

# GESTALT JOURNAL

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**Publication**

The Journal is published twice-yearly, in May and November.

**Contributions**

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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## *Editorial: Community and creativity*

**Alan Meara**

This issue of the Journal leads with an invitation to attend the GANZ Gathering/Hui in Sydney in May 2019, with a focus on exploring catalysts for transformation, with a preliminary list of possibilities for participants to expand upon. The organising and facilitation group offer a personal reflection on their own process in engaging with the theme, as ground for considering potential participant experiences, and developing creative lead up activities to enhance participation. They also provide a brief review of activities and writings from around the world in the past few years that address similar intentions to appraise and promote the role of Gestalt practice as contributing to social movements at varying levels in the wider field. There are some echoes of those initiatives within the articles presented here, including what seems to be an increasing interest in the interactions between mind, body and the brain beyond as an isolated organ.

Dominic Hosemans offers a thoughtful and well referenced exploration of neuroscientific perspectives on brain hemispheric functions, relating them to the core principles of Gestalt: phenomenology, field theory and dialogue. He argues that the left hemisphere allows focussed attention, while the right attends to the world as a unified whole allowing for the inclusion of context, and hence most important for existential and phenomenological approaches. However, Dominic asserts that it is the integration of these ways of attending that allow for the foundations of relational Gestalt. He supports that with the ideas of Buber, Levinas, Husserl, and Heidegger, as well as engaging with Buddhist thought on the thorny concept of self.

Caitlin Reid's literature review weaves together explorations of several dilemmas in how the therapeutic process is conceived, including: the balance of 'use of self' and the therapist's lived experience in the therapeutic process (where the therapist's experiences may be on no use to the concerns of the client); sitting with uncertainty and not knowing against the pressure from emerging industry standards to provide certainty of outcomes; and the considering of the therapeutic process as a liminal space with shared aesthetics rather than focussing on pathology. Farrands (2010) also addresses similar concerns under the label of poetics, exploring "how practice is shaped by our personal self and also by those structures in the world that are not us at all (p. 296)". Simplistically, poetics is a method and a theory of a how to appreciate the overall crafting of a discourse at several levels (originally poetry, but now applied to wider forms), and its effects on the

reader/participants.

Kelly Ashbolt's review argues for the value of creativity and play in therapeutic processes and in other aspects of social interaction. She outlines the various ways that creativity and play have become devalued and a trend to commodification in educational, sporting, and advertising settings in particular. Kelly provides a description of how creative activities affect various aspects of brain structures, memory and development and their relevance for psychotherapy in general and then for Gestalt and its experimental nature in particular. More broadly, she notes that creativity is a relational process that supports inclusion of difference and promotes diversity.

Greer White's review of *The Evolution of the Cape Cod Model: Gestalt Conversations, Theory and Practice* by Joe Melnick and Sonia Nevis notes that the authors invite readers to reflect on their own life and their Gestalt practice. They share their own interactional processes in developing what began as way of working with couples into a more complex model that applies to larger systems, in effect, social processes. Greer comments that the Cleveland Cycle of Experience framework has been extended accordingly, and offers several illustrative examples in response to the invitation to reflect on her experiences of working with the authors and their offerings, and in particular, Joe and Sonia's presentation of a core training program.

Sadly, another obituary finds its way to our pages in memory of Bud Feder whose name is well known for his writings on group process, and for some people in our region, personal engagement.

Belatedly, there a brief mention of the passing of Georges Wollants, who was influential in promoting recognition of 'the situation'. A more comprehensive obituary by Guus Klaren (2018) has been published in the British Gestalt Journal.

Alan Meara,

Editor, GJANZ

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## Biography

**Alan Meara B.Com. (Hons), M. Gest Therapy, FM GANZ, CM PACFA** is a Gestalt therapist and clinical supervisor, and has worked as a Gestalt trainer in various locations in Australia and Europe for 20 years. He has a background in Organisation Development and participative group work. He has a deep interest in the potential for complexity theory and critical realism to add to our understanding of field theory and recent developments in eco- and neuro- phenomenology.

While Alan is a member of the 2019 Gathering/Hui facilitation group, and is involved in academic committees at Gestalt Therapy Brisbane, he is careful to act independently in the role of Editor under a formal arrangement with GANZ.

He is also a Grandfather to four delightful children, and regularly trains in Aikido as a senior practitioner.

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## *A GANZ GATHERING/HUI UPDATE OUR PROCESS AND PLANS FOR YOUR PARTICIPATION*

### **Imagine a fertile void.**

It was a fertile void that we, the organising and facilitation group of the GANZ Gathering/Hui 2019 faced back in October 2017 when we began our journey to design a unique and radical experience in Sydney, unambiguously aimed at the Australian and New Zealand gestalt therapy communities.

### **Our evolving journey**

Drawing on the feedback received from the 2017 Melbourne GANZ Conference, over several months our ZOOM meetings centred around crafting a Gathering/Hui theme that would engage with contemporary psycho-socio-political issues which have relevance to us all. The outcome

of our early discussions was the emergent theme... **Catalysts for transformation: Diversity, inequality, dialogue and ...?**

As an organising group each of us recognised that, in one form or another, all human beings unavoidably suffer from the structures and strategies of dominance and resistance in social relationships associated with class, gender, ethnicity, race, sexual orientation, language, religion, age, nationality and world-regions. We considered how these powerful dynamics organise our relationships with ourselves as well as with others and can have lasting effects on our minds and societies.

We also recognised that integral to our work as gestalt practitioners, for both ourselves and our clients, is uncovering, revealing and disclosing strategies of manipulation and legitimation that contribute to prejudice and discrimination on individual, institutional and social levels. As a result, we have carefully worked to frame the language we use to describe and promote the Gathering/Hui in more relational terms.

One of our early decisions as a group was for us to commit to being aware of and willing to inquire into our unfolding interpersonal process while designing the different experience this Gathering/Hui represents, relative to traditional conferences.

Not surprisingly, we have become increasingly aware of our own sensitivities surrounding the theme, process and potential outcomes that follow. We became aware of our ‘blind spots’, internalised prejudices and unconscious biases associated with our personal lived experience of diversity, inequality and dialogue. We imagine that our experience may represent a microcosm of the experience of participants of the Gathering/Hui and therefore could contribute to our thoughts on the facilitation processes in the various configurations of participants at the Gathering/Hui.

### **Implications for enabling the purpose of the Gathering/Hui**

The aims that arose from the theme have been identified as to:

- Address the challenging issues of our time as they manifest in our society and practice contexts
- Explore the multiple constraints to human and social development, and wellbeing
- Identify the catalysts that energise meaningful change and deeper transformation in ourselves, our clients, our communities and society
- Practice the intersubjective arts in our time together by honouring

difference, encouraging complexity, practicing inclusion and expressing empathy

- Motivate each and all of us to become citizen activists in areas of personal interest and professional practice.

As our process unfolds throughout the Gathering/Hui, we are aware that our personal passions and perhaps past wounds are likely to become figural. While, as gestalt practitioners, we are all familiar with and apply dialogical and relational principles and sensitivities, during our time together in Sydney our hope is that we will be especially mindful to co-create a supportive and respectful environment where curiosity, inquiry, acceptance of others, understanding of difference and learning can be valued.

### **Facilitation preparation activities**

In the coming months the facilitation group will be undertaking two broad activities.

The first is to seek perspectives and feedback from a community-based reference group and other experts around the sensitivities in facilitating programs that address diversity, prejudice, unconscious bias and privilege. The second is to finalise the designs of three pre-Gathering/Hui warm-up and awareness raising activities that will include reflections and perhaps informal discussions with others on personal prejudices and uncovering blind spots; stories of transformative experiences; and translating personal passions into actions. Information on how to participate in these ground setting activities will be circulated in the New Year.

### **Invitation to participate**

The Gathering/Hui aims to offer an inclusive, participatory and creative experience. This is an event of unique proportions. We hope this grass roots approach to encouraging participation will invite people to come who may be at the fringe or even feel alienated from the GANZ and wider gestalt communities.

If you haven't registered, now is the time.

### **Postscript**

We are also aware that our theme and aims echo those of activities and publications in other regions of the gestalt world over the past few years.

For example, in a promotional release for the AAGT biennial conference in

Toronto, Canada, 2018: *Radical Respect: Contemporary Gestalt Therapy in Troubled Times*, the organisers stated that:

The theme of Radical Respect caught our attention as we reflected on the background anxiety that impacts both therapist and client, teacher and students, that is a feature of our present times. The social demand from all quarters, included our own community, is for deeper respect. Gestalt, which allows people to really sit deeply in contact with the other without judgement, can address the emotional well-being of individuals (and groups), and its principles can be applied to social, political and humanitarian issues. (AAGT, 2017, para 1)

The AAGT also intended that the conference would address gestalt therapy in its totality (including its roots in social activism), and would contribute to the evolution of our vibrant and diverse community of gestalt therapists at the end of the second decade of the 21st century.

Following an earlier AAGT conference, held in Philadelphia in 2010, an unusual step was taken to publish a book *Continuity and Change: Gestalt Therapy Now* that presented not only the content of presentations, but also extensive reflections on AAGT processes and embedded personal experiences. In the introduction, Dan Bloom acknowledges the positive role of difference:

Gestalt therapy is an approach to psychotherapy, a psychological theory, a socio-political theory, a framework for organizational development, and a basis for community organizing. This book . . . shows that although gestalt therapy itself is held together by core concepts, it welcomes differences. The conference as reflected in this book also reflects the communities and cultures in which gestalt therapy is practiced—as it must, since one of gestalt therapy’s core principles is creative-adjustment to the field, the situation, or in ordinary language, the circumstances of everyday living. (2011, p.2)

The growing inclusion of contemporary European voices around social change is reflected in a revised edition of *Yes, we care! Social, political and cultural relationship as therapy’s ground, a Gestalt perspective*, published by the Human Rights and Social Responsibility Committee (HR&SRc) of the European Association of Gestalt Therapy in 2015. The book, dedicated to Paul Goodman and his view that “psychotherapy is essential to creating a better society” (2015, p. 7), includes contributions from a wide range of

clinical, practice, social and political perspectives all intent on addressing well-being in some way. An epilogue by Committee Chair Guus Klaren, reprises some of the book's themes. In particular he proposes that community thinking loses to an ego-dominated paradigm. The latter can be seen in, for example: the rationalisation for free market economics; that you are your own personal brand; and that assessing refugees should be only on the basis of what they can they contribute.

Guus contrasts such this with Kropotkin's idea of a healthy evolving society based on mutual aid and co-operation. However from the bleaker perspective of a world in crisis with a collapsing paradigm that is leading to loneliness and isolation, Guus asks: What answer do we have as a Gestalt community? What can we do to create a 'we' based on mutual dependence?

ne approach to answering these questions is suggested in Malcolm Parlett's (2015) ambitious work: *Five explorations of whole intelligence for a world that's waking up*. One of Parlett's starting points is that "the emphasis is not on what we cannot do, but on what we can – beginning from not a desperate or panicked state, but from a place of clarity and self-confidence" (p. 3).

Sally Denham-Vaughan's review of his book concludes:

In writing *Future Sense* Parlett has, I believe, amplified the call of the founding fathers of gestalt therapy and extended their vision of the world. He has built a bridge from technical specialists in Gestalt/Relational approaches to the global human community. *Future Sense* thus delivers a highly illuminating exploratory methodology for productive personal inquiry and prompts positive generative action that the world desperately needs. (2016, p. 56)

Another aspect of our intentions for the Gathering/Hui relates to the choice of venue, which offers easy access to aspects of the natural environment. The value of engaging with nature in a relational way is touched on by Miriam Taylor in her dialogue with Paddy O'Regan (2018). This proposal is supported in a review of Caroline Brazier's (2017) *Ecotherapy in Practice: A Buddhist Model* by Kathryn Morris-Roberts (2018) who lists the five parts of the model: the therapeutic container; the theoretical base; personal process; collective and cultural frames; and global context and wider horizons, as well as noting Brazier's invitation for the enacting of change from a non-anthropocentric perspective. Morris-Roberts shares: "Developing my own embodied experience (with) in nature alongside reading and thinking about the theory is what supports my praxis at the indoors/outdoors boundary in whatever form that takes" (2018, p. 58).

Her invitation is to go outside with the intention of just being there and seeing what emerges. The Q Station at Manly presents an opportunity for that exploration, which we actively encourage.

