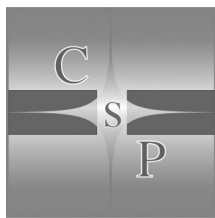


Handbook for Theory, Research, and Practice in Gestalt Therapy

Handbook for Theory, Research, and Practice in Gestalt Therapy

Edited by

Philip Brownell



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PREFACE

PHILIP BROWNELL

It would be most accurate to say that this book started at least a decade ago when it became apparent that the field of gestalt therapy was lagging behind other perspectives in gaining research support. Gestalt therapists knew, from the satisfaction encountered in their clients, that gestalt therapy "worked," but for the most part they lacked a body of empirical support for such an assertion. It's not that gestalt therapy had been proven ineffective, or for that matter, even inappropriate; it just had not been studied comprehensively.

Having said that, there were, to be sure, isolated instances of someone fostering formal, academic writing focused on gestalt therapy. Ansel Wolcott at Kent State University, for instance, supervised numerous dissertations by his students who studied various aspects of gestalt therapy. However, these studies did not proceed into the mainline psychological literature. Another researcher, Eleanor O'Leary, generated work in Ireland, and she wrote in 1992 in a book with a similar title as this one of the considerable need for research on gestalt therapy. Leslie Greenberg was also conducting gestalt-related research through his position at York University in Canada, but it was largely going by another name ("process-experiential").

So, while conversing among friends and colleagues in the gestalt world, a number of us started talking about writing a book that would address directly the needs for research, provide some tools, and help supply an impetus to generate research. The structure of the current book took form quickly, and I agreed to shepherd the group project to completion.

As one person put it, this has been an "ambitious" project. Our chapter authors are all busy people with multiple commitments. Many of us were working on other writing projects simultaneously. It was a challenge for so many people, spread out all over the world, to collaborate on aspects of one project, and it was a challenge to attempt to give it a unified feel.

Writing the book also proved to be a challenge in an unexpected way. We all could see the need for research in support of gestalt therapy. We all

got excited about the potential of this book, but there emerged an implication—someone was going to have to actually *do* the research. Established trainers quickly realized, "It won't be me; my calling is to train people to do therapy, not to do research." That echoes trainees who would cry, "What is this research stuff about? I came to learn how to do therapy." Unless we all take the challenges implicit in this book and open up the lens to include training and facilitation of research, we cannot expect people outside of gestalt therapy to do it. Thus, one of the challenges in writing this book is to face our own creation.

In addition, we are all different people who have differing backgrounds, cultures, lifestyles, beliefs, theoretical emphases, and ways of practicing. Creating a book with so many different people involved was not an easy thing to accomplish. I have attempted to reflect differing theoretical perspectives in the various chapters by the use of footnotes, clearly identifying myself as the "Editor" in order to differentiate myself from the respective authors. Hopefully, the reader will not find that distracting or intrusive.

Resources

O'Leary, Eleanor. 1992. *Gestalt therapy: Theory, practice, and research*. New York: Chapman & Hall.

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I want to express my clear appreciation and thankfulness to a few people. Some made it possible to get this book published. Some were involved early in the process; others came later.

Erving Polster, Brad Johnson, and Rodger Bufford all read the prospectus and provided initial suggestions that made it more interesting and marketable. Erv is a well-known gestalt therapist, theorist, writer, and trainer of gestalt therapists. Conversation with him was encouraging just in the fact that he took interest in the project and thought it was worthwhile. Brad is an Associate Professor in the Department of Leadership, Ethics and Law, U.S. Naval Academy, and a faculty associate in the Graduate School of Business and Education, Johns Hopkins University. He is active with the American Psychological Association, and he had helpful suggestions with regard to writing for the more general field beyond gestalt therapy. Rodger is a Professor of Psychology and Director of Integration for the Graduate Department of Clinical Psychology at George Fox University, one of my former mentors, a well-respected writer, and a clear thinker. I am grateful for their early contributions to marketing the prospectus that eventually lead us to Cambridge Scholars Publishing.

I also want to thank Vaughn Mosher and Jennifer Smith at Benedict Associates Limited, where I have my practice in Bermuda. They have patiently waited for this book to be completed. Benedict is a very exciting place to work, because it offers a rich mix of psychotherapy, psychological assessment, organizational development, coaching, substance abuse work and employee assistance counseling. There is *never* a dull moment!

I also want to extend a special note of appreciation to Vaughn for his support and interest in starting the Gestalt Training Institute of Bermuda, because it took initial form with his help and partnership while the book was being written.

I'd like to thank my colleagues at the Association for the Advancement of Gestalt Therapy, an international community, for their patience when I became frazzled in our conference planning; the book was taking priority.

I also appreciate every one of the chapter authors and feel grateful for the privilege of working with them. Thank you, one and all, for your friendship, your passion and energy for what we do, and your wisdom and competence. You enrich my life.

Last, I think of my family. A person doesn't just suddenly, from nowhere, edit a book like this. I came to this project after years of writing and interacting with gestalt colleagues, and that took me away at times from my family. Before that, I came to gestalt therapy from my experiences in the ministry, and that also took me away from my family. So, I'd like to say "*Thank You!*" to Matthew, Zachary, and Anastasia—my children. You are all great people, and I am blessed to be your father, to see your lives progressing and to be included as our family grows still further by the ways you live, the people you love, and the things you do. In that regard I include Netta as well, a relatively new and valued member of our family.

I'd also like to express my appreciation for my wife, Linda, who has had to put up with me being preoccupied. She packed up our entire place and arranged to move house while I was editing. She is a wonderful person! I not only share a place to live with her, but also a way of life and a sense of purpose that makes what we do and have together more than it might seem to observers.

Related to that, let me make a personal observation. In the book, Brian O'Neill and Seán Gaffney present a picture of "the field," and as I read that description, and as I wrestled with their working and conceptualizing, I realized two things: for me, sensitivity to the field is like playing music, because you have to yield to it in order to hear both what you possibly could play and what you actually are playing. If you take your "eyes" and "ears" off it, you sink into the sea. To me, and to Linda, the field is spiritual. It is experienced physically, emotionally, relationally and so forth, as Sylvia Crocker describes beautifully in her chapter, but beyond all those things, the field is spiritual.

To me and to Linda this view of the field is a "God-in" perspective. This book "came" to us as a function of just this kind of field; further, for us, that God-in perspective is related to our faith in Jesus.

Beyond all these matters I also want to express gratitude to the people at Cambridge Scholars Publishing for all the many ways in which they have been part of this project, and continue to manage it.

—Philip Brownell
Southampton, Bermuda
2008

PART ONE:

**A GROUND BY WHICH TO THINK ABOUT
RESEARCH IN GESTALT THERAPY**

CHAPTER ONE

INTRODUCTION AND PURPOSE OF THE HANDBOOK

PHILIP BROWNELL, ALAN MEARA,
AND ANTON POLÁK

Scientific belief is not the product of us alone or of the world alone; it is the product of an interaction between our psychological capacities, our social organization, and the structure of the world. The world does not "stamp" beliefs upon us, in science or elsewhere. Still, science is responsive to the structure of the world, via the channel of observation.

—Peter Godfrey-Smith

This is a book about gestalt therapy. This is a book about research. Consequently, this is a book about the ideas inherent in both, the methods they employ, and the means by which people give credence to each.

Warranted Belief in Gestalt Therapy

Gestalt therapists believe that what they do when they practice gestalt therapy is effective. Some might say that they know it works and, therefore, do not need to prove that it does. They know this because of their personal experience of working with clients and seeing those clients improve, grow, change, and take on more healthy and satisfying lives.

Christians believe that Jesus is the Messiah of Israel, and that He sacrificed Himself as the Passover Lamb to take away the sins of the world. Christians would say that through their personal relationship with God they do not need to prove such things; the Spirit of God within them testifies to the veracity of these assertions, their experience of a dialogical relationship with God informs them, and even though there is no certainty (Taylor 1992), their belief is warranted (Plantinga 2000). They know what they know.

Just as some might say that Christian belief is actually unjustified, irrational, and unwarranted, others might claim that gestalt therapy is ineffective, irrational, and unsupported. (Indeed, one popular saying attributed to its founder suggests people should lose their minds and come to their senses.¹) Because of this and other assumptions about gestalt therapy, many people assign gestalt therapy to the same explanatory category in which they would also place Native American rituals, experiential treatments for generalized anxiety disorders, and “born again” Christianity (Wampold 2007).

Warrant depends on a properly functioning cognitive process—the ability to think—in which evidence is produced, “enough of which is what makes the difference between knowledge and mere true belief...” (Plantinga 2000, xi).² Warrant is an epistemic value statement; to attribute warrant to a belief is to evaluate that belief favorably, and there are degrees of justification involved with any such attribution (Plantinga 1993a & 1993b). One might, for instance, have greater reason to believe that four plus five equals nine than to believe that Moses wrote the Pentateuch. Warrant is the appraisal of both beliefs and the withholding of belief, and it is fair to consider the means of attaining such warrant.

Is warranted belief achieved by means of logical argument, empirical evidence, or both? Do gestalt therapists actually think about what they are doing, and if so, is what they think reasonable and do they have enough evidence to support their belief in the efficacy of the modality they practice, or is it possible that they are just instinctively reacting out of an essentially atheoretical experientiality while whistling past graveyards and making some lucky guesses?

Individual belief requires nothing more than a person to be persuaded, and what it takes to accomplish that can vary, being completely

¹ The actual wording is as follows: "And the aim in therapy, the growth aim, is to lose more and more of your 'mind' and come more to your *senses*." Perls, Frederick S. (1976). *Gestalt Therapy Verbatim*. p. 53. New York: Bantam Books.

² For a thorough and rigorous treatment of the concept of warrant, the trilogy by Alvin Plantinga is recommended. This consists of *Warrant: The Current Debate* (1993a), *Warrant and Proper Function* (1993b), and *Warranted Christian Belief* (2000). Although writing from a theistically favorable perspective about epistemology, his systematic development of subjects related to the attribution of warrant bear directly on the issues involved in the evidences that any given approach to psychotherapy is justified. As supplement to that set, one might also consider John Dewey's *The Quest for Certainty* (1929), "Coherentist Theories of Epistemic Justification" (Kvanvig 2007), "Epistemological Problems of Testimony" (Adler 2006), "The Epistemology of Religion" (Forrest 2006), and "Certainty" (Reed 2008).

idiosyncratic. Any given gestalt therapist is free to believe whatever he or she may choose to believe about the effectiveness of what they do. However, when it comes to public agreement, other criteria press for consideration. At the most basic level another person's opinion counts. In the wider professional arena funding agencies, credentialing bodies, and ethical committees make deliberate decisions, and they do so in the effort to establish whether or not any given practice is warranted. There are various terms associated with warrant (authorized, funded, ethical, valid, or *evidence-based*), but they are all antecedent to the construct that provides justifiable reason to do, believe, or think something. Warrant surpasses individual belief.

This book advocates an organized and systematic approach to the evaluation of gestalt therapy that includes theory and research as means by which warrant is achieved. It asserts that gestalt therapy is warranted, suggesting "warrant" as a more helpful category than what many regard to be a reduction in the movement for evidence-based treatments, and it offers descriptions of gestalt therapy methodology so that the practice of gestalt therapy might be more clearly identified, lending to research on that method and consideration of resulting empirical support. This book also attempts to encourage the global community of gestalt therapists so that a robust body of research is produced that does not simply seek to prove something to which researchers were already committed, but, more than that, to use research to refine and further develop the theory and practice of gestalt therapy.

An Orientation to Research in Theories of Science

Science has been described as the systematic process of generating and testing theories in which such theories are evaluated according to parsimony, ease of communication and stimulus for producing new insights, responsiveness and flexibility with regard to new evidence, internal consistency, falsifiability, and external validity (Breakwell, Hammond, and Fife-Shaw 1995). Many scientists deny that there is any clear scientific method in the processes of science, pointing out that, to the contrary, scientists actually operate with an *orientation* toward science; that is, they work with a critical attitude toward the findings of their work, including a search for flaws in it, for weaknesses and inconsistencies in their thinking, and the perspective on explanations as being just "tentative stages in a never-ending process of successive approximations" (Pedhazur and Schmelkin 1991, 150). Alan Kazdin (2003) asserted that science is based on the accumulation of empirical evidence through systematic and

careful observation of phenomena of interest. He further claimed that the methods employed in that process were based on the key tenets of parsimony, consideration of plausible and rival hypotheses, replication, and caution and precision in thinking. “Method” in such a process “encompasses diverse principles, procedures, and practices related to the conduct of research,” (ibid, 9) and methodology helps to organize sources of problems that emerge in drawing inferences as well as the solutions to the problems and practices that can help draw *valid* inferences.

It is one’s philosophy of science that brings a person to describe the processes by which it is carried out, and the philosophy of science has changed over time. A complete treatment of the philosophy of science is beyond the scope of this book; however, since the way people think about science influences how they think about research, it is necessary to ground any consideration of research focused on gestalt therapy in some kind of understanding of science and the scientific method.

If there is a scientific method, in psychology it consists of (1) *observation and experimentation*, (2) *quantification or mathematization*, and (3) *theoretical or conceptual analysis* (Machado 2007). The first amounts to the actions researchers take to generate theories and test hypotheses. It includes matters of research design, selection of subjects, and the assignment of subjects to various groups. The second consists of analyzing the data generated by the application of the method in the design, formulating laws and models on the basis of empirical findings, and discovering the mathematical links between variables and other statistical operations. This is, currently, a major emphasis in experimental psychology. The third involves the action researchers engage in when they evaluate the clarity of scientific concepts, the explanatory power of competitive hypotheses, or evaluate the consistency of laws and scrutinize arguments. The goal of conceptual analysis is to increase the conceptual clarity of a theory (Laudan 1977). Thus, the observation that generates empirical data that can be analyzed statistically is useless without a philosophical framework that enables good thinking with regard to the relationships and implications of the data.

Science is conducted using the natural attitude. Husserl contrasted the phenomenological attitude with the natural attitude in order to contrast his philosophy with psychology. The natural attitude is that perspective in which one is involved in a “world-directed stance when we intend things, situations, facts, and any other kinds of objects” (Sokolowski 2000). It is the default condition. By contrast, the phenomenological attitude is the focus a person has when he or she reflects on the experiences obtained while in the natural attitude. The naturalism found in the scientific method

has also been applied to the philosophy of science so that people have studied the processes and activities of scientists in the same ways that they have studied genetics or chemistry.

When Perls, Hefferline and Goodman (1951) wrote *Gestalt Therapy, Excitement and Growth in the Human Personality* (PHG), they were in the forefront of what Thomas Kuhn (1962) called revolutionary science. Gestalt therapy was originally conceived of as a revision of Freud (Bowman and Nevis 2005), and it remained rather anti-establishment for many years. The larger picture of which gestalt therapy was a part, though, was a sea change from the positivism of late nineteenth century and early twentieth century science (Godfrey-Smith 2003; Proctor and Capaldi 2006) to a post-positivist and constructivist era (Robson 2002, Creswell 2009) in which elements of logical empiricism remain, but they do so in modified form and embedded in a context in which metaphysical considerations once regarded as non-science have become relevant and exciting once again (see below). That revolution in science has come and gone, led by Kuhn and others, and it is time for gestalt therapy to let go of the past and to move more fully into the stance of what could be called normal science. That means gestalt therapists do not need to protest so loudly against positivism, because even though vestiges of it still exist in experimental psychology, they do so as backwater eddies when compared to the larger enterprises of science.

From Bacon to Laudan and Beyond

Francis Bacon is generally regarded to be the source of the method of induction in science: generalizations are based on careful analysis of specific instances. That approach dominated and was influential until the middle of the 20th century. Simply stated, it essentially relied on Aristotle's approach in which observations lead to explanatory principles that eventuate in deductions that give rise to additional observations. The principles established through this process, though, typically become so influential that they take on the force of a priori assumptions with regard to successive issues, and thus provide foundations upon which future science develops. Thus, this general approach is also the basis of foundationism in science, in which basic (or foundational) principles stipulate how science ought to be conducted. Both logical positivism and falsificationism were foundational philosophies in science.

The inductive method and the foundational approach to science were both set aside by those who applied naturalism to the study of science itself, utilizing the history of science, and formed theories about the ways

in which science has actually been conducted (instead of the ways in which it was supposed to be carried out); thus, Thomas Kuhn emphasized the shifting of scientific paradigms in sudden revolutions that diverged from normal science, Imre Lakatos stressed research programs in the effort to resolve the conflicts between Popper's falsificationism and Kuhn's theory of scientific revolutions, and Larry Laudan focused on research traditions (Proctor and Capaldi 2006).

In a fascinating example of this approach to the philosophy of science, Maurice Finocchiaro (1992) studied Galileo's various writings and correspondence to track his shift to Copernicanism; he wanted to see what the salient factors had been in the way that scientist had actually worked as opposed to the dominant hypothesis that scientific theories were formulated logically and were persuasive according to their predictive power and simplicity. He concluded that Galileo had gone through three stages in the development of his thinking. In the first stage he

... judged Copernicanism largely on the basis of its general and external problem-solving success in the physics of motion and its explanatory coherence in the astronomical field; during the second stage, he judged it largely on the basis of these criteria *plus* empirical accuracy; and after 1616, he judged it largely on the basis of these four criteria *plus* its relationship to his religious beliefs. At no time did he judge its acceptability largely on the basis of predictive novelty or of simplicity. (ibid 65)

Thus, two influences lead to a shift in perspective from a positivist to a post-positivist philosophy of science in general and in the field of psychology in particular. First, naturalism was applied to thinking about how people actually conduct science. Second, figures of interest shifted in psychology itself. As psychologists moved away from strict behaviorism, with its method of behavioral measurements for instance, and returned to the study of subjective, unobservable experiences, positivism became "untenable as a philosophical foundation for psychological inquiry and was replaced by postpositivistic notions of an underlying reality..." (Hoyt and Bahti 2007, 203). Subjective experience was regarded to be latent as opposed to directly observable or measurable, so measures and theories had to become validated by a process of successive approximations "...with attention to sources of error and bias in quantitative

measures...and careful consideration and gradual elimination of plausible rival explanations for study findings."³ (op.cit.)

One of the key differences among the post-positive philosophers of science and their thinking is around the construct of the incommensurability of theories. Kuhn's sense of paradigm shifts asserted that competing theories were incommensurable with the dominant paradigm; that is, normal science was all about supporting and reinforcing the dominant paradigm even while teasing out its various nuances and applications. When a crisis with the dominant paradigm ushered in a revolution in science, then a rapid shift took place as a new dominant paradigm appeared. Lakatos disagreed and saw the sequence of theories within a research program as linked by logic so that there could be a number of theories under consideration at the same time, but the core of them would not change, and the alternatives would radiate out from that core and be linked to it in some way. Others who also diverged from Kuhn considered Lakatos's solution unsatisfactory. The weaknesses in his system were overcome by Laudan, who used the term "traditions" instead of paradigms or programs. For him divergent theories could be simultaneously considered, but these did not have to be linked together in any substantive fashion. Indeed, sometimes a researcher might accept a given theory, believing it to be true, while at other times a researcher might devote time and energy in the pursuit of a competing theory that he did not necessarily even hold to be true (Godfrey-Smith 2003). Laudan looked upon theories in a pragmatic fashion, and thus for him theories provided more or less answers to the problems addressed by those theories. For Laudan, the theory with the greatest power for solving problems was the most useful theory, and theories could be held and considered alongside others over the course of relatively great spans of time while the final judgment was developing. Thus, another difference with Kuhn is that Laudan did not believe in the rapid shift in paradigms.

This all points to important differences between the positivist and foundational approaches to science and the post-positive era in which the test of ideas is not whether they refer to "objective, distinct, value-free, and cumulative science" (Laudan, Laudan and Donovan 1992, 4) but to what degree they have utility and provide the greatest number of answers.⁴

³ Ironically, with advances in the application of technology to neuroscience, there is renewed interest in "observing" correlates of consciousness through such procedures as fMRI studies.

⁴ The current debate in psychology over the warrant for realism vs. the warrant for instrumentalism (Cacioppo, Semin and Berntson. 2004, Haig 2005a, Ramey and Chrysikou 2005) harkens back to the influence of John Dewey in *The Quest for*

In the pursuit of the greatest number of answers, current scientific methodology utilizes two different research strategies that can lead to warranted knowledge claims. These are *consequentialist* and *generative* approaches.

Consequentialist strategies justify knowledge claims by focusing on their consequences. By contrast, *generative strategies* justify knowledge claims in terms of the processes that produce them. Although consequentialist strategies are used and promoted more widely in contemporary science, both types of strategy are required in an adequate conception of research methodology. (Haig 2005b, 383)

What are the consequences if dialogue is actually a superior way of conceptualizing the two-person field of the working alliance? Using a consequentialist approach in research, a person would use the results of dialogue and compare them with the results of using some other method. A generative approach, by contrast, might consider what qualitative processes resulted in the assertion that dialogue formed a superior way of conceptualizing the working alliance; here people might refer to anecdotal evidence, philosophical development and rigor, contrast and comparison with other conceptualizations of the working alliance, and so forth (everything contributing to such an attribution). The consequentialist and generative approaches are two kinds of processes, and both contribute to the generation and comparative evaluation of theories over time; consequentialist strategies usually take a quantitative path, while generative strategies can be seen as more closely aligned with qualitative methods.

Finally, this latter thought, the consideration of multiple theories, is related to the concept of abduction, which has already been discussed by inference to the best explanation (Haig 2005b); it is an approach to doing science that replaced the inductive-deductive method. It is decidedly pragmatic.

Abduction, by its very nature, forces people into estimates of consilience, or how well a theory fits with theories from other domains (Proctor and Capaldi 2006). Consilience is not a new idea (it has also been known as the unity of knowledge), but applied to the relevance of gestalt therapy, it serves as perhaps a new and helpful heuristic.

Certainty (1929/1988). Dewey had a decisive effect on pragmatism, and pragmatism's manifestation in psychological research *is* instrumentalism. That such instrumentalism cannot escape ontological issues is an essential point in that debate and something Alan Meara addresses in this chapter.

The Assimilative Power of Gestalt Therapy

Consilience occurs when a theory explains at least two different classes of data, and that can happen within one domain, such as biology, or across domains such as between biology and psychology. One example of abduction and consilience to which gestalt therapists can relate is the explanatory power found in field theory (chapter eleven, this volume), which came from physics. Gestalt therapy theory, as a whole, is itself a rather remarkable example of how consilience works, because it is a collection of various theories from various domains that have “hung together” and formulated a theoretical identity of its own. It is not merely a collection of disparate ideas, such as multi-modal therapy; these ideas overlap, converge, harmonize and now form a unity (chapter seven, this volume). In the same way, now, gestalt therapy harmonizes with other ideas in other domains even though those domains may not realize it (chapter two, this volume). The consequence of that is important, as the reinforcement resulting from consilience between gestalt therapy and other clinical approaches demonstrates the value in each; some research conducted under the rubric of one would certainly apply to the other.

Another consequence is that gestalt therapy, being already a consilient attractor, makes it relatively easy for gestalt therapists to assimilate practices from other perspectives whenever there is a point of unity (for example, between field theory and systems or ecological psychotherapy; between the concept of the dialogical relationship and such things as attachment theory, object relations, client-centered therapy, or the transference-oriented therapies; between the existential and phenomenological aspects of gestalt therapy and the constructivist aspects of cognitive therapy; or whenever there is a connection between the experimental freedom in gestalt therapy and the experiential aspects of other approaches such as psychodrama, play therapy, art therapy, and behavioral therapy). Gestalt therapy is quite “user friendly” in its assimilative and integrative power.

Even though there is a unity in gestalt therapy theory (chapter seven, this volume), and a concomitant unity in its practice (chapter twelve, this volume), the gestalt therapy “tent” is a large one. Gestalt therapists have diverse emphases in their work.

When it comes to the philosophical commitments associated with research, some consider “quantitative methods” part of the positivist approach, while others see the situation with more complexity. Some consider qualitative methods to be ripe with postmodern relativism and rather useless for establishing evidence, while others see more compatibility between gestalt therapy and qualitative methods but also

reject postmodernism as such. Chapter three considers the use of qualitative methods, and chapter four discusses the use of quantitative methods. Simply put, the professional discipline of gestalt therapy needs both in order to establish sufficient warrant. Such multi-method, or mixed method (Creswell 2009) research programs are necessary because phenomena are multifaceted, with multiple components (Eid and Diener 2006). Quantitative and qualitative approaches pose different and complementary strengths and weaknesses (McGrath and Johnson 2003); so, they can each add to a comprehensive research tradition.

An Orientation to Thinking About Gestalt Therapy

As some gestalt therapists have been known to say, gestalt therapy addresses the “is-ness” of the current moment. It is about the “here and now.” It is also about the “what and how.” To consider such things is immediately to be drawn into a contemplation of *what* actually is and *how* any given person is constructing or experiencing that. While these considerations are part of the ground of gestalt therapy, they are equally important to any research conducted on gestalt therapy.

What Actually Is

The naturalism inherent to the processes of science might be objected to by some gestalt therapists who view the methods of gestalt therapy as largely phenomenological (and phenomenological process as largely about the relative ways of knowing in epistemology—see below).

One of us (Alan) proposes that if we consider the issue of ontology in undertaking research, then new research methods may be called for in exploring the processes and efficacy of gestalt therapy, in particular methods based on critical realism and complexity theory.

While it is important to be clear on the epistemology in any research project, it is also necessary to consider ontology in order to define a position on what results mean; that is, how they generalize, and, thus, to what degree they might be externally valid. As Mathews, White and Long (1999) claimed, the ontological position defines the conceptualization of social reality, which in turn identifies subjects of inquiry, issues worthy of attention and methods of demonstration.

At the most general level, epistemologies may be considered as subjectivist or objectivist, as can ontologies, and thus combinations may be constructed that represent various research positions (Johnson and Duberly 2000). Positivism for example was represented by an objectivist

ontology and epistemology, while postmodernism is by a subjectivist ontology and epistemology. The latter position is criticized by Johnson and Duberley (2000) as relegating science to a self-referential exercise with no common ground for judgment between theories. When research in psychology resembles the positivist approach, it seeks to experiment in conditions that are relatively closed in order to enhance prediction, thus producing, however, results that may not generalize outside the laboratory, which in turn threatens external validity. Critical realism (Bhaskar 1989) is one of the few perspectives that accepts a relativist epistemology, but not a relativist ontology.⁵

Bhaskar (1978) presents an objectivist ontology that is stratified into three domains: the real, where interacting causal or generative mechanisms reside (independently of our knowledge of them); the actual, where events may be observed to occur (independently of our experience of them); and the empirical, where events are measured or experienced. Rather than establishing law-like correlations associated with constant conjunctions of events in a nomothetic approach, critical realism describes the operation of causal tendencies or powers, and examines their effects with empirical evidence. A critical realist use of case studies, for example, sheds light on specific conditions under which generative mechanisms act, and these explanatory idiographic studies are “epistemologically valid because they are concerned with the clarification of structures and their associated generative mechanisms, which have been contingently capable of producing the observed phenomena (Tsoukas 1989, p. 556).”

While others, such as Maturana (1988), Harre (1986), and Shotter (1993) criticize elements of critical realism, it is gaining recognition as an appropriate paradigm and guide to methodology, notably also within nonlinear research (Manicas and Seccord 1983, Tsoukas 1989). However, application of critical realism to research is not common (Johnson and Duberley 2000), and there are no agreed upon methodological prescriptions consistent with a relativist position on epistemology. The possible contribution of critical realism to psychotherapy research has been explored by Baillie and Corrie (1996) in challenging reality as created through discourse only.

⁵ Evolutionary naturalistic realism (ENR) is another theory worth investigating; what these both present are examples of naturalism at work in a post-positivist era. Naturalism stresses the continuity of philosophy and science. ENR claims all knowledge is theoretical knowledge, known by way of theory; thus, science is charged with the integration of theories to form a coherent worldview, and the means by which science carries out this mission is the focus of its method (Haig 2005a).

Complexity theory is an umbrella term that captures the theoretical insights generated originally from the discovery of deterministic chaos in nonlinear dynamical mathematical models, extending to later discoveries through modeling of and analyzing natural and social systems. The potential of self-organization and other related nonlinear systems theories for social system research on change has been widely recognized (Gregerson and Sailer 1993, Loye and Eisler 1987, Nonaka 1988, Thietart and Forgues 1995, 1997, and Weick 1977). The advantages of nonlinear dynamics in exploring how change occurs in individuals, groups, and organizations, were outlined by Lichtenstein (2000), who contended that nonlinear dynamics based theories are playing a more important role in interpreting transformation, particularly through the theory of self-organization. He pointed out that the assumptions for nonlinear dynamics are fundamentally different to traditional mechanistic models.

The ontology of nonlinear systems theories asserts that the natural and social worlds are open systems with interdependency between ‘elements’ of any given system. This is consistent with Bhaskar’s stratification. For example, in the Benard cells a force (gravity) exists in the real domain, comes into play at the actual level when the cells form, and may or may not be observed in the empirical domain. There is indirect support in the literature for this position, for example from Archer (1995) who stated that critical realism’s explanatory framework incorporates unpredictable yet explicable outcomes resulting from the interplay of generative mechanisms and structures, and in Thietart and Forgues’ (1997) identification of attractors as structures in organizational evolution. As was mentioned earlier, some complexity researchers attempt to apply a positivist epistemology, a practice that Bhaskar criticizes in terms of an “epistemic fallacy,” which collapses epistemology and ontology into one another, the separation of which is central to Bhaskar’s position. In accepting a relativist epistemology-that knowledge (not reality) is socially constructed-the means for judging theory comes from an appeal to the causal mechanisms located in external reality and the efficacy of human actions in achieving outcomes (Johnson and Duberley 2000).

One area where research methods have been developed is in Chaos Theory. Chaos theory is an acknowledgment in the sciences of the nature of *world* as an open system (Gregerson and Sailer 1993). The errors, noise or variations that both the physical and social sciences have sought to exclude from experimenting, in the search for causal and predictive laws, are in fact part of open system growth, change, or adaptation. Chaos theory emerged from the study of mathematical models of nonlinear dynamical equations where the relationships between parameters are not

simply additive and where values at a certain time are influenced by prior values (Gleick, 1987).

There are many mathematical techniques that address the measurement of fractals and attractor dynamics that are beyond the scope of this chapter; however, one technique that assists the search for attractors is time series embedding. Rather than beginning with a model, the researcher begins with multiple data points measured over time. The data are plotted in a suitable state space, and patterns of stability and change are potentially revealed (Sterman 1989, Kiel 1993).

From a methodological perspective, Eisenhardt (1989) raised the issue of beginning from a theory-free ideal; however, others (Jankowski and Webster 1991) recognized that some framework is necessary for data analysis, which in Bhaskar's (1989, p.18) terms is "antecedently existing cognitive materials." The history of nonlinear dynamics research shows that specific *a priori* models of self-organization processes are not directly helpful in selecting parameters that might reveal dynamics of stasis or change. The parameters chosen to define system behaviors are not those necessarily involved in mechanisms that come into play at bifurcation. Thus, Whetten (1989) recommended the replacement of hypotheses of outcomes with propositions of relationships. This would be an example of a generative approach to science that emphasized the processes supporting such propositions.

In summary, the nonlinear systems ontological position is consistent with gestalt therapy theory and also the critical realist position, as shown in Table 1-1.

Table 1-1: Comparative Ontologies

Gestalt Therapy	Transcendental/Critical Realism	Chaology
(Korb, Gorrell & Van de Riet)	Bhaskar Manicas and Seccord	Gregersen and Sailer
The nature of reality is an ongoing, constantly changing process. Objects are also processes, not observable except for special equipment. All things exist in relation to other things and are thus engaged	Three domains - real : generative mechanisms which exist independently of observed events - actual : observed events - empirical : experienced events. Stratified systems with emergent properties Space and time causally inert	The nature of reality is a dynamic, recursive process, which contains chaotic and nonchaotic characteristics, and exhibits self similarity.

in process. Consequences are not necessarily explainable by causality.		General processes are determinable, but specific outcomes are unpredictable.
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While the use of these emerging research options is not straightforward, they are worth exploring as ways to develop a research agenda that truly addresses the *is-ness* of gestalt therapy.

How We Experience

Another of us (Anton) is concerned with one of the bottom lines of gestalt therapy in the experience of an individual, especially in how that is conceptualized by philosophical phenomenology and existentialism⁶. This is important, because naturalism in science that does not include the human person is a transcendental scientism which itself is flawed and unreal (Cacioppo, Semin, and Berntson 2004; Ramey and Chrysiou 2005). Even though the use of the phenomenological method in gestalt therapy is conducted in the natural attitude (chapter eight, this volume), many gestalt therapists speak about it as if they were conducting a phenomenological reduction—the use of the phenomenological method in philosophy. While chapter eight considers the method in the conduct of therapy, it is helpful initially to address phenomenology in some of its basic concepts.

Psychology developed at the end of the nineteenth century as a descendant of philosophy and experimental physiology. This fact, together with the ambition of the first psychologists to be accepted as true scientists, led psychology from the very beginning to study human phenomena with the same methodology used then by the more *mature* physics, chemistry or biology, that is, by means of experimental analysis. The deterministic, natural science model predominated then, still predominates in contemporary academic psychology now, and it is necessary to admit that psychology is heavily indebted to it as far as the understanding of human mind and the research methods involved in the growth of the field. The further evolution of psychological thinking has shown, however, the limitations of this scientific psychology. Scientific psychology is at its wits' end when it is expected to explain or understand

⁶ For an explication of how the phenomenological method is applied to the practice of psychotherapy—specifically gestalt psychotherapy—see chapter eight, for chapter eight picks up on these thoughts and carries them in a specific direction.

the essence of being human, that is, subjectivity—the individual inner experience.

It is true that human beings are physical objects in the physical world. However, we are not only objects. We are also subjects. We have the capacity to be aware of stimuli, and, in contrast with other beings, we are the only ones who are aware of being aware. This is awareness of awareness; conscious awareness is the quality characterizing the human experience. Experience begins with awareness, and it is acknowledged through awareness. This reflective awareness means the capacity for continual observing, interpreting what is going on, deriving and creating unique meanings, choosing intentions, and in this sense being the source of what is actual for a person. Awareness is not otiose; it is orienting, appreciating and approaching, choosing a technique, and it is everywhere in functional interplay with manipulation and the mounting excitement of closer contact. The perceptions are not mere perceptions; they brighten and sharpen, and attract. Throughout the process there is discovery and invention, not "looking on..." (Perls, Hefferline and Goodman 1994, p. 164). A person embodies this process, and if we want to understand any given person as a subject, we have to take into account his or her unique, unrepeatable subjectivity.

The founder of phenomenology, German philosopher Edmund Husserl (1859-1938) set as his goal establishing a rigorous scientific philosophy that could become a base for all other sciences. Though he was not the first philosopher using the term "phenomenology," he supplied it with new meaning. Husserl's thinking (1972) provides a sharp critical contrast with the positivistic philosophy that developed in the natural sciences. Scientists in these fields saw their task as discovering the laws governing nature, and they did not ask themselves whether these laws might be humanly knowable yet remain independent of human ways of knowing. Therefore, the task of phenomenology is the study of things in how they appear through our consciousness and, through this, the nature of awareness itself. The specific methods phenomenology developed were adopted later by philosophers of the existential school such as Martin Heidegger, Jean Paul Sartre, Gabriel Marcel, and Maurice Merleau-Ponty (for more detailed discussion on existential philosophy see Spinelli 1989; Gaffney 2006; Dreyfus and Wrathall 2006). When these two approaches (existentialism and phenomenology) are—despite some differences—joined together and applied to the phenomena of human psychology, they create a suitable philosophical starting point for that form of practical psychology which is psychotherapy. We as therapists deal with the existential situation of our clients, and we look for those unique individual styles people use in

the process of organizing their worlds. In other words, we look for their ways of experiencing their worlds, how they interact with their environment and create meanings, and how they participate actively in what happens to them.

Scientific naturalism in psychology has been known to view the person and his or her environment (things, objects surrounding him or her including others) as separate, distinct, and independent entities, as objects that can be studied in a detached fashion. The phenomenological perspective does not view persons as mere objects. Instead, phenomenology speaks of the person as *being-in-the-world* (Heidegger 1962), which points to the indissoluble, unseparable unity of the individual and his or her world. In other words, no individual exists apart from the world; conversely, the world does not exist in a meaningful way apart from persons living in it. One constitutes the other. This notion can be difficult to understand for people who grew up in a world characterized by the dichotomy between object and subject. Valle, King, and Halling (1989) explained this interdependency with Rubin's familiar ambiguous drawing of "vase/profiles." What we see as foreground (e.g. vase) cannot exist without background (profiles). If we remove any of them, the other disappears, too. And the same is true for people and their world; if we discard one, it becomes meaningless to talk about the other. This means the human individual is contextualized. It is impossible to conceive of a person without the world that surrounds him or her.

The major assumptions of phenomenology are based on concepts Husserl (1972) defined while studying subjective experience. As it is known, in the beginning he came with the appeal: *back to the things themselves* (Spinelli 1989). He saw the task of his philosophy as the exploration of subjective experience—consciousness—in order to find out how consciousness imposes itself upon and obscures "pure" reality. He had hoped to be able to set conscious experience aside so as to arrive at "what is." From his philosophical pursuits two concepts were derived that have key importance for the proper understanding of the phenomenological approach: *intentionality* on the one hand and the *noematic and noetic* focuses of intentionality on the other.

Franz Brentano believed that our consciousness is always directed towards the real world (ibid.), and it is always making an effort to interpret that world meaningfully. He called this *intentionality*. In Husserl's conception intentionality identifies the fundamental relationship which is the basis to all our meaningful constructs of the world. Our consciousness is *always consciousness of some thing*; it is always focused on some thing. Consciousness *can never exist without an object*; it always needs a

stimulus, and it is always reaching out to a stimulus that is the part of the real world and trying to interpret it in a meaningful manner. Thus, knowing the ultimate reality of any object is not feasible because even at the most basic level of consciousness this inevitable act of interpreting occurs; we always interpret our world as an object-based world. Any reality which presents itself to our consciousness must be explained or get some meaning, we cannot tolerate meaninglessness. And the process of getting meaning begins with interpreting this reality as an object. Sensory data, that is, our visual, auditory, tactile perceptions, and other reactions to the stimuli of the physical world, are being interpreted so that we respond to these stimuli as if they were objects. Even if we were able to put aside all the meanings we give to a stimulus, what we would be left with in the end would be the interpretation of it as an object. Thus, *intentionality* means "a basic *invariant* relationship that exists between the real world and our conscious experience of it" (Spinelli, 1989, p. 12). Every meaning of the world is based in this relationship; every meaning is *intentionally derived*. This is the reason why there is no possibility for us to know the "pure" reality. Our access to it is limited by *intentionality*.

Husserl's further finding was that every act of *intentionality* is made up of two experiential foci, which are always evoked simultaneously. He labelled them as *noema* and *noesis*. The term *noema* is used for *what* we are experiencing, i.e. an object we are focused on, and the term *noesis* is used for *how* we are experiencing it, which contains all the possible cognitive and affective elements every human being adds to the experience of a given object. These two foci have their origin in the unique personal experience of the person. They are always present simultaneously, and they cannot be separate from one another in any experience. For instance, if we recollect any experience from the past, we shall recall not only the events of this experience but also the way of experiencing it.

Noesis also accounts for the fact that our interpretations of the world, the meanings we ascribe in them, are not identical from one person to the next. Our experiences cannot be identical. Being the members of the same species and the same culture, we share the same psychobiological limitations and sociocultural contexts. They form a common (shared) base for our mental interpretive frameworks, yet each of us adds variables derived from our individual lives, our individual experiences. Meaning is created through the combination of the *what* and *how*.

This conception of *intentionality* inevitably leads to a number of further conclusions of essential importance. If our consciousness is always consciousness of some thing, if it cannot exist without objects showing themselves in it, it also means that the very existence of a person, being

aware of oneself, emerges through the world. Consciousness (the subjective experience of self) does not exist without the objects revealed to it. And the opposite is equally true. The world as it is lived gets its meaning through the existence of individual consciousness that makes it present in the act of *intentionality*. Without the person, without consciousness through which the objects are revealing themselves, the world would not exist in any meaningful way. The world exists only as "*world-for-consciousness*" (Valle, King and Halling 1989). Objects in the world, including other persons, exist only through the meanings we create for them, i.e. they exist as *intentional objects*. Neuroscientific research (Damasio 1994) proves that the immediate perception, the first translation of a stimulus into an object, lasts perhaps a split-second. Our brains immediately engage further, more complex schemas created in and derived from our whole experience, and they start to construct meaning. Meaning is implicit in our experience of reality. As a matter of fact, reality for a person is the process of experiencing. The subjective "I" and its intentional objects thus create an indissoluble unity characterized by mutual *intentionality*. In this sense the existence of one is dependant on the other. Through the world in consciousness the meaning of the person's existence emerges, and the world gets its meaning, its existence, through consciousness which makes it present.

This interdependency has still another characteristic feature—in a manner of speaking it is *dialogical* (Valle, King and Halling 1989). That is, both participants are simultaneously active and passive. People are partly active because they are always acting in their world in purposeful ways, and they are partly passive because the world is always acting on them through the situations it presents to them no matter whether they want that or not. Thus, this interdependence is also field-relevant, and we are "condemned to choice" (Heidegger, 1962). The world is always acting on us, and we must always make a choice about that. One implication of this fact is that both the model of the person with absolute freedom and the model of the person as totally determined, or objectified (one's choice of action as being not free but, rather, as predetermined by a sequence of causes which are independent of one's will) are both untenable. We only have "*situated freedom*," i.e. the freedom and obligation to make a choice in a given situation presented by the world.

The notions of interrelatedness, mutual *intentionality*, and the indissoluble unity of the subject and object have even broader psychological, moral, social, and political implications. Consciousness (subject) cannot exist without the world of objects (including other subjects). I, as a subject, exist only through the presence of others (beings-

for-me, constructs I make). I must also admit that I equally become an object for others, *being-for-others*, and as a *being-in-the-world* I have an equal importance, an equal status as them.

If our perception is intentional in nature, it means that *objective* and *subjective* cannot exist separate from one another, they are indissoluble. From the phenomenological viewpoint all facts are facts from a particular perspective; objectivity means objective to a subject (Koestenbaum, 1971). All our perspectives are subjective in the sense that what we observe or explore is seen and understood in terms of our particular concerns, decisions, education, personal history, sociocultural context, etc. Further, this notion of subjectivity does not mean distortion. On the contrary it becomes the starting point for more accrued consensual knowledge. Consensus, shared meaning, is based on the perceptions of particular individuals. Consensual means known through variations. In this sense all facts are intersubjective in nature.

As far as *objectivity* is concerned (Fischer 1994), first of all it assumes that we acknowledge the ambiguous, unfixed nature of what is known. Being objective means being respecting and faithful to the richness of any subject matter, being open to alternative perspectives on it, and at the same time being able in a systematic manner to specify one's own access and perceptions in relationship to the reports of others. Based on that, other investigators can conduct their own scientific observations of the phenomena and make direct comparisons.

Objective and subjective thus create an indissoluble unity, and any approach that claims to be solely objective or solely subjective becomes limited in scope. Any knowledge (including therapeutic or scientific) involves examining the internal organisation of structures because all we can know is the way people organize their worlds in order to make them meaningful. From this perspective phenomenological and existential approaches do not stand in opposition to natural sciences. On the contrary, science can broaden their base by a new, fresh perspective, which entirely accords with Husserl's belief (1972) that sciences should take into consideration the structure and functioning of human ways of knowing because they are not separate from humanly known phenomena.

An Orientation to the Handbook

This is a book written by gestalt therapists, thinkers, and trainers. As can be seen, they have differing perspectives and diverse emphases. Thus, it is to be expected that this book will display some differences in emphasis. However, it will also exhibit a clear agreement across chapters

and among diverse persons who represent differing communities of gestalt therapists in various countries; they comprise the robust global community of gestalt therapy. That gestalt therapy is a currently relevant approach to clinical psychology is suggested by the fact that the concepts inherent to gestalt therapy keep rising to the top in the thinking of people outside of its immediate domain. This handbook applauds such a dynamic, even while asking for due recognition. When researchers can state that "relational thinking—thinking that is constrained by the relational roles things play, rather than just the literal features of those things—is a cornerstone of human perception and cognition," (Doumas, Hummel, and Sandhofer 2008, 1) it is a sign that gestalt therapy theory enjoys resonance in the wider field, even if it is not known as such. As Doumas, Hummel and Sandhofer noted, such relational thinking (what gestalt therapists would recognize under our rubrics of field theory, dialogue, and phenomenology) underlies the ability to comprehend visual scenes, learn and use rules, and appreciate analogies between different situations or knowledge systems. Like the shift in scientific strategy that characterized Kuhn when he applied the methods of science to study the processes of scientists, the relational, contextual, and phenomenological concepts inherent in gestalt therapy might be useful in the pursuit of knowledge coming from research on gestalt therapy.

This book, then, is both an attempt to ignite a whole new focus in research (gestalt therapy) and an effort to contribute to discussions about science and research that take place in the wider field. It has three parts. The first part considers matters of science and research. The second part presents a clear description of the method of gestalt therapy—what gestalt psychotherapists do when they practice gestalt therapy. Part three provides a vision for the establishment of a gestalt therapy research tradition, and it offers examples of the kinds of research that can be done at the level of the gestalt research community.

Resources

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CHAPTER TWO

THE NEED FOR GESTALT THERAPY RESEARCH

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When planning a piece of psychological research, there is of course one particular step which needs to be taken first, and that is to identify and select a topic to study.

