"I need someone who can convince me that life is worth living!"

Experiences from existential groups led by healthcare chaplains in Norwegian mental healthcare.

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ABSTRACT
This article explores patients' experiences of participating in existential groups led by Norwegian healthcare chaplains within mental health specialist services. A qualitative analysis based on the patients' (N = 157) answers to two open-ended responses in a questionnaire was undertaken. This showed that most of the patients evaluated the groups positively, stating that participating in the existential groups allowed them to increase their self-reflection, let out their feelings, learn new skills, strengthen their self-confidence, and reduce their loneliness. Further, the groups were described as providing spiritual/religious growth and enhanced existential reflection. These results are discussed in relation to a pluralist context and the importance of existential meaning-making for mental health.

Key words
Existential groups, existential meaning-making, healthcare chaplaincy

Introduction
Healthcare chaplains working in the field of Norwegian specialist mental health services have been running existential groups (EGs) for patients since the late 1960s (Frøkedal, Stifoss-Hanssen, Ruud, DeMarinis & Gonzalez, 2017). In this group practice, inpatients, outpatients, and day patients are invited to reflect upon existential issues, values, life experiences, meaning-making, hope, and faith. However, research on EG practice led by healthcare chaplains remains limited, particularly when it comes to patients' perspectives (Gubi & Smart, 2016).

Existential groups led by healthcare chaplains in Norwegian mental healthcare
The EGs led by healthcare chaplains are an integral part of the total treatment provided by Norwegian specialist mental health services, offering room for patients' existential meaning-making in times of crisis (Frøkedal et al., 2017). These EGs are often co-led by a nurse or another healthcare professional in a fixed, random, or rotating arrangement. Participation in the EGs can be obligatory or voluntary. All the EGs across Norwegian health trusts have been reported to discuss existential issues and concerns.

However, the EG practice is generally found to be eclectic, applying a variety of strategies representing the tradition of group psychotherapy, existential therapy, and the clinical pastoral care tradition. Five different EG approaches have been identified to enable patients' existential meaning-making – the psychodynamic, narrative, coping, systematic, and thematic approaches. Only the narrative EG approach is reported explicitly to make discussions of spiritual and religious issues (Frøkedal et al., 2017).

Existential meaning-making

The activity within the EGs can be conceptualised as existential meaning-making. Existential meaning-making has been described as a "reflection of existential life themes" and is a term commonly applied within the field of existential health in a Scandinavian context (DeMarinis, 2008; Haug, Danbolt, Kvigne & DeMarinis, 2016; Lloyd, 2018; Melder, 2011). In this study existential meaning-making encompasses (overlapping) spiritual, religious, and secular domains (la Cour & Hvidt, 2010) in which the term 'spiritual' is understood as "the feelings, thoughts, experiences and behaviours that arise from a search for the sacred," and the term 'religious' as the same search, but specifically when it "unfolds within a traditional sacred context" (Hill et al., 2000). The term secular is understood as existential meaning-making when it is not linked to religion or a divine being (Yalom, 1980).

Relevant research

Research on group psychotherapy integrating existential, religious, and spiritual concerns (E/R/S) is a developing field (Viftrup, Hvidt & Buus, 2013; Wade, Post, Cornish, Vogel & Runyon-Weaver, 2014). Two studies in Norway, for instance, have identified that participation in these type of groups significantly reduced symptoms and improved patients' relational patterns (Stålsett, Austad, Gude & Martinsen, 2010; Stålsett, Gude, Rønnestad & Monsen, 2012). A systematic review of studies of group psychotherapy integrating E/R/S concerns identified that participants' motivation to take part in psychotherapy were strengthened when participating in groups integrating E/R/S concerns (Viftrup et al. (2013). Taking the existential dimension into account in treatment settings has been shown to improve patients' mental health and reduce symptoms such as anxiety, depression, and substance abuse (Bonelli & Koenig, 2013; Gonçalves, Lucchetti, Menezes & Vallada, 2015; Heffernan, Neil & Weatherhead, 2014). It has also been reported that the existential dimension could provide an important meaning-making framework in clinical settings in times of crisis (Emmons, 2005; Lilja, DeMarinis, Lehti & Forssén, 2016; Park, 2005; Ulland & DeMarinis, 2014).