## **The Gathering/Hui Facilitation Group**

**Mike Reed, Brenda Levien, Alan Meara, Gabe Phillips and Ashleigh Power**

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## **Cerebral integration as underlying relational Gestalt therapy**

Dominic Hosemans

### **Abstract**

The fundamental principles of Relational Gestalt therapy encompass phenomenology, dialogue, and field theory. The current essay argues that the fundamental principles of gestalt therapy are connected in terms of being right hemispheric predominate. The phenomenological method entails attempting to see the world without the lens of one's past, including placing particular experience into categories. The essay argues that categories of experience are 're-presented' within the left hemisphere and applied to direct experience, whereas the right hemisphere attends to experience in an open and receptive manner. Further, field theory requires the perception of oneself being interrelated with the world; which is associated with the way the right hemisphere attends to the world, where everything is perceived in context within a coherent whole. The essay furthermore argues that it is essentially the integration of the left and right hemisphere functioning that ultimately underlies the ideas of relational gestalt therapy.

### **Cerebral Integration as Underlying Relational Gestalt Therapy**

Relational Gestalt therapy is founded on the fundamental theoretical underpinnings of phenomenology, dialogue, and field theory (Yontef, 2002). The idea of phenomenology arose from the scientific method developed by Husserl (1999) in order to describe as clearly as possible direct experience without the filters of one's preconceived notions. Dialogue can be conceptualised as shared phenomenology within the meeting between both therapist and client (Yontef, 2002). According to Yontef (2002), dialogue rests upon inclusion, presence, and surrendering to the 'between', with each of these elements in turn resting upon Buber's (2010) notion of the I-it and I-thou. Field theory, or rather the phenomenological field, posits that nothing exists in isolation, that there is an intricate and interactive web underlying all causation (Lewin, 1951; Yontef, 1993).

The current essay discusses that potentially there is an underlying phenomenon that ultimately entwines phenomenology, dialogue, and field theory, such that these theoretical underpinnings are different expressions of a larger system. The current essay will argue that each of these Gestalt principles arise from a right cerebral hemispheric predominance, with the aim of shifting to hemispheric integration. Hemispheric integration is not a new idea within the gestalt literature; with Zinker (1977) originally positing that gestalt therapists integrate two modes of consciousness reflected as two distinct ways of being in the world, explicitly referring to a potential cerebral integration. To use Hegel's terminology, the thesis is the right, antithesis the left, with synthesis the integration (Beiser, 2005). It is this neurocognitive dance here that Gestalt therapy potentially attempts to replicate.

According to the eminent neuroscientist, Joseph (1992), we live in two worlds simultaneously. Although interconnected and working in concert, both right and left cerebral hemispheres have their unique way of perceiving, understanding, and conveying information. The lateralisation of different attentional processes is quite often overlooked, but is crucially important as the two cerebral hemispheres, according to McGilchrist (2009), each derive their own interpretation of the world differentially biased by attentional processes. The fact that focused attention is found to be primarily a left hemispheric function implies that the left hemisphere's perception of the world is always removed from its context. The perception of the world is constructed from its discrete parts, with each part labelled and categorised in order to build a perception of the world that equates to a coherent whole. The right hemisphere, on the other hand, perceives the world already as a unified whole, with each part in context. The right hemisphere is associated with a more open and receptive awareness of the world in contrast to a more evaluative perception arising from the left. Such bias in understanding the world, either as the sum of its parts or a unified whole, equates to a different experience or 'way of being' in the world (McGilchrist, 2009).

Nonetheless, these generalisations regarding the lateralisation of cerebral function can be considered overly simplistic. Recent neuroimaging

evidence suggests that the line in cognitive processing is not so clearly drawn and that both cerebral hemispheres tend to ‘light up’ in a complimentary fashion in the vast majority of cognitive processing activities. Mallgrave (2013), however, argues that a similar capacity to process information does not necessarily equate to processing this information in the same manner. For instance, it is well established within the neurocognitive literature that the left hemisphere processes information in a more serial fashion, whereas the right hemisphere processes information in parallel (McGilchrist, 2009).

The different ways of attending to information parallels ideas developed in phenomenology and then shadowed by cognitive theory. Husserl (1999) described that individuals consciously experience reality via two divergent attentional approaches. The first of these, the *natural attitude*, is considered the default pattern of the mind. It involves perceiving the world, including people and events, primarily as objects upon which cognitive operations are carried out. This idea of the default mind converges with recent developments in cognitive theory. Lambie and Marcel (2002) express this mode as ‘second-order processing’; Teasdale (1999) uses the term ‘propositional processing’; with Kahneman (2011) referring to ‘System1’ as representing automatic thought. The common thread underlying these theories is a description of processing reality as essentially a ‘re-presentation’ (McGilchrist, 2009) within the mind. As opposed to experiencing reality in an embodied sense, one merely conceptualises this experience. This conceptualisation is evaluative, overlaying the experience with concepts, ideas, judgments and labels, often occurring in an associative and automatic manner (Bargh & Chartrand, 1999) the authors question this assumption. First, they review evidence that the ability to exercise such conscious, intentional control is actually quite limited, so that most of moment-to-moment psychological life must occur through nonconscious means if it is to occur at all. The authors then describe the different possible mechanisms that produce automatic, environmental control over these various phenomena and review evidence establishing both the existence of these mechanisms as well as their consequences for judgments, emotions, and behavior. Three major forms of automatic self-regulation are identified: an automatic effect

of perception on action, automatic goal pursuit, and a continual automatic evaluation of one's experience. From the accumulating evidence, the authors conclude that these various nonconscious mental systems perform the lion's share of the self-regulatory burden, beneficently keeping the individual grounded in his or her current environment. (PsycINFO Database Record (c. The consequence of this mode of conscious processing is that reality is never experienced impartially. Instead, reality is experienced through this often habitual and conditioned cognitive lens that basically attends to information from the world in an incomplete manner devoid of context.

The second form of conscious processing according to Husserl (1999) is the *phenomenological attitude*, which entails experiencing reality as it genuinely appears without such a cognitive lens. Husserl proposed that the way in which this is achieved is through the process of *phenomenological reduction*. Phenomenological reduction does not involve replacing or necessarily eradicating this cognitive lens. Rather, it involves 'stepping back' from this habitual mode of processing so as to experience reality as it actually occurs. This does not necessitate the absence of sensory experience, thoughts or feelings, but rather such are perceived as they are without the added dimension of cognitive processing (Thompson & Zahavi, 2007). Husserl described this pushing aside of one's automatic cognitive processing, of the left cerebral function, stepping away from the default perception of experience, as "bracketing". In terms of cognitive theory, Lambie and Marcel (2002) referred to this as 'first-order processing'; Teasdale (1999) termed it 'buffered implicational processing'; with Kahneman (2011) adeptly naming it 'System2' as representing more reflective thought. Each of these theories describes the receptiveness of mind, where one's attention is primarily regulated to one's present experience as a whole. Furthermore, this process is not necessarily defined by a detaching from experience, in which there is an independent perceiver, but rather the perceiver is also within the context of what is being perceived. Ultimately, this highlights an implication of field theory, where one is of the field but also a part of the field; arising from a right hemispheric attentional process – where reality is received as a coherent whole rather than the sum

of its parts.

The dichotomy of perceiving information is inherent throughout the gestalt and existential literature. In line with the natural attitude, Spinelli (2007) has defined this way of attending to the world as one's 'worldview', which is a framework of sedimented beliefs that colour one's perception of the world – where discrete parts are categorised and labelled prior to the construction of one's perception. In contrast, Spinelli (2007) coined the term 'worlding' to capture the verb-like essence akin to the phenomenological attitude, which was defined as the, "on-going, ever-shifting, process-like, linguistically elusive living of being" (p.18). Similarly, Chidiac and Denham-Vaughan (2007) have dichotomised the differential processes of *will* and *grace*. The former, will, represents how one organises oneself based on past experience. Will is a cognitive intention of one's intentionality arising from one's automatic worldview. Whereas grace is akin to the process of 'worlding' - the experience of grace is one of organising oneself to fully receive the other, suspending what is already occurring within one's mind. One could argue that Spinelli's (2007) idea reflects how both the left and right hemisphere constructs a representation of the world, whereas Chidiac and Denham-Vaughan's (2007) idea represents how each hemisphere bring intentionality into the world.

As alluded to by Spinelli (2007), the experience of 'worlding' is synonymous with the embodiment of being, whereas the worldview is a cognitive re-presentation of one's sense of self. According to McGilchrist (2009, p.66), the "right hemisphere is deeply connected to the self as embodied". The dichotomy of perception according to differential attentional processes is further expressed through a number of different theories within the existential and phenomenological literature. For instance, Levinas' existential analytic entails that one's conceptualisation of self (natural attitude) is equated with totality – totality referring to all that one is within that particular moment. On the other hand, the experienced embodiment of being (phenomenological attitude) is suggested by Levinas' notion of infinity – the self is potentiality rather than being a fixed conceptual sense of self

(Mensch, 2015). One's conceptualisation of self, as indicated by Husserl, is fixed in time and is perceived as a static entity. The embodiment of being, contrarily, is constantly flowing – facilitating in what Chidiac and Denham-Vaughan (2007) refer to as the process of presencing. The embodiment of being exists within the eternal now.

Such a dichotomy can also be identified in Buber's (2010) notion of I-it and I-thou. Yet, hemispheric integration can be inferred from Buber's understanding of meeting, where both I-it and I-thou are necessary components of deepening dialogue. McGilchrist (2009) indicates that one's perception of self as a fixed entity is contained within the left hemisphere, with the right cerebral hemisphere more associated with a fluid embodied perception of self. However, presence requires more than just flow, there also needs to be a presence of something static – or rather a centre of gravity – and thus the integration of the two modes of processing information, of being-in-the-field-and-of-the-field, is essential.

The osculation or integration of the two cerebral hemispheres is of prime importance, with movement from the right bringing back some fluidity to the left, incorporating and expanding one's conceptualisation of self. By not bringing back, and remaining in the I-thou throughout meeting, essentially means that no structures are formed to contain the meeting. As discussed by Yontef (1993), the I-it is always in service of the I-thou, the structure of the I-it providing the foundation for entering into the uncertainty of the 'in-between'.

In terms of the nature of the meeting, a right hemispheric predominance, but working towards cerebral integration, can also be identified as underlying the idea of inclusion. For instance, a number of studies have indicated that empathy is primarily a right hemispheric function (for instance, see: Leigh et al., 2013; Tullett, Harmon-Jones, & Inzlicht, 2012; Weed, McGregor, Feldbæk Nielsen, Roepstorff, & Frith, 2010) diminished positive affect, and exaggerated negative affect have all been linked to right frontal cortical asymmetry as measured by electroencephalography (EEG). According to McGilchrist and Rowson (2013), it is through this empathetic

identification with others that ultimately mediates a sense of ‘openness’ and a perception of the interconnected nature of the world. However, according to theorists in Gestalt therapy, the self, or the conceptualisation of the self is lost in the experience of empathy. The synthesis then, or bringing back empathy to the left, entails inclusion, where one is able to integrate the experience of worlding and expand one’s worldview. This is consistent with Gestalt literature, where through the process of true meeting, the therapist’s self-perception is also changed by the client through the client’s own growth processes (Hycner, 1991).

In terms of facilitating psychological growth, the experience of worlding, or rather ‘being-in-the-world’ as Heidegger (1953/2010) would say, is thought to facilitate in the attenuation of psychological distress and the cultivation of wellbeing. There is overwhelming evidence to suggest that being authentic to one’s primary experience, without the cognitive overlay of secondary processing, is associated with greater satisfaction with life, enhanced self-esteem, reduced anxiety, depression, and stress, alertness and wakefulness, and furthermore, fewer physical problems, such as aches and pains as well as headaches (Goldman, 2006; Goldman & Kernis, 2002; Kernis & Goldman, 2006; Kifer, Heller, Perunovic, & Galinsky, 2013; Lakey, Kernis, Heppner, & Lance, 2008; McGregor, McAdams, & Little, 2006; Schlegel, Hicks, Arndt, & King, 2009; Wood, Linley, Maltby, Baliousis, & Joseph, 2008)NY”, “title” : “Making diamonds out of coal: The role of authenticity in healthy (optimal).

With regards to the phenomenological method, it is reasonable to assume that not being open to the totality of one’s experience, certain aspects of one’s experience are then being rejected or ignored. Ultimately, this is where psychoanalytic ideas, such as projection, come in to play – with Gestalt therapy attempting to integrate such cut-off parts of the self – aiming towards wholeness or integration. Consequently, according to the existential psychologist, Rollo May (1977), whenever this rejected aspect of one’s experience arises, anxiety may manifest before this aspect is rejected once again. Thereby creating a circular process as such experience does

not dissipate and the individual must develop greater defences in order to keep this internal experience out of awareness (May, 1977). However, according to Marks (1978, 1987a, 1987b), the anxiety that arises would eventually subside without having to do anything but simply being open to the negatively perceived internal experience. Bion (1967) refers to this idea as reverie or developing tolerance – only with cultivating tolerance of emotional experiences can such be thought through and made sense of. Bugental (1981), another existential psychologist, believed that this cycle underlies the development of all forms of neurosis. According to Cayoun (2011), the majority of psychological theories of mental illness are based primarily on the processes involved in the avoidance of substantially uncomfortable present-moment experiences.