—Martyn Barrett

The gestalt approach to psychotherapy has not been well researched; it was not until many years after its development that it was even written about extensively. A number of factors have contributed to this. During gestalt therapy's early years, there was an anti-intellectual bias among many gestalt therapy practitioners, partly in reaction to the perceived over-intellectualization of the theory out of which it developed—psychoanalysis. Also, the developers of gestalt therapy, and many of its early adherents, tended toward creative unconventionality, non-conformity, and even anarchism in thought and political persuasion. They had little interest in bringing mainstream academics and psychotherapists into their "camp." For example, Erving Polster, a founder of one of the first gestalt therapy institutes, the Gestalt Institute of Cleveland, has said that the original trainers thought that if they were attracting too many trainees to their program, they must be doing something wrong (Polster 2006). Gestalt therapy was not seen as an approach that would be accepted by, or appeal to, the masses. Also, because gestalt therapy is taught experientially, trainees experience the effectiveness of the approach first-hand, as they learn by observing and participating in workshop and training demonstrations, not primarily by reading about or discussing the theory in academic settings. Psychotherapists doing this work with patients also see its power to evoke life-changing insights and awareness, creating possibilities for growth, and a new sense of self, along with expanded potential for novel behavior and ways of relating to others. This has resulted in less perceived need to explain gestalt therapy or to try to "validate" its worth. Another factor that influences the "researchability" of

gestalt therapy is that, as with other existential/humanistic and dynamic approaches, gestalt therapy reflects artful application of method informed by theory; it is more an improvisation than a scripted method that can be easily quantified and replicated. This makes certain types of research more difficult than with those easily quantified methods that lend themselves to manualized treatment protocols.

Nevertheless, over the past several decades there has been more writing on gestalt therapy theory and practice, including advanced texts and case studies, and a number of new journals. And some research has been done, even if the amount and type of research has not kept pace with that done on many other approaches. The research has often been narrowly focused and limited, generally looking at a particular technique or method, such as the empty chair, or two chair dialogue experiment, because a delineated technique is easily manualized and manipulated for research purposes. While these types of studies have proven the methods as effective as or more effective than the methods used for comparison, it is not possible to apply these results to the effectiveness of the gestalt approach generally, since no single technique represents gestalt therapy, or captures its essence. Because these techniques are assessed out of context, and do not reflect gestalt therapy as a whole, their meaning is limited. There is currently a dearth of literature supporting the use of gestalt therapy in treating clinical populations, or specific disorders, compared to some other psychotherapy orientations (Werner 2005). Also of note, existing research rarely includes a sound research design and uses a quasi-clinical population. Research protocols have also not always been sufficiently rigorous to meet today's research standards which would allow the results to be viewed with confidence.

Over the last twenty years there has been a sea change in the entire field of psychology resulting in increasing emphasis on empirical validation of approaches to psychotherapy. This shift has impacted every school of psychotherapy, gestalt therapy included. In the United States, when health insurance companies began to pay for psychotherapy provided by psychologists and other mental health professionals—not just psychiatrists—a gradual move away from psychotherapy as an art and a relationship, to a medical-model focused on symptoms and their amelioration in the most effective and efficient way possible began. Over time this wave has gained momentum and has created an ongoing tension in the field. Currently, for example, the standard of "medical necessity" holds sway and is applied when determining payment for psychological services. The definition of medical necessity includes treatment of specific symptoms and disorders and requires generally accepted standards of

medical practice based on credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant professional community. Medical necessity is typically found to be present only as long as symptoms are, and therapy goals mainly involve returning the patient to his or her previous level of functioning. As a result, in 1993, in part due to pressure from managed care insurance companies, the American Psychological Association created a task force to develop a list of "empirically supported" treatments. This resulted in researchers in academic settings conducting hundreds of psychotherapy outcome studies on particular treatments with the goal of having these treatments added to the list. Of course, which methods are researched is influenced by funding, and also by which approaches are popular with academics and easy to quantify and manualize, lending themselves to efficacy studies. Consequently, the behavioral and cognitive behavioral approaches became the most studied, since efficacy research, by its nature can not test longer and more complicated modalities.

As this flurry of research has been done, what has generally been demonstrated, with rare exceptions, is that the different psychotherapy treatments produce about the same level of modest results. Of the treatments that have been studied, meaningful differences between the approaches are practically non-existent (Wampold 2001). In fact, the equivalence of methods is consistently the most replicated result in the literature, according to meta-analysts (Hubble, Duncan and Miller 1999). This holds true across a variety of research designs, diagnoses, and settings. Based on this meta-analysis, it has been concluded that the list of empirically supported treatment approaches primarily reflects simply that these methods have been researched and others haven't. Nevertheless, in order for an approach to make it onto the list, research has to have been conducted. Interestingly, the limited research that has been done on gestalt therapy also shows that it is as effective as, or more effective than, other approaches it has been compared to, even using the limited criteria of symptom reduction—which is not gestalt therapy's primary focus.

The past decade has seen a symbiotic convergence of managed care insurance and behavioral treatments, which promise symptom relief within a time-limited approach and appeal to cost conscious insurers. And again, these manualized approaches lend themselves more readily to quantitative research than holistic approaches do. So, while there is no evidence that these approaches are *more* effective than others, adherents of the approaches are nevertheless quick to claim their status as empirically validated and to imply that other approaches are less valid. The pragmatics of reimbursement from insurance companies, and the emphasis on these

empirically validated approaches have importantly even influenced academic institutions. Many psychology graduate programs have moved away from offering a broad education covering a variety of approaches, allowing students to discern which approach best suits them. Instead, they emphasize the cognitive behavioral approaches, and so-called empirically validated treatments which are easy to teach and learn and consist of readily quantifiable techniques. That move has gone so far as to call into question the ethicality of using psychotherapy methods not "empirically validated" for the symptoms being treated. This ignores the generally understood and accepted finding of the equivalence of studied methods, and the fact that particular methods lend themselves more readily to certain types of research. It also ignores the ongoing question of the applicability of controlled laboratory research studies to the more complex real world situations in which psychotherapy approaches are practiced.

As the field has shifted toward a medical model focused on symptom reduction, with requirements for empirical validation, there has been a lack of serious critique and questioning of what this means for the practice of psychotherapy. The discussion has been dictated and limited to a focus on symptoms, time, and cost effectiveness, leaving out the values of holistic approaches such as relationship, the person's total well-being, and ability to function in the world in a satisfying way. While gestalt therapy has survived and even thrived in some areas of Europe and South America for almost sixty years, this shift threatens it, along with the other existential/humanistic and dynamic models, in the United States and in parts of the world where evidence-based practice is linked to funding and/or credibility.

This threat to gestalt therapy is exacerbated by a parallel process. Other contemporary approaches have adopted or incorporated aspects of gestalt therapy into their theory and practice, but have not recognized or given gestalt therapy credit for the original ideas they assimilated. For example, the self psychology/intersubjective approach, in its move away from traditional psychoanalysis, embraces a philosophical and theoretical viewpoint which had previously been developed in gestalt therapy (Breshgold and Zahm 1992). Intersubjective psychodynamic theory has conceptualized and articulated important aspects of psychotherapeutic treatment and human functioning in ways very similar to those previously described by gestalt theorists. These include the view of the unconscious, resistance, and transference (Breshgold and Zahm 1992). The therapeutic stance which is phenomenological and relational is also contained in gestalt therapy theory and method. Another example is the importance many approaches now place on acceptance of what is, awareness, and the

present moment—as if these are novel concepts for psychotherapy when they are, in fact, cornerstones of gestalt therapy theory and method. These approaches have also recently recognized what gestalt therapy has always understood, that trying to get rid of thoughts or feelings often only makes symptoms worse, adding another layer of "shoulds" and self criticism, and leaving the authentic energy of these disowned feelings and experiences unexplored and therefore poorly understood. Steven Hayes, developer of acceptance and commitment therapy, or ACT (Hayes 2007) writes that in the last ten years, a number of approaches to therapy have entered the mainstream based on the core idea that the more we struggle to change or get away from what our experience is, the more stuck we can become. He lists mindfulness based cognitive therapy (MBCT), dialectical behavior therapy (DBT) and ACT, as all agreeing that a first step toward fundamental change is to embrace the present moment, even if the experience is difficult or painful. While these may be novel concepts to those steeped in the behavioral traditions, they sound like textbook descriptions of gestalt therapy! Likewise, emotionally focused therapy (EFT) borrows heavily from gestalt therapy principles and methods. A description of emotionally focused couples therapy (Johnson 2004) states that a therapist must have a theory of healthy functioning, an understanding of how this functioning becomes disrupted, and a theory of therapeutic change. EFT is described as process-oriented, integrating humanistic, experiential and systems approaches. The therapist is seen as a process consultant and collaborator, and clients are viewed as non-pathological, responding rigidly for psychological survival. The therapy seeks to teach flexibility, with identification of disowned emotions and aspects of the self. Not only does this read—at times word for word—like a description of gestalt therapy, but reading transcripts and watching EFT therapists, one also recognizes gestalt therapy's here and now oriented, phenomenological and experimental methodology.

Gestalt therapy is based less on abstract theory than on empirical observation of functioning and on self regulation, so it is not surprising that other approaches, either knowingly or not, end up "rediscovering the wheel." While these approaches either draw heavily on gestalt therapy theory and practice, or "discover" these aspects of functioning through their own empirical study, there is no acknowledgement that other psychotherapy systems espouse these ideas and employ these same methods. They are presented as if they are novel and newly-minted. Some of these other approaches are among those that have been extensively researched and, as a result, sanctioned and supported while using principles and methods originally developed by gestalt therapy.

Although gestalt therapy has survived to this point as a more "alternative" therapy, there are currently three processes that combined threaten its continued survival. These are: (1) The focus on empirical validation in the field as a whole, along with the fact that gestalt therapy has not been extensively or rigorously researched; (2) the fact that other approaches are either borrowing from or discovering for themselves gestalt therapy's concepts and methods; and (3) the fact that these other approaches do not acknowledge and credit gestalt therapy as the groundbreaking psychotherapy system it is in its implementation of these ideas and methods over the past sixty years.

While it would be just for gestalt therapy to get credit where credit is due, the larger and more important issue is the potential extinction of gestalt therapy, and the loss that would be to the field. It is ironic that the threat of losing this original, integrated, holistic theory and method may occur at the very juncture when these ideas are being recognized, and becoming mainstream and widely accepted by other schools of therapy. And it would be a significant loss, because gestalt therapy offers what these other approaches cannot. It provides a comprehensive theory and method based on understanding and observation of healthy human functioning—organismic self regulation. When this theory was developed, psychotherapy stepped into a new paradigm in which healthy functioning and its disruptions, including how the change process occurs, were observed rather than theorized about. Gestalt therapy is broad based, encompassing all aspects of human functioning: Cognitive, affective, behavioral, physical, and spiritual. This was the brilliance of Laura and Frederick Perls, Paul Goodman and others over a half century ago. Gestalt therapy offers a methodology based on theory that is not a cookie cutter collection of techniques, but an experiential and experimental approach broadly encompassing many types of interventions, and a theoretical understanding of when and why these interventions are employed. For example, our understanding of the paradoxical theory of change and knowledge of what is required for closure of a unit of experience, lends depth to what some contemporary approaches describe with the slogan "change follows acceptance." This in-depth understanding allows the practitioner to grasp why a particular method is effective, not just that it is. Such theoretical understanding prevents clinicians from applying techniques or methods to patients randomly or indiscriminately, and assists in an individually tailored approach. Another example is our understanding of the concept of so-called resistance and the yes-no of ego functioning, which clarifies why trying to forcefully change or eliminate feelings without a full phenomenological exploration is doomed to failure,

and why we will be ineffective if we form an alliance with the part of the person that is trying to coerce change. So, the essential issue here is not simply credit for gestalt therapy, but ensuring that the field and its practitioners continue to gain from the depth, creativity, strengths and benefits of the gestalt approach.

Gestalt therapy has contributed much to the field of psychotherapy. In order for it to continue to do so, it must move into the mainstream, and become more widely accepted, practiced and taught. Gestalt therapy itself must "creatively adjust" to the zeitgeist of the times in order to survive. This means that there must be research done that allows it to take its place on the list of "empirically validated" approaches. While this might be seen as simply "proving" what we already know to be true, for many, it may mean gestalt therapy has been validated in a sound, scientific way, giving them a new respect for this approach. This "evidence" will help prevent gestalt therapy from being absorbed by other theories and being relegated to a kind of second-class citizenship. If gestalt therapy is not empirically supported, other approaches may supplant it, and the value and contribution of a powerful approach that has survived for almost sixty years may be lost while its methods could be practiced without the solid theoretical framework that gestalt therapy provides.

In addition to playing the "empirically validated" game, gestalt therapy researchers can contribute to the field by doing research that is actually meaningful and clinically relevant. As long as the efficacy method of research owns the empirically validated stamp of approval, and the threats to external validity with this approach are not considered, more complex and longer-term therapies will never be empirically validated (Seligman 1998). From our perspective, the craft of psychotherapy must be researched without reducing it to a set of specific procedures that can be mechanically taught, learned and applied as the current research paradigm dictates. For example, Orlinsky and Ronnestad (2005) describe the dominant research paradigm as sanctifying and perpetuating a constricted and concrete conception of clients, disorders, therapists and the change process. They conclude that as a result the kinds of symptoms and methods academicians study have little relevance to the practitioner's world. With increased research studies on gestalt therapy, gestalt therapy will not only take its place among the treatment modalities considered effective, but the types of research conducted by gestalt therapists and gestalt therapy researchers can be more relevant to the real world issues with which practitioners and patients are grappling. Researchers have paid disproportionate attention to efficacy trials (where treatments are studied under controlled conditions and it is possible to have randomized control

groups) and not enough attention to effectiveness studies where treatments are looked at in "real world" conditions. Most of the problems dealt with in psychotherapy are complex, and research should be designed to include this complexity. We must marry the rigor of scientific technology and empirical study to the wealth of methods and practices that gestalt therapy has developed. If we, for example, could measure behavioral and neurophysiological correlates of specific gestalt therapy concepts, we could contribute to an expanding rather than a narrowing field. Instead of simply measuring symptoms and their reduction, how might we assess for such personal characteristics as authenticity, and how it relates to relationship satisfaction? We might look at increased self awareness, its relationship to self criticalness and self compassion/self support. The quality of the therapeutic relationship could be studied comparing gestalt therapy and other modalities which do not place the relationship as front and center as gestalt therapy does. While some aspects of the relationship are surely determined by therapists' innate qualities, these may be also influenced by skills such as those gestalt therapy teaches—exploration of a patient's phenomenological world and adherence to the principles of a dialogic relationship. Many of the newer therapies have returned to a focus on the individual, leaving out interpersonal elements. Gestalt therapy maintains a focus on the centrality of the relationship, which lines up with research findings on the importance of the patient's experience of the therapist and the relationship (Lambert and Barley 2001). In addition to the required standard efficacy research protocols, the next refinement for gestalt therapy could be a more detailed understanding of elements of the process involved in organismic self regulation; for example the figure formation/destruction process, awareness, assimilation and closure. Further, the new neuroscience research, as it increases our understanding of brain function and neuroplasticity, opens up new areas to research in terms of such concepts of how awareness and specific types of experience lead to change.

Psychotherapy research shows that much of therapeutic impact is related not to a particular method or technique, but to what are referred to as common factors. That is, in every approach there is the person of the patient, the person of the therapist, the relationship that develops, and the level of empathy and rapport experienced by the patient. Studies on the efficacy of evidence-based practices have the challenge of separating out the common factors of treatment from the particular method being employed. Some of these factors are the effect of the patient being in an environment perceived to be healing, a relationship with a clinician who is experienced as empathically attuned, hope or optimism, and expectancy or

anticipation of a positive outcome. While some theories may lack a focus on how to cultivate a healing relationship, gestalt therapy offers the dialogic relationship model as well as the skills for phenomenological investigation of the patient's moment to moment experience of the therapist and the relationship, and has much to offer in researching psychotherapeutic relationship dynamics.

By doing research, and testing out hypotheses, we follow Frederick Perls' injunction laid out in a 1945 preface to *Ego, Hunger and Aggression* (Perls 1992) in which he says that there are many schools of psychology and that every school is right—at least in part—but that every school is also "righteous," and too attached to a favorite viewpoint. Perls makes a case for integration and the need to build bridges across the gaps between the various schools. He describes the ultimate and ambitious goal of an integrated, unified theory for understanding human functioning, going on to say that the goal can be reached through synthesis and cooperation of the various schools and theories in existence, and that this synthesis requires "...A ruthless purge of all merely hypothetical ideas; especially those hypotheses which have become rigid, static convictions and which, in the minds of some, have become reality rather than elastic theories which have yet to be re-and re-examined." (Perls 1992, p.xiv) As we re-and re-examine our methods, and test our hypotheses in ways that refine the gestalt therapy approach, we help to ensure the preservation of a theory and method of great value. Just as gestalt therapy once revolutionized the field of psychotherapy, it can also have an important and much needed impact on the current state of the field of psychotherapy research.

Resources

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CHAPTER THREE

QUALITATIVE RESEARCH

PAUL BARBER AND PHILIP BROWNELL

Research in psychology, like research in other fields, is shaped by ideas and ideals regarding matters of method. By ideas and ideals I mean beliefs about what is legitimate to study and how such study should be done. Psychologists, like others, embrace "religions" that they believe define the right way to do things.

The power—and the conflicts—among these religions is nowhere more apparent than in debates about the legitimacy of qualitative research in psychology...

—Elliot Eisner

This chapter reviews the challenges that await a qualitative researcher. It illuminates a journey of qualitative inquiry through the imaginative case study of a team of gestalt trainers and provides a sample of qualitative methods. Within the text, methodology that honours gestalt's phenomenological and dialogical nature is suggested to support research endeavours. At the close of this chapter it is hoped the reader will have an understanding of what qualitative social inquiry involves and an appreciation of how to embark on such study.

Gestalt therapists are practitioners who work with direct perception to discover how a person is sensing, thinking, feeling and imaginatively projecting information to constellate the world. As such, they are well on the way to conducting qualitative inquiry (Barber 2006, Barber 1990).

While the *quantitative*, "pure-science" research tradition strives to bracket-off a subject from unnecessary variables in order to guard internal validity,¹ *qualitative* research addresses the subject under investigation

¹ Internal validity is threatened by specific events occurring in time that cannot be foreseen, such as maturation or development in the subjects as time goes by, repeated exposure to the testing utilized, changes in scoring procedures across examiners, statistical regression, selection that results in differential characteristics

within its "embedded field," guarding external validity.² These distinctions also relate to *efficacy* studies, comprising outcomes research under conditions of high internal validity and *effectiveness* studies, comprising outcomes research under conditions of high external validity. (Nathan, Stuart and Dolan 2003).³

Another distinction that helps one comprehend just what qualitative research might be is to consider the differences between idiographic and nomothetic approaches.

Idiographic research or assessment focuses on understanding the individual as a unique, complex entity. Writing that is idiographic is very descriptive and detailed in presentation (e.g., a biography or case study). In marked contrast, nomothetic research and assessment focuses on uncovering general patterns of behavior that have a normative base. Nomothetic research has a primary goal of prediction and explanation of phenomena rather than individual in-depth understanding. Nomothetic writing is most often objective and impersonal with a focus on generalizable findings (e.g., a randomized experiment). (Ponterotto 2005, 128)

A table contrasting these two approaches and their associated features might further distinguish them from one another (assembled from Hoyt and Bahti 2007 and Ponterotto 2005):

Criterion	Qualitative Research	Quantitative Research
Culture	Constructivist worldviews; relativistic, interpretational (hermeneutical) viewpoints on ontology; reality is socially constructed and known through lived experience in which researcher and subject mutually	Positivist and Post-positivist worldviews; naïve and critical realistic views on ontology; reality is objective and discoverable through careful observation in which researcher and

of subjects across groups, and loss of subjects to the research project for one reason or another (Kazin 2003, 656).

² This is a question of how well the results of a study generalize to the "real world." If the sample, the setting, and the manipulation are so artificial that the correlation to real life is trivial, then the experiment lacks external validity. (Mook 2003)

³ See chapters two and five for further discussions of efficacy and effectiveness research.

	influence one another	subject are independent of one another
Focus of Inquiry	Rich and complex exploration of the experience of a small number of individuals; <i>it is an idiographic approach</i>	Degree to which a small set of traits present in participants represent common conditions which can be generalized; <i>it is a nomothetic approach</i>
Research Setting	Participants' natural worlds and everyday lives, the field settings, environmental, and social contexts of their actual lives.	The laboratory, where contextual variables are under control; if research is conducted in field settings, researchers still attempt to control contextual variables by standardizing testing conditions, utilizing manuals of treatments and interviews, and carefully training experimenters or treatment staff.
Role of Researcher	The researcher embraces the role of <i>researcher as instrument</i> , incorporating his or her experience as participant to the process and admitting that all observation is conditioned to some degree on the perceptual and judgmental processes of the observer;	The researcher is aware of the possible biases or expectancies of researchers on study findings and attempts to minimize this potential confound through design of the research project, which might involve distancing himself or herself from research participants.

		Participants' primary contact would then be with research assistants who, ideally, would be naive to the researcher's hypotheses.
Etic / Emic Distinction	Emic: Constructs or behaviours unique to an individual; social-cultural context that is not generalizable	Etic: Universal laws and principles, transcending nations and cultures, that apply to all people
Methodology	Empirical procedures designed to describe and interpret experience in context-specific settings involving psychological events, experiences, and phenomena.	Quantification of observations and control of variables; addresses causal or correlational relationships among variables

Table 3-1: Qualitative and Quantitative Approaches Compared

In visualizing these differences, it is helpful to recognize that both approaches (in a post-positivist tradition) accept the intersubjective nature of the process, understanding that at least to some degree the resulting data do not represent objective and independently existing facts but reflect the influence of the researcher.

Whereas the quantitative/post-positivist approach attempts to bracket, or eliminate the subjective influences, the qualitative/constructivist perspective in research attempts to address them directly and account for them by utilizing the subjective experience of the researcher purposefully in the design. Simply put, quantitative researchers stand outside a relationship in order to map the relative strengths and frequencies of defining influences, whilst qualitative researchers conduct experiential inquiry from within a relationship.

The Journey of a Qualitative Researcher – A Case Study

To help illustrate the process of inquiry and its developmental nature the following imaginative case study is divided into 6 phases: *Pre-Contact*, *Orientation*, *Identification*, *Exploration*, *Resolution* and *Post-Contact*. It follows an imaginary group of trainers as they move through

one approach (among many) to qualitative research—but one based directly on a gestalt therapy model.

The Pre-Contact Phase: Surfacing Interest and Motivation

In this phase researchers (a group of gestalt therapy trainers) are impacted by a constellation of influences that lead them to consider inquiry and to imagine a future where they perform practitioner-research. This internal process of *envisioning and imaginative preparation* gradually percolates into action as rumination transforms into accomplishment.

The Orientation Phase: Building Trust and Surfacing a Researchable Question

As imaginative speculation is verbalised, our trainers draw together to *consider a research theme and question*. During this brainstorming stage, they speculate upon what in their training function particularly impacts them or fires their curiosity; they should be reminded that a research theme, ideally, needs to be something they connect with frequently in their work and be linked to territory they can readily access. As they reflect upon the potential benefits of research for themselves as well as for the organization, they may decide to schedule research interest meetings where focus and a shared interest can hopefully develop.

Even though they are merely considering to do research, it would be advisable for our potential researchers to *start a research diary* to catch ideas and reflections as they spontaneously emerge. One never knows how useful such informal jottings might become.

Given there is sufficient buy-in, within their research interest meetings our budding practitioner-researchers will share ideas about what to research, refine a possible research question and how they might go about inquiry. As they discuss their personal preferences, participants will begin to wrestle with such philosophical issues as what they believe about the nature of reality, how they really know what they know, how they should study the world, what is worth knowing, what questions should be asked, and how they should personally engage in inquiry. (Patton 1995).

As further research interest meetings get under way, participants might bring along research studies they admire, begin to *share ideas and to read more widely* and generally contribute to the raising of "research-mindedness" within the team. Between meetings participants will hopefully talk to colleagues, read research papers and generally orient themselves to what is available to support them. They will also need to

decide if they want to be part of a team inquiry or craft together a series of individual studies, plus what their real motives for inquiry might be. As they move towards *refining a research question*, this will lead to dialogue around such questions as what specifically they want to understand by doing this study, what they don't know or want to learn about the phenomena they are studying, what questions their research will attempt to answer, and how these questions are related to each another. (Maxwell 1996).

Turning a statement of general interest into a research question is well worth the effort, for it clarifies and sharpens focus. If a team approach is favoured, questions might surface along the lines of "What are the training experiences students value most within a gestalt psychotherapy programme?" or "How might stressed tutors be better supported within a busy training programme?" Research questions will not be defined at this stage so much as surfaced.

In later meetings, the researchers might begin to *contemplate a research venue and participant sample*, and in the process refine their research question further. If a case study of the training experience is seen as desirable to answer a research question such as "What do students experience as highlights and most productive experiences of training?" they might consider following a new cohort of learners through their learning experiences, or they might decide to survey previously trained students, or they might pursue both these courses of action. Having a general theme beginning to emerge, researchers can consider the practice setting and/or participant group with whom to conduct inquiry. If their inquiry is to be part of a larger funded study, this may already be decided for them by their client or sponsor. If not, it is wise for them to contemplate where they are readily accepted and have ease of access.

Coming to the end of the orientation phase while *surfacing wider support*, the team may decide to appoint an experienced researcher to guide them, possibly a colleague schooled in qualitative inquiry. They might also consider inviting in "a devil's advocate"—someone to challenge their blind spots—or a critical friend to heighten their research appreciation. About this time researchers may consider at greater depth the questions relating to their study's *purposes* (e.g., what are the ultimate goals, what issues is it intended to illuminate, what practices will it illuminate, why do we want to conduct it, why should we care about the result, and/or why is it worth doing?), *context* (e.g., what do we think is going on with the phenomena we plan to study, what theories, findings and conceptual frameworks relating to these phenomena will guide/inform our study, what literature and preliminary research and personal experience will we draw

upon?) and *methods* (e.g., what will we actually do when conducting this study, what approaches will we use to collect and to analyse our data, how do our approaches constitute an integrated strategy, do we illuminate our relationship with those we study, is rationale clearly described as to why we chose our sample and the research field, is our rationale clear as to why we chose certain data collection and data analysis techniques?). (Maxwell 1996).

By the end of the orientation phase our team of trainers should have a good idea of how they might work together and a growing awareness of what lies ahead.

The Identification Phase: Refining a Focus and Methodology

With an emerging theme and research question becoming more clear and as research meetings continue, our budding researchers will be drawn into *choosing an appropriate research method* (e.g., case study or action research) and to *select the research tools* (e.g., interviews or group inquiry) most suited to their purposes. This distinction between research methods and research tools is a useful one that can help them identify the research tradition which will support them and the more detailed tools of inquiry they will use to collect data.

Our researchers must also decide if a qualitative or quantitative approach, or combination of methods (triangulation), will best serve their interests, and they need to consider the nature and degree of their engagement with their subjects. Is the research method they have in mind suitable to provide the information they need to answer their research question? This process will bring them into dialogue about the nature of the inquiry that best fits their question, their world view, and the culture they most value. Being gestalt therapists, they may likely consider the three primary qualitative research positions open to them, that is, *phenomenology*, *hermeneutics* and *ethnography*—though they may not even recognise such terms! Later in the text we will overview gestalt-friendly research methods in more detail, but for now an overview of what these three perspectives entail should be enough to give us a general sense of the methodology available.

The philosophy of phenomenology stands behind such research methods as *field theory*, *heuristic inquiry* and *phenomenological inquiry*, describes the lived experience free from theoretical and social influence, and is concerned with the meanings individuals attach to human experience, which it initially explores through examination of the internal relationship of the researcher to his or her subject matter.

Phenomenological approaches look to *what is* rather than to causes and effects, and they focus primarily upon the play of consciousness; from this perspective the researcher is seen as a co-creator of narrative, and deep-interview is often the major data-collection tool (Rudestam and Newton 2001).

Hermeneutics, from which are derived *appreciative inquiry*, *co-operative inquiry* and *action research*, seeks to derive a rich understanding of the context and focuses upon the formation of meaning. In its pursuit of knowledge it opens a recursive dialogue between subjects and the object of inquiry to mine deeper into an understanding of what exactly happens to generate a more complete interpretation of events. This approach investigates the researcher as much as the topic and involves the researcher in the explanatory process (ibid).

Ethnography, from which come *case study*, *naturalistic inquiry*, and *grounded theory*, is concerned with capturing, interpreting, and explaining the way people live, and looks to how people make sense of their world and their lives. It uses induction (observation, description, and interpretation) and deduction (logic and theory) to explain behaviour, and especially examines the social context to highlight meaning. Ethnography aims for maximal detachment while being totally immersed in the field.

As a formal *review of the literature* gets underway and awareness is raised to what is available, our team of researchers will survey other research studies relating to their theme. As they refine their initial ideas and make sure that their study doesn't just replicate what has gone before, they begin to locate themselves within existing literature and to appreciate the possible usefulness of their inquiry to the therapeutic community as a whole.

The researching team at this stage in its *building of an appreciation of the wider territory of qualitative inquiry* are likely to come face-to-face with such questions as what values and beliefs they are holding on to as they start off this inquiry, what questions they have of the field and the subject of their investigation, why they are bothering to engage this line of inquiry, what support they have to sustain them, what criteria they are proposing to guide them, what ideals they are aiming for and what level of performance will satisfy them, how they might turn their subjects into fellow researchers, what real life interests are at stake, how might this study educate and add value to all those involved, what changes might their study promote, and how might they challenge or critique what they are intending to do?

Reading about inquiry rather than doing it, researchers may feel impatient to start their fieldwork and data collection proper; yet, it is

important for them to stay with this process as it is a valuable fermentation stage that sets the scene of what will follow, for during this wider reading and review researchers not only familiarize themselves with the wider field but also develop expertise in their subject areas. Remember, literature review is not a one-off process but grows throughout a study; it is something to refer back to during analysis when required to identify the authorities one's research findings support or challenge. Simply, literary research is inquiry in its own right and not to be avoided or limited.

Finally, towards the close of the identification phase a workable strategy may be co-created as a guide to what is ahead in the form of a *draft research proposal*, wherein the research question is defined, a method identified and a clearer plan of who does *what* and *when* outlined. Though a research proposal is essential if one is to bid for research funding, it is extremely useful for focusing the mind and preparing for the prospective journey ahead. It also provides a template for any publication that will emanate from a study. Simply, a research proposal addresses what one plans to accomplish.

Research proposals usually comprise a *title*, *abstract*, *introduction*, a section on the *literature review* and *methods*, and end with an examination of the envisaged *results* and a *discussion* of the research project's usefulness to the profession. The quality of a research proposal will depend not only on the value of the anticipated project but also on one's quality of proposal writing! For instance, the *title* should be concise and descriptive, the *abstract* present a brief summary of approximately 300 words which includes the research question, rationale for the study, the hypothesis (if any), the proposed method and the main findings one imagines might develop. Descriptions of the method should include the design, procedures, the sample and any instruments that might be used (Wong 2002). Even if researchers are not intending to apply for funding, they will find the creation of a research proposal very useful in forming a collaborative vision and refining a plan of action—all of which will feed into the body of any publication they might aspire to create later.

The *introduction* of a draft research proposal should say something about the background and context of one's research problem and place the research question in the context of a current issue or an historical one that remains viable. It provides a brief but appropriate historical backdrop and describes the contemporary context in which the anticipated research question resides. It identifies most relevant and representative publications pertaining to the issue being studied. It states the research problem and purpose of the study. It provides the context and sets the stage to show the research question's importance, presenting a rationale for the study, and it

clearly indicates why it is worth doing. The introduction briefly describes the major issues and sub-problems to be addressed, identifies the key phenomenon to study, states the hypothesis or theory—if any, and sets the boundaries of the research to create a clear focus and provide definitions of key concepts (Ibid).

In order to demonstrate one's suitability as a researcher, the *literature review* should acknowledge earlier studies that have prepared the ground for the proposed research; it should demonstrate knowledge of the research problem and understanding of issues relating to the research question. Ideally, it shows the ability to critically evaluate relevant literary information, indicates ability to integrate and synthesize existing literature, provides new theoretical insights, and convinces the reader that the research proposed will make a significant and substantial contribution by resolving an important theoretical issue or filling a major gap in existing literature. The review will fail if it lacks organization and structure, focus, unity and coherence, or if it is repetitive and verbose, fails to cite influential papers to keep up with recent developments or to critically evaluate the papers it cites.

Regarding the *methodological* section of the research proposal, this should tell readers *how* one plans to tackle the research contemplated. It describes activities necessary for completion, demonstrates knowledge of alternative methods, and makes the case that the approach selected is the most appropriate way to advance the research question. It should also describe the subjects or participants involved in the study and the kind of sampling procedure utilized, say how one plans to carry out the research project, describe the activities involved and how long they will take, plus how one will analyze the data produced.

As for the section entitled *results*, although at the proposal stage one will have nothing to report, one should, nevertheless, have some idea about what kind of data one expects to collect and the procedures one is likely to use.

Finally, the concluding *discussion* of the proposal should set out to convince the reader of the potential impact of the proposed research, communicate a sense of enthusiasm and confidence, and speculate on limitations or weaknesses of the research that will be rectified or ironed out at later stages of inquiry.

With a research proposal in hand, the research team we are following through this case study will have a plan of action to follow.

The Exploration Phase: Entering the Research Field and Building Experiential Knowledge

During this phase, the team of practitioner-researchers envisioned in this imaginary study *enter the field*⁴ with a view to gathering information. With research journals/diaries in hand they note general observations, set about interviewing subjects and recording what results via audio-tape. If they are wise, their research diaries will also record:

- the chronology of their thinking as soon as they began to contemplate research
- key events along with their perceptions and emergent contemplations
- verbatim comments that bring the research field to life (an audio tape is invaluable here).

In a research diary, initially it is wise to record everything and later to disregard anything that does not move the research question forward, but it will be some time before this becomes clear. Having refined their vision within a research proposal, as they tentatively pilot their inquiry methods and open dialogue with their subjects/co-researchers, our team of trainers will start at last to feel like "real researchers." Experience will now inform them as they meet with others, speculate on data and explore first hand. Living with uncertainty and making friends with confusion are essential skills at this time.

As they gather information, our researchers will find themselves simultaneously *collecting and tentatively analysing data* and sharing their initial impressions in ongoing research-focused meetings with their colleagues. Indeed, these meetings might themselves be recorded to track the ancestry of emerging meanings and hypotheses. In order to capture wisdom from the field, researchers might find it useful to systematically record the following categories:

- *Space*: physical layout and setting—such as the effects of space, light, the limitations this imposes and the message it gives
- *Actors*: the people involved—who they are, the roles ascribed to them formally and informally, their ages and nationality, country of origin, cultural heritage
- *Activities*: what actually happens—the actions undertaken and

⁴ This is a manner of speaking, for gestalt therapists conversant with field theory understand that one is always of the field (see chapter eleven). Rather, this usage of "field" reflects more the idiom of ethnographical and other idiographic research traditions and signifies that the research team engages with the subjects of their research.

- the effects produced, the reactions of those present
- *Objects*: the furniture—the physical setting and trappings within the physical environment, how these are placed and effect the dynamics that unfolded
 - *Acts*: specific individual behaviours—personal reactions and responses, who did what and when they did it
 - *Events*: particular occasions and meetings—happenings and gatherings during a specified period, how these relate and contribute to the research as a whole
 - *Time*: the sequence of events—what happened and when it happened, what it contributed to and what subsequently evolved in the time-span
 - *Goals*: what actors seek to accomplish—the aims, goals and desires of those present, and how they influenced the research field and the relationships in view
 - *Feelings*: emotions and their context—the communal energetic field and the emotional drivers brought into view by each individual, the emotional rapport established between the researcher and the researched (Spradley 1980)

In qualitative inquiry, because one tends to analyse data at each step of the process a person can quickly feel overwhelmed by what is emerging. Feeling lost and unfocused is a natural part of this process; one may also come to realise the need to be more selective in one's focus or research question. New directions can also be suggested while contemplating what to include and attempting to refine all that is rapidly surfacing. It is wise to keep in mind the research question and just to observe how the field is influencing the person of the researcher, recording everything that is happening. It is far too early to expect clarity at this stage of the journey. As analysing and writing-up may also continue side by side, if researchers have brought in the services of an experienced qualitative researcher, they will likely be advised to get writing, analysing and structuring their emerging data as soon as possible. Within this recording of information, in true qualitative research terms one will be expected to relate perceptions and contemplations to the empirical events that stimulate them, and link key events to the wider context. In this way practitioner-researchers generate themes and form categories as they go along. As there is no correct way of analysing qualitative data, one can be creative in approach, comparing and contrasting, critiquing and challenging findings as they arise.

Hopefully, researchers will live with the data for a time and be prepared to imaginatively play with it so as to form working hypotheses

from the clusters and patterns that emerge until the data itself begins to suggest causal relationships and explanatory models. All will doubtless become clear through prolonged involvement, observation and reflection. Gestalt notions of being guided by uncertainty and listening to the field really come into their own at this stage.

Initial lines of inquiry previously thought to be useful may now be seen to be blind alleys and new routes suggested in their place, thus stimulating a *re-structuring of the study*. With fresh data comes the task of re-thinking original intentions in light of what is emerging. Sometimes one will be challenged by what is emerging to modify the research question and design. Being informed and led by the field is part and parcel of the drama of being a qualitative researcher. Researchers should not be afraid to make changes, so long as they share the rationale behind such changes and how the research question and interests are better served by a change of direction. "The plan" should not drive the study so much as the research question and newly-won experiential awareness. Inquiry produces its own internal logic, and this must be honoured if one is to retain the study's integrity. If researchers keep writing in their research journals, keep assimilating and creating a chronological record, eventually the data will surrender its own internal logic and clarity.

Real life now begins to shape inquiry. As meetings continue, co-researchers may *become awash with data* when more and more information from interview transcripts, research diaries and research meetings piles higher. This is a common stage which is helped by breaking off for a while and returning to the task afresh, say after an interlude when the "woods no longer obscure the trees." It is best at such times to sleep on problems rather than to try to drive towards a false sense of clarity. At this stage the tutorial team may feel as if they are, themselves, data on a journey of discovery, because the study can feel ever more personal. They may decide to review parts of the information collected and immerse themselves while remaining self-critical, and they may find themselves asking, "What is really at issue?" "What other evidence might there be?" "How else might I make sense of data?" "What evidence supports my argument?" "How is my view of this situation undergoing change?" "Which theories or models challenge my interpretation?" "What is the tacit working hypothesis I am entertaining?" "How much should I let the information speak for itself?" "What levels of meaning shade into each or cluster together here?" "How does my data confirm or challenge other studies or the literature?" "What flow charts or models might further illuminate my findings?" "Who else can verify or confirm my observation?" "How applicable are my findings to other areas?" "What

patterns are emerging for me—if any?" "Are my findings repeatable or unique?"

After a time of immersion, in which they saturate themselves with data and share their growing awareness, researchers generate new vision through *analysis and the development of fresh insight*. As research impasses are worked through and researchers get going again, they will begin to see spontaneous links and relationships. Inspiration now flowers as spurts of interesting analysis and synthesis bloom. This periodic swing of rhythm between depths of discouragement and confusion on the one hand and elation and clarity on the other, though disconcerting, is common to the process of inquiry in research.

Regarding analysis, some thirty years ago the following process of qualitative analysis was suggested for elucidating the deeper meaning of the data acquired:

1. Generate brief, dense statements of thick description that capture the essence of the phenomenon under examination—but in a way which doesn't import values or projections that skew the evidence
2. Shape and sharpen data by reading each transcript/report to acquire a general felt sense of every interview or meeting—then allow a sort of intuitive, meditative reflection to develop
3. Extract from the whole the significant statements relating to the investigative focus and topic
4. Eliminate repetitions and group more significant statements into a general summary or formulation that creates an initial ordering and descriptive synthesis of what is in emergence
5. Attempt from this to illuminate the meanings and hypotheses behind each significant statement while taking care not to interpret or import values not implicit within the original manuscripts
6. After the above impressionistic review, group what remains into individual descriptive statements with a view to analysing and appreciating the deeper message of the sample
7. Re-read the original transcripts with an even more searching and critical eye to ensure that nothing has been missed and all themes are accounted for
8. Integrate what results into a general descriptive statement that captures the whole field (Adapted from Colaizzi 1978).

Researchers may now re-visit the chronological order and the relative meaning of earlier research events, as they begin to find themselves in a position to *review and critique the whole*. They may find themselves re-writing earlier drafts to take account of fresh insight, writing the study

backwards rather than chronologically so as to integrate what are becoming important themes and conclusions.

After many meetings wherein they discuss the information arising from their analyses, the team of researchers in this imagined case study begin to appraise—in hindsight—the usefulness of their approach, and at this stage they are advised to critique their study in light of the following questions: "Was the overall approach suitable and the categories and groups being examined of a type which cannot be pre-selected or specified in advance?" "Is connection to an existing body of knowledge or existing theory made clear?" "Are accounts given of the criteria for the selection of subjects for study, data collection, analysis and the underpinning rationale research and its decisions sufficiently clear?" "Is the selection of cases or participants theoretically justified within the character of the sample examined and relevant to what it is believed to represent?" "Does the sensitivity of the methods match the needs of the research question and the sensitivities of those involved?" Last, our team of trainers should mull over the question, "Are limitations considered and are definitions and agendas critically examined?" (adapted from Seale 2000).

Through this questioning process, researchers will become more clear with regard to possible shortcomings and are invited to put right any omissions pertaining to the relationship between field-workers and subjects, the way that evidence is presented or explained to subjects, comparability between data sources, how participants viewed the research and how group processes were conducted. Being assured that data collection and record keeping has been systematic, available for independent examination, and sufficiently transcribed, researchers can move on to considering the rigor of their analyses. For instance, are they satisfied that reference is made to accepted procedures for analysis, that the analytic process is clearly explained and that its reliability has been tested by independent sources such as the subjects themselves, external researchers, or other critical reviewers. They may ask, "How systematic is the analysis?" "What steps have been taken to guard against selectivity and bias?" and "Have all categories of opinion been taken into account?" In this review they should also consider if there is adequate discussion of how themes, concepts and categories were derived from data, and whether descriptors have been examined for their real meaning or possible ambiguities, together with if there has been adequate discussion of the evidence both for and against the researcher's arguments and if measures have been taken to test the validity of findings through results being fed-back to respondents. Lastly, researchers will need to decide if sufficient steps have been taken to see whether their analysis seems comprehensive

to the participants, and whether it has been sufficiently discussed with them to iron out any anomalies or contradictions (Ibid).

The Resolution Phase: Evaluating Outcomes and Communicating Results

In this phase the members of the researching team nominated to *writing up and integrating the whole* will be drawn into such editorial considerations as: "Is the research clearly contextualized and information relevant and well enough integrated to its social context?" "Is data presented systematically with quotes and field-notes and delivered in a way the reader can judge the range of evidence used?" "Is a clear distinction made between the data and interpretations and do conclusions follow from the data?" "Is there is sufficient original evidence to satisfy the reader of the relationship between the evidence and its conclusions?"

As they build upon and extend their original draft with a view to *publishing their research report or study*, researchers should have available an introduction describing themselves, their theme and research question, a literature review, a section on research methodology and design, an account of their experience in the field and how the research journey has impacted them, an analysis and review of findings, an account of the implications of the study in relation to the existing literature and previous studies, an account of their study's usefulness to their practice and profession, a learning review of the personal insights they have gleaned as researchers, and an acknowledgement with suggestions for further research.

Coming to the final phase, *a review of ethical considerations* is advisable. It is useful to consider the following:

- Efficiency: professional effectiveness, familiarity with the field that is beginning to unfold and the current working hypotheses
- Authenticity: knowledge of one's true self, awareness of deeper motives and biases, researcher openness to their own experience
- Alienation: trust between people—overlooking or dismissing relevant data
- Politics: the use of power in social and relational situations; pressures that effect people—political assumptions people work to support
- Patriarchy: conclusions and analyses made with sexist or other limiting assumptions in place—patterns of domination played

- out in the working environment
- **Dialectic:** conflict openly encouraged and worked through—dialogue facilitated
- **Legitimacy:** what is deemed appropriate and right—the influence people have with regard to the work
- **Relevancy:** the usefulness and added value one brings to the work—how useful is it to those it involves and how might things change as a result (Adapted from Rowen 1981).

The Post-Contact Phase: Writing Up and Critiquing the Results

As they begin *writing up the study*, researchers wrestle to fit the whole work into a publishable style attuned to the journal or professional audience for whom they have decided to write.

Prior to submitting the research report or study in its entirety, it is well that subjects and researchers take a *final critical review* to clarify in their own minds if their positions, roles and influences upon the research are clearly stated, if the results are credible and appropriate, whether research questions are thoroughly addressed, if what results from the study is both coherent and practical, and whether ethical issues have been adequately considered and confidentiality and consequences of the research been maintained (Seale 2000). Finally, with their supervisor/critical friend's blessing, our researchers may submit their research report for publication.

Qualitative Research Methods Suited to Inquiry

Having illuminated the researcher's journey and considered its practical applications, the time feels right to consider which research method might best serve the inquiry. Below, we list a few approaches which have much in common with gestalt therapy, methods which provide a sufficient fit for an appraisal of the work gestalt therapists do. Bear in mind more than one approach may be used. For instance, one might employ case study as an organising frame, but within this framework conduct a collaborative inquiry to collect data and analyze the results through an application of field theory. Multiple methods in research is an approved approach, especially as more than one method (triangulation) helps identify recurring patterns and corroborates findings.

Naturalistic Inquiry

Naturalistic Inquiry researches within a natural setting. It grew from recognition of the difficulty of using a positivist approach to the study of human beings (Susman and Evered 1978) plus an appreciation that what worked with objects was severely limited when applied to people and social settings. Out of naturalistic studies a new approach to inquiry evolved in which the enquirer and subjects became primary research instruments, intuition and feelings provided legitimate data, and purposeful sampling rather than random sampling predominated. Meanings and interpretations in this approach are negotiated with respondents. Data is interpreted with attention to uniqueness of the field, and boundaries of the study are allowed to emerge from the focus of the inquiry. In this way, criteria of reliability and validity are devised from within the field (Lincoln and Guba 1985). Because the precise form of data to be collected nor the research outcome is known, in Naturalistic Inquiry the adaptability and flexibility of the human instrument especially comes into its own (Robson 1995). Inquiry in this mode challenges and removes the filters scientists and classical researchers have traditionally used to inadvertently hide from the real-life drama of their work, with its emotional investments and intuitive flashes, its stop-go dynamics, blind alleys and failures.

Naturalistic inquiry supports gestalt's search for experiential wisdom born from engagement with real world events.

