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| | |
|---|------------|
| Editorial: Excitement and growth in Gestalt research | 2 |
| Alan Meara and Madeleine Fogarty | |
| The adolescent age of Gestalt therapy research | 9 |
| Jan Roubal | |
| Peer reviewed article | 17 |
| Theoretical and phenomenological considerations for Gestalt therapy research | |
| Dr. Mark Reck | |
| Approaches to Gestalt Research | 29 |
| Contributions to a Gestalt research tradition: Establishing the Gestalt Mental Status Exam | |
| Susan Grossman and Alan Cohen | |
| Co-Creating Gestalt therapy research on rehabilitation of high security offenders. | 45 |
| Jelena Zeleskov Doric | |
| Gestalt Therapy in Chile: A narrative | 57 |
| Pablo Herrera Salinas, PhD | |
| Commentary on Gestalt Therapy in Chile: a narrative | 73 |
| Paddy O'Regan | |
| Afterword to Gestalt Therapy in Chile: A narrative | 79 |
| Phil Brownell | |
| Report on the 6th FISIG conference, Catania (Italy) | 81 |
| Margherita Spagnuolo Lobb | |
| Book review: | 85 |
| Towards a research tradition in Gestalt therapy | |
| Peter Young | |
| How a skeleton grows new skin: Transformation for the reproductive client | 91 |
| Kimberley Lipschus | |
| In Dialogue: Brenda Levien and Zish Ziembski | 111 |
| In Memorium | 125 |
| Anna Bernet: Clarissa Mosley and Mariela Brozky | |
| David Geldard: Trish Landsberger | |
| Endnotes | 129 |
| Erratum, and GANZ conference 2017: The aesthetics of care | |

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This Journal, which is owned and supported by GANZ (Gestalt Australia and New Zealand, Inc), an association of Gestalt practitioners, presents the written exploration of Gestalt concepts within psychotherapy practice, training and supervision. It publishes articles, book reviews and case studies that focus on the discussion of current practices, research, organisational development and dynamics, community development, social and political domains and everyday life. The Journal offers an opportunity to writers to express their passion for and understanding of the Gestalt paradigm. The Journal also invites writing that explores (or even challenges) the use of Gestalt principles within other theories and disciplines. Through theoretical, methodological, practical and experiential approaches, with the rigour of a professional peer reviewed publication, the Journal encourages and fosters the growth and creativity of writers and provides a resource for anyone interested in discovering more about themselves and others through this rich perspective.

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We welcome articles, case studies, literature reviews, critiques of theory and methodology, research, senior Gestalt trainee's projects and assignments. All contributions will be peer reviewed twice and will reflect or add to an understanding of Gestalt theory and methodology or practice. *Guidelines for Contributors* can be found in the back pages of the Journal. Further enquiries may be made directly to the Editors. The views and comments expressed by the writers in this journal are their own and do not necessarily reflect those of the Editors, the Editorial Board or the GANZ council, nor is responsibility taken for the accuracy of statements made by contributors.

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CONTENTS

| | |
|---|------------|
| Editorial: Excitement and growth in Gestalt research | 2 |
| Alan Meara and Madeleine Fogarty | |
| The adolescent age of Gestalt therapy research | 9 |
| Jan Roubal | |
| <i>Peer reviewed article</i> | 17 |
| Theoretical and phenomenological considerations for Gestalt therapy research | |
| Dr.Mark Reck | |
| <i>Approaches to Gestalt Research</i> | 29 |
| Contributions to a Gestalt research tradition: Establishing the Gestalt Mental Status Exam | |
| Susan Grossman and Alan Cohen | |
| Co-Creating Gestalt therapy research on rehabilitation of high security offenders. | 45 |
| Jelena Zeleskov Doric | |
| Gestalt Therapy in Chile: A narrative | 57 |
| Pablo Herrera Salinas, PhD | |
| Commentary on Gestalt Therapy in Chile: a narrative | 73 |
| Paddy O'Regan | |
| Afterword to Gestalt Therapy in Chile: A narrative | 79 |
| Phil Brownell | |
| Report on the 6th FISIG conference, Catania (Italy) | 81 |
| Margherita Spagnuolo Lobb | |
| <i>Book review:</i> | 85 |
| <i>Towards a research tradition in Gestalt therapy</i> | |
| Peter Young | |
| How a skeleton grows new skin: Transformation for the reproductive client | 91 |
| Kimberley Lipschus | |
| In Dialogue: Brenda Levien and Zish Ziembski | 111 |
| <i>In Memorium</i> | 125 |
| <i>Anna Bernet:</i> Clarissa Mosley and Mariela Brozky | |
| <i>David Geldard:</i> Trish Landsberger | |
| <i>Endnotes</i> | |
| <i>Erratum, and GANZ conference 2017: The aesthetics of care</i> | 129 |

EDITORIAL: EXCITEMENT AND GROWTH IN GESTALT THERAPY RESEARCH

Alan Meara and Madeleine Fogarty

This issue of GJANZ is significant in two ways. The first is that this is the last issue of GJANZ to be automatically provided as an e-version to current members of GANZ as a professional association. If you wish to continue to receive the Journal you will need to become a member of the new GANZ, and the application procedures will be advised by GANZ in the near future.

The second is the special section devoted to Research, co-ordinated by Madeleine Fogarty, an increasingly respected member of the international research community, who sourced these contributions and comments on them below as guest editor. Her assistance with editing is greatly appreciated.

Publication of this section is timely, since as this edition goes to press the third International Gestalt Research Conference is taking place in Paris. Three world class psychotherapy researchers have been invited as keynote speakers and mentors: Louis Castonguay, Wolfgang Tschacher and Xavier Briffault. Most of the contributors to this journal edition will be there, along with scores of other Gestalt Therapy (GT) researchers, who are presenting their work. In the past two years Gestalt therapists have come a long way towards meeting the demands on the modern psychotherapeutic world for evidence, to demonstrate the efficacy of our modality, to connect with the wider psychotherapy community and support a deeper understanding of how GT works (Brownell, 2016).

As Jan Roubal observes in his article, GT research has entered adolescence, and with that comes a phase of adjustment to the energy of growth, and the need for a more cohesive foundation: "There is not one right way to support research in GT. There are different perspectives and strategies that offer competing arguments. The dynamics between different approaches can foster dialogue and so the development itself. The polarities within these dialogues are reflected in the current collection, and we aim to introduce readers to the burgeoning tradition of GT research and nourish the curiosity and research capacities inherent in GT practice, as well as providing "support for practice based research protocols for Gestalt Training Institutes with clinics." (Grossman, this issue).

Roubal also notices the potential for a good fit between GT practice and

research. Our clinical practice is both phenomenological and systematic and we are constantly engaged with feedback and evaluation: “If we understand research as systematic curiosity, we can recognize ourselves as being very good at being curious about raising awareness and experimenting with new possibilities. What we need to develop further is the systematic part of research”. This is not a singular or pre-determined trajectory. He outlines the various methods that can be applied, and the need for co-ordination within the GT community to prepare for engagement with the wider psychotherapy research agenda.

However, developing models that are consistent with the GT phenomenological approach is sometimes perceived as being at odds with the positivistic frame of the scientific model (McConville, 2012). The polarity between a phenomenological approach and an empirical approach is being deconstructed (Roubal, this issue) yet a tension remains between, what Leslie Greenberg has termed, the politics and purity of research pursuits. The Problem-Treatment-Outcome (P-T-O) empirical model of evidence based practice remains the “gold standard”, but many GT researchers continue to struggle with the objectifying paradigm of this model (Greenberg, 2016).

Mark Reck in a peer reviewed article argues that it is not only quantitative outcome research that suffers from the limits of this model, but also qualitative and mixed methods research as they tend to be founded on observable data. He introduces the work of Amedeo Giorgi’s descriptive phenomenological method as an alternative to the observational framework of empiricism. This method assimilates phenomenological reports of the researchers experiences, into meaning units. These are “not pushed to the level of universality, but only to a level of generality that is appropriate for revealing psychological characteristics”. Reck suggests that this is a more gestalt-consilient and meaning-rich method of research.

Susan Grossman’s contribution to this edition, addresses the other side of the empiricism/phenomenology polarity and yet also seeks to integrate GT epistemology with tools for research. Grossman tackles the first part of the PTO model by outlining two GT coherent diagnostic instruments: the Gestalt Mental Status Exam (GMSE) and the Gestalt Inventory of Resistance Loadings (GIRL). These self-report surveys measure the Gestalt concept of contacting resistance styles. The GIRL has been validated for use in quantitative investigations of whether there is a reduction (change in) the level of contacting resistances in clients over a course of Gestalt treatment. Grossman reports on the validation of the GSME, in a low-cost clinic in New York, the results of which honor quantitative efforts in GT research

and offer “clinicians in private practice a reliable instrument for diagnosing, measuring, and recording the progress of their clients”.

Jelena Zeleskov Doric offers an example of how the polarity between empirical research and phenomenological method can be deconstructed through understanding the research process as acknowledging *what is*, not *what is said to be* or *what should be*. Doric reports on a research project conducted in a high security male prison in Serbia. The participants attended a weekly gestalt therapy group, and Doric’s report focuses on an extract of writings and reflections from an offender during a post-treatment interview. Doric’s approach aligns with Janesick (2015) who underscores the axiom of impermanence in the research process, since “the phenomena we observe are always changing.” This is a key feature of the qualitative research process particularly when conducting interviews. Doric inventively connects the complexity of the research process to principles from Zen Buddhism.

Herrera himself offers a personal journey through the emergence of GT in Chile and arrives at the current situation, which he uses face-book terms to describe: it’s complicated! On one hand there are several GT institutes with many students and GT is taught in the psychology department at the University of Santiago. On the other hand GT remains widely misunderstood in the psychology field, and most GT students are disinclined to complete dissertations and engage in research. Herrera likens the situation of GT in Chile to Asterix’s village in Roman occupied France: “It’s alive and healthy, with movement inside, but quite isolated, gradually losing ground and subject to a lot of prejudice / ill will from outsiders”. Herrera emphasizes the need for GT research to remedy this scenario, and helpfully he offers a constructive program for participation: Know how, shared vision and people power.

He also describes three major GT research projects that are based in Chile. The first is the development of a PTO instrument that is consistent with the way GT is practiced in Chile. This instrument focuses on polarities and the development of polarities. The polarization integration process is described in the book *Towards a Research Tradition in Gestalt Therapy*, which is reviewed in this edition of GJANZ. The second project seeks to find empirical evidence for an endemic body dialogue method and to test the proposed theoretical change mechanisms. The third project is an international collaborative project to study process and outcome in Gestalt Therapy: the single case experimental design and time-series analysis (SCTS). An international team is forming a wide practice based research network (PBRN) of colleagues that can use this methodology in their private

practices and institutions.

Paddy O'Regan provides a commentary on Herrera's article. O'Regan focuses on the differences in GT training in Australia and NZ, where the influences have been dominated by the US and UK and therefore do not share the Chilean emphasis on polarities. O'Regan notes that more locally the broad theoretical influences of GT emphasise the situational, relational and embodied approaches. O'Regan resonates with Herrera's discussion of the diminished regard for GT in Chile, which parallels the situation in Australia. "The implications of this situation in Australia is evidenced in policy documents such as the Focused Psychological Strategies acceptable for the Medicare rebate, which emphasises behavioural and cognitive modalities. This situation has created a pressure for a response from Gestalt practitioners and Herrera's challenge for Gestalt practitioners to be involved in empirical research to care for this modality is beginning to be met locally and internationally". O'Regan's concerns that meeting the research challenge is problematic because the positivist foundation of EBP potentially undermine the epistemological foundations of GT, brings the collection in this edition of GJANZ full circle. O'Regan is not alone amongst GT practitioners in perceiving a normative agenda of "shoulds" in EBP.

Phil Brownell offers support for Pablo Herrera Salinas' work, noting that the article will be included in his second edition of the *Handbook for Theory, Research, and Practice in Gestalt Therapy*, and lists other contributors to this edition for the information of readers.

How will this dilemma be resolved and how will we emerge from our adolescent phase of research growth? As phenomenologists, we will sit with our situation and deepen our understanding of it. This is happening at Conferences around the world, in Paris at present and recently in Catania, Sicily, where 800 GT practitioners gathered for a conference on the relationships between the epistemology of clinical practice and research. Margherita Spagnuolo Lobb offers a brief summary of the conference.

This dilemma is reflected Peter Young's review of *Towards a Research Tradition in Gestalt Therapy*, an edited collection that aims to advance the research tradition in Gestalt therapy, as the book's editors see this as integral to the advancement of Gestalt therapy. He notes that some in the Gestalt community will intuitively accept the logic of this argument, others may harbour misgivings about the perceived inherent incompatibility between the scientific method on the one hand, and the Gestalt therapeutic process on the other. This text acknowledges and explores these concerns, and it seeks to engage this group of research agnostics and atheists in dialogue.

Peter draws on his Social Work professional background which uses the language of evidence *informed* rather than evidence based practice as a counter to this movement towards reductionism and positivism. Perhaps this orientation might help encourage dialogue within the broad church of Gestalt therapy.

We invite you to explore what engages your interest in the articles presented here, particularly around considering ways to contribute to the expansion of GT research in one or more of the various paths that have been presented.

Other contributions in this issue include Kimberley Lipschus's informative examination of reproductive challenges experienced by women over their lifespan. This is framed against a description of an Inuit myth – the skeleton woman, woven into attachment theory and the paradoxical theory of change applied in practice. The piece is written in the style of investigative journalism, quoting many sources which, including not the usual academic resources, but that could perhaps be considered another form of research.

The “In dialogue” offering is a departure from the usual interview format, instead being an invited conversation between two well respected Gestalt ‘elders’ Zish Ziembinski and Brenda Levien, located at the most distant geographical ends of our territory. They share stories and the experiences of how they discovered Gestalt, their training, being part of the founding of GANZ and their interests at present.

Sadly, there are two ‘In Memorium’ tributes: one for Anna Bernet, written by two of her previous students and mentorees. Anna will be remembered in particular by those who took part in the early years of formalising Gestalt training, and the founding of GANZ; and one for David Geldard, a Brisbane based practitioner who was published widely in counselling and psychotherapy practice.

The commitment by GANZ to the continuing publication of the Journal in these transitional times is very welcome, and as always, invitations to submit your writings and contribute to the Gestalt evolution in theory and practice are encouraged.

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Biographies

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THE ADOLESCENT AGE OF GESTALT THERAPY RESEARCH

Jan Roubal

Abstract

Gestalt therapy is well grounded in its daily practice, however the field of Gestalt therapy is still in the process of developing a research tradition to support this practice. There is an active movement in Gestalt therapy nowadays, which strives to get Gestalt therapy clinically and academically well established and recognized. The text describes the current development of the movement towards the research tradition in Gestalt therapy.

Key words: Gestalt therapy, psychotherapy research, current development

Introduction

As Gestalt therapists we have a certain predisposition to become researchers. In our daily psychotherapy practice we carefully explore the phenomena of the psychotherapy process and we are constantly evaluating the effect of our work. Then we flexibly adjust our approach according to our findings. If we understand research as systematic curiosity, we can recognize ourselves as being very good at being curious about raising awareness and experimenting with new possibilities. What we need to develop further is the systematic part of research. In our approach there is a historical legacy favouring the spontaneity of the here and now experience over that of systematic conceptual thinking. However, we need both these polarities, because they support each other in their mutual figure and ground dynamics, which enables a bridge between practice and research in our approach.

The following text will try to describe the actual position of the Gestalt therapy community in the development towards a research tradition. Synergic movements in a larger field of a psychotherapy research in general will be introduced and an overview of current Gestalt therapy research activities as well as plans and wishes for the future will be presented.

From Research Adolescence to Adulthood

For quite a while there has been a growing awareness of the need for research in the Gestalt community. Gradually, the energy for research activities became mobilized and it seems we are now in the “action” phase. There is a shared

call for the establishment of a research tradition in our approach. And it needs to be said that we are not at the very beginning. Research in Gestalt therapy is relatively young, but it is not a newborn baby anymore. Besides scattered journal articles and book chapters there are also whole books focused either entirely or partially on research (e.g., Barber, 2006; Strümpfel, 2006; Brownell, 2008; Finlay & Evans, 2009; Goss & Stevens, 2015). Gestalt therapists interested in research have also started to gather at research conferences (for a recent review of research in Gestalt therapy see Brownell, 2016).

We can possibly say that research in Gestalt therapy is in its adolescence now. Adolescents do not know clearly who they are and they are searching for a clear identity. Their body does not have a coherent shape and does not coordinate all the different parts well. They sometimes have a tendency to polarize and simplify in order to confirm their own identity. On the other hand, they have a lot of energy, a lot of ideas, a lot of potential and ambition. Such adolescent processes resemble today's Gestalt therapy research movement internationally.

One concrete example can demonstrate how the potential of our "adolescent" energy can be released and what resonance it could have in the Gestalt therapy community. The project of a fidelity scale for Gestalt therapy (Fogarty, 2015) presents an essential step in establishing concrete foundations for Gestalt therapy research. The Treatment Fidelity scale project is being developed via consultative and collaborative communication methods in a Delphi Study. International expert Gestalt therapists were asked to help with this project and over 60 responded with rich details in their comments. Subsequently many international teams are taking part in the next step, which involves establishing validity and reliability. Once the scale is shown to be reliable and valid it will be possible to use it in clinical trials, in research, and in training. The example of the Fidelity Scale project shows how the general atmosphere in our Gestalt community is ready now to become involved in research. It also shows how supporting the existing enthusiasm by a clearly defined research project can lead to results that are very well comparable to the best psychotherapy research practice in general.

There is not one right way to support research in Gestalt therapy. There are different perspectives and strategies that can even offer competing arguments. The dynamics between different approaches can foster dialogue and so the development itself. It is a part of our "adolescence" that we explore our "preferences" to figure out to which philosophies we are attracted. It is a part of the developmental phase in which we find ourselves and any given gestalt practitioner-researcher might wonder, "Who am I?". The methods of research are dependent on the kind of philosophy of science a person adopts, and that

relates to ontology and epistemology. It may be that as a whole field we will never come to one position. What is important is that Gestalt therapy provides a space for such a debate and also for a practical research activity.

Current research activities including published texts from scientific conferences in Gestalt therapy, might resemble “adolescent” endeavours in some aspects. Sometimes it would not be easy for them to fulfill really high academic standards. However, it is an inevitable part of the developmental phase we are in. It is important not to allow ourselves to become discouraged by overly high demands. It is worth making active steps and to risk being visible. In fact, it is the only way to become adult in the broad psychotherapy research field.

Synergic movements in the research field

There is another aspect that provides us with some optimism regarding the establishment of a research tradition in our approach. Gestalt therapy is not alone in wanting to ground its practice and theory in scientific and academic ways. At the same time psychotherapy research in general has been advancing and the current developments and discoveries meet our epistemological roots in many ways.

Qualitative research, which by its exploratory nature can be seen as the research equivalent to “raising awareness” in our psychotherapy practice, is now better appreciated and is gaining legitimacy in the world of psychotherapy research. It seems significant that in the last edition of *Bergin and Garfield’s Handbook of Psychotherapy and Behavior Change* (McLeod, 2013) a chapter about qualitative research has appeared for the first time. Furthermore, some well established and respected academic journals already accept qualitative studies as fully-fledged research contributions. Both qualitative and quantitative methods are accepted as types of evidence and as choices in what to use in a research project, the advantages of mixed methods are particularly valued.

Some published studies point out differences between the quantitative and qualitative assessment of *therapeutic change* (e.g., Doran et al., 2015). Qualitative research methods are used for exploring therapeutic change (e.g., Elliott & Rodgers, 2008; Sandell, 1997) and thus complement the quantitative measurement of the effect of psychotherapy. Complex assessment of therapeutic change, which reflects the dialogical nature of psychotherapy, also pays considerable attention to the *client’s perspective*. The client’s voice is also valued in idiosyncratic methods, where items of quantitative measure are created by the clients themselves (e.g. Ashworth et al., 2005; Elliott, Mack, & Shapiro, 1999; Paterson, 1996).

The uniqueness of each client’s individual story and the specificity of each

psychotherapeutic situation is best captured and explored in case studies. There are scientific journals which focus uniquely on case studies (e.g., *Pragmatic Case Studies in Psychotherapy*; *Clinical Case Studies*), or that dedicate a special section (*Psychotherapy*) or even a special issue to them (*Counselling and Psychotherapy Research* 2011/1; *Person-Centered & Experiential Psychotherapies* 2014/2). The common need for a systematic collection of case studies is becoming more and more explicit in the psychotherapy research field (e.g., Fishman, 1999; McLeod, 2010).

We can therefore observe a new process of both sides moving towards each other. The Gestalt approach is moving towards a more formal grounding in academic, clinical and research contexts and the larger psychotherapy research field is becoming more open or even welcoming to research methodologies that are highly compatible with a Gestalt therapy epistemology.

Current Research Activities

The Research committees within the European Association for Gestalt Therapy (EAGT) and the Association for the Advancement of Gestalt Therapy (AAGT) are collaborating to help support research in various ways. There have been several important gatherings of Gestalt therapists interested in research during the recent years that have become an invaluable stimulus for the Gestalt practitioner researchers' community.

The first and the second international Gestalt therapy research conferences in Cape Cod (2013, 2015) were held at the Gestalt International Study Center in Cape Cod and were co-convened by Philip Brownell and Joseph Melnick. World class researchers were invited to encourage and stimulate novice Gestalt practitioner-researchers: Leslie Greenberg, Scott Churchill and Linda Finlay. Among other inspirations an ongoing project on an international collaboration for a practice-based research using a single-case, timed series design emerged from these meetings. Subsequently, an Educational seminar on research was organized by the EAGT Research Committee, Convened by Gianni Francesetti, Jelena Zeleskov Djoric and Jan Roubal, it was held in Rome in 2014. The final 76 participants from 25 countries exceeded expectations. The growing shared need to explore and understand research amongst Gestalt practitioners was confirmed.

The contributions from the Research Conference in Cape Cod 2013 and from the EAGT Research Seminar in Rome 2014 were gathered and formed bases for the book with a self-explanatory title: "Towards a Research Tradition in Gestalt Therapy" (Roubal, Brownell, Francesetti, Melnick, J. & Zeleskov-Djoric, 2016) published by Cambridge Scholars Publishing. As the title suggests, the book captures the actual phase of the process that we are in. We

are striving for high research standards that are meaningful for practice, and this book helps clarify our current position in our quest for these. It collects the theoretical ground for research in Gestalt therapy, introduces useful research methods and presents actual research projects to provide inspiration to Gestalt practitioner researchers. Each chapter, as a piece of the mosaic, depicts some aspect, some specific and limited way of responding to the need for research in our approach. The whole of the book gives a picture that attempts to reflect the current state of research in Gestalt therapy with its spontaneity and enthusiasm, but also with the huge collection of practical experiences and richness of theoretically elaborated concepts. The book thus might offer a reduced scale picture of the state of research in Gestalt therapy in the larger field and is, at the same time, just one piece in the bigger picture of the movement towards the research tradition in our approach.

The joint EAGT and AAGT international Gestalt therapy conference in Taormina in 2016 can be seen as another milestone on the way towards establishing a research tradition in our approach. Leslie Greenberg, one of most influential people in the field of current world psychotherapy, who started his career as a Gestalt therapist, was invited as a key note speaker. He presented his work in a way that encouraged Gestalt therapists into doing research. Greenberg's work can serve as an example and an inspiration of how to make research useful. He started his research by being curious about what works in psychotherapy and how it works. Based on his research findings he and his team developed a therapy approach that not only proved effective, but also identified the mechanisms of change and constructed the relevant therapeutic interventions. However, it was not only Greenberg's plenary presentation that made research so prominent in Taormina, there were research posters, lectures, panels and a project of introducing a Young Researchers Award. Research seems to be becoming quite a natural part of a Gestalt therapy conference.

Currently the Third International Gestalt Research Conference with the title "Exploring Practice-Based Research in Gestalt Therapy" is being organized jointly by EAGT, AAGT, Société Française de Gestalt and the Collège Européen de Gestalt-thérapie in Paris. The Conference is intended for further networking, collaboration and the elaboration of new research projects for Gestalt therapy. Three world class psychotherapy researchers are attending as keynote speakers and mentors: Louis Castonguay, Wolfgang Tschacher and Xavier Briffault. The conference will also feature established Gestalt clinicians-researchers who can stimulate and encourage those new to the field. The Conference's maximum capacity of 200 participants was fully booked several months before the date of the Conference, which again shows clearly the growing interest from Gestalt therapists in research.

Conclusion: Wishes for the Future

We need to ground ourselves well and we need to open ourselves with self-confidence towards the broader psychotherapy research field. For a thorough grounding in the research background already available to us, a comprehensive review and summary of the research already conducted in the Gestalt approach is needed. Such a review has already been published in German by Uwe Strümpfel (2006) and the current update has recently been finished and is ready for publication in German. EAGT is searching for funding to enable the English translation and publication of this book, for which support from the wider international Gestalt therapists' community will be both welcomed and needed.