For Bugental (1981 p.47), when ignoring one's internal experience in favour of the habitual and predictable perception of the world, we fail to actualise our potentialities, living "only a fraction of what is latent in our lives". Self-actualisation according to Andringa, van den Bosch, and Vlaskamp (2013) authority, agency, and motivation through (1 involves a sequence of right-left-right spiral, or the Hegelian dialectic of cerebral hemispheric activation. Consistent with this view Zinker (1977) argues that growth of the individual takes place at the contact boundary. Or rather, one's sense of worlding, contact with the world, continuously informs one's 'worldview' or perception of oneself, which is constantly evolving in the dance of the dialectic. The paradoxical theory of change can enter centre stage here, as one is not necessarily changing but rather expanding – but for this expansion to take place, a structure must already exist – expansion must occur from somewhere – thus, without an I-it, there is no I-thou. However, when one's 'worldview' is no longer adaptive, but the individual is unable or unwilling to enter into the dialectic so as to expand their 're-presentation' of the world, that neurosis essentially manifests.

The discussion of the dialectic furthermore brings into question the epistemological and ontological understanding in terms of what comprises the true self. Coinciding with the two approaches in conscious processing,

the phenomenological reduction and the natural attitude, is the idea of two distinctly separate perceptions of the self (for instance, see: Gallagher, 2000 for a review). The *narrative self* entails the systematic implementation of cognition with the purpose of developing and preserving a narrative regarding oneself, one's past, and one's relationship with the world. This narrative is situated in time, connected to both the past and future. However, this narrative is only a mental representation (as in, disembodied perception) of oneself and the world, which primarily acts to colour one's experience with their *natural attitude*. Dennett (1992) refers to this conceptualisation of oneself as the "centre of narrative gravity". Similarly, according to Spinelli (2007), the worldview must have at its centre a particular point of focus, such as the self, other, subject, or object. Or rather, a structure must exist in order to provide a platform for entering into the uncertainty of the 'in-between'. The to-and-fro between both the narrative and minimal selves represents a deepening of dialogue but also greater cerebral integration.

The *minimal self* is primarily the consciousness of the self as an "immediate subject of experience" (Gallagher, 2000, p.15), existing only in the present moment. For Manzotti (2006), within the experience of this *minimal self*, the perceiver is essentially inherently related to the perceived, the subject with the object, and the self with others. No independent self can therefore be found except from that of the, "a priori interrelational grounding from which our unique sense of being arises" (Spinelli, 2007, p.14). This description of the minimal self underlies Heidegger's (2008) 'Being-in-the-world', where the self is inseparable from the world that is experienced. Finally, the Buddhist notion of "no-self" (Bhikkhu, 2011) potentially underlies the description of the minimal self. So in a paradoxical way, within Gestalt therapy, one must surrender oneself and be held captive by the other and yet still have one's sense of self and freedom of mind.

The minimal self is important in order to surrender to the in-between, where dialogue takes place. Yet, it is only within the narrative self that the experience can be described and conveyed to the other through dialogue. Important to note here that only the left hemisphere has language

centers in which to describe as closely as possible the right hemispheric experience. Ultimately, the integration of the cerebral hemispheres is in and of itself the meaning of Gestalt, wholeness.

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## **Biography**

**Dominic Hosemans** is a psychologist in private practice who works predominately with children. Dominic completed a Masters in Psychology (Counselling) and Doctor of Philosophy at Monash University. His Ph.D. thesis examined the phenomenological experience of equanimity within meditation. Having completed clinical training in play therapy as well as currently undergoing gestalt training, Dominic combines both approaches in order to help develop a sense of wholeness and actualisation within the children that he works with.

# *Therapeutic use of self and the poetic of uncertainty.*

Caitlin Reid

This article is adapted from a Literature Review submitted as part of requirements for a Master of Gestalt Therapy degree at Gestalt Therapy Brisbane in 2017.

## **Introduction**

The stimulus for this literature review stems from my interest in understanding the range of complex challenges therapists face as they engage in the process of therapy, especially with respect to the emergent nature and quality of the therapeutic alliance. Both client and therapist influence each other, and the intersubjective therapeutic field of their making. Of particular interest to me is how the therapist's lived experience (e.g. personal history, values, contact modulations, and that which is both within and out of awareness) influences the therapeutic milieu and the effect on therapeutic outcomes. As I develop my own skills as a therapist my curiosity about these concerns reflect broadly on the long held questions I have regarding the use of the person of the therapist in the relationship, in a fluid emergent field. As a practitioner my secondary interest is in the uncertainty that exist in therapeutic encounters. Therapeutic use of self is critical, with the psychotherapist facing the paradox of being available to their clients both as a person and a professional trained in methods of therapeutic practice (Hycner, 1993). I engage in this interest

about the therapist as I near my completion of my Gestalt Therapy studies. This field situational dialogic practice places the therapeutic relationship at its core. It is where I as therapist will encounter the other in our sameness, our otherness and in our meeting.

This literature review is made up of three sections. The first section offers definition and description of what is meant by the terms therapist lived experience and therapeutic use of self. It then focuses on the literature that explores the influence of therapist lived experience on therapeutic outcomes, and importance of this to practice. Existential and ethical considerations for practice examine the demands of being both a human and professional engaged in the practice of psychotherapy. The second section explores the concept of uncertainty in the therapeutic encounter. It describes the ambiguous characteristic of uncertainty, the multiplicity of its meaning in the therapeutic context, and the cultural expectation that professionals demonstrate certain characteristics including certainty/expertise. *Not knowing* and the phenomena of emergence in the client therapist field will be explored, including the notion of psychotherapy as a liminal space that client and therapist enter into together. Central to the practice of Gestalt therapy is the focus on therapy of the current situation and the therapeutic relationship. Consequently, the third section explores the co-created relationship conceptualised from Gestalt therapy's field situational perspective, and attention to the aesthetics of therapeutic contact. Finally, this literature review offers a summary of the content of the review; addresses gaps and conundrums in the literature and draws conclusions.

## **Lived experience and therapeutic use of self**

In relational schools of psychotherapy and the humanistic traditions it is accepted that the *lived experience* of the therapist and therapeutic use of self is a significant factor with respect to therapist ability to attend to the lives of their clients (Farber, 2017; Langle, 2003; Wosket, 1999). Lived experience refers broadly to the manner in which an individual makes meaningful sense of their experience of themselves and the world they inhabit; and how they attribute meaning to the situations they experience (Langle, 2003; Van Manen, 1990). This definition of lived experience comes from literature on education. Phenomenological definitions of lived experience focus on the reflexive capacity of individuals to reflect on their experience, which constitute the study of the phenomenon itself (Wilson, 1997). Phenomenological definitions focus on descriptions of what people experience and how they experience what they experience (Patton, 1990). It may also be conceptualised as “the subjective aspect of an event, such as it is actually apprehended in its personal, individual, and concrete significance by the subject ...in fact the only organising concept of subjectivity and of differentiation in the field” (Robine, 2011, p.61). Although there is value in the distinction made between the person of the therapist and therapeutic use of self (Wosket, 1999) it is maintained that the person of the therapist is made evident through the ordinary conventions of dress, how they sit and speak, non-verbal communication and how they conduct themselves generally (Farber, 2017). Therapeutic use of self is an intentional approach to the therapeutic engagement (Wosket, 1999). Of course the notion there is a ‘self’ is in itself complex. The philosophical and theoretical perspectives

of what is meant by a self are diverse, and beyond the scope of this paper. Some Gestalt theoretical perspectives on self propose a process of ‘selfing’ as a function of contact at the boundary between what is considered self and other (Robine, 2011, Wollants, 2012). Intersubjective theoretical perspectives propose therapeutic use of self is the *how* of who the therapist is in relation to another in relation to the therapist. In other words it is the way in which therapists apply themselves to the situation (Wosket, 1999). In the therapeutic field *who* and *how* the therapist is, is always being co-created in the therapeutic interaction (Orange, Atwood, & Stolorow, 1994). The emphasis in existential psychotherapy is on the authentic relationship that emerges between therapist and client in the process of therapy. A key assumption of therapists is that what happens in the world of the client will happen in the world of therapy (Spinelli, 2008). Therapists working with clients should commence from the basis of their own personal insight, awareness and understanding of who they are, and their relationship to the world. The quality of their relationships with others, the strength of their sense of identity and self worth and their capacity to derive meaning and satisfaction from the conditions of their existence will also impact their work (Langle, 2003). There is agreement among authors that more attention be given to training students in the process and practice of therapeutic use of self (Farber, 2017; Langle, 2003; Wosket, 1999). For it is inevitable that the therapists own ways of being, values, beliefs and assumptions will be exposed through their encounters with their clients (Spinelli, 1997). Although there is much written on the effectiveness of psychotherapy based on analysis of common factors such as client factors, expectancy, technique and therapeutic

relationship (Lambert, 1992), factors unique to the modality of therapy (McAleavey & Castonguay, 2015; Wampold, 2015), and the therapeutic alliance (Norcross, 2010; Safran & Muran, 2006), little regard has been given to the research and literature on the personal and professional development of therapists (Mathers, 2012). While there is some evidence in the literature of interest in the therapeutic use of self, there is no consensus regarding the importance of this on therapeutic outcomes (Wosket, 1999). Therapists who continue their own personal therapy and return to it in times of need make better practitioners in the long term (Bellows, 2007). Furthermore there is some suggestion the best practitioners are those who act upon feedback they seek provided to them by their clients (Day, 2016; Miller, Hubble, & Duncan, 2008), noting significant correlation between therapist best practice and therapist responsibility towards their clients.

Therapeutic use of self can be understood as a paradoxical capacity the therapist has an ethical imperative to develop (Wollants, 2012). The therapist is tasked to be both a person available to their clients as a human *and* a professional trained in methods of therapeutic practice while encountering the existential concerns of the human condition (Hycner, 1993). Predictably, conflicts can emerge between the personal *extrinsic* ethics of the therapist and the *intrinsic* professional ethics of the therapist (Bloom, 2013). Extrinsic ethics refer to moral, personal, and societal values; in other words an ethics of content, while intrinsic and fundamental ethics include the experience, skills, training and codes of professional practice of the therapist (Bloom, 2013). Gestalt therapy is an ethical practice of psychotherapy, which considers situated ethics to describe the human quality of understanding and

accepting another human as a fellow human; in other words it is an ethic of the human situation located in the wider social field (Bloom, 2013; Wollants, 2012). It is also *an ethic of care* grounded in awareness of our situatedness/embeddedness in contexts, with respect for our reciprocal differentiation from and influence on each other, and the notion care for self is care for other and the environment (Jacobs, 2005). To consider the individual subjective experience of both therapist and client while remaining objective and relational requires profound self-understanding (Hycner, 1993). Crucially, practitioners must come to understand not just the limits of mutuality in the relationship, but also attend to the resonance of their experience that is present in their clients and how best to respond (Hycner, 1993). Complexity theory, from a contemporary psychoanalytic perspective, also however takes the therapeutic attitude and places it firmly within the system of therapist *and* client (Coburn, 2009). This complexity sensibility proposes the limitation that it is not possible to know/understand a system or the whole in its entirety, without all the complexity of each element being present (see Coburn, 2009, p.186). Equally, “it is absurd and dangerous to assume a Gestalt therapist can suspend her/his values, which are always implicit and sometimes explicit in her/his behavior and attitudes during the therapy hour” (Evans, 2007, p.19). Without question, then, fundamental ethical choices emerge out of therapeutic contact (Bloom, 2013). This is of particular relevance to Gestalt therapy where psychopathology is understood as disturbance at the contact boundary (Bloom, 2013; Spagnuolo Lobb, 2013).