Ethnography and Case Study

Ethnography and Case Study evolved out of Naturalistic Inquiry to focus on the ways culture, tradition and idiosyncratic meaning shape individual and collective behaviour. Joining with subjects within the field, researchers seek to provide a written description of the implicit rules and traditions of the group they are studying in an attempt to generate a working hypothesis as to the underlying motives that underpin behaviour. Generally, researchers set about to produce a "*rich*" or "*thick*" description "which interprets the experiences of people in the group from their own perspective" (Patton 1995, 148). In design, ethnographic research is loose and emergent and sets out to link research questions to data and to conclusions. The ethnographic tradition in its classic case study form requires a person, prior to engagement, to produce a conceptual framework, to create a set of research questions and a sampling strategy, and to decide on methods and instruments for data collection (Patton

1995). Nor does planning cease there, for that initial strategy continues to be refined in light of what arises. As to what case studies actually study, this tends to include in-depth reviews of settings (the venue and site of the study), actors (who is involved, their origins and behaviours), events (what happens and when it happens), and processes (the roles and relationships that define a situation) (Miles and Huberman 1984). All of this data is surfaced through an array of participant observations, interviews, documents and record reviews.

Ethnography honours the holistic approach of gestalt therapy and its endeavour to illuminate individual and unique perspectives.

Grounded Theory

Grounded Theory, a development of naturalistic inquiry and ethnography, focuses on unravelling experience with a view to creating an integrated theory to explain the relationships and meanings events manifest for subjects within the research field (Glaser and Strauss 1967). As with naturalistic inquiry, procedures for data collection, methodology, theory and verification, arise from information available in the field (Strauss 1987). As to the contribution grounded theory makes to social inquiry, Addison (1989) draws attention to grounded theory's continual questioning of gaps in data, inconsistencies, and incomplete understandings. He notes its open processes of investigation and emphasis on context and social structure, generation of theory and data from interviewing rather than observation, and the way data collection, coding and analysis occur simultaneously and in relation to one another. In this approach theory grows out of data and is grounded in data.

Grounded theory in a similar way to gestalt therapy draws attention to what is present "now," and creates a felt sense by a deep description of events.

Action Research

Action Research was a term coined by Kurt Lewin (1946) to describe an approach to research that involved the refining of data and knowledge through several cycles of planning, acting, observing and reflecting. One starts with a general idea, defines a focus and objective, and then devises a plan of action. If this stage is successful, one emerges with an overall plan of how to reach the objective in mind and a notion of the first step needed. Next, the researcher takes this first step and executes a cycle of planning, action and fact-finding—once more to evaluate the effects of this second

step. This prepares the researcher for the third step of modifying the overall plan and engaging the research cycle once more.

Action research is concerned both with *action*—solving concrete problems in real life situations—and fostering *change* (Rapoport 1970). Emphasis is usually upon real situations and small scale investigations that enable a more intimate monitoring of effects (Cohen and Manion 1994). Focusing upon a specific situation and event, the researcher intervenes within the client system or research field with the aim of diagnosing and resolving its associated problems. As re-education and researching for change are often central to this approach, collaboration with subjects is expected. Although bordering upon the scientific, in that it has an intended outcome and variables are controlled to test the veracity of an intervention, it does not aim to study a large number of cases with the intention of generalizing to a population. What Mead did for ethnography Lewin did for humanistic psychology. He took a movement and developed it into a method. Working just after the second world war when rigid social systems were being questioned, Lewin used action research to facilitate democracy. Subsequent exponents of action research have called for the furtherance of democratic principles through the direct involvement of subjects in the design, direction, development, analysis and use of research (Carr and Kemmis 1986). Participatory Action Research is such an example, because it seeks to "get the people affected by a problem together, figure out what is going on as a group, and then do something about it." (Kidd and Kral 2005, 187). Co-operative inquiry (Heron 1988) has also been derived from action research.

Action research honours gestalt therapy's alertness to co-creation and the democratic process.

Field Theoretical Observations

Field Theory, according to its originator, Kurt Lewin (1952), is not so much a theory as a way of thinking and of looking at the total situation. The field theory way of *looking* attends to the whole pattern of what is perceived, the organised, interconnected, interdependent, interactive nature of human phenomena (Parlett 1991)⁵. A researcher in the field theory tradition does not seek to interpret or label so much as to raise awareness to the relational whole. Here, meaning, as in naturalistic inquiry, is largely left to the focus of study or field to dictate. From this perspective what the field produces is seen to have intrinsic meaning and worth in itself. Parlett

⁵ For a good explication of Lewinian field theory, see chapter eleven in this volume.

(1993) makes the point that Lewin drew upon Maxwellian field theory in physics, which states that unity is not due to mass but rather to a field of force (Wheelan, Pepitone and Abt 1990) or dynamic relationship that cements everything together. As to what a researcher attends, this involves addressing the field itself: the degree phenomena are figural and stand out or ground, the degree to which phenomena are self-contained or merge, the degree to which a phenomenon shows resilience to merger and is able to reconfigure itself, and the interrelationship of differing layers and levels of experience (Parlett 1993).

Field theory supports gestalt therapy's notion of the energetic nature of relational wholes.

Phenomenology and Heuristic Inquiry

Phenomenology and Heuristic Inquiry explore how behaviour is determined by personal experience rather than by an external, objective reality (Cohen and Manion 1994) and consequently emphasize direct perception, observation, intuition and experiential engagement. Because what appears in consciousness is a phenomenon—something *as perceived* rather than *as it really is*, phenomenology stands in the Cartesian tradition (Knockelmanns 1967) of looking within ourselves to discover the essential nature and meaning of things. Though there are many schools and approaches to phenomenological research, three aspects most researchers from this tradition would agree on are the importance and primacy of subjective experience, that consciousness is active and bestows meaning, and that self-reflection allows people to gain knowledge of certain essential structures of consciousness (Black and Holford 1999).

In Heuristic Inquiry this process is deepened through a six-stage reflective process

1. *Initial Engagement*: researchers submerge themselves in a deep personal questioning of what precisely they wish to research in order to discover and awaken an intense interest, relationship, and passion in the research subject
2. *Immersion*: researchers begin to merge with the research question so that they may appreciate its intimate effects
3. *Incubation*: researchers allow inner workings of intuition to clarify and extend their understanding of the question
4. *Illumination*: researchers review all the data acquired from their own experience and that of co-researchers in order to identify hidden meanings and an integrating framework that might be further tested and refined until it forms a comprehensive fit

with experience

5. *Explication*: researchers attempt to put to full examination what has awakened in consciousness in an attempt to familiarize themselves with the layers of meaning that surround the phenomenon they are studying, inclusive of its universal qualities and deeper meanings so as to create an appreciation of its phenomenological whole
6. *Creative Synthesis*: researchers form a creative synthesis of the research theme, inclusive of opposing ideas and arguments for and against a particular proposition, with a view to appreciating the real significance of what people actually experience, inclusive of knowledge, passion and presence (Moustakas 1990)

In heuristic inquiry autobiographical and meditative reflections come especially to the fore (Douglas and Moustakas 1984), as the researcher asks, "What is my experience of this phenomenon?" and "What is the essential experience of others who share a similar experience to my own?"

Phenomenology and Heuristic Inquiry display gestalt therapy's sense of mindful inquiry.

Intentional Analysis

Intentionality is a central strut in the structure of phenomenology; consciousness is consciousness *of something* (Wertz 2005). It is the figure of interest in the foreground that is understandable against the background that provides its context.

In 1970 Amedeo Giorgi founded the *Journal of Phenomenological Psychology*, having led the way in developing phenomenological research. He had been trained in rigorous experimental psychology, but he became influenced by the thinking of Husserl, Merleau-Ponty and others. Building on the phenomenological approach, his research program at Duquesne University quickly developed into an influential research movement in the United States. The body of research directly attributable to the phenomenological method developed by Giorgi and his colleagues dwarfs that carried out under such terms as grounded theory, qualitative research, or discourse analysis (Ibid).

In general the process of following what gestalt therapists might call "the figure" involves steps to observe subjective intentionality at work in the lives of subjects and to follow the "aboutness"⁶ of their experiences in

⁶ See discussions of intentionality in chapter eight.

order to arrive at meaning with regard to phenomena. Identifiable steps are as follows:

1. Suspend scientific or theoretical assumptions
2. Gain descriptive access, through interviews, to the subject's life world
3. Assess narratives to arrive at the meanings of situations

A more explicit development of the phenomenological method, as developed by Giorgi, is the Descriptive Phenomenological Psychological Method described below.

Descriptive Phenomenological Method

This particular adaptation of the phenomenological method reflects the observation that the continental philosophy associated with Husserl, Merleau-Ponty and others was not essentially adapted to fit the needs of the field of psychology. Thus, when it is utilized in research, it needs to undergo some changes or else psychologists become de facto philosophers and the results do not necessarily apply to the field of psychology. (Giorgi and Giorgi 2003).⁷ As Giorgi and Giorgi describe the differences between the philosophical and the scientific phenomenological method, the adaptations necessary become more clear:

...the philosophical phenomenological method requires the assumption of the transcendental phenomenological reduction, the search for the essence of the phenomenon by means of the method of free imaginative variation, and, finally, a careful description of the essence discovered. The scientific phenomenological method also partakes of description, essential determination and the use of a phenomenological reduction, but with differences with respect to each criterion. The scientific method is descriptive because its point of departure consists of concrete descriptions of experienced events from the perspective of everyday life by participants, and then the end result is a second-order description of the psychological essence or structure of phenomenon by the scientific researcher...the scientific phenomenological reduction is performed, which is not identical to the transcendental reduction because only the intentional objects of consciousness are reduced, but not the acts. The conscious acts are considered to be acts of a human subject engaged with, and related to, the world. (Giorgi and Giorgi 2003, 251)

⁷ See the discussion in chapter eight on the phenomenological method as applied to the field of psychotherapy.

The research begins with a description of an experience to be understood psychologically. Often, this is obtained through interview and the transcription of the interview constitutes the raw data of the research in question. Following the acquisition of such a transcript, the following steps are employed in dealing with that raw data:

- *Read For a Sense of the Whole*
The entire description must be read because the phenomenological perspective is holistic; that is, the whole determines the sense of the parts, and not the other way around. Without a grasp of the "big picture," one cannot accomplish the rest of the steps.
- *Establish Meaningful Units*
One of the goals of this process is to understand the meanings of experience. In order to track the development of meaning in the overall experience, the researcher starts to read back through the account (with the perspective of the phenomenological reduction in the scientific, or natural attitude), paying attention to the phenomenon being researched, but this time, every time he or she experiences a shift in meaning, a mark is placed in the text. Obviously, this is subjective and depends on the ground of the researcher.
- *Transform Units into Psychologically Sensitive Expressions*
Here, the meaning is not that which is present for the context of psychotherapy, where the personal life of the subject tends to be foreground. In research there is a psychological phenomenon in question, so the text is read for how the idiomatic and personal expressions of the subject relate to the psychological phenomenon being investigated. Further, when describing or noting these relevant units, jargon is to be avoided in preference for remaining experience-near and descriptive according to a common vernacular.
- *Determine Structure*
Working with the transformed meaning units, the researcher turns them this way and that to see if connections and patterns emerge with regard to the phenomenon under consideration. Then, one carefully describes the most salient and "invariant connected meanings." (Giorgi and Giorgi, 2003, 253)

Conclusion

This has been a sample of one approach to qualitative research—one among many. However, it's been an exploration of methods particularly adapted to the processes of gestalt therapy itself. As such, most gestalt therapists would recognize the constructs and the means described here and might feel more inclined to utilize these strategies.

Resources

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CHAPTER FOUR

QUANTITATIVE RESEARCH

LESLIE S. GREENBERG

Science may be described as the art of systematic over-simplification.
—Karl Popper

There is a pressing need for concerted efforts to develop systematic studies of the effects of gestalt-oriented psychotherapies in order to evaluate gestalt claims of effectiveness. This would help counter balance the current dominance of cognitive-behavioral studies claiming to demonstrate the superiority of this latter form of treatment over all others. In addition, if psychotherapy research is to be a true science, it needs not only to provide evidence of the general efficacy or the effectiveness of a treatment but also to specify the processes of change that produce the effects. In this chapter, after looking at the type of quantitative studies used in psychotherapy research, outlining some basic issues in quantitative research, and reviewing some outcome findings of approaches using gestalt methods, I will present a method for investigating the actual processes of change.

Generally, quantitative research of psychotherapy outcome utilizes six complementary lines of research:

1. Randomized, comparative clinical trials and comparative outcome studies
2. Controlled studies with comparison against untreated controls
3. Quasi-experimental designs and evaluation of naturalistic treatments in clinical settings
4. Research-informed case studies
5. Patient preference satisfaction studies
6. Predictive process-outcome research

Each of these six types of research approaches has its own methodological strengths and limitations, but together they provide stronger evidence than any single line of research alone. For example, it is

a long-established scientific fact that randomized comparative clinical trial studies are subject to strong researcher allegiance effects that compromise their conclusions, both generally in mental health treatment research literature (Robinson, Berman and Neimeyer 1990, Luborsky et al. 1999) and specifically in the literature on psychotherapy (Elliott, Greenberg and Lietaer 2004, Greenberg and Watson 2005). On their own, such studies therefore do not constitute a safe or singular basis for deciding health care policy, and must be supported through the use of triangulating evidence.

Evidence-based Treatment

The empirically supported or evidence-based treatment (EST, EBT) controversy brings increased urgency to discussion about the role that quantitative empirical research should play in the development of gestalt therapy and in the evaluation of its efficacy. One possible response of many therapists is to reject psychotherapy research as meaningless because it does not deal with the complexity of the therapeutic process. Another is to take the position that gestalt therapy should have no aspirations to any type of scientific status, to simply ignore the EST controversy, and to continue therapy as usual. In my view the empirically supported treatment movement needs to be taken seriously, certainly scientifically, but even more so politically. It should not be dismissed out of hand because of a lack of interest in research.

The gold standard for EST research is the randomized clinical trial (RCT) design. This design, which derives from drug research, involves randomly assigning large groups of patients to comparative treatment conditions in order to permit causal inferences, rule out alternative hypotheses, and allow for generalization of results. The RCT design however is problematic because it assumes that psychotherapeutic treatments are singular objective entities that can be manualized and views disorders as diagnosable entities, independent from each other, which are more important than the whole person's character structure. In addition, RCT's fail to recognize the complex, interactional nature of the therapeutic process and the effects on outcome of client and therapist individual differences. Research has informed us that competent treatment requires that therapists be responsive to their patients. Therapists thus must vary what they do according to what the patient does. *The goal of treatment is engaging the client in a change process, not adhering to a manual.* Effective psychotherapy is systematically responsive; therapists' and clients' behavior is influenced by emerging contexts, including perceptions of each other's characteristics and behavior (Stiles, Honos-

Webb, and Surko 1998). Manuals specify how therapists implement specific treatments, but they are not clear on what constitutes competent delivery, nor do they specify the clients' contributions to the process.

Context-sensitive process research is the only way to capture moment-by-moment process and participants' responsiveness to each other. In a clinical trial for example, the assignment of clients to the same treatment condition is treated as if the clients were given identical treatments. Treatment conditions are often treated inappropriately as unitary, as shown in reports that clients who received brand X therapy improved significantly on certain outcome indices. Rather, research is needed that shows that this therapist action, at this patient marker of difficulty, leads to this complex change process, and this relates to outcome (Greenberg 1986). That type of endeavor has been referred to as *change process research* where the emphasis is not on just studying process but on studying *change processes* or *mechanisms of change*.

Additional problems with manualization are the assumption that the delivery of treatment by different therapists is necessarily similar, and that the delivery of treatment by the same therapist with different clients is similar. Another major problem in RCT's lies in the generalizability claims. The use of artificial, non-representative, patient samples results in the non-generalizability of findings to practice, as does the assumption that Axis I disorders can be treated independent of the person's personality and the attendant questionable assumption of homogeneity of the sample of Axis I patients used in each study. Finally, there is the failure of *randomization* (the key method to remove differences between groups), because of the small samples used. Based on statistical power calculations, a minimum of thirty-six people per group is currently needed in a trial comparing two treatments. Much research used to support efficacy of empirically validated CBT was formerly done on smaller groups, but even now, with larger numbers, true randomization is dependent on large numbers (in the order of two to five hundred) especially if the variables which effect treatment on which the groups may differ are many, as is true in psychotherapy.

RCT's purchase internal validity (i.e., the ability to draw causal inferences and rule out alternative hypotheses) at the cost of external validity (the ability to generalize to real-world situations). For example, in real life (unlike in RCT designs), patients do not fit neatly into one diagnostic category, they select their own therapists, treatment continues until both patient and therapist feel that their work is done, and therapists feel free to modify their treatment in response to patients needs, and so on.

Recent RCT Studies on Gestalt Methods

In the York Depression studies, (Greenberg and Watson 1998, Goldman, Greenberg and Angus 2005) the effects of a process-experiential (PE) and client-centered (CC) therapy were compared, in the treatment of 72 adults suffering from major depression. The PE treatment is an integration of client centered and gestalt therapy which added the use of four specific interventions at markers of particular in-session states, systematic evocative unfolding at problematic reactions, focusing at an unclear felt sense, gestalt two-chair at splits, and empty chair dialogue for unfinished business, to the client-centered relational conditions of empathy, positive regard and congruence and focuses on accessing core emotions (Greenberg 2002). Significant differences among treatments in favor of PE were found at termination on all indices of change and the differences were maintained at 6 and 18-month follow-ups. This provided evidence that the addition of emotion-focused interventions to the foundation of a client-centered relationship improved outcome in depression, global symptoms, self-esteem and interpersonal problems. Perhaps most importantly, 18 month follow-up showed that the PE group was doing distinctly better at follow-up. Survival curves showed that three quarters of clients who received PE had not relapsed after 18 months in comparison to a rate of less than half for clients who had been in the relationship alone treatment (Ellison 2003). Something important seems to have occurred in the PE treatment that protected clients against the risk of relapse.

Another randomized clinical trial compared PE and cognitive behavioural therapy (CBT) in the treatment of clients suffering from major depression (Watson, Gordon, Stermac, Kalogerakos, and Steckley 2003). There were no significant differences in outcome on depression between the treatment groups. Both treatments were effective in relieving clients' level of depression, general symptom distress, dysfunctional attitudes, and improving self-esteem. However, clients in PE therapy were significantly more improved on interpersonal problems, being more self-assertive and less overly accommodating at the end of treatment than clients in the CBT treatment.

In addition to research on depression, an emotion-focused trauma therapy (EFTT) for adult survivors of childhood abuse, using gestalt empty chair dialogue with abusive and significant others for resolving interpersonal issues from the past, was evaluated (Paivio and Greenberg 1995, Greenberg and Foerster 1996, Paivio, Hall, Holowaty, Jellis, and Tran 2001, Paivio and Nieuwenhuis 2001). One study examined the

effectiveness of EFTT with adult survivors of childhood abuse (emotional, physical, and sexual). Clients receiving 20 weeks of EFTT achieved significant improvements in multiple domains of disturbance. Whereas clients in a delayed treatment condition showed minimal improvements over the wait interval but after EFTT they showed significant improvements comparable to the immediate therapy group. On average, these effects were maintained at a nine month follow-up (Paivio and Nieuwenhuis 2001, Paivio, et al. 2001). Moreover, an emotion-focused treatment was found to be superior to psycho-education in helping people resolve emotional injuries and in promoting forgiveness (Greenberg, Warwar, and Malcolm 2008).

The Case Study and Quasi-Experimental Designs

An alternative to large group comparisons is the research-informed case study.¹ In this approach, single cases are tracked in a careful and systematic fashion over time, and qualitative, naturalistic observation is integrated with assessment of various dimensions of the therapeutic process using quantitative measures. Developments in the methodology of quantitative case study research (Kazdin 2003,1998) have resulted in the increasing use of case study methodology. The fundamental difference between this controlled case study methodology and the traditional uncontrolled case study method is that the former uses a rigorous design, which includes clear hypotheses, a good description of the methodology used (e.g., participants, procedures, data collection procedures, analysis methods), and a clear separation of results from their interpretation. Although controlled case study methodology holds strong promise for gestalt therapy research, especially for those who believe that other methods do not do justice to gestalt therapy, it has been rarely used.

This approach although it might deepen ones understanding of this case fails to be generalizable to other cases. A possible solution is the use of multiple methods that include the RCT design, the type of consumer Reports effectiveness study by Seligman (1995), intensive psychotherapy process studies examining the mechanisms of change, single-case studies, and evaluating the responsiveness of different patient types to different treatments. Methodological pluralism recognizes both more naturalistic studies that do not meet the criteria for rigorous experimental research as

¹ Editor: These are also known as "case-based, time-series" (Borckardt, Nash, Murphy More, Shaw, and O'Neil 2008), distinguished in various studies of divergent research interests by a "single-case, repeated measures design" (Hunter, Ram and Ryback 2008; Parker and Hagan-Burke 2007).

well as RCT designs and the treatment manuals associated with them as providing evidence for the effectiveness of treatment.

Quasi-experimental designs approximate experimental conditions (“quasi” meaning “similar to”), but fall short in either (or both) of two ways. Either individuals cannot be randomized to different treatments or theoretically important variables like contact cannot be manipulated. Because such designs do not allow for control groups or the manipulation of variables, they are considered limited in their ability to yield causal conclusions; they can only suggest possible causal effects (Campbell and Stanley 1963). For example, group differences in quasi-experimental designs might reflect differences due to a presumed theoretical variable, but may also reflect the effect of a third, unknown variable. In addition, so-called $N = 1$ studies, i.e., studies of individual cases, are considered scientific only insofar as they use a quasi-experimental design, e.g., systematic manipulation of therapeutic interventions (Kazdin 2003), but even then they are considered limited in their ability to justify knowledge because of problems associated with the generalizability of a single case.

An important distinction has recently been drawn between efficacy studies and effectiveness studies, the later involving evaluation of the effectiveness of actual practice in naturalistic settings as opposed to randomized clinical trials. Effectiveness studies, which use quasi-experimental designs to evaluate naturalistically occurring treatments in clinical settings, provide a more accurate representation of how effective real treatments are with populations presenting for treatment in clinics and private practice. An example of this type of effort, currently under way in the UK, is given in chapter fourteen of this volume. In that study the practice of a large group of gestalt therapists is being evaluated using the CORE, an instrument designed to measure change on four dimensions of functioning, client, well being, symptoms/problems, life functioning and risks to self and others.

Relating Process to Outcome

Understanding processes of change in addition to outcome effects is a crucial element in truly understanding what works in psychotherapy. If psychotherapy research is to be a true science, it needs not only to provide evidence of the general efficacy or the effectiveness of a treatment but also to specify the processes of change that produce the effects. Without knowing the specific processes and causal paths to outcome, we do not have a scientific understanding of the treatment. Clinical trials provide

only the crudest index of a treatment's effects, because people who absorb the treatment are being lumped together with those who do not.

Clinical trials comparing manualized treatments are analogous to studies testing the effects of pills that contain multiple ingredients acting in concert. The fact that the pill relieves headaches better than the alternative, although useful, still does not tell us what is effective. In the 19th century, people knew that the bark of a chinchona tree relieved fever, but it took 20th-century science to extract the active ingredient quinine, an alkaloid found in the bark, in order to know what worked. Process research is needed to understand what is working in each specific treatment in the trial.

Reports of overall treatment effects that ignore the important role of the client's process of change also fail to recognize the two distinct groups in any treatment: those who fully engage in the change processes and those who don't. This factor has a major influence on outcome. For example the findings of studies on the resolution of unfinished business and trauma (Greenberg and Malcolm 2002, Paivio and Nieuwenhuis 2001), demonstrated that treatment does not fully engage all the clients in all the active treatment ingredients established by change-process research as necessary for resolution. Only some of the clients engaged fully in the specific mechanisms of change; others engaged partially and still others only minimally. These studies demonstrated that those who engaged fully in the change processes benefited more than those who did not, and they benefited more than those who experienced the more general effects of a good therapeutic alliance.

Thus, if, when a treatment is delivered, the active ingredients are not known, we are not able to assess whether the client's fully engaged in the process or not. This is similar to not knowing whether a person in a drug treatment absorbs the medication. In a clinical trial, we have only the crudest index of the treatment's effects, because we are lumping together people who absorb the treatment with those who do not. In general, psychotherapy outcome research has had limited implications for clinical practice, and this is the result of its failure to adequately capture the complexity of the therapeutic process.

Process Outcome Research Studies

Although theoretical concepts that frame different treatments still vary, some agreement is occurring across approaches on the general processes that are relevant to success in psychotherapy. Factors such as empathy (Greenberg, Bohart, Elliott, and Watson 2001), a good working alliance

(Horvath and Greenberg 1994, 1989), the depth of experiencing (Hendricks 2002, Orlinsky and Howard 1986), and differences in clients' capacity for engaging in treatment (Beutler, Harwood, Alimohamed, and Malik 2002) have all been shown as important common elements contributing to outcome. Evidence on psychotherapy relationships that work now abounds (Norcross 2002). More research has been done on the therapy relationship than on any other process in therapy or on the effectiveness of any type of therapy. Empathy, alliance, and goal agreement have all been shown to be efficacious and specific elements of a therapeutic relationship, but certain questions still remain. Is it the relationship or the other common factors that are the active ingredients in all treatments? Are specific processes unique to each treatment and are they effective at specific times or with specific clients?

In our process-outcome research on the emotion-focused treatment of depression both deeper emotional processing late in therapy (Goldman, Greenberg and Pos 2005, Pos, Greenberg, Goldman and Korman 2002) and higher emotional arousal at mid-treatment, coupled with reflection on the aroused emotion, predicted treatment outcomes (Warwar and Greenberg 1999, Watson and Greenberg 1996). This supports the importance of emotion-focused work as a key change process in these treatments. Emotion-focused therapy then appears to work by enhancing emotional processing and this involves helping people both accept their emotions and make sense of them.

A client's individual capacity for emotional processing early in therapy also was found to predict outcome, but the increase in degree of emotional processing from early to mid, or early or late, phases of treatment was found to be a better predictor of outcome than early level of processing or than the early alliance (Pos et al. 2003). In short, early capacity for emotional processing does not guarantee good outcome, nor does entering therapy without this capacity guarantee poor outcome. While likely an advantage, early emotional processing skill appears not to be as critical as the ability to acquire and/or increase depth of emotional processing throughout therapy.

In a study of the process of change of emotion-focused therapy of trauma (EFTT) the therapist's competence in facilitating imaginal confrontations, by way of an empty chair dialogue, predicted better client processing. Moreover, when adult survivors of child abuse engaged in an empty chair dialogue, this contributed to the reduction of interpersonal problems and this contribution was independent from the therapeutic alliance (Paivio, Holowaty, and Hall, 2004). These important findings are consistent with those found in research on EFT for depression, which

showed deeper levels of emotional experiencing had a curative effect over and above the alliance (Pos et al. 2003). Emotional processes also have been studied in two controlled studies on resolving unresolved interpersonal emotional difficulties that included abuse and trauma. Emotional arousal during imagined contact with a significant other was a process factor that distinguished EFT from a psychoeducational treatment and was related to outcome (Paivio and Greenberg 1995, Greenberg and Malcolm 2002, Greenberg, Warwar, and Malcolm 2008).

Concerns with Quantitative Approaches

Many therapists are convinced that the experimental or quasi-experimental investigation of therapy is not only difficult but also impossible. In this view quantifying human experience seems to miss what is essential, and such research is believed to not be capable of capturing the complexities of “real” gestalt concepts. Hence, it is seen as irrelevant. To dismiss the entire enterprise of experimental testing of hypotheses, however, is as simple-minded and naïve as it is to dismiss qualitative and single-case methodology. The degree of simplification of gestalt concepts necessary for conducting quantitative research may not be as problematic as it seems at first sight. Science always gives an approximation based on probabilistic models; in fact, one should be suspicious of any science, especially a science as young as psychotherapy research (60 yrs old), that pretends to have an answer to all questions. In any science, one starts with imperfect concepts that are subsequently refined through processes of empirical testing.

The art and science of research calls researchers to reliably identify and explain certain *phenomena* that occur with repeatable regularities so that statements might be made that generalize beyond a single case or a single instance. Research of this type provides quality control on ideas by systematically comparing theories with observations. The observations change the ideas. They may confirm or disconfirm theories, or, more modestly, strengthen or weaken them. More often, however, the observed data lead to extending, elaborating, modifying, or qualifying theories, especially as they relate to competing theories. Thus, any given theory may be modified to become more general, more precise, and more realistic. Through research, then, observations accumulate in theories. New research results permeate the theory, but earlier thinking and results are retained. A living theory must be able to change, to accommodate this continual infusion of new observations; an impermeable theory is scientifically dead (Stiles 1993, 2003).

Gestalt therapy is phenomena-based and has in its practice many testable mini-theories of how to promote change, e.g., re-owning projections, completing unfinished business, resolving splits in functioning as well as more global theories of the importance of awareness, therapist presence, and the present moment. Psychotherapy research is an extremely young endeavor; unfortunately, in its efforts to emulate natural science, and because of external pressure to compete with medical treatments, while trying to run before it even can crawl, it has privileged prediction above rigorous description and measurement. What is needed is observation—and plenty of it—to isolate and describe phenomena of interest.

By relying on the therapist's memory of his or her therapeutic encounters with the client (for instance in anecdotal case studies), we can take account only of what the therapist can remember, and usually this captures very little of the moment-by-moment process. With more care, gestalt therapy researchers may be able to find repeatable regularities by moving from repeated instances to general models. Repeated events of this type can be recognized as important clinical happenings and they can be measured and treated with standard statistics to provide generalizable results. *One of the best ways of closing the gap between research and practice is the finding of a significant clinical moment that happens more than once, across hours and across cases, and developing measures of its occurrence and change.*

As mentioned above, what makes a study scientific is that the observations on which it is based can be shown to be reliable across situations and across observers. What makes it interesting is a capturing of meaningful, repeatable regularities and patterns that clarify and sharpen theory. Research programs that develop a number of cumulative research steps and a variety of studies that attempt progressively to describe, measure, explain and only ultimately predict the effects on outcome of a key change process in therapy are probably one of the optimal ways of developing a solid evidential base for a gestalt approach to psychotherapy. An approach of this nature would utilize pluralistic methods and engage in a variety of different types of studies including intensive observation, model building, measurement construction, and testing of hypotheses, and would work both in the context of discovery and in the context of justification, to investigate how people change in psychotherapy. As such, this type of research program would be a true attempt to get at the complexity of human change. Creating observable distinctions and coding schemes to guide in the reliable coding of therapeutic phenomena should be at the heart of psychotherapy research. This is the business of psychotherapy *process research* rather than *outcome research*. Thus we

need to think of quantitative psychotherapy research as an observational endeavor that is made rigorous by measurement. Some proponents of *qualitative* research approaches have railed against measurement misguidedly assuming that the difference between qualitative and quantitative research is based on a study of meaning versus quantification. Observing distinctions and forming categories, however, is also at the basis of measurement and of meaning, and it is in this sense that measurement is needed, being able to reliably see differences in phenomena and then combining the observed differences into meaningful patterns to explain processes of change.

Rather than only pursuing studies of efficacy, although these may be politically important in the current zeitgeist, there is a pressing need for concerted efforts to develop systematic studies of the process and effects of psychotherapy to truly enhance knowledge that will ultimately lead to improved effectiveness. This, in the long run, will provide the needed counter balance to the current dominance of coping-oriented cognitive-behavioral studies claiming to demonstrate the superiority of this form of treatment over all others.

Change Processes

To more accurately address the concerns raised above about RCT's, psychotherapy research needs to study change by considering in detail sequences or patterns of events, incorporating context, and recognizing that critical incidents or significant events may relate to change (Greenberg 1986, Rice and Greenberg 1984). To investigate these, a moment-by-moment change process needs to be studied understanding complex interactions in which given behaviors have different meanings and impacts in different in-session contexts. When, and in what context, a particular kind of process appears needs to be investigated in innovative ways with intensive observation and with sequential analytic methods. This is change process research.

Change process researchers have developed a variety of methods that look at complex interactions, sequences, and contexts. Research using an events approach (Rice and Greenberg 1984) task analysis (Greenberg 1984, 1986), assimilation analysis (Honos-Webb, Stiles, Greenberg, and Goldman 1998, Stiles, Meshot, Anderson, and Sloan 1992), comprehensive process analysis (Elliott 1989), and qualitative analysis (Watson and Rennie 1994) illustrate ways that questions involving complex psychotherapy processes and outcome can be addressed.

Thus phenomena like how particular classes of contact between participants in session lead to change can be studied or the importance of moments of awareness or emotional experience and how they lead to change can be studied in a rigorous manner rather than remaining theoretical conjectures, as compelling as these may be.

I will exemplify this type of change process research with the use of my research program on studies of the resolution of unfinished business (UFB). We started by using an event-based approach to a study of change by isolating and studying the key change event of working on UFB and then used task analysis, which consists of fine-grained descriptions of tape-recorded events representing successful and unsuccessful resolutions of a common feature problem to identify the process of change in successful events. After building an explanatory model of how change occurs, measures were developed to capture this process and these were used to validate the model and finally predict outcomes and follow-up.

Task Analysis of the Resolution of Unfinished Business

A nine-step task analytic approach shown in Table 4-1 (Greenberg 2006), designed to build evidence-based models and test them, has been applied to the study of a number of in-session problems. Early on Greenberg (1979, 1984) studied how clients resolve intra-punitive self-criticism in gestalt therapy, and found that deeper levels of experience and a softening into compassion of a harsh critical voice were essential to the resolution of the conflict. In another study using this method to study how interpretations lead to change Joyce, Duncan, and Piper (1995) found that the patient's *invitation to interpret* was an important component of successful episodes of interpretation in psychodynamic therapy. Non-work episodes of interpretation were often characterized by an unclear, indirect, or absence of patient invitations to interpret. The subsequent interpretation was then invariably experienced as premature, even if regarded as accurate by external judges.

The Method

Task analysis involves identifying critical incidents or key change events that occur repeatedly across clients and across therapy. An *event* is defined as a clinically meaningful client-therapist interactional sequence that involves a beginning point, a working through process, and an end point. An event begins with the client statement of a problem (marker),

followed by a series of therapist responses and the ongoing client performance (the task), which, if successful, results in the client achieving an affective resolution or some therapeutic change (resolution). What is important about this is that the marker, such as a marker of unfinished business with a significant other (UFB), which we will focus on as an example in this chapter, is an indicator of a problem at the level of *observable performance that can be reliably observed*.

The following features reliably discriminated the UFB task performance marker from non markers:

1. the presence of a lingering, unresolved feeling such as hurt or resentment
2. this feeling is related to a significant other who has been developmentally significant, such as a parent or spouse
3. the feelings are to some degree being currently experienced (readiness indicator)
4. the feelings are not fully expressed, and there are signs of interrupted or restricted expression

In this study of UFB resolution the therapeutic environment was defined as one in which the therapist suggests a gestalt therapy dialogue with the significant other, and a description of the type of interventions used was written (Greenberg et. al. 1993).

Having identified a phenomenon of interest, and specified the task environment in which it will be studied (empty chair dialogue), task analysis as shown in table one proceeds in two general phases—a discovery oriented and a validation-oriented phase. The first phase emphasizes working within the context of discovery to build models (Reichenbach 1949, Rice and Greenberg 1984) and utilizes conceptual theory, and qualitative and observational methods and measurement construction. The second, purely empirical validation phase, works within the context of justification, and emphasizes validation, hypothesis testing, group design and statistical evaluation to validate the model and relate process to outcome. It is important to note that the selection of an in-session problem to study is a crucial first step as it determines the nature of the research program.

The core aspect of task analysis involves engaging in both a rational and an empirical task analysis. A *rational task analysis* involves building a theoretical model from the clinician's or investigator's conceptual understanding of the steps in the patient's performance that are believed to lead to working through and to resolution. This is based on clinical experience and familiarity with theoretical literature. The model comes from both the investigators' explicit understanding of how this type of

problem is worked on and from an explication of the clinician's implicit cognitive map, which guides the clinicians' work with patients. Based on these conjectures the rational model is constructed and represents a hypothesized *possible* task performance. This model that is often represented diagrammatically and contains a set of steps stands for the investigators' best guess as to what happens. In order for the research effort to demonstrate that something new has been discovered, it is important first to specify what one thinks one knows as a baseline against which to evaluate what aspects of what one later observes is actually a discovery. The rational model serves this purpose. In addition, in order to observe something as freshly as possible in the empirical analysis to follow, it helps to specify one's conceptions, assumptions, intuitions and hunches brought into the observational aspect of the study so that an effort can be made to put them aside, or, as phenomenologists would say, to bracket them.

The rational analysis is followed by the *empirical task analysis*, which involves the rigorous observation of samples of *actual performance* of patients who are working on the therapeutic task of interest. The investigators look intensively at the in-session performances in order to discover the essential steps of patient change. As we have said, the investigators, as best they can, attempt to bracket their pre-conceptions and hold in abeyance the anticipations, hunches, and expectations made explicit in the rational model, in order to receive, in as un-invested a fashion as possible, what there is to observe in the actual performance. The building of the empirical model initially is a form of qualitative content analysis that describes a sequence of events that unfold over time. Because identification of key change events, the development of a rational model, and direct observation of the change process is of particular importance in conducting a task analysis, theoretical understanding and clinical experience in the therapeutic approach to be studied are essential. Task analysis thus is best done by clinician-scientists who understand the therapeutic process they wish to study rather than by naïve observers or non-clinician researchers.

The next major step in the method involves comparing the newly observed steps of the empirical model with the steps of the original rational model. The components of the rational model are alternately supported, refined or modified by the observations. This process of comparing rational and empirical models integrates what was actually observed with what was expected and a synthesized rational/empirical model is built to represent one's current state of knowledge. This model now acts as one's best guess and the process of observing new

performances and comparing them to the existing model is repeated again. The more developed models later can be subjected to tests of validity.

The second aspect of the empirical analysis involves devising ways of measuring the essential steps of client performance for the validation of the model. While the issue of measurement has been kept in mind and considered right from the start of the empirical analysis, it is at this point that one begins to consolidate plans for how to measure the components of resolved performance. While searching to discover the components of resolution, the investigator simultaneously considers how these can be measured. The process involved is one of constructive measurement, in which the description of phenomena and how they are to be measured are being constructed simultaneously, one effecting the other (Greenberg 1986). This concern for measurement construction in tandem with the definition of phenomena promotes clarity during the stages of discovery and also lays the foundations for later empirical validation.

Figure 4-1 represents the final rational/empirical model of client performance in resolving UFB, which was constructed following the progressive examination of five sets of three transcripts at a time, in which clients successfully resolved UFB, and comparing them with an equivalent number of unresolved episodes. In this model, we see that the client performance follows two streams—one of self-expression, the second of the representation through enactment of the other. The diagram which is explained in greater detail elsewhere (Greenberg and Watson 2006) shows a path to resolution and includes certain additional dynamics like dealing with interruptive processes that may need to be dealt with. In the beginning, as the patient engages in the process, his or her first comments to the imagined other tend to be expressed in the form of blaming the other for the client's problems, complaining about the other's behavior, or expressing a sense of hurt over the injury done. In a resolution performance, the initial complaint differentiates into hurt and anger. This is followed by an intense expression of emotion to the imagined other. The client now shifts from a reactive, defensive stance that is outwardly focused, to a more internal exploratory stance, focused on contacting and expressing core inner experience. Emotional memories that formed the context for the development of unfinished business often are evoked as are dysfunctional beliefs. At least one of the primary emotions is experienced at a moderate to high level of arousal. At this point, the wished-for aspects of the relationship are focused on in order to help the client identify his or her unmet interpersonal needs and then to express those needs to the imagined other. A sense of entitlement to those needs emerges as the client asserts them.

In resolution events the internal difficulties of the other, either in providing nurture or their own dysfunction that led them to be abusive, are expressed indicating the patient's increased empathy and understanding of the other. In this part of the process, the client begins to view the other in a more complex, multi-faceted way. The other may now be seen as separate, and as having both good and bad qualities. The client may also begin to see the other from the other's point of view: to see the other as having had his or her own difficulties. This is marked by one of two outcomes. Either the client's attitude toward the other softens, and both the self and other are seen more positively (or at least less negatively) or, as often occurs in cases of abuse, the other is held accountable for his or her actions and deserving of the client's negative feelings. In the latter instance, the self is seen as empowered and worthwhile in relation to the other and entitled to the negative feelings held toward the other. At this point of a shift in the representation of the other, the self expresses more understanding of the other and there is an emotional change leading to the self feeling more loving and/or forgiving of the other. In understanding the other, the client is able to view the other with compassion and empathy, and may forgive the other. In holding the other accountable, the client attributes responsibility for the wrong to the other and de-blames the self. Regardless of whether the client resolves by holding the other accountable for wrongs done, or by understanding and/or forgiving the other, the end result is an experiential sense of resolution and completion with respect to the unfinished business with the other. This is accompanied by a sense of empowerment and optimism about the future.

Comparison of this with the simple rational model of unfinished business that we began with revealed the discovery of a number of far more differentiated components. Of special note was the observed need for high arousal of emotion and the expression of understanding the other. Neither of these was a conjecture in the simple rational model. This model thus is a specific model that represents the resolution path in the specific context of empty chair dialogue. Task resolution would need to be studied in other therapeutic contexts, such as interpretation or empathy, to establish whether or not resolution takes place in the same way in different therapeutic contexts.

Research up to this point has focused on *describing* client's performance on a task. A further possible *explanatory* step involves now considering what psychological processes allow the client to move from one state to another to complete the task (Greenberg 2006). These considerations bring the explanation of client process from a descriptive

level to a causal level. Here theoretical notions of mental processes are integrated with observations.

It is important to note that this task analytic approach has been expanded beyond a study of key events to include the study of the development of client change process over a series of events of the same type across therapy. Greenberg and Malcolm (2002), for example, studied the emergence of components of resolution of UFB events across the whole treatment.

The Validation–Oriented Phase

This phase involves procedures for testing how well the model constructed through the steps above describes the nature of the resolution performance and how well the model predicts therapeutic outcome. Two steps shown in the second part of Table 4-1, validating the model and relating process to outcome, involve more traditional studies performed in the context of justification to help test hypotheses. Note however that they are done at the end of a research program based on much prior research involving description, discovery, and measurement construction.

Two steps are involved in this second phase—model validation and relating process to outcome.

The question posed in the model validation step is:

1. Do the components of the model discriminate between resolved and unresolved performances? This is evaluated by comparing a group of resolved and unresolved events in a comparative group design.

The question posed in the next and final step, relating process to outcome, is:

2. Do the components of resolution that discriminate resolved performances relate to outcome? This involves relating process to outcome in a group design. This second study involves a test of the model's predictive validity.

In research exemplifying this final study Greenberg and Malcolm (2002) related the process of the resolution of unfinished business with a significant other to therapeutic outcome in a population of 26 clients who suffered from a variety of forms of unresolved interpersonal problems and childhood treatment. Those clients, who went through the steps in the model and who were found to have expressed previously unmet interpersonal needs to the significant other, and to have manifested a shift in their view of the other, had significantly better outcomes at termination on a variety of outcome measures including symptom distress,

interpersonal patterns, and degree of UFB resolution. Degree of emotional arousal was also found to discriminate between resolvers and non-resolvers. The presence of the specific process of resolution in the clients' empty-chair dialogues also was found to be a better predictor of outcome than the working alliance.

In addition, Greenberg and Pedersen (2001) found that in-session resolution of two core emotion-focused therapeutic tasks—resolution of splits and unfinished business rated on degrees of resolution scales—predicted outcome in a group of 32 patients with major depressive disorder (Goldman, Greenberg and Angus 2006), both at termination and at 18-month follow-up and, most importantly, the likelihood of non-relapse over the follow-up period. The treatments of both of these core tasks was based on facilitation of the restructuring of people's core emotion schematic memories and responses according to the models developed from task analytic programs of research. These studies demonstrate how starting small with the study of a single event to understand and be able to measure a particular change process can lead to the development of an approach to treatment grounded in observation able to predict not only outcome at termination but also relapse at 18 months.

In addition, further process-outcome research on the emotion-focused treatment of depression has shown that processes deemed important in these models predicted good treatment outcomes. Both higher emotional arousal at mid-treatment coupled with reflection on the aroused emotion (Warwar and Greenberg 1999, Watson and Greenberg 1996) and deeper emotional processing late in therapy (Goldman, Greenberg and Pos 2005, Pos, Greenberg, Goldman and Korman 2002) predicted good treatment outcomes. Emotional processing was defined as depth of experiencing (Klein, Kiesler, Matheiu-Coughlin and Gendlin 1986) on emotion episodes. Emotion episodes (EEs) (Greenberg and Korman 1993) are in-session segments in which clients express or talk about having experienced an emotion in relation to a real or imagined situation. The EXP variable was thus contextualised by being rated only on those in-session episodes that were explicitly on emotionally laden experience. In the Pos et al. (2003) study late emotional processing independently added 21% to the explained variance in reduction in symptoms over and above early alliance and emotional processing. This approach to therapy then appears to work by enhancing the type of emotional processing that involves helping people experience, and accept their emotions and make sense of them.

Moreover, Adams and Greenberg (1996) tracked the moment by moment client-therapist interactions and found that therapist statements that were high in experiential focus deepened client experiencing in the

next moment and that the depth of a therapist's experiential focus predicted outcome. More specifically, if the client was externally focused, and the therapist made an intervention that was targeted towards internal experience, the client was more likely to move to a deeper level of experiencing. *This study highlights the importance of the therapist's role in deepening emotional processes.* Given that client experiencing predicts outcome, and that therapist depth of experiential focus influenced client experiencing and predicted outcome, a path to outcome was established that suggests that therapists' depth of experiential focus influences clients' depth of experiencing and this relates to outcome.

Conclusions

In this chapter I have argued that the current focus on randomized clinical trials as the sole arbiter of evidence-based treatment has been too simplistic. It has informed us that most clients find psychotherapy useful, but it has not illuminated the active ingredients, nor has it identified which treatment works best for which client. We need information from multiple sources to understand the complex relationship between specific techniques, therapist actions, and client processes that effect changes in psychotherapy. In particular, change process research should be one of those multiple sources in that it reveals the actual mechanisms of change, which is the active ingredient in psychotherapy.

