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Creating Connections and Fostering Self-Growth: Gestalt Group Counseling for Military Spouses

Megan Numbers and Laura Bruneau

Numbers, Megan, is a second-year doctoral student in counselor education and supervision at Adams State University. Her research interests include military spouses and children, creativity in supervision and counselor education, and play therapy. She counsels military spouses, children, and families on an Army installation.

Bruneau, Laura, is a professor of counselor education at Adams State University. Her primary research area is creativity in both counseling practice and counselor education. She regularly teaches group work to counselors-in-training.

Abstract

Military spouses face unique concerns and challenges during wartime and at peacetime. Because of the distinct stressors military spouses encounter, the need for accessible mental health services is imperative. However, self-care and self-growth are often low priorities for this population. Group counseling provides a milieu for military spouses to support one another and to work through common issues. In particular, Gestalt group counseling provides an opportunity for creating connections, fostering self-growth, and learning coping skills. Gestalt group counseling may offer a space where military spouses feel supported and connected to other military spouses, as well as a venue to explore relational difficulties and foster self-growth. The purpose of this article is to describe a promising group counseling approach for military spouses. The authors will examine therapeutic factors of group therapy and specific Gestalt therapy interventions within the context of counseling this population.

Keywords: group counseling, support group, military spouses, Gestalt therapy

Military spouses experience a plethora of challenges unique to the military culture and often have little support to work through these issues (Rossetto, 2010; Skomorovsky, 2014). According to a recent survey, the top military spouse concerns are: (a) military pay and benefits, (b) military spouse unemployment rate, (c) changes in retirement and benefits, (d) impact of deployments on children, (e) instability of family life, (f) relocation, deployment, and redeployment, and (g) educational needs of children (Blue Star Families, 2016). Further, when military service members deploy at high rates, mental health needs for military spouses are abundant. For example, Mansfield and colleagues

(2010) examined medical record data for outpatient care of military spouses when the service member spouse was deployed. The authors found increased diagnoses of depression, anxiety, sleep disorders, acute stress, and adjustment disorders during the deployment period.

Needs of military spouses are typically viewed within the lens of wartime deployments (Lapp et al., 2010; Mansfield et al., 2010; Patzel, McBride, Bunting, & Anno, 2013; Rossetto, 2010; Skomorovsky, 2014). However, challenges also exist during peacetime when service members are home, including marital, parental, and financial challenges (Hall, 2008). Yet, little is known about the well-being of military spouses during peacetime as the majority of research focuses on the mental health of veterans, active duty service members, and spouses during deployment (Lapp et al., 2010; Mansfield et al., 2010; Merolla, 2010; Patzel et al., 2013).

One assumption for this research gap is that military spouses may not experience high levels of mental health challenges when their service member spouses are home. Another assumption is that it is more important to understand the devastating effects of war on service members, veterans, and military families. However, military spouses need support at all times during their tenure in the military because they face constant stressors, including (a) child care challenges, (b) relocation, (c) education and career choices, (d) family unit separation, and (e) blended family issues (Drummet, Coleman & Cable, 2003; Hall, 2008).

In a recent study, Wang, Nyutu, Tran, and Spears (2015) examined the mediational effect of positive affect and social support on the psychological well-being of female spouses of 207 active-duty service members. Overall results indicated that reaching out to others provides comfort, a sense of control, and perceived ability to change one's environment. Having support from family and friends led to a perceived sense of military community for the female spouses, along with a better sense of mastery and control in a difficult, dynamic environment. Further, support from friends had a greater impact on well-being than support from family. For military spouses new to communities, targeting activities that cultivate a sense of community will increase feelings of belongingness and emotional connections (Wang et al., 2015).

The needs of military spouses have also been explored qualitatively. Rossetto (2010) described the lived experiences of military spouses during deployment. Several participants discussed the importance of developing their self-identity while their service member spouse was deployed. For example, participants described an increased sense of self, independence, and personal power when they had the ability to control their schedules and lives. On the other hand, some participants expressed feeling more withdrawn, exhausted, and disorganized due to the burden of responsibilities placed on them, making it more difficult to engage in and sustain meaningful social relationships. Developing a strong self-identity is important, making it critical for military spouses to have a safe space to talk about their needs, gain a support network, and feel appreciated and valued (Rossetto, 2010).