We also need to start participating fully in the movements, developments and the growth of the psychotherapy research in general. We can learn from other approaches, from their successful research strategies and also from the already explored dead ends. And we can also bring our experience of maintaining the principles of our approach such as existential dialogue, phenomenology and field theory, and at the same time responding to the need for evidence-based practice. Gestalt practitioner-researchers can use their naturally active and creative experimental approach as a support in presenting themselves to the wider psychotherapy research community. To support this, the EAGT Research Committee will organize a group "bus trip" to the next international conference of the Society for Psychotherapy Research in June, 2018 in Amsterdam. The intention is to create a supportive group for individual Gestalt practitioners-researchers to present their work to the broader public and also to learn from the already existing research in other modalities.

The current developments can make us quite optimistic. We can sense a move tracking the history of an attitude of the Gestalt community towards research: from "we do not want it, because it's in a conflict with our values" via "we should do it to survive" to "we can see it as useful and interesting". It is very promising and hopefully the next stage, "we are doing it as a natural part of our practice", is not too distant a vision.

Note. This text was written based on the Introduction to the book *Towards a Research Tradition in Gestalt Therapy* (Roubal, Francesetti, Brownell, Melnick & Zeleskov Djoric, 2016) and presents a shortened and amended version of the main author's contributions to the original text.

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Biography

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THEORETICAL AND PHENOMENOLOGICAL CONSIDERATIONS FOR GESTALT THERAPY RESEARCH

Mark I. Reck

Abstract

An empiricist epistemology and methodology is assumed and emphasised within the field of psychotherapy research, despite serious challenges and concerns about this perspective, especially within gestalt therapy. It is important to fully understand this epistemological stance, including its limitations, in order for researchers and clinicians alike to be able to more meaningfully engage in research that is sensitive to the phenomena of interest in psychology and psychotherapy. I seek to discuss the empiricist epistemology currently emphasised in research, as well as introduce one example of an alternative research method that is theoretically and philosophically consistent with gestalt therapy: the descriptive phenomenological method.

Keywords: descriptive phenomenological method, gestalt therapy, gestalt therapy research, phenomenology

Introduction

Evidence-based practice in psychology (EBPP) is a growing movement to intentionally incorporate knowledge gained from research into clinical practice. More formally, the American Psychological Association (APA) Presidential Task Force on Evidence-Based Practice (2006) defined EBPP as the “integration of the best research evidence with clinical expertise in the context of patient characteristics, culture, and preferences” (p. 273). With very few exceptions, many within the field of mental health agree with the aspiration of the evidence-based practice movement. One of the central points of tension or disagreement with this movement, however, has been with what qualifies as “evidence” or even “the best research evidence” in the APA’s definition (Norcross, Beutler, & Levant, 2006). The bulk of the debate, especially across published articles and books, has focused on the level of research *methods*: which specific methods are the most sound or the best to be implemented within psychotherapy research. At this level of debate, the back-and-forth usually has focused on the randomized controlled trial (RCT) design, with many individuals writing about

both support for it (e.g., Chambless & Hollon, 1998; Chambless & Ollendick, 2000; Kendall, 1998) and criticisms of it (e.g., Elmore, 2016; Wachtel, 2010; Westen, Novotny, & Thompson-Brenner, 2004).

A less-explored area within this larger movement pertains to the level of research *philosophy*; what philosophy of science, and associated presumptions, values, and (as a result) methodologies, are the soundest or the best to be implemented within psychotherapy research? For the most part, many presume that the philosophy of science that is the foundation of psychological research, that is empiricism, is the one and only appropriate philosophy. This is so much so that the adjective *empirical* (and its adverbial form, *empirically*) is implicitly understood as a synonym to *research* and found throughout the evidence-based practice movement. Essentially, all psychological research is presumed to be *empirical* research (Bordens & Abbott, 1996; Kendall, 1998; Thomas & Rosqvist, 2003).

Although empiricism has, for the most part, worked well for other areas of scientific research with the objects of study those areas pursue, some have questioned how comprehensive and meaningful such an approach to research is for the “objects” of study in psychology: namely, the lived experiences of people (e.g., Jacobs, 2012; McConville, 2012; Slife & Wendt, 2007; Slife, Wiggins, & Graham, 2005). As Giorgi (2009) critically noted:

Psychological phenomena were understood to be analogues of the physical phenomena that the natural sciences studied. In this view, the fact that a living person was being studied, or even the fact that certain living beings had a type of consciousness that was as sophisticated as that of the psychological researcher, only meant that modifications of the natural science paradigm were required as opposed to a radical rethinking of the research situation itself. (p. 6)

Slife and colleagues have acknowledged how the primary value of empiricism, that is, observability, has its limitations within psychological research, limitations that are either not fully considered or ignored outright (Slife, Wiggins, & Graham, 2005). For instance, they acknowledged three consequences that follow from holding to empiricism as the sole ground for research. First, specific variables will be researched more than others if they are more easily observed and operationalised (selective attention). Second, the relationship between an observable (e.g., tearfulness, sleep disruption associated with depression) and non-observable (e.g., felt-experience of despair or emptiness associated with depression) phenomenon (especially observable proxies for non-observable phenomena) will be mistaken as

synonymous or whose differences will not be fully appreciated (problematic operationalisations). Third, psychotherapy schools and approaches that do not tend to emphasise easily observable and operationalised phenomena will be excluded from most research (pre-investigation rejection of treatments).

It can be argued that the field of psychological research has designs and methods to account for non-observable phenomena, namely the various designs and methods that fall under the category of qualitative research, which the APA (2006) described as being used “to describe the subjective, lived experiences of people, including participants in psychotherapy” (p. 274). Furthermore, the emergence of literature promoting mixed-research designs (i.e., quantitative and qualitative components within the same research project) seem to suggest a valuing of qualitative methods within research to capture non-observable phenomena (Gelo, Braakmann, & Benetka, 2008). Yet, upon closer inspection of the literature, it becomes apparent that qualitative research is primarily viewed as a different methodological approach embedded within the empiricist framework and, thus, needing to accept the same values, priorities, and constructs as quantitative designs, rather than considering such a design class as constituting a different philosophy of science altogether. For instance, Landrum and Garza (2015) share an exemplary illustration of how this takes shape in their real-life anecdote of a quantitative researcher desiring to establish a specific form of “interrater reliability” for a qualitative study. The researcher in question presumed that quantitative and qualitative research designs both worked from the same empiricist perspective and, thus, assumed that what establishes reliability in quantitative *research* must operate in qualitative research. The sensitivity to the distinctions between the two, that “reliability in quantitative analysis rests on sameness, repetition; in qualitative research it rests on relatedness” (p. 202), was not developed or even considered.

Broadening Psychological Research to Consider Multiple Philosophies of Science

Even for those who critique the empiricist framework, very few would argue that empiricism is wholly inappropriate for psychological research and, thus, needs to be abandoned. Furthermore, very few of those critics would argue that quantitative research methods are absolutely meaningless for psychological research. Rather, what is frequently discussed within those critiques is the consideration of broadening psychological research to a pluralism of philosophies of science to guide it depending on the nature of what is being studied (Slife, Wiggins, & Graham, 2005). As Giorgi (2009) noted, “if one asks a quantitative question, then one should use a quantitative method... if one asks a qualitative question, then one should use a qualitative method” (p. 5).

Those who put forth and support this pluralistic approach to research point to a radical rethinking of research as an active process of considering the values embedded in any and all research methodologies, knowing that qualitative methods do not escape the criticisms lodged against quantitative methods. For instance, Slife, Wiggins, and Graham (2005) recognized that the methodological pluralism that they promoted would involve an:

active and ongoing dialogue about the method values needed to illuminate the objects of inquiry. Because such values always precede investigations, the assumption of these values could never be decided conclusively through scientific investigation... [M]ethod values have always been required to formulate and guide *any* psychotherapy research. Various informal investigations and methods could aid in making these decisions, and some value systems even “tried on” to see how helpful they are. Still, the value systems and methods would themselves be continuously on trial and never concretized. (p. 94)

This also parallels a similar idea by Giorgi (1970) around the importance of the “constant dialogue among the approach, the method, and the content of the phenomenon being studied” in any and all forms of psychological research (p. 127).

The Descriptive Phenomenological Method as a Design from a Phenomenological Philosophy of Science

For this broadening of philosophies of science to be effective in engaging psychological research, especially in accepting qualitative methods as being a part of something other than an empiricist framework, it is important that methodologies that seek to understand non-observable phenomena still have some degree of scientific rigor. It would not do to research non-observables in terms of individual opinions or solely relying on narrative or narrowly aesthetic criteria for validity within research (Churchill, 2005). Given that the philosophy of phenomenology has long been involved with the study of things as they appear in experience and the meaning things have in experience, it may be that a method that is based in this philosophical realm may have some value. One already established method exists, namely the descriptive phenomenological method of Giorgi (2009).

Giorgi, originally trained as a quantitative experimental psychologist, sought to establish a qualitative research method that was consistent with phenomenological philosophy, yet was still able to pursue understanding of psychological phenomena. Much of his descriptive phenomenological method

was a reworking and modification of the phenomenological method of Husserl (1900/1970, 1913/1982) which was necessary since Husserl's method was a *philosophical* method seeking *essences*, rather than a *psychological* method seeking *meanings*. In further explicating his method, Giorgi also acknowledged significant influence from Merleau-Ponty (1945/2002), especially with Merleau-Ponty's commentary about and response to Husserl's transcendental phenomenology (Giorgi, 1970, 2009; Giorgi & Giorgi, 2003).

In briefly sketching the descriptive phenomenological method, the method itself involves collecting a description of the phenomenon of study from research participants based on their experience of the phenomenon. The entire description is reviewed by the researcher to get a general sense of the whole statement. Once the sense of the whole has been grasped, the researcher goes back to the beginning and reads through the text again with the specific intention to discriminate "meaning units":

One goes back to the beginning of the description and one begins to reread it... As one begins to reread the description, one makes an appropriate mark in the data every time one experiences a significant shift in meaning... The process of establishing these meaning units has a degree of arbitrariness to it. The meaning units that are constituted are strictly correlated with the attitude of the researcher. Different researchers could easily have different meaning units because there are genuinely different places where transitions in meaning can occur. But the meaning units in and of themselves carry no theoretical weight. They simply represent practical outcomes of making the description manageable and help the critical other locate places in the original description that motivate the transformations that the researcher makes. (Giorgi, 2009, pp. 129-130)

Once these meaning units have been delineated, the researcher goes through all of those meaning units and expresses the psychological insight contained in them more directly and explicitly, especially those meaning units that are most revelatory of the phenomenon of study. Finally, the researcher synthesises all of the transformed meaning units into a consistent statement regarding the person's experience (Giorgi, 1985).

Apart from the seemingly straightforward nature of the steps of the descriptive phenomenological method, a number of key factors about the method are important to highlight. First, Giorgi (2009) emphasised the importance that the descriptions from research participants should be "as faithful as possible to the actual lived-through event" (p. 96), that is from within the *natural attitude* to use phenomenological language. It is the researcher who will need to enter into the phenomenological attitude, and,

more specifically, using a psychological phenomenological reduction, as opposed to the transcendental or eidetic reductions used by Husserl in much of his phenomenological work. Thus, participants need not be savvy in phenomenology or trained to give reports from a phenomenological attitude. Indeed, they should not describe their experiences in such a way when using the descriptive phenomenological method.

Second, as already referenced previously, when multiple researchers are conducting the descriptive phenomenological method on the same collected descriptions, it is important to know that the meaning units that each researcher delineates in their own review of the descriptions do not have to be the same as the other researchers' meaning units. That is, unlike in most forms of quantitative research, "interrater reliability" with meaning units is not necessary. Giorgi explained that it would be nearly impossible to establish some "objective" criteria for what constitutes appropriate meaning units in a description. Furthermore, the meaning units are merely a step to assist with further analysis of the descriptions, rather than having some theoretical weight in and of themselves: "that is, they are merely practical outcomes to help the analysis... all researchers would not have to have identical meaning units for the procedure to be valid... the method is judged by its outcome, not by intermediary stages" (Giorgi & Giorgi, 2003, p. 252).

Third, the transformations of the descriptions are to be done with sensitivity to being at the level of generality and psychologically generic. For Giorgi, sensitivity to generality is a direct modification of Husserl's (1900/1970, 1913/1982) use of the phenomenological method to establish essences (universality). As mentioned before, the descriptive phenomenological method is not seeking essences, rather it seeks to understand meaning and, thus, the method:

is not pushed to the level of universality, but only to a level of generality that is appropriate for revealing psychological characteristics. In these analyses, one begins with a richer, more complex life world perspective, and the psychological meanings that are embedded in the concrete description are teased out from it. In this process claims can only be made for psychological generality because of the heavy role of context and due to the fact that categories that are too abstract bypass the zone where psychological reality dwells. (Giorgi, 2009, p. 132)

Finally, as the name of the method makes explicit, Giorgi established a phenomenological research method that is descriptive. Qualitative researchers have also developed and used more interpretive phenomenological approaches,

such as interpretative phenomenological analysis (IPA; Smith & Osborn, 2003), that build upon the hermeneutical phenomenological work of Heidegger (1927/1996) and Gadamer (1960/2006). Although some (e.g., Reiners, 2012) have characterised these two research approaches as equally valid phenomenological viewpoints that seek to answer different questions within their respective methods, others (e.g., Rennie, 2012, van Manen, 1990) have deemphasised or critiqued the descriptive phenomenological approach on the basis of its epistemological grounds derived from an understanding of early Husserlian phenomenological methodology and the presumption of an unmodified carrying over of such methodology into psychological research. Ironically, a parallel debate has existed within gestalt therapy pertaining to the role of the phenomenological method in psychotherapy (e.g., Bloom, 2009; Stolorow & Jacobs, 2006). Although beyond the scope of this work, it is noteworthy that this critique has been well-addressed by others (e.g., Applebaum, 2012; Giorgi, 1992, 2006, 2014) around a more critical analysis of what is the relationship between “description” and “interpretation,” consideration of later developments of Husserlian thought beyond the original presentation of the phenomenological method, and the modifications made in adapting Husserl’s philosophical method into a method meaningful for the endeavors of psychological research.

Expanding Gestalt Therapy Research with Phenomenological Methods

As mentioned previously, a tension exists within the mental health field regarding how different methods of research are appropriate to the phenomena of psychology and approach such phenomena in a meaningful manner. This has been a recurrent tension noted with discussions amongst practitioners within gestalt therapy in response to the gestalt research movement. For instance, the bulk of an issue of the *Gestalt Review* was dedicated to a dialogue among a select group of gestalt therapists around this topic (Brownell, 2014a, 2014b; Burley, 2014; McConville, 2014; O’Shea, 2014). As some gestalt therapists (e.g. Jacobs, 2012; McConville, 2012) have referenced in their perspectives on research, the prevailing philosophy of science that guides psychological research tends to be empiricist and positivistic. Such a philosophy of science not only is discordant with the underlying values, philosophy, and theoretical basis for gestalt therapy, but also constrains understanding of complex psychological phenomena, risking unfounded reductionism and inappropriate operationalisations. Despite this state of affairs, gestalt therapy as a clinical approach is not immune to or excused from the larger movement of evidence-based practice within the mental health field, which has squarely established the necessity of research-driven evidence. Brownell (2014b) is correct when

he responded to the question of whether or not gestalt therapists should choose the pursuit of research with a parenthetical acknowledgment: “and it seems we must, and have already begun” (p. 52).

A considerable amount of gestalt therapy research from the 20th century has followed step with the norms of research within the larger psychology field, namely an emphasis on quantitative research from within an empiricist framework (for a review, see Strümpfel, 2004). As gestalt therapy researchers enter into the 21st century, the research framework has remained generally consistent with the previous movement, with more recent shifts in the research movement orienting towards either emphasis of single-case, time-series (SCTS) designs (Brownell, 2014a; Wong, Nash, Borckardt, & Finn, 2016) as an alternative to the perceived pressure of research only being of the RCT variety or finding ways to better navigate quantitative studies, such as developing a gestalt therapy fidelity scale (Fogarty, Bhar, Theiler, & O’Shea, 2016) for improved participation in quantitative research, including those of the RCT model. As a way to bring methodologies to be more aligned with gestalt therapy values, the response of re-grounding gestalt therapy research into alternative philosophical frameworks (e.g., critical realism, postpositivism) has arisen to support continuing research models relied upon by contemporary psychology (Brownell, 2014a, 2016). For instance, critical realism has been strongly asserted as the guiding ontology for gestalt therapy research, given how critical realism provides support for elements resonant with a gestalt therapy approach, such as self-organization, nonlinear dynamics, and embodiment (Brownell, Meara, & Polák, 2008; Meara, 2016).

Although much of the emphasis has been on quantitative-oriented methodologies, there also have been increased pursuits to illuminate qualitative approaches and methods that better incorporate some of gestalt therapy’s grounding philosophy and theory (Barber & Brownell, 2008; Evans, 2016; Finlay & Evans, 2009). Given how phenomenology is a primary philosophical foundation for the gestalt therapy work (Yontef, 1993), finding research approaches that resonate with this foundation to complement re-grounded quantitative work would be important in broadening and progressing gestalt therapy research. As a whole, qualitative research may seem to fit more closely to gestalt therapists’ interest in and values about the lived experience of individuals. A thoroughly phenomenologically-informed qualitative design, like the descriptive phenomenological method, may be a means for gestalt therapists and researchers to be more engaged in the evidence-based practice movement in a way that is meaningful to them and the people with whom they work.

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Biography

I am a licensed psychologist-doctorate in the state of Vermont in the United States of America, working as a psychotherapist at Counseling & Psychiatry Services within the Center for Health & Wellbeing at the University of Vermont. I am presently the Research Liaison and Chairperson for the Research Committee for the Association for the Advancement of Gestalt Therapy (AAGT). I earned my doctoral degree in clinical psychology from the Pacific University School of Professional Psychology and was trained in gestalt therapy at the Gestalt Therapy Training Center – Northwest (GTTCNW) in Portland, Oregon, USA.

CONTRIBUTIONS TO A GESTALT QUANTITATIVE RESEARCH TRADITION: ESTABLISHING THE GESTALT MENTAL STATUS EXAM

Susan Grossman, Principal Investigator/Primary Author and
Alan Cohen, Clinical Director and Co-Investigator

Abstract

Clinically-based Gestalt quantitative research endeavours and Gestalt diagnostic theory are developing to meet current practice context demands for empirical evidence of treatment effectiveness. This paper outlines an ongoing empirical research investigation using clinical data obtained from Gestalt Associates for Psychotherapy (GAP) low-fee clinic investigating the reliability of the Gestalt Mental Status Exam (GMSE) as a measure of clients' contacting resistance styles (N=84). The test-retest reliability of the behavioral indicators used to measure contacting resistances of the GMSE was validated and found reliable ($R=.72$). The GMSE in conjunction with the Gestalt Inventory of Resistance Loadings (GIRL), another reliable contacting resistance style measurement instrument ($R=.83$), provide the necessary foundation from which statistical analysis measuring changes in contacting resistances over the course of gestalt treatment. The GMSE provides clinicians in private practice with a reliable instrument for diagnosing, measuring, and recording the progress of their clients as well as providing Gestalt Training Institutes (GTI) with valid and reliable instruments to measure training program effectiveness. GTIs with clinics can employ these instruments for meaningful data collection evaluating Gestalt treatment effectiveness and for quantitative research into evidence based practice.

Introduction

As clinical social workers practicing gestalt psychotherapy and teaching over the past quarter century, we have been impressed by the lack of knowledge of Gestalt Theory by our social work colleagues and students, as well as the little mention of Gestalt Treatment in major texts which Clinical Social Work and Counseling Programs use. The time has come for Gestalt Theory to enter the 'mainstream' and to some extent, Senreich's (2014) timely Gestalt article in the Smith College Journal of Social Work has broken this ground and translated the Gestalt 'vocabulary' for clinical social workers, but much work

is still needed to present Gestalt ideas to the larger clinical audience. Statistical findings of treatment effectiveness will add to the evidence of the effectiveness of Gestalt treatment and provide support for practice based research protocols for Gestalt Training Institutes with clinics. Such published findings advance Gestalt Theory and Treatment so it can assume its rightful position among the ranks of proven psychotherapeutic treatment methods.

The significance of quantitative data has grown in an age of empirical evidence-based practices. The Gestalt phenomenological investigatory method (Angus & Greenberg, 2011) is a qualitative one, the findings of which do not yield the statistical evidence currently deemed foundational for establishing the effectiveness any treatment modality. Gestalt qualitative research findings give a particular type of evidence, though ‘non-numerical’, while quantitative methodologies, from which statistical findings are derived, support the use of scientific evidence-based practices. Quantitative and qualitative research methods are both essential for a rigorous and comprehensive understanding of phenomena.

Gestalt research endeavors must focus on contributing to an empirical research tradition for Gestalt therapy and publication of statistical results giving evidence to Gestalt treatment effectiveness. Presently, there are three Gestalt empirical needs: that of measuring *whether* change occurs in the process of Gestalt treatment, of *how* change occurs in Gestalt therapy, and of expert consensus on the *essential constituents of gestalt treatment*. The need for scientific quantified evidence of gestalt treatment effectiveness, of statistically significant changes between the beginning and end of treatment (Greenberg, 2011, 1997; Grossman & Cohen, 2016, 2015), and the empirical investigations into those change processes (Brownell, 2014, 2008) are as important as the agreement on the constituent factors of what gestalt treatment consists (Fogarty, 2016, 2015). We must work on all three research fronts simultaneously to construct a Gestalt Quantitative Research tradition using empirical instruments which can assess and quantify our theory’s important concepts, treatment strategies, and effectiveness outcomes.

This paper addressed the empirical measurement issues of two quantitative instruments measuring the Gestalt concept of *contacting resistance styles*. These instruments are being used in an ongoing quantitative investigation of whether there is a reduction (change in) the level of contacting resistances in clients over a course of Gestalt treatment, at the low fee Gestalt treatment clinic in New York City. The Gestalt Inventory of Resistance Loadings (Kepner, 1982; Woldt, Kepner & Prosnick, 1996; Prosnick & Woldt, 2013; Prosnick, Woldt, Kepner, Wagner, Park, Evans, Coe & Lucey, 1998; Woldt & Kepner, 1993) and the Gestalt Mental Status Exam (Kiracofe, 1992; Kiracofe & Prosnick,

1999; Prosnick, 2000) are two valid and reliable instruments for measuring contacting resistances.

The question of the variables

Qualitative research findings (Brownell, 2008) have helped clinicians recognize *how* gestalt therapy is working and *when* clinical progress has occurred. Moving from *acontextual contacting* or *contacting resistance* to more or fuller contact fullness is a key progress indicator. The contacting sequence and contacting interruptions are often given central focus in gestalt theory, training, and therapeutic interventions (Melnick & Nevis 1997, 1992; Prosnick, 2000). Gestalt theory articulation of the contacting sequence and its disruptions form one of the fundamental fulcrums from which clinical deductions about client functioning are made. We see habitual contacting resistances, though originating from creative adjustments, as a significant area for clinical attention because habituated contact resistance is acontextual and often out of awareness. Perls, Hefferline & Goodman (1994) explain that health is full contacting and awareness of one's contacting resistance style is vital to the gestalt therapeutic enterprise.

Gestalt contacting resistances are understood as being out of awareness strategies employed when full contacting in a particular internal or external environment becomes problematic. When these defensive avoidances become entrenched and habitual, contacting resistance styles become a fixed inflexible mode of relating (Perls, Hefferline & Goodman, 1994). Six predominant ways of resisting contact have been conceptualized as confluence, deflection, retroflexion, introjection, projection, and desensitization.

Confluence is the going along or agreeing with others to avoid conflict when one is unable to differentiate oneself and still feel valued. Deflection is a means of contact avoidance by shifting attention or changing the subject, such as ignoring or refusing a compliment. Retroflexion is characterized as turning "sharply back against; turning inward with energy that should be directed out into the environment" (Perls, Hefferline & Goodman, 1994, p 171); by training the organism, through a pattern of posture, muscular tonus, and constantly organized motor apparatus to put out of awareness what is painful; by keeping the muscles which would express the impulse tensed (Perls, 1992, p 172). Introjection is the taking in or swallowing an experience whole without question (Perls, Hefferline & Goodman, 1994). Projection is the blaming or attributing one's disowned feelings, desires, or characteristics to another. Desensitization is a numbing of oneself so as to avoid dealing with difficult or painful feelings. Thus, the present centered awareness is interrupted to avoid contact with the actual present environment (Polster & Polster, 1974). The consequent loss of

contact becomes the loss or diminishment of feelings and sensations in the body, and of spontaneity and relaxed respiration (Lowen, 1969).

These contacting resistances are redirections of one's energy in an attempt to avoid or interrupt contact (Perls, Hefferline, & Goodman, 1994). Healthy contact fullness involves moving freely among these styles. Understanding contact resistances as an actual style of resisting awareness allows the Gestalt therapist to work with these stucknesses through the varied Gestalt awareness promoting techniques, thus reducing such contacting resistances.