Although the randomized controlled trial (RCT) is the standard method for addressing the question of whether a treatment works under controlled experimental conditions, it cannot answer whether it works in clinical practice, works for this particular patient, or how it works? To assess how therapy works in practice or whether it works for a given patient requires quasi-experimental methods, case-specific research approaches and controlled single case designs as well as larger N studies relating process to outcome to be able to generalize to more than the cases studied. This view is endorsed by the APA Task Force on Evidence-Based Practice (2005) that is centrally concerned with the application of integrating multiple streams of research evidence and clinical expertise into a truly evidence-based approach to psychological practice.

The APA Task Force explicitly recommends that the clinician begins with the patient and asks what research evidence will help to achieve the best outcome in the context of *the unique characteristics of the person*. In contrast with an essentially prescriptive approach in which treatments are applied to disorders (in the manner in which drugs are given for a physical illness) the Task Force proposes integrating *multiple sources of research*

evidence into a *decision-making process* to guide intervention. Unlike the prescriptive approaches in manualized treatments in RCT's this approach requires the clinician to formulate a clear and theoretically coherent case formulation and to intervene with the patient based on *in depth understanding of the patient* drawing on a knowledge base from empirical research and clinical experience. Gestalt therapists don't need to be bound by science, but they need to endeavor to demonstrate how gestalt therapy can both be backed by, and be guided by, empirical evidence.

In addition I have attempted to show that approaches based on intensive observation can be clinically meaningful and both test and enhance theory. More specifically, I have proposed one method, task analysis, as a helpful research strategy for understanding how change actually occurs that can be useful in studying key events as well as how change in performance takes place across a whole therapy. This type of study could provide empirical evidence in support of different specific mechanisms of change for gestalt psychotherapy, such as the process and effects of change in interactions around enactments; of transference interpretations or interpretations more generally; of key moments, or phases of treatment, in which insight into psychodynamic origins of distress or corrective emotional experiences occur. This form of integration of empirical and conceptual research could contribute significantly to the development of gestalt therapy.

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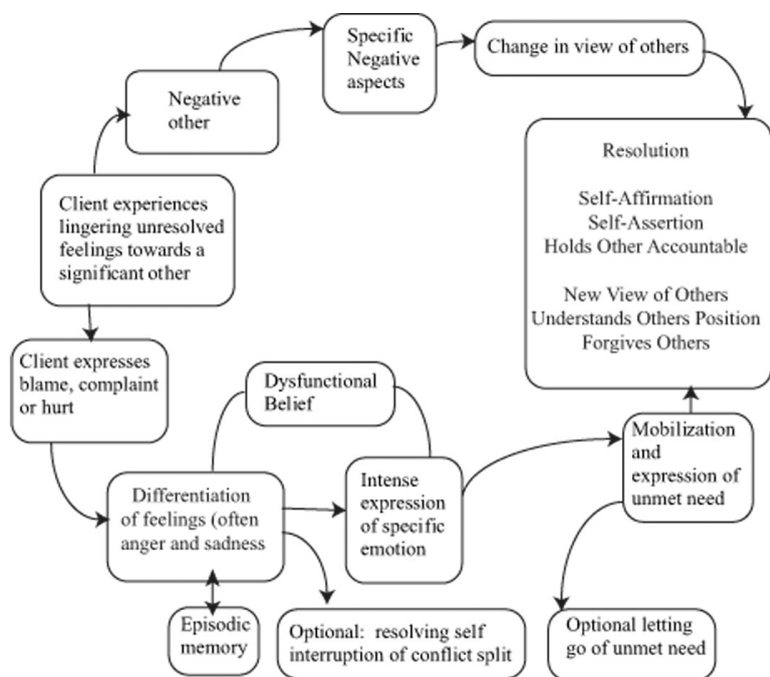
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Table 4-1: Steps of Task Analysis

<i>Phase</i>	<i>Description</i>
1. Discovery	1 Specify the Task
	2. Explicate clinician's cognitive map
	3. Specify the task environment
	4. Construct rational model
	5 Conduct Empirical Analysis i. discerning essential steps ii. developing criteria for objective measurement
	6. Synthesize a rational/empirical model iii. construct the first model iv. reiteration of empirical analysis and model refinement
	7. Explaining the Model: Theoretical analysis
2. Validation	8. Validation of the components of the model

Figure 4-1 Resolution of Unfinished Business

CHAPTER FIVE

PRACTICE-BASED EVIDENCE

PHILIP BROWNELL

Research is the process of making claims and then refining or abandoning some of them for other claims more strongly warranted.—John Creswell

How to find truth, that is the question, and how to know that one has found it. Nothing has so occupied reflective men and women for as long as we have record; nothing has elicited more anguish and struggle.—Daniel Taylor

In the beginning of this book we raised the issue of warrant:¹ what constitutes sufficient justification for the practice of gestalt therapy? Might it be the so-called evidence provided through randomly assigned clinical trials (Goodheart, Kazdin and Sternberg 2006, Nezu and Nezu 2008)? Might it reasonably include other types of "interventions," treatments, and techniques like those listed by the American Psychological Association (APA 2006)? Indeed, what constitutes the "evidence" in the construct of "evidence-based practice?" Is it process outcomes studies, such as those Leslie Greenberg advocates in chapter four? Is it gestalt-informed qualitative research, such as Paul Barber advocates in chapter three? Is it the common factors research or the practice-based or client-centered outcomes such as those suggested in the writings of Barry Duncan and Scott Miller (2000) or Hubble, Duncan and Miller (1999)?

Relative Evidence

Certainty "is either the highest form of knowledge or is the only epistemic property superior to knowledge" (Reed 2008, np). In a world in which certainty escapes us, no form of evidence can rise above the need for degrees of confidence and measures of error, or random variance. In

¹ See comments on "warrant" in chapter one.

such a world, we can only have relative forms of support and more or less warrant.

Thus, while we may have a sense of the truth of a reality that is objective and independent, we only have a relative understanding of it, and even that comes from a subjective experience within it. This is the critical realism suggested by Alan Meara in chapter one. With such a perspective as ground, what are acceptable ways of justifying one's interpretation of experience and thereby supporting one's beliefs?

Personal Experience and Assertion

One way is that people can contemplate the assertions of others regarding what they have experienced. This is what resides behind the use of self-report tests and the testimony of witnesses-of-fact in forensic psychology.

The main epistemological problem of testimony is that an enormous number of our beliefs originate in the assertions or testimony of speakers, but our accepting or believing those assertions merely on the word of the speaker does not seem sufficient for those beliefs to be justified, warranted, or knowledge. The problem is diminished but not eliminated if it is assumed, as is standard, that the speaker is justified or warranted in the beliefs that his assertions express, and even if he knows them. Assuming that the answer to this problem is positive, not skeptical, how do we account for this positive answer. Testimony depends upon other fundamental sources of epistemic warrant like perception or memory, but not conversely. A testimonial chain of knowledge must eventuate in a speaker who knows directly by, say, perception. Can the reliability of testimony be justified by appeal to just these other sources along with familiar forms of inference, especially induction? The view that it can be is called reductionism, and it is opposed by anti-reductionists who hold that testimony is a source of warrant in itself, not reducible to warrant derived from these other sources, even if empirically dependent on them. Anti-reductionists typically offer various kinds of a priori justifications for the acceptance of testimony. Anti-reductionists also view reductionists as holding to an individualist epistemology, which grants knowledge only if the putative knower autonomously evaluates and endorses testimony. By contrast, they favor a social epistemology, which holds that the possibility of the vast knowledge we gain from testimony depends essentially on our membership in an epistemic community. (Adler 2006, np)

Thus, testimony is relative, not only in terms of absolute truth, but also in terms of its context and etiology in an "epistemic community."

People in such a community ask if there is social validity associated with any given inquiry (Gresham and Lopez 1996). How does it fit? Is there social significance and importance associated with research and are the interventions and procedures socially acceptable? Some will say one thing and others will say something else.

There will be those who emphasize the need for internal validity (the context of the laboratory) versus those who emphasize the need for external validity (the context of the clinic).

What people say arises out of the relational matrix in any given research or epistemic community. Gestalt therapists recognize this as reference to the spheres of influence that comprise the *field*. Thus, the evidence of testimony is relative to a context.

The report from personal experience, in and of itself, is often regarded by some as constituting sufficient warrant; however, it is insufficient for others. When gestalt therapists assert the effectiveness of gestalt therapy and refer to their clinical experience, that would be acceptable to some, but when the lens of the field is widened it would be insufficient to others. Testimonial is a means for establishing warrant, but its degree of relativity is so high that it cannot stand alone to provide sufficient warrant.

Rejection of Warrant Based on Foundationalism

Sometimes people will attempt to justify one belief or assertion based on another (more foundational assertion), but if that supporting assertion is not warranted, one simply creates an epistemic regress. The skeptic would maintain that such regress is inescapable, that it constitutes an infinite regress, and therefore warrant is impossible. That would make all research futile, and therein resides the flaw in the skeptical stance. It is practically unacceptable, because within limits we can justify various kinds of beliefs and assertions and we simply must be responsible. Thus, Kvanvig (2007, np), speaking of coherentist epistemic justification stated,

This version of coherentism denies that justification is linear in the way presupposed by the regress argument. Instead, such versions of coherentism maintain that justification is holistic in character, and the standard metaphors for coherentism are intended to convey this aspect of the view. Neurath's boat metaphor—according to which our ship of beliefs is at sea, requiring the ongoing replacement of whatever parts are defective in order to remain seaworthy—and Quine's web of belief metaphor—according to which our beliefs form an interconnected web in which the structure hangs or falls as a whole — both convey the idea that justification is a feature of a system of beliefs.

This is an attractive way for gestalt therapists to consider the construct of warrant, because holism is already a central component in the belief system inherent to gestalt therapy. Thus, research in support of gestalt therapy would be most helpful if it provided many strands and intersected many other strands at points in such a web of meaning.

The Rejection of Conclusive Evidentialism

There is no way to escape the point that all "evidence" in support of practice is relative. At this point it might be helpful to establish some of the implications of that statement. Evidentialism in psychotherapy claims that unless there is conclusive evidence for the efficacy of a certain practice, one lacks warrant and should not engage in that form of practice. Addressing evidentialism in religion, Forrest (2006) observed:

Evidentialism implies that it is not justified to have a full religious belief unless there is conclusive evidence for it. It follows that if the known arguments for there being a God, including any arguments from religious experience, are at best probable ones, no one would be justified in having full belief that there is a God. And the same holds for other religious beliefs, such as the Christian belief that Jesus was God incarnate. Likewise, it would not be justified to believe even with less than full confidence if there is not a balance of evidence for belief. (np)

This is the crux of the problem. Some might claim that belief in gestalt therapy's efficacy/effectiveness is not justified unless one has conclusive evidence to support its practice. When put that way, the EBP movement is evidentialist in its approach to warrant.

I once met a psychologist trained in a strict application of such evidentialism. She found herself in a dilemma. She needed to conduct assessments for, and provide therapy to, an offending population, but she could not find specific instruments and interventions that were documented in the research literature for her particular population (a certain culture of people on a particular island nation where virtually no specific research had been conducted). Thus, she needed to operate with a relative degree of confidence, extrapolating from the research literature that she could find. This, however, flew in the face of her training, a training asserting the limits of application based on the model of empirically supported treatments (ESTs). ESTs not only describe intervention procedures, but also describe the appropriate populations for which such procedures apply. Thus, she was lost. She could not, in good

conscience, do the job for which she was hired in accord with the training she had received.

Consequently, the magnitude of evidence necessary to attain warrant is a relative quantity, and it cannot be ascertained in isolation. In every case, it must be assessed in connection with other components of a given situation. Warrant is contextual and the evidence that is available and applicable is relative to one's context.

Evidence-Based Practice

The American Psychological Association adopted a working definition of evidence-based practice, and they asserted that *evidence-based practice in psychology* (EBPP) is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences (APA 2006). They went on to make a critical distinction between empirically supported treatments and evidence-based practice and to open up multiple and relative streams of support as "evidence:"

It is important to clarify the relation between EBPP and empirically supported treatments (ESTs). EBPP is the more comprehensive concept. ESTs start with a treatment and ask whether it works for a certain disorder or problem under specified circumstances. EBPP starts with the patient and asks what research evidence (including relevant results from RCTs) will assist the psychologist in achieving the best outcome. In addition, ESTs are specific psychological treatments that have been shown to be efficacious in controlled clinical trials, whereas EBPP encompasses a broader range of clinical activities (e.g., psychological assessment, case formulation, therapy relationships). As such, EBPP articulates a decision-making process for integrating multiple streams of research evidence—including but not limited to RCTs—into the intervention process. (APA 2006, 273)

The APA task force pointed to a range of research designs that all contribute to the body of knowledge relevant to evidence-based practice. They include clinical observation, qualitative research, systematic case study, single-case experimental designs to examine causal factors in outcome with regard to a single patient, process-outcome studies to examine mechanisms of change, effectiveness studies in natural settings, Random Controlled Treatments and efficacy studies for drawing causal inferences in groups, and meta-analysis for observing patterns across multiple studies and for understanding effect sizes. With regard to any particular treatment intervention, the task force identified two considerations: does the treatment work—a question of its efficacy, which is most related to internal validity, and does it generalize or transport to the

local setting where it is to be used—a question of its effectiveness, which is most related to external validity.

In spite of the variety of these methods, globally a number of problems have been observed with EBPPs. They are limited in regard to the generalizability of the results in their empirical supports, and that leaves a lack of confidence in them among clinicians. Furthermore, clinicians are often distant in many ways from the processes involved in such research, and the results have low transportability to clinical practice. In addition, evidence-based movements overemphasize treatments and treatment differences, ignoring outcome results on psychotherapy demonstrating variation among psychologists, the impact of relationship, and other common factors (Wampold and Bhati 2004).

In contrast, Practice-based Evidence (PBE) provides a bridge for this gap between research and practice (Evans, Collins, Barkham, et.al. 2003).

Practice-Based Evidence

Practice-based evidence is a useful model and not just a play on words. It has been characterized as a bottom-up process of gathering data that relies on the experience of practicing clinicians to inform treatment (Dupree, White, Olsen and Lafleur 2007). Practice-based research networks (PBRNs) have been utilized to cooperate among clinician-researchers across diverse organizations in preventative medicine (Green 2007); such PBRNs seek to increase external validity and the generalizability of results. The mental health system in one locality, for instance, discovered that linking EBP with the research strategies associated with practice-based evidence (PBE) could improve service to clients. Outcome measurements were used to bridge between EBP and PBE, and they were based upon objective factors and clients' perceptions of care, often utilizing standardized measures at referral, during moments of assessment, the beginning of therapy, at discharge and then again at some interval following. In the agencies in question, this process became systemic and often provided useful clinical information as well as a read on client progress (Lucock, Leach, Iveson, et.al. 2003). Wade and Neuman (2007) found that integrating research skills into clinical processes could correlate clinical practices with treatment outcomes, providing helpful feedback to clinicians regarding the effectiveness of their methods. Unfortunately, they also observed that the average clinician lacks the time, resources, and expertise to work out such an integration without support. Several studies in the United Kingdom argued for utilization of an outcomes instrument known as the Clinical Outcomes in Routine

Evaluation (CORE) to assess the effectiveness of treatments from such a bottom-up, practice-based perspective (Barkham, Mellor-Clark, Connell 2006; Stiles, Leach, Barkham, et.al. 2003; Barkham, Margison, Leach 2001, Mellor-Clark, Barkham, Connell, et.al. 1999).²

Although many people have bridged the gap between EBP and PBE with outcome studies, surveys, and qualitative studies to discover patterns in actual practice, one of the research designs identified by the APA task force serves as both a form of evidence in support of EBPs and as a form of PBE. That is the single case time trial, otherwise also known as case-based time-series analysis. Borckhardt, Nash, Murphy, et.al. (2008) pointed out that the

...practitioner-generated case-based time-series design with baseline measurement fully qualifies as a true experiment and that it ought to stand alongside the more common group designs (e.g., the randomized controlled trial, or RCT) as a viable approach to expanding our knowledge about whether, how, and for whom psychotherapy works. (77)

They also pointed out that the APA Division 12 Task Force on Promotion and Dissemination of Psychological Procedures recognized such time-series designs as important and fair tests of both efficacy and/or effectiveness. Thus, the single-case research design can do a great deal for gestalt therapists. It is a design individual gestalt therapists can utilize at the level of the clinic to track the process of therapy with individual clients, and if they collect the data across several clients, they can make observations about patterns emerging in the way they practice. Further, aggregates of several gestalt therapists using the same designs could be used to observe still larger patterns.

Would these patterns provide conclusive evidence that gestalt therapy worked? No. However, they would contribute to a growing body of relative warrant.

The Role of Common Factors

The research in support of common factors is an example of coherent justification. The "common factors" themselves form a web of meaning, a contextualized, interlocking network of features. The research on common factors provides warrant for the belief that psychotherapy works because it "rides on the back" of these mechanisms of change that serve as ground

² See chapter fourteen for the example of a modified PBRN among gestalt therapists utilizing the CORE.

for all forms of psychotherapy (Sprenkle and Blow 2004). Common factors are decidedly practice-based in nature. Furthermore, some of the elements in that web of common factors are particularly consilient with gestalt therapy theory (see below).

Asay and Lambert (1999, 30) claimed that "common therapeutic factors can be divided into four broad areas: client factors and extratherapeutic events, relationship factors, expectancy and placebo effects, and technique/model factors." They attributed about 40% of positive effect to the first category, client factors and extratherapeutic events, and about 30% to the second, relationship factors. In the same volume, while examining qualitative research, Maione and Chenail (1999) corroborated such a delineation by identifying client factors, therapeutic relationship, and technical or model factors. Drisko (2004) asserted that common factors in clinical social work included the client and the client's context, the therapeutic relationship, and expectancy. Bickman (2005) organized the common factors somewhat differently and identified five categories of factors: client characteristics, therapist qualities, change processes, treatment structure, and therapeutic relationship. An Italian study (Gallo, Ceroni, Neri and Scardovi 2005) identified six common factors, three of which overlap other studies: therapeutic alliance, communicative style, regulation of expectancies, setting building, collecting personal history, and to keep the patient in mind. In a comparison of cognitive-behavioral, psychodynamic and interpersonal therapies, Bernard Beitman (2005) concluded that common factors accounted for most outcomes. Technique was important but accounted for about 15% of outcome while 55% of the change was attributable to patient variables.

In a commentary on Saul Rosenzweig's classic article on common factors (1936/2002) Barry Duncan concluded that

because all approaches appear equal in effectiveness, there must be pantheoretical factors in operation that overshadow any perceived or presumed differences among approaches. In short, he discussed the factors common to therapy as an explanation for the observed comparable outcomes of varied approaches ... in the spirit of Rosenzweig's legacy and the wisdom of the dodo, this article suggests that psychotherapy abandon the empirically bankrupt pursuit of prescriptive interventions for specific disorders based on a medical model of psychopathology. Instead, a call is made for a systematic application of the common factors based on a relational model of client competence. (Duncan 2002, 34)

In 1997 Bruce Wampold et al. published the results of a meta-study of effect sizes of various treatments described in six professional journals.

His findings indicated that the treatments sampled all had about the same effect sizes, thus corroborating Rosenzweig's early thinking. As has been seen above, other research has extended these findings to identify some of the common factors in question. Of course, it should be noted that some have found flaws in Wampold's research,³ but that is to be expected when the discussion is still fully engaged and there are diverse theories all competing for attention.

Reading Rosenzweig's original article, though, it becomes apparent that predating Frederick Perls and Paul Goodman, he had caught sight of some of the salient and important elements that eventually came to hold prominence in gestalt therapy theory. These were a shift to the present, the influence of the therapist's personality, the organizing influence of a well-developed theory, the mix between the personality of the therapist and that of the client—what is now known as an intersubjective relationship—and an emphasis on holism:

in attempting to modify the structure of a personality, it would matter relatively little whether the approach was made from the right or the left, at the top or the bottom, so to speak, since a change in the total organization would follow regardless of the particular significant point at which it was attached. (Rosenzweig 1936/2002, 8)

Common Factors and Gestalt Therapy Theory

Various researchers have identified common factors and in the process a few factors have emerged as a little more "common" than others. These are what the client brings to therapy (client factors and extra-therapeutic events), therapist qualities, the relationship between the therapist and the client, specific methods used by the therapist, and expectancy factors.

An experienced gestalt therapist would immediately recognize these features as belonging to gestalt therapy theory and practice.

- **Client and Extra-Therapeutic Factors:**
This is the field—all things having affect, and especially so this is the view of the field most associated with the client's life space. This is what the client brings to therapy that bears on the process of therapy and the issues to be visited during that process. This includes the client's cognitive-intellectual capacities. It includes those elements of culture, history, financial resources, and legal impact that affect the course of therapy.

³ See Crits-Christoph 1997, Howard, Krause, Saunders and Kopta, 1997

- **Therapist Qualities:**
This relates to the presence of the therapist as an authentic person, the capacity of the therapist for contact, and his or her training and experience. It includes the life space of the therapist.
- **Relationship:**
This concerns the relational qualities of the working alliance, and it relates directly to the gestalt therapy concepts inherent to dialogue—presence, inclusion, commitment to dialogue, and the creating of conditions permissive and conducive to dialogue.
- **Specific Method:**
Certainly, this encompasses the aspects of theory referred to above, but more specifically this also relates to gestalt therapy's reliance on a phenomenological method and experiment, for gestalt therapy is decidedly phenomenological and experiential.
- **Expectancy:**
This relates to faith in the paradoxical theory of change; it is a faith position more generally as well in that gestalt therapists trust that what is necessary will be supplied by the field (Brownell 2008).

Conclusion

Warrant pertains to the justification for beliefs and actions. The practice of gestalt therapy is warranted because of the testimony of satisfied clients and gratified therapists and the coherent nature of its holistic web of meaning. Where the field of gestalt therapy is currently focused is in the provision of evidence to support the theory and practice of gestalt therapy; however, such evidence can only be relative and can never be conclusive. Furthermore, the source of the evidence that does emerge needs to be from a mix of research procedures and methods so that the evidence-based practice of gestalt therapy is soundly based in practice-based evidence. Several considerations for bridging the gap between these two often polarized perspectives have been offered, and one of them, the observation that common therapeutic factors reside behind the effectiveness of psychotherapy, in a pantheoretic manner, holds promise for significant support for gestalt therapy because, among other things, the consilience that exists between some of the most common factors and the basic tenets of gestalt therapy bodes well for the soundness of gestalt therapy theory.

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CHAPTER SIX

TRAINING OF THERAPISTS

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Never ask direction from someone who knows the way, as you may not make a mistake.

—Popularly attributed to Rabi Nachman Braslav, source unknown.

The subject of training is a large one. An entire volume could be written about it; however, here the focus will be upon the training that is characteristic and appropriate to the preparation of gestalt therapists. The chapter provides discussions of the nature of training and what it means to be a trainer, training models, training methodology, content of the training curriculum, supervision, and evaluation of competencies. Given the context of this chapter in a book about research, there is also a discussion of the training of people adequate to function "as therapist" in research projects focused on gestalt therapy.

Trainers and Training

There is a major difference between practicing the profession of a gestalt therapist and training others to become such a professional.

Functioning as a trainer requires:

- A deep knowledge of the school of thought itself
- A breadth of knowledge of adjacent theories
- An ease and experience in the practice of the profession
- The interest to train others, to see them grow and develop
- The ability to do so
- Excellent comprehension of group work and facilitation skill
- Leadership
- The ability to assess success

"Trainer" is a profession in its own right. It is not the same thing as "teacher" or "professor," and it is not the same thing as "mentor." However, being a trainer shares elements of both teaching and mentoring. Gestalt therapy is an experiential process; so, training others how to do it requires an experiential pedagogy. The trainer is a guide. The trainer must know what he or she is doing and where he or she is going, and the trainer must be able to model—to function as a base for trainees who will at first tend to introject the trainer, but who will then differentiate from the trainer. Consequently, the trainer needs to be sound and grounded in his or her own authenticity.

In 1997 Yaro Starak outlined needed steps in the training of a trainer:

1. First comes individual work with a Gestalt Therapist. The individual is involved in the exploration of inner issues and clearing of unfinished life business. This individual work will determine whether the person is open to the exploration of the authentic self.
2. The individual becomes a student of Gestalt Therapy by joining a Center or Institute. Here the student may focus first on the many "techniques" and "tools" available. During this stage care is taken to help the student develop sufficient AWARENESS to realize that the techniques actually hinder the natural organic and spontaneous work with others. This awareness is developed in the group environment probably in the first year of training.
3. Graduate Gestalt Therapist/Practitioner. The graduate may have completed all the requirements and passed all the "loops" in the training process. However the "true" graduate is the one who is capable of a larger perspective and sees wider horizons of Gestalt as a way of life and not only a way of "doing" therapy. Such a person shows considerable sense of compassion, respect and humility in the therapeutic work.
4. Assistant Trainer at a Gestalt Training Center. Some candidates are invited by the faculty to become assistants to trainers and teachers who conduct seminars and workshops. This sort of "apprenticeship" must be no less than two years (a weekend per month). The assistant learns to be confident and grounded in presenting Gestalt theory, leading a group with personal presence and teaching experientially. A minimum of two years working with clients is recommended, feed-back on this work and getting supervision or coaching from the senior trainer.
5. Gestalt Trainer/Educator. After two years of assisting and under the guidance of the senior trainer, the candidate may be invited to become an associate member of the Institute. While training others it is crucial to continue the process of self-improvement, supervision by peers and keeping informed of new developments in Gestalt theory and practice.

6. Senior Trainer/Gestaltist. Achieving this position on the path requires at least five years as a member of a training faculty of a recognised Gestalt Institute or Center. Publication in journals and writing is greatly encouraged in order to keep developing Gestalt Therapy as a fresh and reality grounded healing method. (Starak 1997, np)

According to the standards of the European Association for Gestalt Therapy (EAGT, 2008) a trainer is someone who has been functioning as a gestalt therapist for at least five years and worked under the supervision of a senior trainer. The trainer has proven his or her qualities as a trainer either by exam or by other criteria such as lectures, publications, or by following a program of training the trainer. It is recommended that a trainer continue to contribute to the development of gestalt therapy through writing, conference presenting, research, and so forth.

Training Models

It helps to understand how gestalt therapy training is similar and different from the type of training a person might experience in a training program outside of a gestalt institute, say in a doctoral program for clinical psychology.

Boswell and Castonguay (2007) suggested that an adequate training program for psychologists would be "conducted within a systematic, organized, cohesive, and flexible program, which is most likely to involve a series of sequential stages or phases" (2007, 379). They went on to outline a series of steps including the exploration of various clinical orientations and the eventual identification with one, allowing the student to progressively gain depth and begin to assimilate aspects of psychotherapy from other perspectives into their developing practice. They further recommended that training programs striving according to the scientist-practitioner model stress an emphasis on principles of change, wherever students might find them.

Understand what is being suggested; the change factors are found in the research literature like "nuggets" a miner might discover in the streambed alongside relatively worthless rocks. The student would then pick and choose those that fit for him or for her.

While gestalt therapy training models would also emphasize a sequence in the training, it would be organized quite differently. For one thing, there would be no exploration of other models with a view to choosing one of them. There might well be a survey of other clinical perspectives, but the whole idea of training at a gestalt therapy training

institute would be to learn gestalt therapy and to do so with some depth and competence. Further, trainees learn the practices of gestalt therapy in a systematic fashion and all linked to the theory of gestalt therapy. Thus, practice is grounded in a unified theory and not in an idiographic, eclectic collection of change factors. If trainees learn principles of change, they do so within a context of cohesive theory and respect for idiographic *experience*.¹

As an interesting peripheral issue here, gestalt therapy's theory of change, while established in the gestalt therapy literature, has not been put to the test, and it would be interesting to see what happened if gestalt therapy's method were examined and compared to the array of change factors established by researchers of psychotherapy in general. One hypothesis might be that under the broad category of a paradoxical theory of change, gestalt practitioners would find numerous change factors, as understood outside of the field of gestalt therapy, and that understanding those, trainers might begin to incorporate them more deliberately into their training programs.²

Fauth, Gates, Vinca, et.al. (2007, 384) asserted that traditional psychotherapy training practices that emphasize "didactic teaching methods, adherence to manual-guided techniques, and/or application of theory to clinical work via supervised training cases, do not durably improve the effectiveness of psychotherapists." They further claimed that although "such trainings tend to demonstrably improve adherence to the psychotherapy model at hand, they do not enhance psychotherapist competence or effectiveness beyond the training period itself" (Ibid.) Pointing to the training principles explicated by noted scholars such as Hans Strupp and Jeffrey Binder (2004), or Jeremy Safran (1991) and Chris Muran (2000), they suggest that "psychotherapy training should focus on: (a) a limited number of 'big ideas' and (b) psychotherapist metacognitive skill development via experiential practice." (ibid., 385) Fauth, Gates, Vinca, et.al. (ibid.) further stated that high levels of structure in the training program were helpful to trainees and they pointed to a study by Safran, Muran, Samstag and Winston (2005) that showed that "experiential training emphasizing experiential self-awareness and mindfulness practices were more successful than their traditionally trained counterparts in working with treatment resistant personality disorder

¹ Here the reader might benefit from considering discussions of phenomenology in chapter one, the introduction to this volume, and in chapter eight on the phenomenological method.

² See chapter five on "practice-driven evidence."

patients..."(385), defining mindfulness as a moment-to-moment awareness and acceptance of one's own experience.³

With regard to training in gestalt therapy, the big ideas referred to above are the primary tenets of gestalt therapy theory, with many smaller ideas clustered around each. The entire training model is experiential, with trainees working as client and as therapist, often in their first year, augmented by didactic, reading, their own psychotherapy from a trained gestalt therapist, and supervision of early and rudimentary practicum.

The majority of gestalt therapy training around the world is based on the principles of gestalt therapy. A worthwhile gestalt therapy training program is conducted in the spirit of the gestalt philosophy in congruence with the obvious teaching of the theoretical and the practical aspects of gestalt therapy. By doing that, it follows a fundamental building block—*being what is talked about in as holistic a manner as possible.*

Traditionally, training involved demonstrations of gestalt work (Feder, 1980) in groups and was based on a mentorship model in which the student learned from the trainer in much the same fashion as those of guilds and apprenticeships (Brownell, Levin and O'Neill 1997). This is still true, but with the increased professionalism demanded of all psychotherapists, gestalt training programs in many places have become more "content" loaded and competency-based than they used to be.

In contrast to some other approaches, where the founders set a central curriculum, the determination of what traditionally was an acceptable level of training, and what actually lead to competency as a gestalt therapist, was largely ad hoc and left to the determination of individual trainers or institutes. This left gestalt training with the disadvantage of a relative lack of coherence of standard, and the advantage of a theory that was growing and developing, often in subtly different directions depending on the ideas and cultural backgrounds of the trainers and writers. As a result, today training does vary from country to country and with accreditation in some continents, such as parts of Europe and Australia, there has arisen a more extensive, long-term academic training model with agreed upon competencies and curriculum as part of this process.

Neither of these predominant models of training, mentorship or academic, have been researched through gestalt training institutes, and, beyond this limited discussion, gestalt training methods have not been compared to existing research literature on the subject. One way in which

³ The reader is reminded at this point of Eva Gold's and Steve Zahm's points in chapter two about how what others know as "mindfulness" is what a gestalt therapist would understand immediately to be a basic skill in gestalt therapy.

future research could be of very practical benefit to the gestalt community is in this area of training.

That having been said, in the mentor style model, the academic model and the holistic model in gestalt therapy the development of theory, skill and self are seen as integral and crucial to working as a gestalt therapist. Hence theory, personal development and skill development are woven together supported by ongoing supervision. This system fits with the theory itself, which asserts that the therapeutic significance of an intervention lies in the co-created relationship rather than in the administration of a standard technique. Thus, the gestalt therapist as well as the trainer must simultaneously be evaluating any intervention from a theoretical perspective and from the perspective of what it might signify in any particular relationship. For example, a suggestion for an experiment may lead to an empty enactment by an over compliant client, rejection by a combative client, or an interested engagement from a client who is not stuck in either of these poles. The therapist must therefore be able to assess the meaning of each intervention in the ongoing flow of the therapeutic relationship.

Finally, and specifically with regard to preparing gestalt therapists who are competent to engage in the wider fields of psychotherapy and clinical work, it is proposed by this author (Phil) that gestalt training models need to be amended to include the teaching of research and the modelling of a positive attitude toward research. Charles Gelso (2006) found that programs aspiring to the scientist-practitioner model did not sufficiently equip their students to develop new research, or even utilize research literature to any great extent, unless the entire training program exuded a positive attitude toward research and toward science in general. Gestalt therapists will not engage with and learn from research literature, and they will certainly not begin to develop practice-based evidence in support of gestalt therapy, if they are set adrift having experienced no reason, no "evidence" in the modelling of their trainers and peers in the training program, to do their own research. Gelso's work points to the need for research to become a standard, welcome, and exciting component in gestalt therapy training programs. *We need to amend our model.*

Training Methodologies

As a basic outline of the training and supervision processes it could be said that initially the trainers teach theory, do demonstration sessions and facilitate exercises. Then as the training progresses, students take on a greater degree of the articulation of these three components and start

practicing themselves in each domain so that they have the opportunity to teach the group, demonstrate therapy work and facilitate group learning. However many institutes involve the trainees from day one, in experimentation of actual therapy working with one another while observed. These revolving roles invite the observer to learn to assess and comment on the therapy. A substantial training in assessment then becomes more than a tool, it becomes an internalised habit.

Training programs utilise a range of learning approaches to assist the integration of theory skill and practice. These include the use of didactic teaching, modelling and skills demonstration, experiential learning experiments, personal work, working as a therapist and a combination of trainer and peer feedback, supervision and processing to co-create a learning environment. The degree to which training programs utilise some or many of these training modalities is also determined by a combination of the style of the trainer and the school of training, including its locality (i.e. a country where gestalt therapy has some constituted form of accreditation or not).

Some institutes lean toward a more informal, creative, and even artistic approach to the training, often attracting trainees from the visual and performing arts, while others lean toward a more formal approach stressing professionalism, often attracting people seeking post-graduate specializations in gestalt therapy to augment their existing graduate educations and/or professional certifications. The methodologies selected for each of these kinds of emphases often correlate accordingly. For instance, Dineen and Niu (2008) discovered that using a creative process to teach graphic arts to Chinese students facilitated more competence in creative and artistic design, and in the same way, when gestalt trainers utilize a creative and experiential approach to the teaching of gestalt therapy, trainees develop freedom and creative expression in their clinical work. On the other hand, when gestalt training programs demonstrate care for standards of ethics and practice, they exhibit the same concern for professionalism inherent to training programs in the wider field of psychotherapy (Jones 2008).

Although mentoring has been discussed when viewed as a model, mentoring is actually a training methodology. Mentoring implies the strategic use of relationship, something discussed by Nevis, Backman and Nevis (2003) in connection to working with dyads. That is, the mentoring relationship is developed and nurtured for the purpose of helping trainees become competent and confident, and to assist them to transition into independent practice.

Mentor relationships (mentorships) are dynamic, emotionally connected, reciprocal relationships in which the faculty member or supervisor shows deliberate and generative concern for the student or trainee beyond mere acquisition of clinical skills. (Johnson 2007, 259)

Mentoring has been shown to contribute significantly to competence and career advancement in such diverse contexts as sports psychology (Tod, Marchant and Anderson 2007), nursing (Melnyk 2007) and experimental psychology (Evans and Cokely 2008), and Caferry (2007) reported that dialogue within such a mentoring program proved significantly helpful. Thus, whether by forethought or by accident, the relationships that develop in gestalt therapy training programs take on features of formal mentoring programs, and the benefits of mentoring, observed in other contexts, accrue also for gestalt therapy trainees.

Mentoring can also be seen as one among a constellation of various related methodologies that are useful in gestalt training institutes. The critical reflection necessary to assimilate the complex experiential dynamic that occurs in gestalt training groups can be facilitated by coaching and action learning (in addition to mentoring). While writing of the training processes in the development of management skills, Gray (2007), for instance, identified storytelling, dialogue, and reflective journaling as some of the means by which trainers seek to inculcate critical reflection and coordinate experience, knowledge and action. It is this kind of ability that gestalt therapy training facilitates in gestalt therapy trainees. However, gestalt's "action learning" is directly linked to the phenomenological, dialogical, and field-relevant specifics of individual trainees as they learn to work with the complex situations presenting to them in their training groups, in their clients, and in supervision.

Training Curriculum

The curriculum in a gestalt therapy training institute usually consists of elements of content and competence.

The content depends on various matters, and it can vary from institute to institute. Where gestalt training institutes are concerned with meeting regulatory standards for larger health care organizations and government agencies, the curriculum is influenced to address required elements leading to certification (and "certification" can be understood as the authoritative bestowal in some way of the privilege to practice). The curriculum is also influenced by the writing interests of core faculty—or the lack of such interest. Of all that matters, though—all that can affect the selection of curriculum content for a gestalt therapy training institute—it is the theory of

gestalt therapy and the history of its development that occupy pre-eminence. Thus, gestalt therapists look back at their predecessors, at the founders, at their own trainers and supervisors, and they typically pay their respects by including the thinking of those people. Gestalt therapy trainers typically teach a great deal about the phenomenological method, dialogue, field theory and the use of experiment in connection with holism, self-regulation, and a paradoxical theory of change. They may differ in emphasis and how they apply these various central theoretical tenets, but the curriculum would be lacking without considerable time spent on understanding gestalt therapy's theoretical base.

This can be seen in the table below showing the curriculum requirements of the EAGT.

Table 6–1: EAGT Curriculum Requirements

Topic 1	<i>History and Roots of Gestalt Therapy:</i> philosophy; anthropology; psychoanalysis; existentialism; phenomenology; gestalt theory; eastern philosophies
Topic 2	<i>Theory of Gestalt Therapy:</i> Organism/environment field; figure/ground resolution; creative adjustment; model of change; authenticity; contact-withdrawal experience; theory of self; awareness/consciousness; polarities; resistances; therapeutic process, etc.
Topic 3	<i>Human Organism and Environment:</i> theory of personality; health and sickness; child development; person in society.
Topic 4	<i>Techniques of Gestalt Therapy:</i> experiment; amplification; dream work etc
Topic 5	<i>Diagnosis:</i> differential diagnosis; DSM IV; psychodynamic diagnosis; gestalt diagnosis.
Topic 6	<i>Different Clinical Approaches:</i> neurosis; psychosis; borderline; psychosomatic; addictions.
Topic 7	<i>Fields and Strategies of Application:</i> individual; couple; families; groups; addictions; therapeutic communities; organizations etc
Topic 8	<i>The Gestalt Therapist in the Therapeutic Relationship:</i> Transference; counter-transference; dialogue; contacting
Topic 9	<i>Principles and Applications of Ethics.</i>

(EAGT 2008)

Competency

The training curriculum is also usually based on some facility with regard to a group of core competencies. For instance, Jenny and Brian O'Neill developed a set of core competencies for their Wollongong (Australia) institute, and the competencies their trainees are required to demonstrate sort into three dimensions: personal competencies, theory competencies, and practice competencies (see below).

The construction of a list of explicit competencies is the vehicle by which expectations in these areas are made clear. They also offer a set of criteria which is used for assessment as to whether or not the trainee is functioning at a level that an institute or accreditation body would accept as being that of a gestalt therapist.

Before examining the three dimensions of competency mentioned above, it is helpful to consider some of the subtleties of this construct.

Competence refers to the professional's overall suitability for the profession in the guise of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in psychological practice ... *Professional competence* starts with training and becomes a life-long process. Additionally, professional competence is context dependent such that the salience of each competency as well as its components and how it is executed varies according to setting. Competencies are demonstrable components of competence that reflect effective performance and can be evaluated against well-accepted standards ... *Capability* refers to the enhancement of overall competence via individual competencies, whether through performance improvement, adapting to different situations, or generating new paradigms of knowledge (Leigh et al. 2007, 464)

Whether a trainee be evaluated in terms of his or her personal, theoretical, or practice competencies, there needs to be some consideration of the trainee's knowledge, decision making skills, performance and personal attributes, and practice-based skills and tasks (Leigh, et al. 2007).

Various training institutes will organize the curriculum in diverse ways, so they address the issue of competency differently. The method of the Wollongong institute is in part suggested here for heuristic purposes.

They have constructed a progression of competencies that are based on their understanding of the successive influence of various factors. At a surface level the counsellor or therapist may perform a certain *practice* such as asking "What are you aware of now?" and this can be based on a number of underlying *principles* such as "encourage the flow of awareness from moment to moment," that may be based on a *personality theory* that

sees human beings as capable of awareness and able to choose once they are aware, which in turn may stem from a *philosophy* that proposes that awareness and choice give meaning and pattern to a person's life.

It would be unprofessional to understand or describe a therapy from a particular technical practice (such as an empty chair) unless one integrates this with the underlying principles, personality theory and philosophy. Any practice of counselling or therapy approach is lifeless when not linked to principles, theory and philosophy.

Personal Competencies

The development of personal qualities is an essential component of gestalt training. These qualities are, of course, subjective in nature, and thus somewhat problematic in terms of measurement and assessment. Nevertheless, given their importance, a lot of attention is paid to students' development. Most training institutes make personal therapy a requirement for the duration of the training.

Theory Competencies

The theory competencies comprise knowledge of the aspects of gestalt therapy commonly agreed upon and an ability to use them as lenses by which to understand practice situations. As with the variety of training methods, the agreed theory required for a gestalt therapist does not, as yet, have a worldwide uniformity; yet, in accessing the contemporary literature there is some degree of commonality, and the historical development of gestalt therapy theory can be traced through the successive writings of the founders and their trainees.

Early definitions of gestalt therapy that tried to encapsulate it into a simplified formula are scant. One of the first profoundly simple definitions of gestalt therapy was given by Frederick Perls himself. He stated (1970) that the two philosophical pillars on which gestalt therapy rests are phenomenology and behaviourism. In the same book Elaine Kepner (1970) wrote about gestalt therapy as phenomenological behaviourism. Perls also spoke about the strengths of both awareness and the present moment (here-and-now), and he brought a wide variety of other influences, such as Zen and existentialism, into his thinking about gestalt therapy.

These early definitions do not provide the development of gestalt therapy theory that is available today; therefore, training programs that do not utilize more contemporary theoretical writing should be considered

lacking. Contemporary trainees have the benefit of decades of writing by gestalt theorists, and they can even participate in the ongoing evolution of theory and practice by subscribing to listserv discussion groups such as Gestalt-L, which began in 1996. As is suggested by this book, the four chief pillars of gestalt therapy theory are the phenomenological method as applied in psychotherapy, dialogical relationship, field theory and its various strategies and applications, and experiment. Associated with these, and clustering to them in various configurations, trainees will encounter in the typical gestalt therapy training program, additional subjects such as self-psychology, self-regulation, personality theory, creativity and creative adjustment, figure-ground relationships, contact and contact boundary dynamics, theory of change and change factors, the present moment and a parade of contemporary issues based on the ongoing assimilations that gestalt therapists make from their cultures and professional interests. Here, incidentally, is where greater utilization of research literature would further enrich the ground of gestalt therapy.

Practice Competencies

The practice competencies are to be acquired via theoretical understanding, demonstration and experimentation supported by on-going supervision. There is a need for an ongoing honing of the student's skills through feedback and reference to theory. These skills are taught through each unit, and are particularly focused on in the supervision meetings.

That said, with regard to one facet of the training curriculum here is how these things might coalesce:

Table 6–2: Competencies From Philosophy, Principles, and Practices: Dialogue

Philosophy/Theory	Based on the dialogical philosophy of Martin Buber. In therapy this involves the engagement of the therapist and the client based on experiencing the other person as he or she really is, showing the authentic self and sharing phenomenological awareness. Gestalt/Buberian dialogue embodies authenticity and the ability to conduct high quality contact.
Principles	The notion of contact is an organizing principal when addressing the dialogic relationship. Dialogue occurs in the contact boundary between one and the other—the environment. Dialogue is in the ability to hold

	different qualities of contact the I–Thou stance is enabled by a contactful engagement.
Practices	Dialogic method: presence, inclusion, commitment to dialogue, non-exploitative stance, dialogue is lived
Personal Competencies	Aware of own contact boundaries; Aware of own contact functions; Aware of own contact disruptions; Experience of holding polarities in self and of own contact episode; Ability to self disclose in response to the needs of the other person; Meeting the other person clearly ; Ability to be immediate; Ability to be aware of the experience of the Between; Allowing self process to be as is; Self acceptance and acceptance of others process; Living from a dialogical perspective
Theory Competencies	Contact and Contact Functions; Creative Adjustment and Contact Disruptions; Models of Contact Process; Applying Models of Contact; Principles of Dialogical Psychotherapy – Presence; Inclusion; Commitment to dialogue; Dialogue is lived; Integrating the Principles of Dialogical Psychotherapy in Practice; Ethics and Dialogical therapy; Therapeutic Alliance and Dialogue
Practice Competencies	Identify Contact Boundary Contact Functions and Contact Disruptions.; Use of awareness cycle to map and work with a session; Use of Contact Episode to map and work with a session; I-Thou relationship; Self-disclosure and Sharing the therapist’s phenomenology; Immediacy; Entering the world of the Other; Inclusion and “Clear seeing;” Ability to commit to the dialogical process trusting in “what is;” Ability to “allow;” Able to express dialogue through various lived modes ; Ability to develop and initiate dialogical experiments

Supervision

Supervision is a professional relationship between two people or between one person and a group of people with the purpose to provide oversight and review of the supervisee's clinical work so as to ensure its quality (Maclean 2002).

Supervision is the process in which the trainee discusses and reflects on his or her work with the clients/patients, and that helps the trainee in his or her professional development as a gestalt therapist. Supervision is a central process in the training of gestalt therapists.

Brad Johnson defined supervision and identified various salient elements in the supervisory process as follows:

Supervision may be described as a relationship form encompassing such varied roles as didactic expert, technical coach, therapist, role model, and evaluator, and supervision always demands attention to quality control screening, such that clients are provided with acceptable care, supervisees are prevented from harming clients, and those without sufficient skill or appropriate psychological fitness can be referred for remediation ...