When it comes to existential groups led by healthcare chaplains, very few studies have been identified. One study from the US explored patients experience with healthcare chaplain's group practice applying biblical stories as a therapeutic approach (Kidd, Maripolsky & Smith, 2001). The study reported that the patients experienced the method to be beneficial to explore beliefs, cultures, and values during their hospitalisation.

The research context of the study

To respond to the need for further research on group practice led by mental healthcare chaplains, the first author of the current article carried out a Norwegian nationwide cross-sectional web-based study examining the EG practice from the perspectives of the healthcare chaplains, therapists, managers and patients. All the 19 Norwegian health trusts were invited to participate in the study. The study applied both qualitative and quantitative methodologies and contained three sub-studies examining the characteristics of the EG practice (Frøkedal et al., 2017), healthcare professionals views of the EG practice (Frøkedal, H., Sørensen, T., Ruud, T., DeMarinis, V. & Stifoss-Hanssen, H., 2019) and the relationship between patients participation in the EGs and the expereince of meaningfulness (Frøkedal, H., Stifoss-Hanssen, H., Ruud, T., DeMarinis, V., Visser, A. & Sørensen, T., Submittet). The third sub study, focusing on the patients perspective with quantitative methodology, found that patients who attended EG for longer periods were found to experience less

symptoms of mental illness. Moreover, the patients who reported to have spoken about religious and spiritual concerns in the EGs reported higher level of meaningfulness compared with those who reported not to have spoken about these topics in the EG (Frøkedal et al., Submittet).

Aim of the study

The aim of the present study was to examine the patients' experiences of participating in EGs led by healthcare chaplains from a qualitative point of view. Thus, the following research question was developed: *What are the patients' experiences of participating in existential groups led by healthcare chaplains in Norwegian specialist mental health services?*

Materials and methods

Design

The present study was designed as a descriptive cross-sectional study in order to explore different patients' experiences of participating in the EGs. It was based on data from the previously mentioned nationwide survey. However, only the qualitative part (2 open ended questions), which has not previously been explored, was used as material.

Sampling procedure and participants

To identify the informants participating in the EGs across all the 19 Norwegian health trusts, a stepwise identification and sampling process was organised. In this process healthcare chaplains, co-leaders (interdisciplinary staff), therapists and managers were identified by personal contact with every health trusts. The respective healthcare chaplains and co-leaders for each unit identified patients participating in the EGs and personally invited them to participate in the study. The patients that wanted to participate in the study received a consent form attached to an information letter together with the questionnaire. The questionnaires were collected during hospitalisation or while enrolled as patients at day- or outpatients' units. The patients filled out the questionnaire right after a session or at the end of the hospital stay. Patients within 10 of the 19 health trusts participated in the study. The response rate could not be determined because the healthcare chaplains did not register how many patients they had invited to participate. Moreover, the informants who did not want to participate in the study were not registered.

The demographical information is presented in Table 1. The clinical unit and patient's diagnostic group comprised inpatients (49), psychiatric geriatric patients (10), substance abuse patients (35), and day patients (21), as well as patients from psychosis units (10), affective units (16), and other units (4). The informants represented various units across 41 existential groups within 10 Norwegian trusts.

Table 1 Demographical variables illustrating gender, age, and group attendance (N = 157)

Gender	**N (%)**
Male	73 (48)
Female	80 (52)
Age group	
Below 30 years	36 (23)
30–39 years	34 (22)
40–49 years	40 (26)
50–59 years	27 (18)
Above 60 years	17 (11)
Group attendance	
1–3 times	76 (50)
4–7 times	33 (21)
8–11 times	16 (10)
12 times or more	30 (20)

Open-ended responses

In order to explore the patients' in-depth experiences of participating within the EGs, two open-ended responses were developed. The first question was presented with the instructions: "Express with your own words what kind of experiences this group has provided you with." The second question was as follows: "Is there something happening in your life right now that makes you think you can benefit from participating in this group?"

Data analysis

The qualitative data (2 open-ended responses) overlapped in terms of themes and were thus brought together and viewed as one text, which established the material for analysis. The material was characterised by handwritten shorter and longer (from one word to one page) compact texts from the informants, which contained various themes. Based on this, a qualitative content analysis with an inductive approach, as proposed by Graneheim and Lundman (2004), guided the data analysis. The coding and categorisation were carried out independently by the two authors; however, to ensure trustworthiness, multiple discussions among the authors took place concerning the various themes in the data until consensus was reached.