Gestalt therapeutic perspectives of psychopathology differ considerably from other therapeutic modalities that locate disorder/disturbance within

the individual as an intrapsychic phenomenon (Francesetti & Gecele, 2013; Robine, 2015; Spagnuolo Lobb, 2013). Indeed, the Gestalt perspective of diagnosis is informed by its' intrinsic aesthetic approach, a process of emergent meaning making that may be understood as assessing a client's process as it is expressed within the therapeutic relationship itself and grounded in embodied sensory experiences (Reed, 2016). Therapists judiciously select the material they choose to share with clients in the service of their clients' developing process of awareness and contact, and therapists' awareness of their own experience can be used to increase awareness and support of their clients' contact (Farber, 2017; Wheeler & Axellson, 2015). From a psychoanalytic perspective (Safran & Muran, 2006) challenge the usefulness and limitations of the concept of therapeutic alliance, making a distinction between two approaches, collaboration and negotiation (see p. 288). Collaboration is defined as a rational and conscious process, while in a more Gestalt oriented process, negotiation emphasizes the fluid nature of the emergent therapeutic relationship. Furthermore the notion of the negotiated relationship supports a process of growth whereby clients may develop their capacity for intersubjective awareness of the needs of self and others (Safran & Muran, 2006). The proposition that compliance or withdrawal in therapy may now be understood as functions of the ruptures, impasses and enactments of the alliance is another way of conceptualizing what may take place in the client therapist field (Safran & Kraus, 2014). The likelihood of incidents of relational misattunement also gives weight to the importance of a negotiated therapeutic alliance. The capacity of the therapist is tested to skillfully employ their awareness of their subjective

experience to explore what may be occurring between them and the client (Safran & Kraus, 2014). Critically, “the most fundamental proposition is that all subjectivity is *intersubjective*, that is, all experience is a co-emergent phenomenon of intersecting subjectivities” (Jacobs, 2005, pp. 44-45). With this understanding therapists must consider that their subjective experience may be of no interest at all to the concerns of the client in the here and now (Safran & Kraus, 2014). Therapist self-disclosure therefore must *always* be questioned and considered *in whose service* (Robine, 2015). However “any attempt to negate subjectivity would mean to negate one’s own subjective humanness and thereby to withhold exactly the human counterpart from his client who s/he urgently needs for her or his personal growth” (Staemmler, 1997, p. 45). Therapist effective use of self supports the development of a quality therapeutic relationship. The relationship is foundational for the primary undertaking in therapy, which is to ‘uncover’ how clients construct meaning (Staemmler, 2016), and to understand how they relate to the world and how their relationship to it works (Wollants, 2012). Therefore the “challenge for therapists is to develop our capacity for ‘presence’ - to be with self and other with openness, a willingness to be vulnerable, and the courage to sit with ambiguity, uncertainty and ‘not-knowing’” (Gilbert & Evans, 2000, cited in Roubal, 2016, p.72).

### **The role of uncertainty in the therapeutic relationship**

Uncertainty is quite possibly the only certainty there is, in other words an existential given (Brothers, 2009; Spinelli, 2007). In the therapeutic encounter uncertainty can be best understood as a deliberate practice or

therapist attitude (Staemmler, 2016). To cultivate uncertainty (Staemmler, 2016) paradoxically therapists demonstrate ease with relinquishing carefully constructed notions of certainty and knowledge in order to enter authentically into a dialogic relationship (Anderson 2007; Brownell, 2008; Staemmler, 2016). In other words therapists adopt a not-knowing stance. “The not-knowing position entails a general attitude or stance in which the therapist’s actions communicate an abundant, genuine curiosity” in their clients (Anderson & Goolishian, 1992, p. 29). The therapist must set aside clinical assumptions and predetermined meaning, in order to be *informed* by the client’s description of experience (Anderson & Goolishian, 1992). Therapeutic conversations therefore are dialogic processes where therapist and client strive together to search for understanding and meaning (Anderson, 2007; Staemmler, 2016). Meaning emerges from the co- created experiences of individuals in conversation *with* each other (Anderson, 2007; Flaskas, 2009). The emphasis in therapy is not to produce predetermined change rather it is to make space for new meaning and understanding to emerge out of dialogical processes (Anderson & Goolishian, 1992). Therefore, therapeutic change although not the aim, is made possible, “ as dialogue evolves, new narrative, the not-yet-said stories are mutually created...(as) an inherent consequence of dialogue” (Anderson & Goolishian, 1992, p.29). Consequently therapists must consider their innate influence and how they both knowingly and unknowingly use their power and influence, in particular concerning how meaning is attributed to client material (Flaskas, 2009; Spinelli, 2009; Staemmler, 2016). Therapeutic enquiry is also enquiry into the as yet unknown. There is potential for novelty to emerge through

therapeutic contact according to complexity theory where “it is interested in the self organisation of the constituents of any relational system and presumes that what emerges from such systems is not pre-designed or rule driven but is fluid, irreducible and dynamic” (Coburn, 2009, p.184). Criticisms of the not knowing therapeutic stance invariably miss the point. To practice with uncertainty and not knowing is to be reflexively aware of “how we think about what we think we know” (Malinen, 2004, p.74), and equally about “therapist intent and manner” (Malinen, 2004, p.72). Nevertheless the tension between the valuing of uncertainty and not knowing, with the need for professional expertise and certainty is an issue addressed within the literature (DeFehr, Adan, Barros, Rodriguez & Wai, 2012; Staemmler, 2016; Totton, 1999). Certainty communicates therapist confidence and assurance to clients, provides therapeutic frameworks and guidelines for practice, and defines how therapists contain and evaluate information (Staemmler, 2016). It is also a culturally endorsed marker and expectation of professionalism. In the headlong rush towards professionalisation of the field, therapeutic practice has succumbed to market pressure to create industry standards for the sake of accountability, which in turn paradoxically cultivate anxiety in clients by endorsing the view that professional bodies will keep them safe not only from unsafe practitioners, but from the uncertainty of the therapeutic experience itself (Totton, 1999). Caution nonetheless is required on behalf of therapists whose overt reliance on techniques is a misuse of their position (Spinelli, 2009). Equally the need for a psychology of uncertainty (Brothers, 2008) to counter the uncertainty and ambiguity of existence is well documented. Existential therapy *is* a therapy of uncertainty (Hersch, 2008; Spinelli, 2006).

The certainties or “absolutism of everyday life,” are the ordinary experiences of life so familiar they are taken for-granted (Stolorow, 2007, p.17). There is agreement among authors (Brothers, 2009; Hermann) who affirm when “the experience of trauma shatters these *absolutisms* ones sense of being in the world is permanently altered and reveals our vulnerability to an existence that is random and unpredictable” (Stolorow, p. 17, 2007). Relational therapeutic models not only have the ability to transform experiences of trauma and existential uncertainty but also support the bearing of and tolerance for living with uncertainty (Brothers, 2009). The neuroscience and neurobiology literature confirms the understanding that regulatory processes *only* occur in relational systems (Allison & Rossouw, 2013; Cozolino, 2012; Siegal, 2009). Furthermore, there is recognition of that understanding; working through trauma and/or existential uncertainty is essentially a relational process (Brothers, 2009; Stolorow, 2007). To contend with the experience of *going on being* in the face of existential uncertainty and its aftermath is possible with the emphasis in therapy on creating relational safety and trust (Brothers, 2009; Rossouw & Anderson, 2013). “Research has shown that a safe enriched environment actually facilitates the development of new neural patterns, which, in turn, leads to enhanced attachment and control, and stress reduction” (Allison & Rossouw, 2013, p.23). The primary needs for client care is safety, made possible “via the creation of a safe environment and a corrective emotional experience” (Allison & Rossouw, 2013, p. 22). These spaces, where creativity, novelty and relational safety can flourish are essentially liminal.

## **Therapy as a liminal space**

If not knowing is a space of unfolding emergent possibility (Anderson, 2009) the therapy world (Spinelli, 2007) is alive with the intrinsic creativity of what in essence is liminal (Denham-Vaughan, 2012). Literature on liminality refers typically to the work of anthropologist van Genepp who described experiences of rites of passage and phases of transformation that mark the passing from one stage of life to another (McEwen, 2016; van Genepp, 1960). *Liminal* refers literally to threshold or an in-between zone or transitional space (Denham Vaughan 2012; McEwen, 2016; van Genepp, 1960). Accordingly the experience of entering therapy and the space that is created in the in-between of client and therapist can be understood as liminal (Spagnuolo Lobb, 2013; Denham-Vaughan, 2010). Liminal space describes transitional states, threshold experiences and the breaking down of old ways of being in order for new experiences, awareness and insight to emerge (Denham-Vaughan, 2010; van Genepp, 1960). A liminal period describes the time between shedding or letting go of the past and the emergence of the new (Thomassen, 2009). This process implies reconciliation with *what was* and preparedness to enter knowingly into something indeterminate (McEwen, 2016). This is not an uncommon evaluation of the purpose of psychotherapy itself, which “is to turn away from our fixed understandings and reified self image and enter a transition state full of dynamic possibility” (Denham- Vaughan, 2010, p.14). The view that psychotherapeutic processes are liminal is also evident in the literature of Jung and depth psychology (Denham-Vaughan, 2010; McEwen, 2016).

In one field of application, creative arts therapy, liminal space is a mediated space waiting to be discovered by clients through exploration using art material and entering into creative activity (Herman 2005; Viscomi, 2016). The resulting exploration, or the art itself becomes the container for suffering (Herman, 2005). Exploration and expression using art materials is embodied and the process itself reminds clients of their capacity for creativity (Viscomi, 2016). Engaging with the imagery of the world mediated through art process can provide means of coming to terms with the perils of an uncertain existence, and of not forgetting (Herman, 2005).

Gestalt therapy's field oriented perspective supports the interplay between uncertainty and processes of becoming (Staemmler, 2016). In Gestalt therapy, processes of selfing are mostly conceptualised on a continuum between fixed and unknowable and as the interplay of person and other/environment through the trajectory of time (Day, 2016; Wollants, 2012). Compatible with Gestalt sensibilities "there is no certainty concerning the outcome... liminality does not explain" (Thomassen, 2009, p.5). The application of the concept of liminality has wide ranging socio-political ramifications beyond the scope of this paper, and dimensions have been proposed across social unit, duration and space scales that allow some gauge of: "the degree to which the experience is liminal and the intensity of the liminal moment or period" (Thomassen, 2009, p.17), while acknowledging the collapse of social order and structural breakdown during liminal periods are necessary to make way for the new order and structures to emerge (Thomassen, 2009). The events that occur on a macro scale within society are also reflective what

takes place on a micro level within therapeutic process. In the literature this phenomenon is referred to as *social feeling*. Social feeling describes the influence of the essence or spirit of the times, and also locates its influence on the development and practice of psychotherapy (Spagnuolo Lobb, 2013).

### **The field/situation perspective**

This thinking aligns with Gestalt therapy theoretical perspectives on holism and field theory, both of which are foundational for therapeutic practice (Evans, 2016). Holism asserts, what happens “out there in the world is on parallel with observations of the experience of one’s inner subjective world” (Evans, 2016, p.71). Or otherwise, “the field is the medium in which therapy takes place and is inseparable from it” (Parlett, 2005, p.43). Gestalt therapy proposes the therapeutic relationship *is* the therapy and places the therapeutic relationship at its core (Wheeler & Axellson, 2015; Yontef, 2013). Fundamental to the practice of Gestalt therapy is its field situational sensibility that proposes a practice of a therapy of a *new situation* or relationship, created by the therapist and client. Gestalt therapy considers *every* therapeutic situation a new situation, created in the present here and now (Robine, 2015; Spagnuolo Lobb, 2013; Wollants, 2012). It is a practice where “the therapist immerses herself/himself fully into the relationship and uses her/his own self ” (Spagnuolo Lobb, 2013, p.32). The focus of therapeutic practice from a field perspective entails a shift in emphasis that centres on the situation and the concept of intentionality (Robine, 2011). Therapeutic intervention therefore is considered from the interaction of the person and their environment (Day, 2016, Spagnuolo

Lobb, 2013; Wollants, 2012). *Personal* problems are defined in terms of this understanding (Wollants, 2012). It is noteworthy that the literature reveals a variety of perspectives and difference, in the definition and understanding of what is meant by *field* and what is meant by *situation* (Robine, 2011, 2015; Staemmler; 2016; Wollants, 2012). Put simply, a field recognises people have a history and a context from which they are not separate (Robine, 2011). A field is “a totality of mutually influencing forces that together form a unified and interactive whole (Yontef, 1993, p. 297). Gestalt therapy is interested in how the field influences of the client and therapist shape the therapeutic situation (Wollants, 2012; Yontef, 2016). The therapeutic situation “relates more closely to the day-to-day experience of clients and therapists. It is a fundamental notion in the existential-phenomenological literature and refers to the totality of the interwoven relations aspects of a person and his world” (Wollants, 2012, p.16). In the therapeutic situation one’s sense of oneself and of the other can be understood from one’s experience of the co-created emergent situation (Robine, 2011). A field orientation infers a relationship whereby the participants co-influence each other’s momentary subjective experience and expression (Day, 2016). “Therapist actions and interventions are understood as functions of the field. They emerge from the context and contribute to the therapeutic enquiry” (Day, 2012, p.89). It is from this understanding the Gestalt therapist applies themselves to the art of therapy and to the relationship itself. What sets Gestalt therapy apart from other psychotherapeutic modalities is the focus on including the internationalities of both therapist and client within the therapeutic relationship (Robine, 2011; Spagnuolo Lobb, 2013). Intentionality can be defined as becoming aware of

the thoughts, feelings and actions that are directed towards others (Robine, 2011). This practice represents a radical shift from a one-person view of psychotherapy to the relational focus of a two-person practice: “Gestalt therapy...attributes to the therapeutic relationship the character of a *real experience*, which is born of and has its own history in the space that lies between patient and therapist” (Spagnuolo Lobb, 2013, p.32). Furthermore, “the intentionality of one who is in the presence of another person has to be sought through affectivity, that is through the way in which the other is affected by the encounter” (Robine, 2011, p.131). Intentionality represents one aspect of a Gestalt therapist’s attention to the aesthetics of contact in the therapeutic relationship.