... supervisory functions include (a) provision of performance feedback, (b) coaching and guidance in the conduct of psychotherapy, (c) communication of alternative views and perspectives about dynamics and interventions, (d) contribution to the supervisee's professional identity development, and (e) the provision of a secure base from which to explore theories, interventions, and styles ... Beyond discrete functions, however, supervision is necessarily a multiple relationship incorporating aspects of teaching, personal therapy, collegial problem solving, apprenticeship, and formal performance evaluation (2007, 259-260)

Evaluation

The question of assessment is complex and often not addressed at all or not addressed enough. At the same time, supervision is a profound assessment measurement of the comprehension of training and theory even though it is not necessarily addressed as such.

If you wish to get the taste of how this looks and feels, please join in the following experiment: Sit back, take a couple of peaceful breaths. Try to find out, "What does a good therapist look like; how does one act; how does one work? How does a good therapist know that the work he or she is doing is successful? What comprises a successful therapeutic journey?"

Take as long as you feel right for you to take and dwell on the thoughts, feelings, colours, smells—learn more about what "successful" means to you.

There are three "places" to look at when addressing this question—one is the assessment of adequate therapy by the therapist, and another is the assessment of the efficiency of the training by the trainer with the trainees. The third is the effectiveness of the supervision. Of course, in the context of this chapter, the evaluation in question relates to standards of training that would be sufficient to warrant certification.

As an aside, does this line of "questioning" qualify as research? A valid debate, no doubt. To us it does.⁴ We suggest that people look at the wider meaning of research as a tool for assessment of the validity of an action.

Do we owe it to the profession to develop traditional academic researchers as part of the general training? We are somewhat in disagreement about that. What would "traditional" mean in this context? Do we believe that research is essential to the development, integrity and ethics of gestalt theory and practice? We do.

Training "Therapists" for Research Projects

For the purposes of this book, we also have to ask whether there is some subset of the curriculum that needs to be taught to people who will engage as research-practitioners in the gestalt field. Can this be carried out by people who are trained for the purpose of a research project alone, or only by fully (or nearly-fully) trained gestalt therapists?

This is not an academic curiosity, because the gold standard of evidence-based practice is the randomly assigned, controlled trial/treatment. These are research projects in which therapists are trained by reference to a manual that describes concisely what is to be done, how, how much and when. The question then becomes, what constitutes sufficient training to produce someone who can perform gestalt therapy that sufficiently matches the description in such a manual, so that researchers can claim that what was observed and evaluated in the actual research project was, in fact, *gestalt therapy*. If one were, for instance, to use the method section of this book to train people, and the research-trainees were asked to simply read that section of this book, would that be enough? What if they were asked to read the book and then attend two practice sessions? What if they read the methods section and then attended six weeks of intensive and experiential training in gestalt therapy from an experienced gestalt therapy trainer? What if their "therapy" sessions were recorded and expert raters were used to weed out any subjects in which a majority of therapy deviated from acceptable gestalt therapeutic process? Would that be good enough? If so, what might that say about standard gestalt therapy training that takes three or four years?

The problem for a partially trained researcher is that a gestalt therapist will always be working on many different levels at the same time: what the therapist observes the client doing (breathing, posture, voice tone,

⁴ Indeed, this exercise and description verges on a qualitative process of research. The reader might benefit from consulting chapter three in this volume.

etc.); what the fixed, uncontactful and unaware behaviours are for the client; what those might mean in terms of the relationship with the therapist (so not assuming the client will act this way in every situation); what the client might be wanting from the therapist; what it might mean relationally and therapeutically to either go with or diverge from those wishes; the therapist's own experience as information about the field; whether to propose an experiment or to let the dialogue unfold; and so on. To achieve this multilevel facility takes considerable training and practice. One hypothesis asserts that to take a less sophisticated approach, the simplified version of gestalt therapy that only a partially trained individual would manifest, would reduce effectiveness. If that were true, a relatively untrained researcher would be in the strange situation of testing a theory not fully utilized! Of course, this is something that has not actually been tested; in fact, it is one of the aspects of gestalt therapy that could become a research question in itself: "What is the minimum amount of training necessary to achieve an acceptable level of competence as a gestalt therapist?" How might one measure that? Would it be the grasp of theory, the quality of the working alliance in the dialogical relationship, or effective outcomes for the therapeutic process?

These, and many other issues await the organized observation and evaluation of gestalt-oriented researchers focused on investigating the training of gestalt therapists.

Conclusion

Gestalt philosophy trusts that the way to develop and create change is in the holistic combination of experience and awareness. This is a foundation to any understanding and exploration under the gestalt discipline. In training gestalt therapists we are to teach the theory, to follow a curriculum, to arrive at basic competencies and to be able to assess levels of success of the therapeutic work. The training includes learning about and experimenting with the art of the therapeutic process. Training, supervision, and personal therapy are the three building blocks in the creation of an ethical, integrity-full, creative and thoughtful practitioner.

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PART TWO:
A METHOD WORTH INVESTIGATING

CHAPTER SEVEN

A UNIFIED THEORY

SYLVIA FLEMING CROCKER

... we propose a theory to describe and explain the world or parts and processes in it. We do so partly to provide a basis for practical actions so that their order is least in conflict with the causal order of the world.
—Husain Sarkar

The Nature of Theory: Philosophical Assumptions

The truth of the commonplace “Every person is a philosopher” lies in the fact that everyday living requires at least a tacit set of beliefs about what kind of place the world is: what is possible or impossible, how change happens, what other people are like and how they are likely to behave, what is good or desirable and bad or undesirable, and so on. Similarly, every therapeutic approach is necessarily under girded by a certain set of assumptions: the nature of the human being, what constitutes health or functionality and disease or dysfunction, how therapeutic change happens, the nature and role of relationships, and so on.

All systems of belief—whether comprehensive or limited, whether consistent or contradictory, whether in everyday life, in science, or in psychotherapy—are *cognitive constructs* that go beyond what appears in sensory experience. Every theoretical system necessarily begins with a set of assumptions that cannot be established beyond all doubt. These assumptions are thought to be somehow “obvious” and to be borne out by some form of “experience.” Since immediate experience itself does not reveal the connections between and among events, cognitive systems offer explanations of how things are related and how events happen. These regard the practical things we most wish to understand. Moreover, our desire to know extends far beyond how events in the physical world happen; we also want to understand the vast range of personal, interpersonal, and social relationships, as well as the meaning of life.

Clearly, there is a wide range of opinion about what is and what is not *obvious* and what kind of *experience* is definitive, and there are no unassailable means for settling the issue. Nonetheless, all practical behavior—including the development of theories—must begin somewhere; otherwise, no one would know what to focus on as significant or how best to deal with any problem at all. Most people come to some kind of conclusions about the existential questions, often under the influence of systems of religious and philosophical belief, and these are notoriously incapable of rigorous proof.

Theories *explain* or *predict* the data of experience (Proctor and Capaldi 2006) and *guide* practice. As Lewin famously remarked, “Nothing is so practical as a good theory” (1951, 169). Good theories guide us to the means by which we can achieve the ends we desire. They also help us to refine our understanding of those ends. And so we might add to Lewin’s appraisal of theories the Socratic maxim that unless we know what the goal is we will not know whether we are moving toward it or away from it. Without knowing the direction in which we wish to go, we will not know how to select those means that will most effectively take us there. The function of theories, then, is to assist us in the practical endeavors of life, as we strive not only to survive but also to realize our hopes and dreams.

As a prelude to setting forth gestalt therapy’s theory in as consistent a manner as is possible, I will begin by spelling out those assumptions that I believe underlie the thought and practice of gestalt therapy. Since gestalt therapy theory is still developing, I will, at several points, argue for certain principles that I believe are consistent with the gestalt approach, in the hope that this will help to push the limits of our theory as it continues to evolve.

I have argued elsewhere (Crocker 1999) that there are two major philosophical paradigms in Western thought, the Platonic (1961, 1975) and the Aristotelian (1960, 1984), and that Gestalt therapy is primarily based upon the Aristotelian paradigm. The Platonic paradigm is concerned with the world of change *only* as a pathway for the rational discovery of pure, essential forms. According to this view, empirical investigations of the world cannot yield pure knowledge because the world is a realm of imperfect representations of these universal essences. *Nor can individual things be known, except as they embody a collection of essences.* For the Platonist the universal essence is ontologically prior and superior in value to the individual instance of it. This approach is essentially static, *favoring rest* over change as the fundamental condition of reality. The paradoxes of Zeno, like Plato, the intellectual disciple of Parmenides, are intended to

prove that motion and change are rationally unintelligible and therefore impossible.

The Aristotelian paradigm, in contrast, is dynamic, giving priority to *motion and change*, and thus focusing primarily on the actualities and potentialities of changing things in a comprehensive system of change. It is a field-theoretical approach to knowing, always considering the context in which an event occurs. It gives ontological priority to the individual, and views the mind as capable of understanding universal truths, patterns of interaction, and change by means of abstraction and synthetic generalization. *For Aristotle the individual can be known experientially through actual contact informed by an understanding that has been gained through reflection upon empirical experience.* I hope it will become increasingly clear that gestalt therapy employs the Aristotelian paradigm in its approach to human living and to the therapeutic task.

While gestalt therapists work within the limitations inherent in human knowing, most assume a position akin to Kant's (1958) *critical realism* concerning the relationship between the world that *appears* in experience and the world as the *source* of these appearances. Yet unlike Kant, who refused to assert any kind of similarity between these appearances and their source beyond experience, a more pragmatic position—and one that is more compatible with the gestalt approach—asserts that *there must be some analogous similarity* between what we immediately perceive and the objects they represent. If there were no analogous relationship, then we would have the (probably unsolvable) problem of understanding how the successful practical application of knowledge in the world of our experience is at all possible.

Idealism—the view that everything is nothing more than thoughts in a mind, in particular in the individual mind—is also pragmatically incompatible with the gestalt approach. If what-is is nothing more than our own percepts and ideas, then we would be stuck with the problem of explaining how it is that we meet with resistance when we try to act practically, and of explaining what prevents all of our dreams and strivings from coming true.

Further, materialistic reductionism is incompatible with gestalt therapy theory, in part, because so much of our experience is qualitatively not reducible to *matter in motion*. Moreover, we know from lived experience, that the hopes, desires, and plans that an individual person entertains, the actual choices he or she makes, and the overt behavior she or he performs, determine how the brain actually functions at a specific time. More specifically, materialism in and of itself seems entirely incapable of explaining why the brain (or the gross movements of the body) functions

precisely as it does at *a specific time* rather than functioning in any of the millions of other possibilities of which it is capable. Few of the goals that people pursue and the factors that are involved in discovering and evaluating the means to them are essentially bodily in nature. It is a person's hopes, dreams, and value-realizing pursuits that explain much of the body's actual behavior; the body itself and its abilities to function do not explain why a person pursues the non-physical goals he or she does. *Here the brain's processes are servant to the person's purposes.* The critical realism that tacitly under girds the thinking of most gestalt therapists is most compatible with their central focus on what amounts to the multi-dimensional events in a client's existential field.

What idealism and materialism have in common is the assumption that there is some kind of ultimate *stuff* of which reality is composed. But this is a necessary assumption *only* if one's ontological system is focused primarily on *nouns*, one that attempts to understand what real things are *made of* and their *composition* or *form*, rather than on *processes* and *interactions*. The Platonic paradigm is noun- and adjective-oriented (1961, 1975), while the Aristotelian paradigm (1960, 1984) is concerned primarily with verbs, adverbs, and dynamic relationships. Aristotle regarded "matter," "form," "substance," "actuality," and "potentiality" strictly as *analytical tools* that take on specific meanings only in specific contexts. While one of his assumptions was the eternity of the existing world of changing things, Aristotle was above all concerned with the processes of growth or change and interactions among things existing in a dynamic system, rather than with their qualitative or quantitative compositions (Randall 1960). Similarly, gestalt therapy is primarily concerned with processes of interaction and change, and as such it tacitly assumes a verb-adverb-oriented ontology. This tacit assumption needs some elaboration.

A verb, or action ontology focuses more on time than on space, with *space* and *time* both being regarded not as existing entities in and of themselves, but rather in the relative sense of *where and when events of any kind happen*. When space is no longer reified, and when we think of *what-is* as a *nexus of many interpenetrating dimensions of possible events*, then "space" takes on many relative meanings: cognitive space, spiritual space, intimate space, physical space, market space, and so on. Analogously, time is when and at what rate the events in these spaces occur. Modern theories of space (Green 2004) do not really need to reify space (as they do), since what they are essentially attempting is to explain the possible directions in which dynamic events may occur in fields of influence with certain kinds of dynamic structures. From this point of view

reality can thus be regarded as a dynamic and ordered whole of many interpenetrating dimensions, in which events occurring in any dimension are capable—in principle and under certain conditions—of reciprocally influencing events occurring in any of the other dimensions.

This is not really a far-fetched notion, since even in physics *matter* is regarded as nothing more than a complex system of electrical *events*—and electricity has much more in common with *nothing*, with no-thing, than it does with solid things or an eternally existing and indestructible material *stuff*. There is no necessary inconsistency in holding that the physical system of actions and interactions gives rise to other kinds of realities that are not essentially physical. For example, in spite of the fact that the human brain has evolved as a physical fact, it is used in ways that have to do with and lead to real things that are not physical, such as the sacrificial striving to realize hopes and dreams, experiences of beauty and love, philosophical and scientific theories and so on. Given that physical things are ultimately patterns of electrical events, *physical things themselves are ultimately and fundamentally not physical!* Such a position makes the concept of holism—in which experience occurs in many dimensions—of greater explanatory value than is possible with an ontological position of materialism, idealism, or any form of dualism.

How then can we understand what we mean by “existence” or “being?” In an action system *to exist* means *to have actual (and potential) effects*, to make a difference in what-is and in what happens or can happen in time and circumstances. While all events occur in definite fields, there are varieties of fields, and influence is reciprocally exerted in a variety of ways. *Gestalt therapy takes into account any and all types of factors that significantly influence what happens in the events of a person’s living*. Its first premise is that organisms can be understood *only* by focusing on them as they interact with others in the contexts in which they actually live (Perls, Hefferline and Goodman 1951).

Gestalt therapy, therefore, can be seen as *beginning* with the holistic assumption, based on everyday, lived experience, that what-is is an individual whole of many dimensions in which emotions drive behavior, bodily states influence thoughts and moods, in which thinking influences bodily behavior, purposiveness guides thought and action, and so on. In other words, everyday living gives evidence that every event is, in principle, capable of reciprocally influencing and being influenced by nearly every other event, regardless of the dimension in which it originally occurs. In such a system cognitively generated problems of how things of different kinds, such as mind and body, can interact simply do not arise, since *the interactions are assumed at the outset*. From the gestalt

viewpoint the distinction between mind and body is strictly *a distinction of reason, not a real distinction*.

Contextual Assumptions

All living requires an environmental context, and contact—the interactions between the organism and others in its actual environmental setting—is absolutely central to every organism’s life. Gestalt therapy is thus a *field-theoretical approach*, recognizing that any understanding of a person’s life must take into account his interactions with those factors in his environment that influence him in significant ways. Further, since human beings are herd animals, and since no one can survive, let alone become fully human, without the influence of other human beings, every human being’s environmental context is necessarily both social and interpersonal.

While field theory has come into prominence through the science of physics, the concept of “field” is not limited to the physical sciences. As a technical term “field” can be understood in two major ways. It can be an ontological, physical reality,¹ as mentioned above, but it is not limited to that. Lewin (1951) pointed out that a given *interest* organizes a field; thus “field” here means a *domain of interest*. Such a field is always limited to those factors that reciprocally influence whatever the person’s figure of interest happens to be.

Gestalt therapy is field-theoretical in both of these senses. It is important to keep in mind that a vast number of significant activities and their influences are not physical in nature, many of them occurring in “spatial” situations that are non-physical. For example, many problems that human beings address arise and are addressed in a kind of cognitive-affective environment: the novelist struggles within the story space, the musical composer works out how to express his own vision within—or beyond—a domain of musical norms, a theorist works within a domain of received knowledge and the judgment of his colleagues, the moral dilemma an individual struggles with occurs within a domain of values where two or more values are in irreducible conflict yet a decision must be made, and a couple seeking to work out their problems engage each other within the domain of interpersonal relating.

Because we are concerned with a person’s many-faceted existential field we are, therefore, mindful of the fact that the wholeness of human living occurs (as indicated above) in the many simultaneous and

¹ Editor: See discussion of the reality of the field in chapter eleven, this volume.

interpenetrating dimensions: physically, mentally, emotionally, purposively, aesthetically, spiritually, and relationally with other individuals and as a member of society. These are not separable spheres of what-is; rather, what-is must be seen as a *nexus* of many dimensions of possible experience or action; human living occurs within that nexus of dimensions. In many cases, if not most, what happens in one dimension of a person's life reverberates throughout other dimensions of her living, so that an emotional experience, for example, also involves cognitive and physical processes, and may also involve other dimensions of experience such as aesthetic, spiritual, and interpersonal relating.

The therapist must be sensitive to the kinds of environments that are relevant to the difficulties the client is dealing with, and she must attempt to discover the ways in which the interactions between the person's behavior and the events in those environments influence the client's present living—indeed, how certain aspects of many of these interactions during his lifetime have been internalized and are still “alive” in the present. Together, client and therapist explore and experiment with how the client reveals himself to the therapist within the therapeutic context, as well as his patterns of response to significant situations in his present life. In these ways client and therapist have “ever more intimate contact with the activities of the human organism as *lived* by the human organism” (Perls, Hefferline and Goodman 1951, 21). As a result of this contact the organization of that living gradually emerges, and becomes more and more available for change.

The Organism

In their interactions with environmental others, every organism constantly and ineluctably organizes the influences that come from these interactions, creating and re-creating itself as the *dynamic organismic whole that is its actual living*. With regard to the human organism, that aspect of one's living that involves awareness is a dynamic whole of memories, learnings and beliefs, habits, preferences, associations, emotional responses to interactions with important persons, and so on. Seen within an ontological framework where there is no ultimate indestructible “stuff,” all existing things, including organisms, are *dynamic action systems* living reciprocally within a dynamic system of change. The ever-changing (within certain parameters) organization of each organism's living gives rise to—as well as limits—the possibilities for action, interaction, and change. Organisms, like all other existents, have only a transitory existence, yet it is possible to discern a kind of continuity in the

changes that occur during the courses of their existence. When we speak of an organism's *identity through change*, from an *objective* standpoint, it is this discernible continuity to which we are referring.

Organisms, in contrast to inorganic things, have the power of *agency*. One of the major ways in which organisms show their capacity for agency is the fact that they are *self-regulating*. They are able to respond not simply passively to internal and external changes and to the impact on them of others' actions; they are also able to be selective in how they permit these actions to influence them. Perhaps most important of all is the fact that organisms can *initiate* processes of change, which they do in pursuit of the goals they need and/or desire, and to escape from factors that they perceive as threatening and hurtful. The behavior of organisms is clearly goal-seeking or *purposive, not random*.

Moreover, how the influence of others is sustained by an organism is rarely simply passive; rather, an organism usually responds according to some fairly definite preferences as it includes some aspects of that possible influence and excludes other aspects and as it then transforms what it includes in order to make it useful. The fact that organisms are not indifferent to what happens to them shows that how they function is informed by their intrinsic (positive and negative) *affectivity*. In most organisms these preferences are determined by their DNA, while preferences in the so-called higher animals are both innate and acquired through experience.

In the conscious living of human beings one of the major ways in which affectivity shows itself is in the *personhood of the person*, since persons both *originate* and *bestow value* upon certain things and events and actively strive to realize their desires for them. Human living is *personal*. Because their experience possesses a high degree of connectedness, human beings are able to range over the past through memory and into the future by means of imagination. Thus human living is marked by a complex of desires for and actions on behalf of goals that, in various ways, lie in the future. At some level and with varying degrees of awareness, every person likes some things but dislikes others, experiences wanting some things while rejecting others, and has (at least tacit) limits on what he will and won't put up with, or settle for. *The complexity of habitual patterns of behavior* that each person develops in pursuit of what seems good to him, and those other patterns by which he avoids or fights against what he dislikes or finds threatening, are usually what we mean when we speak of someone's *personality*.

Unlike other animals, every human being has a sense of an "I" that accompanies all of "My" experiences, and this gives rise to a sense of

“Myself” as the *subject* to whom these experiences belong. This is the *subjective* basis of each person’s sense of identity through change. Yet, many of the individuals who come to us for help do not know themselves very well. Many of them feel confused about their desires and their own affective limits, and are often unaware or are only vaguely aware of their feelings when various interactions with others occur. Thus part of the work of therapy involves helping them become more clearly and vividly aware of how they really and fundamentally feel and what they really want, and then supporting them as they develop the necessary courage to act on behalf of and in accordance with these feelings and desires.

Everything that is characteristic of human nature and human living is manifested in the kinds of *contact* human beings have with *environmental and internal* others. Understanding the nature of contact is, therefore, fundamental to the work of the gestalt therapist.

The Centrality of Contact

Contact is central to all life, and it is central to the processes of gestalt therapy. The fundamental meaning of *contact* is that it is *meeting with the other*. Growth of all kinds involves taking in what is “other” and assimilating it in ways that lead to some form of maintenance and/or growth, whether we are speaking of ingesting food or of learning, either *formally* or through *experience*. Since the concerns of gestalt therapy are psychological, the technical understanding of contact is *aware meeting with the other*. Such contact is possible only where there is an awareness of difference, of what is not-me. We often speak of the *contact boundary* as the “place” of meeting. It is important, however, not to reify this boundary and regard it as a separately existing entity, but to understand it strictly as a function of the meeting itself. As a technical term “contact boundary” has only a relational meaning, the function of which is to call attention to the fact that in contact two or more “others” meet and mutually affect each other, *but they do not merge into each other, becoming a single entity*. As therapists we are concerned with the *quality* of those aware processes within a client’s existential field, by which that person interacts with others in that field as he deals with the complex issues pertaining to survival and growth.

The Pragmatists rightly understood that most of the living of all organisms is devoted to solving a great variety of practical problems, and that these processes go on throughout the entire life of the organism. There are, of course, forms of contact that are not primarily practical, such as play, intimate relating, religious and sexual ecstasy, aesthetic experiences,

and various forms of contemplation and meditation. While these are important to a whole life, they play a much smaller role in human living than practical endeavors do. Most of the time we are solving problems, large and small. The solution to one problem is always succeeded by new practical problems that need to be attended to. Most people who seek the help of therapists experience less-than-satisfying attempts to solve their problems, and so it is important for a gestalt therapist to understand the nature of *functional* problem solving, as well as how it can become *dysfunctional*.

A contact episode occurs according to the following scheme. It begins as a person feels some excitement and interest in a situation, about which the person feels “something needs to be done.” The figure of what that “something” is becomes increasingly clear as she looks around for an immediate solution. Finding none, she must then set about discovering what solutions are possible within the current field. She then evaluates these possibilities, selecting one and setting aside the rest. As she identifies with and then acts upon her decisions in favor of a given possible solution, the problem is usually satisfactorily solved and the figure is destroyed.

Two major analyses of the process of contact have been offered in Gestalt therapy. In the Perls, Hefferline and Goodman (1951) text Goodman analyzes it in four moments or phases. *Pre-contact* is that phase in the process in which the person feels some excitement and begins to form a figure of interest. The second phase is *Contacting*, the decision-making process, in which the person discovers possible solutions to the problem at hand, evaluates them, decides in favor of one of them, “alienating” the rest, as he progressively “identifies with” the one. *Final-Contacting* occurs as the person fully identifies with the solution as he engages in “a spontaneous unitary action of perception, motion, and feeling” (ibid., 403) on behalf of the brightened figure that originally prompted the process. Finally, *Post-contact* is the process by which the person assimilates the experience of contact into his ongoing living; this occurs largely out of awareness.

Joseph Zinker (1978) and others associated with the Gestalt Institute of Cleveland have developed an alternative analysis known as the *Cycle of Experience*. The context of this analysis is within the organismic cycle of contact and withdrawal, beginning with the individual in a “neutral” state of spontaneity, or creative indifference. Following that, the first stage in the cycle of experience is referred to as *Sensation*. Here the person is not practically concerned with anything in particular but is aware of what is going on around him and of sensations or proprioceptive perceptions

within. The next moment in the process is *Awareness* as the person becomes focused on the emergence of some need that attracts his practical interest. The *Mobilization* phase involves a rise in physical and emotional energies as the figure brightens and the mind begins to discover and weigh possible means for effectively dealing with the figure of interest. This leads to *Action* as the person chooses and acts in what seems to be the “best” solution to the problem, followed by the experience of *Contact* in which the person actually experiences the effectiveness of his action on the problem at hand. This is followed by the *Satisfaction* phase in which the person enjoys the sense of accomplishment and completion of the process as the figure recedes or is destroyed. At that point the person moves into a state of *Withdrawal*. In healthy individuals the person becomes available for contact again as the cycle starts over. Unlike the Perls, Hefferline and Goodman model, this analysis does not deal with the process of assimilation, a process that goes on primarily out of awareness.²

In psychotherapy a good theory not only helps the practitioner understand her therapeutic goals and experiences, it also gives practical directions for intervening in order to help the dysfunctional person become more functional as he lives through time and circumstances. In particular, given the centrality of contact to human life, a good theory should provide a kind of “map” to alert the therapist to points in the process where blockages can and do occur. Each of these models is intended to serve this purpose.

No matter which analysis a therapist employs she is always concerned with how the processes of interaction with others becomes blocked or distorted in ways that prevent the person from achieving satisfactory solutions to the problems of his life. This is the central issue in psychotherapy, and it gives rise to the following theoretical questions: “What inhibits or distorts these processes?” and “How are such processes of contact possible?” The first question gives rise to ways of understanding contact distortion, while the second raises issues about the nature of the self and of what kinds of capacities human beings possess that enable them to carry on processes of contact.

Historically, gestalt therapists have paid a great deal of both theoretical and practical attention to what are variously described as contact “interruptions,” “disturbances,” or “distortions.” I prefer “distortions”

² Editor: Other gestalt theorists would assert that the cycle, or continuum of experience, does, indeed, include an assimilation phase that is sometimes known by other terms, such as “reflection” or “resolution”(see Woldt and Toman 2005, Melnick and Nevis 2005, 2000, Nevis 1987, and Scheinberg, Johannson, Stevens, and Conway-Hicks in chapter fourteen of this volume.)

rather than "interruptions" since dysfunctional contact is still contact even though its impact is at variance with what the person intends or desires.

In Perls, Hefferline and Goodman five contact distortions are given: projection, retroflection, introjection, confluence, and egotism. Since then two others have been proposed: deflection and profection. But there are many more forms of contact distortions, not to mention the vast number of combinations such as confluent projection, or egotistical retroflection, and so on. Fully functional contact requires both a realistic appraisal of one's own strengths, limitations, and desires, as well as a realistic appraisal of the nature of the problematic situation, a practical grasp of the possibilities for effective action, and some degree of clarity about the likely impact of one's possible behavior. Each of these contact distortions involves some loss of clarity about either self or others, and thus leads to behavior that usually fails to achieve the intended effect and/or has unforeseen counterproductive or negative consequences. For example, a person who projects onto another person the power to bring about a change in their relationship will often resort to manipulation of the other person in order to get him to *change*. Usually the manipulated person feels resentment and the projecting person himself is left feeling frustrated, hurt, and angry. Direct communication and taking personal responsibility for helping change to happen is apt to have very different outcomes.

The Self

Because contact is central to living and to the processes of gestalt therapy, the theoretical question arises: "How is contact possible?" In other words, what functional capacities must a human being possess that enable him to carry on processes of contact? The theory of the self, first set forth in Perls, Hefferline and Goodman (1951), is an attempt to answer this question.

Paul Goodman, the principal author of the theoretical half of Perls, Hefferline and Goodman, adopted Freudian terminology—*id*, *ego*, and *personality* (rather than super-ego)—in his analysis of the nature of the self. Yet its meaning undergoes a transformation as these terms are seen within the context of gestalt therapy's holistic and field-theoretical approach.

In contrast to the reductionistic meaning of *Id* in psychoanalysis—where all *motivation* comes ultimately from bodily deficits and drives—in Goodman's analysis motivation is not limited to bodily impulses and states. In his attempt to make clear his understanding of the meaning of "Id" Goodman analyzes the hypothetical situation in which the person is

merely relaxing, unconcerned about anything in particular. Fragments of sensations and thoughts pass in and out of the person's unfocused awareness, and "the body looms large" (Perls, Hefferline and Goodman, 381). In the cycle of experience this is the "sensation" phase. If no figure begins to form and brighten, then the person eventually falls asleep. However, let us imagine the following possibilities: the person may suddenly remember that he was to meet someone at that time, or he may have an inspiration for a passage in a poem he has been struggling with, or he feels the urge to urinate. In any of these cases his state of rest is interrupted by a dawning figure that brightens and prompts the mobilization of his energies and his practical thought processes ("awareness" and "mobilization" phases in the cycle).

It is a mistake to take the statement "the body looms large" as an indication that Goodman thought of Id as a function of the body (Philipson 2001). Goodman was concerned with developing a holistic theoretical structure for gestalt therapy, and it is clear throughout the theoretical part of the Perls, Hefferline and Goodman text that *motivation in this system can stem from any area of human concern and activity*.

In Goodman's understanding, as it was in Freud's, *Ego* is the self's practical function, the ability of the self to discover possible solutions to problems, and to weigh them in terms of such evaluating criteria as efficiency, costliness, elegance, side-effects, and so on. At the end of this process the self decides in favor of a given alternative, and finally moves beyond deliberation into an identification process that Goodman describes as relaxing into "a spontaneous unitary action of perception, motion, and feeling" (ibid., 403), ("action," "contact," and "satisfaction" in the cycle).

Personality, in contrast to Freud's Super Ego, is conceived of by Goodman as a set of habitual responses (that can be verbally replicated) that influence how a person responds to a variety of situations. This contrasts with Freud's concept of the Super Ego, the administrator of a set of exhortative and inhibiting principles.

In my opinion, there are several problems with the use of Freudian terminology in this theoretical analysis. First, Freudian language is not experience-near and thus it is not phenomenological. Second, the terminology is not clearly oriented toward dynamic actions, and thus it is not suggestive of the *self's functions or capacities to carry on certain kinds of processes*. Third, it tends to regard the self compartmentally, rather than seeing how the self is a whole in which every aspect mutually interacts with every other aspect. Fourth, as I will show, it is an *incomplete* analysis of the self's capacities to function in processes of contact. Finally, it is based on an ontology that is a form of materialistic reductionism. I

will suggest an elaborated alternative analysis, which will not only employ phenomenological and process language, but will more clearly show where blockages in contact processes often occur, and which will provide the therapist with a more detailed “map” to guide therapeutic interventions.

I propose to understand the self’s capacity for contact in terms of *six functions*, three of which have an overarching influence on how a person engages in contact, and three that deal specifically with moments or phases in a given contact episode (Crocker 1999).

The *Contact* and *Withdrawal Function* is the self’s ability to be available for contact or in a state of withdrawal from it. Contact with others within an individual’s present field requires that the person be actually available for contact, and not in a state of withdrawal.

Whenever something rouses excitement during the course of a person’s day he responds with *Interested Excitement*, which begins to mobilize his bodily energies and to engage his cognitive and evaluative processes.

The person engages in *Decision-making* as the figure of interest brightens and the person becomes more focused. The contact process continues to move forward because of the self’s ability to look for readily available solutions and, finding none, to imagine possible solutions. He then weighs and evaluates these, and finally decides in favor of a given solution. These complex behaviors are possible because of the self’s *Decision-making Function*.

The *Choosing Function* enables the person to move from decision, which is largely a cognitive process, to action, which involves a unity of mind, body, and emotions. This is what Goodman is referring to when he speaks of the process of “identifying” with a given solution, and alienating or dropping all concern about the other possibilities. No doubt Goodman’s Aristotelian background (Stoehr 1994) had impressed upon him the difference between deciding (thinking and evaluating) and choosing (overtly acting as a whole). However, Goodman inadequately developed what he meant by the process of “identification” that ends in action, making it appear to be the result of ego function when, in fact, it is a *holistic act* involving cognition, affirming motivation, and actual behavior. The result is that his treatment of *Full Contact* gave no hint of one of the major problems people deal with in therapy—the problem of translating thought into action, of intentional purpose languishing in inaction.

The *whole-making* or *synthesizing function*, together with the *contact function* and the *learning* or *habit-formation function* impact every phase of a contact episode. Human beings constantly *synthesize* wholes, whether digesting nutrients, making plans, telling stories, playing games, creating

adaptive behavioral responses, working out theoretical explanations, developing a working “map” of the world, a sense of personal identity, and incessantly ordering and reordering their experiences into a living whole as life goes on. These are all accomplishments of the self’s ability to synthesize many types of wholes, and these wholes clearly impact how problems are recognized, alternative solutions are selected and weighed, and how they affect the person’s ability to translate thought into action.

The *Habit-formation* or *Learning Function* is the self’s ability to practice skills and behaviors so that they become habitual, requiring only a minimum of awareness. Many of these skills are simply part of normal human development, and others involve deliberation and practice, both in the process of acquisition of a given skill and of its modification or rejection. Without this capacity, ordinary life would be impossible, since each person would have to learn everything anew every day. This function becomes dysfunctional when someone employs habitual, often stereotypical, responses to situations that actually require careful evaluation and behaviors appropriate to the situation in question. Such dysfunctional contact often seems stale and all-too-predictable. It usually produces results that are unsatisfying. This group of learned responses is usually referred to as someone’s *personality*. Here, however, personality is seen as the *product of a function*; it is not the function itself.

In a therapeutic approach a model of the self should be judged by two criteria: how well it reflects what people actually experience in their contact with others, and its value in guiding practice. A good model guides the clinician in discovering and assessing where the blockages are to healthy function in a client’s living, and it suggests points and kinds of interventions that could be effectively employed. In my opinion, the model I have just described gives a more complete account of the self’s functional abilities to engage in processes of contact than the one that is given in Perls, Hefferline and Goodman.

Moreover, this model clearly indicates where the blockages can occur in these processes. To take a few examples, there are many ways in which a person’s availability for contact becomes dysfunctional, with some individuals being phobic about being close and exposed, while others are phobic about being separate from and unrecognized by others. Many of the contact distortions are employed to deal with these fears. With respect to excited interest, it is common for people who have lived with neglect or abuse not to notice either of these, or if they do notice, they fail to come to the conviction that something has to be (or can be) done to change the situation. Here the therapist’s task is to help raise the client’s awareness, and to give support as the client becomes determined to make a change. In

decision-making some clients' impoverished maps of the world can blind them to important and viable solutions to problems, while others readily see a wide range of alternatives but get stuck in the evaluating process and/or cannot bring themselves to make a decision. The old saying, "the road to hell is paved with good intentions," points to the very common problem associated with moving from thought to action. Numerous factors, such as fear of consequences, lack of courage, lack of skill or confidence in performing certain behaviors, contribute to this. Each of these suggests to the therapist sets of interventions she can employ.

As gestalt therapy theorists have reflected on the nature of the self, they have divided roughly into two camps: those who see the self as persisting throughout the life of the person and as being the agent of contact and growth, and those who see the self as having an episodic existence, emerging only when the person engages in situations involving contact, otherwise receding into non-existence. The opposition between these two positions stems from the fact that Goodman himself was clearly of two minds on the subject when he wrote the theory part of Perls, Hefferline and Goodman—as a careful reading of the text shows (Crocker 1999).

It is important to bear in mind that it is the person who endures through time and change. It is the person who is aware of himself as the subject to whom all of his experiences belong, who is able to act with awareness, and who endures through change. The human self in this context must be understood in terms of human processes and action. Every person possesses a *complex set of abilities to act with awareness* as he or she interacts with others in pursuit of goals, needs, and desires. In my opinion, *the self is this complex set of abilities*.

The self should never be understood as a kind of independent and indestructible "ghost in the machine." Every attempt to construe the self in those terms always involves answering the question "How do you know?" by referring to certain actions that make a difference in what-is. And yet one can only point to the actions of an individual person, never to the actual self. The self is revealed in how a person acts,³ and the processes she or he carries on that lead him or her to act in certain ways. Indeed, the person is himself an action-system, interacting with other such systems in fields of change. Human beings, like most other organisms, possess a number of abilities to act that continue to exist as *potential powers* even when they are not being actively used. The power to see or to hear continues to be a *real potentiality, a real power*, even when no seeing or

³ Editor: The reader may also find interesting the views of Karol Wojtyla (1979) on this point.

no hearing is actually happening. The self does not have an independent existence; the self exists only as a set of abilities in an existing human being. *When it is not being actively used, the self has only potential existence; the self overtly exists only when it is actually being used, but the person whose self it is endures for a lifetime.*

Theory of Practice

Most of the issues that bring people into therapy involve problems with how they habitually use their abilities to make contact with their world. The central characteristic of all gestalt therapy methods is that they *focus on contact*, the ultimate goal of which is to help client's *learn how* to have functional and satisfying contact with others. Gestalt processes thus aim at helping a client have lively contact between himself and what is happening nonverbally in his body and his feelings, with his needs and desires, with his environment, between the client and each side of a polarity, through the use of imagination to help him have expressive and illuminating contact with significant others in his life, as well as between the client and therapist herself. Early in my career as a gestalt therapist a colleague suggested a helpful rule of thumb that many gestalt therapists keep in mind in doing therapy. She referred to it as the "No Gossip Rule," the essence of which urges the therapist to remain alert to the opportunity to have the client move *away from talking about* significant persons and situations, and to ask him to *talk to* them or to suggest some way for him to have contact *with them*. The therapeutic situation, then, is a kind of laboratory in which the client can *re-learn* how to do business with his world in ways that bring him satisfaction and a sense of well-being.

Gestalt therapists *do not*, however, *aim directly at* either change, satisfaction, or at a sense of well-being. That is because intrinsic to the gestalt therapy approach is what is called *the paradoxical principle of change* (Beisser 1970), which asserts that human change will not occur unless or until the person fully faces what-is, until he comes to a detailed and vivid grasp of how he *actually lives and typically behaves* in his current circumstances. Persons who look away from what-is as they wish for and futilely strain toward a different life usually remain stuck. The tactical aim of gestalt methods is thus the *letting-be-of-what-is*. Therefore, much of the work of gestalt therapy is the *here-and-now* exploration of and experimentation with how the person lives his everyday life, his involvements and habitual patterns of response in dealing with significant people and situations, as well as, ultimately, with the very organization of

his living itself. In this way what-is gradually *stands-out-in-the-open*. Paradoxically, that is how human change happens.

In the gestalt approach the therapist herself *as a person* plays a central role. She comes to the meeting with a client with a ground of personal and professional experience, knowledge, and understanding. Every person wishing to become a gestalt therapist is encouraged to become a client herself in order to work through any unfinished business or other issues that function as a distorting screen in her contact with her own clients. Part of the work of the therapist is to function as a *sensing instrument* who is receptive to and curious about the verbal and nonverbal self-revelations of her clients. The gestalt therapist is (ideally) committed to being *clearly present* to the client, welcoming and supporting the client's ability to reveal himself at increasingly deeper levels. Through her ability to listen actively to the client's story, she communicates her caring and her willingness not to judge or shame the client. And by helping the client tell his story in concrete and specific detail she is able to discover many fruitful points of intervention.

Ideally, a gestalt therapist will have internalized the theoretical principles elaborated above in such a way that they have become part of her present functioning, thus providing a set of lenses that inform her point of view and her understanding of the therapeutic task, and that sensitize her curiosity. They *do not*, however, provide any of the *answers* about the client or place him in neat therapeutic categories. Rather, her theoretical ground and experience help the therapist *notice*, as possibly significant, certain aspects of a client's self-revelation—such as voice quality, body language, the presence of certain assumptions about himself and/or other people, and so on. Her curiosity about these aspects suggests to her a series of working hypotheses, which in turn suggest a variety of possible experiments that deepen awareness and enliven the process. The unfolding experiences the therapist has with the client either tend to confirm some of the hypotheses or lead the therapist to reject or modify them.

The actual therapeutic practice of a gestalt therapist is guided and informed by three *practical* principles: *the paradoxical principle of change* (as discussed above), *the phenomenological method*, and *dialogue*. The phenomenological method and dialogic relationship are discussed elsewhere in this book, with an emphasis on method, but they will be discussed briefly below with regard to theory.

Just as gestalt therapy is not a “talking cure, neither is it a kind of “depth psychology,” though in actual practice it is able to *discover and work with the* ground of a client's behavior as the organization of his living is progressively discovered. However, in the application of gestalt

methods therapists focus on the *surface manifestations* of a client's living. We take as the *starting point* of gestalt therapeutic processes how the client reveals himself in the surface phenomena of his present verbal and nonverbal behavior. *The phenomenological method* involves the therapist's being open to the present self-revelations of the client, without *imposing upon* those revelations a meaning coming from the therapist herself, from gestalt theory, or from a diagnostic category. Rather, through the processes of becoming aware of, then exploring and experimenting with these self-revelations, therapist and client *together* track the *personal logic* of the revelations in order to discover the unique meaning they have in the client's living.

In gestalt therapy *meaning resides in the relation of figure to its ground*. In practical terms this means that, as the therapist explores and experiments with the client's present phenomena, she is actually tracking that person's *unique logic* in order to discover how the client relates figure to ground, or how the ground gives meaning to the figure. For example, if someone tells us about those feelings that come over him when he deals with a present authority figure, we may well discover, through the therapeutic process, one or more unresolved difficulties the client has had with authority figures in the past. Finding a way to resolve these old difficulties in therapy may open up for the client new behaviors he can begin to practice in his current situation involving an authority figure.

As the work of therapy goes on over time, and as the therapist forms a succession of working hypotheses about the meaning of what the client is presently presenting, the therapist remains open to how the person's self-revelations evolve. Whatever hypotheses she entertains are held only lightly, being modified or discarded in the light of the client's subsequent revelations. *A cardinal principle of the phenomenological method is that the client's own experience and how he actually reveals himself always takes precedence over any theories the therapist may have about him*. The method itself *never* produces the answers, but it permits therapist and client together to engage in processes out of which the meaning of the client's experiences emerge.

Central to the entire therapeutic process is the *dialogic relationship* between therapist and client. Gestalt therapy is *dialogic* in two ways. Gestalt therapists regard gestalt processes as clearly collaborative, with therapist and client engaging in ways that result in the progressive revelation of the patterns and organization of the client's living. The therapist must be open to, interested in, and curious about what-ever and how-ever the client reveals himself. The therapist's task is to facilitate the process and to give support to the client as he learns how to support

himself in his new ways of living. A second way in which gestalt therapy is dialogic is that the interactions between therapist and client are sometimes the venue for therapeutic work, as a client's old patterns of response are re-enacted in relation to the therapist. One of the important principles of the work of a gestalt therapist is the commitment to deal with the client as a *real person*, not as a blank screen or as someone playing the "therapist role." Therefore, the relationship between client and therapist is a *real* relationship. It is a widely held opinion among gestalt therapists that an effective therapist is committed to *interacting with* the client, to *affecting and being affected by* the client in *truthful* ways. The presence of the therapist who is, within limits, self-revealing and openly interested in the client as a person works against projective and retroflective processes.

The persons who come for help have usually developed *adaptive patterns of response* to inhospitable situations in which they found themselves earlier in life. While these had survival value at the time, they are anachronistic and counterproductive in their present lives. Yet because these patterns have become "second nature," i.e. habitual and quasi-automatic—therefore requiring only minimal awareness—the person does not understand how he is contributing to what continues going wrong in his current life. Or if he does understand, he feels incapable of changing. By finding ways to make contact with the living ground of a person's present behavior, by discovering with the client those dysfunctional patterns of response—thus bringing them into awareness where they can be explored and experimented with—a gestalt therapist can aid the person in *undermining* how these patterns "live" in his existential ground. When the negative influences from the person's past experiences no longer exist in his present living, they are either forgotten or live only as distant memories.

Gestalt therapy theory is unified by constructs that endure across its four main tenets and mold them into a framework that is both solid and dynamic. Theories of the self, contact, and action, as well as theories of health and change abide whether one is focused primarily on the phenomenological method, dialogic relationship, field theoretical strategies, or therapeutic experiments. Every time there is a phenomenological inquiry it takes place between people, in the context of a relationship, and involves contact. Because the meeting between therapist and client is alive, it is therefore to some extent unpredictable and experimental. The therapeutic situation thus provides both therapist and client opportunities to practice behaviors that are improvised to fit *this here-now* situation—a skill that is essential to living authentically and well in the everyday situations of life.

To summarize, in contrast to a number of other therapeutic approaches that seek to discover the category into which a client's behavior places him, gestalt therapy aims at the discovery of the *uniquely personal meaning* of what a client reveals about himself in the here and now. *The point of gestalt therapeutic processes is to enable both client and therapist to have contact with the living organization of the situated client's life*, how the influences in his life have been assimilated or accommodated, and how some of them continue to "live" and to exert their influence on his present living. The very processes by which client and therapist come to grasp the unique truth of a client's living begin to open the door to change. And, further, as a person comes to a deepening understanding of himself, he becomes clearer about the life he *wants to live and how he wants to be*. The therapeutic processes themselves, together with his relationship with the therapist, also produce in him *the courage to step out further into that life*.

Existential Assumptions: Health and Fulfillment

The *paradoxical principle of change*, in effect, states one of the principles of a healthy and well-functioning human life: the processes of growthful change begin with discovering and taking seriously *what-is* and *how-it-is*. In human terms this becomes: "*Who am I?*" and "*How do I live?*" When we ask the question "What is the truth about being a human being and how does truthful human living go on?" we find that the answer is two-fold. *Each person is both a unique individual as well as a member of the human family*. Each is programmed by his DNA and by family and society to grow to human maturity, both as an individual and as a member of society. However, what constitutes mature, healthy, and functional living for an individual is sometimes in conflict with what constitutes living well as a member of society. The resolutions of such conflicts most often come from the responsible person's improvising solutions that fit the peculiarities of the situation itself, sometimes with his having to choose "the least of the evils." In general, these two identifications must be *held in tension*, without favoring one or the other. Each domain of living must be seen as providing a *set of limiting conditions* for the other domain.

