthood, but in a mild, adult, and appropriate form (Earley, 2002). At a later stage of development, not only the person knows what he or she is ought to do or should do, but also knows what he or she wants to do without having impeding fears or difficulties. The distinction between 'need' and 'want' is important here. A 'need' is an inborn natural drive common to all humans, that we can either 'want' or not. With further development, the person becomes consciously aware of basic psychological rights to have own basic psychological needs satisfied, such as the right to feel worthy, to make mistakes, or to be happy, and having the willingness to get these rights. The next level is decisions, when now the person is fully aware of his freedom to choose, to decide and to act in the direction of his basic psychological needs. He or she also has the ability to take responsibility for his choices, decisions and actions.

THE FOUR-STEP INTEGRATIVE MODEL THEORETICAL BACKGROUND

We are all born with some basic psychological needs. In order to have one's own psychological needs met, a child might have to accept what his parents say and do to him, even by accepting the parents blockade of own actions for fear of abandonment and withdrawal of love (Becker, 1993). The child's needs are confronted with the parents' wants, therefore, a real conflict emerges. This conflict is then internalized, so when the child wants to get his or her own need met, he or she fears that one's own want (will/action to have the need met) would irritate his parents and cause them to punish or withdraw their love. Subsequently, wants become accompanied by inner fears leading to discomfort and distress (Conflict model of psychopathology). After many unsuccessful trials to express or enact 'wants' to have the psychological need met, the child now gives up the right to fulfill that need, in order not to get in trouble and just live in peace. Finally, the child decides to be compliant and adaptive to the overwhelming parental demands and develops a pattern corresponding to the parents' expectations, i.e., giving up one's own needs and

conforming to others' own wants. In Winnicott's (1965) terminology, the child buries his or her *true self* and develops a *false self* in order to adapt to the parental and environmental pressures. In Eric Bern's transactional analysis understanding, the child turns his or her *Free* Child Ego State into an *Adapted* Child Ego State by taking some early decisions in response to the parents' injunctions and counter-injunctions, in order to survive physically and psychologically (Goulding and Goulding, 1978 and 1979).

A child with an invalidated need to be recognized might decide to lead the life of a schizoid, avoidant or dependent person. Or, on the contrary, one may decide to do everything to be seen and recognized and turns to be a histrionic. Moreover, one may decide not to believe anyone who recognizes him or her based on being drawn to think that one is not worth recognition. These *early decisions* may have been appropriate in certain situations in childhood, but are inappropriate in adulthood. So, in due course, this person might be seeking psychiatric help. Of course things are not that simple and direct. Many psychological, genetic, situational, socio-cultural and environmental factors interplay to favor one decision or the other. We can comprehend a number of psychiatric disorders in the light of this understanding, which relates every overt psychological symptom or difficulty to a covert un-met psychological need.

It always starts with a basic psychological need, the wanting of which gets accompanied by many fears, leading to giving up the right to have the need met, ending by an inevitable maladaptive decision. Clinically, we can see patients at different levels of unhealthy psychological functioning in correspondence to the described assumptions:

- On the level of needs: Patients either deny or intensify their basic psychological needs, because these needs have been actually denied or not met by their parents or caregivers.
- On the level of wants: Patients know what they ought to do but do not know or afraid to know what they want to do, as their parenting style was full of 'oughts, 'musts' and 'shoulds', such as "you must succeed", "you ought to be polite", or "you should be strong", without explicit inclusion of children's own wants. If they permit themselves to want, many fears and doubts are expected to evolve.
- On the level of rights: Patients are not aware of their psychological rights, simply because they have not been granted those rights or have not given the chance to get them.

– On the level of decisions: Patients who have taken maladaptive decisions and have chosen to live maladaptive life scripts.

THE FOUR-STEP INTEGRATIVE MODEL PSYCHOTHERAPEUTIC TECHNIQUE

The Four Steps

Just like the described psychopathological process, the psychotherapeutic process runs along four hierarchical steps. The first step is to encourage the client to identify the basic psychological *need* behind his behavior or symptom and to find a healthy rationale(s) for fullfilling that need. Earley (2002) suggests that in psychotherapy it is helpful to identify basic interpersonal needs that are central to human motivation.