We hypothesized that a movement from acontextual to contextual contacting would be an operational indicator of treatment success but how could such phenomena be measured and what would such a measurement instrument look like? That's when we were introduced to the GIRL and oh my, what a gal the GIRL proved to be! She even has a best friend named GMSE!

The instruments

For over 30 years Ansel Woldt and a team of Gestalt researchers (Kepner, 1982; Woldt, Kepner & Prosnick, 1996; Prosnick & Woldt, 2013; Prosnick, Woldt, Kepner, Wagner, Park, Evans, Coe & Lucey, 1998; Woldt & Kepner, 1993) at Kent State University have worked to develop and perfect an instrument to measure the level of each of the contacting resistance styles. They conceptualized the behavioral indicators of each of the contacting resistances styles, tested and retested these to compile a comprehensive list of these six styles (confluence, deflection, retroflexion, projection, desensitization, and introjection). After a systemic analysis of the validity and reliability of the behavioral indicators, the 100-item questionnaire was named the Gestalt Instrument for Resistance Loadings, the GIRL.

It uses a self-report interval level Likert-like measurement scale ranging from *strongly agree* to *strongly disagree* as the answer options to questions on the respondent's frequency of exhibiting the behavioral indicators of each of the contacting resistances. It is taken via an anonymous survey link in Qualtrics, an online data collection platform where confidential responses are recorded. It takes approximately 10 to 15 minutes to complete.

The second instrument, the GIRL's best friend, is titled the Gestalt Mental Status Exam, the GMSE (Kiracofe, 1992; Kiracofe & Prosnick, 1999; Prosnick, 2000). It is a 123-item questionnaire developed from the perspective of the therapist evaluating the frequency of the client exhibiting the behavioral indicators of each of the contacting resistances and uses the same interval level Likert like measurement scale as the GIRL. It takes approximately 15 minutes to complete. Thus, we had located two instruments to measure the level of *contacting resistances*, one from the client self-report (GIRL) and one

from the therapist's report on the client (GMSE).

Since our treatment effectiveness investigation was the initial trial of the GMSE in a clinical population, its validity and reliability as a measurement instrument had to be established. After we posited that there will be a statistically significant difference between the contacting resistances scores measured at six month intervals beginning with the initiation of treatment at the GAP clinic, our next step was to assess the reliability the GMSE. The GIRLs had been established already (Kepner, 1982; Woldt, Kepner & Prosnick, 1996; Prosnick & Woldt, 2013; Prosnick, Woldt, Kepner, Wagner, Park, Evans, Coe & Lucey, 1998; Woldt & Kepner, 1993).

Statistical findings are scientifically useless without the validity and reliability of the measuring instruments having been first established. Applying the correct statistical procedure to data will yield meaningful findings only when the instruments are valid and reliable. Validity is established by one of three ways: Content, Construct or Criterion. We used Face Content, one of the two types of Content Validity. The GIRL had gone through years of careful analyses from gestalt experts as to the validity of each indicator and after critical review of the GIRL behavioral indicators, we agreed that they were valid *on the face of it*.

We agreed that the GMSE was valid *on the face of it*. It too was years in development and testing, came with a high degree of expert judge agreement, another type of Content Validity, on its behavioral contacting style behavioral indicators (Kiracofe & Prosnick, 1999; Prosnick, 2000).

Once determined as valid, the instruments were assessed for reliability. Reliability in a quantitative research study is always expressed by a coefficient ($R=$). The closer to 100 the $R=$ is, the greater the reliability of the instrument. Reliability coefficients ranging from .56 to .81 in self-reports, and from .60 to .90 in observer reported, are considered highly acceptable (Prosnick, 2017). In general if the range of the GIRL (self-reporting instrument) reliability coefficient is between .56 to .81 and the GMSE (observer rating instrument) reliability coefficient is between .60 to .90, we would have reliable instruments. If our variable's measurement is reliable, then when we compare the scores of the initial and 6-month interval GMSE scores using a correlational statistic to measure the difference between those mean scores, the finding will be scientifically meaningful. Hence, the reliability of the variable's measurement and scoring procedures as the sine qua non step in a quantitative investigation.

Reliability is assessed by inter-rater reliability, split half, or test-retest. We chose test retest which is a process wherein the respondent, in this case the therapist, completes the instrument once and then completes it a second time within a two-week period. We used this test-retest process for the GMSE reliability.

Establishing the reliability of the GMSE

The sample for this reliability investigation is taken from Gestalt Associates for Psychotherapy (GAP) therapists in training (N=36) evaluation of each of their clinic clients (N=84 total clinic clients) in the GAP's low-fee psychotherapy clinic. The 36 therapists in training were emailed two Qualtrics anonymous survey links, the test (http://providence.az1.qualtrics.com/jfe/form/SV_0SPquxHanvFGoMB) and the retest (http://providence.az1.qualtrics.com/jfe/form/SV_5mUPsPquvkeeTjv), with instructions for entering the confidential information, the therapist's evaluation of the behavioral indicators of each of the contacting resistances styles for each of their clients from options ranging from strongly agree to strongly disagree as to how often they saw the specific behaviors in their client's session. Since both of the authors are well known to the trainees, one being the Clinical Director and one a graduate and current instructor, trainees were already prepared and informed about the investigation and its protocols. The two links above take the reader directly to the GIRL and GMSE questionnaires. Below are the contacting resistance scale statements (Kiracofe, 1992; Kiracofe & Prosnick, 1999; Prosnick, 2000), intermixed in the GMSE instrument, which the therapist in training rated the behavioral indicator prevalence in their client.

SCALE CONFLUENCE (Prosnick, 2000)

1. rarely talk about differences between self and others.
2. try to smooth out disagreements.
3. avoid or have extreme difficulty or anxiety in differentiating from reference groups.
4. frequently use the word "we".
5. experience extreme discomfort when there are disagreements or confrontations.
6. cannot say "no".
7. are willing to help others at the expense of their own interests.
8. feel much distress about any lack of agreement within their reference group(s).
9. express only positive ideas about others.
10. almost never use the word "I".

SCALE DESENSITIZATION (Prosnick, 2000)

1. do not let sickness keep them from doing things.
2. feel detached or dissociated from their body sensations.
3. tolerate a lot of physical pain or abuse.
4. feel numb or deadened in different body areas.
5. report that their body feels dull.
6. frequently use “it” when describing their body or parts of their body.
7. stay awake even when they are very physically tired.
8. define themselves as a thinking person rather than a feeling person.
9. find it easy to put uncomfortable feelings out of their mind.
10. often feel out of touch with the flow of life.
11. ignore or do not understand their own body messages.
12. do not feel when they are hungry or “full”.
13. hardly notice when they bump or bruise themselves.
14. can withstand more fatigue and tiredness than most people.
15. are not affected very much by hot or cold temperatures.
16. do not know what they feel.
17. describe situations in a factual, rational manner without referring to emotions.

SCALE INTROJECTION (Prosnick, 2000)

1. frequently use “I should” or “I must”.
2. are concerned that they know the “correct answers”.
3. are concerned that they follow the rules or appropriate behaviors as determined by authorities or reference groups.
4. view themselves as generally unworthy.
5. state that they have not lived up to their own or their parents’ expectations.
6. frequently ask for advice, permission, or help from authority figures or reference groups.
7. express negative opinions about their attributes or behaviors.
8. latch onto authority figures.
9. compare themselves and others, either positively or negatively, against standards or expectations of behaviors, accomplishments, attributes, etc.
10. describe themselves as lazy.
11. are angry or disgusted with people who do not follow the rules or are not appropriate.

12. describe themselves as not getting along with others or as a disagreeable person.
13. cannot describe themselves in terms of their own experiencing, but rather use rigid labels.
14. have achievement as a major focus in one or more areas of their life. However, the achievement lacks a definition of a point at which the client attains the goal.
15. feel guilt or shame.

SCALE PROJECTION (Prosnick, 2000)

1. believe others or situations are responsible for their problems.
2. fear that others will judge them negatively.
3. expect that others will not be responsive.
4. believe that they have been mistreated by others.
5. believe that they know the internally felt motives, emotions, etc. of others without asking.
6. believe that they know what others should do for their own good.
7. assume that others act and think the way they do.
8. distrust others.
9. believe that others have roles to which they should adhere.
10. act or plan ways to protect themselves from the expected actions of others.
11. frequently use "he, she, or they should or must".

SCALE RETROFLECTION (Prosnick, 2000)

1. hold their body very still during therapy sessions.
2. talk about feelings of anger which were not expressed towards focus of anger.
3. refer back to anger at others which was not expressed at the time.
4. hold their jaw and/or face stiff.
5. spend much time in self-critical introspection.
6. believe it is important to maintain self-control.
7. say that they are bored.
8. say that life is dull.
9. stroke, pat, tap or hug some part of their body, a personal belonging, the chair, couch, etc.
10. report physical symptoms, i.e., muscle aches, headaches, nausea, sleeplessness, etc.

11. hold their body very erect during therapy sessions.

SCALE DEFLECTION (Prosnick, 2000)

1. look away if the therapist asks a question.
2. avoid involvement with people or situations by putting things off, doing things haphazardly, directing efforts to side issues, etc.
3. will ignore the intent of the question or message in the therapist's statement.
4. will abruptly change focus of dialogue.
5. seek to maintain superficial conversation or consistently use humor to relieve tension.
6. may begin to talk, without waiting until the therapist has finished.
7. lack focus.
8. are vague, circumstantial, or over-detailed in their presentation.
9. present a series of seemingly equal issues in conversations.

The total scores on each scale of the GSME first and second test were compiled within a two-week period (See Table 1). A total of 84 clients, the total clinic population, were assessed using this GMSE instrument. Optimally, we would have had a total of 84 pre-and post-test GMSE's to compare. However, anyone working in research knows the inevitable turmoil of the data collection endeavor; several therapists were unable to meet the two-week retest time frame (N=7 therapists/ N=21 clients) and several forgot to include the necessary identifying information on the re-test instrument so that comparison scores could be coupled with the test scores for analysis (N= 11 clients). A total of 26 matched pairs were appropriate for test-retest comparisons to assess reliability. Below are the mean scores of the matched pairs of the test and retest results (Table 1).

| (TABLE 1) | | | |
|-----------------------------------|------------------------------------|-------------|----------|
| Matched Paired Samples Statistics | | | |
| <u>Matches</u> | <u>Contacting Resistance Style</u> | <u>Mean</u> | <u>N</u> |
| Pair 1 | Confluence Test | 21.8077 | 26 |
| | Confluence2 Re-Test | 21.7308 | 26 |
| Pair 2 | Desensitization Test | 23.8462 | 26 |
| | Desensitization2 Re-Test | 23.8462 | 26 |
| Pair 3 | Introjection Test | 24.5385 | 26 |
| | Introjection2 Re-Test | 24.5000 | 26 |
| Pair 4 | Projection Test | 24.5769 | 26 |
| | Projection2 Re-Test | 24.3077 | 26 |
| Pair 5 | Retroflexion Test | 25.2692 | 26 |
| | Retroflexion2 Re-Test | 25.4615 | 26 |
| Pair 6 | Deflection Test | 18.7692 | 26 |
| | Deflection2 Re-Test | 19.1538 | 26 |

With those matched scores, we performed a T-test to assess the correlations between the mean scores of the GMSE test with the mean scores of the GMSE re-test scores thereby deriving the GMSE Reliability Coefficient ($R=.72$) (Table 2).

| (TABLE 2) | | | |
|----------------------------------|------------------------------------|----------|--------------------------------------|
| GMSE Paired Samples Correlations | | | |
| <u>Matches</u> | <u>Contacting Resistance Style</u> | <u>N</u> | <u>Scale Correlation Coefficient</u> |
| Pair 1 | Confluence & Confluence2 | 26 | 0.66 |
| Pair 2 | Desensitization & Desensitization2 | 26 | 0.81 |
| Pair 3 | Introjection & Introjection2 | 26 | 0.71 |
| Pair 4 | Projection & Projection2 | 26 | 0.66 |
| Pair 5 | Retroreflection & Retroreflection2 | 26 | 0.63 |
| Pair 6 | Deflection & Deflection2 | 26 | 0.85 |
| Total | | 26 | 0.72 |

The comparisons of the Reliability Coefficients of the GIRL and the GMSE (Table 3) show the differences between the self-report (GIRL) scores and the observer-report (GMSE) scores. All are within acceptable levels (between .56 to .81 for self report and between .60 to .90 for observer report),

| TABLE 3 | | | | | |
|--|----------|--------------------------------|--------------------|----------|--------------------------------|
| Comparisons of GIRL and GSME Reliability | | | | | |
| <u>GIRL Scales</u> | <u>N</u> | <u>Test-Retest Coefficient</u> | <u>GMSE Scales</u> | <u>N</u> | <u>Test-Retest Coefficient</u> |
| 1. Confluence | 54 | 0.79 | 1. Confluence | 26 | 0.66 |
| 2. Desensitization | 54 | 0.79 | 2. Desensitization | 26 | 0.81 |
| 3. Introjection | 54 | 0.72 | 3. Introjection | 26 | 0.71 |
| 4. Projection | 54 | 0.82 | 4. Projection | 26 | 0.66 |
| 5. Retroreflection | 54 | 0.81 | 5. Retroreflection | 26 | 0.63 |
| 6. Deflection | 54 | 0.80 | 6. Deflection | 26 | 0.85 |
| Total Score | 54 | 0.83 | Total Score | 26 | 0.72 |

Towards a Gestalt diagnostic

Previous studies by Woldt & Prosnick (2013, 1996, 1993) using the GIRL to assess correlations between contacting resistances style and DSM 5 (2013) diagnosis found a statistically significant relationship. Seventy percent of their predicted relationships between DSM diagnosis and Gestalt resistance

processes were supported and indicate that symptoms of anxiety, depressive, and post-traumatic stress disorders are maintained largely through the contacting resistance style of retroflexion. Individuals diagnosed with bipolar disorders typically use deflection as their primary contacting resistance style, while those with delusional, paranoid, and thought disorders rely mostly on projection. Phobias too are mostly aligned with high levels of projections as well. Alcohol dependence and drug dependence are related to high levels of confluence (Melnick & Nevis, 1992; Prosnick & Woldt, 2013). Further discussion relating DSM disorders with the Gestalt cycle of experience is presented in Melnick & Nevis (1992).

Given the established reliability of the GMSE, a complementary hypothesis, that of correlation between DSM 5 diagnosis and contacting resistances style, was included in our investigation. As well as predicting a statistically significant reduction in contacting resistance over Gestalt treatment course, we hypothesize that the GIRL and GMSE baseline scores of contacting resistances will be correlated with the DSM 5 diagnoses, that correlation contributing to a Gestalt Diagnostics. Moreover, the utility of a Gestalt evidence based treatment of contacting resistance diagnostics, possible if again the GIRL and the GMSE as well are shown to be correlated with DSM diagnoses, allow treating clinicians to infer contacting resistance processes thus facilitating treatment. Subsequent 6-month GIRL and GMSE scores analysis should show a decrease in contacting resistances as the clients contacting rigidity becomes more fluid and free over the course of treatment and thus are evidence of the effectiveness of Gestalt treatment.

Conclusion

Quantitative and qualitative research methods *both* are important for an increased understanding of human behavior, as onerous as quantitative data collection analysis may be to gestalt therapists. Detailed and imaginative data collection protocols are absolutely necessary in the current context of practice. Contacting sequence and contacting interruptions are given a central focus in Gestalt Theory and we believe provide the vital axis for a hypothesis that a movement from acontextual to contextual contacting is a central indicator of treatment success. The validity and reliability of the GIRL and the GMSE have provided a strong foundation for an empirical quantitative methodological investigation of Gestalt practice based effectiveness (Grossman & Cohen, 2016, 2015) to proceed.

Using these two instruments to investigate the effectiveness of gestalt treatment, it is also the debut of a type of quantitative research endeavor which a practicing gestaltist can easily adopt. Furthermore, it is an endeavor which can

be adopted by training institutes, providing Gestalt Training Institutes (GTIs) with valid and reliable instruments to measure training program effectiveness. GTIs with clinics can employ these instruments for meaningful data collection evaluating Gestalt treatment effectiveness and for supporting quantitative research. Such prospects promote Gestalt Theory and Treatment into its rightful position among the ranks of proven psychotherapeutic treatment methods.

Treatment effectiveness empirical research entails quantifying pre-and post-treatment areas of client functioning. The most important clinical empirical measurement for this consists in evaluating the client contacting sequence change over time. The uses of the presented research will permit clinicians to collect data every six months from their clients and thereby build a large sample for the measurement of treatment effectiveness and contribute to the gestalt quantitative research agenda. It enjoins clinicians to evaluate the connection between contacting resistance styles, as measured by the GMSE, with clients DSM 5 diagnoses, as such correlations will contribute to an effective gestalt diagnostic inventory. Continued data collection to assess statistically significant changes in GIRL and GMSE scores will provide scientific evidence of the effectiveness of Gestalt treatment and can provide the beginning of a ‘Gestalt diagnostics’.

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Biographies

Susan Grossman earned her doctoral and master's degrees in Social Work from Adelphi University, NY. She is a licensed and practicing gestalt clinical social worker in New York City and a Board-Certified Fellow of the American Psychotherapy Association. Susan is an assistant professor at Providence College in Rhode Island whose 2015 sabbatical project initiated the following research. In practice for over 30 years, provides annual clinical training workshops on Family Assessment, Mental Health Issues of Children, Adolescents and Adults, and Diagnostic Assessment with the DSM 5 for the Rhode Island Department of Children, Youth and Families and Clinical Intake Assessment, Psychopathology, and Diagnosis for the Gestalt Associates for Psychotherapy in New York where her private practice is.

Alan Cohen, MSW, LCSW, ACSW, BCD, LP earned his Master's degree from Washington University in St Louis. He studied with Maharishi Mahesh Yogi before beginning post graduate Gestalt therapy training. In practice for over 40 years, Alan Cohen is Board Certified Diplomate in Clinical Social Work and a New York State Licensed Psychoanalyst and Clinical Social Worker. He serves as Clinical Director of two Gestalt Institutes, providing clinical supervision and gestalt training. Alan Cohen has been Distinguished Visiting Faculty at professional training conferences in Switzerland, Poland, Greece, Hungary, and Slovenia. His writings on Gestalt Theory and Practice are found at the gestalttherapyinstitute.org.

CO-CREATING GESTALT THERAPY RESEARCH ON REHABILITATION OF HIGH SECURITY OFFENDERS.

Jelena Zeleskov Doric

Author's note. This paper is based on the chapter 'Useful Methodology in Gestalt Therapy', written for an upcoming book on gestalt theory, practice, and research, as well as a cross-cultural study conducted in prison. The research study presented here has been published in the book *Towards a Research Tradition in Gestalt Therapy*.

'No man ever steps in the same river twice,
for it's not the same river and he's not the same man'.

--Heraclitus

Perceptions of research

Gestalt therapy is a humanistic and holistic approach to human suffering based on phenomenology. In recent years, the emerging need to introduce research processes among gestalt therapists and practitioners has been established, following the standard of evidence-based practice for psychotherapy (Burley, 2014). Gestalt therapists have become more attuned to the research process itself, as well as to various research methodologies. Theoretically speaking, research methodology can be defined through the lenses of qualitative, quantitative, and mixed-method research designs. Before further elaboration on these methodologies used in conducting research, I would like to focus on the daily clinical practice of gestalt therapy. Conducting a session with a client is usually not perceived as a research process. Assumptions about research itself and misconceptions about the conditions necessary to conduct research studies undermine the perception of the authentic therapeutic relationship co-created by the therapist and the client -- the fertile ground where research is happening in the here and now. Exploring the otherness through phenomenology and shaping and sharing one's existence in the co-created field are nothing but research. Gestalt therapists and practitioners should be supported in understanding the research process through acknowledging *what is*, not *what is said to be* or *what should be*. Above all, being in the present moment and relying on phenomena are the foundational assumptions of gestalt therapy (Spanguolo Lobb, 2013).

A brief example of how participants perceived research conducted in a high security male prison in Serbia while participating in a weekly gestalt therapy group is presented here through an extract of writings and reflections from an offender during a post-treatment interview.

'We are sitting in the silence today. From the moment we started the group, I felt this silence has its own meaning. We are finishing our group today after one year of therapy. I thought these groups would look differently. They told us you are doing a research and that you are a gestalt psychotherapist. I did not know what it means as I have never heard about gestalt. I thought you will tell us what is wrong with us, what is wrong with me. You will teach us what we should do. I thought you will explain us our feelings and thoughts, like our psychiatrist do. He always gives me the medicine, to all of us. The same one. At first point, I did not want to come to these groups. This was voluntarily. I could play basketball instead of sitting in the circle with others and you. After our second group, I decided to stay, to see how much you can handle in a high-security male prison, with ten of us damaged. I was curious. Now, after one year of sitting together every Monday, I know that things are not as I thought they would be. I learnt to be patient. I learnt others exist. I exist for others. What is even more important, I understood your words when you came and said you were doing research for your Institute, that you will not teach us. You will sit with us. In silence. With anger. With words. I thought about some people who were mine. I went to some places that were mine. I learnt how to believe, to stay and continue further on when I get out. I research. We all did'.

--R.K., 37 years old

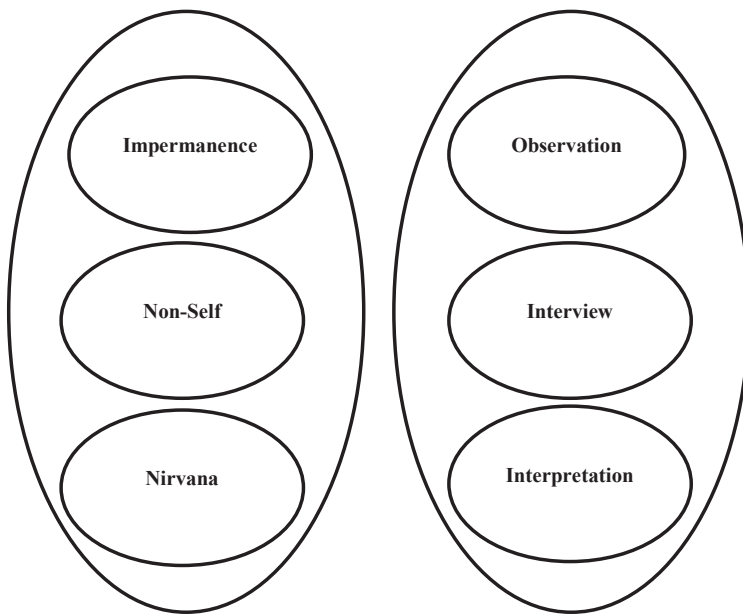
The Zen of Gestalt research – a proposal

Research in gestalt therapy is phenomenological and embedded in anaesthetic dimension (Francesetti, 2012; Francesetti& Spagnuolo Lobb, 2013) – an experience that can be considered a form of art. Art is always intuitive, holistic, and dynamic; hence, psychotherapeutic research should have these features as well. Historically, gestalt therapy is connected to Zen Buddhism, and its basic concepts are more than applicable in gestalt therapy (Stevens, 1989; Naranjo, 2000). Therefore, qualitative research processes will be briefly discussed within this framework.

The starting point in research is asking the question, and the aim of the research method is to answer this question. Zen Buddhism implies that *the answer is embedded in the question*, with a holistic perspective from three basic concepts: *impermanence* (everything is changing), *non-self* (separate

existence does not exist - existence is always relational), and *nirvana* (at peace with the universe and pain). In her book “*Contemplative qualitative enquiry: Practicing the Zen of Research*”, Janesick (2015) wrote about her opinion on these concepts of Zen and how they are related to qualitative research perspectives. According to her model, impermanence represents an inevitable part of qualitative research enquiry. The nature of qualitative work has a temporal quality. We are observing people and people’s behaviours, which are changing from moment to moment. The research process itself is impermanent as Janesick (2015) said: “The transcripts we work from, given to another person, might yield another set of findings and interpretations. Findings and recommendations on any given day might look very different six months later” (p.41). Awareness of impermanence is particularly significant when using one of the techniques in qualitative research, which is known as *observation*. In the light of impermanence, *the phenomena we observe are always changing*. Various forms of observation exist, such as participant observation, natural observation, or controlled observation (Adler & Adler, 1994; De Walt & De Walt, 2002), in which the importance of taking field notes is highlighted (Neuman, 2006). In addition to this, qualitative research can be defined as a contemplative act with the non-self component interfering in the research. This particular feature of the qualitative research process is visible while conducting interviews. Interviewing is a creative act, an act of compassion, and the most rewarding component of the qualitative research process (Janesick, 2015). The concept of non-self is operationalised as *existence within, inter-being or being-with* in the light of impermanence where the research technique used here is an interviewing technique (Janesick, 2015). Phenomena take existence *only if they relate to other phenomena*. Finally, the third concept in this model is *nirvana*, which is coming as a natural consequence of realising a power of non-self and impermanence. Researchers need to understand their position in the study and develop new points of view from the data they have. As Janesick (2015) said: “Exploring new points of view is part of becoming aware and enlightened. This is nirvana” (p.92). The final stage of the research process is organising data through writing an article or a book using photography, art, or poems. This process is connected to the concept of *nirvana*, defined as a state of peacefulness and unitedness with the universe through the acceptance of impermanence and non-self. However, we could discuss this assumption in the model from the perspective of insight, or *satori*, as a representation of finalising the research process. Janesick’s model is presented in Figure 1.