Martin Buber's concept of *I and Thou* (Buber 1958) provides one of the assumptions that informs gestalt therapy's fundamental humanism and sheds light upon how the two domains in which human beings live serve as limiting conditions for each other. Buber distinguishes between *I-It* and *I-Thou*, where things that are *It* are valuable primarily because of their *usefulness*, whereas a *Thou* is something that is *intrinsically* valuable,

something that is an *end in itself*. Things that are *It* have value *bestowed upon them as means to ends*, while *Thou's* originate and actually bestow value. From this perspective, every person must be regarded and treated in ways that unfailingly honor the fact that that person is an end with intrinsic value, a *Thou*, and must *never* be treated as *only* a means, as an *It* whose value is that of utility. Everyday living involves both the practical pursuit of relative ends that in turn become means to further ends. It is often the case that our interactions with other people involve treating them as means that serve the ends we are pursuing. And yet our behavior toward them must reflect the fact that we are mindful of the fact that they are *never* merely means but are *Thou's*. Or as Heidegger (1962) has asserted, given the nature of what it is to be a human being, the appropriate way for human beings to deal with each is with *care*.

Therefore, an individual person should not “do his thing” *at the expense of other people*, dealing with them strictly and solely as means to his private ends. How a person “does his thing” is properly limited by the intrinsic value of other people as ends and as bestowers of value. To live as though “I alone am an end with intrinsic value” and “My desires and needs are superior to everyone else's” is to *live a lie*. Similarly, the *reality of the intrinsic worth of the individual persons who are citizens* limits the kinds of laws and institutions that are politically legitimate: these must all respect the intrinsic worth of society's individuals. This means, among other things, that laws and institutions must not reduce one segment of society to the level merely of means for an elite group to secure privilege or wealth. Moreover, institutions should not be structured so as to produce Procrustean uniformity, but to encourage the diversity that comes from the development of both the uniquely personal *and* the social aspects of human living.

Within these limiting conditions, then, what does a well-lived life look like? A healthy person is realistic about his own strengths and limitations, has a realistic view of the world in which he finds himself, and interacts with other persons with realism, openness, and respect. He also commits himself and actively pursues goals he views as worthwhile. Further, human beings both need and want to be with other human beings, for cooperation, support, and companionship. Human development itself absolutely requires interactions with parental figures, teachers, and friends who are peers. Indeed, the humanity of people who have no peers becomes grossly distorted and sometimes even monstrous. We learn how to be human through our interactions with other people with whom we share our world and who both support and limit what we can do.

Human beings inevitably reveal themselves verbally and nonverbally in everyday life, and yet the most inward truths (Latin: *intimatus*) remain concealed until and unless they are welcomed and supported to stand-out-in-the-open (Latin: *existere*). Human beings are made for intimacy, for relationships in which each person is free to reveal herself and can be known and affirmed as the unique person she is. This most often happens between close friends, lovers, and with therapists. Ideally, these relationships provide the necessary conditions of welcoming, openness, and caring that encourage a person to reveal what is innermost. A gestalt therapist is consciously committed to providing these conditions so that client and therapist together can discover the client's deepest truths.

Since all human beings are *goal-seeking*, or *purposive*, a healthy person is sensitive to the opportunities for pursuing certain goals that are open to him, and realistic in appraising the possible means by which they can be achieved. He has the courage to take risks and does not have "control issues," since he is convinced that whatever happens he will "figure something out" to cope with it. An authentic person *lives improvisationally*, not stereotypically, tailoring his responses to fit the particulars of a given situation. Yet even though he does not live with rigid and predictable patterns of response, he inspires trust since he is known as a responsible person who can be counted on to do "the right thing." A person who lives fully and well takes seriously the tasks of making his life mean something, and the meaning he gives it focuses not on himself alone but includes his interactions and participations with others, as a friend and a citizen.

One of the unique features of being human is a person's ability to discover and choose a *unique path* within the concrete situations in which he finds himself. This is not limited to the so-called "hero in history" but is characteristic of every well-lived life. My commitment to do "the right thing," to do what is appropriate *for me in this particular situation*, requires of me not only a sense of responsibility but an ability to perceive what is *uniquely called for* in this here-now state of affairs. This in turn requires a combination of self-knowledge and an openness to how the situation, as it reveals itself, *uniquely calls out* to me for action. And so we sometimes find an otherwise undistinguished person standing up for a cause with little or no support from others.

One often describes the quality of this life as "authentic." The Greek root of this term is *autos*, meaning *the same*, or *self* (in the self-referential sense). The term "authentic" means that something is the "real thing," it is what it purports to be. An "author" is the source of something such as a story or a theory, and an "authority" is someone who holds the power to

decide or control in some domain. In general *autos* pertains to those things or persons who are ultimately referred to in order to explain why something is as it is. An authentic person, then, is someone whose behavior truthfully expresses who he understands and affirms himself to be. In order to understand his behavior we must have an understanding of how he thinks and the values he lives by. He does not live by the authority of other persons or organizations. Within the limiting conditions of the reality of himself and other people as *Thou's*—those who can never be treated strictly as means to ends—and his life as a *member of the human family*, he has become his own authority. He has internalized and incarnated the values he lives by in such a way that they inform, characterize, and explain how he actually lives.

What is it that makes this kind of living possible? I believe that the tasks of living well personally and in relationships with others, as well as the ability to be an effective gestalt therapist, require the functioning of a person's *spirituality*. In my opinion this is a tacit assumption that operates—usually without being named—in gestalt notions about effective living and effective therapy. The truth of this statement hinges, of course, on what is meant by “human spirituality.” Just as physicality, sexuality, and mentality refer to human beings' abilities to have certain kinds of experiences, spirituality also refers to the ability to have experiences of a certain kind. In this context I take spirituality to refer to *the ability of a person to interact with a significant mystery, and to do so in ways that honor the fact that it is intrinsically mysterious.*

Whatever is unique is not shared, and in most cases it cannot be spoken about intelligibly since words have to do with what is shared. Perceiving “my calling” sometimes requires me to go beyond “what everybody sees” and “what everybody does” so that I can grasp what “I alone can see and feel *called* to do.” Similarly, really to know another person requires that I give that person the space to reveal himself as he *is* and not as I *wish, expect, or demand him to be*. Even though a gestalt therapist meets each client with a ground of experience and learning that lead her to develop working hypotheses about the client as the work goes on, she is concerned *above all* to receive the client's revelations as he uniquely reveals himself to her. And this means that all of her cognitions are tested against her experience of the client's revelations, and modified or set aside if they do not fit these experiences. Working spiritually—with patience and with the understanding that no one will ever fully plumb his own or any else's depths—client and therapist can come to a measure of understanding of *how the client's living is organized and what it affirms*. Even though this shared knowledge cannot be spoken, since it is unique, client and therapist

are able to work together with the client's living in ways that encourage and support change in how the client lives through time and circumstances.

In an earlier section I mentioned the fact that human beings share with all other organisms several characteristics that in human beings are foundational for a person's sense of self. These are: *agency*, *organic wholeness*, *identity through time*, and *affectivity*. In addition, every human being has a sense of an "I" that accompanies all of his experiences, and an inescapable feeling that "these are *my* experiences, they belong to *me*." An authentic and fulfilled human life reveals the *mature form* of these characteristics. In such a life *agency* has become *authentic power*, as the person—while respecting the rights of others—has developed the power to act in accordance with the principles he gives himself, is open to what is novel and unique in his experience, and to how it might call out to him for action. *Organic wholeness* has become *full integrity* since as a result of having nurtured and integrated all aspects of his human nature—the person has developed the kind of *self-possession* that allows him to translate his intentions into action: he does what he says he will do. Such a person inspires trust in other people. *Identity or continuity through time* has become transformed into a *meaningful history* by how he has lived through the events of his life. *Affectivity* in its mature form shows itself in the *full personhood* of the person, whose life incarnates and testifies to the values he has affirmed and the ends he has pursued. Such a person is willing to expose himself to ridicule and danger on behalf of these values when they appear to be at risk. Finally, in maturity the subjective sense of the "I" that accompanies all of *my* experiences becomes the sense of *ownership* and *responsibility* for the life the person has lived in a spirit of *responsive self-transcendence*.

The by-products of such a well-lived life are full measures not only of self-respect, but of happiness as well. These are the ultimate aims of gestalt theory and practice.

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CHAPTER EIGHT

PHENOMENOLOGICAL METHOD

TODD BURLEY AND DANIEL BLOOM

We live in an ambiguous world. Aside from high school exams, college tests, and factual and computational trivia, most decisions we make in our everyday lives do not have intrinsically correct solutions. The choices we make are not inherent in the situations at hand. They are a complex interplay between the properties of the situation and our own properties, our aspirations, our doubts, and our histories.

—Elkhonon Goldberg

In 1879 Wundt opened the first laboratory for psychological studies. As research methods were poorly developed at the time, he decided that the best way to study psychological processes was to train individuals to introspect regarding their experience when presented with particular stimuli. These research subjects were highly trained in an effort to standardize their reporting process. It is now well known that this method was eventually abandoned. At that time another psychologist was vying for leadership in psychological research, Franz Brentano. He too was looking at similar methods but rather than to control the process of introspective observation, he sought to address, in as much as possible, the matter of objectivity of observation. Thus he began to develop what is now known as the phenomenological method. Two of his students, influenced by his ideas, took this methodology and adapted it to purposes that still resonate in clinical practice and research. Sigmund Freud, one of those students, developed the method of free association that became a corner stone of psychoanalytic investigation and practice. Edmund Husserl, the second, formalized and further developed the phenomenological method, currently the cornerstone of gestalt approaches to psychotherapy. This chapter is, in a sense, the continuation of that story. We describe aspects of the method of gestalt therapy as the application of the phenomenological method in psychotherapy. We shall lay the groundwork for that by outlining the basic concepts and development of phenomenology as a

philosophy. Then, we will focus on the use of the phenomenological method as a therapeutic tool used for observation and intervention. Finally, we will describe phenomenological process, including the phenomenological method, as more clearly observable and researchable through the explications of cognitive neuroscience.

Philosophical Development of Phenomenology

Gestalt therapy is an experiential psychotherapy in which theory developed from a broad array of insights in the arts, science and the humanities. Phenomenology informs the basic psychotherapeutic stance of gestalt therapy as an experiential psychotherapy. Any psychotherapy may be experiential if it privileges what is experienced in a session, but the deployment of the phenomenological method to raw experience turns experiential psychotherapy into the uniqueness of gestalt therapy. We emphasize the psychological rather than the philosophical aspects of phenomenology. While phenomenology was originally a philosophical method to reveal universal, eidetic knowledge, its approach is applicable psychologically to bring clear understanding to experience as it presents itself. It can thus provide a basis for psychotherapy and scientific research.

Some common notions from phenomenology that find their ways into gestalt therapy are the natural attitude, the phenomenological reduction (epoché or bracketing, description, horizontalization) (Moran 2000, Spinelli 2005), intentionality, and embodiment—or the lived-body (Merleau-Ponty 2002). These notions have direct relevance to the clinical practice of gestalt therapy. Indeed, the natural attitude, the phenomenological method, intentionality, and the lived-body (or incarnate self) are those elements of phenomenological philosophy that turn experiential psychotherapy into gestalt therapy.

Immanuel Kant completed the foundation for modernism in philosophy by establishing the centrality of the human self, or subject, as the constitutor of experience. To Kant, all we know, or can know, is that which is within the world of *phenomena*; things-in-themselves, the *noumena*, are outside all possible human knowledge. Phenomenology developed from Kant's distinction of phenomena from noumena.

Franz Brentano considered the qualities that characterize mental acts, or phenomena, and is credited with the first serious inquiry into phenomenology. Reaching back to the Scholastics for a term, he re-introduced "intentionality," placing it into phenomenological vocabulary. In the discourse of philosophy, intentionality is the aboutness of mental

phenomena. To think is to think *of* something. All thought has an object, either inexistent (for example, a unicorn) or actual (for example, a house).

The name most associated with phenomenology is that of Brentano's student, Edmund Husserl. With Husserl, phenomenology became a philosophical movement. Initially, Husserl studied the nature of logic as a mental process and further attempted to find the non-empirical basis for knowledge by the deployment of a specific technique of inquiry, the phenomenological method, to which we will return in further detail below. He was directly influenced by William James's (1902) *Principles of Psychology* and the method by which James himself meticulously described his own experiences as the basis for his psychological insights. Later he deepened James's work by taking it into more complex and explicitly philosophical waters. Husserl had two prime motives in developing his ideas about phenomenology. First, he wanted to save philosophy from its decline in academic importance and, second, to find an alternative to the naturalism that pervaded psychology of the time and its inevitable, as he saw it, distortion of the study of consciousness by treating it as a part of the physical world. In other words, the direct examination of consciousness needed to precede the investigation of its physical correlates (Jennings 1986). This latter concern led him to develop his phenomenological method as a philosophical method. This is discussed in more detail below.

Husserl further developed Brentano's concept of intentionality into that which describes and accounts for the relationship of the conscious subject to the external world; intentionality includes intentional *objects*. Thus, intentionality describes the relationship of the knower, the process of knowing, and that which is known, and it is comprised of the quality of knowing, or *noesis*, and the content of knowledge, or *noema*. (Husserl 1999, Spinelli 2005, Zahavi 2002)..¹

Husserl demonstrated that every act of consciousness is necessarily intentional, which is to say, it is always directed toward, or pointing

¹ Editor: When noemata appear to us through our senses, we can call these perceptual noemata, but when something comes to us through language or reflection, that is a higher order of consciousness known as a categorial noema. Thus, as mentioned above, experience itself can either be of something currently present or of something conceived but physically absent. If physically absent, it can be imagined and anticipated, as when one can only see one side of a box until one moves to the opposite side of it or turns the box around, or it can be physically unavailable altogether and only present to us categorially through our imagination. Further, categorial noemata can be concepts, constructs, and situations just as easily as they can be concrete objects and people. (Brownell in press a)

toward some object. Thus the preeminent feature of human consciousness is its essential directionality. Consciousness is always *consciousness-of-something*; it always intends something, or is about something. Hence all imagining is imagining of something; all perception is perceiving something; all thinking is thinking something; all desiring is desiring something. Moreover, in the same way that consciousness can intend a physical object, a mathematical axiom, a cultural value, or an idea, consciousness can also serve as an object for itself. Hence, one can be conscious of consciousness itself, intending emotions, desires, and other states of conscious experience (Jennings, 1986).

Over the course of his many years of scholarship, Husserl's ideas went through variations and further developments. He added a significant role to the lived-body (Leib), time, and the lifeworld (Lebenswelt) to his philosophy. "Kineasthetic and perceptual appearances are related to one another through consciousness....The lived-body (Leib) is constantly there...functioning as an organ of perception...an entire system of compatibly harmonizing organs of perception. The lived-body is in itself...the perceiving-lived body." (Husserl 1999, 227) Consciousness is embodied consciousness. Every worldly experience is mediated by and made possible by embodiment. Jennings (1986) credits Gendlin (1962, 1964) with developing Husserl's lived-body concept; bodily experiencing constitutes the originating ground for all our explicit works, ideas, and thoughts. The lived-body, then, is a concept from the latter phase of Husserl's intellectual developments and provides a conceptual bridge from his philosophical phenomenology to others' application of his method to scientific phenomenology.

Martin Heidegger was Husserl's student and became known for his transcendental and existential phenomenology, in which he grounds direct experience in the lived world. Much of what is known as existential psychotherapy is derived from the philosophical premises of Heidegger's work. Gestalt therapy as an existential psychotherapy draws inspiration from Heidegger and those who followed in his path.

Maurice Merleau-Ponty was another of Husserl's students whose important work continued the development of phenomenology. His emphasis centered upon the primary experiences of embodied human existence, understanding it non-dualistically and non-representationally. The human subject is incarnate, that is, of flesh and blood (Moran 2000).

Gestalt Therapy's Use of the Natural Attitude in the Phenomenological Method

The naïve world of appearances is the matter-of-fact world in which we find ourselves. How can this world with its "factually existent actuality" (Husserl 1999, 63) be the basis for knowledge—scientific or philosophical—if its appearance is so subject dependent? To Husserl, the aim of the sciences belonging to the natural world was to "cognize 'the' world more comprehensively, more reliably, more perfectly in every respect than naïve experiential cognizance can [and thus] solve all the problems of scientific cognition which offer themselves within the realm of the world." (Ibid)

Husserl (1999, 60) stated, "We begin our considerations as human beings who are living natural, objectivating, judging, feeling, willing 'in the natural attitude.'" This natural world is our surrounding world, not a world of mere things, but a practical (praxis) world: "I simply find the physical things in front of me furnished not only with material determinations but also with value characteristics, as beautiful and ugly, pleasant and unpleasant, agreeable and disagreeable." (Husserl 1999, 61) Or, according to Robert Sokolowski (2000, 42), "The natural attitude is the focus we have when we are involved in our original, world-directed stance, when we intend things, situations, facts, and any other kinds of objects. The natural attitude is, we might say, the default perspective, the one we have before anything else." It is the world as taken for granted (Moran 2000).

Husserl's earliest purpose was to help clarify the foundation of positive sciences by extracting metaphysical and epistemological presuppositions from them (Zahavi 2002). The phenomenological method was intended to enable the transformation of the pre-reflective or natural world into a philosophical, phenomenological world (Sokolowski 2000) where essence, eidos, could be revealed with what is sometimes called the eidetic reduction (Hintikka 1995) or eidetic intuition (Moran 2000). That is, rather than a psychological method, the phenomenological method was intended to transcend psychology and psychologism (the psychologizing or personalizing of philosophy), that is, to go beyond it and result in a phenomenological philosophy.

Important to our argument here, we contend that by turning this philosophical method back on itself, that is, "doubling back" to the natural attitude while including what was bracketed (see below), and not taking the reduction into the phenomenological (and philosophical) attitude, we invent a method that has served gestalt therapy well. The phenomenological

method in philosophy begins with the "brute facts" of experience (James 1981), proceeds introspectively and descriptively as a transcendental movement toward the things themselves, and then eidetically to "the invariant essential structures of the total sphere of pure mental processes." (Smith and Smith 1995, 326) At the point before this latter eidetic turn, we gestalt therapists turn back to "what is," with the richness of what was bracketed now included in the developing insights of our psychotherapy. We begin with, and return to, the psychological-phenomenal field.

The phenomenological method, itself, consists of the rule of epoché, the rule of description, and the rule of horizontalization (Spinelli 2005).

Where Descartes brought his method of doubting to bear in order to find the indubitable ground of being, his famous *cogito ergo sum*, Husserl proposed another, perhaps non-dualistic, solution. Instead of doubting,

[w]ith regard to any positing we can quite freely exercise [the] [epoché], a certain refraining from judgment which is compatible with the unshakable conviction of truth, even with the unshakable conviction of evident truth. The positing is "put out of action," parenthesized, converted into the modification, "parenthesized positing;" the judgment simpliciter is converted into the "parenthesized judgment..." [E]very positing related to this objectivity is to be excluded and converted into its parenthetical modification. (Husserl 1999, 64)

Husserl's phenomenological attitude neither negates nor doubts the world. It merely shuts out any judgment of "its spatiotemporal factual being" (Husserl 1999, 65) so that knowledge may be based on pure intuition (Zahavi 2002, 44).² All sciences related to this natural world are excluded so that transcendental knowledge may be possible. Thus, the epoché is also referred to as the transcendental reduction.

While the phenomenological method can be understood to describe a philosophical solipsism where an isolated individual is alone in his/her phenomenological attitude, Husserl took pains to counter this understanding. Many of his essays addressed the question of intersubjectivity. For example, from his early writings he considered the idea of empathy and how we come to apprehend another's body as a field of sensations, a lived-body. He referred to the aesthesiological layer of the other I (or subject), asserting that empathy constituted that other I. As he is paraphrased,

² For us as gestalt therapists, we might say that the intuition that emerges in a therapy session is possible as a result of our version of the phenomenological method.

...Husserl says [in his 1910-11 lectures] that although I remain in my phenomenological field of experience, this field extends, through empathy, to a sphere of plurality which are [sic] connected to mine ‘through motivational structures’ – not through a *real* connection but through a most peculiar sort of connection made possible by empathic positing. Consciousnesses which are separated, he goes on to say, remain under the possibility of communication, and communication depends upon the perception of the other’s lived body as well as on motivations radiating from it. (Mohanty, 1995, 71)

Thus, the epoché extends itself to intersubjectivity.

After deployment of this epoché, according to Husserl, a world without presuppositions becomes available for study. The epoché is an abrupt suspension of the natural attitude; the transcendental reduction that follows is the “thematization of the correlation between subjectivity and the world.” (Zahavi 2002, 46) Consciousness can then be seen to function transcendently as composed of both the object *that* is intended (noema) and the object *as* it is intended (noesis) (Moran 2000, 156). Consciousness has both thematic and functional aspects: one is conscious of something and conscious of being conscious. (Zahavi, 2002, 51, 52) Moreover, “kinaesthetic and perceptual appearances are related to one another through consciousness...The lived-body (*Leib*) is constantly there...functioning as an organ of perception [-]...an entire system of compatibly harmonizing organs of perception. The lived-body is in itself...the perceiving-lived body.” (Husserl 1999, 227) Consciousness is *embodied* consciousness. Every worldly experience is mediated by and made possible by embodiment (Zahavi 2002). All of this becomes apparent within the phenomenological attitude assumed after the epoché.

At this point, however, Husserl’s phenomenological method takes another turn. To move from this noematic content to the eidetic world of nonsensuous, non-empirical realm of universal meaning, Husserl proposes the eidetic reduction. “[Essences] have to be distinguished in phenomenological analysis from the sensory mass in which they are given.” (Mohanty 1995, 101) The eidetic reduction looks to essential forms. “This eidetic reduction is different from the transcendental, which turns us from the natural attitude to the phenomenological” attitude. (Sokolowski 2000, 184).

Thus, outside of therapy,³ philosophy begins

³ Editor: Inside of gestalt therapy, however, the use of the phenomenological method is different. As will be seen, the gestalt therapist maintains the natural attitude, but includes features of the reduction mentioned here, all in the service of the therapeutic encounter. That is, the therapist remains experience near,

...when we take up a new stance toward our natural attitude and all its improvements. When we engage in philosophy, we stand back and contemplate what it is to be truthful and to achieve evidence. We contemplate the natural attitude, and hence we take up a viewpoint outside it. This move of standing back is done through the transcendental reduction. Instead of being simply concerned with objects and their features, we think about the correlation between the things being disclosed and the dative to whom they are manifested. Within the transcendental reduction, we also carry out an eidetic reduction and express structures that hold not just for ourselves, but for every subjectivity that is engaged in evidencing and truth. (ibid, 186)

Husserl assumed, of course, that all this was possible: That one could bracket all presuppositions implicit to the natural attitude and proceed with them having been carefully bounded by parentheses. Few of his followers were able to follow him in that direction (Moran, 2000). Specifically, Martin Heidegger rejected Husserl's transcendental reduction outright and Maurice Merleau-Ponty asserted that no bracketing could ever be complete (Spinelli 2005). If the lived-body is always present, how could sensations be bracketed? Yet, contemporary Husserl study suggests that his ideas are more complex than his immediate successors understood. (Zahavi 2002)

Husserl further assumed that the phenomenological reduction was necessary for science to get beyond the epistemological presuppositions in which it was embedded. All psychologists have not agreed. Stolorow and Jacobs, for example, recently challenged the reliance of gestalt therapy on a naïve acceptance of Husserl's phenomenological reductions, and urged toward a hermeneutic approach (Stolorow and Jacobs 2006). They correctly understood the futility of Husserl's attempt at establishing a transcendental, presuppositionless perception since all perception must "be an act of interpretation, perspectively embedded in the interpreter's own traditions." There can be no "pure" phenomenology (Stolorow and Jacobs 2006, 57).⁴ In addition, Giorgi and Giorgi observed that Husserl's and Merleau-Ponty's texts

observing and describing, as Sokolowski describes above, the "correlation between the things being disclosed and the dative to whom they are manifested." (Sokolowski 2000, 186).

⁴ We suggest here, that however justified these refinements may be, that however appealing Jacobs' and Stolorow's urgings, their suggestions do not give sufficient heft to Husserl's natural attitude, the centrality of the lived body in any perspectival experience (Zahavi 2002,) and the importance of the epoché—*all of which are necessary to experience the figure/ground contacting process in gestalt*

provided philosophical articulations of the phenomenological method, and the only thing certain was that those articulations could not be imitated precisely because to do so would have resulted in a philosophical analysis, and what was needed was to apply phenomenology to help enlighten situations from the perspective of scientific psychology...The latter point is very important because very often scientific social science practitioners use Husserl's...description of the steps of the method without modification without realizing that such a description is in the service of a philosophical project. Thus, Moutakas (1994) also provided an independent interpretation of Husserl's philosophical method, and he used Husserl's transcendental articulations as a guide. However, our perspective is that the transcendental perspective is wholly philosophical and should not be a guide for psychological analyses. (Giorgi and Giorgi 2003, 245)

So, modifying for their own use, some phenomenological psychologists have taken their understanding of Husserl's method and made "refinements." In *Experimental Phenomenology* (1977) Don Ihde proposed three simple hermeneutic rules: "(a) attend to phenomena as and how they show themselves, (b) describe (don't explain) phenomena and (c) horizontalize all phenomena initially." (Ihde 1977, 38)

The Phenomenological Method in Gestalt Therapy

To summarize, Husserl's phenomenological method begins with what is directly experienced in the natural attitude, brackets its epistemological and metaphysical presuppositions in the transcendental reduction, and further deploys the eidetic reduction toward the universe of essences. His philosophy proceeds across two planes: the transcendental and the empirical. (Zahavi 2002, Husserl 1999). The transcendental and empirical are theoretically equivalent, even parallel. "It is just the field of

therapy—and without which gestalt therapy would remain indistinguishable from any other experiential psychotherapy. If the rules of description and horizontalization merely tell us to keep an open mind in psychotherapy, attend to the concrete developments in a session, or to avoid abstract explanations (Spinelli 2005), they do no more than state the givens of experiential psychotherapy. Jacobs's and Stolorow's preference for "a hermeneutic approach. . . [that emphasizes] our context embeddedness, that understanding is emergent from continual encounter with our pre-judgments...and that understanding involves a circular dialogic process in which neither partner has privileged access to a more 'pure' perspective" (Stolorow and Jacobs 2006, 59) is consistent with what we are proposing here, but, again, remains indistinguishable from experiential psychotherapy and insufficiently emphasizes gestalt emergence within gestalt therapy.

transcendental self-experience (conceived in full concreteness) which in every case can, *through mere alteration of attitude*, be changed into psychological self-experience.” (Husserl 1999, 331-332) That is, the transcendental and psychological are different turns *within* the phenomenological method (Husserl 1999). Furthermore, by the *turning back* from the eidetic reduction, as we propose here, the phenomenological method returns to the sensuous concrete experiencing of the lived-body. *By returning to the lived-body and not moving towards the non-empirical eidetic realm, gestalt therapy’s perspective prepares for the emergence of those forms of experiencing, gestalt forming and deconstructing, that are the hallmarks of its method.* This turning, or returning, towards the embodied psychological, then, becomes a radical changing of direction in the phenomenological method. This change of direction reveals the sequence of contacting within gestalt therapy.

"Consciousness is the subjective awareness of momentary experience interpreted in the context of personal memory and present state." (John 2003, 244) This definition is easily recognizable as a good description of figure and ground taking place in the natural attitude. Antonio Damasio (1999) proposed that consciousness arises when one's state is altered in contact with an object. A simple, acceptable definition of contact in gestalt therapy is that it is the human experience of “like” meeting “unlike,” an ongoing phenomenal process of figure/ground emergence.

Figure and Ground Relationships in the Phenomenological Method

Gestalt therapy attends to the structure of the emerging figure (intentional object) as contemplated in the natural attitude within a psychotherapy session (Spagnuolo-Lobb 2005). Whether this is the awareness continuum (L. Perls 1992), the sequence of contacting (Perls, Hefferline and Goodman 1951), or the cycle/continuum of experience (Woldt and Toman 2005; Melnick, Nevis and Shub 2005), the therapist and patient together engage in such a way that what emerges in their shared phenomenal fields becomes the focus of the session. While that is usually described by gestalt therapists as a figure/ground process, where figures and grounds proceed sequentially, it may also be described in more directly phenomenological language as a core/fringe process (Ihde 1977). Gestalt therapists do not merely track experience; they attend to the patterns (*gestalten*) of the stream of experience as they emerge in contacting. The basic assumption is that the process of gestalt formation and resolution that the organism lives out in its environmental field,

should move along in a reasonably smooth, wavelike manner. The psychotherapist is looking for indications that the process is getting interrupted in its function or that it does not fit the conditions of the ecosystem of which the organism is a part. The aesthetic qualities of contacting—the felt, sensed, perceived, observed, known and otherwise experienced qualities—are at the heart of the psychotherapy (Bloom 2003). Inhibitions to this process, either as restrictions to spontaneity or other forms of fixities, referred to as interruptions to contacting (Perls, Hefferline, and Goodman 1951), are the material for psychotherapeutic insight. These become aware in gestalt therapy partly through the application of the phenomenological method.

The basic unit of observation for the gestalt therapist is the process of gestalt formation and resolution. The assumption is that this process is basic to phenomenology and that it has a usual pattern of moving from the formation of a gestalt to its eventual resolution and disappearance from consciousness. According to Pinker (2002, p. 39), the "...behaviorists got it backwards: it is the mind, not behavior that is lawful." In this typical pattern, need or interest evokes figure and becomes the focus of attention and awareness. Students often find this a difficult concept because needs are thought of as very basic elements in motivation, but without needs, there is nothing to direct the experiential/intentional "spotlight." A sudden sound may arouse the need to be sure that nothing unusual is occurring, or need may take the form of dissatisfaction with a job and the need to find something considered to be better. All needs are biologically based (even the need for a "spiritual" experience is based upon desire for the experience/sensations it produces).⁵ I can think of no way out of this assertion though it is existentially uncomfortable. These needs focus and direct the attentional system to something that becomes figural. In other words, need or interest directs attention and evokes the intentional figure.

Psychology knows quite a bit about attention, currently, and therefore we know a lot about how figure comes into being and some of its dynamic

⁵ Editor: This is not the opinion held by all gestalt therapists, of course. How, for instance, does one go looking for an epiphany? They come upon a person. Just as a dialogical moment escapes everyone who makes attaining it a goal (for that moves it into an I-it stance), seeking physical sensations that accrue through encounter with divinity/mystery is to miss the experience entirely. While many gestalt therapists do, indeed, reduce experience to the physical, others regard that to be an unwarranted materialistic reduction (Crocker, 1999). The alternative to dualism does not have to be such monistic physicalism; gestalt therapists might find emergent monism/non-reductive physicalism useful (see Barbour, Ellias, Happel, Peacock, Peters, and Watts in Russell, Murphy, Meyering, and Arbib 2002; Brown, Murphy and Malony 1998).

characteristics. This research reveals that attention functions like a spotlight in that it focuses on particular and narrow aspects of what is available in one's phenomenal field. Some things, such as hearing one's name spoken at some distance at a cocktail party, automatically attract attention, but attention can also be controlled. Most importantly for the patient and the psychotherapist, attention is limited in terms of the size or amount that can be attended to at any one moment. At one time it was believed that people could attend to about 7 bits of information at a time (Lezak, Howieson and Loring 2004, 25-26), but it is now known that our attention is actually more limited than that, and probably closer to 4 bits of information. Cognitive neuroscientists describe this as a "bottleneck" in the system. We can sense a lot of information, but perception implies higher order cognitive interpretation and processing of what we sense and thus a narrowing down of what is available to be attended to. If change and learning occur based upon experience, then attending to, focusing on, and managing that experience are important aspects of what the psychotherapist must concentrate on. How many concepts, for example can a therapist call the patient's attention to? Since neural consolidation of new information requires some time, how rapidly should a therapist reengage contact when a patient is assimilating a new experience, thought or feeling?

So what do we mean by figure, and how is it composed or constructed process-wise? First I (Todd) should note that there is some discussion in the current gestalt literature regarding whether figure is a field-based or a phenomenologically-based event. I will here assume that it is phenomenologically based and therefore a property of the organism in keeping with the outcome of the running discussion between the original gestalt theorists and the Vygotsky/Luria group. Figure is that need-elicited awareness of experience upon which our attention is focused. It is obvious that figure can be sensation such as what we see, hear, touch and so forth. Figure is also perceptual in the sense that it is the result of the organization and interpretation of stimuli. Figure can also be interoceptive, or what Damasio might call core consciousness or what occurs when the brain's representation devices generate an imaged, nonverbal account of how the organism's own state is affected by the organism's processing of an object. Gestalt therapists are often observed to try to access this consciousness when asking a client what they are aware of in their body. When they do that, they point the spotlight to a specific part of experience, and they make it figural, that is, they create an intentional object out of it for the client. We might include here what are normally called "feelings" which are the readable outcome of emotions. Lastly, we would include imagery,

those things that are memorable or imaged by the mind (I use the concept of mind here as the output of the nervous system in its entirety).⁶ Imagery of course may include those constructions we call memory or entirely new creative manipulations of concepts already available to us.

Since figure is a brain/mind event modified by attention that pinpoints a single feature of one's experience, it follows that there is much else available in the context of any given person's life. This "remainder" is ground. It is the context within which the figure is embedded. However this ground is not a chaotic unintegrated morass. Rather it is highly organized, and that organization is malleable. Figure organizes ground, and when figure moves, that process reconfigures the ground. One of the clearest explications of how this organization takes place is the connectionist spreading activations model of memory in the work of Collins and Loftus (1975). Their theory, which is well supported by what are called priming experiments, asserts that when a concept becomes figural, there is a spreading activation that ties related concepts to that which was originally figural. In other words, the figure organizes the ground and this ground in turn gives meaning to the figure.

To review the entire process thus far: need or interest stimulates attention, which evokes or elicits figure that, in turn, organizes ground, which then gives meaning to figure. The organized ground, and the resulting interpretation of the relationship between figure and ground that results in meaning, is composed primarily of memory. This may seem a bit surprising at first because we tend to think of meaning as current and therefore a product of the "here and now." Memory, however, is constructed in the present.

Memory is quite complex but a simple description of what is meant by memory and the current terms used to communicate about memory may be clinically helpful.

Echoic and Iconic memory are the immediate retention of auditory and visual sensation (respectively) just experienced. This type of memory is very short lived as it decays in about a quarter of a second. Working memory lasts a bit longer and refers to that material, for example, that I must keep in mind as I am writing this sentence so that I can recall what I

⁶ Editor: Other gestalt therapists do not adopt this position; they would speak of emergent properties of supervenient mind that are not equivalent to the entire output of the brain but that are correlated and dependent upon the brain. A complete discussion of emergence and supervenience in this regard is beyond the scope of this chapter, but readers may want to consult Bielfeldt 2000, Gregersen 2000, Philippson 2001, Murphy 2002, Brownell in press a, and Yontef and Philippson, chapter 12 this volume).

want to write and what I have already written. If I make a phone call, I remember the number I read but forget it after I dial (and sometimes before!). That is working memory. What is usually referred to as short-term memory is stored differently than working memory but is not rehearsed or processed in such a way that it will stay with an individual for the indefinite future. Long-term memory is of course what we most often think of as memory and has to do with experiences had in the past. Echoic and iconic memory, working memory, short-term memory, and long-term memory (as well as some immediate sensation) make up ground. They are what allows a person to ascertain the meaning and trajectory of what is figural at the moment.

There are several systems for describing different kinds of long-term memory, but the system described by Tulving (1985) is most useful to psychotherapists, because it more clearly delineates various occurrences in psychotherapy. Tulving theorized that there are three types of memory that we use to navigate our day-to-day interactions with the world. These he labeled for reasons associated with the research literature of the time, Episodic, Semantic, and Procedural.

Table 8-1: Memory Characteristics According to Tulving

MEMORY	BASIS	LEARNING	CONSCIOUSNESS	EXPRESSION
Episodic: Declarative	Observation	Accretion	Autonoetic Aware	Flexible
Semantic: Declarative	Observation	Restructuring	Noetic Aware	Flexible
Procedural: Non-declarative, Implicit	Overt response noticing and observing	Tuning	Anoetic Not Aware	Direct, determined at time of learning

This material is in part based upon, but not organized in this manner by Tulving

Episodic memory is literally memory for episodes that occur moment to moment as we move through life and consider certain events memorable. It helps us acquire and retain knowledge based on events and to recall these events in a subjective fashion. This memory operates within one's awareness.

Semantic memory is based upon a number of events or episodes that have enough connection and similarity that they can be abstracted and

synthesized. It allows a person to represent internally states of experience that are not present at the moment but that he or she holds as knowledge. One can manipulate this knowledge without any overt behavior so that he or she can represent conclusions and ideas and communicate them to others. Semantic memory also functions within awareness.

Procedural memory is exactly what it says—memory for how one does things, how things go, or how one responds to a set of circumstances. It enables a person to retain a connection between certain stimuli and his or her responses to those stimuli as well as to build a complex chain of pattern-and-response sequences, allowing one to respond adaptively to his or her ecosystem, or in gestalt terms, to the field. This memory is unlike the others in that it operates outside of awareness. Responses are so over-learned that they become automatic, one's way of "doing and being," form the basis of "character structure" (Burley and Freier 2004). Because of the brain's efficiency, it is designed to automate such behaviors so that it can remain free to address that which it regards as new or novel. If one is confronted with a situation that has similarities to others already faced, the brain will default to the learned procedure. The adaptive advantages are obvious, but so are the pathologies that arise when one decides that this situation is so familiar that it requires no awareness or attention.

The relationship between episodic, semantic, and procedural memory becomes important when one realizes that semantic and episodic memory are the building blocks of procedural memory. Episodic memory is related to the accumulation of learning, semantic memory helps to restructure what we learn by accommodating differences in episodes, and procedural memory helps fine tune and automatize affective, cognitive and motoric behavior. Procedural memory requires an overt response while semantic and episodic memory may be based simply upon observation.⁷

In addition to memory, ground also contains aspects of current sensation and Damasio's core consciousness, which he defined "as sense of self about one moment—now—and about one place—here. The scope of consciousness is the here and now." (Damasio, 1999, p. 16) Together, they contribute to context and help define the meaning of the figure of the moment.

⁷ Other researchers and theoreticians have arrived at similar conclusions while using somewhat different language. Squire (1986), for instance, divides memory systems into declarative (episodic and semantic) or things which can be told, and non-declarative (procedural) memory or things which cannot be told, while Schacter (1995) speaks of explicit memory to describe episodic and semantic processes, and implicit memory describes Tulving's procedural memory.

In a sense we have now defined the contents of phenomenology (intentional objects made meaningful through the interpretation of a situated subject) accessible in psychotherapy through the phenomenological method.

Let us return now to the biologically-based need with which we started. We can see now that it forms an initial "gestalt" or configuration caused by the need polarizing the phenomenal field (not the ontological or eco-systemic field) into figure and ground where the figure organizes the ground which in turn gives meaning to the figure. This "gestalt" requires resolution.

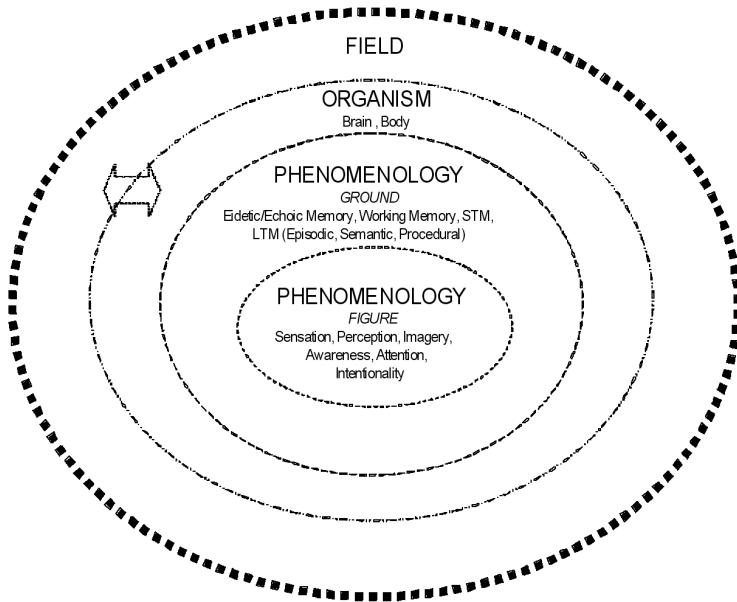


Figure 8-1: Figure-Ground Relationships

For example, if I am lost in Paris, and need to get to a restaurant to meet a friend, I search for someone who may be able to give me directions to the restaurant rather than someone who can tell me if a trip to Fiji is truly worthwhile. After acquiring the instructions I need, I proceed to the restaurant. In a sense, the purpose of the "gestalt" is its own resolution or destruction. As the need is addressed, it no longer evokes the figure and thus that particular "gestalt" is completed and disappears.

Phenomenologists posit two foci as creating the structure of experience, its 'whatness' and its 'howness,' and we are talking here of the latter—*how experience happens*. When the biologically-based need arises and polarizes the phenomenal field into figure and ground, the first step is the formation of a figure, a stage we will call figure formation. This might be the emerging realization that I am tired, or restless or thirsty or wanting to spend time with you. It may be clear or still a bit tentative. As the figure becomes clearer, it also organizes processes, memories, associations that are related to it and that are relevant aspects of the ground. This process might be based upon sensation, imagining, the desire to create a certain feeling tone but in any case its process is essentially organismic and therefore primarily brain related. As a result, it will be heavily associated with the workings of sensory lobes and the limbic system.

If the figure is not yet sharp and definite, the figure may require some sharpening. For example, I might notice that I want to return to school, I just like learning and being excited about ideas or how things work. But what is it I want? Art history? Micro-ecology? I need a sharper figure in order to fulfill this need/desire/interest. So this stage is one of figure sharpening. If one were to move to some kind of resolution without going through this process, one would not be able to do something that would respond adequately to the original need or be consonant with a well developed figure. As a result, one would not feel satisfied or ready to move on. Neurologically, the basis would be similar to figure formation but might involve a little more planning and executive function associated with the prefrontal cortex (Brownell, in press c).

I (Todd) once had a client who continuously jumped to some immediate activity to "satisfy" her longings without truly considering what it was that she desired. As a result, she was constantly unhappy with herself, never feeling that anything was right for her. I did not expect that explaining the process to her would make any real difference but three sessions later she came in and exclaimed "You were right!"

"Right about what?" I asked.

She proceeded to tell me that she had left the session three weeks earlier with a vague sense of needing something but was not clear about what. She decided to restrain from her usual frantic activity until she was clear about the need and as she reported, "I have never felt so good in my life as I did when I waited till I was clear and then did what I needed."

But if the figure is sharp and clearly related to the initiating need, then the organism does a self and environmental scan to get a sense of how the figure might be resolved in a way that might satisfy both the organism as well as the field conditions and needs. Here ground begins to show its

importance. If I want something cool and liquid, why is it that I don't go to a gasoline pump? Because, as I scan my memory for how my world works and what is there, gasoline is not evoked by the figure. I am scanning what is available to my imagination, sensations, feelings and so forth for a way to resolve the gestalt that has formed. What would complete this gestalt? In another example, I might want to sleep but as I do the self/environmental scan, I notice that I am tense and my mind keeps flashing on an uncomfortable interaction with a friend and my sense of embarrassment. My scan may lead me to remember that our relationship has weathered all kinds of events and I begin to let go of my muscles and relax a bit. This would not have worked with another friend but this particular friendship is resilient enough for what happened. Essentially the question here is, what are the field resources, both organismic and environmental, that have effect in the processes leading to choiceful figure resolution? Notice that the prefrontal cortex has a major role in guiding this process of search through memory, imagination, conceptualization and all of the other mind processes involved. These kinds of processes are trackable in a present day laboratory and while it would be hopelessly cumbersome to try to follow the process in a patient, we do know enough now to be able to understand the process that is occurring and when the process works well and when and how it works poorly. If the Figure is not well clarified, one cannot do an adequate Self/Environmental Scan and all subsequent steps will be distorted and the consequences probably unsatisfying.

Resolution of the gestalt, or "doing something about the need," can be as simple as scratching an itch or as complex as training to become a fighter pilot. But in each case it requires a set of sub-stages tightly associated with the function of frontal and prefrontal areas of the cortex. Resolution requires forming intentions, planning, and executing an action. Such action is often assumed to be something that the person does in or to the field but internal actions are also involved here and may be as subtle as forgiving myself for some action that has displeased me in some way. This stage of Resolution is the organism's attempt to satisfy the need that gave rise to what was figural. Consequently, satisfaction will be based upon how responsive the resolution is to the original need.

Lastly, we come to the stage of Assimilation. This also is a frontal lobe function in that it gathers data from the core self and the sensory and interosensory as well as limbic (affective) systems and responds to the question "did this action do what I want to my satisfaction?" or in other situations, "can I make sense of this?" as in taking in a surprising event, making meaning of it and then putting it away. If the processes in previous

stages are not done adequately, the probability is very high that Assimilation will result in dissatisfaction. At times what is figural is based upon a need associated with surprising or unapprehensible events such as an accident the person is unable to take in and assimilate the traumatic event. Assimilation is not just about "outcome" but about being able to assimilate experience into the fabric of one's life and memory so that ensuing figures can be processed adequately. Inability to assimilate adequately because the event is too shocking or surprising to be assimilable results in the development of what is currently called Post Traumatic Stress Disorder. We will take up the relationship of phenomenological process to psychopathology at a later point.

While experience, or the client's phenomenal field, is not the only treatment focus in gestalt therapy, it is a crucial portal to the person's knowledge base and perspective. Notice that this is an entirely different database than those used by any other approach to treatment. While most approaches think of clients in terms of psychological traits or psychological states, gestalt therapy thinks in terms of process or action, the evolution of action and experience over time. Thus, gestalt therapists are more interested in careful functional description than interpretation. We are interested in what works in the present moment (Stern 2004) and how it functions.

In truth it is not possible to know exactly what the patient's experience is, and it is not even necessary that the therapist attain that. The phenomenological method in gestalt therapy takes place in the service of the *client's* awareness. Through observing and describing the client in action, split out, unawares behaviors emerge more clearly into focus for the client, and the client, paradoxically, reconstructs his or her world.