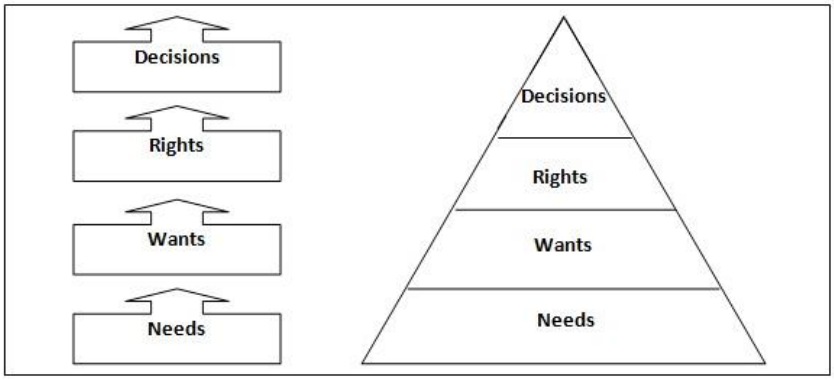
The second step in the described model is to help the person express the *want*/will for having his psychological need met, and explore the inner fears that block him from doing so (the fears that he or she has acquired during childhood, i.e., becoming consciously aware of inner conflicts. In line with this, Yalom (1980) wonders how often therapists work with patients who decide that it is better not to want. For them, wanting makes one vulnerable or leaves one exposed.

The third step is to help the patient become consciously aware of the *right* to have own needs met and explore the real or imagined obstacles expected to be overcome in the way.

This step can correlate to Yalom's (1980) notice that many people do not permit themselves many rights (e.g. the right to wish), as though their wishing would irritate, threaten, or drive away others.

The fourth step is to help the person *decide* to develop a new (healthy) pattern of behavior that corresponds to one's true self rather than the false self, undoing the maladaptive decisions picked up during childhood. Decision is the bridge between wishing and acting. To decide means to commit oneself to a course of action. No change is possible without effort, and decision is the trigger of effort (Yalom, 1980).

Therapeutic work on each step can last for several sessions until the therapist and the patient determine together that it is time to move to the next step.



The Four-step Integrative Model for Group Psychotherapy works hierarchically on levels of patients' needs, wants, rights and decisions.

Technique Application and Examples

Clinically, the four-step integrative model for group psychotherapy hierarchically targets the mentioned four levels of psychological functioning (needs, wants, rights and decisions) via what is called "the four-step therapeutic game" (Mahfouz and Taha, 2011). This is a simple technique derived from an integrative combination of several gestalt games (well known group psychotherapy techniques devised to foster immediacy of awareness) (Bateman et al., 2000). This technique is designed to run in four steps, each step corresponds to one level of psychological functioning. In practicing this therapeutic technique/game in the here and now, a patient is asked to complete the missing part of a sentence -suggested by the therapist- with several different responses. The patient is advised to direct his speech to a different group member each and every time he speaks. The given examples are intentionally simplified to clarify the basic practice of the model. However, the original excerpts have more details such as group members' difficulties initiating the therapeutic work, feedback by other group members, and suggestions/modifications of technique practice.

The four steps of the technique/game as applied in clinical practice are formulated as follows:

1. I need.....Because/in order to... (Completed by group member)

2. I want.....But I am afraid that... (Completed by group member).
3. It is my right to.....Even if/in spite of... (Completed by group member).
4. I decide.....and I take responsibility for it.

Examples

1. I need to accept myself as a whole, in order to stop blaming myself.
   OR
2. I need to accept myself as a whole, because I have never been accepted as a whole.
3. I want to accept myself as a whole, but I am afraid that other people don't accept me.
4. It is my right to accept myself as a whole, even if many people don't accept me.
   OR
5. It is my right to accept myself as a whole, in spite of my current failures.
6. I decide to accept myself as a whole, and I take responsibility for it.