### **Aesthetics of contact**

Gestalt therapy pays particular regard to the qualities of aesthetics, and with this awareness to the emergent process of the client/therapist contact in the therapeutic situation. An aesthetic sensibility represents the Gestalt therapist’s valuing of every human and their inherent capacity to be the best they can, with what they have, in any given situation (Spagnuolo Lobb, 2013). Gestalt therapeutic intervention is therefore led by the client’s process of contact constructed in the therapeutic relationship (Francesetti & Gecele, 2013; Spagnuolo Lobb, 2013; Wheeler & Axelsson, 2015). Aesthetics may also be understood as the phenomenological imperative of therapist participation, after all it is through the senses, and the contact boundary that the experience of what is other, what is self and the field are made known (Spagnuolo Lobb, 2017). In particular, aesthetics of contact refers to the therapist’s

appreciation and understanding of their clients, from the perception of their own phenomenological experience of their sensed, affective and embodied response (Jackson, 2016; Spagnuolo Lobb, 2017). It is through the primacy of the senses and how therapists experience themselves in the presence of, and in response to their clients that they first respond (Spagnuolo Lobb, 2017; Robine, 2015). Appreciation for the organising principles of form and contact is therefore essentially an aesthetic process (Robine, 2015). The form and function of self “describes the capacity of the organism to make contact with its environment- spontaneously, deliberately, and creatively” (Woldt, & Toman, 2005, p.27). Practicing with an aesthetic attitude influences the Gestalt therapist to be present to their client in such a way that what they experience, see, sense or resonate with, is a response to what holds the most energy for their client. It determines the intrinsic aesthetic contact and process of intervention (Spagnuolo Lobb, 2017). Aesthetic practice is a felt and sensed response to the presence of the other in the environment (Jackson, 2016). What is felt in the presence of the client is therefore an indication of what is in the field (Robine, 2011). Gestalt therapy considers therapeutic intervention from the understanding of the notion of the self having both form and process (Day, 2016). Here, form is understood from the perspective of growth and development (Day, 2016). It is also one possible definition of the word *gestalt* (Robine, 2015). Some Gestalt theorists posit that self can only be conceived as a co-creation with other (Spagnuolo Lobb, 2001). The self is perhaps best understood “ as a natural process of unifying the experiential field, the synthesiser or ‘gestalt-maker’ of experience (or better still, the gestalt-making process” (Wheeler, 2000, pp.103-104).

Relational perspectives of self accept the self is in a process of continuing change in relation to others and their situations (Philippon, 2009; Robine, 2011; Wheeler & Axellson, 2015). Consequently the goal of therapeutic intervention is to move towards the spontaneity that already exists in the therapist/client contact and to determine what else is possible (Spagnuolo Lobb, 2017). Gestalt therapy theory does not distinguish between what is deemed healthy and what is deemed pathological behaviour (Francesetti & Gecele, 2013). This may be understood in part as a response to the reluctance of Gestalt therapy to diagnose and categorize people based on behaviour alone (Francesetti & Gecele, 2015). It is also in part determined by the understanding that psychopathology emerges as the result of interactions between the individual and phenomena of their social and relational field rather than individual psychopathology (Francesetti, 2015, Robine, 2015). Health can also be understood as the capacity of the individual to continue to move towards greater spontaneity and creativity of contact and relationship. “For any change to occur there must be some change in the dynamic pattern of support in the whole field” (Wheeler & Axelsson, 2015, p.68), who also state that creative adjustment therefore can be considered as an ongoing process *towards* ongoing growth and development. The Gestalt theoretical view of development is that it occurs in an experiential relational field (McConville, 2013, Wheeler, 2012). Advances in the field of interpersonal neurobiology confirm the endeavours of Gestalt therapy theory that assert it is through the attuned care giving and in relational contexts that individuals develop and thrive. Clinical evidence confirms the influence of early relational experience, from infancy and throughout the lifespan directly effect and

continue to shape the brain (Wheeler & Axellson, 2015). In other words, human beings are relational beings who need each other in order to function healthily (Fairfield, 2013). From a field perspective, psychopathology may therefore also be understood to be the suffering of relationships. Therapeutic intervention is directed towards exploring the relationship that emerges at the contemporary contact boundary, since relationship is both the origin of distress, and its cure (Francesetti & Gecele, 2015). Therapists must consider the experience of therapeutic situation as the ground for the emergent figure the clients is creating (Spagnuolo Lobb, 2013). The aesthetic practitioner views the creative adjustment of their clients thus, “it is in fact the result of this spontaneous strength of survival that allows the individual to be differentiated from the social contact but also to be fully and importantly part of it. Every human behaviour, even pathological behavior, is considered a creative adjustment” (Spagnuolo Lobb, 2013, pp.34-35).

## **Conclusion**

Therapeutic use of self is best understood as the intentional use of self in the therapeutic relationship; an ethical imperative that therapists develop. Gestalt therapy theory accepts the relationship as key to therapy, and the *proposition* of practicing therapy with an uncertain attitude and a not-knowing stance enables therapists to enter into an authentic dialogic relationship with clients. The ethic of therapist development, and Gestalt ethic of intentionality of contact reveal a significant difference in the perspectives of mainstream models/diagnosis of health and the application of the Gestalt intrinsic aesthetic diagnosis. Links are made between Gestalt

therapy's holistic field framework and conceptualisation of the therapy space as liminal, and the work of therapy, a liminal practice. Gestalt therapy places the therapeutic relationship at the centre of practice, and considers suffering and psychopathology to be in and of the field. Gestalt therapy describes a real relationship of shared intentionality. The Gestalt therapist's regard for intentional use of self and the aesthetic of contact, influences the therapeutic process of the client/therapist contact. Many of the researchers cited earlier in the therapeutic use of self section highlight the need for attention to be given not only to training students in the process and practice of use of self, but also on the personal and professional development of therapists, and outcomes on practice. While cultivated uncertainty reminds therapists not to become fixed in their ways, and remain open to the clients meaning making, particularly regarding what they think they know, the practice highlights a particular conundrum therapists face in working with the tension between practicing with uncertainty and not knowing, and client and cultural expectations of conveying certainty and expertise in the therapeutic encounter. A critique on the professionalisation of psychotherapy addresses what is lost in practice and outcomes, through the standardisation of practice. The inference therapists and clients need professional bodies to protect both themselves from each other and the uncertain business of therapy is counterintuitive, yet addresses broader societal discomfort with coming to terms with an uncertain existence. This assessment however by no means disregards the need for ethical guidelines for practice. It is both the emphasis on aesthetics, and focus on inclusion of the intentionalities of both the therapist and client within the therapeutic relationship that sets

Gestalt therapy apart from other psychotherapeutic modalities. An aesthetic approach to psychotherapy accepts the creative capacity of clients to adapt to their situation. It relies not solely on a theoretical methodology and practice but recognises that the concerns of therapy are based in deeper questions of existence and the philosophical underpinnings to which the aesthetic approach is grounded (Robine, 2015). In an aesthetic field, it is the ordinary experience of therapist and client contact that is appreciated through the emerging phenomenology of therapist felt response to their client. Finally, the Gestalt aesthetic of contact and practice calls to therapists to engage with clients and therapeutic practice with an appreciation for the beauty and uniqueness of the individual. It is from this experiential felt embodied perspective that the potential exists for therapeutic connection and restoration to unfold in the context of the situation, and from what emerges in the in-between therapist and client. In a world of uncertainty, it is in the emergent and unfolding process of therapy, and the co-creation of the therapeutic field where we encounter ourselves, and each other, in our meeting. It is a hopeful place to dwell.

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## **Biography**

**Caitlin Reid, M Gest Therapy; Master of Arts (Supervision), MIECAT; Bachelor of Fine Art**, lives in Brisbane where she recently completed her training in Gestalt Therapy. Working in non-government services in the child protection sector for over a decade Caitlin's interest is in supporting those who care for children and adolescents who have experienced harm. Caitlin has an abiding interest in painting and singing, and a deep appreciation for the solace that both practices and being in nature offer.

# *Re – evaluating creativity and play: A literature review.*

Kelly Ashbolt

This article is adapted from a Literature Review submitted as part of requirements for a Master of Gestalt Therapy degree at Gestalt Therapy Brisbane.

## **Introduction**

My interest in creativity and playfulness has evolved from my own experience of Gestalt therapy as a creative and playful form of psychotherapy. I chose to study Gestalt therapy because it connected me to a deep sense of joy that I had been limiting in my life. I had devalued parts of myself that were my greatest strengths, my creativity and imagination. I had decided early on my life journey that logic, order, and my left-brain were going to rule my existence, despite loving all things creative. This decision created a lot of anxiety and unhappiness in my life. In 2016 I was part of a group of year three Gestalt Masters students who spent the day building a cubby house. This showed me that when people are free to be creative, and play, there is an opportunity to tune in and reconnect with what is important to them. Prior to discovering Gestalt therapy I had numerous sessions with psychologists to support myself to overcome a sense of stagnation that I felt in my life. I felt particularly stuck in my relationships. Not once was creative imagination present during those sessions. I came away feeling more

despondent then ever and I decided to look for an alternative. Something shifted for me after six sessions of Gestalt therapy. My anxiety lessened and I moved into a satisfying experience of bodily felt emotions. The therapist worked through forms of creativity, including play. Looking back I can see that it was my relationship with myself that was most stagnant; I had lost contact with myself over the years. I now believe that creative expression and play are just as essential to adults as they are to children. We are taught that work, whatever that term may mean, is more valuable. I feel that being creative and fully expressed is at the core of what it means to be human. I want to work as a psychotherapist who embraces creativity, imagination, and play in order to support the emotional health of people.

This literature review is divided into three sections. The first section is an exploration of the literature highlighting the current western social paradigm, which devalues the emotional and health benefits of creativity and play, yet places value on the commodification of them. This section also includes an overview of the current role of creativity and play within contemporary psychotherapy. The second section reviews aspects of contemporary neuroscience as it relates to creativity and play and its significance to psychotherapy. It explains how the human brain supports and flourishes on creative endeavour, clarifying that psychotherapy can facilitate structural changes in the brain. The third section investigates the Gestalt literature that establishes how Gestalt therapy works with creativity. Potentially the Gestalt therapeutic space is a place where clients can take experimental and creative risks (Amendt-Lyon, 2001; Clarkson, 2003; Sichera, 2003; Wheeler,

2003; Wheeler & Axelsson, 2015). One of the possibilities of working creatively as a Gestalt therapist is play therapy, which can be an effective way of working with both children and adults (Mortola, 2015). Paramount to working in a creative and playful way is the emotional safety that a Gestalt therapist establishes for the client within each session (Amendt-Lyon, 2001; Wheeler & Axelsson, 2015; Wollants, 2012). I conclude by summarising the main features of the literature reviewed, and pinpoint some potential areas for future research.