In summary, research findings on military spouses indicate real mental health concerns, both at wartime and at peacetime. Further, military spouses are more likely to be well when they have support from others. As such, we believe group therapy to be an effective intervention for helping military spouses to feel supported, develop meaningful relationships, and engage in self-care. Group therapy offers a space where military

spouses can feel supported and connected to other spouses, as well as a venue to explore relational difficulties and foster self-growth. The purpose of this article is to describe a promising group counseling approach using Gestalt therapy interventions tailored to the specific needs of military spouses.

Group Counseling for Military Spouses

There is little research on using group counseling as a treatment modality for military spouses. Research has mainly focused on individual and group counseling with veterans or military service members with post-traumatic stress disorder and traumatic brain injuries (Carrola & Corbin-Burdick, 2015; LeLievre, 1998). Moreover, research on effective counseling interventions with military families has largely focused on veterans, service members during deployments or returning home from deployments, and the mental health of spouses during deployments (Faulk, Gloria, Cance, & Steinhardt, 2012; Mansfield et al., 2010). However, several studies identified a common theme for military spouses. Simply stated, military spouses need to feel supported during spousal absences and develop a connection with other military spouses who have experienced similar circumstances (Green, Nurius, & Lester, 2013; Kees, Nerenberg, Bachrach, & Sommer, 2015; Lapp et al., 2010; Rossetto, 2010).

Support groups provide an opportunity for creating connections among members who are experiencing a similar issue. However, a review of the literature provided only two references to a support/counseling group designed for military spouses. Kennedy (2006) summarized an existential support group for ‘waiting wives,’ a term used when active-duty, male service members are deployed. Key symptoms for this population included anxiety, fear, sadness, and loneliness. Further, some women felt resentful towards their husbands, due to having to develop new roles and responsibilities as a single parent, along with experiencing a lack of support. A group setting can provide key therapeutic factors for this population, including universality, normalcy, altruism, catharsis, and hope. Finally, an existential approach to the group process may help to address issues of responsibility, meaning, and death (Kennedy, 2006).

In a more recent study, Kees et al. (2015) developed an 8-session group focusing on building resilience, life satisfaction, and social support and improving mental well-being for military spouses. This study used elements of positive psychology, cognitive behavioral therapy, and dialectical behavior therapy, and included 20 female military spouses across military affiliations. Results suggested themes of helplessness and feeling unsupported, which correlated with higher rates of depressive symptoms. Conversely, themes of hope and growth correlated with higher life satisfaction. Overall, having positive deployment narratives had a greater impact on resiliency, life satisfaction, and feeling supported (Kees et al., 2015).

Although there is a significant gap in the literature on using group counseling for military spouses, we believe group counseling is an advantageous modality for this population for several reasons. First, group counseling provides the elements necessary for emotional support, appreciation, and self-growth, which are key areas of concern for the military spouse population. Group counseling also provides the required components to create strong interpersonal bonds with other group members (Yalom & Leszcz, 2005). These bonds are built upon trust, authenticity, and mutual respect. Developing a network

of close relationships is vital for military spouses because it empowers group members to “construct self-regard on the basis of reflected appraisals” (Yalom & Leszcz, 2005, p. 19), and engage authentically with other members. Participating in group counseling, which focuses on developing self-worth and mutual relationships, may be critically important to the holistic well-being of military spouses (Kees et al., 2015; Kennedy, 2006).

Another key benefit of group counseling is the ability to generalize behaviors in the group to relationships external to the group. Yalom and Leszcz (2005) described this as a social microcosm in that maladaptive behaviors within the group can be identified as maladaptive behaviors in other interpersonal relationships. When addressed in counseling, maladaptive behaviors become rich data, providing awareness and insight for group members as they develop a greater sense of self, sense of relational responses, and way of being in the world. When military spouses can understand the impact of how they engage in interpersonal relationships, they can start to develop adaptive coping skills (Rossetto, 2010; Skomorovsky, 2014) and behaviors that inform the way they navigate the challenges of military life (Kees et al., 2015).