The phenomenological method in Gestalt therapy involves a process that seeks to discover how the client's beliefs, and her understanding of the events and persons in her life, function in the client's own organization of experience, and therefore how they function as the *ground* of her cognitive, emotional, and behavioral responses to current and ongoing situations. As these things come more clearly into the client's awareness during the therapeutic process, and as she experiments with and explores aspects of life that had seemed fixed (though, in fact, they were intrinsically dynamic and mutable), her internal organization begins to "loosen," to become less stuck and more fluid as she begins to rethink old beliefs and try new behaviors. (Crocker and Philippson 2005, 69)

Experience is a private phenomenon, because it is the property of the individual person. Nevertheless, people spend most of their lives trying to bridge the gap between themselves and the rest of the world. Because part

of what the psychotherapist is attempting to do is to observe the process of gestalt formation and resolution in the client, s/he makes every effort using the basic rules of phenomenology to create as accurate an observation as possible. The gestalt therapist is not satisfied with empathy, putting oneself in the place of the other; rather, the gestalt therapist wants to know what it is like to *be* the other. Consequently, the gestalt therapist attempts to practice inclusion—to know the experience of the patient as that person experiences it without losing the therapist's own personal experience and perspective. This is done by careful observation, bracketing, and description. It is accomplished by listening while using the phenomenological method.

Working phenomenologically is not an easy skill to learn; not all gestalt therapists master it. The therapist's tasks, as spelled out here, are derived from a number of sources with an emphasis on the descriptions by Spinelli (2005), Patton's (1990) adaptation of the analytical frame work proposed by Moustakas and Douglass (Douglass and Moustakas, 1984), Moustakas (1990), Ihde (1977) and Jennings (1986). The following are the primary components of the phenomenological method in therapy.

The Epoché or Bracketing

This rule demands that the therapist become aware of and temporarily set aside any biases, prejudices, preconceptions, or assumptions so as to be open to the experience of his or her client, as well as his or her own experience, untainted by previous meaning. The goal is to clear away the residue of past experience well enough to focus on the immediacy of current experience. This is where gestalt therapy gets its focus on the "here and now."

Success requires considerable self-knowledge and an uncommon discipline to approach an experience in as "naïve" a manner as possible. One can question whether such a state is attainable but at least awareness of bias, even if it is not removable, allows the therapist to approach experience with some skepticism about his/her own reactions and openness to the client. Judgment is to be suspended inasmuch as possible so that one is open to evident data of experience of both client and therapist. Another way of looking at this is that one is open to all possibilities. In the process, the therapist is also teaching the client to adopt the same attitude towards the data of their experience.

Bracketing involves accepting the immediate context in which the experience occurs and eliminating as much as possible preconceptions and interpretations so that the phenomenological data is not intruded upon by outside influences. The phenomenon is taken under its own terms.

This involves a series of steps:

- The identification of key client phrases or statements, movements, emotional expressions and any other observable data that come directly from the experience of the client and/or therapist.
- The holding of those expressions untainted by other associations.
- Discovering the client's interpretations of those expressions.
- The analysis of those interpretations in order to extract the essence of the phenomenon.
- Creating a "tentative statement, or definition, of the phenomenon in terms of the essential recurring features" (Patton, 1990, p 408) identified above.

Ihde (1977, p 39), in his explication of Husserl's method, refers to this process as an attempt to "seek out the structural or invariant features of the phenomena." Hence the term "phenomenological reduction." We are looking for the structure of experience and process.

Description

Here, the therapist describes what is observed through the therapist's contact with the client in the moment—the immediate experience of the client. One expresses "immediate and concrete observations, abstaining from interpretations or explanations, especially those formed from the application of a clinical theory superimposed over the circumstances of experience." (Brownell in press b, np)

The rule of description urges us to remain initially focused on our immediate and concrete impressions and to maintain a level of analysis with regard to these experiences which takes description rather than theoretical explanation or speculation as its point of focus. Rather than step back from our immediate experience so that we may instantly "explain it", transform it, question it or deny it on the basis of preconceived theories or hypotheses which stand separate from our experience, the following of the rule of description allows us to carry out a concretely based descriptive examination of the intentional variables which make up our experience. (Spinelli 2005, 20-21)

Thus, the therapist is describing the client. It is the therapist's self disclosure of his or her experience of the client, and it is a concrete, simple, straightforward description of what the therapist sees, smells, hears—all of the perceptual-sensory inputs available.

Horizontalization or Equalization

By horizontalization or equalization we mean that all of the data of experience are taken into account and all elements are considered to be of equal value. No individual piece of experience is valued over others. Bits of data or observations may be gathered into meaningful groups and then repetitious and irrelevant data discarded. The therapist is looking for that which appears consistently and constantly while eliminating that which is occasional or not obviously related.

Flowing out of the therapeutic use of the phenomenological method are two formulations: a phenomenological expression portrayal and a synthesis. In the phenomenological expression portrayal the therapist creates, or preferably encourages the client to create, an abstraction of the experience that, while not yet the essence of the experience, does provide an illustration of it or the theme or pattern. One looks for the patterns or themes that occur in common across experiential events. In the synthesis, the client, or client with the help of the therapist, looks for the bare structure or true and deeper meaning of the experience. The essence of the experience is distilled into a clear statement.

Purpose of the Phenomenological Method in Gestalt Therapy

The goals of gestalt therapy are deceptively simple: first, awareness and, second, cognitive, affective, and behavioral adjustment.

The term awareness is used in many ways in the gestalt literature. The term covers a continuum ranging from experience in a general way, to a deeper knowing from within as opposed to the kind of comprehension achieved by an observing ego. The term implies full identification with, and a sense of proprietorship for the feelings, thoughts, memories, actions, or imaginings that may be involved. There is a sense of *me-ness* as opposed to *otherness*. It is simply an acknowledgement of who one is in the personal/environmental field (Burley 1985).

Adjustment refers to the creative adaptations the client makes resulting from increased awareness through contact. This is known as organismic self-regulation (Brownell in press b), and it includes what might also be called resistance (Latner 2000). The forming and resolving of figures of interest/need, even the emotional expression that comes from the inability to meet such needs or satisfy such interests (MacKewn 1997), is often sharpened through a supportive application of the phenomenological method.

An important part of what the psychotherapist does is observing the process of gestalt formation and resolution as that takes place for the client. Quite simply, we want to know how experience works as the client flows from gestalt to gestalt. Psychopathology and health are both enacted in that process. Normally, we move from need to resolution to need to resolution and so forth in a flowing wavelike manner as described above. Of course not all needs get resolved; some we deem inappropriate and aborted, some are not timely given the totality of our current situation and postponed, but most flow easily as we move through our experience to navigate our relationship with the rest of the world or deal with aspects of ourselves that come to our attention. When that process is interrupted, then there is a disruption of that flow of gestalt formation and resolution. That, from a gestalt perspective, is the process behind what is termed psychopathology. Where in the process that interruption takes place, and the manner in which it takes place, is what we recognize as personality or character structure. Since such processes are overlearned and become part of one's procedural memory, they are not accessible to one's awareness. In other words they are outside of experience. So, as the client, I am unable to *fix* myself, because I cannot *see or hear* what is happening. It is the job of the psychotherapist to provide another set of eyes and ears to create a second perspective much like two eyes create parallax and add dimensionality to sight.

It is the psychotherapist's job to attempt to observe how the client moves from need to figure formation, figure sharpening, self/environmental scanning, resolution, and assimilation. This is accomplished in cycles of contacting. Pathology is in the process locus of the interruption and in the manner in which that interruption takes place. The place of the interruption and the manner in which the interruption takes place is often associated with general diagnostic groups identified by the DSM IV TR and ICD 10. Such disruptions bring about profound difficulties in contact with others and with the world in general. Such a discussion in detail, however, is not in the scope of this chapter and must be reserved for discussion of diagnosis, interpersonal contact and dialogue.

With regard to purpose, then, the psychotherapist uses the phenomenological method insofar as possible in order to not succumb to the client's preconceptions (which is what we do to smooth social relations) nor to allow the therapist's preconceptions to distort what is seen and heard in predetermined ways (mistakes that gestalt therapists frequently attribute to analysts and cognitive behavior therapists). So the psychotherapist asks him/herself, "What is the need that seems to be arising for the client?" "What is the figure that is being formed as a

result?" "How well is that figure formed?" "How does that figure organize the ground?" "What meaning does the ground adhere to the figure?" How does the client go about assessing his or her resources and the resources available in the rest of the field?" "How is resolution planned and carried out?" "How well does the resolution seem to have fulfilled the need?"

Well fulfilled needs lead to satisfaction and a sense of greater well-being while poorly fulfilled needs create a sense of dissatisfaction.

In order to get at this information, the therapist listens to the words and sounds that the client makes. He or she notices the level of arousal or animation (sometimes referred to as "energy level") involved. Is it congruent with the rest of what is being expressed? The therapist is noticing the movements, gestures, facial expressions, breathing patterns and other indications that are associated with the patient's experience. Of course the therapist knows little about what this all means; so, she asks questions about what is experienced. ("What do you notice?" "What are you thinking?" "What are you feeling?" "What does this seem connected to?") She suggests, "Pay attention to the expression on your face; what is the feeling that goes with that?" (and so-forth) The therapist is trying to get as good a sense as humanly possible of what the client is experiencing. What is it like to *be* that person? What is the client experiencing when an interruption takes place? What resides in procedural memory that the client needs to become aware of so that the process is functioning well and under the client's control? Husserl understood that one remains in one's own phenomenological field but that through empathy (and gestalt therapy's extension of this concept, inclusion), separated consciousnesses communicate and perceive each other's lived-body intentions (Mohanty, 1975).

Subtleties of Observation and Description

A word should be said about such interventions and questions. Remember that the purpose of these interventions and questions is to get inside of the client's experience as much as possible. That requires that at particular times the therapist has as little impact as possible on the client's experience so as to create as little iatrogenic (therapist caused) distortion of the client's natural flow. So we use vague questions that direct the client's attentional process as minimally as possible. Such questions might be illustrated by "what do you notice?" "Tell me what is happening", or comments that will support the flow such as "uh-huh", "mmm", "yes", "and....?". Notice that these are vague and can be interpreted in many ways. That is what we want—the client's interpretation of the question. At

times we may want more specific information, but we ask for it deliberately.

Such questions, unfortunately, are what new trainees and poor gestalt therapists tend to use obsessively and to little therapeutic effect. Someone, for instance, with less experience might ask, "What are you feeling?" "What are you thinking?" "What do you notice in your body?" or that grossly overused and often ill-considered question, "Where do you feel that" followed with, "stay with that" in the desperate hope that some response will rescue the inept therapist.⁸

The lived-body concept recognizes that certain thoughts, feelings, and events create a bodily experience such as nausea and the welling up of tears. They evoke body sensations that are often observable to a discerning therapist. It was one of the serious mistakes of both psychoanalysis and cognitive behavior therapy to assume that all thought is somehow verbal or that all experience is thought; some is pre-reflective in nature. In fact, thinking tends to be often conceptual, visual, spatial and sequential. Hence the importance of careful and discriminating questions about and descriptions of body experience. The general principle is that one starts with questions that are general and vague to let the client emerge, and follows up with more specific questions because the client and or therapist needs the finer or shaper focus at the moment. If one finds oneself asking the same questions over and over again, it is frequently a signal that one is not listening or considering what the client is offering. In other words, it is a signal that one is not actually utilizing a phenomenological method.

As we noted above, awareness does not occur without "other" which the "I" notices. Awareness is relational. A very powerful "other" is the person of the therapist, and gestalt therapists not only do not object to this presence but have given it a name and honored place in the gestalt theory of client-therapist contact and dialogue. That term is *presence*. It implies that the therapist must be fully her/himself rather than therapeutically contrived and inauthentic. Each combination of client and therapist is unique. As a consequence the relationship is a powerful agent of change as noted by Hubble, Duncan and Miller (1999) and has been shown to account for 30% of the variance in the outcome of psychotherapy. Gestalt therapists as a group probably excel at the application of this particular change variable. The gestalt therapist is an expert at reading relationship cues and being therapeutically present in the therapy setting. As Yontef

⁸ Editor: See chapter six, this volume, on the training of gestalt therapists and the competency required to be able to claim, for instance, that true gestalt therapy was practiced in any given situation.

(2002) has stated in his explanation for attaching the qualifier "relational" to gestalt therapy, gestalt therapy has always been relational. This is not the place to discuss the discriminations he attempts, but in essence relational gestalt therapy seeks to place the relationship as central and singled out for specific emphasis, in large part for appropriate but not unique reasons. Of interest here are the procedural changes that some have introduced to the therapy process under this banner. Inquiries emanating from this mindset are frequently therapist-centered and might include questions such as "how did I contribute to your reaction (or feeling etc.)?" or "what about me caused that reaction?" The therapist assumes that he/she is the most important part of the field impacting the client. Since the core of gestalt therapy is to rely on the client's experience to glean the meaning for that client rather than to superimpose the experience of the therapist, such questions may be out of place. That is because they have been used at times in ways that result in redirecting the attention of the client from their own figures to those of the therapist.

Looking for what is figural for the client requires very careful listening and observation. Since the organism is self-organizing, the therapist's first curiosity must be "What wants to happen over there?" What drives the mental/emotional process at the moment? Perhaps the client's figure is quite clear or perhaps the client's reported experience is simply related to the primary need. Repeating back what has been said or emphasizing a word or mimicking a gesture may be enough to help the client clarify what is central—what is trying to organize itself in the client's experience. Does this figure seem organically related to the client's experience or does it sound like an introjected need.

Since figure organizes ground, associated aspects of what is available begin to appear. Examining ground is looking at the experiential associations that have been triggered by the figure, much in the manner described by Collins and Loftus (1975). While they used a semantic model to represent experience, it should be clear that experience is multi-faceted; thus, words, body sensations and movements, concepts, emotions and more, are all part of the mix. Since they are organized and related to what is figural for the client, they contribute to the client's meaning. Asking questions that elicit this information can be as straightforward as "What does that mean for you?" or as vague as repeating a word and gesturing with one's hand to elicit further information from the client. All the while, this is, once again, not so that therapist can collect facts about the client, but so that client's awareness might become more acute.

The therapist is also tracking his/her own stream of awareness and experience at the same time that all of the above is transpiring. In response

or reaction to the client at this moment, "What do I notice about my own responses?" "What do I feel?" "How am I reacting?" "What do I want to do?" "What do I want to know?" "What am I curious about?" "How is it that my usual response has been altered?" "How am I reacting to the client's actions and/or story?" Most importantly, "Is any of this important information to help me understand the client?" "Should I share this information with the client?"

To this myriad of data, the therapist is trying to apply the phenomenological method to see the patterns that emerge, note where procedural memory of past situations creates an a-contextual response in the present situation, notice how the client's actions are synchronous or dysynchronous with the remainder of the larger field (because while not the subject of this chapter, gestalt therapy is the only therapy that is not just about "me, me, me" but considers what is due from the organism to the field to enhance the health of the field and its ability to sustain the organism).

Phenomenological Method As a Researchable, Functional Model

A number of studies have shown gestalt therapy to be equal to or slightly superior to cognitive behavioral therapy for common conditions such as severe depression, a number of anxiety disorders as well as a number of characterological disorders (Lambert 2003). These are not surprising findings to clinicians familiar with both approaches. There are some situations in which the treatment effect sizes are startlingly high, such as in the work of Susan Johnson with couples and treatment of severe and chronic phobias (Martinez 2002). In these areas effect sizes are of such magnitude that a clinician would have to make a case for using other approaches in any given clinical situation. These are encouraging facts but there are more interesting findings. In several studies follow-up has included detailed qualitative debriefing of clients and extended follow-up to ascertain the stability of change. The interesting findings are that gestalt clients spontaneously report that not only were the symptoms for which they sought treatment greatly improved, but they also observed that other areas of their lives had improved in a noticeable way (e.g. Johnson and Smith 1997; Watson 2003). In one study, follow-up revealed that after treatment for depression using cognitive behavior therapy for one group and gestalt therapy for another, both achieved equivalent benefit in terms of positive change in depression. When followed up ten months later, cognitive behavior therapy clients had retained their progress while gestalt

clients had improved further about a half standard deviation. What accounts for these results? We do not know definitively. But it is probable that the change in additional areas of life and continuation of improvement are related to the emphasis in gestalt therapy upon the examination of experience and process and consequently teaching the methodology to the client of attending to their own process. Further research and refinement are warranted.

That brings up the need for research on the phenomenological method and its associated subjects, such as the neuropsychological processes associated with attention and consciousness.

Perhaps the most fundamental of all assumptions in gestalt therapy is that learning, and therefore change, is based upon experience rather than insight or cognitive information (Burley 1985). Indeed, this was a long running argument in the research literature (Wilson and Verplanck 1956). The resolution of that debate turned in favor of the gestalt assumption, confirming that learning and change do not happen without awareness except in limited forms such as non-associative learning involving reflexes (Squire 2004). Thus awareness and experience claim some of the most central concepts in the theory of gestalt therapy and its practice. Researchers, then, could choose to examine the utility of the various gestalt cycles of contacting and/or experience, especially as those heuristics relate to established learning theories. Are they predominantly figure oriented or relational/contact oriented? Are these concepts ones that most gestalt therapists are familiar with and utilize in their work? What is the neuroscience behind awareness and attention?

The roots of gestalt therapy are, indeed, at least partially located in neuroscience through the work of Kurt Goldstein (2000). This field is rich with research implications for contemporary gestalt therapy as well, especially in the areas of awareness, consciousness, and figure formation. Of particular interest here is the fact that Goldstein used what could be described as a phenomenological method in his research on brain-damaged veterans of World War I. While the application of the phenomenological method to research is now widely known (Moustakas 1994, Barber 2006; Giorgi and Giorgi 2003), when Goldstein conducted his work, it was a true novelty.

Not all research supporting gestalt therapy needs to be original; researchers can collect the research of others from different fields and discuss the consilience between those results and gestalt theory, practice or the research of others specifically focused on gestalt therapy. Original research that connects the phenomenological processes inherent to gestalt therapy with learning theory and neuroscience could be most helpful. The

process of figure formation and resolution provides a testable and verifiable theory of personality for gestalt therapy and phenomenologically-based approaches to psychotherapy (Burley 1981, 2006; Burley and Freier 2004). The self-regulatory processes associated with the phenomenology of executive functions could provide rich territory for research associated with gestalt therapy (Brownell, in press c).

All that said, research on the application of the phenomenological method to psychotherapy could provide a very significant contribution to the wider field. As Giorgi and Giorgi have indicated, the difference between a philosophical and a psychological application of the phenomenological method to the fields of experimental and clinical psychology has yet to be thoroughly developed, and it could be one of the things that gestalt therapists would be particularly suited to accomplish.

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CHAPTER NINE

DIALOGICAL RELATIONSHIP

GARY YONTEF
AND TALIA LEVINE BAR-YOSEPH

We do not believe in ourselves until someone reveals that deep inside us something is valuable, worth listening to, worthy of our trust, sacred to our touch. Once we believe in ourselves, we can risk curiosity, wonder, spontaneous delight or any experience that reveals the human spirit.
—e.e. cummings¹

Gestalt therapy is thoroughly relational in its philosophy, personality theory, clinical methodology, and practice. The gestalt therapy perspective is that all phenomena are constructed and organized by relational processes. Even inanimate events and configurations that appear to be set by their nature rather than their relationship with contextual forces are viewed as constructed and organized by the relationship of the multiple influences of the entire field of which they are part. Structure is seen as slow moving process. An event is understandable only contextually, i.e., in the context of its existence, and in the context of the phenomenology of the observer.

For example, during a training session in the Slovak Republic, three trainers and thirty trainees gathered in a room on a winter day. The lesson was on phenomenology. Suddenly one of the trainers looked out the window and asked “What is that coming down from the sky?”

Sixty-four eyes looked towards the window, and it took a long moment before someone said, “It is snow.”

Everybody but that trainer looked dismayed at the question. Following a pause, the trainer said, “Snow? So, this is snow! I have never seen snow.”

¹ This quote from e.e. cummings was given me by Bradford Bancroft.

What a moment that was—a profound lesson in difference and context—the essence of phenomenological experience. In the context of Eastern Europe the trainer seemed at best strange, at worst inadequate. Once he added his context, which was that he came from a country that never had snow, there was an opening for us to join and meet him.

Understanding the world as relational process is even more important in the primary realm of gestalt therapy, for that requires understanding human process. People's sense of self is organized from womb to death by the psychosocial field of which they are a part. The psychosocial self is phenomenologically organized by the forces of the biopsychosocial field. Perls, Hefferline, and Goodman (1951/1994) stated that people are *of the field*. They are not just in a field, or in interaction with the field, but consist organically as part of the field and the rest of the field is part of each person. Self, more precisely the sense of self, is only understood in relation to otherness. Clinical theory and clinical practice in gestalt therapy are organized around these principles.

Perls, et.al. (ibid, 3) stated, "...contact ... is the simplest and first reality." This is a radical variation of the existential viewpoint that existence precedes essence. How so? The older, Cartesian view is that people have their essence and then interact with others. Contemporary gestalt therapy offers a radical and more complex alternative. Essence is formed through an interaction with others/field. Both the Cartesian and existential positions suggest a linear development and a dualism, they disagree primarily about the sequence. One suggests essence then existence and the other suggests that existence is first. The contemporary gestalt therapy view is that the essence and existence of a person interchange, develop, adjust in an infinite progression of interactions, meetings, and disengagements. Both essence and existence are defined and created simultaneously in an ongoing, interactive process.

This philosophic viewpoint leads to a clinical methodology that is very different than the reputation of gestalt therapy as a method of techniques. The practice of gestalt therapy is systematized around interpersonal contact—relational processes—rather than around techniques, although a wide variety of interventions are utilized in a gestalt therapy system. Sometimes techniques are misperceived as the essence of gestalt therapy. What is essential to the gestalt practitioner is the philosophy of being, the way the field is constructed and deconstructed, how one organizes the field (see chapter eleven), and whether one is supported enough to experience a totally new experience (snow falling) and remain in relationship. Techniques are creative tools to be used, then, when the opportunity emerges from the interaction in the context.

The philosophy of Martin Buber, who provides much of the conceptual foundation for gestalt therapy practice, states that there is no “I” existing on its own but only the I of “I-Thou” or the “I” of “I-It.” People can best be understood by their existence with others rather than by their essence. For example, the behavior of any patient² is seen as a co-creation of patient, therapist, and context and not just a manifestation of a set character structure or “essence.” Even though the client/patient is the one who enters the relationship in order to change him/herself, this is possible through a process during which the interaction changes both parties, the client and the therapist. While the light is shed on the client's process, both sides are parties to the journey and both undergo a change process. A central feature in the gestalt therapy dialogic orientation is that in order to conduct a dialogue, both partners to the interaction must be ready to change and be changed. To make this possible, therapists need to be highly trained to be part of the interaction, to be able to stay rather close to the contact boundary and at the same time to be primarily of service to the client's developmental needs—to be there authentically as a caring person that enables exploration and investigation rather than being a person who has the role of 'knowing better.'

Interventions, “experiments,” in gestalt therapy are ways of dialogic connecting with patients (Yontef 1993). Emphasizing the person-to-person meeting is an application of the I-Thou philosophy of the therapist and contrasts with aiming to move the patient to be different. The active techniques of gestalt therapy, all of which are considered experiments, are means of creating a dialogic meeting with the patient, helping the patient to be more aware of him or herself and his or her process, and are a function of the creative activity of the therapist and patient working together. Experiment is at its best when it emerges from the phenomenological field of the client rather than from a set protocol, manual, or algorithm.

In the I-Thou, or dialogic, *mode* no person is treated as a means to an end, but rather as an end in him or herself. Aiming to make the patient different is a manipulation and that is in the I-It mode. Even though the intentions of the therapist are usually honorable, trying to move the patient to a preset goal is an I-It process. The I-Thou mode “demands” of the therapist an ongoing interaction, honoring the client's phenomenology, an inner stance to change and be changed while being present as fully as possible at a given moment as is clinically appropriate.

² We have used the terms “patient” and “client” interchangeably. Bar-Yoseph prefers “client” and Yontef prefers “patient.” In the revision process, the use of “client” and “patient” by both authors have shifted.

In the dialogic *attitude* the accent rests on the existential meeting of one person and another and not in aiming to manipulate, not aiming to move the person to be different. In this dialogic attitude differences are acknowledged, even welcomed, without trying to change the other (but accepting and welcoming that change may occur, [Bar-Yoseph 2005]). The belief, confirmed by clinical experience, is that growth emerges from dialogic engagement and phenomenological awareness work without aiming at preconceived outcomes.

Gestalt therapy holds the therapeutic relationship as the most central variable in psychotherapy. This is in line both with its fundamental relational philosophy and also with the research on the centrality of the relationship in particular (Norcross 2001, 2002) and factors of context in general (Elkins 2007).

The therapeutic relationship provides a safe ground for exploration, experimentation, and learning, enabling clients to reconfigure their phenomenological and ontological fields and support development in their lives in the ways that appear right for them. The therapeutic journey entails experiencing the dialogic relationship and learning the "secrets" of relating in the service of the client's enhanced ability to continue to reconfigure his or her phenomenological field. Therapy often terminates when the dyadic relationship is at its best since the aim of the therapy is the better life of the client as she or he regulates it—lives it in the natural milieu. Growth through dialogue, phenomenological focusing and experimentation can also be fruitfully continued even after this peak development of the therapeutic relationship.

Contact is the basic unit of relationship; relationship is contact over time. Contact in gestalt therapy methodology is dialogic contact and the therapeutic relationship is a dialogic relationship. The characteristics of the dialogic psychotherapeutic relationship are discussed in the next section.

This dialogic relationship is the core of gestalt therapy practice and there is no "gestalt technique" properly understood or measured without considering the therapeutic relationship.

Summary. This dialogic relationship is the core of gestalt therapy practice and there is no "gestalt technique" properly understood/measured without considering the therapeutic relationship. Relationship, including the therapeutic relationship, is contact over time. In gestalt therapy theory and practice that relationship has parameters defined by the characteristics of dialogue. Contact is the basic unit of relationship and of the process of healing. The special characteristics of the therapeutic dialogic relationship are discussed below.

The Characteristics of Dialogue

1. *Inclusion* is the process of extending one's awareness to include as much as possible the experience of the other person. In practicing inclusion the therapist experiences an approximation to the experience of the patient as if felt by the therapist in his or her own body. This is done while the therapist maintains his or her separate sense of self. This is similar to empathic attunement, but inclusion has a clear and singular definition. Empathy has multiple and conflicting definitions. With inclusion the therapist makes maximum effort to experience the world from the perspective of the patient as if the therapist were the patient while simultaneously fully feeling his or her own affect, sensations, and thoughts. The therapist "starts where the patient is," and meets the patient with a full sense of self. This approach demands training and discipline to establish and hold a clear sense of self in conjunction with an in depth interest in the world and experience of the patient/client.

Interest is a fundamentally important word describing the stance from which the gestalt therapist is expected to operate. The therapist keeps a deep sense of self and at the same time takes in the experience, the being of the patient. It is a shifting between the two figures, the experience of the patient and the experience of the therapist, fast enough to keep remnants of the other at all times. The discipline of gestalt therapy demands that the therapist constantly shift from the figure of self-experience to the experience of the patient, being aware of the therapist's "internal" experience and making it available while seeking the experience of the patient and allowing that to affect the therapist's self-experience.

This is one place for a gestalt therapist to be attentive to shame as it is a fundamental process in any therapeutic journey and may occur as a result of the mere fact that the client feels the difference between past alienation and the present sense of inclusion. Be it felt in the therapist/client relationship or an experience in the make up of most human beings in therapy, many gestalt therapists believe that when the client experiences the therapist's practice of inclusion, shame is evoked. Once it has occurred, it is a unique opportunity to explore and work through shame issues in order to complete such unfinished matters from the client's experiences (Yontef 1993).

Imagining the subjective reality of the patient's existence is an existential *confirmation* of the patient. "Imagining the real" makes real the patient's sense of self in the world. Confirmation is like acceptance that also confirms the latent potential of the person—potential that is a part of their being. Meaningful acceptance of a person has to include recognition

of the subjective experience of the patient, recognition of the patient's behavior, respect for the essential worthiness and growth potential of the person, and acknowledgement of how the therapist is affected by the patient. Recognition of the subjectivity of the person without also recognizing the person's behavior, including dysfunctional and harmful behavior, lacks perspective. However, recognition of the person's experience and behavior without honoring his or her basic humanity is incomplete. Finally, acceptance of the person without acknowledging how the therapist is affected is inauthentic and does not meet the requirements of a dialogic or relational therapy.

Confirmation includes acceptance and also includes an awareness and faith in the potential for the patient to learn, to grow, to be more whole. Good gestalt therapy practice is based on the belief that growth emerges naturally from dialogic contact and awareness that is marked by acceptance and confirmation, and does not advocate change by "aiming" at preset outcomes.

When I (Talia) was a young therapist, I had a patient who was tiring to me. She spoke in a flat affect, lacked passion and looked rather bored herself. She used to come at lunch time and I started to believe that this was the reason that she was flat and I was tired. As I was ready to offer a change of time, I decided to simply stay with her story and my experience. Eventually when I spoke to her about my experience of my tiredness and her flatness, she found the ability to share her sense of tiredness and of the world's tiredness of her. We then learned that simply being in peace together when she was speaking from that tired place was what she needed, it was all she could do at that time, and it was enough.

Many patients present with a story of feeling hurt in their primary relationship. They really need a therapist to understand this sense of injury, fear, shame, and anger. This practice of inclusion is usually essential for building a relationship and for the patient's development. The patient needs to experience the interest and nonjudgmental relational attitude of the therapist in their relationship. This suggests the reality of their experience and helps them intuit belonging in the world of people. However, for the work to fully meet the conditions we have been discussing, to be clinically effective, the exploration over time also has to include responsibility for harmful behavior of the person in response to hurt and awareness and acknowledgment by the patient of how he or she was part of creating the sequence that led to the hurt. Of course, this total awareness evolves sequentially from the work and this full awareness is usually not explicated in the initial exploration.

2. *Presence* is a key characteristic of dialogue in gestalt therapy. The therapist is authentically present as a person and relatively transparent. In classical psychoanalysis the analyst attempts to stay impersonal, totally neutral, and refrains from any gratification of the patient. In gestalt therapy the therapist is openly affected by the patient; the therapist feels, the therapist has life experience pertinent to the patient, the therapist has knowledge and creativity and all of this is part of the presence and transparency of the therapist. This principle helps the therapist to realize the importance of interpersonal sharing by the therapist as a powerful part of the healing. This is in the service of the therapeutic journey, hence the patient's interest is the figure at all times. Sharing the effect the patient has on the therapist, allowing him or her to know where the therapist is at at a given moment, is a philosophical stance as well as a tool in supporting the patient's exploration.

This transparency is both verbal and nonverbal. The therapist's interest in and respect for the patient shows in gesture, tone, affect as well as in what the therapist says and how he or she says it. The therapist may share how he or she is affected at the moment, associations of emotional experiences, imagery triggered by what the patient is going through, and so forth.

For example, my (Gary) presence and practice of inclusion sometimes presents itself as metaphorical pictures in my mind or strands of music. I have found these highly reliable in capturing the patient's subjective sense, in demonstrating to the patient that I "get it," in deepening the therapeutic relationship, and leading to new phenomenological interventions. In another example a patient talked of having trouble getting up in the morning, a lack of energy and interest in his ordinary life, lack of any sense of potential for enjoyment. The patient looked depressed and I could well have just made that reflection. In fact we did talk about that, including possible referral for antidepressant medication. But as I sat with him, I had the image of a young person in a room that had no light, no windows, no door, and there was no sound. I shared this image with him. Indeed, this was how he felt and the visual picture captured the sense of his experience. That enabled us to go deeper into the actual experience. I asked him to be in that room, now, and express his awareness moment by moment. The result was a memory of childhood and a feeling in his current life of abandonment by his family, humiliating attacks if he expressed his feelings, and his lack of potential for change. The latter was true as a child, but he came also to the realization that there were things that he could do now that he could not do as a child.

This work required that I could extend my awareness to feel a close approximation of his experience, confirmed by the patient, that I could allow the impact on me and share that, and that I could make a creative suggestion of how to work with the deeper experience, i.e., experience deeper than a mere discussion of depressive symptomatology.

The organizing principle in this dialogic approach is meeting rather than aiming. By being authentically present and relatively transparent, the therapist works for a meeting with the patient, to understand and perhaps be understood. Out of that emerges healing and growth. This requires the third characteristic of dialogue.

3. In the gestalt therapy dialogic relationship there is a *commitment to the between*, a commitment to dialogue. This means that in the meeting, the therapist is necessarily affected and also changes; in a dialogic therapy we recognize that it is not only the patient that changes. The dialogic attitude is to be present without preconceived outcome, ready to include the other, and open to change and be changed (Bar-Yoseph 2005). The "truth" emerges and is not already known by the therapist. A simple example is that in good gestalt therapy practice when the therapist offers a thought or an understanding, he or she is always ready for it to be corrected, rejected, or denied. What we offer to the patient is at best an educated guess and that demands that we be ready to be wrong, to drop it, to change it, or to modify it.

The therapist's knowledge, including his or her self-knowledge, is not privileged. The patient's experience of the therapist as well as the therapist's experience of the patient is part of the dialogue.

For example,

One day I was painting a bleak picture of humanity, and especially of myself. I felt that any "decent" impulse or deed was fraudulent, a lie because I had also been "indecent," and this betrayed my true self. My therapist attempted to demonstrate to me how my thinking/valuing process was infused, "double-binding." I finally said, "Hey, I just want to be heard. I want you to practice inclusion." (He was also reading Buber at the time.) I was both frustrated and despairing. My therapist began to listen, but in a half-hearted manner. I complained that he wasn't really listening, and he blurted out, "I don't want to really practice inclusion." His eyes brimmed with tears as he said, "It's a very sad and tormented experience." Seeing his tears, knowing that he had tasted some of my present existence, caused a felt shift of experience in me. I felt momentarily at peace and whole, and was able to leave the bleak picture behind and move on." (Jacobs 1995, 70).

I was the therapist in this example. I was brought into actually experiencing inclusion in the dialogue by the interpersonal interaction. I was affected by the patient both in process (giving up aiming to make the patient feel better, hence a change by me) and affect (practicing inclusion by feeling the bleak despair). We were both changed by the interaction that was made possible by dialogue, inclusion, presence, and the emergent effects of the existential meeting. It is essential in the work, for instance with shame, that the client is not the only person in the room who is vulnerable, imperfect, has feelings, and is changed by the interaction. It is essential that the therapist is not above being wrong, sad, in need, and so forth. It is important to note that these principles also guide the general practice of contemporary gestalt therapy.

Gestalt Therapy Relationship and Other Approaches

Gestalt therapy and behavioral approaches. Gestalt therapy is like behavioral approaches in the emphasis on observation of behavior, the use of a multiplicity of active techniques, and the inclusion of interventions focused on particular behaviors or symptoms as part of the armamentarium. In gestalt therapy, the behavioral observation is part of the observation of the whole, including body, movement, verbal expression, the nonverbal, and especially interpersonal processes.

Gestalt therapy is different than behavior therapy in three major respects: In gestalt therapy the therapeutic relationship is considered central and no account of a gestalt therapy interaction or case is considered complete unless relationship is considered. Second, in gestalt therapy the techniques are used to further the existential meeting and the phenomenological experimentation rather than aiming for a pre-determined outcome or plan. Third, when awareness in gestalt therapy is focused on a particular behavior or symptom, it is done with special attention to the entirety of the patient's self-organization and with full recognition of the dominant aspects as well as relevant minor aspects.

For example, a patient with a borderline personality disorder presented with anger at her significant other. Work required recognition not only of the contextual factors in her angry outbursts, but also her frequently being triggered into a traumatic state of mind that required therapeutic psychoeducational work on recognition of the sudden panic, loss of complex thinking, hyperemotionality, techniques for centering, and so forth. Without that work, she could not manage her defensive anger. Moreover, her splitting had to be kept in mind. She would want to be totally taken care of by her boyfriend—her hero—as if she were an infant

and then would feel disappointed, abandoned, and/or smothered and her hero became in her mind a total “bastard,” “jerk,” and worse. Work on each aspect required also working with her personality/characterological variables (Yontef 1993).

In gestalt therapy we pay attention to how the part relates to the construction of the whole. Attention is paid to the integration of the whole and the relations of the parts and the relation of the parts to each other in that construction. The therapist works with what is presented at a given moment, be it explicit or implicit. Trusting that any component of the field is interconnected to the rest of the field, hence whatever is impacted impacts the rest of the field. The next step is obvious. When a particular behavior is salient, catches the attention, or is called for by the patient, the therapist would address it and stays with it. “Staying with it” means continuing to focus on the phenomena as it naturally emerges and develops—with awareness. For example, listening to the expression of anger by a client, facilitating this expression (e.g., by providing guidance in the possibilities for how the anger is expressed) often leads spontaneously to the morphing of the anger into sadness and a release of the bitterness and tension. This is an example of “staying with” the process. From the anger then develops a deeper and wider awareness of the whole process of hurt, anger, and healing.

Direct focus on particular behaviors is a part of the gestalt therapy treatment, but only with consideration of holistic, phenomenological, and dialogical principles. The particular focus at any moment in gestalt therapy is explicated for the therapist as an aspect of the total field and includes observations of verbal, emotional, physical, and interactive behavior. The therapist's phenomenology “meets” the client's. The main interest is in supporting awareness of what is and awareness of possibilities. This direct contact and awareness work supports, challenges, and enables patients to explore their own phenomenology and discover the emerging pathway that is right for them to experiment with. In this sense the gestalt therapy philosophy of therapy is different than the classical behavioral approach. When the focus is on a particular behavior in gestalt therapy, it enables a phenomenological meeting with the client, for the patient and therapist to more fully understand what the patient presents, to more fully explicate the relational aspects and implications of the patient-therapist relationship, and to create an experiment that would present possibilities of new development for the patient.

For example, as an organizational consultant, I (Talia), often meet a very successful leader who has reached the glass ceiling and lacks the awareness as to what is wrong. He or she may have reached maximum

potential, or there may be other obstructions to the way forward/upwards. In the case of one such person, after a period of individual exploration, a director in an international business felt supported enough to check with his team about what in his leadership style limited the relationship with his team, hence, his work as a director. Although the man had high verbal ability, his upbringing and the context in which he functioned were not open to authentic and spontaneous personal interaction. His individual personal work contained long segments of practicing, finding the words, learning to breathe, and some homework that he designed for himself. He experimented with his new behaviour until he was ready to actually approach his team. The team was also part of the same "holding back" cultural field. It was with a smile that he then found out that his colleagues perceived him as such a closed-in, shy man that they believed that he could never develop further as a leader.

Gestalt therapy and psychoanalytic/psychodynamic therapies. Gestalt therapy is like psychoanalytic and psychodynamic therapies in the emphasis on the therapeutic relationship/transference and in organizing around exploring and understanding rather than aiming for directly controlled behavior change.

There are at least two major differences between gestalt therapy and most psychoanalytic approaches. The affect attunement that has been recently emerging as a key aspect of modern psychoanalysis has a well-developed methodology in gestalt therapy. Phenomenological focusing and experimenting has been used for many years in gestalt therapy for exploring affect.

Another difference is the high value placed on the personal and transparent presence of the therapist in gestalt therapy. This means first of all that in gestalt therapy the word relationship, therapeutic relationship, is understood very differently than in classical psychoanalysis and to a lesser extent even from the modern, relational approaches. The traditional psychoanalytic impersonal withholding of personal information of the therapist in order to foster and keep pure the transference neurosis is, to say the least, not a part of gestalt therapy. In gestalt therapy the therapeutic relationship is by definition between the patient's and the therapist's phenomenological fields. One of the psychoanalysts and psychoanalytically trained therapists I (Gary) have treated summarized their reactions by commenting that my expressing my own affect and life experience would be considered "cheating" in the system they were trained in. However, they also noted how helpful it was for them as a patient with me.

One other difference between gestalt therapy and both behavioral and psychoanalytic approaches is that in gestalt therapy the therapist is encouraged to be creative and use or create any intervention that is ethical, legal, helpful, and consistent with the existential meeting and the phenomenological focusing (Zinker 1977). Thus a manualized approach to psychotherapy is contrary to the very basic principles of gestalt therapy.

Take the example of the director from above a step further. What does a gestalt therapist/consultant mean by the word "supported?" Had the same director gone to a behavioral therapist asking for help in expressing his inner thoughts and feelings he might have been helped with just that aspect of his leadership. A research protocol, then, with questions only on those aspects, might have confirmed the effectiveness of that therapy, but the aspects of the total situation considered by the gestalt therapist would have gone unmeasured.

Had he gone to a classical analyst, he would have explored his inner thoughts and feelings and at the end would take the next behavioral step mainly on his own. In the gestalt consultancy room he was exploring, experimenting, analyzing and learning about the roots of his "limitation" (as he called it once), understood what it was, decided his strategic plan and experimented with the tactics to get there. He took action at his work place once he felt that he addressed all that needed addressing, explored all that needed exploring and found the right action for him to take.

When he felt supported from within by our work together, he took the next move and faced the consequence of that choice. If this is not the definition of a good leader, then what is?

Laying out the world of psychotherapy on a continuum, behavioral therapy on one side and psychoanalysis on the other, naturally puts the gestalt approach in the middle. Gestalt therapy is a dialectical synthesis between the poles of behavior therapy and psychoanalysis. It includes the behavioral focus and active techniques of behavior therapies and also the exploration for understanding and the centrality of the relationship in psychoanalysis.

The Gestalt Therapy Relationship: What It Is and What It Isn't

A dialogic relationship is indispensable to gestalt therapy as an integrating framework. The gestalt therapy relationship includes focus on mind, body, interpersonal relations, and on larger systems (couples, families, groups, organizations, cultures, and societies).

Every gestalt therapy moment is both a relational event and a technical event and is best seen with these dual aspects in mind (Yontef 1993). It is a relational event in that regardless of any particular intervention, there is always the predominance of relationship factors. It is a technical event, because the therapist always has to consider the facts of context, patient character organization, strengths, weaknesses, sequence of interventions, and so forth.

The gestalt therapy relationship works with affect, thinking and behaviour and is not limited to working with one of these.

The contemporary gestalt therapy relationship uses interventions to further understanding and meeting and does not use techniques or confrontation to change the patient.

The contemporary gestalt therapy relationship is especially sensitive to shame as it is triggered for either the patient or the therapist. This includes shame brought into the therapeutic session and shame triggered in the session (Yontef 1993).

Although the contemporary gestalt therapy relationship emphasizes inclusion/empathic attunement, the existential meeting includes dealing honestly with differences, conflict, confrontation, ruptures in the connection between therapist and patient, and so forth.

The relationship has to take into account subtext and meta-theoretical influences by the therapist. The influence of the therapist, constructive and not constructive, is not restricted to words and techniques. The attitudes and biases of the therapist are revealed through every aspect of being, e.g., sounds, tone, posture, gestures, and so forth.

Dialogue is an orientation of the therapist and in gestalt therapy there is not an aim to get the patient to be dialogic. *The therapist holds a dialogic stance so the patient has the opportunity to benefit from a dialogic relationship and acquire the knowledge of this way of relating as a possibility and to be able to experiment with dialogic contacting as the patient deems right for him or her.*

Research Requirements

Research that really tests the effectiveness of gestalt therapy or the empirical support for the theory and methodology of gestalt therapy has to describe and measure both the interventions (“techniques”) and the relationship. The techniques include the creative adaptation of means of exploring to the clinical situation with each patient and not the mechanical application of technique. The relationship factors have to describe and measure the characteristics of dialogue.

Here are some of the variables that the theory of gestalt therapy indicates are necessary for empirical support:

- The degree to which the patient experiences the therapist as really understanding his or her immediate experience, i.e., thought, feeling, life context, and life experience.
- The extent that the patient experiences the therapist as caring and respecting him or her.
- The extent that the therapist is able to be present as a person to the patient, is affected by the patient and willing for the patient to know this, is relatively transparent and non-defensive, understands the patient's issues, and knows how to direct the phenomenological focusing and experimenting.
- The degree to which the therapist enters into the dialogue in such a way as to give up preconceptions, goals, support the cultivation of uncertainty (Staemmler 1997), and allow something to emerge from the dialogic contact.

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CHAPTER TEN

EXPERIMENTAL FREEDOM

JUNGKYU KIM AND VICTOR DANIELS

...our position is that *action serves as a particular moment of apprehending—that is, of experiencing—the person*...For us action reveals the person, and we look at the person through his action.

—Karol Wojtyła

In gestalt therapy the term "experiment" means something different than we attribute to it in everyday scientific discourse. Most psychotherapies consist primarily of the therapist and client discussing the latter's problems, issues, and dilemmas. Growing out of Laura Perls' background in dance, Fritz Perls' background in theater, and his studies with Wilhelm Reich, Otto Rank, and Jacob Moreno, gestalt therapy added a powerful new dimension to the "conversational" varieties of psychotherapeutic work that preceded it.

An "experiment" may be suggested by a gestalt therapist to guide a client toward discovering what is important for her growth by participating in a direct experience. She is invited to *act or to do something* rather than simply to talk about it. In that process of enactment, the "story" about the problem becomes a present event. Out of that event, unexpected dimensions of realization and discovery often emerge. "When psychoanalysis was the dominant form of depth therapy," wrote Joseph Melnick and Sonia Nevis (2005, 108), "action received no attention. In fact, one's actions were deliberately excluded." Experiment, as used in gestalt therapy, does the opposite. It brings the client's words alive by drawing the client into the dimensions of action, emotion, sensation, imagination, and verbal expression.

What Functions Are Served by Experiment?

Gestalt therapy emphasizes *awareness* as one of its primary goals. Experimentation is often an effective way to achieve it—especially the awareness of *how* an individual distracts his attention from ongoing experience (Yontef 1993). Experimentation can be used also to expand a person's repertoire of behavior, to complete unfinished situations, to discover polarities, to stimulate an integration of conflicting forces in the personality, to dislodge and reintegrate introjects, and to strengthen a client's ability to feel and act stronger, be more self-supportive, and become more actively responsible (Zinker 1977). In addition, an experiment may be intended to help either the client or the therapist discover what the former is thinking or feeling, bring something the therapist sees or hears clearly to the client's attention, or go more deeply into a feeling where the client is "staying on the surface."