The following are detailed examples from real group therapy sessions, held in Minia University Hospital, Egypt for adult female patients (Upper Egyptian subculture imposes separation of men and women in variable social situations, however, male trainees and co-therapists can attend). This is an open continuous outpatient large group. Patients can participate in this group provided that they are adult females, under regular follow up by staff of Minia University psychiatry department. Patients carry heterogeneous diagnoses, excluding those in active psychotic or manic episodes. Sessions are held once weekly for 90 minutes.

Example 1

Patient: Dr. Refaat (the therapist), I don't feel that I am loved by any one!
Therapist: … Do you believe that you deserve to be loved?
Patient: No.
…….
Therapist: I suggest you try working on: "I need to believe that I deserve to be loved, in order to…"

Patient (Directing her words to group members):

- (Trainee 1), I need to believe that I deserve to be loved, in order to…mm... *stop mutilating myself.*
- (Patient 2), I need to believe that I deserve to be loved, in order to *stop leading men on.*
- (Trainee 3), I need to believe that I deserve to be loved, in order to *feel my true inner power.*

Example 2

Patient: I am a bad person! I have many failures.

Therapist: We all have failures! I have many failures too. Without failures we never learn.

Patient: I need to *challenge* myself and *fight* my failures. Would you help me, please?

Therapist: You don't have to challenge yourself, and you are not supposed to fight a part of yourself. Failure is a part of every human's nature.

Patient: Then what?

.....

Therapist: I suggest you try playing "I need to accept my failures, because…"

Patient: But I don't want to accept my failures, I will not play this game!

Therapist: You don't *want* to, but you may *need* to. Let's try; it is just a game...

Patient: Ok. I need to accept my failures, because…I don't find words, help me…

Therapist: Because I am a human being.

Patient: Yes, I need to accept my failures because I am a human being.

……

- (Patient 2), I need to accept my failures because...mm…because I don't like to be that sad forever.
- (Trainee 3), I need to accept my failures, because every person may have failures.

Therapist: Well done, thank you. Anybody else would like to try this game?

Example 3

Therapist (to patient in example 2): Few weeks ago you worked on "I *need* to accept my failures because…" Now I am suggesting you try working on "I *want* to accept my failures, but I am afraid that…" What do you think?

Patient: Yes... I really need to accept my failures and to accept myself as a whole, but I don't know why I can't do that, I am stuck.

Therapist: In therapy, "*I can't*" means "*I don't want*". And "*I don't want*" means "*I want but I am afraid that*…" you may give it a try...

Patient: Ok.

- (Trainee 1), I want to accept my failures, but I am afraid that they are too many.
- (Patient 2), I want to accept my failures, but I am afraid that I will have to accept myself.
- (Patient 2): I think it's time to accept yourself.

Trainee: Yes.

- (Patient 3), I want to accept my failures, but I am afraid that you don't accept them.
- (Patient 3): But I accept you as a whole, including your failures.

Example 4

Therapist (to patient of example 2): Do you feel that you have the right to accept your failures?

Patient: Nobody has given me this right before! Is it my right to do so?

Therapist: Of course it is. You have been given this right by Allah (God). Your parents might have taken it from you. Now it is time for you to re-own it and let nobody take it from you again.

Patient: I am not sure of that.

Therapist: After the work you have done in the past few months, you are aware that you need to accept your failures, and you are also aware of the fears that block you from wanting so. Do you think it is time to work on your right to accept your failures?

Patient: I think I am ready.

Therapist: OK, let's try: "It is my right to accept my failures, even if/in spite of …"

Patient: It is my right to accept my failures, even if nobody accepted them.

- (Patient 5): It is my right to accept my failures, even if they are too many.
- (Co-therapist): It is my right to accept my failures, in spite of all my fears.
- (Co-therapist): It is my right to accept my failures too.

Example 5

Therapist (to patient of example 2): Would you like to take a step forwards?

Patient: Yes, please!

Therapist: Let's decide it, decide to accept your failures, and be responsible for your decision.