Ethical considerations

The Norwegian Regional Committee for Medical Research Ethics approved this study (registration number: 565978), and all 10 Norwegian health trusts provided access to data collection in their health trust. All the informants signed a consent form before participating in the study and had the right to withdraw from the study at any time. Since it was considered difficult to recruit hospitalised patients in a vulnerable condition, it was decided that the recruitment period should last approximately three months in each unit.

Results

Out of the 157 patients completing the questionnaire, 135 patients contributed with open answers. A few patients responded only to one of the two questions. We identified 4 main themes in the material; 1) evaluation of the EG, 2) perceived value from participating in the EG, 3) distinctive features of the EG, 4) motivation for future participation in the EG.

1) Evaluation of the existential group practices

Most of the patient responses contained evaluations of the EG practices, and the main finding was that those were predominantly positive. Out of the 135 patients, only 3 answered that participating in the group did not give them anything (a "waste of time" or "nothing more than a mandatory activity"). One participant explained that because she had difficulties in opening to other people, she preferred taking part in individual therapy. Eight patients answered that the group had little significance (because they had only participated once, the group size was too small, or the group did not match their situation). However, they had a positive attitude towards the group, with some feeling that the group could be relevant for other people and others expressing the hope that it would benefit them in the future.

Thus, the analysis left us with mainly positive evaluations of the EG practice. Some wrote short evaluations such as "I think the discussion group has given me a lot," "It has been beneficial to take part," and simply "great outcome." However, most of the patients explored their positive experiences in the group in more detail. In the following section, we will look more closely at how the participants considered the significance and added value of participating in the EG.

2) Perceived values of existential group participation

From the many descriptions of the added value from taking part in the EG, we identified five sub-themes.

Reflection through listening to others. The most prominent subtheme identified in the participants' text was the "benefit from listening to the other people in the group." Several informants wrote that the group participants provided new perspectives and gave insights into different ways of living with mental health problems. They also emphasised that they could recognise themselves in the other patients' stories. This left them with the experience that "more people are in the same situation as I am," as elaborated in the following quotation:

> *It is a wonderful place to share but also to listen and participate in reasoning through other people's problems, which makes me more reflective. Good to get input from others who understand you and know a lot about what you are going through.*
>
> (Man 30–39, inpatient unit)

The group conversations helped the participants to "compare one's own emotions and reactions with others and to clarify what are normal ways of thinking and behaving." Thus, it seemed that many of the group participants valued the EG as a space of mirroring and reflection. According to some of the patients, the reflective discussions contributed to enhanced self-understanding and new ways of living one's life.

A safe place to ease the pressure. The group was also valued as a place to put feelings into words, serving the function of an "outlet" and a place to "ease the pressure". Some stated that they shared things with the group that they had never told anyone before. To feel comfortable doing so, the participants seemed to be dependent on their experience of the group as a safe place. Several patients used the formulation "safe place" or "safe group" in characterising the group. According to a woman in one of the substance misuse units, "The discussion group is a safe place to meet others in similar situations." Another woman in the same group stated that "It's a good group with safety and equality. Everyone can express their opinions without being judged." Several participants emphasised that they felt accepted and not judged, which made it possible for them to share their thoughts and feelings.

A laboratory of learning and mastering skills. The patients not only valued the EG practice as a space for reflection and an outlet for feelings but also saw it as a place to learn and master social skills. As one man from an inpatient unit said: "It is nice to feel that I am mastering how to ask questions. I got nice feedback on my questions from the group leader." Another patient reflected on how the group reminded her of her own knowledge and experience, stating that she could see some of her old self-image, recognising herself from before the illness disabled her. One participant said that he had learned to "trust other people," another that he had "learned to be honest," and one patient suggested that the group provided valuable "practice in speaking out loud." Thus, seeing the group as a laboratory in which they could practice and get feedback seemed to strengthen the self-confidence of some of the participants.

Fellowship. Because the groups were situated in different mental health care units for inpatients, outpatients, and day patients, the stability of the groups differed. Some patients had only attended a few times. Others had attended the same group for two years and could report that the group members had developed a strong fellowship. Some even called the group an "anchor in life" and a "fixed point" in their daily living. However, across different length of participation, several wrote that being a member of the EG helped them to "feel less lonely," stating that the group "brought us closer to each other." They pointed to a special fellowship of people in the same situation, who had the ability to understand each other.