Figure 1. *Zen and Qualitative Research Methods (Janesick, 2015)*

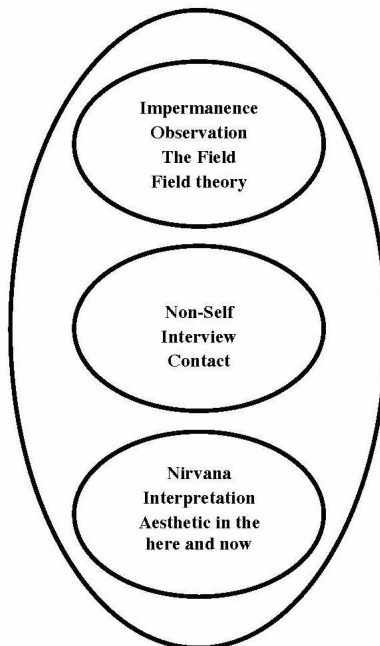


This conceptual framework of the qualitative research process entails concepts similar to those that gestalt therapists use in their clinical practices. Hence, the exploration of similarities between Zen Buddhism and the qualitative research process represents creative ground in an attempt to recognise these concepts within gestalt therapy theory. From my personal perspective, acceptance of impermanence during observation could be understood from the perspective of field theory. The concept of *field* is defined through numerous perspectives (Robine, 2015; Parlett, 2000; Philippon, 2009), mainly as phenomenological and experiential. The field constitutes us and gives shape to our experiences (Francesetti, 2015); therefore, *observation is happening within the field itself, and impermanence is necessary aspect of the field.*

On the other hand, the concept of non-self and the application of an interview as a common method in qualitative research are possible to discuss through the gestalt cycle of experience, more specifically the contact process itself. Contact is happening at the contact boundary where the self is emerging and meeting the other. The meeting at the contact boundary is embedded in contact itself. Qualities of contact experience represented through the

movement in the foreground/background dynamic while interviewing provide self/non-self-discovery in the field. The gestalt concept of *contact experience* constitutes a *non-self perspective of the interviewing process*. Finally, narrative writing and interpretation of collected data through the aesthetic dimension are proposed as the nirvana in this model (Janesick, 2015). From the gestalt framework, this could be defined within the concept of *aesthetic dimension in the here and now*. As Francesetti (2015) proposed, “The aesthetics steers gestalt therapy in four ways” (p. 10). The possibility of grasping the beauty in every story, experiencing beauty itself in this process, and remaining with it while interpreting and writing about results is what we can define as the aesthetics of gestalt therapy. Being with the whole experience and at peace with the wholeness in nirvana are very similar to interpreting and writing about data in your research through the aesthetic dimension of the process of the here and now. Based on the model discussed, I proposed a diagram that captures the relationship between qualitative research process, Zen Buddhism, and gestalt therapy.

Figure 2 . Gestalt therapy, qualitative research and Zen Buddhism



Gestalt therapists and practitioners could easily apply these principles used in their work with clients in the research field.

Research methods

Qualitative research methods are incredibly diverse and complex (Holloway & Todres, 2003), but with the same basic assumption. These methods generate *words rather than numbers* as data for analysis. Some well-known qualitative methods include case study, performance ethnography, grounded theory, action research, narrative inquiry, oral history, reflective journal, art-related research, poetry, and photography. These qualitative research methods align with gestalt's philosophical background, thereby representing the most appropriate, natural, and useful choices for gestalt therapists willing to conduct research.

On the other hand, quantitative research methods are equally significant, especially to evaluate the effectiveness of treatment. According to Greenberg (2008), quantitative research on psychotherapy outcomes is defined through six widely used methods: randomised clinical trials (RCT) and comparative studies, controlled studies with comparison against untreated controls, quasi-experimental designs and naturalistic treatments, research-informed case studies, patient-preference satisfaction studies, and predictive process-outcome research.

Evidence-based treatment with a randomised clinical trial (RCT) design has become a gold standard in psychotherapy, but even though the RCT design is well-known, many gestalt studies do not use this particular approach in research. To overcome this, gestalt therapists should be supported in quantitative studies that could guarantee a visible place for gestalt therapy among other evidence-based approaches. Without discussing these methods thoroughly, the basic research questions here start with 'What?', 'Why?', or 'How?'. Standard research procedure is followed by defining independent and dependent variables and conducting statistical analysis. The main interest is the exploration of *causal relationships*, not the phenomena themselves.

In recent years, gestalt therapists and researchers have been trying to develop some useful tools that can be used in quantitative studies. Some of these instruments include the Gestalt Inventory of Resistance Loadings (Prosnick & Woldt, 2015), which is a self-reporting measure consisting of seven scales and based on contact-cycle interruptions, and the Gestalt Therapy Fidelity Scale (GTFS), which provides the 'means by which an independent rater is able to determine how accurately therapy delivered by a therapist approximates the therapeutic method they intend to deliver' (Fogarty, 2015, p.40), without which, it is not possible to determine whether gestalt therapy is being practised or not (Fogarty et al., 2016).

Other useful instruments for psychotherapy research are the Change After Psychotherapy(CHAP) treatment scale (Sandell, 2015) and the CORE Outcome Measure (Evans et al., 2000).

CHAP is a rating measure provided by the therapist. The model has two parts: one or more interviews and a set of ratings on the basis of these interviews. The interviews focus on the patient's subjective experience in the process of change, and how much he or she changed or did not change through five main areas in their lives. After at least one interview, a CHAP rating scale is used by the therapist, and the patient's answers are rated from 0 (no and/or non-obvious change) to 1 (great and/or obvious change), with the possibility of rating an answer with a 0.5 (some and/or less-obvious change). CHAP has five indicators that serve as measures of treatment improvement: symptom change, adaptive capacity, self-insight, basic conflicts, and extra-therapeutic factors.

The CORE Outcome Measure (CORE-OM) is a central, self-reporting questionnaire aimed at measuring indicators of psychological and behavioural functioning within the full CORE system, which was developed by researchers (Evans et al., 2000). The measure consists of 34 items and covers four domains: well-being (four items), social functioning (12 items), problems/symptoms (12 items), and risk to self/risk to others (six items). Each item is scored on a scale of 0 to 4. The instrument can be used after every therapeutic session if using two parallel forms of CORE-OM (CORE-18A and CORE-18B, with 18 items each) to reduce the need to memorize items.

Finally, the third research method involves the mixed-method research (MMR) design. The basic assumption of this approach is that qualitative and quantitative methods are compatible and can be effectively used together (Tashakkori & Teddlie, 1998). Ongoing debate among researchers in defining what these methods are continues, even though a basic consensus has been established. MMR can be defined as 'the type of research in which the researcher or team of researchers combines elements of qualitative and quantitative approaches (e.g., use of qualitative and quantitative viewpoints, data collection, analysis, interference techniques, etc.) for the broader purposes of breadth and depth of understanding and collaboration' (Johnson et al, 2007, p.123). There also has been debate over how to use the mixed-methods research design, and the complexity of this design has been discussed among researchers for years. However, I will not focus on debates here. Instead, I will briefly summarise an MMR cross-cultural research study that was done in Serbia and Italy.

A case study

This cross-cultural study was conducted to explore *the effectiveness of gestalt therapy in a prison setting, particularly if gestalt therapy can contribute to changes in offenders' behaviours and life measured by CORE and CHAP*. Moreover, we were interested in understanding *how offenders experience psychotherapy groups and therapy processes* when gestalt therapy is applied. While the dominant model in offenders' rehabilitation is the cognitive-behaviour therapy (CBT) model and its variations (Ross et al., 2013), the application of gestalt therapy in this setting could contribute to the understanding of the prison system and prisoners from a humanistic perspective. The sample consisted of male offenders from both countries, all of whom were serving sentences for criminal offences that didn't involve violence (robbery, drug trafficking, organised crime, human trafficking). Initially, 40 male offenders from Serbia and 30 male offenders from Italy were selected in the sample. Therapy was conducted in four groups, with 7-10 participants in each group, for a period of one year. Sessions were conducted weekly. Instruments used in this research included CORE Outcome Measure forms CORE-18A and CORE-18B (Evans et al., 2000), the CHAP treatment scale (Sandell, 1987), and the Affective Self Rating Scale (ASRS) for manic, depressive, and mixed-affective states (Adler, Liberg, Andersson, Isaacson, & Hetta, 2008). We also used photography to facilitate some sessions. To comprehensively understand the benefits of participating in gestalt therapy, further data analysis of CHAP interviews and photography used in this study is necessary. Quantitative analysis showed that no upward or downward trend in the CORE scales could be found. A possible explanation of this result may lie in the 'floor effect' in the sample. The measure symptoms could not decrease, as they were low at the beginning of the therapeutic process. In addition, offenders who were more depressed tended to show less improvement in gestalt therapy groups compared with those with mania (operationalised as high energy, vitality, and general activity, measured by ASRS), who derived two specific benefits from participating in gestalt therapy groups. First, offenders benefit from gestalt therapy groups, as all changes after psychotherapy that occurred can be explained through participants' active involvement in sessions and not extra-therapeutic factors. Second, participation in gestalt therapy groups and working through the concept of unfinished business helped them resolve basic conflicts in their lives. To sum up, in our study, the gestalt therapy process was effective for offenders with higher scores for mania, as measured by ASRS (Zeleskov Djoric, Cannavo & Medjedovic, 2016).

Conclusions

Conducting research itself is a complex process. In this paper, a proposal to connect the research process in gestalt therapy with Zen Buddhism has been presented. Additionally, a brief overview of the three principal research approaches, including quantitative tools, has been discussed. However, gestalt therapists are encouraged to read additional resources and gain knowledge about different approaches in research.

My hope is that after reading this paper, gestalt therapists will feel more confident when embarking on research, ready to learn from their clients and co-create research with them. I also hope that we, as gestalt therapists, become more open to current psychotherapy trends, experiencing all the challenges and differences at the contact boundary.

My paper ends with some written thoughts that I received during the post-treatment interview from a participant in this research study. The courage to be present in the here and now, with pain and beauty at the same time, is research itself. The paragraph represents *aesthetic in the here and now* in the proposed model, seen from the eyes of the participant:

'I am a number. The same piece of sky. The last six years. I wake up. I eat. I walk. I go to sleep. I do it again. Repeat. Each day, the sun or the rain. Sometimes snow changes the backyard. I do not feel. I am damaged. These groups were good. I do not know how. I do not understand. I feel. I have memories. I am sad. Sky is changing'.

--D.R., 45 years old

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Biography

Dr Jelena Zeleskov Doric MAPA, MAPS is a gestalt psychotherapist and a clinical psychologist registered in the European Union. Prior to joining Charles Darwin University as a Lecturer in Psychology, Jelena worked as a Research Fellow at the School of Medicine, University of Belgrade and the Institute of Criminological and Sociological Research in Belgrade, Serbia. She completed gestalt training in Gestalt Psychotherapy Training Institutes in Malta and Belgrade. She also finished a post-graduate program in Psychopathology and Contemporary Disturbances at the Instituto di Gestalt, Italy. She is an international member of the Crime Control, Poverty and Justice Working Group and collaborator in the comparative research study of prisoner re-entry University of Michigan, USA. Her research, writing and advocacy focuses on attachment theory, resilience and therapeutic factors important in understanding prisoners and former prisoners. Jelena's future research interest is to understand contemporary approaches to Gestalt therapy approach and its application from a neuroscientific perspective.

GESTALT THERAPY IN CHILE: A NARRATIVE

Pablo Herrera Salinas

I remember my first direct experience of Gestalt, in Santiago de Chile, back in 2003. Before then, I had seen a couple of books in my father's library, and took a class in my undergraduate psychology studies. But I had never really *experienced* gestalt therapy.

It was the first day of a three year training. We were 30 students who had never met before. Some psychologists, many with different occupations. After we presented ourselves in a very standard fashion, the facilitator asked us to do something unusual: *tell our class mates what you didn't like about them*. We had just met each other and this directive went directly against Chilean politeness, but if the great Nana Schnake said it, we had to do it. So we went along with it.

After everyone had spoken, Nana read to all of us what we disliked about the others. She then asked us which of these negative traits we recognized in ourselves, and which we definitely didn't possess. Finally, she created a *role* or character who personified the traits we disliked in others and didn't possess in ourselves. And we had to come the next day to class disguised as that character, and interact with the others in that role for a few hours. I had to be an old fashioned macho man, narcissist, aggressive and womanizer. *And I loved it!*

Since then I've been to hundreds of hours of therapy and workshops. And that role has played a huge part on my development path ever since. It has been like a backbone, or a guiding light that helps me focus on the important aspects that I need to integrate.

But this is not about my personal experience, so let's rewind a little bit and talk about the history of Gestalt therapy in Chile. Just for a little context, so then we can share a bit about our present and what we are doing towards the future.

A little bit of history and context

Before I begin, it should be noted that for a thorough overview of the history of GT in Chile, there is an excellent chapter written by one of its founding fathers (Huneus, 2013). In order to avoid repeating what he has already written, I'll talk just briefly about our history and focus more on the current developments of the Gestalt Institute of Santiago. Also, describing our current situation, I'll try to convey a more subjective feeling of how it

is to practice, teach, learn and do research in GT today.

OK, let's continue.

Gestalt in Chile is the offspring of the polyamorous trio of Claudio Naranjo, Nana Schnake and Francisco Huneeus (not literally a polyamorous trio, although Nana and Francisco were a couple for 10 years), all of them psychiatrists educated in the 1950s. They are over 80 years old but still publishing and working actively.

Naranjo studied Gestalt in the 60s with Perls and Jim Simkin at Esalen, and introduced Gestalt Therapy in Chile at the end of that decade. Francisco was working on neurobiology and Nana was studying the therapeutic use of psychedelic drugs at the university hospital. However, after learning about Gestalt and having their university work interrupted by the *state de coup* in 1973, Nana and Francisco Huneeus founded "Cuatro Vientos Editorial" in 1975, being the first publisher to translate Perls' work into Spanish and aiming to be a kind of "open university" that spreads ideas to promote personal and collective well-being into our society. Despite (or perhaps because of) the oppressive political context, Cuatro Vientos' (*Four Winds*) books were a runaway success, making Gestalt literature available to a wide audience, far beyond healthcare professionals. As a matter of fact, all my first books on Gestalt were ones I "borrowed" from my father's library. He is an engineer but attended Nana's workshops and was interested in personal development literature. Nana and Francisco were also the first to teach and disseminate Gestalt therapy in Argentina in 1974, and also helped its inception in Peru, Brazil and Spain in 1978.

After the initial boom in the 70s our founding fathers have continued to publish books. Nana has published mostly on her innovative work with physical illnesses and Naranjo has published on several topics such as patriarchy (1993, 2010), Gestalt techniques (1990, 2003), meditation and spirituality (1999, 2012, 2014), emotional education (2002), and enneagram (1996, 1999, 2000), providing a welcome complement to Riso and Hudson's Enneagram work (2001). He has also founded the SAT (Seekers After Truth) institute, which organizes psycho-spiritual workshops based on Oscar Ichazo's enneagram work. However, newer generations have not been so productive in terms of published material. There is only one Gestalt book written in Chile that is not by our founding fathers, and it is one on Group therapy written by Marina Varas, Nana's daughter and head of the Gestalt Institute of Santiago.

That leads us to our present situation.

Gestalt Therapy in Chile: How are we doing?

How to summarize our current situation in a few words? Using Facebook terminology, it's complicated.

On one hand, we are doing fine: (1) we have the Gestalt Institute of Santiago founded by Nana Schnake and now headed by her daughter and son in law (Marina Varas and Antonio Martínez), where I work as head of research; (2) We have the very active Cuatro Vientos Editorial continuing to publish books on Gestalt and other related topics (however, almost all the current work is international, with extremely few Chilean publications); (3) We have two of the few Spanish speaking master's degree programs in the world that teach Gestalt (one solely focused on Gestalt, and one that includes it as part of a humanistic program); (4) Every year the Gestalt teaching program at the Santiago Institute is full with 30 new students, mostly psychologists; (5) Nana and Naranjo are widely known in Chile, not exclusively by mental health professionals; (6) Gestalt and humanistic therapy are practiced by many therapists and are not outlawed by the healthcare industry.

On the other hand, we are not doing so well. A couple of objective facts: (1) 90% of the GT trainees in our institute never finish their dissertations and therefore never graduate or publish anything that could be read by colleagues or the general public; (2) we are losing ground in academia and many lectures on Gestalt and humanistic therapy have banished from university classrooms. Also, some personal anecdotes: (3) When I first asked about Gestalt to a professor at the university (a psychoanalyst) back when I was studying my psychology degree, he said dismissively that it was "the aborted child of psychoanalysis". (4) When I told a trusted humanistic psychology professor that I wanted to go to Nana's group workshop in Anchimalén, he advised strongly against it, because "they break your defenses there and don't help you get up again"; (5) My psychology students at the Universidad de Chile are surprised to know that humanistic therapists don't just rely on incense and hugging and have actual therapy techniques and theory (!?).

Speaking to international colleagues and knowing the dire situation GT is experiencing in Germany, Australia and other latitudes, I'd say Gestalt in Chile is like Asterix's village in Roman occupied France. It's alive and healthy, with movement inside, but quite isolated, gradually losing ground and subject to a lot of prejudice / ill will from outsiders. Also, the key figures are too old for us to continue to rely on them to do the hard work of publishing, speaking to the media, etc.

I don't know if this is the same in other countries, but I think GT's

emphasis on taking care of one's needs, rebelling against societal musts along with external insistence on "cutting our heads" is strongly related to our students' not finishing their thesis, us not wanting to do research or write, and in general being comfortable with our private practices, without doing the hard work required to go out and have a bigger impact outside our therapy rooms. When I see some of my psychology colleagues stressed, overworked and caffeine dependent, I think they need a bit of inner critic dialogues or they need to listen to their bodies some more. But then I notice how they organize many seminars in my university, they publish more, and they appear in the newspapers, and I begin to think that maybe that's a necessary price they pay to have an impact, to influence and help our ill society. And I start to question if I should work more, or be more demanding of our students, in order to get Gestalt out of the therapy room and into the lives of more people in need.

Alas, I begin to divert from the topic at hand.

On second thought... I'm not diverting, I'm diving right into our next section. Because what I discussed in the last paragraph was the question about opposite values and needs: work and stress and caring about others; versus relaxation and peace and taking care of one's needs. It's a classic polarity conflict. And that's precisely what I wanted to talk about now.

How do we practice Gestalt in Chile?

Until last year, I really couldn't answer this question. Because before I met other Gestalt therapists from different countries, I naively thought we practiced "Gestalt". Not "Chilean Gestalt" or "Latin American Gestalt". However, talking to colleagues from the Czech Republic, Italy, Germany, Australia and other countries, have showed me different emphases, different descriptions of what doing Gestalt Therapy is. Also, researching for this chapter I learned from Francisco Huneus that the linguistic barrier has deeply influenced GT in Hispanic countries. For example, the classic GT book by Perls, Hefferline & Goodman was only translated into Spanish in 2002, and as most therapists in Chile and Spanish speaking countries don't read English, our brand of Gestalt has been mostly shaped by Perl's "west coast" work (specifically in the Gestalt books published by Cuatro Vientos). This is markedly different than what I could notice talking to several European colleagues.

So, how do we do Gestalt Therapy in Chile? Our main focus of intervention is the client's main polar conflict. What aspects of their experience and personality do they accept, embrace and own? Which

ones do they disown or want to eradicate? Using dialogue, dream work, projections (among other techniques), we observe that patients are identified with part of their experience and behavior, and reject or think that they don't possess the opposite traits. The client's main polarity conflict is almost always the ground in which the current figure appears, and we consider the therapy to be incomplete and only symptomatic if the therapist doesn't work at the character level, helping integrate the rejected or inhibited polarity.

Although this has been familiar to most international gestaltists I have spoken to, they have told me they put the emphasis of their work on other topics. For example, other Gestalt colleagues give a lot of importance to the relational aspect of Gestalt theory, almost in a systems theory manner, or similarly to relational psychoanalysis. For others, the focus is on the interruptions of contact. And the most surprising thing is that something so obvious for us, the concept of polarities, is not emphasized in other training institutes, and seldom theorized.

The concept of *polarities or polarization* doesn't appear often in Gestalt therapy literature. Some Gestalt authors have written about it explicitly (see Yontef 1993, Zinker 1976, or Johnson 1992), but Perls never mentioned it in his books. However, it can be indirectly traced back to his thinking. For example, Perls (1974) mentions Friedlander's concept of *creative indifference* as a state in which a person has the freedom to reach both opposite behavioral poles. He also speaks about how, when we are neurotic, we develop a rigid and predictable *character*, losing our ability to creatively adapt to the demands of the situation. As he says, "all control, even internalized external control - 'you should' - interferes with the healthy organismic functioning. There is only one thing that must control: the situation" (Perls, 1974, p. 31). Another related idea is the one about *holes* in the personality: experiences and personal resources that are not available because the neurotic has projected them as a way of resolving the basic *society vs self* conflict. The only time he describes a specific polar conflict is when he talks about the *top dog vs under dog* conflict. Later, he explicitly states that the aim of Gestalt therapy is to "increase human potential through the integration process" (Stevens, 1978).

I have proposed a definition for polarities (Herrera, 2016), trying to capture the essence of what we do here at the Santiago institute and how we work with them, inspired on the concept of *conflict splits* by Greenberg (1979). They can be defined as:

conflict splits, personified using two opposite characters, each expressing different cognitive, emotional and behavioral processes.

The specific characters are selected because at least one of those characters exhibits processes that are being systematically interrupted by the patient in different contexts, thus making unavailable certain resources and limiting the patients experience and creative adaptation. The characters names and specific traits can change during the therapy, but we assume that they represent basic ways of being in the world and will ‘show up’ in symptoms, dreams and interpersonal conflicts, until those processes stop being systematically interrupted or the patient changes their context and doesn’t need those inhibited resources anymore. (Herrera, 2016, p. 165)

To “diagnose” the main polar conflict, we observe the systematic interruptions in the client’s contact processes to explore what is missing in their experience, what is being left out, what is being rejected or pushed back. We explore this aiming to understand the client from their own lived experience, in a non-judgmental manner and being respectful for the clients’ freedom of choice. Using this information we often discuss this polar pair with the patient, discussing if he or she is willing to integrate this previously neglected pole. Then, we often use two chair dialogue and other techniques to help the patient embody the “other” polarity, and then establish dialogue and cooperation between both poles (in my case, we named it “the caveman vs the diplomat”).

We are also very careful in that identifying with previously unknown aspects of the self should not lead to a reversal of polarities (e.g. the “strong responsible woman” that after therapy shifts and now becomes “carefree and dependent”, now rejecting her responsible pole). Also, we take great lengths to ensure that the patient fully embodies the disowned pole, so the role playing and dialogue is not only at an intellectual level. Treating these two parts of the self (dominant & rejected) as polar opposites helps us because it makes them easier to differentiate. This helps the patient personify them and engage in dialogue.

Similarly to Johnson’s (1992) Polarity Map model, we regard each pole, each way of being, as having both egosyntonic and egodystonic components, and that is one key reason for polarization. As an example, let’s analyze the different components in the diplomat vs caveman polar conflict:

| | Caveman | Diplomat |
|-------------|---|---|
| Egosyntonic | <ul style="list-style-type: none"> - Setting boundaries. - Having energy. - Directing others. | <ul style="list-style-type: none"> - Minimizing conflict. - Getting along with others. - Giving a “cool” impression. |
| Egodystonic | <ul style="list-style-type: none"> - Hurting others. - Making others angry and vindictive. - Losing control. | <ul style="list-style-type: none"> - Being regarded as “passive”. - Being weak. - Stressing. |

A requirement for a sustainable integration of the disowned polarity is that the patient must learn and experience two complementary things:

1. To enjoy the positive, egosyntonic aspects of the disowned polarity.
2. To tolerate sometimes suffering the negative, egodystonic aspects of the disowned polarity.

The logic of this argument is that it’s impossible to *always* choose the most appropriate response to a particular context (and if it was possible, it would require too much processing power for our limited brains). So, even though we would like to behave in a perfect way in every situation, sometimes we will err though excess, and other times through restraint. We are polarized when we can’t tolerate one of these errors, and thus avoid at all cost any behavior that would lead us to that horrible result.

Continuing with the example: this patient doesn’t allow himself to be a “caveman” because he avoids *at all costs* the potential negative consequences of being like that (e.g. losing control, or making others vindictive). Also, because he avoids that kind of behavior he is not able to enjoy the positive aspects of that polarity. On the contrary, he is used to tolerating the negative aspects of being a “diplomat” (e.g. feeling passive, or weak), and also he is able to enjoy the positive aspects of that polarity.