……

Patient: Well, I decide to accept my failures, and I take responsibility for this decision in front of myself, in front of you and in front of Allah.

Therapist: It is your right to decide this.

Patient: Yes.

- (Trainee 2), I decide to accept my failures, and I take responsibility for this decision in front of myself, in front of you and in front of Allah.
- (Trainee 2): I share you in your decision for myself.
- Patient: Good for you doctor… (All laugh).
- (Patient 3), I decide to accept my failures, and I take responsibility for this decision in front of myself, in front of you and in front of Allah.
- (Patient 3): I am happy for you!
- Patient: I am happy too.
- (Trainee 3), I decide to accept my failures, and I take responsibility for this decision in front of myself, in front of you and in front of Allah.
- (Trainee 3): Remember that you are responsible for your decision forever.

DEVELOPMENT AND VALIDATION OF THE FOUR-STEP INTEGRATIVE MODEL

In the mid seventies of the last century in Egypt, group therapy was developed by Yehia Rakhawy who is considered with Mohamed Shaalan as the chief founders of group therapy in Egypt. This model was developed in the context of the Arabic language, the Islamic tradition, Egyptian folk traditions, and the importance of harmonizing with one's 'biorhythmic natural surroundings' (Rakhawy, 1978 and 1994). Rakhawy's model for conducting group therapy would best be described as a synthesis between Existential philosophy orientation, Object relations theory, Gestalt techniques and Transactional Analysis, with the finger prints of its originator and conductor remarkably all through (Ghoz, 1977).

About three decades later, Refaat Mahfouz extended Rakhawy's model to Upper Egypt by integrating more theoretical and clinical elements, and developed what is now known as "The Four-step Integrative Model for Group Psychotherapy". Mahfouz, who was trained in Dar El-Mokattam Mental Health Hospital in Cairo by Yehia Rakhawy, implemented most of the theoretical and clinical constituents of Rakhawy's model, but later incorporated more theoretical components, practical techniques and socio-cultural orientations into the model. His original intention was not only to conduct a therapy group in Upper Egypt, but also to integrate this relatively new approach into a larger training and research scheme. As shown in research studies, this model, like its precursor, draws its basic constructs from many schools of psychological thought: psychoanalysis (Mohamed, 2008), object relations theory (Kamal, 2002 and 2007 and Abd El-Na'em, 2013), self psychology (Saleh, 2001), transactional analysis (Ebrahim, 2006), Gestalt therapy (Taha, 2003), re-decision therapy (Aly, 2004), cognitive behavioral therapy (ElSerogy, 2006) and existential psychotherapy (Yousof, 2008) in a creative integrative manner that is deeply influenced by the local cultural and social norms and expectations (Taha and Mahfouz, 2008). The model defines some therapeutic *values* (that are universal to any group therapy approach in any culture; e.g. confidentiality and non-judgmental attitude, some therapeutic *norms* (that are culture-specific; e.g. time flexibility, religious restraints and common social traditions) and some therapeutic *rules* (that are model-specific; e.g. here and now, I-thou, no gossiping, and no shoulds). The model provides an example of how group psychotherapy can be tailored to a certain society/culture.

The first structured therapy group in Upper Egypt was held in Minia University hospital, July 2000 and only included adult males with different diagnostic categories except for patients with active psychotic or manic episodes. The inner active group circle included 15 members: 10 patients, 4 trainees, and the group leader. The rest of the trainees were included in an outer circle as actively observing participants. One year later, a group for adult female patients was formed and its first session included 14 female patients having the same previously mentioned inclusion criteria. Simultaneously, another group for adolescent patients was also formed and had its first session with 6 patients. On May 2002, the first diagnosis-specific therapy group was established, and its first session included 6 borderline female patients and 5 trainees.