Spiritual, religious and secular existential meaning-making. A few of the patients stated that the group had provided spiritual outcomes. One said that he had become "spiritually richer". Another pointed out that the group had challenged her existential questions and that she had started to look at religion in a new way:

> *It has created more interest in using the Bible to help answer questions. The chaplain has also helped me to find things in the Bible and to read with an eye on myself. This may have been the reason for me starting to attend services and finding peace in church now.*
>
> (Woman 20–29, inpatient unit)

One patient, with a non-religious worldview, wrote that the group had contributed by allowing her to gain "insight into how other people think regarding their worldview and the meaning of life". Challenging and supporting the participants regarding existential questions was considered as an added value by many of the participants.

3) Distinctive features of the existential groups

In answering the questions about the significance of the group, several participants also described how they understood the distinctiveness of the existential group practice.

A different group with links to therapy. Some of the patients described the EG by contrasting it to other mental health groups and individual psychotherapy. One woman said, "Independent

of the personnel, one can talk freely, without it being assessed and written down" Another explained that she had been part of several groups, which had focused mainly on illness, "but these discussion groups are more open towards the user's explanations and thoughts – without being confronted with a 'solution,' a box in which many feel they do not fit". The group was described as "future-based, with hopes, wishes, and goals – not only digging into the past" and it was said to have "a focus on reflection rather than treatment". However, some reflected that they could bring information from the EG to their psychologist in therapy and vice versa, thus emphasising the possibility of bridging the different practices. The EG even helped to "put forward things that I had not been able to address earlier in individual therapy" and was seen as an "extension of my conversations with my therapist". Thus, although the EG was described as a different group, it could be linked to the therapy in which the patients were also taking part.

A positive encounter with the chaplain. Several patients expressed how they had experienced a positive encounter with the chaplain. The chaplain was described as nice, reliable and respectable. A few emphasised that it was good to have a chaplain whom "one could ask about everything." One valued how the chaplain had "relevant answers," while another said that the chaplain "asked good questions." One patient stated that his new chaplain was "stricter" than his former chaplain, but apart from this, there was only positive appreciation for the chaplain among those who commented on this. Such positive attitudes seemed to transcend different approaches (and styles) to leading EGs. One participant summarised her encounter with the chaplain as follows:

> *It is safe and good talking with a chaplain. Feels different from going to a psychologist, you are spared from elaborating on everything you are saying, and the chaplain may analyse a little bit what you say. You get answers and a little information that you can then bring to the psychologist. Beneficial!*
> (Woman 50–59, substance abuse unit)

A few brought up how they had "become less prejudiced towards the chaplain and Christianity" by taking part in the EG. This was also, for some, related to the chaplain's focus on life questions in the group, which was positively evaluated by several patients.

Addressing existential life questions – Through religious, spiritual and secular resources. The responses gave the impression that the groups were primarily addressing existential life questions, and it was appreciated that the group included and accepted all kinds of worldviews among the patients in their existential meaning-making. One man expressed it like this:

> *To me, the conversation groups were a positive surprise. As an atheist, I appreciated very much that there was a focus on life and difficult situations and not on religion. It helped me greatly after the first meeting where I experienced another way of thinking.*
> (Man 20–29, inpatient unit)

However, it was visible from the answers that two of the groups had another approach. They used the Bible as a resource in the meetings, and one participant reported that the people in the group were singing hymns together. The responses did not provide any critical comments on this approach; on the contrary, those who responded seemed to appreciate this way of relating religious resources to the patients' existential life questions. In general, the focus on existential life questions seemed to be relevant and beneficial, and this was also brought up as a motivation for further participation in the group.

4) Motivation for further participation in the existential group

Some of the patients described their life situation. They mentioned addiction problems and various mental illnesses such as depression, anxiety, schizophrenia, and eating disorders. Physical illnesses and struggles with existential questions and challenges regarding their life situation (e.g., bereavement and children being bullied at school) were also articulated. Others, however, not only described their situation but also linked their challenges to future participation in the group, stating that they hoped the group could help them.

Hopes of better mental health. Hopes were rela-

ted to recovery and mastering life. One woman was hoping to get rid of her withdrawal symptoms after stepping down her use of benzodiazepines. Several patients in the substance misuse units stated that they hoped the group could help them to get rid of their drug problems. Some hoped that the group could help with mastering social skills and provide better mental health.