An advantage of facilitating group counseling with military spouses is the need for support and connection (Hall, 2008; Merolla, 2010; Patzel et al., 2013; Skomorovsky, 2014). Social support is an important factor in the well-being for military spouses (Kees et al., 2015; Wang et al., 2015) and a common factor among all spouses, regardless of rank and branch of service (Hall, 2008; Patzel et al., 2013). Military spouses crave support from other spouses who can relate to their experiences, ensuring each other that they are not alone. Whether it is a deployment, caring for an injured spouse, or relocation challenges, military spouses want a trusted person they can vent to (Skomorovsky, 2014). Since the majority of medical and mental health care is focused on veterans or active duty service members (Mansfield et al., 2010), spouses may feel disregarded and unimportant. Thus, facilitating a counseling group specifically designed for military spouses would provide a support network where safety, trust, and confidentiality are part of the group process, as well as a place that offers an opportunity for self-growth and self-care.

It is important to note that military spouses face specific barriers to attending group counseling. For example, a common issue is finding childcare (Blue Star Families, 2016; Hall, 2008). Another barrier to receiving group counseling is time. Many military spouses are inundated with double household and child-rearing responsibilities when their service member spouse is deployed or away for training purposes (Blue Star Families, 2016; Hall, 2008; Rossetto, 2010). Thus, the ability to *break away* and make time for their well-being is a low priority. Time, as well as commitment, are intricately related for military spouses as it is difficult for military spouses to commit to anything long-term, as their schedule (and their service member spouse’s schedule) is ever changing.

Due to the multifarious needs of the military spouse population, many factors need to be considered when implementing a counseling intervention. The first author has worked in a clinical capacity with military spouses for several years and has witnessed, firsthand, the barriers to conducting both individual and group therapy with this population. Military spouses are usually able to identify the need for a support network, meaningful relationships, and engagement in self-care, but the follow-through and access to effective interventions creates an overwhelming impediment. In this article, we

endeavor to describe an approach that holistically addresses the needs of military spouses.

Gestalt Group Counseling for Military Spouses

We believe that Gestalt group counseling is a promising approach for this population as this modality addresses the need for authentic interpersonal connections, support, and self-growth. Operating in the here-and-now can be difficult for military spouses who lead busy lives and are often more concerned with the wellness of their family before their own well-being (Rossetto, 2010). By engaging in the here-and-now process that Gestalt therapy offers (Handlon & Fredericson, 1998; Harman, 1974; Yontef & Jacobs, 2010), military spouses are encouraged to examine their lives and relationships in the present moment. Additionally, by examining the group as a social microcosm, members gain a greater awareness of how they interact and relate to interpersonal relationships (Harman & Franklin, 1975; Yontef & Jacobs, 2010) and will be able to integrate and accept parts of themselves that may be in conflict.

A Gestalt counseling group for military spouses should focus on the overarching themes of self-growth and self-identity separate from the military. In a classic work by Handlon and Fredericson (1998), seven key assumptions to Gestalt group counseling were identified, which are outlined below and examined within the context of this population.

Gestalt Group Counseling Assumptions

Assumption 1. The first assumption is that group members will become aware of the responsibility for choices made within the group process. As members engage with the group process, group members gain a greater understanding of how they operate in the world. Members will understand the power and responsibility needed to deal with challenges in an adaptive way. Further, group members will better understand how they view themselves and how others view them. This new awareness of the present moment will be key to self-growth and development. An intervention to increase awareness and self-reflection is to facilitate dialogue between members to speak authentically about the group process and group members (Harman & Franklin, 1975; Mann, 2010). This authentic dialogue empowers members to speak honestly about their interpersonal connections and to receive feedback that confirms or denies their experience and way of being in the group.

Another intervention to assist members in taking responsibility is to ask members to add “and I take responsibility for it” at the end of their statements (Harman, 1974, p. 261). Instead of *knowing* about an experience or feelings, members can *own* their experiences and feelings (Yontef & Jacobs, 2010) by allowing themselves to engage with the subjective and take responsibility. Consider the following dialogue:

Member: “I am so mad at the military for making us move over and over again. I have no time to settle in or look for a job or feel at home.”

Leader: “You are really upset. I noticed when you said how mad you were, you clenched your fists and teeth. Can you take responsibility for being mad? Try saying, “I’m so mad, and I take responsibility for it.”

In addition to the leader's response, group members also provide feedback about what they notice in the moment and how they experience the member who took responsibility. This awareness also deepens group members' understanding of their way of being in the world and within relationships.