### **The western paradigm of creativity and play in society**

Being creatively expressive builds the opportunity for people to release emotions, generate passion, and revel in inquisitiveness. However, working creatively for the sake of being in a creative process has been eroded by institutional dynamics (Gomez & Smart, 2008). Creative pursuits have become highly assessed on output only and the value of the *holistic process* of creativity has been lost (Mrnarevic, 2011; Sheridan-Rabideau, 2010). In schools the creative arts are viewed primarily as another path to employment for young people (Sheridan-Rabideau, 2010). Creativity has become highly commodified in western society, becoming a form of human capital highly valued by global competitive enterprises (Haukka & McWilliam, 2008; Mrnarevic, 2011; Rocavert, 2016). Creativity continues to be very difficult to define and its definition is dependent upon the lens through which it is viewed, be it education, psychology, arts, science and the like (Haukka & McWilliam, 2008). In the field of psychology there is argument about whether creativity is even considered a human attribute, or rather, a process

or a social construct (Mrnarevic, 2011, p. 8). When creativity is expressed through advertising it is being used as propaganda, designed to influence people's political opinions (Mrnarevic, 2011). The creative industry of advertising is owned by the privileged and powerful and is used to serve the interests of those who own it (Mrnarevic, 2011; Rocavert, 2016). Whilst humanitarian causes should ideally precede all else, the current reality is that the economic system continues to deepen inequality (Mrnarevic, 2011). The idea of being creative from a humanistic perspective is being crushed by the commodification of creativity and it has become an industry rather than an expression of humanity (Haukka & McWilliam, 2008; Mrnarevic, 2011; Rocavert, 2016).

There are however, several calls for a re-evaluation of these attitudes: art, music and other creative practices need to be reclaimed as a *way of being* (King's College, 2016; Sheridan-Rabideau, 2010). A shift back to living and thinking creatively fosters innovation. If permitted to flourish it can even become an altruistic endeavour, a way to connect with others and improve the world (Sheridan-Rabideau, 2010). As well, creativity needs to be supported as a problem solving pursuit utilised in the service of human survival (Rocavert, 2016). Living a creative life is also about people crafting what they want for themselves and allowing themselves to be who they want to be, thus creating value and meaning in their existence (Breitbart, 2015). Satisfaction is possible when a person is immersed in an activity that is meaningful to them (Friedman, 2014). In a study of the health and well-being impacts of a community arts project it was assessed that the

best way to measure the benefits was to look at the process of the project's participants, rather than the response it produced from the audience; it was in the *doing* of the project that the real value was created (Callard & Friedli, 2005). Furthermore, involvement in the arts project encouraged healthy social functioning (Callard & Friedli, 2005; Cameron, Crane, Ings & Taylor, 2013). The study showed a twofold benefit. Firstly to people's personal health and well-being and secondly to how they felt about, and related to, their neighbours and community: "An important indicative finding from our inquiry is that the quality of creative work matters. Improvements in health and well-being and greater engagement in the arts are closely intertwined" (Cameron, Crane, Ings, & Taylor, 2013, p.59).

Like the arts, play has also grown into a commodified pastime, becoming a highly organised money making venture, primarily having been expressed on the sporting field (Duncan, 2016). Historically, the modern introduction of physical play for adults emerged in Britain during the industrial revolution as a way for workers to stay fit and healthy, and became a part of everyday life (Duncan, 2016). This has evolved over time to sports becoming more regulated and has been critiqued by French social scientist and phenomenologist Pierre Bourdieu, as Duncan (2016) notes, as reducing real community engagement. One logic offered for this is economic rationalism, which states that money and markets will decide the way society operates. Consequently play is now owned and sold back to citizens, who are now labelled as consumers, and so play defined by a market is artificial. (King's College, 2016).

## **How creativity and play in psychotherapy facilitates structural changes in the brain, and what this means for psychotherapy**

There are many claims in the literature that aspects of creativity and play are important for therapeutic work. Creativity is a key source of psychological well-being as it supports people to access parts of themselves that are often dormant and hidden, and it can be incredibly powerful for a person to experience expression without having to use words (Friedman, 2014; Marks-Tarlow, 2012). It is recommended that therapists foster their own creativity in order to facilitate that of their clients (Armstrong, McLeod, & Rouse, 2015; Marks-Tarlow, 2012). An ability to work with a variety of creative methods is potentially beneficial in therapeutic work (Armstrong, McLeod, & Rouse, 2015). Creativity in psychotherapy is a collective relational process that forms meaning and coherence (Armstrong, McLeod, & Rouse, 2015). Creativity emerges within supportive relationships (Gomez & Smart, 2008; King's College, 2016; Marks-Tarlow, 2012). Furthermore, creative expression supports formation of the self (Friedman, 2014). Shared creativity has the ability to build connections between people, improve quality of life and encourages being in the moment (Friedman, 2014). From a physiological perspective, there has been increasing interest in how the human brain supports, and thrives on creative play (Patterson & Perlstein, 2011).

Play is self-organising, involving bottom-up neural engagement in a moment that is full of energy. In the human brain the instinct to play begins in the subcortical areas of the limbic system (Panksepp as cited in Marks-Tarlow, 2014). It also enables adopting and applying new guidelines, functions,

and connections and importantly, play as a form of creativity, generates a safe zone in the therapeutic space (Marks-Tarlow, 2012). Like creativity, play is not simply fun, it permits the possibility of inspirational presence and authentic connection in psychotherapy between the therapist and client (Gomez & Smart, 2008; Marks-Tarlow, 2012). “Therapists draw from the creativity that inheres in play to animate the intersubjective space between patient and therapist” (Marks-Tarlow, 2012, p. 354). A willingness and readiness to play brings a powerful tool for co-creation into the therapeutic space and allows for something new to take place (Ayers, 2016; Kings College, 2016; Marks-Tarlow, 2012). Fostering the uncertainty of play within the therapeutic space offers the expansion of social skills and capabilities, increases affect tolerance, offers behavioural flexibility, expands positive emotion and creates inherent inspiration (Marks-Tarlow, 2012). Even subtle forms of modelling play by the therapist can be noticed by the client, and applied in future sessions or outside the therapy space in the client’s life (Gomez & Smart, 2008). The therapist herself is always engaging in the practice of play. Therapists engage in a *hide and seek* process when they grapple with how much of themselves to reveal and how much to hide (Marks-Tarlow, 2012). This revealing or hiding varies depending on how a therapist attempts to engage the client by considering who they are as a person and what is taking place in the moment (Marks-Tarlow, 2012). “It is in playing, and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self” (Winnicott, 1971, p.54).

While the instinct to play begins in the subcortical areas of the limbic system, creative thinking occurs higher up in the sequence of brain functioning; cognition starts in the limbic system structures, primarily the amygdala, and then moves into the prefrontal cortex where it is that creative thinking takes place (Dietrich, 2004). As opposed to cognitive tasks, creative thinking is a non-linear process in the human brain (Abraham, 2013; Badenoch, 2008; Wilson, 2014). Characteristically most creative tasks are open ended, non-binary, individual and involve movement (Abraham, 2013). Importantly, in this non-linear process the "...prefrontal circuits are involved in making novelty fully conscious, evaluating its appropriateness, and ultimately implementing its creative expression" (Dietrich, 2004, p.1023). Akin to the significance of the prefrontal cortex is working memory, as all creative paths must travel through working memory (Dietrich, 2004).

There are two types of memory in the human brain: implicit and explicit. Implicit memory is stored in the seat of the amygdala and is the first form of human memory, and is developed from 0-2 years of age (Le Doux, 1996). It is experienced as a felt sense within the body and continues to work parallel to the explicit memory, which is activated from 2 years onwards (Le Doux, 1996). The implicit memory is plastic and can be changed over the course of a lifetime, meaning that newly felt experiences in the body can help to re-wire the brain (Onnis, 2016). The brain's memory maker, the hippocampus, is capable of growing new neurons however new neuron growth is a two-part process; once the neurons are created they must be used or they will perish (Kempermann, 2008). The best combination to activate

this in the brain is physical exercise followed by mental stimulation and often during the act of creativity and play both of these are taking place (Kempermann, 2008). Some examples are dancing, acting, and creating visual art where: “Participation in creative arts requires people to explore a complex combination of physical, cognitive, and emotional skills” (Patterson & Perlstein, 2011, p.31). Participation in creativity is vitally important as it exercises a broad array of interconnected parts of the brain (Dietrich & Kanso, 2010). Creativity is the collective and arranged efforts of left hemisphere and right hemisphere, conscious and unconscious thinking, and emotional as well as rational thinking (Dietrich & Kanso, 2010). The creative process can help an individual to develop a sense of self-control and self-confidence (Cohen as cited in Patterson & Perlstein, 2011; Singer, 2009).

The brain is organised and develops in four distinct regions: brainstem, diencephalon, limbic system, and cortex (Perry, 2009; Rossouw, 2014). In human growth the brain starts developing in utero from the brainstem up; it is the brainstem that regulates cardiovascular and respiratory functioning at birth (Perry, 2009). Other areas of the brain have their own developmental timetables (Perry 2009) and the cortex is not fully developed until years later. However, the efficient functioning of the higher parts of the brain greatly depends on the healthy functioning of the lower parts of the brain (Perry, 2009). The young of all human cultures participate in developmental periods of concentrated play where they discover and test the environment, and learn how to fit into the social network with other children (Patterson & Perlstein, 2011). Healthy child development relies heavily on interpersonal

relational experiences (Siegel, 1999, 2015, Perry, 2009). Humans are wired to be relational and the brain develops and changes according to the quality of the relating it experiences (Cozolino, 2010; Perry, 2009; Rossouw, 2014; Siegel, 1999, 2015; Yaniv, 2012). Humans, unlike other animals, never grow out of this developmental stage, maintaining an extended period of cognitive immaturity and learning throughout life (Marks-Tarlow, 2014; Patterson & Perlstein, 2011; Wilson, 2014). Throughout their life span humans continue to learn and have the potential to re-wire their brains. This plasticity of the human brain is the basis of adaptation and the key to human survival and evolution (Badenoch, 2008). Plasticity is also responsible for the uniqueness of each human brain (Badenoch, 2008; Cozolino, 2010).

Therefore, plasticity is critical for psychotherapy, as therapeutic interventions and actions have the potential to change clients' brains (Badenoch, 2008; Cozolino, 2010; Rossouw, 2014):

Clients often enter the therapy room with train track behaviours, but there is hope to be found in the neuroscience of play therapy via plasticity. Plasticity, or neuroplasticity, is the phenomena in the brain that allows it both to grow new neurons (neurogenesis) and to form new connections (synaptogenesis). This means that clients can jump the tracks into new brain-based behaviours through play therapy. (Michael & Luke, 2016, p.48)

The fact that humans are wired to be relational, creative, and playful makes the positive influence of psychotherapy even more prominent. Psychotherapy triggers structural changes in the brain by stimulating the creation of new

synaptic connections. In psychotherapy, words and the totality of emotional experiences that accompany them, induce biochemical transformations in the brain (Cozolino, 2010; Onnis, 2016; Peres & Nasello, 2008; Rossouw, 2014). This new alliance between neuroscience and psychotherapy, integrates our understanding of mind and body (Cozolino, 2010; Faranda, 2014; Onnis, 2016; Peres & Nasello, 2008; Rossouw, 2014; Wilson, 2014). In the psychotherapeutic relationship, both the client and the therapist are likely to be neurally influenced and changed by the other (Badenoch, 2008; Cozolino, 2010; Onnis, 2016; Rossouw, 2014). In practice, using metaphor and image is one creative way of working with clients that has potential to bring clients into deep processes of therapeutic change (Faranda, 2014; Marks-Tarlow, 2014). To work therapeutically in a creative or playful way it is paramount that a therapist first creates a safe environment for the client.

Safety in the therapeutic environment soothes stress pathways and stress chemicals in the brain (Rossouw, 2014). The facilitation of safety is fundamental for enhancing transformed neural patterns (Allison & Rossouw, 2013; Cozolino, 2010). Extending beyond the physically safe environment is an essential layer of emotional safety. To create an emotionally safe environment the therapist must appropriately pace treatment (Rossouw, 2014). Direct questioning or over questioning can be very confronting for a new client embarking on the psychotherapeutic journey, as this may increase the chance of the client experiencing a high level of distress or loss of control (Rossouw, 2014). Building a relationship with a client is a right-to-right brain practice (Rossouw, 2014; Schore, 2014). By establishing empathy,

building rapport and assisting in the reduction of distress, the therapist can help the client to increase blood flow to the prefrontal neural systems: “...this increased blood flow enhances the client’s capacity to engage in emotional and cognitive restructuring” (Rossouw, 2014, p.60). The growing understanding of the neurobiological significance of psychotherapy means a great deal to the practice of Gestalt therapy as a relational, embodied, and experimental modality.