Hopes of meaning in life. However, the most prominent subtheme in the material regarding future motivation was linked to the existential dimension. Isolation, death, shame, guilt, meaning, and hope were mentioned by several participants. One man wrote that he hoped the group could help him to "take the right choices, be a good father for my son, start loving myself again, get rid of bitterness, guilt, and shame, etc., etc., etc.". A few of the patients showed that working with existential questions was more than an intellectual enterprise. There was a lot at stake. As one woman said,

> *I am struggling with quite a few existential problems and questions—to find my place in the world and, if I can, find meaning and eventually have value as a human being. I would like to investigate the more spiritual aspect before I give up. If I can be of help for any others in the group, I should like to do so.*
>
> (Woman 20–29, inpatient unit)

One man revealed that he had thoughts about taking an overdose of medication or of placing himself on a train track, waiting for the airport train, but he hoped the group could help him: "I need someone who can convince me that life is worth living and give me a spark of life."

Discussion

The purpose of the present study was to explore patients' various ways of experience the participation in the EGs led by healthcare chaplains. The overall finding was that the great majority of the patients that filled out the open responses reported positive experiences from participating in the EGs. The perceived values of participating in the EGs was described as increased reflection through sharing own stories and listening to other peoples' stories, letting out feelings in a safe group, learning new skills, strengthening self-confidence, and reducing loneliness. Further, the groups were described as providing spiritual/religious growth and enhanced existential reflection. The EGs seemed to put different weight on spiritual, religious, and secular meaning-making. However, reflection of existential life themes like isolation, death, shame, guilt, meaning, and hope was found to be a common characteristic of most of the EGs.

Existential meaning-making as secular, spiritual and religious

The findings in this study seem to correspond with an understanding of existential meaning-making as including (overlapping) secular, spiritual, and religious meaning-making domains (la Cour & Hvidt, 2010). In this conceptual language, the existential meaning-making describes how people – through secular, spiritual, and religious cultural resources – understand, experience, and make sense of their lives in terms of significance, purposeful, directed, and belonging (DeMarinis, 2013; la Cour & Hvidt, 2010; Park, 2005; Schnell, 2009). Although the different participants and the different EGs in the current study emphasised the spiritual, religious and secular dimensions of the existential meaning-making in dissimilar ways, they all seemed to connect these dimensions to the reflection of existential life themes. The material did not give any in-depth understanding on the use of the concepts; spiritual, religious and secular. Some participants mentioned the terminology "spiritual growth" and other participants explicitly stated that their existential reflection were not linked to religion or a divine being. However, the existential life themes were more elaborated. This might reflect that the healthcare chaplains reported to be influenced by the existential tradition of Yalom (1980) that has emphasised the four ultimate concerns in human life: the inevitability of death, existential loneliness, the meaning of existence and freedom (Frøkedal et al., 2017).

Positive valuations across the different EG approaches.

The various perceived values and the different ways in which the participants characterised the

EG in terms of secular, spiritual and, religious existential meaning-making may reflect the EG as an eclectic group practice. The previous study (Frøkedal et al., 2017) investigating the Norwegian EGs from the healthcare chaplains perspective noted that the EGs share commonalities with general group psychotherapy (Karterud, 2007; Lorentzen & Ruud, 2014); group psychotherapy integrating E/R/S concerns; the existential therapy tradition (Cooper, 2012; Cornish & Wade, 2010; Viftrup et al., 2013; Wade et al., 2014; Yalom, 1980; Yalom & Leszcz, 2005); and, finally, the pastoral care tradition (Asquith, 1982; Boisen, 1951; Hemenway, 2005). Moreover, the study identified different EGs approaches facilitating the patients' existential meaning-making: Psychodynamic, narrative, coping, systematic, and thematic. The narrative EG approach explicitly reported discussions of spiritual and religious issues (Frøkedal et al., 2017), which corresponds with the responses related to two of the groups.

It is interesting that the great majority of the patients reported to be satisfied with the focus of their EG, across the various EG approaches. This may indicate that many of EGs were tailored to the different patients' group and open to individual preferences. Patients satisfaction with their EG participation may also be related to their positive encounter with their chaplain. That is, the chaplain was considered trustworthy and someone who created space for different worldviews. Even in the cases in which the chaplain was seen to explicitly present and ritualise the Christian tradition, the patients were satisfied with the openness of their chaplain. The positive evaluations of the EGs may also be related to the relevance of existential themes and life questions, although they were addressed in different ways across the EGs.