Many research studies were conducted to study various clinical and theoretical aspects of this group therapy training program. An earlier one (Taha, 2003) was designed to study the structure, functions and classification of "Gestalt Games", which was the mainly used therapeutic technique in the program. This study defined four hierarchical levels of working through clients' psychological difficulties: needs, wants, rights and decisions, and investigated the use of a four-step therapeutic technique. Further academic and clinical development performed by Minia team of group therapists laid the basis for the theoretical framework based on the ongoing clinical experience, culminating into the approach now known as "The Four-step Integrative Model for Group Psychotherapy". This model is becoming more and more known, practiced and trained upon in various scientific circles and encounters, including American Group Psychotherapy Association (AGPA)'s annual meeting for the last 3 years.

THE APPLICATION OF THE FOUR-STEP INTEGRATIVE MODEL TO EGYPTIAN CULTURE

Different cultures don't only have different views about what a person is, but also different views about what the project of psychotherapy is. Maybe there would be agreement that what a human being is, depends on the culture she/he grows up in and in which she/he lives (Hinshelwood, 2010). Cultures affect the way persons lead lives, and therefore they also affect the nature of psychotherapy itself, which aims to facilitate new strategies for patients and

clients. Moreover, Different cultures inevitably define a different role for the therapist and group leader (Hinshelwood, 2008).

For millennia, Egypt maintained a strikingly complex and stable culture that influenced later cultures of Europe, the Middle East and Africa. After the Pharaonic era, Egypt came under the influence of Hellenism, for a time, Christianity and later, Arab and Islamic culture. The Egyptian culture is mainly derived from the interplay of three key factors: family, language, and religion (Badalto, 1984). The four-step integrative model for group psychotherapy is a natural product of such interplay. As described and exemplified above, the four-step model is directive, quite prescriptive and seems to operate at level of conscious awareness and conscious will more than unconscious group process and group dynamics. It doesn't use "interpretation", but rather "actualization of interpretation" through living a new here and now experience of bringing into conscious awareness what is unconscious (Rakhawy, personal communication, May 1st, 1975). The model is characterized by a directive leadership style, an active group psychotherapeutic technique, a psycho-educational trend and an integration of the spiritual/religious dimension into the therapeutic work as detailed below.

Directive Leadership Style

On the continuum of active/directive/prescriptive versus passive/non-directive/descriptive leadership, Taha et al. (2008 and 2010) concluded that the style of leading most therapy groups in Egypt is more towards the active/directive/prescriptive pole. The leader in the four-step model is interested not only in behavior and its unconscious meaning, but also the quality of presence and contact as each group member explores his or her own self and interact with each other. The leader may ask questions to elicit patients' awareness of their experience in the moment and the deeper issues that underlie their reactions. The group leader sometimes makes suggestions about new behavior or attitudes that patients can try experimentally. When necessary, the leader actively intervenes to make sure that the group is safe enough for members and is moving in a therapeutic direction. Sometimes, the leader doesn't wait for the group work to emerge gradually but actively encourages it. Other times, the leader makes an internal shift in attitude moving from a leader-centered to a group-centered mode (Earley's, 2002). Such leadership style is attributed to socio-cultural factors of Egyptian culture

(Taha et al., 2008), such as the Role of the Parent, the Unconscious Image of the Leader, and the Aim of Psychotherapy.

One of the major socio-cultural differences between Western and Egyptian (Arabic-Islamic) cultures is that Western cultures emphasizes self-sufficiency, independence from family and self-growth while Egyptian people value interdependence more than independence, social consciousness more than individual freedom, and the welfare of the group more than their own. In Egypt, family roles tend to be highly structured and obligations to parents are highly respected throughout one's life. The family structure is traditionally patriarchal in that communication and authority flow vertically from top to bottom. Parents are afforded a great deal of esteem that might reach some grade of holiness, and this respect governs interpersonal interactions. Hence, certain characters of the traditional Egyptian father figure are expected to be displayed by the group leader/father in a therapeutic setting when the group is led by male leader. Among those characteristics, being present, interactive, directive, intellectually and emotionally involved, interested in group members' everyday life details, and protective. With regards to the Egyptian social unconscious image of a leader, a psychotherapy group leader in the Egyptian community is drawn to play the role of a prophet or a religious teacher, who teaches, instructs, directs and prescribes besides providing care, acceptance, understanding and unconditional love to his followers. The role of history and religion is obvious here (Taha, 2014). On one hand, fathers and ancestors were held high above questioning and criticism since the times of the Pharaohs. On the other hand, religion in the Egyptian society is often a pervasive force governing behavior. Egyptians typically place a high value on spiritual matters and religion. Most therapy groups in Egypt call for the inclusion of moral discourse in the aim and practice of psychotherapy and the cultivation in therapists of the virtues and skills needed to be moral consultants to their clients. This has drawn most Egyptian group leaders to play a particular directive, guiding and prescriptive role. The issues of moral responsibility and community well-being are always present in the four-step model, and a carefully balanced attention to these issues is believed to have the ability to greatly expand the contribution of psychotherapy to the alleviation of the Egyptian community problems.