### **How Gestalt therapy utilises creativity and play**

Gestalt therapy is fundamentally an experiential and experimental therapy, which is both creative and bold, and the therapeutic invitation to express something externally has the potential to bring exhilaration and vitality to the therapeutic experience (Amendt-Lyon, 2003; Kim & Daniels, 2009; Zinker, 1977). Even though it is the therapist who invites the client to experiment it is really up to the client where the experiment leads (Amendt-Lyon, 2003; Rubenfeld, 2009; Zinker, 1977). When the therapist is free to express their own creativity it often opens the possibility for playfulness, imagination, and improvisation to be a revitalising element of the therapy session (Amendt-Lyon, 2003; Kim & Daniels, 2009; Rubenfeld, 2009). Creativity does not come from logic. It is unpredictable and will often arise out of non-confluence between therapist and client (Zinker, as cited in Melnick, 2009). Creativity can allow clients to go into parts of themselves that may be difficult to look at, and is an opportunity to see the possibilities of *what if?* (Zinker as cited in Melnick, 2009). Gestalt therapy was founded on the concept of permissive creativity within the therapeutic experience,

meaning that practitioners of Gestalt need to be alive with the prospect of their own inventiveness, imagination, and growth (Amendt-Lyon, 2001; Zinker, 2009). The development of a therapist's unique practice is supported by a philosophy of creative freedom and a methodology that explores and expresses the unknown. Thinking and acting creatively has the potential to increase choice for a client, and to allow the client to test his or her own expansion of expression (Amendt-Lyon, 2001; Farrands, 2011; Kim & Daniels, 2009; Zinker, 2009). There is no one conventional way of practicing Gestalt therapy, rather there are many unique styles.

Play therapy is one of the emergent possibilities of working creatively and experimentally as a Gestalt therapist and can be an effective way of working with both children and adults (Mortola, 2015). In recent years psychotherapy has not valued play as highly as rational and cognitive approaches, however, it holds unique perspectives and insights that can be highly beneficial to clients of all ages, offering opportunity to test limits that can lead to growth and change (Mortola, 2015; Siampani, 2013). In the therapeutic space, play allows for investigation, new possibilities, and different ways of being in the world (Mortola, 2015). In play there is an implicit invitation to leave something behind as the client has a temporary experience of something new when making contact with themselves and the therapist (Mortola, 2015). One of the main connections clients can make is with their own deep psyche; as has been revealed in sandplay sessions with clients experiencing dementia (Siampani, 2013). Sandplay is a form of play therapy that uses objects, sand, and water in order for clients to arrange and engage with their own

life stories, experiences, and themes (Oaklander, 2001; Siampani, 2013). Rather than analyse what the client creates, the therapist is interested in being with the client as they create their own truth (Oaklander, 2001; Siampani, 2013). The client creates her or his scene, with the therapist talking only in response to requests for assistance from the client. This facilitates the client's full engagement in the process of "projection, explanation, and integration" (Blom, 2006, p.137). Playfulness takes on a serious role of allowing the client and therapist to engage with each other as whole human beings (Farrands, 2011). A co-creation takes place in the relationship between client and therapist (Amendt-Lyon, 2001; Sichera, 2003; Wheeler, 2003). It is the *doing* of creative and playful acts that reveals something new to the client and therapist; the client is in the process of finding their own creative answers (Kitzler, 2003; Kim & Daniels, 2009; Wheeler, 2003; Zinker, 1977).

The Gestalt therapeutic environment is an ideal situation for allowing creative resistance, that is, valuing the energy of resistance, in therapy and in wider fields. Resistance can aid a client in the completion of his or her own *gestalt*, their ability to create the completion of an experience, which they may not have previously encountered (Richards, 2009). Valuing creativity often means facing awkward, uncomfortable situations and being willing to be with clashing perceptions (Richards, 2009; Zinker, 1977). Creativity is a relational process, which opposes the dominant psychological paradigm of isolated separation and an explicit program for recovery (Richards, 2009). Permitting creative freedom is an inclination towards inclusion of difference, which can be understood as an intuitive social and political influence (Kitzler,

2003). Furthermore, allowing and encouraging creativity supports diversity as a community (Toman, 2009). While the origins of Gestalt therapy focused highly on encouraging a person to have self-support, contemporary Gestalt therapy has expanded to believe that environmental support is just as imperative for growth (Staemmler, 2009; Wollants, 2012). What a person is experiencing in their world has a great impact on what they can achieve and change (Wheeler & Axelsson, 2015; Wollants, 2012). Gestalt therapy views lifelong growth and constant change as a natural part of a person's full life experience (Staemmler, 2009; Wheeler & Axelsson, 2015). Throughout a person's life, relationships and situations will change and each and every unique combination within a person's field will offer another opportunity to creatively adjust and grow (Wheeler & Axelsson, 2015). For a Gestalt therapist the field is the multitude of influences and environmental situations that a person is experiencing externally, as well as the internal field of emotions, personality traits, and amassed experiences, in general, and also both the client's and the therapist's experiences as individuals and their experience together in particular. (Friedemann, 2013; Jacobs, 2003; Parlett, 2005; Staemmler, 2009; Wollants, 2012).

The creative therapeutic space is one field where clients can take risks through experimenting, knowing they can rely on the support of the Gestalt therapist (Amendt-Lyon, 2001; Clarkson, 2003; Sichera, 2003; Wheeler, 2003; Wheeler & Axelsson, 2015). Therefore, the building of missing support is vital, both within the Gestalt therapeutic *space between* client and therapist, and the important social group of reference for the client (Kim &

Daniels, 2009; Sichera, 2003; Wheeler, 2003). That is, the client interacts differently with the therapist first before attempting an alternative way of being in their personal field (Amendt-Lyon, 2001; Clarkson, 2003; Wheeler, 2003). By providing a safe experimental world, the Gestalt therapist offers the client an opportunity to take that experience into the broader world (Amendt-Lyon, 2001; Wheeler & Axelsson, 2015; Wollants, 2012). Before suggesting an experiment the Gestalt therapist must have knowledge about their clients phenomenology, which can often be accessed through body process as clients carry their situation in an embodied way as noted in many creative activities (Kim & Daniels, 2009). Through using “sensing language” (Malfail & Wollants, 2009, p.22) the therapist can support the client to find the words to describe his or her experience. In uncovering and listening to this unheard voice of the body it is possible to gain new understandings of the client’s experiences (Crocker, 2005, Malfail & Wollants, 2009). The client can act out discomfort and in doing so has the opportunity to balance emerging opposing forces within (Amendt-Lyon, 2001; Zinker, 2003). The Gestalt therapist must reflect back to the client patterns of behaviour that may be initially uncomfortable or disturbing for the client to acknowledge. During each session the Gestalt therapist has the opportunity to create a *safe emergency* (Clarkson, 2003; Perls, Hefferline, & Goodman, 1951). This encompasses allowing a crisis within the therapeutic session in order to find the essential disturbance or destruction from which integration and new growth can arise (Clarkson, 2003, Kim & Daniels, 2009; Perls, Hefferline, & Goodman, 1951).

## **Conclusion**

In my early personal journey as a client, I had not experienced any other psychiatric, psychological, or counselling modality that supported me in such a creative and playful way as Gestalt therapy. Becoming a student of Gestalt has allowed me to deepen the relational journey with others and myself, and explore the proposition that as human beings we are wired to be creative, playful, and relational. I have shown, however, how the devaluing of creativity and play happens in many ways within the general western paradigm. This includes the commodification of these activities with a focus on economic outputs rather than experiences, and participants being seen as consumers. Yet, there is a growing recognition that creative processes are innate, foster innovation and problem solving, and create meaning for people's existence. The value of play for play's sake has also been supported. I have outlined the positive implications for psychotherapy from a wide range of views on the links between findings from neuroscience, to the roles of creativity and play for early developmental processes and later therapeutic work. In particular, the experiential and experimental approach of Gestalt therapy supports engagement with creativity and play in ways that benefit the whole person.

Future research might examine how effective Gestalt therapy is in supporting and promoting a creative way of being in everyday life and in the broader community. It would be fascinating and revolutionary to focus on health and wholeness rather than on illness and dysfunction. Current western culture does not measure creativity or play as rigorously as it measures other aspects

of life from within the frameworks of science or technology. There is a lack of empirical research to support the effectiveness of the creative and playful modality that Gestalt therapy is. Hence, Gestalt and other existential and creative modalities of psychotherapy have not been as valued as highly as the mainstream medical models of psychiatry or psychology. In order to thrive, Gestalt would be well placed to collaborate with social workers, community developers, politicians, and town planners to work out ways to better encourage and support the development of spaces, processes and events that unite them in creative and playful ways. The creative and playful space that Gestalt therapists generate in the private world of therapy is a microcosm for what could be created in the macrocosm of our broader communities.

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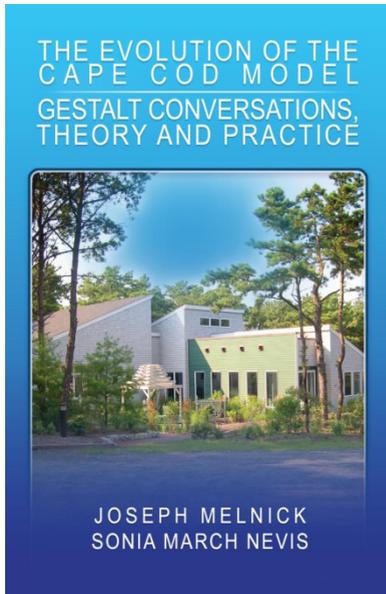
### **Biography**

**Kelly Ashbolt, M Gest Therapy; Bachelor of Arts (Sociology)**, lives in Brisbane and completed her training in Gestalt Therapy in 2017. Drawn in support other humans, Kelly has worked with long term unemployed, the LGBTQTI community, and Asylum seekers. Currently she plays part time in a retail plant nursery to support her budding private Gestalt Therapy practice. Kelly's future focus is to work with young people to create therapeutic spaces where diversity and self worth are fostered.

## *Book Review*

### THE EVOLUTION OF THE CAPE COD MODEL: GESTALT CONVERSATIONS, THEORY AND PRACTICE

Greer White



A review of Melnick, J. & Nevis, S. M. (2018). *The evolution of the Cape Cod Model: Gestalt conversations, theory and practice*. Gestalt International Study Center Press & Istituto di Gestalt HCC Italy srl, Siracusa, Italy.

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*The Evolution of the Cape Cod Model: Gestalt Conversations, Theory and Practice* is a delightful read. It presents a fresh approach to the theory of Gestalt Therapy in a way that insists the reader reflects on their own life and their practice of Gestalt therapy. The language is user friendly with the concepts presented refined and profound. Real scenarios are presented with the authors Joseph Melnick and Sonia March Nevis reflecting on their

own life and experience. At times they do this together in dialogue. I was particularly touched with the tenderness and realness of these reflections. One example was around Sonia noting her awareness in the early years of her marriage to Ed. "I began quickly to see the burden of marriage. ... For most of us, this lived reality is far different from anything we have imagined" (p.131). Reading this text transported me back into my own experience of engaging with the Cape Cod Model. A number of years ago I had the opportunity to join in their training in the organisational stream. This text is consonant with my experience in its espoused philosophy, value and approach. I have incorporated my learning from my short engagement with Sonia and Joseph and other faculty members into my life and Gestalt practice and teaching.

The text is divided into four sections: *History and Theory*, *Expanding the Cape Cod Model to Larger Systems*, *How We Teach Intervener Skills* and *Putting it All Together*. The first section *History and Theory* is the longest section. Each section follows the pattern of telling the story of the evolutions of the Cape Cod Model, supporting the telling of the story with articulations of Gestalt therapy theory, personal reflections of the authors, often in conversation with one another and detailing practice and practical wisdom. This text warmly holds the experience of a deep and affectionate friendship between the authors Sonia and Joseph.

The Introduction identifies that the text is documenting years of immersion in the Gestalt therapy tradition and the developing of the Cape Cod Model. It is a process that developed the authors, as they declare, "We are the model" (p. 9).

During our creative time, we did not imagine that we were developing something so coherent and organized as a *model*. As the years went by, the feedback we received indicated that our ideas had relevance far beyond anything we had ever intended. Participants in our program told us that these concepts were, in fact a philosophy for leading one's life. But our programs have always been more than concepts and philosophy. (p. 7)

The text documents the creation of the process of identifying and developing the relational connecting skills needed by people to, "manage wants and desires, how to love and fight, how to create intimacy, how to hold on to what we are about and how to let go gracefully and turn away when what

we want and wish for is unattainable (p. 7). This was not a linear process. Rather it emerged out of practice and experience, feedback and reflection over a number of years. I was impacted by the honesty of Sonia and Joseph's descriptions of their processes and was drawn into my own memories of directing a Gestalt training institute. "We talked with each other, we agreed and disagreed, we improvised and we learned" (p. 9).