Bridging between EG and therapy.

Another prominent finding was that many of the patients reported the EG practice to be a different kind of group, focusing on their own explanation and understanding and not on predefined boxes. Future-based hope, wishes, and goals, in contrast to digging into the past, were emphasised among some of the participants. However, it was also reported that the EG practice could be an important bridge into the patients' individual therapy sessions, even contributing to the therapy process.

The patients' bridging experiences seem to correspond with mental health professionals' viewpoints. In the previous study of EG practices in a Norwegian context, healthcare professionals reported that integrating the existential dimension in treatment improved patients' recovery and strengthened other therapies (Frøkedal, Sørensen, Ruud, DeMarinis & Stifoss-Hanssen, 2019). The patients' bridging experiences also resonates well with the conclusion of Russell D'Souza and George (2006): integrating existential themes was suggested to increase the therapeutic impact of treatment interventions.

Hopes of better mental health and existential health.

Many patients described challenging life situations. These concerns were, in several of the patients' texts, linked to hopes of better mental health and better existential health through participation in the EGs. Some hoped the existential reflections in the group would improve their mental health. Others described existential health as an endpoint: They hoped to, in the midst of mental challenges, gain better existential health by finding meaning in life. Overall, hopes of mental health and hopes of existential health were closely connected.

This resonates well with the findings from the quantitative questionnaire from the patients perspective, which identified that patients who attended EG for longer periods experienced less symptoms of mental illness; and patients who reported that they had spoken about R/S issues also reported higher level of meaningfulness (Frøkedal et al., Submittet).

Meaning in life is found to be an important aspect of mental health and wellbeing (Heintzelman & King, 2014; Mascaro & Rosen, 2008; Schnell, 2009) and for instance provide patients adaptive coping (Lilja et al., 2016; Park, 2010). By contrast, the experience of crisis of meaning can be devastating and is linked with negative wellbeing that might lead to depression and anxiety (Lilja et al., 2016; Schnell, 2009;

Schnell, Gerstner & Krampe, 2018). These studies, together with the present study, strengthen the importance of addressing existential themes for patients in mental health services. It also resonates with patients, who report that existential, religious, and spiritual needs ought to be met during treatment (R D'Souza, 2002; DeMarinis, 2013; Lilja et al., 2016; Park, 2005, 2010). As one of the participants in the current study succinctly expressed, "I need someone who can convince me that life is worth living and give me a spark of life."

Strengths and Limitations

The strength of this study and its most surprising part was the low drop-out rate of the respondents in the open-ended part of the questionnaire. Given that many of the patients were in a vulnerable situation and were reported to have poor mental health, it was not expected that they exerted much effort to write longer paragraphs. The low drop-out rate makes it possible to corroborate the qualitative analysis and the previous quantitative analysis from the patients' perspective (Frøkedal et. al, submitted). A limitation, however, is that we do not know the response rate for the entire questionnaire, which means that the study may have a bias toward recruiting the most positive participants. Moreover, all the participants filled out the questionnaire right after a group session or at the end of their hospital stay. This can also explain the few critical voices in the data material. It could be reasoned that if the patients were asked to answer the questionnaire one month or a year later after their group participation, their positive impression would have perhaps been more nuanced. We assume that the present study may contain a systematic bias. However, this is in line with many other studies applying this type of methodology and research strategy. The critical responses were not only few but also short and gave very little information on why some participants experienced the groups in a negative way, although some contextual issues regarding group size and the mismatch between the EG and the patient's current situation were mentioned. It must then be underscored that our findings in this study relate to those participants who submitted their open-ended responses and shared their experiences right after, or shortly after, the group session.

Summary

By analysing answers to open responses in a questionnaire distributed to patients participating in EGs in mental health services in Norway, we investigated their experiences with the EGs. The participants provided an overall positive evaluation of the groups, which can be summarised using the following metaphors: they enhanced existential reflection through the mirroring of stories in the group; the group served as a laboratory to learn new skills and master difficult situations; and bridging between group participants, EG and therapy, and between existential life questions and spiritual, religious and secular reflections/practices.

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