The change towards tolerating the egodystonic aspects of the disowned polarity can be eased with reframing techniques (e.g. ‘If others get

vindictive when you set boundaries, maybe they are not true friends; because true friendship tolerates minor frustration and conflict'). However, it probably will require exposing the patient to unpleasant feelings and experiences that he has been systematically avoiding. Another way of facilitating this is helping the patient contact the enjoyable consequences of integrating that pole.

Some specific techniques that help us in the integration path are the two chair dialogue between the 2 polarities, two chair work with another person who personifies a rejected pole, and the kind of role playing work I described at the beginning of the chapter.

Also in the spirit of integrating polarities, we strive to reach a balance between East and West coast Gestalt traditions. This means that although our training programs are fundamentally experiential (a welcome relief after a 90% theoretical psychology training at the universities), we still retain some scientific influence from our psychiatrist founding fathers. Also, a few of our teachers are also part of the Existential Analysis training program (founded by Alfred Längle), so existentialism is a big part of our background. One specific way in which existentialism informs our practice and complements our focus on polarities is with the concept of the *existential vision*, an implicit construction of the world, the person, and their relationship that lies in the ground, as an unconscious assumption from which polarity conflict emerges. So, many times it's not enough to integrate the client's polarities, as it's also crucial to explore and expand the *existential vision* or awareness of the field.

For example, I had a client who presented two main polarities: the dominant pole was weak, afraid and small, and the inhibited one was strong, big and assertive. During the first period of therapy she integrated both and started feeling better, but she still had problems, specially trusting her boyfriend. We noticed that she was relating to him from the strong pole, because she felt powerless from the weak or sensitive one. But exploring further, we understood that she perceived him as dangerous, and she had learned to be afraid of abusive relationships and of the world in general. So, in the context of a dangerous world and a potential abuser in her bed, she had two options: be weak and afraid (as her mother), or defend herself and be strong and not trust and have a relationship with low intimacy and constant friction (as she had in the present). So if she remained constrained to that existential vision, she only had those two flawed options. Later, she opened to question and widen her perception of the world and of romantic partners, daring to trust and not be always so emotionally and bodily defensive.

Nana Schnake's pioneering work with Body Dialogues

Nana's holistic approach to health and disease and body dialogue technique is a specific contribution from Chilean Gestalt. It has been applied by therapists, psychologists and physicians in Chile, Mexico, Brazil and Spain, although her work is not known to colleagues outside the Spanish speaking world.

The holistic approach assumes that body and mind cannot be neatly divided, so illnesses don't have isolated causes. It also feeds from modern physics ideas about "the whole being in the part" (Wilber, 1997) and of non-causal relations between phenomena. The main thesis is that each human being has some traits and way of being in the world (not static, but more or less stable), and that way of being in the world pervades and affects the whole organism. Also, each organ or system in our body has certain physiological functions that determine its "way of being". For example, lungs don't move independently, so they are "passive" in their function; the skin is sensitive and protective, etc. Finally, the method asserts that if the person rejects some aspects of her way of being, she is rejecting also intrinsic aspects of the natural functioning of the organ, making it more vulnerable to infection, illness or damage. For example, if I reject my "passive" polarity or trait, I could adversely affect the proper functioning of my lungs. So, the illness is not fought as an enemy, assuming instead that it can give us a valuable message about our integration path.

Based on this theoretical assumption, the method aims to help the patient to be aware of the parts of the ill organ or system that she is rejecting or denying in herself, and use the organ as a guide to integrate those aspects. It is directly related to polarity work and using the organ as a way of contacting the neglected pole. It doesn't pretend to replace traditional western medicine, but anecdotal results show that sometimes the technique helps overcome the disease, other times it helps slow down its progress and other times it's "just" an effective method of facilitating the integration of client's polarities.

Describing the technique itself, it is a two chair work between the person and the ill organ or system. Here I'll give a brief overview, as the technique has been explained in detail in Nana's books (1995, 2002, 2007). First the dialogue is oriented towards the traits or aspects of the organ that the person is rejecting in herself. Then, the focus turns to helping the client accept and not fight the organ with its characteristics. Finally, the therapist helps the client become the organ and thus embody those previously rejected traits. During the process the therapist often serves as an auxiliary ego, becoming the organ or the client during the dialogue. After the body dialogue has

ended the client leaves with an important awareness but still with the task to integrate that polarity or trait into her life. So, the organ dialogue often is conducted in the context of a psychotherapeutic process, not as an isolated single-session technique.

The method is mature and has been applied for three decades. Now we're moving onto a different stage: we want to explore it scientifically. How effective is it? Why does it work? Are there contra-indications? We want to challenge its assumptions and study it with a curious and critical stance.

Now let me tell you about our overall current research situation.

Research

In 2013, Huneus stated that “there has been no empirical research in gestalt therapy in Chile to date” (p. 321). In the GT community, research was a bad word, and “empirical research” a two word combo that could make any gestaltist's stomach turn. Today, in 2017, “empirical research” is like lettuce or carrots: not something that we long to eat, but good food nonetheless, and healthy too. And it doesn't make our stomach turn.

We had an aversion to research but now we have three relatively big projects underway, with several master's degree dissertations, presentations in international meetings and two journal publications being written. And it all started with a serendipitous combination of factors. I'll list them because knowing them can be useful for other colleagues who want to facilitate this transition in their institutions:

1) Know-how: An improbable combination of GT and research training. I am the only Chilean that I know that had a three year GT training and also a PhD in psychotherapy research. Plus, our director has no research training but a strong and historic interest in the topic, and his leadership has been essential to make research an institutional project, not a personal one.

2) A shared vision: a sense of purpose to fuel our motivation. Five years ago, a German colleague (Otto Glänzer) came to Chile visiting his daughter and told us that GT in Germany was dying, and it was in part due to lack of empirical studies. That was the wake up call. We wanted to collaborate to protect something valuable to us: Gestalt. Also, we wanted to make it grow, to challenge it and to improve it. But the main motivation was more basic: to take care of something that we loved.

3) Manpower: untapped resources. We didn't have funds to do research, but we had an institute with students who had to do their master's degree thesis. They often didn't complete their work, and when they did, it only served as dead weight on a bookshelf. So, we designed a lot of didactic

material to make our students *want* to participate in our research project, because it was easier, had more guidance, and they noticed they could make a contribution. After a few years, we have been able to collect enormous amounts of data without spending a single peso, helping many students finish their work and graduate with their diploma.

Enough preamble. What projects are we working on?

1) The creation of an instrument to identify a client's main polar conflict and rate its integration level. This project is directly inspired by Hans Strupp's ideas about PTO (problem treatment outcome) coherence (Strupp, Schacht & Henry, 1988). He claims that often in psychotherapy research, the measures and instruments we use are not consistent with the way we work in the therapy process, and neither with what we aim to accomplish with our clients. So, for example, we end up doing research using DSM-5 for diagnosis, the Beck Depression Inventory for measuring outcome, and focusing on Gestalt techniques during the therapy with the aim of integrating clients' polarities. The proposed outcome measure aims to help fill that gap. We are currently testing the first version of the instrument.

2) A series of projects aiming to test the efficacy of Nana's body dialogue method and test the proposed theoretical change mechanisms. As noted before, so far there's no empirical research on Nana's approach. Our project will start testing its results with a few patients with uterine myoma, observing if the intervention helps with their physical symptoms and their polarity integration. We will also explore the theoretical hypothesis that this polarity integration is the main change mechanism for the potential medical changes. After this initial study we plan on doing more research to explore the approach on different illnesses and more patients.

3) An international collaborative project to study process and outcome in Gestalt Therapy. We are spearheading a series of case studies using single case experimental design and time-series analysis. In these, each client is compared with herself (pre therapy versus post therapy) and we collect detailed data daily during the whole process, including video recording of all sessions. This allows us to meticulously observe the change process, for example noting turning points during the therapy, or comparing specially productive and unproductive sessions. This methodology is validated by the APA to assess if a therapy is efficacious for a specific problem, helping us become "empirically validated" will all that it implies. Also, by yielding detailed process information, this method helps us understand how change occurs during the therapy process, challenging theoretical assumptions and also understanding why sometimes change doesn't happen. We have already

more than 20 cases collected and 10 analyzed, each functioning as a master's degree thesis for one of the students in our training center. Finally, we are working with an international team (Jan Roubal from Czech Republic, Phil Brownell from USA, Illia Mstibovskyi from Russia and Otto Glänzer from Germany) to form a wide practice based research network (PBRN) of colleagues that can use this methodology in their private practices and institutions. With this team we are working on two publications: one focused on GT efficacy for anxiety disorders, and another aiming to show this method to GT colleagues and motivate them to join our PBRN.

An important note is that one of the main limitations of our single case project at the moment is our method for assessing the treatment fidelity (if we say GT is efficacious with one case, we need to demonstrate that the therapist is doing GT, (Fogarty, 2015). Currently we assume that the therapist applies GT because he or she has GT training for 2 years and is supervised in the methodology. Fortunately the Gestalt Therapy Fidelity Scale has been developed (Fogarty et al 2016) and validated. It will soon be available in Spanish and we will start using it, to demonstrate that GT is reliably practiced. This will make our methodology more robust.

Conclusion and Future Challenges

Gestalt in Chile is in a transition period. When I started my training 14 years ago, my classmates were mostly not psychologists. They were interested in learning for more personal than academic or professional reasons. Now, almost all trainees are psychologists whose motivation is strongly tied to having their psychotherapy accreditation, and some of the students even have academic or research interests. We're engaged in research projects and are presenting at international conferences, but still most psychology students think we only punch cushions and do incense therapy. We enjoy a constant flow of new students and our graduates are happy, but we seek external validation and impact as well. We honor the legacies and try to carry on what our forefathers built, but at the same time want go to further, challenge their hypotheses and explore moments of failure. This reliance or dependence on few key figures is one of our main problems. If three or four strategic people get sick or lose motivation, all that we have built would fall down. We still haven't built a community strong enough to carry on our work.

We have few resources, but if we want to grow into the future we still need to do much more. We need to publish and create a writing and research-friendly culture. We need to transcend the language barrier. We need to reach international colleagues who have expressed interest in the

single case collaboration project. We need to do process research with the enormous amount of data we have collected. We have done a lot with very little resources, but to grow we need government financing.

Let's stop to think about this last sentence for a minute. It's weird for a group of Gestalt therapists trained on a gestalt prayer/theory of Gestalt to claim that the future of our field requires us to do empirical research, publish and learn to make budgets to apply for government funding. More than weird, borderline heretic perhaps. There are good reasons why we have historically avoided all that. It's hard to write (even more in a second tongue). To apply for funding and understand methodological papers is a test for our frustration tolerance. It's easy to fall into doing aimless and meaningless empirical research. It's easy to give in when facing criticism, apathy or contempt among our peers.

At the same time, we believe the future of Gestalt needs curiosity, exploration and an open mind towards what we assume we know. In these challenging times, we need self-confidence and self-criticism. We need fellows who love experiential training and loath research, and we also need fellows who love analyzing videos, doing calculations or writing for a bigger audience.

We need all this, because our world needs us to contribute beyond the walls of our training institutes or private practices. We have a message and an expertise that is worth sharing. So, this is not a political or strategic calculation, it's a matter of love and care for Gestalt and for our world.

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Biography

Pablo Herrera Salinas Psychologist (Catholic University of Chile), Gestalt Psychotherapist (Gestalt Psychotherapy Center of Santiago), PhD in Psychotherapy Research (Catholic University of Chile; Heidelberg University). Pablo is a teacher and researcher, and has presented in scientific meetings in Chile, Argentina, Switzerland, Italy and U.S.A. He is in charge of research at the University of Chile, Santiago, as a professor, clinical supervisor and researcher, with the main topics being the psychotherapy process, patients' conflicts and resistance towards change. He is also currently heading an international research project focused on studying Gestalt therapy process and measuring outcome, in order to validate our practice and understand its change mechanisms.

A COMMENTARY ON GESTALT THERAPY IN CHILE: A NARRATIVE BY PABLO HERRERA SALINAS.

Paddy O'Regan

Gestalt therapy is situated within a significantly changed and changing culture since the publication of Perls, Hefferline and Goodman's seminal text in 1951. One of the features of the changing culture is described in the sociological literature as globalisation, which has homogenised (and Westernised) the production of knowledge through an almost unimaginable development of communication technology, transport technology and the loosening of national boundaries (Altbach & Teichler, 2001; Castells, 2010; Gacel-Avila, 2005). The extent of the homogenisation of knowledge in the Gestalt context has to my knowledge not been well researched although it seems we can not agree on field theory or 'self' as shown in recent edited collected works (see Bloom & O'Neil, 2014). However, Dr Pablo Herrera Salinas' narrative about the history, context, current situation, and future challenges of Gestalt therapy in Chile has highlighted for me some points of similarity and differentiation to the Australian Gestalt context. Herrera notes that the linguistic barrier in Chile is a major factor in shaping his country's Gestalt practice and this may have filtered global Gestalt influences beyond other Spanish speaking countries. Our context in Australia and New Zealand has been, I think more broadly influenced by mainly UK and US writings in the English language, and more recently some European texts that have been translated into English. The remainder of this commentary explores some of the themes from Herrera's article especially in relation to the practice of Gestalt therapy and the training of Gestalt therapists in the Australian context compared to that of Chile. These themes are: the different influences on Gestalt therapy theory and practice in Australia and New Zealand, the different impacts of these differences on the practices within training institutes (including research), and the similar tensions and imperatives apparent in the interplay of the undergirding values of Gestalt therapy theory and some of the demands of the contemporary culture.

It is beyond the scope of this paper to articulate an Australian and New Zealand way of practicing or teaching Gestalt therapy. I know only a little of the practices in some contemporary Gestalt institutes. Therefore, in this

commentary I am drawing on my own experiences as a former student and trainer at the Queensland Association of Gestalt Inc., and as a trainer and co-director at Gestalt Therapy Brisbane. I am also drawing from my reading of this Journal and other relevant journals and books, and my attendance at GANZ conferences.

Herrera asserted that the emphasis in Gestalt therapy in Chile is working with the client's main polar conflict. I think this emphasis is different to that of Gestalt therapy here. The idea of working with polarities is not unfamiliar to me as my early teachers were highly influenced by the ideas of the Cleveland school and polarities are embedded in its theories and models such as: the unit of work (Wyman, nd), Zinker's (1976), writing on experimentation, and in Wheeler's (1998) elaboration of contact styles. In my early training I understood that the *thematic experiment* was based on the clients *process*, located within a unit of work, and included a polarity or a dilemma for the client, which was investigated in a relationship that supported the "safe emergency". However even then the emphasis was not so much on the polarity itself rather on the process of the therapeutic relationship, which was included within a theoretical framework (phenomenological enquiry, the unit of work, the cycle of experience, and contact styles) that provided a map for therapeutic work. Polarity work for me at that time was understood as a part of the co-created curiosity in therapy (part of the experimental attitude) of the client's process, which also included an embodied and relational curiosity with an emphasis on contact styles. I imagine this may not be too different to how therapy is conducted in Chile, and I note Naranjo's (2007) emphasis on the primacy of therapist attitude in his writing. I understand the attention to polarities is a matter of emphasis and an aspect of the experimental stance in the way Gestalt is practiced in Chile. I appreciate my comments will not resonate with some practitioners and students from other institutes here and New Zealand whose influences vary from mine. However in Australia and New Zealand I believe it is fair to say that the theoretical influences on Gestalt are quite broad with an emphasis on the situational, relational and embodied approaches to therapy and other forms of Gestalt practice such as community building, group work, organisational work and working with intimate systems. The contemporary research finding a consensus as to the nature of Gestalt therapy are building a useful ground to discuss our commonalities and differences.

Visits and video-links to Institutes and conferences in Australia and New Zealand, by Gestalt and non-Gestalt practitioners such as Mark Fairfield, Donna Orange, Robert Resnick, Rita Resnick, Lynne Jacobs,

Margaretta Spagnuolo Lobb, and Sally Denham Vaughan among others, as well as local theorising and writing, have emphasised the intersubjective, embodied and relational aspects of Gestalt practice. While articulating a unique Australian and New Zealand way of practicing Gestalt may be a contestable idea, the emphasis on the relational aspects of our work seems to emerge as a theme in GANZ conferences and Journal publications. I am interested to notice if this emphasis has any implications for research generated in Australia and New Zealand. Does this relational attitude lend itself to qualitative research? Does our interpretative epistemology reject positivist research methodologies? I noticed Herrera's interesting research projects and his emphasis on the need for empirical research to take care of the Gestalt therapy, which we love, in the less than friendly environment that we are in. I would direct the reader to O'Neill's and Maclean's discussion in O'Leary's book (2007) for a more detailed discussion of the history of research in Australia and New Zealand. Currently I am personally aware of three current PhD projects in Australia where Gestalt is a central part of the research. I applaud the efforts that Madeleine Fogarty is engaging with to develop an internationally based consensus regarding the practice of Gestalt therapy.

In contrast to Chile, the Master program at Gestalt Therapy Brisbane has a very strong completion rate and students here seem to highly value their study and qualification, and contribute regularly to writings in this Journal. I do, however, resonate with some of Herrera's discussions regarding the imperatives of keeping Gestalt therapy relevant within the current cultural context in which we are located.

Gestalt practitioners know the importance of the environment, field or situation in relation to healthy functioning. Herrera's concerns regarding the diminished regard for Gestalt therapy in Chile parallels a similar situation in Australia. Although Gestalt therapy is well regarded by our students (and clients!), the diminishing regard and influence of humanistically informed therapy and Gestalt therapy in Chile seems to be echoed in Australia, where Cognitive and Behavioural modalities are perceived as evidence based and thus more rigorous and recognised than existential/humanistically informed therapies. The implications of this situation in Australia is evidenced in policy documents such as the Focused Psychological Strategies acceptable for the Medicare rebate, which emphasises behavioural and cognitive modalities. This situation has created a pressure for a response from Gestalt practitioners and Herrera's challenge for Gestalt practitioners to be involved in empirical research to care for this modality is beginning to be met. Locally and internationally Gestalt researchers are, thankfully,

endeavouring to bridge this gap by building a stronger evidence base for Gestalt therapy. However the pressures and imperatives to provide evidence of an effective therapy can be understood as being value-based, meaning they imply a broader cultural discourse of how therapy *should* be practiced and the way in which therapy *should* be seen to be effective. Some of Herrera's observations regarding the training of Gestalt therapists allude to a tension between the some of the values of Gestalt trainees and practitioners and some of the values of our culture. I believe the implications of this value tension is worth exploring in our local context as we try to co-opt the advantages of being seen to have an evidence-based therapy whilst holding to our undergirding theory base.

I would like to thank Dr Pablo Herrera Salinas for his article. I was moved by his love of Gestalt therapy and by the efforts that he and his colleagues are undertaking to promote its relevance in Chile. I hope that we can reverse the usual process of globalisation and learn for the exciting work research being undertaken in Chile.

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Biography

Paddy O'Regan is a co director of Gestalt Therapy Brisbane. He is a social worker in private practice and works with individuals, couples and organisations and has worked extensively in the field trauma. He enjoys practicing Aikido whenever he can.

AFTERWORD TO GESTALT THERAPY IN CHILE: A NARRATIVE, BY PABLO HERRERA SALINAS, PhD

Philip Brownell

I met Pablo at the first gestalt research conference at Cape Cod. We eventually began working together on the single case timed series project. This article is based on a chapter in the second edition of the *Handbook for Theory, Research, and Practice in Gestalt Therapy*, which I am editing. I am happy that it will appear in the GJANZ special issue on research, and that readers will learn of Pablo and his work. He is a wonderful person as well as being important to the international movement for research in gestalt therapy.

On this occasion, let me also list some of the other chapters that will be in the handbook in case readers might be interested:

An Adequate Philosophy of Science to Inform Gestalt Research—The View from Gestalt Research Mentors (Leslie Greenberg—Canada, Scott Churchill—USA, Wolfgang Tschacher—Switzerland).

Useful Methodology in Gestalt Research (Jelena Zeleskov Djoric—Serbia).

Practice-Based Research & Practice-Based Research Networks (Philip Brownell—USA).

A Unified Theory (Sylvia Crocker—USA).

A Modified Phenomenological Method (Dan Bloom—USA).

A Relational Process (Lynne Jacobs—USA).

An Existential-Experimental Approach (Jan Roubal—Czech Republic).

A Field-Theoretical Strategy (Gianni Francesetti—Italy).

A Use of Self in Therapy (Jean-Marie Robine—France and Philip Brownell—USA).

The Confound of Gestalt Ethos (Philip Brownell—USA).

The Implications of Scientific Findings (Peter Philippson—England).

Treatment Fidelity (Madeleine Fogarty—Australia).

Utilizing Consilient Research in the Wider Field (Philip Brownell—USA).

Teaching & Conducting Gestalt Research Through the Istituto di Gestalt, HCC Italy (Margherita Spagnuolo Lobb–Italy).

Teaching & Conducting Gestalt Research in Hong Kong.(LEUNG Yuk-ki, Timothy–Hong Kong).

Teaching & Conducting Gestalt Research in Russia. (Illia Mstibovskiy –Russia).

Biography

Philip Brownell is a clinical psychologist, certified gestalt therapist (European Association for Gestalt Therapy), and professional coach (certified at Duquesne University's ICF accredited training program). He is an author and editor, having written and/or edited over six books, contributed numerous chapters to multiple other books and contributed articles to peer reviewed journals. He has conducted training workshops and seminars globally in Europe, South American, Australia, Asia, Canada and the USA. He is a leading influence in the world of gestalt focused research, for which he founded and supports The Research Conference, a biennial gathering of gestalt practitioner researchers. Having lived and practiced in Bermuda for eleven years, he has begun a new practice of psychology in an integrated healthcare organization (A Patient Focused Health Home) in Twin Falls, Idaho.

REPORT ON THE 6TH FISIG CONFERENCE, CATANIA (ITALY)

Margherita Spagnuolo Lobb, President, FISIG and conference organiser.

The title of this conference, held over April 27-30, 2017, under the banner of the Federation of Italian Schools of Gestalt (FISIG) which consists of all fifteen schools approved by the Italian government, was: Epistemology: Clinical and Research. The choice of the title emerged as a very clear one, more than two years ago, in a General Board meeting with all Directors and trainers, and the real novelty became a focus on the word “research”. I cannot deny that in this choice there have always been mixed feelings: wishing not to become a behaviourist method; fearing to be too small to do research, but with a genuine desire to do research; curiosity towards what other institutes do etc. As the first time that the Italian Schools – as a whole – addressed this issue, it was a very special turn for us. We chose to invite Madeleine Fogarty as the key note speaker, recognising her research work on the inner coherence of our method. Before the conference, in energetic meetings in October 2016 and the other in February 2017, all the Italian group of Directors and a few trainers were trained on the Gestalt Therapy Fidelity Scale (GTFS) with Madeleine, and also participated in the second part of her validation study as raters of demonstration videos.

The conference participants numbered about 800, including students, trainers, Directors, individual Gestalt psychotherapists and counsellors. At the opening plenary on Thursday, I delivered a speech to introduce the new challenges to Gestalt therapy today and the importance of research: new issues in our society, new kinds of clients and new kinds of sufferings, and new cultural trends in psychotherapy. Living in a desensitized world means to suffer a lack of recognition in primary relationships, to be unprotected from impulses in adolescence, to hang on to decide what to do in one’s own life around the thirties, to feel alone and depressed with no relational hooks in the 50s. I posed the questions: how can we answer to these clients as Gestalt therapists? Are the original techniques still appropriate and how? Are the original criticism of social rules and the humanistic attitude to support the potentialities of people still effective with our clients? I believe we need to change the professionally independent attitudes into a more collegial one, and that what can keep Gestalt therapy alive in the world of

psychotherapies today is to nourish the ground of our approach, and rely more on professional networks, in order to share results, doubts, and to build a common ground that allows us to present ourselves to others. In the keynote address, Madeleine presented the GTFS model, the development of her research and the statistics of the results. The audience listened with great interest, and were captivated with her clear method. Following that three research prizes were awarded to students by Prof. Santo Di Nuovo, a dean of the local University, well known internationally for his competence on research.

On Friday and Saturday, participants could choose four presentations per day, out of 110 available workshops and lectures during the conference, all connected directly to the themes of the conference. Of course, I accompanied Madeleine as our guest to various workshops, giving her support for the language and deeper understanding of what was presented. I was astonished to discover how many good researchers are involved in Italian Institutes, and how much each institute could be supported to grow just by sharing what they do and think with colleagues of other institutes. The range of offerings was greatly appreciated by participants and created an environment of curiosity and respect for differences. The final plenary reflected this climate: we ended in a big hug of directors, a semicircle open to all students and trainers, presenting a strong image of union, an inspiring and supportive point of reference for all students see our differences situated in a solid ground.