The first section proceeds by outlining a brief history of the origins of the Gestalt therapy approach and the development of the Gestalt Institute of Cleveland (GIC) and the Gestalt International Study Center (GISC). In the present time when the development of Gestalt therapy demands a deeply relational and contactful engagement with clients, Sonia's account of her meeting with Fritz reminds me that Fritz's brilliance held then what we claim for Gestalt therapy now. Sonia recounts how in engaging in a workshop with Fritz she "had direction" (p. 16) for the rest of her life. "Suddenly, I could see what was happening between myself and other people. I could name some of the feelings I was having. I realized that it was the first time I felt seen and the first time I could see" (p. 16). After this encounter Sonia became one of a study group and the Ohio Institute for Gestalt Therapy formed in 1955. This became the Gestalt Institute of Cleveland. The founders of this institute are acknowledged and lauded in the book. The move to Wellfleet, MA, the home of the Gestalt international Study Centre is noted as a "friendly separation" (p. 25) from GIC which "created openness to new people and new ideas" (p. 25).

The remainder of section one deals with Intimacy, Optimism, The Cycle of Experience, How We Organize Ourselves, Creating Habits and Managing and Changing Habits. All these chapters make for interesting reading. Intimacy is identified as a creative process that must ensure that curiosity doesn't die and that difference originally experienced as "novel and attractive" (p. 37) doesn't become uninteresting and boring. It categorises twelve intimacy skills. This chapter and the following one on Optimism are embedded in deep personal experience and always hold the ring of true life engagement. Optimism is defined as "forward leaning, an open and interested orientation" (p.51). It challenges the pessimism that so readily can be identified in our culture. Optimism is identified as "the core of the Cape Cod Model and in fact of Gestalt therapy itself" (p.56). Holding an optimistic attitude also opens up people's ability to access insights which can lead to the reorganization of experience and the giving up of old beliefs and habits.

I was eager to read the chapter on the Cycle of Experience having taught and

engaged personally with this framework for more than twenty years. I wanted to be surprised with new insights. The chapter held much that was familiar. I appreciated the cycle being framed as providing insights for everyday living, introducing that the process of engaging in the cycle becomes more complex when applied to the contact between and amongst people. As such, it is named as a social process. I also appreciate the presentation of the step of “meaning making/resolution” (p.85). After a person has acted and engaged in their cycle of experience they will lose interest and withdraw in order that they may evaluate their experience and make meaning. This was a fresh insight for me that took to be beyond a simple withdrawal from contact. At times people can move to making meaning too quickly and drown out their experience and at other times it can lead people to stay with the past. My own experience was affirmed when I read that “closure is a myth” (p. 80) and that some experiences will stay with us forever. The authors present a table outlining the signs of unfinished business which is helpful for a practitioner. They note that the “responses are ordinary. Being aware of these triggers allow us to value them as important to learning” (p. 81). There were enough fresh reworkings of the concepts of the cycle not to be disappointed and I am eager to engage next year’s first year Gestalt therapy students in the ideas of this chapter.

The final three chapters of section one discuss how people organise themselves, how habits are developed and how people manage and change their habits. This discussion provides insight into how Gestalt therapy understands healthy functioning and change. After reading this chapter I wanted to talk about it with peers. I got an interesting response when I began to talk about the patterns people form in their lives as habits. I realised that the word habit is not part of the familiar lexicon of Gestalt therapy words and concepts. The people I was speaking to wanted to argue against the use of this word. However, I like the simplicity of understanding how people can develop their life patterns when I use the word habits. The text describes the usefulness of habits, their development and the persistent nature of them even to the extent of becoming addictions. Links with the paradoxical theory of change (Beisser, 1970) are made in the discussion on changing habits and three skills for managing the change process are discussed; commitment, effort and discipline. I appreciate this change discussion as part of the continual development of the theoretical base of Gestalt therapy’s change processes.

Section Two, *Expanding the Cape Cod Model to Larger Systems* is integral to understanding the development of the Cape Cod Model. This chapter

describes how the model evolved from “a couple-centric approach to one applicable to families, teams, various groups and organisations” (p. 129). The discussion centres around strategic planning in two chapters, *Strategy/Intimacy and Power, and Hierarchy and Leadership*. Strategy and intimacy are named as polarities and “co-joined twins” (p. 134) with both necessary for good functioning in a larger system. The text warns that the danger rests in the proclivity people have to favour one pole or the other depending on their skill. This made good sense to me and I was attracted to the two tables outlining a set of Intimacy Skills (p. 140) and Strategic Skills (p.141). I identified that I had a proclivity towards intimacy skills. I do have the ability to be interested in another, commit to sustained dialogue and to influence and be influenced (p.140). This is not surprising as I work for hours each week as a therapist. However, I fully appreciated my need to deepen my ability “to be abrupt, intrusive, or bold in the service of economy of time; share only the information needed to initiate an action; and bear the loss of complete dialogue and the isolation or loneliness that it creates, and instead enter into an action-based comparatively perfunctory exchange” (p. 141) to name only three strategic skills. Creating the right mix of intimacy and strategy has deep application in my role as a Director of Gestalt Therapy Brisbane.

Reading the chapter *Power, Hierarchy and Leadership* transported me back to my days of training in the Cape Cod Model. I had the privilege of working in co-facilitating two teams with the support of Sonia. One was a small company that produced and sold seeds and the other was a larger team from a community based organisation that worked with young people. I was taught, as this chapter describes to build trust, to recognise the rhythm of intimacy and strategy in the team and to value both these modes. The fundamental process of intervening was to tell people what they are doing. This process prompts change. Here is a fundamental tenant of Gestalt therapy, build awareness. “Learning is strong when people become aware of their actions. It helps create trust, and only when trust is established does teaching becomes possible” (p. 164). What I was also taught was to value the hierarchy that was embedded in the system and to pay regard to this in working in the group. Leadership is identified as complex and difficult with the leaders needing to establish a “social contract” (p. 153) that enables the creation of roles and taking on of responsibilities. Leaders need to be supported within their team as having the authority to perform these tasks. They also need to be supported within and beyond their team to take on the power of being able to influence their team and manage difference. Section two has value for anyone wishing to develop their ability to work successfully within a group of people.

In the section describing how the Cape Cod Model is taught, their philosophy of continual development is enunciated. Rather than presenting a static framework to their participants, facilitators of the model seek participant feedback in order that they may learn something new. The text states that, “We want to create a maximally supportive learning environment, where not knowing things is a benefit, where being awkward is celebrated as essential to new learning, and where all are in charge of their own development” (p. 167). The present tense of this statement holds the Cape Cod Model faculty to the ongoing development of the program and the publication of this book is a testimony to a process of decades of reflection, dialogue and learning.

The intervening skills that the facilitators of the Cape Cod Model teach are fourfold. Firstly, they focus on how to create and maintain trust. This involves being authentically present to another through allowing and responding to questions, not picking favourites and focusing on competency. Secondly, by becoming skilled at noticing what is happening with a system. I was taught to see with “soft eyes” (p. 190) and to notice the patterns that have built between and amongst people. Thirdly, by giving feedback “in a respectful and impactful way” (p. 170). This also means allowing resistance and creating experiments. Finally, by ending well. finishing well means that the learning *sticks*. The idea that learning needs to stick has deeply influenced my therapy, consulting and teaching. Often this means that I frame up an intervention in a way that is direct and succinct and then I wait to see if it has an impact on my client/s or students. This process is invaluable in evaluating my own work as I am engaging in this work and giving my client/s or students what they need in the moment.

The final section of the book *Putting It All Together* provides a description of the core training program. It is a short chapter that builds on the concepts presented in the previous sections and offers a narrative of how the program is organised. This organisation includes lectures and demonstrations, practicum engagement and then processing the engagement as a group. I vividly remember my supported engagement with my two client groups where I was encouraged to: observe and then describe what my clients were doing, intervene when I observed a pattern and with soft eyes let them know their competency. I learned that when you let a group know their competency they are drawn to naming for themselves their developmental edge. In this process they do their own hard work and the trust is maintained between themselves and their facilitator. It sure beats telling people what they are doing wrong!

I fully appreciated reading this book and more particularly glimpsing the

hard work and dedication of the faculty of the Gestalt International Study Centre. They have a commitment to the development of individuals and to the training of excellent practitioners. I also appreciate that Joe Melnick and Sonia Nevis have documented their work and the work of their faculty in this text. Such a publication is not always easy when the focus is on the development of a program and the excellence of the delivery of that program. This text draws its legitimacy from deep reflection and engagement in the practice of Gestalt therapy. I also applaud the cooperative effort of the joint publishers the Gestalt International Study Centre Press and the Istituto di Gestalt HCC Italy.

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## Biography

**Greer White, D. Ed.** is an experienced Gestalt therapist, supervisor, group facilitator and educator. She received her Gestalt therapy training with the Gestalt Associated of Queensland (GAQI). GAQI merged with the Brisbane Gestalt Institute in 2008 and Maria Vogt and herself formed Gestalt Therapy Brisbane (GTB). She is now one of the Directors of GTB. Greer has an education and welfare background with experience in working with young people at risk and those who have been abused or suffered trauma. Her doctoral studies focused on adolescent masculine development. She presently devotes her time to a small private practice and supporting the administration and teaching of students at GTB. She is interested in spending more time in travelling, water colour painting and being with friends and family.

## IN MEMORIAM: BUD FEDER AND GEORGES WOLLANTS

Alan Meara

### **Bud Feder**



Many practitioners, educators and students in our region will be familiar with his name, and his publications, notably *A Living Legacy of Fritz and Laura Perls: Contemporary Case Studies* (1966) along with its “second generation” edition in 2011, *Beyond the Hot Seat: Gestalt Approaches to Group* (1980), both of which he edited with Ruth Ronall, CSW., *Peeling the Onion: A manual for Clients*, revised in 1992. I am grateful for permission from Jack Aylward (Ed.D), a long term friend and professional colleague of Bud’s, to draw from his honouring of Bud’s life and contributions to the community, to be published in the Gestalt Review.

Born in 1930, Simon Maurice Feder (known to the world as “Bud”), died of complications associated with congestive heart failure on October 16, 2018 at the age of eighty-eight. Bud lived most of his life in New Jersey, graduating from Columbia University’s clinical psychology doctoral program in 1961. After working as a florist for two years following his degree, he began his fifty-eight years of clinical practice, fifty-two of which he devoted to gestalt therapy. As an active member of the New York Institute for Gestalt Therapy, he studied with Laura Perls for three years and over time has held various positions within the Institute.

He was a founding member of the Association for the Advancement of Gestalt Therapy (AAGT), serving as one of its early presidents. He was also instrumental in establishing a scholarship committee for AAGT, which over the years provided over \$100,000 in funding for student members of the organization. He served as an adjunct professor at the Graduate School of Applied and Professional Psychology at Rutgers University and was a founding member of the Gestalt Association of New Jersey. During his lifetime, Bud presented workshops, lectures, supervision opportunities, and group experiences to professionals and students throughout the world. Aylward notes that Bud's most recent work, *Gestalt Therapy: A Practical Guide* (2006), outlines what Bud referred to as his "interactive format", a process-oriented group dynamic focussing in on the present-centered experiences of group members occurring in the "here-and-now," an intervention style reflecting the democratic principles that he valued so highly in both his psychological approach and in his political philosophy. From a professional perspective, I note that his challenge in a 2004 paper to generally accepted views on dual relationships raised many reactions both here and in other regions, essentially around his examples of how he related to clients and their families in social or non-clinical situations. Nevertheless, a bit of challenge, can be food for deeper reflection. From a personal perspective, I valued Bud's expressed interest in my proposal at an AAGT conference for applying a nonlinear approach to describing group process. My sense of him was that he was willing to push boundaries in our thinking about our craft. I also wonder if his passion for tennis gave him insight to an embodied experience that potentially, and seemingly paradoxically, combines I-it and I-thou relating.

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## Georges Wollants

George died peacefully on Sunday, January 7, 2018. Shortly after turning 76 in August of 2017, he became seriously ill and has since bravely grappled with his illness.

For more than 30 years he was director of the Faculty of Humanity and Society in Turnhout and trainer of Gestalt education. Together with Georges Lambrechts and Daan van Praag, he founded the Dutch-Flemish Magazine for gestalt therapy in 1994. This magazine is now 10 years old and has a theoretical format.

Many were inspired by him. He also had an international reputation, including through his book *Gestalt: Situation Therapy*, Where he returns to the European roots of Gestalt therapy and criticizes certain visions that have since become common in Gestalt therapy. To date, this book is still relevant to all therapists and students.

<http://www.aagttoronto2018.com/person/george-wollants/>



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