Assumption 2. The next assumption is that “therapeutic change takes place holistically” (Handlon & Fredericson, 1998, p. 277). A foundational component of Gestalt therapy is the integration of emotional, behavioral, and cognitive parts of the self, creating a *Gestalt* (Mann, 2010). Once members accept and integrate the parts of self that are in conflict, they can be persistent in achieving self-actualization and lead a more authentic life.

An effective intervention for this assumption would be to utilize dream work. Gestalt dream work proposes that all aspects of the dream are parts of the dreamer and are explored individually (Provost, 1999). Group leaders engage the group in this process by having a member tell the dream as if they are experiencing it at the moment and asking the other members to listen intently or write down the dream verbatim. After the dreamer finishes telling the dream in its entirety, group members ask clarifying questions about different aspects of the dream. Group members may also share any thoughts, feelings, images, or ideas that resonated with them as the member described the dream. Finally, the dreamer is encouraged to reflect on and sit with the group members' feedback and use the feedback as material for awareness and integration of the shadow side of the self (Cole, 2013; Provost, 1999).

Assumption 3. The third assumption is that change becomes achievable when the group member becomes aware of self and the environment simultaneously. Often, boundaries are pushed and confronted in the group process. When group members become aware of their interpersonal and intrapersonal behaviors with group members and the group leader, they can “experiment with new behaviors that confront the individuals' introjects and to receive feedback on these behaviors from the group” (Handlon & Fredericson, 1998, p. 288). To accomplish this task, the group leader asks members not to gossip and not to use questions (Harman, 1975). The following dialogue provides an example:

Member: “You seem pissed off about something (looking at the ground).”

Leader: “Can you speak directly to the person? In this group, we talk directly to the person instead of talking about them.”

Member: “Sarah, you seem pissed off today. Why are you so mad?”

Leader: “Let's turn that question into a statement. Tell Sarah how you are experiencing her anger.”

Member: “Sarah, your body language makes me feel like you are angry and it's making me uncomfortable.”

By staying in the here-and-now during the group process, members become aware of what they are doing and experiencing in the moment and how others are experiencing them as well (Yontef & Jacobs, 2010).

Assumption 4. Similar to the example above, the next assumption is that change occurs in the here-and-now. As members are engaging in dialogue and articulating their thoughts, feelings, and awareness as they are experiencing them, they receive feedback

from the group members and the leader. For example, a member may point out that another member is not being congruent with what they are articulating and their nonverbal behavior:

Member 1: "I feel like I am connecting with everyone in the group. I feel close to them like I can trust them to talk about my personal stuff."

Member 2: "Yes, but as you said that, your crossed your arms, and I got the feeling like you are still very closed off."

Member 3: "Yeah, I noticed that too."

Member 1: "I don't know, maybe."

Leader: "It sounds like you are saying that you feel connected to the group, yet members are experiencing you as being closed off. I am experiencing you as being closed off as well. I also noticed that your face seems hard, unsmiling. I wonder if there is a part of you that wants to feel connected and another part that wants to guard your heart?"

Member 1: (shifting in the seat, uncrossing arms) "Yeah, you're probably right. It does feel hard to connect, even though I want to, because the military makes us move all the time and as soon as you connect with people, you leave, or they leave."

Leader: "As you are talking, what are you aware of now?"

Member 1: "I'm sad and angry, and I feel discouraged."

Leader: "Let's use this with the rest of the group. Can we try a hot seat experiment?"

A subsequent intervention would be to utilize the hot seat. The hot seat is when the focus is on one member, and the leader invites the rest of the group members to participate by articulating their reactions during the process (Harman & Franklin, 1975; Provost, 1999). While in the hot seat, the leader employs the topdog/underdog technique wherein the leader points out the two parts of the member that are in conflict. The leader asks the member to name each part and assumes the role of each part. During this process, group members point out how they are experiencing the different parts of the hot seat member. The leader might also ask the hot seat member to exaggerate verbal statements and nonverbal behaviors or to stay with a feeling, directing awareness to the here-and-now (Harman, 1974). When group members are in the hot seat, other members benefit by experiencing the therapeutic work of the hot seat member and develop awareness through the contact of each other's experiences (Mann, 2010). Overall, the goal is to allow space for the two parts of the self to communicate and come to a place of acceptance and integration.