What we have learnt from this conference is that research can also be a tool to overcome individualistic fighting between institutes. It can include the curiosity and love for human kind, which is the most basic urge that a person who chooses to become a psychotherapist feels. Of course there are differences amongst institutes, and economical interests that make each institute feel somewhat suspicious and closed off to others. My wish, supported by the reaction of the many students present at the conference, is that the competitive economical interests can remain confined, and that we can all experience the vitality and collective growth that research, both as an attitude of curiosity and humility for what we do, and as a competence, brings to our profession.

Note: A complete list of Italian schools is available at www.fisig.it

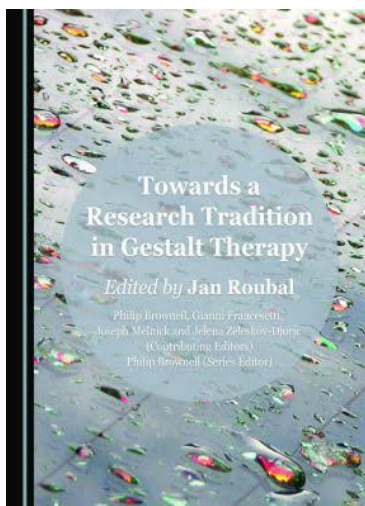
Biography

Margherita Spagnuolo Lobb, is Director of the Istituto di Gestalt HCC Italy (Siracuse, Palermo, Milan). International Trainer and Supervisor, President of the Italian Federation of Recognized Gestalt Training Institutes (FISIG), Past-President and first Honorary Member of the European Association for Gestalt Therapy (EAGT), Founder and Honorary President of the Italian Association for Gestalt Psychotherapy (SIPG), Past President of the Italian Federation of Psychotherapy Methods (FIAP). Editor of the Italian Journal *Quaderni di Gestalt* (since 1985). She has written extensively, her book *The Now-for-Next in Psychotherapy. Gestalt Therapy Recounted in Post Modern Society* (2013) is available in 7 languages.

Book Review

TOWARDS A RESEARCH TRADITION IN GESTALT THERAPY.

Peter Young



Roubal, Jan (Executive Editor)
Newcastle upon Tyne, United Kingdom: Cambridge Scholars Publishing, 2016, 372 pp. ISBN (10): 1-4438-0734-6 ISBN (13): 978-1-4438-0734-0

This edited collection aims to advance the research tradition in Gestalt therapy, as the editors see this as integral to the advancement of Gestalt therapy (Roubal, Francesetti, Brownell, Melnick, & Zeleskov-Djoric, 2016). Some in the Gestalt community will intuitively accept the logic of this argument, and for those people this text provides both a useful

articulation of why research into Gestalt therapy matters, as well as a resource to support their engagement in this work. For other prospective readers the value of engaging in research may be of little interest, and some from this group may harbour misgivings about the perceived inherent incompatibility between the scientific method on the one hand, and the Gestalt therapeutic process on the other. This text acknowledges and explores these concerns, and it seeks to engage this group of research agnostics and atheists in dialogue. For example, in the preface by Leslie Greenberg, he questions whether the term 'research', if replaced by 'investigation' or a continual process of 're-search', might be a more acceptable frame for opening conversations.

The body of the book, consisting of 19 chapters by multiple contributors from around the globe, is presented in three parts. It begins with an exploration of the historical, social and political context for this topic. This first section supports the reader to understand the journey of Gestalt

research to this point. In particular there are comprehensive descriptions of the relationships between the development of various philosophies of natural and social sciences and the philosophical and practice related principles of Gestalt therapy. Authors explore, in their own ways, the relative compatibilities of these relationships and the resulting implications for how to locate Gestalt research. We are told of the worldwide movement to elevate and fund forms of counselling practice that have an empirical evidence base, and of the attempts through international meetings and conferences of the Gestalt community to progress a research tradition in response (in part at least) to this changing funding context. This examination is written from the perspective that research matters, but it is not presented uncritically. Some authors give voice to the concerns that the scientific method may be inherently incompatible with Gestalt therapy, for example by objectifying the client as “other”, and they resist settling on simple answers to this tension. Part One concludes with a personal reflection by Joseph Melnick on his 20 year journey into research (Melnick, 2016). Within this set of global contributions, Australia has a voice and is represented by two authors: Jelena Zeleskov Djoric, now based in Darwin, in Part Three and as a contributing editor, and Alan Meara in Part One.

Part Two introduces examples of various research methods, and this section provides a rich and diverse primer on how to design and undertake research in a Gestalt context. Roubal and Rihacek (2016) begin this section with an introduction to the research method. They start with a discussion of the importance of the research question, and the implicit perspectives that can be embedded in variations to the framing of this question. They introduce the reader to the choice of quantitative versus qualitative research methods, and then to the options of approaches that sit within qualitative research. This chapter applies the grounded theory method of qualitative research to build a better understanding of, “how (do) therapists experience their work with depressive clients?” (Roubal & Rihacek 2016, p.93). The authors then share the journey of a research study using this method and research question as a case example. Lobb (2016) similarly applies the grounded theory method to her research in an organisational consulting context.

Other chapters in Part Two discuss research using a case-based time-series approach (Wong, Nash, Borckardt & Finn, 2016); and a relational-centred phenomenological approach to qualitative research (Finlay & Evans, 2016; and Sandell 2016). While some of these chapters are exploring research aimed at better understanding what is going on in Gestalt therapy, and the ways that this method of therapy energises and supports change

and growth, other chapters contribute to building an evidence base for the efficacy of Gestalt therapy (for example, Stevens & Wakelin, 2016). The chapters that are focussed on building an understanding of therapy processes are understandably qualitative in approach. The chapters that examine efficacy tend to be more quantitative in terms of research methods, and these chapters focus more on therapy outcomes rather than processes.

Part Three offers examples of projects from around the world, in various practice environments and areas of interest including: outpatient treatments; power relationships; school counselling and organisational consulting. These chapters document completed research projects using different research methods, with the intention to both encourage practitioners to similarly engage in research, and to alert researchers to possible methodological challenges along the way (Roubal et al, 2016). I particularly enjoyed the chapter by Djoric, Cannavo and Medjedovic (2016), that documents research into the efficacy of Gestalt groups in prisons in Serbia and Italy. Quantitative survey instruments were used during and at the conclusion of the groups to examine psychological and behavioural functioning; as well as to measure the impacts of treatment, such as symptom change and insight.

Personal reflections

I read this book wearing a number of hats – an experienced social work practitioner and now lecturer in Social Work at an Australian University; a beginning Gestalt practitioner; and, despite my employment in the field of academia, a somewhat reluctant reader with limited experience as a social researcher. My limited experience as a researcher and my resistance to reading gives me a great appreciation of clear and accessible writing, and I notice myself losing energy when an author assumes knowledge of the reader that I do not possess. This knowledge might be the meaning of certain words or technical terms, as well as knowledge of theoretical concepts that are well understood in the author's world but alien to myself as reader.

I offer these reflections about myself to make two points. Firstly, I struggled with some chapters in this text because of my resistance related to assumed knowledge by the authors. If you are, like me, also a reluctant reader with limited knowledge of research, then there are still many chapters in this edited text that you are likely to find accessible and energising. In particular, you may enjoy chapters by Roubal et al, Brownell, Melnick, and Lobb. These chapters alone were enough to ignite my enthusiasm for this topic of why research matters, and to provide me with hope, energy,

and some conceptual tools to assist me to participate in and add to the task of building the Gestalt research tradition. These chapters also fuelled my curiosity to persist with other chapters that were, for me, less accessible.

The other reason for telling you about myself and, in particular, my professional identity as a Social Worker, is that we – Social Workers and Gestalt therapists – have much to learn from one another when it comes to the question of the place of research in our professions. In particular, Social Workers and Gestalt therapists both share many of the same misgivings related to research and the scientific method. Professor Karen Healy, the national president of the Australian Association of Social Workers, sums this up when she states that Social Work research is inherently challenging because of Social Work's broader focus on the person in their environment, and the optimism about clients that leaves Social Workers uncomfortable with diagnosis, and unwilling to reduce a person's difficulties or hardships to personal pathologies (Healy 2005). Just as Gestalt therapists are challenged by the idea of proving effectiveness through an empirical research process, so too, Social Workers have struggled with the environmental pressures to only engage in evidence based practice. However instead of rejecting the importance of empirical knowledge derived from research, the Social Work profession values this knowledge alongside a range of other forms of knowledge, including practice wisdom. The Social Work profession uses the language of evidence informed rather than evidence based practice as a counter to this movement towards reductionism and positivism. Perhaps this orientation might help encourage dialogue within the broad church of Gestalt therapy, and in particular offer a more compatible perspective for those therapists unconvinced of the importance of building a Gestalt research tradition.

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Biography

Peter Young BSocWk, MPhil, MGestTherapy

Peter is a Gestalt therapist, social worker and lecturer in the School of Human Services and Social Work at Griffith University, in Queensland Australia. He graduated with a Master of Gestalt Therapy from Gestalt Therapy Brisbane in 2016, and is on the Academic Governance Board of that organisation.

Editors' Note: This book is now listed on the APA PsycInfo data base and with all chapters listed individually, and so is available to those GT practitioners and the wider psychotherapy community who have access.

HOW A SKELETON GROWS NEW SKIN: TRANSFORMATION FOR THE REPRODUCTIVE CLIENT.

Kimberley Lipschus

Introduction

Reproductive challenges can befall any woman, from any socio-economic arena, colour or ethnicity. A woman may experience the tragic loss of a baby (through miscarriage or stillbirth) or her world may be turned upside down after years of failing to fall pregnant. She can be struggling with a birth that went awry or feel she is drowning under a tsunami of postnatal depression or anxiety.

In this article I will examine these challenges over the period of time that spans a woman's fertile years- the reproductive period, which is broader than the term perinatal implies. My intention is to shine a light on a chapter in a woman's life that can often be hugely turbulent - particularly in the fast paced times of the 21st Century- but, with support, can ultimately become transformational. I will take a closer look at the lack of support some women experience during this phase and its repercussions on their lives. I will also introduce the ancient Inuit myth, *The Skeleton Woman*, made famous in the 1996 Clarissa Pinkola Estes book, *Women who Run with the Wolves* (p. 132). Using her story as a metaphor can be a guide for the reproductive client, in that it underlines the potential for growth - or its polar opposite, destruction, due to unfinished business. Using Pinkola Estes' version of the tale, I will re-interpret *The Skeleton Woman's* story by narrating it in first person. This is an intentional literary device instigated to highlight and embody the experience of a nameless Inuit maiden who transitions into *The Skeleton Woman*.

I suggest that *The Skeleton Woman's* narrative parallels that of both I-thou and I-it experiences of the reproductive client in many significant ways (I will use a section of the myth to illustrate). When examining *The Skeleton Woman* from a metaphorical standpoint, I will suggest that her story can mimic that of the reproductive client's.

I will argue that a part of the work a client-therapist will undergo together is to place the client firmly back into the centre of her own story, as often many of these women have felt sidelined by medical fraternities

or misunderstood by loved ones. As such, they have lost their place in their own story. I will illustrate this by using the same small section of the myth mentioned above; that is the time the Skeleton Woman spends underwater.

The Myth: A Maiden - to - Skeleton - to - Woman – A Tale of My Transformation

The day my life ended was no different from any other. I had committed an offence, something that brought down a rain of terrible disapproval from the hulking man they called my father. No one remembers my crime, certainly no one in the village recalled what it was. It was of no matter, for the man they called my father, thundered through the village to the secret place where I had fled, a seething sea of fury. He found me easily, up a tree and clinging up to a branch, and he reached up, grasping a foot. I fought well but he yanked me from the branch, and as I tumbled he clutched a handful of my long hair and dragged me in that manner, back through the village where villagers shut their doors to my desperate screams, begging, pleading anyone to, please open their door and help. No one intervened as he continued to drag me out the other side of my village and up the mountain.

This was family business, not village business.

Lugging me over his shoulder like a sack of beans, the man they called my father steamed up the mountain path to the cliff face, where he unceremoniously tossed me over the side. The force of his javelin-like throw, propelled my body over the edge like potato peelings. The jagged mountainous rocks broke my body apart as I fell, a collapsed bird falling into the sea. When my split and broken body hit the water, there was not a soul to witness it, not even that man, for he had turned and marched away.

My broken body sank beneath the icy waves, wiped from the face of the earth, as if I had never existed.

Fish and small creatures feasted on strips of my broken flesh. Before long a skeleton was all that remained of the maiden, my story, and me. An innocent, reduced to an it, and maiden girl from nowhere lying here, somewhere. The deepest betrayal for which I paid with my life.

I lived for many years in my sandy grave, in a dark part of the harbour where no one ever ventured and I grew happy here for it was quiet. And safe. One day a young fisherman rowed his kayak into my uncharted part of the harbour, and quite by accident, snared me on his fishing line.

He had ventured here to the forbidden waters, rowing quietly with his kayak, full of youth and ambition, yearning to catch a big fish. When his line hooked into my chest cavity there on the bottom of the sea, he heaved

that line with all his strength. He knew by the pull on the line, that the size of this fish was mighty and that he grinned. He would be the envy of the other fishermen He would be accepted. The kayak thrashed under the force of the fish he'd hooked, the sea frothing. But he wouldn't let this one get away.

I was the catch of a lifetime.

And so I was hooked on the line of The Fisherman, a haul lifted from the ocean floor, grabbing fish to eat during my ascent. I burst the surface of the water, jangling and bumping out into the air, terrifying the young man who fled in his kayak rowing away and shrieking in terror. But I was tangled in his nets and the more he rowed homeward, the more I bounced behind him. He stumbled to the snowy shore, heaving with horror, stumbling up the tundra and bursting into his hut where he lay in the dark panting, his heart beating like a drum.

I followed him there, so entangled was I.

When he calmed he saw me my vacant eyes staring back at him, the light of his small whale lamp casting a more favourable hue. What he saw was me lying half in and half out his hut, one heel lay askew over a shoulder bone, a kneecap trapped inside my rib cage, another foot thrown over my skull. This time The Fisherman did not flee and instead he felt pity rising for me, a bag of bones before him. He reached out a hand and singing a song of his mother, began untangling my toes, ankles, shinbones; arranging me into a more human shape, and dressing me in his warm furs. I did not dare make a sound, lest I be cast back into the sea. The fisherman then fell asleep and as he slept, a tear escaped his eye - a big teardrop dribbling down his cheek which was slack with sleep. I saw that tear, crept over and started to drink. Oh my thirst! The tears flowed faster and I drank his river of tears until my thirst was sated. Then I saw his heart, and I reached in and wrested it from his rib cage, a tender, yet mighty drum. I pounded upon it.

'Boom, Boom.'

I recalled a song too, from long ago, and began to sing as I drummed,

'Flesh, flesh, flesh, flesh.'

My body filled with skin and flesh and blood and sinew. Ecstatic, I then sang for eyes and hair and nice fat hands. I sang the deep divide between my legs, and breasts, which could suckle a young one. I sang for all that a woman needs. I then gently returned the heart back into its slumbering owner's cage and crawled into bed next to my Fisherman.

When morning came, he awakened, with me, a flesh and bone woman, curled beside him. Two people, two bodies, tangled from their night of love in a way that can only be good and long lasting.

We live here as a pair today, together, in the same hut, on the same tundra. We feast from the creatures of the sea that had befriended me during my life under water; there is never a shortage.

Defining the Reproductive Client

For the purposes of this paper I will amalgamate the many terms used by the medical profession for women in their childbearing years. In particular I've avoided the narrow term 'perinatal'. Instead, I've coined the term, *The Reproductive Span*: the time span during which a woman is trying to fall pregnant, is pregnant, and has birthed or/and is parenting a baby (living or not). It's even more important for a client who has lost her baby to understand this, as she's a mother to a person who has a name, a grave (hopefully) and an identity. She carried a baby and her body has knowledge of this; she also would have had to birth her child, and her body will bears the hallmarks of this, including possibly producing breast milk. A client who seeks support for anything occurring during this period is a *Reproductive Client*. I have used the word client because they are not the patient, and I am not their doctor.

I have divided the Reproductive Span into five Stages:

Stage one: Trying to Conceive - the time when a woman is trying to fall pregnant.

Stage two: Introducing Intervention – when a woman is still actively trying to conceive but is unable to fall pregnant or she experiences pregnancy loss. During these months or years, an obsessive state of mind can overtake her life. It is during this period of time that such women can turn to interventionist methods, either science based (IVF) or alternative medicine.

Stage three: Pregnancy – the moment an embryo is fertilised, whether this is recorded scientifically or intuitively known. This time frame covers the entire pregnancy until birth.

It must be noted that with advancements of pregnancy home testing kits and medical urine tests, many women can have pregnancy confirmed earlier than they have historically. Previously it was a mere 'hunch'. However, if the same woman goes on to lose that pregnancy before an ultra sound is able to detect a heart beat or gestational sac, it is considered a chemical

(or biochemical) pregnancy. A chemical pregnancy is the period of time after a pregnancy test or urine sample confirms a pregnancy and before a “gestational sac or heart beat has been detected in a scan” (Armstrong, 2014, unp). This will routinely be confirmed by measuring the levels of hCG (human chorionic gonadotropin), which is a key hormone for measuring pregnancy, and which elevates as a healthy pregnancy progresses. This deserves special mention because often these women feel the same grief as any other woman experiencing miscarriage, yet medical or psychological support teams as well as well-meaning loved ones can unwittingly disregard her grief, under the false belief that a chemical pregnancy is not a real pregnancy.

Stage four: Birth – when a woman’s pregnancy will end and she will give birth to her child/ren living or otherwise.

Stage five: Early parenting – the transitional phase of moving from a single person or couple to a person or couple who are now parents of a dependent baby or babies (including siblings) living or not living.

Putting Flesh on the Skeleton - The Modern Woman

Note: in the following sections I have changed the names of clients and removed any potentially identifying material in order to protect privacy.

In my private practice I have seen a theme of ‘being overwhelmed’ arising in women struggling within any of the Stages of the Reproductive Span, particularly for clients in Stage two of the span. A Stage two client can be overwhelmed by her situation, and as well as, by the sheer number of practitioners available to her - practitioners from every modality and corner of the medical world as well as alternative models. There are GPs, reproductive doctors and nurses (if they’re undergoing reproductive technologies such as IVF), scientists and obstetricians, midwives, birth coaches, osteopaths, pregnancy masseurs, doulas, nutritionists, naturopaths, or practitioners of Traditional Chinese Medicine. Further afield there are kinesiologists, craneo-sacral practitioners and even fortune-tellers (a desperate woman will try anything).

When there are a plethora of practitioners on tap, a woman can end up with scattergun approach to her fertility. But there’s another less discussed and yet to be researched impact of this: when a woman sees practitioner after practitioner she must repeat her story over and over again, which cements her version of her story. This can also lead to a re-traumatisation along the way. In addition, it is rare for any of these professions to case share with

other practitioners throughout all five Stages of a woman's Reproductive Span. This means, by default, not only do the practitioners not talk to one another, but that the responsibility falls on the client to fill in the blanks of her experience. It is important to state that this is not a comment on the medical profession or their standard of work - indeed this community is more often than not filled with caring human beings who have gone into their professions passionate to affect change in their clients. However, such work can be coupled with a non- dialogic way of relating with patients, as getting to the root cause, for the practitioner, is par for the course. To clarify- the woman's story, which to the reproductive client is their entire experience, is for a practitioner, a mere necessary means to try to find a cure. From a Gestalt standpoint, this is an I-It stance, which Dave Mann describes as being "concerned with doing and achieving in the relationship, rather than being in the relationship" (Mann, 2010, p. 176). When an outcome is sought - ascertaining why a woman can't fall or stay pregnant - there can be fallout. This is evidenced by the growing numbers of patients who believe they have been treated in a desensitising manner, often through no fault of the professional who just wants to work out why their patient is not thriving. Having said that, I have also written before (Lipschus, 2016) about the impact clinical language has on women's sense of self from Stages one through to four, and have interviewed women about their experiences with IVF. Almost all the women felt they were treated insensitively. Indeed in my private practice, the low opinion towards reproductive doctors comes up time and time again. One woman interviewed for research into this topic - Rowena, described her IVF clinic of choice as such, "It was nice, with a great doctor but who had a terrible bed side manner. Shocking. He was so rude, cold. Horrible. I actually felt nervous going to see him every day. He didn't look at you, shuffled papers, was rude [but] he had good results, and he was respected." (personal communication, July 2015). There are many repercussions of these attitudes on a reproductive client's life.

Many women report this time in their lives as deeply painful, lonely and isolating. Another interviewee, Maren describes her sense of shame. "I didn't want to tell anyone. For example, my husband's parents even now, they don't have a clue. And I don't think they'd understand". (personal communication, July 2015). Maren went on to describe the strain on her marriage, "We went through rough patches where I don't think he realised how important it was for me. And the hormones did crazy things for me. I didn't have any physical symptoms, like bloating or anything like that, but mentally it does things to you".

Needless to say, for women in partnerships, sex takes on a life of its

own. What should be a bonding and loving act between a couple, alters. The act can become a chore, enacted just for procreation. In my practice I often describe the time a reproductive client is ovulating as the: 'act like a whore and roll out the stallion moment' and clients always nod vigorously in agreement. Comments such as, 'at least it's fun trying' could not be further from the truth.

As well as impacts on self and relationships, many women struggle with concealing their IVF journey due to fear of discrimination at work. Women undergoing IVF do so furtively. Women are requested to self-administer combinations of injectable patches and pills. They may feel they should hide syringes in paper bags in work fridges and secreting away to a bathroom cubicle floor to inject themselves (injections usually require women to lie down for thirty minutes). It's no surprise that stress is elevated during this time, causing cortisol surges. In 2004, Petra Arck of University of Berlin conducted studies on pregnant women. Her team found stress directly affects pregnancy. Why? Arck explains, "As cortisol levels rise in the bloodstream, they suppress the production of progesterone, a hormone that is crucial to maintaining a healthy pregnancy"(as cited in Coghlan, 2004, unp.).

Within the IVF process, and during interactions with service providers, women can lose their sense of self. But sadly it is not uncommon that women throughout each Stage of the Reproductive Span, including those who experience Post Natal Depression, have experienced feeling let down, dehumanised, injured, offended, belittled and isolated. I can speak personally about this as my own journey to parenthood has been littered by such experiences. There are too many women walking around as skeletons, and it is they who often turn up in the therapist rooms, desperately seeking support and, for their story to be validated.

Few medical focused practitioners have also been trained in working with, or are able to take responsibility for, the psychosocial or psychological turmoil in their reproductive patient, who essentially is a woman in the midst of upheaval - an upheaval, which for all intents and purposes looks and feels a lot like being flung from a cliff into an icy ocean. Our nameless maiden from the myth is a clear metaphor at this juncture in a reproductive client's journey. The Skeleton Woman has no name and has never before now been able to tell her story in her way. Similar is the experiences of loss self-hood for the reproductive client. Staying with our reproductive client for a moment, it is important to mention that there is an additional element to their sense of overwhelm. Living in the 21st Century has an impact and women are by no means immune. In the last two decades the internet and

mobile phones were born as well as both becoming mobile – they are with us wherever we go. Sarah Wilson, in her book on anxiety, *First We Make the Beast Beautiful*, states that anxiety related problems “have increased from 3.8% of the population in 2011, to 11.2% in 2014-15” (2017, p. 117). Life today often ignores the basic need for humanity to rest and recuperate. Estes defined women as “... a blur of activity. She is pressured to be all things to all people” (1992, p. 4). Today in 2017, with the increasing usage of communication devices and with the social media era well under way, Estes’ words, written two decades ago, are almost prophetic. As a race we spin faster than we’ve historically experienced before and, our brains have not yet evolved as fast as technology has. Essentially they’re still playing catch up.

Libby Weaver, a New Zealand based naturopath, and author of *Rushing Woman Syndrome*, defines her proposed syndrome as: “... always being in a hurry and the health consequences always being in a hurry elicits” (2011, back cover). She claims our rushing lives create stress and anxiety which in turn create serious health consequences, listing liver issues, weight gain, digestive system issues and fertility impacts such as oestrogen dumps, progesterone issues to name a few.

Dr. Oscar Serrallach (2017) has also addressed the broader health issues related to post Stage 4 experiences, particularly for mothers who have children late in life. He claims they’re more likely to experience a high rate of physical consequences such as lethargy, memory disturbances and poor energy levels, a condition he calls “Postnatal Depletion”. Serrallach proposes that depletion can mask Post Natal Depression [PND]. From a therapeutic perspective he notes that recovery from Postnatal Depletion depends upon holistically addressing and attending to a mother’s biology, psychology and life-purpose.

Serrallach’s approach would be supported by David Mann (2010) who describes humanity now as living in a “culture that de-emphasizes the unitary nature of human beings” (p. 144). The need to label seems to be necessary but it can also be problematic. For adults, the result is a turning away from self and towards the plethora of experts who can name or validate an experience. Yet for others it provides respite. “I was relieved to have a name for my PND because it meant I wasn’t crazy. I had an illness.”(Emma, personal communication, August 2016).