Active Group Psychotherapeutic Technique

Some psychotherapy techniques might work better in specific cultures or communities than others. Social and cultural norms clearly affect how individuals experience their emotions. Egyptian people (as part of the Middle Eastern culture) tend to experience and express emotions passionately. They are deeply affected with and stirred by emotions. They intensively express their feelings such as anger, love, grief, jealousy, openly and without social restraints. Accordingly, the psyche of people in cultures that is accepting more emotionality might be better accessed by techniques that involve emotional ventilation and stirring up (e.g. psychodrama and Gestalt games) to be more in touch with oneself and others, while the psyche of people in cultures that emphasize intellectuality might be better accessed by techniques that involve intellectual mental work, for better understanding of self and others (e.g. interpretation).

Another factor that favors using active group techniques is that most therapy groups in Egypt are large in size due to the high population density in relation to introduced psychotherapeutic service. Working in large groups need some balance between increasing awareness and introspection while structuring the group through a natural positive leader (De Maré, 1975, cited in Weinberg, 2006).

Psycho-Educational Role of the Four-Step Model in Egyptian Culture

Only 72 percent of the total Egyptian population can read and write. Currently, many governmental and non-governmental organizations invest in efforts to increase knowledge and awareness among the Egyptian general public.

Psychological language and terminology is not as common and familiar in the Egyptian culture as in the case with Western societies. The four-step model plays an influential role in helping patients develop not their own psychological knowledge and awareness, but more importantly recognize and be consciously aware of their needs, wants and rights. It also helps people take responsibility for their choices, decisions and actions.

Integration of the Spiritual/Religious Dimension in Four-Step Model in Egypt

At least three of the world's major religions – Judaism, Christianity, and Islam – can trace their roots and/or early dissemination to the land of the Nile. Most of the known prophets have spent some parts of their life journeys in Egypt, or at least left their footprints beneath its land. The role of religion in the Egyptian society is often a pervasive force governing behavior. Egyptians typically place a high value on spiritual matters and religion.

Egyptian culture supplants religion as the accepted guide and reference for human conduct. In this context, it is acceptable and sometimes desirable to integrate the spiritual/religious dimension in Egyptian therapy group work, where the group leader becomes the *de facto* moral and religious teacher (Taha et al., 2008).

THE FOUR-STEP MODEL AND OTHER CULTURES

The Four-Step Integrative Model for Group Psychotherapy is a good example of how group psychotherapy can be adjusted to a collectivist culture. The model fits the Egyptian culture well through a structured group, with an emphasis on direct and active interventions of the group leader which suits the hierarchical structure of Egyptian society and the need for an active leadership, all with a psycho-educational component that teaches the members about their needs, rights and responsibilities (Weinberg, personal communication, September 3rd, 2013). Although the Four-Step Integrative Model has been presented as a half-day workshop and was very well received in the AGPA's annual meetings of 2012, 2013 and 2014, there are no studies that investigate its use in other cultures yet. However, it seems that the hierarchy of needs, wants, rights and decisions is a universal one that can be worked through in different cultures by different therapeutic approaches; the four-step model is one of them. We look forward to conduct research on the use of the four-step model in cultures other than the Egyptian one.

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