Assumption 5. The fifth assumption is that group processes can offer vicarious therapy. A group leader can utilize the empty chair technique to encourage members to explore unfinished business in the here-and-now with someone from the past or someone who is not present (Harman, 1974). The empty chair technique helps members to explore repressed feelings about a person or situation in the present moment. For example, group members can talk to their service member husbands about their feelings or experiences:

Member 1: “Sometimes I feel so angry at my husband for being in the military. His career always comes first, and it feels like my dreams are never a priority.”

Member 2: “It sounds like you have a lot of anger built up inside of you. I have those feelings too. As you were talking, I could feel my anger welling up inside my chest.”

Members 3 and 4: “Yeah, me too.”

Leader: “It sounds like many of you are experiencing the same feelings of anger and resentment. Let’s explore this in the here-and-now. Sarah, would you like to explore this in the hot seat?”

Member 1: “I guess (nervous laughter).”

Leader: “Okay, you are nervous, and that’s normal. This group is a safe space where you can explore those deep feelings and gain a greater awareness of how they are still impacting you. I’d like for you to speak to this chair (gestures to an empty chair) as if it is your husband. What would you like him to know about how you are feeling?”

The empty chair technique allows for the release of emotions in a safe space and contributes to the acceptance and integration of the self. Other members, who also disclosed similar feelings, can experience vicarious therapy through witnessing the healing and integration of the hot seat member.

Assumption 6. The next assumption is that positive interpersonal relationships within the group lead to a sense of cohesion, belonging, and support. As participatory members of the group, spouses will start to develop positive, supportive relationships with individual group members, as well as the group itself. Yalom and Leszcz (2005) described group cohesion as an essential part of the group counseling process. When members feel connected, understood, and supported by other members of the group, they start behaving in more authentic and congruent ways, thereby deepening the connection and awareness to oneself and each other.

For group cohesion to develop, the leader must establish a safe space for the members to trust themselves, other members, and the group process (Cole, 2013). Further, the leader engages authentically with group members and models here-and-now processes and feedback. The leader must own their subjective experiences and vulnerabilities within the group; demonstrating awareness and contact with each member of the group (Cole, 2013). Once the group establishes trust and safety, members begin to co-create their experience by adopting the attitude of the leader and build group cohesion through awareness of interpersonal and intrapersonal here-and-now experiences. Yontef and Jacobs (2010) asserted that humans are relational beings and people often define their self-worth by how people regard them. Gestalt therapy provides a space to explore this awareness and contact and develop a sense of self in relation to others (Mann, 2010; Yontef & Jacobs, 2010).

Assumption 7. The final assumption is that feeling valued and valuing the group can lead to increased self-growth and self-efficacy. As group members begin to behave authentically and congruently in the group, they begin to develop a sense of universality and believe that change is possible through the instillation of hope and encouragement (Yalom & Leszcz, 2005). Group members will start to assert confidence in their new

ways of being and, in turn, grow in their self-worth, identity, and esteem. As group members continue to foster their self-growth and care, relationships outside of the group will benefit, as well as the spouse's ability to cope with life stressors (Rossetto, 2010).

Conclusion

In conclusion, we believe that group counseling offers many benefits for military spouses. First, the ability to connect with other military spouses promotes a sense of universality, support, understanding, and belonging. Many military spouses feel alone in the challenges they face, largely due to the unique stressors that military life brings. Also, military spouses may not have a strong self-identity separate from the military. Thus, a group counseling experience may assist spouses in developing a stronger sense of self and promote self-growth. Finally, participating in a group counseling experience benefits the family and the military community at large. Military spouses who express a greater sense of self-identity, worth, and esteem demonstrate more adaptive and effective coping skills when confronted with the stressors and challenges of military life.

Gestalt group therapy is only one possibility to consider when developing effective interventions to utilize with this population. Certainly, there are multiple modalities and theories to address the concerns and mental health challenges that inundate military spouses. As described earlier in the article, existential theory may be a useful lens to understand military clients, given the presence of existential issues (e.g., death, freedom, relationships, search for meaning) for this population (Kennedy, 2006). Another promising approach is solution-focused group therapy, in which the group becomes the vehicle for change by allowing members to create shared goals and to hold each accountable for goal-oriented behaviors (Proudlock & Wellman, 2011). Overall, we are excited about the possibilities for group counseling with this population and hope that this article piqued readers' interest in developing a support group for military spouses.

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