I turn now to grief itself - a concept that is sadly under reported in reproductive clients yet is worthy of conversation. In an article called, *Rewriting the Rules of Grief*, Lynne Shallcross reported that, “Grief over a miscarriage sometimes falls under the category of ‘disenfranchised grief’”,

counsellors say, because it often goes unacknowledged” (2009, unp.).

Clearly a large population of women in their fertile years struggle - they may be simultaneously grieving loss, whilst yearning for a future time when a baby may come into her life. Or indeed for a new parent may be yearning his or her lost life whilst in tandem, struggling with a new baby and trusting their own parenting instincts. I propose that where fertility is concerned, grief should be a far more significant part of therapeutic conversation. The fact that this is an area of little research in psychology circles. In comparison in Australia alone IVF is a \$500 million industry annually and was privatized in 2013 when the first IVF clinic floated on the stock exchange (Meadow & Baker, 2013). Yet, still women report feeling disenfranchised and disconnected from their story and absent from the larger conversation. From personal research, from clients’ experiences and also from my own personal journey, a theme strongly presents itself that is hard to ignore. That is, when an environment of distrust is fostered and that environment encourages distrust of one’s feelings and stories, this can sever a woman from her own instincts. The Skeleton Woman is so fundamental for me, as she sits in the other world realm, under the sea, in a non-descript land, far away, where the veils between the worlds lift and women trust their process, however deep, however painful, because they are connected to their instinctual nature and to their spirituality. Feelings and instinct can’t be measured; aren’t considered scientific. Yet, sidelining them in favour of science or other people’s ‘expertise’ only severs women from their own instinct. There is much value in ‘knowing what to do’ or how one feels. Cara is a young woman who, in a recent workshop, broke down describing her angst in her lack of connection to her small child, “I feel nothing! I can’t love my partner, my child feels like he’s someone else’s. I can’t feel my body. I can’t feel. *I want to feel*” (personal communication, February 2017).

The question raised in this example is: how do we as therapists, facilitate a reproductive client’s ability to integrate her emotions when she has been told to ignore them or worse, that her feelings and instincts are irrelevant? How can we introduce the themes of unfinished business? For, surely this is at the core of a reproductive client’s journey? My answer will follow, but the first place I start is at their story. How can storytelling hold a key and why indeed, is story such a lynchpin? And finally, how is Attachment theory relevant within this discussion?

Story Telling in the Therapy Room

Kate Forsyth is an Australian novelist and master storyteller. In an interview

with Richard Fidler (2015) on ABC Radio's Conversations, she describes the purpose of fairy tales: "Fairy tales are stories of transformation and they are often stories about secrets, disguises and hidden truths. But they also give us a kind of star map into the future and how to learn to overcome evil and give us hope that transformation, change, triumph and love are possible...we have the possibility to change, not only ourselves, but our world. It's an incredibly powerful and important message that's carried encoded in the heart of fairy tales"(Forsyth, 2015).

There is no end to the giving potential of story; a story asks nothing but to listen; a story can teach the most unwilling student and heal the most blistered of wounds. For millennia human beings have made sense of life, of moments within lives, painful or other, by telling stories, by being in relationship and being heard in an I-thou manner so that the experience can be integrated and transform into an I-it event, a mere memory. Sandy McFarlane, a trauma psychiatrist, during an interview with Richard Fidler (2015) on ABC Radio's Conversations, highlights story telling as essential for recovery from trauma. McFarlane suggests that some traumatic experiences are too indigestible to comprehend or process, but if one uses story as therapy, this enables a horrific life event to be broken down into a palliative form. "Often these memories are actually stuck in non-verbal forms. They may be smells, sounds, and sensations. And they're actually not converted into a verbal narrative. So the treatment is really about finding a language to try and grasp and integrate these experiences that still haven't been properly processed" (McFarlane 2015). Fidler queries him further by asking, "Are you saying these need to be contained in a story?" The resounding answer is: "Yes".

Sharing is well and good but can often be difficult at the best of times, often maintained by a societal status quo that reinforces silence, and commands you to instead, 'tough it out' as one client once told me was her strategy. The sense I get is that toughing it out calls for a moving away from 'feeling' and the impact of this is to repress instinct. Surely when there is a deep distrust of one's sense of self, felt emotions and embodied self are jettisoned? Yet for pregnancy, birth and mothering instinct is what unites a mother to her child. As a therapist an active listening stance is key and comes down to the I-Thou stance and further, to bracket any sense of judging the client's story. Margherita Spagnuolo Lobb words it perfectly in Philip Brownell's *A Guide to Contemporary Practice of Gestalt Therapy*. She claims the role of the therapist is to "... support the positive process that presents itself in the client, the aesthetic of the client's process, rather than to dichotomize the process into good and bad" (2010, p. 58).

As therapists if we can create a safe space for women to speak and lean into their experience we can return her ownership to her own story so that she not only brings it back into her experience, she also experiences an instant reinstating of connection. The renowned feminist Gloria Steinem sees this as the antidote to isolation, and in a recent interview (Barclay, 2016) she described the impacts of feeling alone in your experience. She describes what happens when women share their story, their experience "... but because we're sitting in a circle or because we have friends or because we're in a movement (and this is what movements are for) we tell our story and suddenly six other people say, 'You know I've felt like that', or 'that happened to me'. And you realise that you're not alone." (Steinem, 2016). What Steinem advocates is what I call the three S's: storytelling, sharing, support. When this doesn't occur then stories pop up such as Rowena's, who describes her sense of isolation thus: "You don't have anyone to talk to, and your family sort of know what's going on but it's delicate and they don't know what to say to you. And then you've got a couple of supportive mates who don't know what to say and are well meaning but still say "It'll happen. You'll get there, but, let's now change the subject and talk about something else" (personal communication, July 2015).

Attachment Theory

In the nineteen fifties, John Bowlby conducted thorough studies on separation of loss of a primary caregiver on a child. It was Bowlby who first recognised the "biological based evolution necessity of the attachment of a child to his caregiver" (Wallin, 2007, p 11). It was also Bowlby who turned to a child's experience of abandonment from the child's point of view and, as Wallin goes on to explain, it was John Bowlby who realised that our relationships, "...from cradle to the grave revolve around intimate attachments and our stance toward such attachments is shaped most influentially by our first relationships" (2007, p. 1).

More recently, building on the gifts of brain mapping technology and neuroscience, Dan Siegel, believes a baby comes into the world with still developing nervous system and the shaping or the organising of that nervous system post-natally is "... crucial during the early years of childhood. Patterns of relationships and emotional communication directly affect the development of the brain" (Siegel, 2012, p. 4). He goes on to say, "At birth, the cortex of the infant's brain is the most undifferentiated part of the body. Genes and early experience shape the way neurons connect to one another and thus form the specialized circuits that give rise to mental processes. The early years are when basic architecture in the brain is laid down. Early in

life, interpersonal relationships are a primary source of the experience that shapes how genes express themselves within the brain” (p. 14).

To illustrate, imagine a crying newborn waiting for milk. This baby isn’t to know food is actually forthcoming; she knows only the pain in her belly and it distresses her. Mother hears her child’s escalating cries, picks her baby up, all the while starts to tell baby that milk is coming whilst undoing her top and bra. Baby hears mother’s soft tones and begins to quieten. She’s flipped on her back and the breast is presented. Cries cease as she latches her small mouth to the nipple and begins to drink. In this short exchange this little girl’s brain has learned that when distressed, “these changes caused by her mother’s intervention signal a relief” (Stern, 1990, p. 39). This is the most basic form of dialogue where “presence, acceptance and commitment” (Brownell, 2010, p. 106) are displayed, in this instance, by the mother toward her child. The baby may not be able to articulate a story but I-thou contact is what she responds to and as Stern states, “The combination of physical contact and upright position permits [baby] to feel that everything is shifting – that is, reorienting or going back to normal” (p. 139). This is a movement towards the I-thou.

In the therapist room and working with adults, we circle back now to John Bowlby, who said “... the therapist’s role is analogous to that of a mother who provides her child with a secure base from which to explore the world” (1988, p 140). By understanding a client’s attachment patterns, a therapist can gain great insight into, not only how they are when in the midst of grief and despair, but how they bond in adult relationships and also potentially, how they will parent themselves and any eventual babies. There are parallels between dialogic relating and an attuned attachment therapist. David Wallin suggests that a therapist’s task is to “co-create a relationship with our patients that allows them to make sense of their experience, to feel more together and to relate to others more deeply and with greater satisfaction” (2007, p. 133). From a Gestalt standpoint these are: “... the four qualities needed to work dialogically - presence, confirmation, inclusion and open communication” (Joyce and Sills, 2010, p. 45). They add that when a gestalt therapist allows themselves “... to be touched and moved by the impact of the client, to be affected” (p. 45) it reflects in their client. And it is through such access points, neurobiologically, that early attachment wounds are healed. Thanks to brain mapping technology we know now our brains are far more fluid than previously thought, and this goes the same for attachment styles. Learned secure attachment can be formed and that “Like the developing child, a patient in the quintessentially intersubjective context of psychotherapy has to opportunity to learn

that feelings can be recognised, shared with others, reflected upon and potentially altered” (Wallin, 2007, p. 144).

Working with a Reproductive Client

Let us now meet Barbara 34. As confidentiality is paramount, it must be stated that Barbara is an amalgamation of some of the stories I’ve been privy to, but not modeled on any one individual. She is a purely fictional character, a construct, influenced by the many incredible clients, and therefore is a fusion of their stories as well as some parts, which I have made up. The quotes serve merely to indicate speech.

Barbara arrives into my rooms and seats herself swiftly, sitting bolt upright. She is very still and looks at me directly in the eye throughout our first meeting. She is very well dressed, immaculately groomed but throughout our first sessions, she clasps and unclasps her hands repeatedly and when asked to describe her mother in three words she chooses, “Absent, pre occupied and unpredictable.”

Barbara is married and says she doesn’t trust easily. She doesn’t want to be here but admits she doesn’t know where else to turn. She recently experienced profound loss when her baby died in very traumatic circumstances just a few hours after a very premature birth. Barbara is very private, often letting me know she is awkward sitting in the chair - I feel often as if I’m intruding on her quiet time. She takes a long time to speak, thinking long and hard before she opens her mouth, yet drip feeds me significant moments in her life like, “My sister died six years ago in a car accident, and I’m missing her a lot right now”. It also takes many sessions to elicit her story, and she plays down the apparent drama of the baby’s early arrival. A comment Barbara tosses into the room around six weeks into therapy is about her mother’s intrusion into her life. When I ask for an example Barbara says, “Well, for instance she let herself in to my house when we went into early labour - she lives very close - and wouldn’t leave. My husband was on the phone to the ambulance and was imploring her to leave. It was a total invasion and she was there for her fear not mine”. When I enquired as to the urgency at the time, Barbara informs me the beginning of labour was so dramatic that there wasn’t even time for the ambulance to show up. They were instructed on the phone to get in the car which they did, ignoring red lights all the way to the hospital. Barbara appears to be avoidant or dismissively attached, and this theory assists me throughout our months of therapy as avoidantly attached babies and adult often experience the same stress as anxious ambivalently attached people, However avoidantly attached people have “learned to suppress the

automatic expression of emotions associate with separation and attachment” (Wallin, 2007, p. 88). Barbara never raises her voice, never shows agitation and when she cries, does so very quietly, dabbing tears as they fall.

Compounded into the story is Barbara’s desperation for another baby. At the beginning of therapy it has been only six weeks since the death of her daughter and she already is undergoing acupuncture and considering starting a round of IVF. She also claims to be “tired all the time” and yet has no appetite. Barbara also describes trying to protect many of her close friends and family from having “to endure” her story and when I gently probe, she withdraws with comments such as, “I can’t burden you with that kind of detail. You must get so tired of stories like mine”

Barbara speaks with a flat affect and yet I suspect her anxiety levels are higher than I can confirm in body language. She tells me during one session, “I walk around the streets. Everyone has a baby but me. They’re all smiling but I’m dead inside, yet I’m like a tiger in a cage” - justified resentment that needs to not be disowned. Yet Barbara follows the comment expressing guilt for even saying this aloud. The other theme I note, as with many reproductive clients is Barbara’s ability to time travel. She can slide from the past, referring to the baby or her dreams, to the future where maybe another baby could come (yearning), all in the blink of an eye. For example, Barbara can discuss the purchasing of a new more “baby orientated car”, which she didn’t do during her pregnancy, to prepare for the next pregnancy and baby. In seconds she will then slide back into the past and say, “My baby girl never even had a chance to lay in her cot. And now it will be the bed of another child”: a child that hasn’t yet been conceived.

I believe Barbara straddles two stages of my reproductive model. She is in Stage five – what would be considered early parenting - she has given birth and yet her child has passed away. She is however, also in Stage two in that she has recently decided to attempt assisted reproduction for a second child. She is an important example of how the stages interconnect and influence each other and the importance of practitioners need to remain mindful of a client’s complete reproductive history.

During our work together we discussed the time travelling metaphor and over coming weeks Barbara came to have an awareness about the times in her thought process that she time travelled, as well as whether it was to the past or the future. We then began to work with the here and now and also connecting her to her body - with her sense of numbness. A breakthrough moment came when I had Barbara hold her belly and recall what her pregnancy with her daughter felt like. She was quiet a long time and finally opened her eyes and said, “I can’t remember”. I asked if her

baby moved a lot and she finally managed to recall her kicking "... often low in my belly and on my right side." I watched her hands move to her lower right side belly. When Barbara opened her eyes she said she loved pregnancy and broke down, admitting she wanted that feeling back, to be pregnant again. Desperately so. But also she said, "I want her. The only baby I want is her".

The Time Under the Sea, Barbara and The Paradoxical Theory of Change

The Paradoxical Theory of Change states that "change occurs when one becomes what he is, not when it tries to become what he is not" (Beisser, p.77), who incidentally also emphasizes non-coerciveness in the therapy process.

We have identified that both The Skeleton Woman and the Reproductive Client have been cast off a cliff, become fleshless and have been forced to sit on the ocean floor, set apart from humanity. Barbara highlights this when she describes the awkward reminder of her grief socially- the many occasions at social events when she is asked whether she had children or not. When she once ventured, "I do have a child. Well I did. But she died." This inadvertently created discomfort in others and for herself. Barbara felt ashamed for making others feel so awkward and vowed never to be placed in a social situation where this question could present itself. In those first years after her daughter's death, Barbara, like the Skeleton Woman existed apart from humanity.

The Skeleton Woman also grew 'used to' her time under the sea, and it became a safe and quiet place. In the myth, little is spent on the period of time that took her to adjust to her new environment, but if I were to hazard a guess, I imagine the Skeleton Woman too had rage at her father for his murderous act, as well as moments of agonising grief for all she lost (her life for one) and other moments riddled with yearning for all that could have been. A lot of time travelling before arriving at that moment of quiet acceptance. I suggest that her time under the sea, is quintessentially about the Paradoxical Theory of Change, as is the reproductive client's journey in the therapy room.

As Mann states, Gestalt therapists don't believe true and transformational change can occur until whole acceptance of the individual's "...personhood, including embracing aspects that the client may wish to amputate from their being" (p. 62). The year we spent together accompanied Barbara's second journey into IVF. Her medical team, however, didn't feel her past history had much relevance to her current state, and felt nothing awry in

setting up round after round of IVF, month in and month out. This had a huge impact on her health. Barbara lost a lot of weight, which concerned her teams (and me), and yet she felt driven to try to fall pregnant again with no break between each round, in order to rest her body. Much of this year was focussed on encouraging her to explore her embodied experience and the potential emotional connection to grief. This was in accord with the paradoxical theory of change, for her to enter, “as fully as possible into all aspects of his [sic] own experience and bringing them into full awareness” (Joyce & Sills, 2010, p. 39).

It was deeply painful for Barbara to make contact with her grief, and adding insult to injury to also have to further to come to accept that she was not pregnant with a second child. Confronting the part she wanted to “amputate from her being” (Mann, 2010, p. 63) was her grief, which could only be tolerated in small amounts, but also the ideal that she had to have a baby by thirty five years of age and that she was now thirty seven. Working with “what is” (p. 64), gave Barbara permission to feel her body once more, even the broken parts. She could only then feel the impacts of being so underweight and this made her focus then turn to diets, as she began to see that body weight would impact any pregnancy (previously she didn’t consider this matter, so long as she just fell pregnant). Given her history, Barbara came to see that she had to be healthy when she conceived and she began to slow down her attempts at falling pregnant and focus on her own health.

After a few months Barbara brought in a pink photo album. Inside were photos of her husband, and other family, as well as herself, holding the tiny little baby with a perfectly formed face. In this act, as we sat together I saw Barbara as the mother for the first time. The young woman in the picture cradling her closed-eyed daughter, with a look of such love and tenderness that even recalling the photo still moves me. No time travelling in that moment. Nor the one where she quietly said “You know I never saw her eyes open. But I know I’ll always be her mother as much as it will always hurt in my heart. I just have to learn to live with that”.

Barbara did eventually go on to have a healthy pregnancy and gave birth to a baby boy around two years later.

Conclusion

On the ocean floor we three sit, Barbara, The Skeleton Woman and I. As much as Barbara doesn’t know if she’ll feel joy again, nor whether another baby will come into her life, the Skeleton Woman doesn’t know what will happen once she rises from the ocean floor, nor that she will become flesh

again. Yet as we begin to accept that this is where we have landed, in this moment, it is then that we can begin our ascent. What comes after we are above the sea again, is the magic and unpredictability of life. The ‘who knows?’ But first we needed to be there on the ocean floor, for a time. As author and columnist, Cheryl Strayed, who lost her mother to cancer, says so eloquently, “Let yourself be gutted. Let it open you. Start here” (2012, p. unknown).

As I conclude, I ask the reader to ponder the following questions going forward with their own clients: as therapists can we facilitate a space where a reproductive client can truly see their own story as relevant? How can we best expedite a heightened awareness around themes that arise for these clients, whilst supporting the reintegration of trust and instinct within the personality? Sometimes life does indeed toss us over the cliff, and no one escapes life without adversity. However, once we’re there, we do have a choice, and how we react. To choose acceptance in the here and now is a giant leap in the healing process, yet it is a step that can’t be omitted. It doesn’t negate the fact that it’s a difficult step, yet if a therapist can facilitate a space where a client can truly see the relevance of their own story in their future healing, there is a natural progression towards acceptance. The possibly long duration taken to negotiate this process is one worthy of taking. We can thank you, *Skeleton Woman*, for teaching us that.

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Biography

Kimberley Lipschus is a psychotherapist, counsellor, writer and filmmaker. She has a long-standing fascination with storytelling - stories foster in human beings empathy and teach social skills. They can also provide insight and healing. In her private practice Kimberley works mainly with reproductive clients; her work is deeply entrenched in gestalt, attachment theory and story telling; also touching upon a systemic approach when working with couples. She is currently writing a book on fertility, called *The Space Between*.

IN DIALOGUE:

AN INVITED OPEN CONVERSATION BETWEEN BRENDA LEVIEN AND ZISH ZIEMBINSKI

Zish: So, hello Brenda.

Brenda: Hello. So we've been invited to do this thing and I'm not sure where we start. I read the list of possible places to go and I thought, good grief, we could be here until breakfast.

[Laughter]

Zish: I don't think I can last that long, Brenda.

Brenda: I'm not sure that I could either, even though it's been a long weekend of not doing too many things.

Zish: So how are you anyway? It's been a while.

Brenda: I'm good. I'm good. Yeah, I'm working too hard, like everyone seems to do, and a bit tired. But I feel better having had a long weekend of not doing too much. Except some out and about, walking around and, you know, not seeing clients has been good for four days.

[Laughter]

Zish: For us to talk to each other, I'm not sure how to do that.

Brenda: Well, I'm not either. I looked at those suggestions that Alan sent, those motivations for becoming trainers, how we got interested in Gestalt in the first place, the impact on our clinical work. How can you and I talk about that now? Well, when I wrote - I found myself writing that down - and I thought, you know, having practised Gestalt therapy for such a long time, how do you know what the impact has been on your clinical work when I can't remember what the contrast was? Or you might. Do you know what I mean?

Zish: Well, I do. Yeah, I do have a sense of history. I kind of - I'm interested in that and I keep track of how I change over time. I don't keep diaries, but I think about these things. It wasn't that hard for me to - well, the question of how I might have become a trainer or what my interest was; I had no interest at all in being a trainer, so that wasn't a relevant question for me. But it brought up the issue of how come I was interested in becoming a therapist.

Brenda: Aha.

Zish: Or for that matter, interested in Gestalt therapy. So that part is pretty clear to me.

Brenda: The piece about Gestalt therapy is pretty clear to me. Interest in becoming a trainer; I think when I was invited to be a trainer, I had not long finished my Gestalt training, I had other trainings before that. But I think I did it because I knew I would keep learning stuff at a great rate.

Zish: Well, that's similar for me. I was asked to be a trainer - well, I was still doing my third year of training. I saw it as an opportunity to learn more, and it was.

Brenda: Yep.

Zish: It's been - it's almost 35 years. I don't think that I really became confident until maybe - what I consider confident now - maybe 10 or 15 years ago. But in that time that I was teaching and training, I learnt stacks, it was a great opportunity to learn about myself and to learn about people and what people do and to learn to observe. But I had no interest, I mean, the idea of being the trainer, it's the last thing I would have wanted as a young man.

I was interested in therapy because I was so anxious [laughs] and I wanted some way to deal with my anxiety. I was permeated with anxiety as a child, which I think came from my parents - the suffering and the agony that they went through during the war in Poland...

Brenda: Yeah, and you kind of reflected that...

Zish: ...and then they brought that paranoia to Australia. We lived in a house of always not trusting people and being careful and keep...

Brenda: Well, of course. Sort of absorbed it by osmosis, really.

Zish: Yeah, that's right. So that was my motivation, I think, in firstly seeking out therapy and then getting interested in what therapists do. I have to admit that my motivation for being a trainer was mostly self-interest, in that sense. Probably a bit of ego, too, I suppose, at that time, quite a lot. But I'm very grateful that I had those opportunities.

Brenda: Yeah. Yeah, I get that. I think my origins of coming into clinical work came from a different place. It came from my nursing background. It came from an extension of the human care giving role, I think.

I don't know, it fitted in with a whole lot of things that made sense to me and - my world view, I think, and Gestalt fitted in with my world view. Some of the other therapeutic modalities did not fit for me, I can get my head around them but they didn't sit so well with me.

I still grapple with that here because I'm a member of the psychotherapy association here, which is mixed modalities and has quite a heavy psychoanalytic stream within it. So always there's the kind of interface

between the expressive therapies, if you like, and the analytic therapies. We have to find ways to get along, and so that's an interesting interface to always be translating, I guess.

But my original training was nursing and - I knew I needed - wanted to go to nursing, it was like a calling from when I was about 14. But then when I was in it and I was working in coronary care and people kept describing their near-death experiences, I started to think, there's some more things here that I want to learn about that I'm not going to learn about doing physical, standard, normal hospital-based nursing. Does that make sense?

Zish: Yeah, cool.

Brenda: So I started training as a therapist and - training as a counsellor and then training as a therapist and doing couples work and then doing Gestalt and - doing psychodynamic training, then doing Gestalt. It just kind of - I'm a bit of a patchwork quilt, really.

Zish: A colourful one.

Brenda: Mm.

Zish: You know my background academically is in psychology. When I was studying in my undergraduate and postgraduate years, I was so aloof and so highly intellectual on the outside and so anxious on the inside, the last thing that I ever thought I would do is work with people. But I studied psychology, it was more a scientific interest, at that time when I thought I'd take an academic orientation.

But a number of things happened, my parents dying and I'd really needed therapy. That experience with therapy sort of gave me something that - I had never experienced that level of intimacy with somebody and that level of - the safety of opening up emotionally, which I hadn't done, I think, before that. So I became very interested in becoming a therapist when I finished my postgraduate training.

I looked around for a long time and it was - I started to read some of the Gestalt stuff. I thought I'd come home, in a way, but it was kind of, again, a rational thing. Like, I thought, this stuff is really making sense, particularly Perls and other writers as well. But years later I realised that I didn't make a rational decision at all, to take up training in Gestalt therapy. I realised years later that it was a reaction against my parents.

Brenda: Oh right.

Zish: I'd lived in a household where my parents lived in the past.

Brenda: Yeah.

Zish: They recreated Poland before the war. They lived in paranoia, they were constantly concerned and had these fantasies of being overcome and repressed and injured and authority figures damaging you and so on. So it

was a sort of - I was so sick and tired of not being allowed to be authentic: because it was dangerous to say what you really thought.

Brenda: Yeah.

Zish: Living in another world, a fantasy world rather than what's going on currently. I think that's what attracted me to Gestalt. But I wasn't really aware of those emotional Influences - I don't regret it, but what you think you're doing, often years later it looks quite different. At least for me, anyway.

We were very fortunate - in Perth there was nobody that could offer us that training in the early '80s, so we brought in many, many people from overseas through the '80s. It was a good experience because I saw many different styles and personalities applying the wisdom of Gestalt. Of course it was different back in the '80s, but...

Brenda: Yep, it was.

Zish:...I think there's been a development. But I really appreciated working with people - mostly from North America. People like - well, you know the Resnicks - but also people like Harvey Freedman and George Rosner, like Joel Latimer, David Hoban and many others too, Hunter Beaumont... and of course Claudia Rosenbach from Berlin. It just opened my eyes to...

Brenda: To lots of...styles

Zish:...to how can you use your own personality to explore experience with people.

Brenda: Mm. There was an outfit here in Dunedin called Gestalt Associates in the '80s. I had a supervisor who was very much involved in them, quite an early supervisor who was very Zen-like, but also very Gestalt and Zen-like, if you know what I mean. He persuaded me to attend workshops in Dunedin. So that was an early gestalt experience.

In fact, my first experience was in Canada where someone had come back from Esalen and ran some workshops for us when I was doing Lifeline counselling. I thought this stuff was pretty amazing. I was in my 20s and I was... I thought it was terrifying [laughs]. I did, I thought it was terrifying.

Zish: Had you gone to Canada or did this person come to New Zealand?

Brenda: No, no, it was when I was in Canada.

Zish: Oh yeah, okay.

Brenda: He'd just come back from being at Esalen and come to Canada and was running these workshops for us. I was doing Lifeline counselling then and dabbling around, trying to get my head around shifting from nursing to counselling and therapy. I had a bit of a luxury time when I could do the dabbling, because I couldn't work, I couldn't be employed in Canada.

My husband was a student, so I couldn't get a Work visa, so I did all these training workshops and voluntary things and could spend time deciding about what I wanted to do next. Because I couldn't do what I was always used to doing, which was working. So it was actually a really productive time to experiment with different choices.

Then Gestalt Associates came here in the '80s. Like you - not as many as the variations, probably, as you were lucky enough to be exposed to, but a few. Then I sought out other ones, so as to make sure that it isn't just the voices of your own trainers, because that isn't enough variety for me. Do you know what I mean? You get people who have been trained by somebody and you can almost hear the trainer in their voice, or in the phrases or the mannerisms or some other thing.

Zish: Yes, I know what you mean. I think that maybe was one of the downsides of having so-called experts or gurus visiting. I found that we would - there'd be quite a lot of positive projection going on, as we sort of glorified them and then attempted to emulate some of their style. Which we used to have...

Brenda: Then they go away and you don't get that constant - you don't get the timeframe in which the positive transference or positive projections wears off and you start to see the flaws or the times when they get it wrong or something and you have to work through those things. So it all gets to stay idealistic for a lot longer or forever, the idealised other.

Zish: Yeah. But it was also useful to kind of experiment with new ways of maybe responding to a client or looking for new aspects that you wouldn't normally look for. But did you have the experience where you were there as the trainer, and you have a visiting trainer, and people just think this person is marvellous. You've been working on the same issues with your trainees for ages and they don't get it with you, and the visiting trainer will get all the glory, like somehow there was something special or magical.

Brenda: Oh absolutely. Absolutely. It used to drive me crazy.

Zish: Yeah. But it was very interesting for me, because I learnt the power of projection and how blind you can be. I've always been interested in that in myself, to pay attention to those sorts of distortions that I develop myself in regard to people.

Brenda: Yeah.

Zish: Whether they're positive or negative.

Brenda: Yes, exactly.

Zish: I still do it, I meet somebody and I think, oh, I'm not sure I like him. Then weeks later, with some contact, what was I thinking when I thought that? This guy is a really warm-hearted [laughs].

Brenda: That's right.

Zish: I think in Gestalt, we're interested in checking these things out. We don't take things for granted and we want to be responsive to ongoing change in context. It's a lively approach.

Brenda: It is a lively approach.

Zish: Yeah.

Brenda: One of the other aspects of the lively Gestalt approach which I like, which fits into, if you like, my world view and the bicultural view here, some of the similarities are the notion of the interconnectedness of everything.

You know, the interconnectedness of everything is part of the Maori way of the world view. So because a lot of our work in the profession is attempting to have that bicultural focus- carry that bicultural process, the Gestalt model and the Maori model work really closely - really well together. I mean, they just do.

That's the piece that I find reinforcing, even if I'm hanging out with my analytic colleagues and there are Maori colleagues around as well, I know that their thinking and my thinking will be closer than the Gestalt thinking and the analytic thinking. Does that make sense? It's not very clear but...

Zish: I think it does, but I could be wrong [laughs] in my thinking.

Brenda: Well, I'm thinking about the field theoretical aspects- the same thing.

Zish: Oh yeah.

Brenda: I'm thinking about the presence of the ancestors in real time, the dead ancestors in real time.

Zish: Yeah.

Brenda: I'm thinking about the body sensation as a primary method of accessing all sorts of information. Starting there and then going here, rather than the other way around. Those kind of approaches which we have learnt within Gestalt and value within Gestalt therapy are things that that group of people are attempting to educate other therapists about, in relation to working with their people. If that makes sense.

Zish: Yes.

Brenda: I'm oversimplifying this, but I hope you follow me. So for me, that's another reason why Gestalt has a lot of appeal, because I was raised with some of those Maori views and values and they just fit me.

Zish: Yes, I've come to value the individual in the field much more and how we carry that field in our minds, of course. I think what I referred to in my earlier life was sort of being stuck in that and not having any sense of discriminating or seeing the difference.

I much more now appreciate - actually, I gave a lecture last year at GATLA on the unconscious mind. I really touched on that subject of there's so much that's in the background that's influencing our choices and decisions and our emotional responses to the world, that mostly we're not aware of. At least in this approach we attempt to touch on some of that and look for a distinction, find some bearings in the world.

But I think in Gestalt, I think we're much more appreciative of the field in the last decade or two than 30, 35 years ago it wasn't really considered that much, I don't think. It was mostly awareness, awareness, awareness.

Brenda: Awareness and contact, awareness and contact.

Zish: That's right, and contact. Now the contact part, I think, has gone much more to the relationship, the appreciation of ongoing relationships and how we manage those and conduct our relationships, with ourselves but also with other people. How important that is and in the broader context of our lives, past, current and future. So that's, I think, an expansion in our work.

Brenda: The other expansion is, as you said about field, and also that notion of the context in which these connections or relationships are emerging, and how these contexts overlap.

Zish: Do you remember how we did such a lot of work - that bunch that we got together in the mid-90s and created GANZ, we put a lot of effort and love and sweat and...

Brenda: We did.

Zish: We did, we did a lot to get it going - and we had very good intentions, I think. Although some of our intentions were different, some of us had different ideas about what we wanted. We certainly created a kind of - brought together communities.

Brenda: I think it was great. I think we got lost when we decided to become too regulation driven- well, you didn't, because you abstained from that - you withdrew and I ranted about the kind of going down the PACFA track.

Zish: Oh yeah.

Brenda: You withdrew and I ranted.

Zish: Well, actually I went along with it in the spirit of I thought it was useful to clarify our ideas of what we're doing. Like all those...

Brenda: Sure.

Zish: ...the standards or the principles that we'd developed or the ideals I think were useful as guidelines. But they became regulations and that's when I withdrew.

Brenda: Yep. They were useful and it was a useful reference process, I agree. Then, as you say, it became over-regulated and it sucks the lifeblood

out of things. They've now - you do know that GANZ has now divorced itself from PACFA?

Zish: Yes, I do, I'm in contact...

Brenda: At the last conference.

Zish: Yeah, I'm in contact with people in GANZ. I'm actively promoting GANZ again here in the West. So hopefully people - but the West has always been - West Australia, I'm talking about...

Brenda: Yes, yes.

Zish:...they've always been a bit apart from the - even in the earlier years when I supported GANZ, people just weren't that interested here to be part of GANZ. They have their own little communities, so the people that graduate from training then form their own small ongoing postgraduate groups. Most of them were professionally qualified in psychology or something, or social work, so they weren't that interested.

Brenda: I know. I think that's another thing that's a bit similar between us, for different reasons, but the New Zealand contingent are not that interested either. They'd be interested in theory but they didn't want to have to go to Australia. Unless they were either of a higher income earning bracket or they were travellers for other reasons, but they wouldn't necessarily go to Australia for something.

So for a few conferences, New Zealanders came, I think there were only about four of us at the last one. I've been trying to drum up some interest around the place for this one, I think there might be seven of us going, something like that. Which is not bad, I guess. But it's always slightly disappointed me.

But your group in Western Australia join - make their own groups. Ours have to join one of the other professional bodies, so they go there and they get their professional development from one of those places, either the psychotherapy or the counselling associations, and they don't want to join two associations. So there is a loss, I think, for people, and there's even more of a loss because we're not running a training programme currently.

Zish: You're not?

Brenda: I mean - we're in recess, but that is another story.

Zish: Yeah. I mean, I don't regret what we did in GANZ and it's taken its own journey, I suppose, and now there's a freshness again with the organisation and I think it will flourish in the next year or two again.

Brenda: I think so.

Zish: I think it will attract a lot of people, not necessarily fully trained in Gestalt, who have a similar spirit or interest and value this kind of learning. I think that diversity will enrich it too.

Brenda: I'm hoping that that will be the case. Certainly at the conference in Canberra, there was a lot of energy. There was a lot of energy for the change and there was a lot of energy for the association. I think that - certainly more than I'd seen in a couple of previous conferences. Even though there was perhaps a slightly smaller number of people, it was more energised. Energised around change and creativity and constructing something, rebuilding something. I felt really encouraged by that, actually. ---I went thinking - it will be it my last GANZ conference, because I didn't know what, else I might be able to contribute. Then when they decided to have another conference in a year, I thought - I just said to the Melbourne people, I'll come, I'll be a part of it. Yep. I felt quite clear about that, there wasn't even a trace of ambivalence. When going to Canberra there had been some ambivalence, actually. So it's a bit of a rebirthing process, I think. You've gone quiet on me.

Zish: No, I'm just in my thinking attitude, that's all. I didn't have anything to say. Actually, I was thinking about what, how do I put it - one of the things that we value in Gestalt, I think it's fairly common that we appreciate diversity and difference. At least in...

Brenda: Theory.

Zish:...in theory [laughs]. But we certainly don't have a monopoly on it, you know.

Brenda: No.

Zish: We don't do it that well. I guess...

Brenda: I think we do it better than average.

Zish: Yeah. It is tragic and sad what's happened on the east coast to a large extent, from my perspective, in terms of - I mean, I watched that history develop and the various centres. I could never really understand the conflicts, you know, and it's pretty unfortunate. But I guess it just shows that we are human and we do get into that shit.

Brenda: Yeah. I mean, I watch it, too, and it's been quite sad and disturbing to me.

Zish: I still think it's a very important principle to keep in mind, that we're all unique. Actually, I was just thinking of a story a friend told me the other day. I might not get it right - something like, there are two people that are arguing and each thinks they're right. They call a wise man in the village to work out this dispute and he comes along and says, give me your perspective. Person number one says, this is my perspective, and the wise man says, well, that's "right". Then he turns to the other one and asks the same and, oh yes, that's interesting, that's "right" too. [Laughs]. We often forget that, although we preach the uniqueness of phenomenological

meaning making.

Brenda: Yeah.

Zish: It's not just at the level of training institutes and individuals, it's also certainly a concern, I think - well, certainly for me, and I think for many people around the world, what's going on around the world at the moment. The differences just get worked out in conflict and hostility and savageness and violence.

Brenda: Yeah. Rather than worked out.

Zish: I just wish we could contribute more in that area.

Brenda: Yes. Me too. Me too. I'm not sure how.

Zish: Yes. Well, I think we have something to contribute, but how to do it, I'm not sure. But at least we do it on an individual level and in groups.

Brenda: That's right. If we believe in that kind of - if we really believe in the notions of the interconnectedness of the field, then there has to be at least some way of contributing-- this is how I content myself - that every time something I do in an individual session or in group makes a difference to somebody, then they may go away - hopefully go away and in their life and in their world, they will do something differently with the people around them, which might be another 10 or 20 people. So I content myself with the notion that there has to be some kind of a trickle-out, ripple-out effect from the work that we do. Because if I stop believing that, then it becomes really difficult and challenging to work out how we are making a difference at all.

Zish: Yeah. Actually that, what you just said, also I think reflects an occupational hazard we have as psychotherapists is that we don't get a lot of feedback.

Brenda: That's right.

Zish: We get it occasionally.

Brenda: We do and we get it in funny kind of ways. Somebody said to me recently, that she could not eat when she was stressed and then at the end of a session she told me she was suddenly hungry.

Zish: [Laughs].

Brenda: Things often come in more roundabout ways

Zish: Yeah, I think for me, most of the feedback and delayed I thought, that's interesting feedback. But in context it was like, it was great. Usually things come in I get is often retrospective. Like it might be you say to somebody - somebody's sister rings me and says, my brother changed after seeing you, can I come and see you? That sort of stuff.

Brenda: Yep.

Zish: But we don't get a lot of it.

Brenda: No, not really.

Zish: I think when somebody enters therapy and continues in the relationship, it's such a rich connection, that level of meeting people, of the openness of people and the trust they have and the intimacy that makes - I think makes my work, my life work, really worthwhile. Whatever the outcome, there's something about that meeting that I think sustains me. But it's also something you can't just do, you need to learn to do, you need really clear boundaries and a good sense of where you are.

Brenda: Oh yeah.

Zish: Once you have that, or a sense of that, it's a delight. I think we're very fortunate to be able to do this kind of work.

Brenda: I do, too.

Zish: I'm eternally grateful that I stumbled on Gestalt therapy. Actually, I've never really much liked Fritz Perls, from what I read about him, but I'm grateful for what he's said and written.

Brenda: We wouldn't describe ourselves as Perlsian Gestalt therapists, probably.

Zish: No.

Brenda: Would we? No.

Zish: Oh, I think we've said enough. What do you think? Is there any more you want to say?

Brenda: Just a little. Yes, I think the thing that is - every time I think I'm a bit tired, I reflect on how much I love doing this work and I love the Gestalt connections with people and I will continue to make the effort to keep the connections in whatever way I can do. I will be - I will continue to do this work.

I just - every time I get tired, I just remind myself that I need to take a break occasionally. Do you know what I mean? I like the work that I do. As you said, to use your words, it's a privilege to do the work that we do. And I like the Gestalt connections.

Brenda: That's right.

Zish: In the role of trainer, Gestalt therapy trainer, where you're working with people for three, four or five years or longer, you get a lot of information.

Brenda: Yes, and sometimes feedback.

Zish: A lot of feedback - oh, you meant about your own professional - yeah, sure. But you also see how people - the capacity people have to learn and how they change their lives with their different choices. You see that over a long - and you see people - essentially the same people but very different in the way they live their lives at the end of training and then years after it.

Brenda: That's right. Absolutely.

Zish: So you're in a privileged position to see that change. So when people come and apply for training with our programme, I sometimes want to say to them, if you decide to do this programme or a similar programme, you'll never regret it. Well, 95 per cent of times - sometimes for people, it's not a good fit - but in most cases it's quite a good fit. You'll never regret it and you won't be the same person after this learning process.

Brenda: That's right.

Zish: I want to say that, but I don't.

Brenda: Oh.

Zish: But I know it to be true. But I'm not...

Brenda: Yes, that's right.

Zish: ...I'm not prepared to say that. I'd like them to experience that.

Brenda: Well, I have to say that when I first started my first lot of training ever - not Gestalt - I was told that. This will change you, you won't be the same person when you've done this.

Zish: Oh okay, how did that affect you?

Brenda: Well, what I remember - and I hadn't really thought about it until you said that - but what I remember thinking is: really? I don't know that that's a useful thing to say, because it doesn't - you don't quite make sense of it.

Zish: Well, I guess like most things, it might be useful to some people. But if I was told that, I would immediately feel suspicious [laughs].

Brenda: Or resistant.

Zish: But I know from the other side that it's true.

Brenda: Yeah, that's right.

Zish: I know that in most cases people - it's an amazing experience for people and they have no regrets.

Brenda: Yeah. Well, it is immeasurably changing, there's no doubt. I have experiences from time to time where I have to interface with people from my earlier life and I go, what, really? Okay. Who are you? [Laughs]. That's enough of, you know, the description, you can read into that what you wish. But because we are recording this, I have to remind myself. But I can think about directions from my earlier life pre-all of this training and think, wow, that's kind of challenging.

Zish: A few years ago I had an interesting encounter- I was in the city in Perth and I was going up a big building, up the lift. I got in the lift and a woman whom I had known 30 years before, we had worked together in a government department when I was a young man, walked in the lift. We got talking in the lift and she stepped out with me at the end of the - got

to the top of the building and we kept talking. Then she suddenly stopped me and she said, you're not the same Zish I knew 30 years ago. I said, what do you mean? She said, you were such an arrogant, aloof bastard, and you're quite warm-hearted and you're just not the same person. I thought at the same time, what is she talking about? I did not know I was aloof. She saw the outside aloofness, which covered my inner extreme shyness, but - all those defences.

Brenda: Yep, projected onto differently.

Zish: So it is a deep interest of mine of how we see ourselves and how we are seen, and the differences that may emerge. Sorting out all these projections and distortions in perception is a big part of what we attempt in Gestalt therapy.

Brenda: Yes.

Zish: There you are, Brenda. Shall we stop there?

Brenda: Yes. Let's stop there. I have enjoyed catching up with you as always.

Zish: Me too.

Biographies

Brenda Levien, NZRN, Dip Psych, MNZAC, MNZAP, FMGANZ, NZ Registered Psychotherapist.

With 30 years' experience as a Gestalt therapist, supervisor and trainer I continue to operate a successful private practice in Christchurch. I have held a passion for and belief in people's capacity to adjust to challenges., and have an abiding interest in how Gestalt principles can be used within societies. As a member of the teaching faculty of the Gestalt Institute of NZ since 1993 and Director of Training from 2000 until 2016 I have regularly attended international Gestalt events and continue to do so. I maintain an active involvement within the wider NZ psychotherapy community in various roles including on the NZAP council, Chair of Ethics and currently as a professional advisor to the NZ Psychotherapy Board of Registration. As a GANZ founding team member and 10 years on that Council up until 2006 including two terms as President, I hold an ongoing commitment to our Australasian Gestalt Community.

ZishZiembinski, BPsych, BA, MPsych, MAPS, MCCLP, Clinical Psychologist & Psychotherapist

Zish's professional practice extends over 40 years, the last thirty years in private practice, preceded by ten years working with Mental Health Services in Western Australia. He works with adult individuals, couples and groups. He started as a Gestalt Therapy trainer in 1984 and has continued since. He co-directs, *Gestalt Training Institute West Australia*, which offers intensive post-graduate training to mental health professionals in psychotherapy practice and theory and has been a Guest Faculty Member with *Gestalt Associates Training Los Angeles* at their annual European Workshop Program since 1995.

IN MEMORIUM

Anna Bernet



Anna Bernet (5.9.1941 ~ 7.1.2017) was swiftly taken before her time by cancer. Anna died in Melbourne aged 76, surrounded by family and friends. Anna will be dearly missed by her Daughter Michelle and her main mentorees who authored this tribute.

Anna Bernet came from Mackay and began her studies in social work at James Cook University. It was during this time that Anna met Jorge Rosner, and fell in love with the Gestalt approach which would become a guiding force in her personal and professional life.

She worked alongside Yaro Starak in Brisbane, before founding The Gestalt Training Institute in Sydney and establishing herself as a prominent Gestalt practitioner and teacher who was well respected and loved by her colleagues and students. Anna contributed to the field through her writing, including the chapter “Gestalt and the Self”, in *Grounds for Gestalt* (1994, Christchurch, Foreground Press), where she articulates the importance of integrating a spiritual aspect of growth of the self. She also participated in the discussions that lead to the formation of GANZ.

Perhaps Anna’s greatest contribution was her authentic commitment to self-awareness, using the Gestalt method to help individuals grow into their greatest potential. Anna continued to develop her personal, spiritually-orientated Gestalt approach, incorporating aspects of Sufism, the Diamond Essence work of A.H. Almaas, Astrology and the Enneagram. Anna was mentored by Hameed (A.H. Almaas) and by Claudio Naranjo, bringing Naranjo to Sydney to run SAT groups (Seekers After Truth)

Anna Bernet was a passionate and evolved master teacher who demonstrated wisdom and compassion in her dealings with her students. She had a keen ability to see the pearl of preciousness in each individual, holding a nurturing and loving space for it to flourish, whilst adding her sweet touch which we remember so fondly.

The greatest tragedy may be that following the closure of the Gestalt Institute in Sydney, Anna's ongoing health issues prevented her from going back to the work she so loved. She did maintain an ongoing mentoring relationship with select students, including the two of us, whom Anna helped shape.

Mariela's Tribute:

Anna was my dearest teacher and friend. She was one of those great teachers in life who leaves their impression on their world, and her mark was deeply imprinted in me. I have known Anna for 19 years, ever since I was a trainee at her Sydney Gestalt Training Institute. Our profound friendship slowly grew from there and lasted right up until her very last day. Over the years, we would meet for lunches, stay at each other's homes across cities and have long talks on the phone which lasted into the night, indulging in each other's company and mental spark.

Anna helped me extract my essence, own it, and share it with the world rather than bury it deep inside. Anna taught me to take responsibility for what I say and do, and to always try things on for size and only take them if they fit. Anna shone a beam of light into my inner and outer self, and helped me connect with the world just like Gestalt therapy connects object and ground.

I have gleaned great richness from Anna's teachings and wisdom. And still now, in days when I miss her very much, I often ask her a question... or ask myself what would Anna say...so that somehow, in some sweet way, I still have Anna with me, and always will.

Clarissa's Tribute:

My relationship with Anna Bernet spanned 24 years. Firstly as a trainer for my Gestalt Diploma, then a mentor and eventually as a real person and dear friend. She grew me up in the truest sense of the word allowing me to live a very full life as a partner, parent, friend and therapist. Over and over Anna's patience and love of truth guided me toward greater authenticity and capacity to love and guide others. She was an oracle of wisdom, a living demonstration of unconditional love and great example of free-flowing heartfelt compassion. While some found her powerful authenticity too much to handle she was, nonetheless, extremely gifted in her practice and dedication to growth. Anna had a natural ability to initiate profound change at the level of community and individual alike. She skilfully managed group dynamics with her deep knowledge and passion for utilising Gestalt principles for living. Her ability to remain present and hold the space

while knowing what was really going on under the surface was amazing. I initially witnessed her doing this with her trainees in the group, sensing something or someone was ‘unfinished’ and then creating space and holding for profound transformation and I had the blessed fortune to have her keen insight facilitate my growth beyond anything I could have hoped for. Anna had a profound impact on my personal and professional growth for which I will be eternally grateful. The Gestalt community has lost true greatness.

Biographies

Mariela Brozky: RN, GradDip MH Nursing, trained with Anna Bernet at the Gestalt Training Institute Sydney, in 1998 and 2002. She is currently working as a specialised mental health nurse and completing her Master of Art Therapy.

Clarissa Mosley: Dip Gestalt Therapy (1996), BSc Psych (hons). Clarissa is a Registered Psychologist & Gestalt therapist who currently runs a small private practice in Sydney.

Reference

Starak, Y., Bernet, A., & Maclean, A. (1994). *Grounds for Gestalt*. Christchurch, N.Z.: Foreground Press

David Geldard

I bring some sad news: that of David Geldard’s parting, on February 3rd 2017. I knew him as a treasured family member and I know he was a friend and colleague to many of you. David had spent the past 23 years, with his wife Kitty, living a full and happy life on the Sunshine Coast. David practiced for 40 years and was committed to Gestalt Therapy; in our conversations on the matter of approaches his view always was, Gestalt is the best approach in therapy. He and Kitty co-authored a well know text: *Basic Personal Counselling: A training manual for counsellors*. At his request family and friends gathered to farewell David on Peregrine Beach, his favourite spot. He is missed.

Trish Landsberger, Team Leader, Group Work & Training, Kyabra Community Association, Secretary, GANZ.

ENDNOTES

Erratum, Kath McCarthy

In my interview In Vol 13 No 1, in describing my experience of process groups at Taormina, I referred to Bud Feder (a well-known ‘elder’ in the American Gestalt community) as the originator of idea of these for AAGT. Bud has since graciously advised that the idea actually came from Richard Kitzler and Carl Hodges, and that he didn’t want to be credited where he is not entitled. He clarified that his role was, as the chief convenor of a conference mounted by the NY Institute in 1990 on groups, to make process groups happen and supervise, noting that ‘it was pretty chaotic the first time’. I have apologised to Bud for the misunderstanding, not wanting to rewrite history, and following his wish to set the record straight for readers. His response included the humorous observation that: ‘in the tumult of Taormina, I think we’re lucky to have remembered our own first names’.

GANZ conference 2017

The aesthetics of care, Camille McDonald and Tony Jackson

Please visit <https://ganzconference2017.wordpress.com/> for the ongoing updating of conference program developments, including the recently announced inclusion of contributions by Sally Denham Vaughan.

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