For example, rather than talking *about* an ambivalent feeling toward his mother, a client is asked to talk *to* his mother who is "sitting" in an empty chair that has been placed in front of him. Then the client might be asked to move into the other chair and pretend to be his mother. "Sit as your mother would sit. Assume her posture and use her gestures and tone of voice. Be 'her' as completely as you can." As the client "talks to" his mother, the emotional, physical, and cognitive dimensions of his ambivalent feeling become more visible to both the client and the therapist. Then as the client "becomes his mother" and replies, the therapist gains an immediate and gripping picture of the mother's way of being in the world and of relating to her son that might never emerge if the client only "talked about" his relationship with her.

Many clients complain of having trouble making decisions because they don't know their true feelings, needs, and processes. In attempts to help such clients solely through intellectual channels, what the client *actually does* may remain unchanged even when considerable insight is gained. On the other hand, programmatically oriented behavioral or cognitive behavioral methods often are limited in their effectiveness due to insufficient exploration of the client's inner experience. By contrast, experimentation includes learning through exploration, experience, discovery, and action in a way that integrates intellectual, emotional, behavioral, and somatic components. This contributes to an organismic wholeness.

Experiments and Techniques as Gestalt Methodologies

Every approach to psychotherapy and counseling includes a body of methodologies, or therapeutic maneuvers. Experiment and technique are central gestalt therapy procedures. Melnick and Nevis (2005, 108) clarify the difference between them: “A technique is a preformed experiment with specific learning goals. It is like an off-the-rack suit as opposed to a custom-made one designed to fit the individual.” An experiment is such not by virtue of the specific procedure followed, or its specific content, but by virtue of its situational context and the purpose for which it is being done. Actually, most techniques in wide use today began at some point as experiments that were unique responses to unique situations. Erving Polster (1999) refers to them collectively as a “procedural inventory” from which a gestalt therapist might select.

In some quarters gestalt therapy has been criticized as “too technique-oriented.” This was not the intention of its founders, either Laura or Fritz Perls.

Naranjo writes,

Perls . . . employed and generated techniques (just as he used pens to write. . .) but warned us about props–procedures employed with the belief that they will do something while we sit back.

The therapeutic process consists in the transmission of an experience. Much has been written on psychotherapy as technique—that is, from the standpoints of the effects upon the client of the therapist’s actions or interpretations...What is left out, however, is ...that... a certain depth of experience may perhaps be only brought about by the *presence* of another being partaking in that depth, and not by manipulations.

If practical gestalt therapy is a synthetic corpus of techniques, this is precisely because it is not technique oriented. A synthesis exists only to the extent that many parts can crystallize around a unifying center. (1993, 5, 17)

Experiments tend to be most exciting, and often are most informative, when done spontaneously on the spur of the moment; when the therapist, counselor, or facilitator feels intuitively drawn to undertake a maneuver that she has never suggested or tried before.

Orientation Toward the Use of Experiment in Gestalt Therapy

In one orientation toward the use of experiment, much of the therapy session might appear to a naïve observer to be essentially a special kind of conversation between therapist and client, with the former occasionally pausing to make explicitly experiential interventions. Often these are intended to bring the client's nonverbal messages into his or her awareness, to explore a characteristic style of interpersonal relating, or to achieve some other specific objective.

In an alternative way of working, experientially-structured situations are an integral element of the working process. Fritz Perls' (1973) injunction to pay attention to the obvious meant that often the nonverbal behavior such as posture, gestures, movement, and tone of voice reveals more information than the verbal content of the client's words. His parallel injunction to stay in the dialogue once the initial therapeutic exploration had been accomplished, referred either to an externalized-dialogue between the client's conflicting internal voices or sides, or to a projective dialogue between the client and internalized others such as parents, spouse, lover, or co-worker.

In the remainder of this chapter it will be understood that the term "experiment" can be used in either or both of the two ways just described—as an adjunct to verbal dialogue between therapist and client or, as Zinker (1977) described so well, a basic modality of therapeutic work. Indeed, Peter Philippon minimizes the distinction between the two approaches, saying,

My contentions are that there is a particular sense in which Gestalt therapy is dialogic, that this kind of dialogue *includes* experiment, and that in that sense Fritz Perls was often highly dialogic. An important aspect of the Gestalt dialogic approach is that it is primarily non-verbal. Perls took from his analysis with Reich the latter's insight that what the client *does* is a far more reliable guide to the process of the client than what he says. (2001, 147, 149)

As Philippon's comments imply, some therapists move fluidly back and forth among these modalities. A therapist whose primary orientation is experiential, for example, may work exclusively in a conversational mode with a client who is uncomfortable with an empty-chair enactment. A therapist who works primarily in a conversational or a group process mode may introduce movement work or an empty chair dialogue when it feels appropriate.

In phenomenological and field theoretical terminology an experiment is used to explore and gain insight into the structure of the field and of one's own awareness process, and to find out what is possible in the field (Yontef 1993). As a result of an experiment in which he expressed feelings of loneliness in the group, for example, a client might find out that it was *he himself* who interrupted his process in ways that blocked his contacts with others, and how, and what other alternatives are open to him. In so doing, he is an active learner who makes his own discoveries rather than being "analyzed" or "behaviorally modified" by speculations, interpretations or reinforcements by others. In another example, a client who is in treatment because of his depression and feels "numb" in the face of divorce is asked to say good-bye to his wife whom he imagines to be sitting in the empty chair before him. By participating in the "experiment" of *saying good bye* to his wife in an empty chair (behavioral component), he will be able to *experience* and contact his sad feelings (emotional component), and then *realize* how he blocked his sad feelings and made himself feel numb (cognitive component). As he does so, he discovers how he holds his breath (somatic component) to avoid the feelings that come up when he attempts to say good-bye to his wife. He now *realizes* and *experiences* with his whole body how he himself creates the numbness which is one element of his depression.

The Behavior of the Therapist

Often, the experiment supports and facilitates other aspects of the unified practice of gestalt therapy. It is in what the therapist does that such support for these other features of therapy is achieved.

Principles Governing Movement In and Out of Experiment

An experiment must come out of some kind of a dialogical context so that the client can also understand the rationale behind it. By the same token, an ending of an experiment must merge into the natural flow of a dialogue so that the client doesn't feel disconnected.

In most cases a therapist needs to know something about a client's phenomenology in terms of his problem, its dynamic structure, and the etiological process of the field before he suggests an experiment. Otherwise, harm or counterproductive confusion could result. For example, drawing attention to a bodily symptom or body posture without having developed a solid therapeutic alliance could induce a shame reaction together with rage in a narcissistically vulnerable client, resulting in a therapeutic rupture

(Yontef 1993).

Preparing the ground for carrying out an experiment includes seeing to it that a sound rapport be developed between himself and his patient so that exploration into deeper regions is more likely to be successful. It's also usually a good idea to explain *what* an experiment is, *why* he wants the client to do it, and *how* to do it (Zinker 1973). The next step is often to get consent from the client to do an experiment together, in order to elicit the patient's active participation.

At that point such questions may arise as *what* kind of experiment to choose, in *which* manner to offer it, and *where* to stop it. As a trainee becomes a novice and then an expert gestalt therapist, this process of therapeutic movement becomes more and more intuitive, so that much of the time—but not always—the answers to these questions will seem obvious without the questions ever having to be “asked.” Whether the therapist's own choices are more rational or more intuitive, they must evolve naturally out of the therapeutic context, starting with the patient's experience and behavior (Yontef 1993).

A problem can arise when a therapist suggests an experiment and the client complies without truly having accepted or “bought into” its potential utility. In that case, she may just “go through the motions” in a way that fails to lead to a deepening of awareness. Zinker (1977) addresses these concerns in his concept of *consensus*, which he defines as “the process of negotiating with the client in designing an experiment and the client's willingness to participate in it.” He goes on to say,

[This is] a mini-contract with the client to execute a particular task; at every critical stage of the work, the therapist makes it clear to the client that he can either agree to try something new or agree not to do so....The manner in which consensus takes place is a matter of personal style. If I have a good relationship with the person I'm working with, I don't feel the need for repetitive verbal requests for agreement. At times, such transactions can deflect from the fluidity of the process in the therapeutic encounter. ...Generally, consensus is something I assume, unless the client protests or in some other nonverbal way resists my suggestions. Then I try to invent experiments flowing out of the content of the resistance....The client should be forewarned from one experiment to the next that he has a choice to refuse and that he need only try out behaviors which feel congruent, safe, and comfortable for him (Zinker 1977, 131-132).

A client may begin an experiment and then repeatedly ask what to do next, explicitly or nonverbally. In that case the best response is usually an explicit, “I'm not going to tell you what to do.” Or the therapist may convey the same message nonverbally by studiously examining the rug or

the ceiling in response to such requests.

A therapist must also be sensitive to the difficulty level of an experiment for a particular client offering an easy one at the beginning so that the client has a success experience and becomes familiar with the concept and process of experiments. The difficulty level of an experiment depends on the client's vulnerability, his previous experience with experiments, and also of the strength of the therapist-client bond.

In some cases the therapist must explain the rationale and the procedure of the experiment in a friendly way and guide it step by step. In other cases, the reason for doing something is so obvious that no explanation is necessary.

In regard to *where* to stop a procedure and return to the original dialogue, usually it is desirable to flow with the natural rhythm of the process and to finish where it completes itself. In such cases usually one knows intuitively when it is finished. But there are also many situations where a therapist doesn't need to work through an experiment to the end. If an experiment has helped a client discover something she hasn't recognized before, then it has attained its goal and the therapist can let it go and return to the original dialogue. For example, in a group, a woman who is going around the room telling each person, "You could frighten me by..." may have discovered something crucial by the time she gets halfway around, so that moving into working directly with that "something" may be more valuable than continuing around the room. Miriam Polster (1982) emphasized *staying with the momentum* of the work. Occasionally she pointed out that a trainee therapist who was obsessed with "completeness" lost touch with where the client's energy was moving.

Facilitating Dialogue Using "Rules of the Road"

From the outset the therapist needs to be sensitive to how she can support each particular client's process. In the beginning, for example, she might mention how awkward it may seem to speak of a past event in the present tense, as if it were happening now, or to talk to an empty chair.

A few simple ground rules are essential, such as "Do nothing that could result in physical injury either you-or any others in the group." A second rule might be, "There is no way to 'do it right' or 'do it wrong.'" In group situations it often happens that some group members feel anxious because they don't "know" what to say or how to say it. They are concerned about not making an "error" and getting laughed at by others. It is helpful for them to hear that there is no "correct" way to behave.

There are also “language rules.” For example, Karen was complaining about her lack of communication with her sisters, represented by two empty chairs. “I can’t talk to you,” she said to her sister Evelyn. Then she turned to Annie: “And I can’t talk to you either.” Several weeks later she remarked, “When I was asked to rephrase ‘I can’t’ into ‘I won’t,’ I saw that I’m the only person stopping me from having the love and support from my family that I so desperately crave.”

In gestalt group process work, members are asked to speak only for themselves. When someone makes a comment like, “I think most people here feel...” it is inevitably useful for the facilitator to say, “Let’s check that out. Let’s go around the group and ask each person to say, in no more than a few sentences, what he or she is feeling right now.” There is always a great diversity of reactions. This provides a dramatic demonstration of the value of speaking only for oneself rather than presuming to speak for others. Another ground rule includes “no gossiping,” which can be accomplished by asking a group member to redirect comments *about* another person *to* that other person. Yet others are to ask, “Be as specific as possible in your comments rather than talking in generalities or abstractions,” and asking the client to change a question into a statement, when the question is a statement in disguise.

Some rules, such as “No one speaks for anyone else,” need to be adhered to religiously. Others may be brought to the client’s attention or may be overlooked, depending on what’s occurring in the work at that moment. For example, asking a person to say “I” instead of “you” or “one” is often appropriate and effective. If, however, the client is deeply immersed in a process of exploring an emotionally loaded theme or event, such a request can interrupt the flow of the work and transform a profound moment into a less valuable one.

Paraphrasing, Questioning, Suggesting, and Directing

Both Carl Rogers and gestalt practitioners use paraphrasing and repeating back what the client has said both to ensure that they heard correctly, allowing a chance for correction, and to articulate the deeper feelings and themes that appear to underlie the client’s comments. A gestalt therapist is more likely to ask direct questions than a Rogerian, but both are phenomenological—that is, they try to comprehend what the client thinks and feels in the client’s own terms, and both encourage a client’s autonomy and self-direction.

A gestalt therapist who uses experiment may also assume a role analogous to that of a theatre or movie director. He or she suggests that the

client act in certain ways and pay attention to certain aspects of her behavior. It is important to preface such suggestions by telling the client that she is always free to accept or refuse such a suggestion, and to do or say anything else that she wishes instead. The therapist may also explicitly offer choices: “At this point I see three main options: You might talk with your boyfriend, or with your father about his behavior when you were a child that is related to your present dilemma, or between the two sides of yourself that are in conflict about this. What is your preference?”

Being an Attentive Observer and Discovering the Obvious

“Pay attention to the obvious” is a central gestalt principle in regard to the conduct of therapy. It fits with the old saying that whenever there’s a double message in which the person’s words and actions contradict each other, believe the actions. Always notice a person’s posture, gestures, tone of voice, cadence of speaking, and other features of paralinguage. Fritz Perls changed Freud’s metaphor of the personality as an iceberg in which the visible tip above the water represented consciousness and the huge mass below the water represented the unconscious to the metaphor of a sphere floating in water with the top edge visible above the surface. A sphere *spins* in the water, so that as the bottom comes to the surface, what was hidden—and may remain hidden to the client—often becomes clear to an astute observer of the client’s paralinguage.

Laurence J. Horowitz developed an exercise to teach gestalt therapy trainees to attend closely to such paralinguage (1984, 177). The trainees divide into groups of three or four. Two trainees carry on a conversation, while the other(s) observe. The observer(s) are instructed to try to ignore the content of the conversation as completely as they can. Rather, they pretend to be TV cameras, alternately “turning off the audio” and focusing only on what they can see in posture, gesture, and movement, and “turning off the video” by closing their eyes and listening to tone of voice, inflection, loudness, hesitation, etc.. A therapist is most likely to be effective when she both hears what’s present in the verbal content of a client’s statements, and also attends to the messages of the client’s paralinguage.

One client remarked, “Becoming aware of the obvious has made it easier for me to listen to others. I’m getting better at hearing what they’re not saying. My friends tell me that I’m becoming a better listener. I don’t let my thoughts stray anymore. I stay focused on what they are doing as well as saying as we interact. Watching others in the empty chair has contributed greatly to my heightened observation skills. I was able to see

how their movement, voices, and facial expressions changed when they took on the part of another person or another part of themselves.”

In that sense, gestalt therapy is a “surface” approach. It is also a “depth” approach with roots in psychoanalysis and Jungian psychology in that it is based on exploration and discovery rather than on a “program for change.”

Being Present as a Dialogue Partner

A gestalt therapist can affect and also can be affected by the person of the patient as they work together. For example, one therapist revealed her feelings of fear and sadness as she played the mother when the patient in a daughter role said to her “I want to leave home.” The therapist suddenly became frightened and was sad to hear that, because she was having the same issue with her own daughter. However, discovering her own strength and willingness to let her daughter, seen in the person of the patient, go her way, she then felt surprised by the fact that she was able to support her daughter’s as well as the patient’s becoming independent. The patient also felt relieved seeing her mother, vividly represented by the therapist, be able to stay with the hard process of separation and letting go.

In this scenario, the therapist had nothing preconceived in advance. She was just being present and making herself fully available.

Principle Forms of Experiment in Gestalt Therapy

Classifications of procedures widely used in gestalt therapy have been presented by writers such as Polster and Polster (1973), Zinker (1977) and Naranjo (1993). Here we have tried to offer a useful contemporary synthesis. Limitations of space require our descriptions of some of these methods to be more brief than would be optimal. The methods described are not necessarily independent of each other, but in some cases overlap. *As we have said, experiments become techniques when they become fixed and stylized; in order to remain true experiments, they must arise out of the natural flow of process between therapist and client and form a creative expression which is unique to each situation with people. Often, then, what has been a technique can also become adapted in the moment by an experienced therapist, so as to attain the status of a true experiment.*

Staying With

Attentiveness and Description

“Distraction” is a pervasive defense mechanism. Painful or uncomfortable thoughts and feelings can be kept out of awareness by mentally jumping to another subject. Often this is implicit; sometimes it is explicit, as in the phrase, “Let’s move on.” In this situation, *doing no more* than keeping attention focused tightly on the present moment can be highly productive. For example, “Please notice what you’re experiencing right now and describe it,” or “Let whatever thoughts or feelings come into your mind just come right out.” Often this leads to completing an unfinished emotion that a client hasn’t had an opportunity to confront, such as fear of losing control. A woman, for example, who has been avoiding her feelings of sadness since her divorce two years previous changed the topic quickly whenever the topic of her ex-husband arose. The therapist guided her to stay with the topic and face the feelings she encountered. She burst into tears and wept heavily, mourning over her “lost love.”

A therapist can instruct a client who tends to interrupt or avoid certain feelings to stay with them and face them. This can be helpful in dealing with both unfinished past issues and present concerns. We change ourselves by accepting our existence as it is, not by suppressing, denying or escaping from our experience (Beisser 1970).

Presentification

This involves bringing memories, anticipations, or outside situations into here-and-now experiences. This helps both client and therapist avoid getting stuck in the labyrinth of *aboutism*. That is, keeping an event “at a distance” while discussing it, thereby avoiding the process of discovery that can occur when an event feels present and immediate. The client is asked to speak about a past event or current dilemma as if it were happening right here, right now (Naranjo 1993). This makes the client’s thoughts, feelings, needs, sensations and actions more visible and accessible to both client and therapist.

Elaboration

Deepening

This goes a step farther than “attention and description.” After, for example, asking the client to “stay with that feeling,” the therapist might ask her to “now go more deeply right into the center of it. Perhaps there are things going on in you related to it that you hadn’t noticed before. . . . (pause)...What do you find as you do this?” Carl Rogers was expert at this. He would intuit a deeper dimension in what the client said and articulate it, then wait for the client to confirm or correct what he thought was occurring. The presence of a therapist who is attentive, and that of group members who are warm and supportive, helps a client go deeper in her exploration.

Making Abstract Statements Concrete

When a client abides on an abstract level, such as a man who says his father was a “good person,” the therapist can ask him to explain concretely what he meant by that. He might reply “My father was a man who lived a life of sacrifice. He worked 70 hours a week for his company without taking a rest. And when he came home, he still did housecleaning, but he never took care of himself.”

Extending Minimal Statements

“Minimization” refers to language that makes concerns seem small when in fact they’re large. “I guess I feel just a little bit upset about...” might, upon exploration, turn into (shaking and tearful) “I’m so outraged that I could strangle him!” In *Every Person’s Life is Worth a Novel* Erving Polster (1987) describes how remarkable stories can be teased out of statements that appear at first glance to be innocuous.

Verbalizing Actions

One of the oldest and best known expressive methods is to ask a client who is making a physical gesture to translate it into words. For example, “Keep doing that with your head, please. Now give it a voice and let it speak. What does it say?” Examples are shaking head left and right with a grimace in the forehead. The client might say then: “No, I won’t do that! I don’t like it.”

Accenting Verbal Patterns.

Asking a client to repeat one of her own statements again and again, either verbatim or with varied endings, can facilitate her ability to move through fears and express herself. Or the therapist can suggest a phrase that seems to fit the moment and add, "If that phrase doesn't quite fit, change it in any way you wish." Some phrases that are often useful in projective dialogues are,

"I resent it when you..."

"I wish you would..."

"I won't..."

"I love your..."

"I want you to stop..." And so on.

This is often both cathartic and empowering. In the process, quite often the client becomes aware of things that she hadn't realized before. Using descriptive verbal patterns can also help a client contact his internal or external processes. For example, "...and I take responsibility for that," asks a client who disowns his own part in his behavior to become aware of what he is hiding from himself. Or, "...and I don't have any part in that," can be a paradoxical intervention that leads to the same end. Through either approach, he might be aware that he's been avoiding taking responsibility for his perception or action.

Somatic Attentiveness.

A client says, "Having my attention directed to my body and breathing has made me not only more attentive to my body language, but also better able to tune into my body. I more easily identify what hurts where in my body, when I feel tense, sad, lost, or anxious. I use my physical sensations as a guide to what's occurring with me emotionally. This is bringing to light many of my suppressed feelings."

If a client is retroreflecting his anger toward his wife who wants to separate from him and feels depressed, the therapist might want to explore what his internal process *is* and what he is *doing* with his body at the same time.

Most basic of all is to attend to his breathing. Holding the breath tends to suppress full expression of emotion, which in turn, as Fritz Perls pointed out, often manifests as anxiety.

"What sensations do you feel in your body, right now?" is the basic question. That can lead to asking the client to let his compressed lips or gritted teeth or knotted stomach speak. Or it can lead to requesting that he

exaggerate whatever tension or squeezing he reports, and then as he does so, make a sound or say a word or two that expresses what he feels.

Fritz Perls also pointed out that *what's missing* in a person's report of her body sensations can be very significant. Someone who reports no awareness of her legs may be deficient in self support. Someone who reports no sensation in his arms may have a hard time reaching out to contact others. It can be quite useful to ask a client to do a complete body scan, and take note of what awareness—or lack of it—she reports with each part of her body.

Exaggeration

“Techniques of Exaggeration,” as Naranjo has labeled a body of gestalt methods, function as a “magnifying glass” that makes behavior that a client has avoided recognizing into something large enough to be clearly visible or audible. For example, if a therapist finds a hint of anger in a client's expression, he can ask him to exaggerate it. Or if a client speaks in a very low voice to suppress his sadness, the therapist can request that he speaks with even lower voice (Garzetta and Harman 1990).

Repetition

Repetition is a widely used form of exaggeration. “I don't like to be seen by others as if I am always a good person,” a client may say very quietly.

“Please say that again,” the therapist may suggest—perhaps two or three times in a row. In repeating the statement again and again, often the client truly hears what she is saying and can realize what it means for her.

A 21 year old female college student, Yunhee, grew up in a family where it was taboo to express any feeling after her older brother was drowned by an accident when he was 7 years old. She was largely cut off from her emotions and had difficulty developing an intimate relationship with her boy friend, Hyunseok, because she never expressed her warm feelings toward him. One day in a group, she happened to talk about her father and described him as “always busy... and not close to me...” The therapist asked her to say that directly to her father who was “sitting” in an empty chair. She said to her father, “You are always busy and not close to me!” Then the therapist asked her to repeat the part of the sentence in which she said, “You are not close to me!” again and again, which led her to become aware of her strong wish to get close to him. Suddenly she contacted feelings of warmth and sadness simultaneously and burst into

tears. Afterward she said, “For the first time I felt deep emotions and now I’m so relieved to see that I can express them without having to worry about what others might think. In the past I always was scared of my feelings, because I feared that people would criticize and despise me if I revealed them. Today, I realized that I don’t need to be so afraid of them anymore. I think I can now also show my feelings to Hyunseok.”

Increasing Emphasis

This is a form of exaggeration that can be used along with repetition, usually when a disempowered client needs help in finding his or her power of self-expression. The therapist may repeatedly suggest, “Say it again—louder,” each time raising her own voice to help “disinhibit” the client’s hesitation. After several such repetitions, a previously always-timid client may be shouting, thereby discovering the previously disowned power in her voice.

Exaggeration and Exploration of Movement.

Dramatic enactment may occur entirely as a projective dialogue between oneself and “another,” or between two sides of the self, in a conversational manner. Most of us, however, don’t spend all our time sitting down and talking. We move. We walk. We express our feelings, attitudes, habits, and hang-ups in our movements. Often therapy can be enhanced by including this dimension of movement that plays such a large role in our daily lives.

Such an experiment may be as uncomplicated as demonstration of a word or gesture, or it may be a structured, and almost choreographed, complex sequence of events. We say “almost” choreographed, because the theory that underlies the use of experiment holds that there must always be room for spontaneous modification or transformation of what is occurring when appropriate. Such modification may be suggested by the facilitator or emerge spontaneously from the client.

Once a client is standing in an expressive posture, a sequence of follow-up suggestions might be, “Now please stay with that posture and begin to move with it. Walk in a circle in the center of the room in a manner that expresses that feeling.” Once he’s doing that, a next suggestion might be, “Now *exaggerate* the way you’re walking.” Then, “Now make a sound or speak just one or two words that express the way you feel.” At that point, the simple gesture or statement with which the sequence began may well have become transformed into an intense

experience filled with power and drama that leads to a breakthrough in awareness.

Enactment

Enactment helps a client increase awareness, complete “unfinished business,” treat polarities of personality, liquidate ineffective old behavior patterns and develop new more effective behaviors (Smith 1990, Harman 1989). Erving and Miriam Polster described it as, “the dramatization within the therapy scene of some aspects of the client’s existence.” (1973, 239). Through engaging in an enactment, a client can explore thoughts, feelings, movements, behaviors, and patterns of relationship, and discover new horizons of his or her behavioral repertoire.

For example, a client who has unresolved anger toward her father, and who has difficulty expressing anger, can *talk to* him in an empty chair. Likewise, an “internal dialogue” between two parts of our personality that are often labeled *topdog* and *underdog* can illuminate how introjects cause us to feel inappropriately guilty for actions or events that are not our own doing. In a therapeutic context, by externalizing the internal conflict through enactment, a client is in a better position to deal with it (Clarkson 1989). Enactment can be used in combination with other experimental techniques such as dream work, fantasy, the empty chair, body therapy, art therapy etc.

Words into Movement and Action

A client who is describing a feeling or event in an intellectual manner while staying emotionally distant from it might be asked to make a gesture that expresses the statement, or sit or stand in a posture that expresses it, or even to walk around the room in a way that embodies it. Someone who is *saying*, “I feel helpless” might be asked to sit or stand in a posture that expresses her helpless feeling. Another client might end up lying on the floor in a fetal position. Yet another might move around the room like a gorilla with full energy.

Projective Dialogues

One of the more vexing problems of living occurs when a person is confused, with conflicting feelings, desires or fears emanating from differing internal “voices” or sides of the self. Sometimes one of these is an internal representation of another person, such as a partner or spouse or

parent or boss. At other times these “voices” reflect different desires, motives, or aversions within the self. Projective dialogues help the client gain a clear picture of each of the conflicting parties or voices. In some cases, *doing no more than* gaining this clarity about what each “voice” wants, feels, and fears is all a client needs to do in order to move ahead with creative problem solving. In other cases this clarification is an early stage in therapeutic “working-through.”

Use of the “Empty Chair”

An empty chair placed facing the client may carry out a projective dialogue, whether with another person or between parts of himself. This technique is often used to complete an unfinished situation from the past, in which case the person not available in the present is imagined to be sitting in the empty chair. Sometimes it is better to address issues in this manner than in a real encounter with the other person, because feelings can be expressed and acted out more safely in this situation. Once the cathartic expression of sadness, anger, jealousy, or other emotional behavior has been fully expressed toward the “person in” the empty chair, the client may more easily find a way to open up communication with the other.

The classical example of an empty chair dialogue is between “topdog” (the introjected oppressive side of the personality who expresses what Karen Horney termed the “tyranny of shoulds,”) and “underdog,” (the apparently powerless and oppressed side of the self that operates by indirection and manipulation) (Naranjo 1993).

As the dialogue goes on and underdog is encouraged to express his or her feelings to the topdog, often underdog becomes more powerful and topdog loses power so that the two sides can coexist in a more equal relationship. As the dialogue continues, often the two sides’ masks and obfuscations fall away so that the client is talking to the “other person” or the other side of herself with a directness and truthfulness that was absent at the start. At that point it is often useful for the therapist to suggest, “Now, as you continue the dialogue, please speak *just one line* from each side, and then switch to the other side.” This rapid alternation often lays bare the essence of the situation with remarkable clarity.

It is sometimes helpful for the therapist to repeat what the client has said on one side as a prompt, because the client then does not have to try to remember what she said on the other side, which makes it easier to respond.

The empty chair can also be used to explore and reclaim the part of a polarity that one unwittingly disowns. For example, a woman who projects her own moral judgment onto external authority and complains that her church or social circle is controlling her too much comes to realize after the projective dialogue that it is *she* who actually has rigid moral criteria and controls herself (Zinker 1973).

Empty chair work can be expanded by using extra chairs if a situation involves more than one other person.

In working with couples, Ann Teachworth (2004; 2006) has found that it is often productive to have each member of the couple carry out a dialogue *between his or her parents*, to discover what the relationship between the parents is like. This often shows how the partners' behavior with each other resembles their parents' maladaptive patterns. This method can be useful in individual work as well. At an appropriate moment the client is asked to turn Mom and Dad's chairs toward each other and enact an interaction between them. Often exceptionally valuable information emerges from this interaction. The therapist relies on her intuition for a sense of when this approach is likely to be useful.

Reversal

Here the client is asked to do the opposite of what he usually does, or has just been doing in the session. For example, a therapist may request a complying "good boy" to express anger, or he may direct a superman type to ask for help, an arrogant intellectual to repeat "I don't know." This can be applied also to body postures such as opening up when in a closed posture, or breathing deeply as an alternative to restraining the inhalation or exhalation of air (Naranjo 1993). Reversal is often most effective when it follows exaggeration, such as when asking someone whose voice sounds tight and constricted to use her throat muscles to "strangle herself" still more, and after that, "reverse" into relaxing her throat and letting her voice flow out smoothly.

Clients often don't recognize the meaning of their current behavior, because they don't know why they act as they do. Indeed, in many cases they don't realize that they act that way. In such a case it is useful first to create a context in which the client can become aware of his or her current behavior, and then contact the emotions (and perhaps thoughts and impulses as well) that are blocked by such behaviors. Mostly the blocked emotions exist as a "shadowed" polarity that stays out of touch and undeveloped.

The therapist can, through the use of reversal, help the client become aware of suppressed feelings or unconscious behaviors. This technique is especially helpful in making aware of and then lifting self-interruptive behaviors. For example, a therapist can instruct a client who is retroreflecting his anger toward his wife—that is, turning it back against himself—to exaggerate it more. Namely, he is asked to blame himself more strongly. The client will eventually be able to realize his own process and stop it. (Then, he might reverse it, and express his anger to his wife sitting in the empty chair.)

Someone who is always complaining may be asked to express gratitude for everything she complains about, to discover what truths, if any, she discovers in those expressions of gratitude.

Or a client whose manner seemed “robot-like” is asked to walk in a circle and “become a robot,” then to exaggerate the walk and repeat a word or phrase that fits his experience. Finally, when he is as rigid and “mechanical” as he can get, he is asked to “Now let go of being a robot and do the complete opposite, whatever that feels like to you.” Suddenly the erstwhile robot may burst into a remarkably graceful dance for three or four minutes and say “I’ve always wanted to move like that, but felt like it was frivolous and “unmanly.”

We can also help a client contact and develop an underdeveloped or underused potential with the technique of reversal. For example, if someone remains silent in a group, allegedly not to interrupt others, he could be asked to interrupt others on purpose to find out later the value of initiating a behavior (Polster and Polster 1973).

Enactment: Making Contact with Others

In a group, someone who has *trouble* making good contact with others might speak indirectly, or make vague, general statements. Or use body language that indicates withdrawal from others or blocking them out (such as looking down at the floor with hands behind the back or crossed in front of the chest). In such a case the group leader might suggest that the person choose someone in the group and talk to him or her directly. For example, when a group member says he fears being laughed at if he were to reveal his story, the leader can ask him to choose someone in the group whom he thinks would most likely ridicule him and tell the story to that person. Sometimes it is helpful to let the person doing this move his or her chair close to the other group member and then talk with that person eye-to-eye. This can be powerful.

When someone thinks that “most people” hold a negative opinion of

him or her, it can be useful to put “most people” in the empty chair and then speak as them. After working through that projective dialogue, the person can then move into direct communication with one or more group members.

The “Go Around” or “Making the Rounds.”

In this procedure, used in a group, the person who is working moves slowly around the circle, stops in front of each group member, and says or does something suggested by the facilitator—or whatever else he or she wishes to say or do with that group member.

Used early in a session, this method can provide insight into a person’s habitual thoughts and feelings in a social context. To accomplish that, an open ended response tends to be most useful, such as: "Please go over to each person and say, 'With you I'm afraid I might...!' (Instruction: "Let yourself say whatever spontaneously pops into your mind, even if it seems nonsensical.")

A go-around can also facilitate group interaction and warm up group atmosphere. It can be especially helpful for those who have difficulty in initiating a contact with others. Suhyun was shy and said nothing in the group. Upon inquiry, she disclosed, “I am afraid of making any mistake!” The group leader suggested that she “make a round” with the statement “I am afraid of making any mistake!” which she did. The group members responded with warm smiles and reassured her that she may make mistakes anytime she wants. She felt accepted by the group members, relaxed and smiled broadly.

In the middle of a session, a go-around can be a vehicle for awareness and transformation. A woman who showed a strong tendency for confluence in the group was asked by the group leader to exaggerate her behavior by approaching each person in the group and saying the sentence: “I cannot live without you. I feel the same as you in whatever you say!” As she did so, she became aware of her own habitual behavior and then she shouted: “No, I don’t like this! I am not totally the same as you!” At that point she had begun to contact the other side of that polarity, which was appreciation of her own uniqueness and her ability to be independent. She was asked to make this explicit as she spoke to each remaining group member by repeating the line, “I have my own thoughts and my own feelings, and can make my own choices.” (She looked shaky as she began that task, and taller and stronger as she completed it.)

A go-around can also serve to test questionable attributions. Someone with low self esteem might speak to each person in turn, saying something like, "I imagine that you're bored with what I'm doing. Is that right?"

Late in a working session, making the rounds can emphasize a new way of relating, such as: "I don't have to be a victim with you."

Imagination and Fantasy

Visualizations and Scenarios

A client who has avoided mourning his deceased mother can be asked to go to her deathbed in his imagination and talk to her.

A woman who is afraid of getting fired and has enormous anxiety about that possibility, even though she is quite capable, may be asked to imagine that she has just been let go. Her initial shock and sadness may lead to discovering greater inner strength and potential than she had previously given herself credit for.

Or a man who feels like his life is "flat" can be asked to mentally go to a place where he finds what's missing in his existence. Then he can explore how to bring the elements he discovers there into his daily life.

Metaphor

A metaphor can be helpful in a group work to summarize and crystallize a group dynamic as a theme, which may then be used for a group experiment. Metaphor has an important function of connecting things that are not usually connected and thus it can bind group members together to a common ground from which they operate creatively to give a new meaning to their experience (Clarkson 1989).

Metaphor can not only help to illuminate and grasp a group situation figuratively, but it can also serve as a basis of an experiment. The group leader or group members can suggest a metaphor that shows *where* and *how* the group *is* existentially in its journey. For example, as a response to the question of the group leader regarding what the group situation *looks like* now, a female group member might liken it to the family situation where every body raises their voices, because the father, the group leader, doesn't have any power in the family and gives no directions—to which most of the group members might agree.

Dreamwork

A dream can be used to explore and contact alienated parts of an individual's personality. All parts of a dream are considered as projections of the dreamer and can be reintegrated through dream work. For example, a client plays both the role of a persecuted man and a monster who is running after him by turns, and also a cliff that hinders him from escaping. The client can take control of his anxiety if he realizes through this experiment that the monster was *his* own projection and rediscovers his power as he plays the monster.

The client is asked to begin by telling the dream in the present tense as if it is happening here and now, and perhaps identify points where he feels strong emotional energy.

After telling the dream, there are two quite different ways to proceed. One is to move into working directly with the points of dominant emotional energy (such as the monster in the above example). The other is to identify each element of dream contents, beginning with apparently peripheral, background details of the dream, and then move to the foreground. Fascinating insights can emerge from details that might easily be overlooked. For example, Jacqueline had just described a dream that centered on an interaction with her daughter. The daughter was the most salient figure, but we began with the house, since houses usually reveal something about the dreamer:

Therapist: "Please imagine yourself as the house and describe yourself."

Jacqueline: "I'm new and expensive and everything looks perfect. Everyone will admire me and be impressed."

T: "How do you *feel* as the house?"

J: "Somewhat presumptuous. It's a strain keeping up such a good appearance."

T: "Be your daughter and talk to the house."

Daughter: "There's no furniture here. There's nowhere to sit. You don't offer people much."

T: "Repeat that."

D: "You don't offer people much. You're always too busy maintaining appearances."

J: (Jacqueline's voice trembles. Tears appear in her eyes.) "She seems to be talking to me."

T: "Then let her talk to you."

D: "You don't give me a chance to be me. I exist only for you, so everyone can see what a perfect daughter you have! Like this house!"

J: "How can you say that? I've done everything for you."

D: "Sure, as long as I'm exactly the way you want me to be."

With another person and a different dream, more exploration of dream details might occur before moving to the central issue.

A dream can also serve as material for a group drama, where each group member picks a dream part and plays it out interacting with each other (Zinker 1977).

Suppressive Techniques

Suppression of counter-productive behavior patterns is as necessary as expression of blocked feelings or unmet needs in helping clients develop more effective self-regulation. Learning and practicing new adaptive behaviors must go hand in hand with unlearning of counter-productive behaviors. Suppressive techniques can help with this.

Suppression of "Aboutism."

A client's attempts to "figure out why" he is doing something are intellectualizations that often interfere with real experience that can bring about genuine change. In group feedback sessions after a member has worked, a "no aboutism" rule is useful: No analysis, no "telling the person what seems to be going on with him." Rather, group members are limited to sharing their own real experiences and feelings. "The simple rule of suppressing the voicing of opinions, ideas, opinions about other members' feelings, and so on, on the other hand, is by itself a guarantee that something meaningful will happen," says Naranjo (1993, 57).

Suppression of "Shouldism."

This refers to self-statements about how we "should" be, based on past experience, others' opinions, or programs we've created for ourselves that don't fit our present realities. All these are comparisons with something or someone else. All interfere with being fully in touch with, and appreciating what's valuable, what *IS* at this moment. One strategy is to exaggerate these evaluative statements in order to become more aware of them. Another is to "bracket" them and set them aside for the moment in order to attend to something that's currently more pressing.

Suppression of Stale Patterns.

Every therapist has probably had the experience of realizing that something felt inauthentic and over-rehearsed about a client's statements.

This is especially apparent in projective dialogues with a husband, wife, partner, or lover when the words that are spoken sound like an old recording that has been played over and over. That old recording needs to be turned off, or at least turned down low enough that the client can hear a different tune. First the therapist brings the client's attention to the stale pattern. Then the client is asked to stop doing that, and find a more authentic way to respond.

“Homework”

Giving homework provides a client with an opportunity to further explore and test out in real life what he learned during the therapy hour. This can broaden the therapeutic involvement beyond what the client may otherwise be able to afford (Polster and Polster 1973).

Examples of homework would be to request a client who holds back his emotions to relate his day's experience to his wife, or to instruct a client who is perfectionistic to write whatever comes to his mind about his dissertation a half hour a day, no matter how useless the material might turn out to be (ibid.).

Homework also embodies an element of self therapy. If therapy were to be effective, it should be done by the client himself at the end, and this can and must be done in the form of homework, regardless whether it is called as such or not. It is likely to be more efficient if this is carried out under the framework of homework by a therapist.

Strategies for Specific Situations

While some techniques lend themselves to many situations and give birth to creative experiments more generally, others are evoked because of the specific dynamics in question.

When the Client is Not Clear About the Problem

Often clients come to therapy without knowing exactly what the problem is. One might, for instance, know *that* she has a problem, but she may not know *what* the problem is and *why* or *how* the problem *is*. In that case, it is the therapist's task to explore and bring day light into the problem so that both the therapist and the client can *see* the problem clearly.

Various techniques such as metaphor, fantasy, exaggeration, and projective dialogue etc. together with explorative dialogue and empathic

understanding are helpful for this purpose.

Jinhee, a 22 year old female college student, came to therapy and said that she was very unhappy in her life but didn't know why. "Maybe," she thought, "because I am a 'bad' person," and she wept heavily.

Hearing this, the therapist had a vision of a step mother who reprimands her step daughter, and shared this. She was very surprised to hear that and said "How did you know that? My mother is like a step mother to me. She always finds fault with me no matter how good a job I have done."

The therapist said, "Have you ever considered moving out?"

Jinhee answered, "Yes! But I can't abandon my mother, because she has suffered so much in her life and she loves us. I don't know what to do."

The therapist replied, "So on one side, you want to run away from your mother, who is not kind to you. On the other side, you don't want to leave her, because you love her."

Jinhee cried, "Yes, I love her. I can't leave her alone!"

The therapist said, "Do you think still that you are a bad person?"

Jinhee admitted, "Maybe not."

When the Client Shows "Resistance" and "Blocking"

There are two distinctly different strategies for such situations. Fritz Perls borrowed the first strategy from Wilhelm Reich's key insight that *when a resistance appears, the resistance itself becomes the center of the work*. Rather than trying to "smash through it," as some practitioners did in the early days of psychotherapy, the therapist helps the client become aware of the psychological maneuvers through which she is keeping items out of her awareness. This can lead to unexpected discoveries. Then the client becomes able to take down her defenses "one brick at a time," as she feels ready to do so.

This can sometimes even be accomplished by deviating from the usual gestalt therapy rule of "No why questions." For example, a therapist asked a woman who refused to talk to her dead father in an empty chair, "Why don't you want to talk to him?" She replied, "Because I have so many guilty feelings for not having taken care of him enough while he was alive." The therapist asked her to say *that* to her father, which she did, and then burst into tears, which led in turn to completing her unfinished business with him.

A technique adapted to gestalt therapy from the psychodramatic technique of doubling, called "*doubling for yourself*," is useful in

projective dialogues where one side (or both) are obviously feeling things that they can't quite bring themselves to say. For instance, Elaine is speaking as her "topdog" mother and the conversation is very polite and superficial. "Mom," the therapist might ask, "please get up and go around behind your chair." Then, when she has done so, "Behind the chair you can speak of all those inner thoughts and feelings that you don't tell your daughter, even though you might like her to hear some of them." "You might even use the line, '*Of course I would never really say this to you, but...*'"

Often a torrent of feeling pours out that was held back by the "force field" of resistance when mom was sitting in the chair. Then the daughter does the same thing as herself: "Please go around behind your chair to that place in yourself where you have easy access to all the things you never say. Then tell your mother what you've been holding back."

This approach is especially useful when one person's non-communication is based on trying to maintain a particular self-image with the other.

Sometimes a client, as an underdog, feels blocked and won't say anything in response to the topdog who criticized her strongly in a two-chair dialogue. This is not because the underdog is resistant or agrees with the topdog, but rather because she feels overwhelmed and doesn't know what to say. In such a situation, the therapist can help the underdog express what she feels or wants by supporting her. For example, the therapist could say: "I would be angry, if I heard that!" "He doesn't seem to listen to you." "Your body curled up. What do you feel as you hear that? What does your body say? Tell him!"

When the Client is Impaired in His or Her Contact Function

This occurs when, for example, a client doesn't listen to what others say to him or doesn't look at the therapist's face while talking. In such a case, the therapist might offer an experiment to improve the client's contact functions, but it could be too difficult for a client who has been avoiding a visual contact for a long time to, for example, make direct eye contact. One option in this case is to offer an easier exercise first, such as letting him tell what he sees in the room, then on the therapist's face, then look at the therapist's eyes. Another option is to ask the client to exaggerate the avoidant behavior, such as looking around at the walls while speaking, or talking in a voice too low to be heard.

A client who doesn't listen to what others say might be asked to repeat or summarize what the other person has said. It may also be productive to

ask the client why he doesn't listen to others. He might answer "because I have more important things to say" or "because I don't want to be influenced by others." In the first case, the therapist might imagine an arrogant person and let the client play that role to *explore* what it means for him. In the second case, the therapist might imagine an impervious wall and let the client *play* the wall.

When the Client Shows Ineffective Stereotyped Behavior.

Stereotyped behavior fits the past situations in which it was learned but does not flexibly adapt to present real situations. Indeed, this is one definition of neurosis: behaving in the present in ways that were appropriate to the past rather than acting in ways that fit the present situation.

In dealing with such behaviors, it is important that a client first becomes aware of his stereotypic behavior and then understands where it comes from. As a next step, he must understand that it served certain purposes in terms of adjustment in the past but not in the present. The therapist can then offer an experiment in which he can try on a more effective new behavior in a safe environment.

For example, a 35 years old business man is an overly careful person. He looks tense and scrutinizes the therapist's face while talking with him. His body posture resembles that of a child who is ready to run away at any moment. With this picture in mind, the therapist's question to the client, "What kind of fantasy do you have about me as you talk to me?" could be a good beginning of an experiment.

The client might then answer, "I don't know, but somehow I don't feel comfortable in front of you."

The therapist could then respond "Yeah! That's what I see in you. You look nervous and uncomfortable. In front of whom else would you feel similarly?"

The client might reply "My boss, and my father!"

The therapist might then share his fantasy of "a boy ready to run away" with the client. The client might then remember his childhood incident where he always had to be on the alert to escape from his father, who shouted at him unexpectedly because of small things. The therapist could at this point offer him a "fantasy dialogue game" where the client and therapist play together as son and father who have a very relaxed and friendly relationship. Both of them could come up with various creative ideas and have much fun in this fantasy game, which would transfer into therapeutic relationship and also to the real life situations.

When the Client is Alienated from One or More Sides of Himself or Herself

It happens often that a client is alienated from and doesn't have an access to parts of his polarities, which causes him conflicts with himself or with others in his life. For example, a man who cannot accept his aggressive aspect and projects it to others is disconnected from his tender and loving energy, which he fears of contacting and as a reaction to it behaves aggressively toward people whom he actually likes. The therapeutic task is to help the client contact and integrate those parts of his or her polarities that are alienated into the whole personality (Zinker 1977). The first step is usually to help the client contact and identify a disowned part of a polarity. Then, as a next step, a therapist can help the client contact and integrate it.

A central principle in doing this is related to Carl Jung's observation that creativity comes from developing our underdeveloped sides. A client who buries her anger beneath hysterical tears might find great value in using a foam bat or a pillow to "hit" a parent in the empty chair who punished her severely in order to gain access to the energy in her anger. She would be asked to stand solidly with feet shoulder-width apart, take a breath between each blow of the bat, and speak a phrase like, "I resent you for abusing me" each time she hits the chair. By contrast, a man who gets into fights or shouting matches needs to learn to stop himself from acting out his anger, and instead express it verbally in an appropriate way—or even discover the pain or injured feelings that lie beneath the anger and express those.

A quite different illustration of this principle is a young woman who thinks that men are not interested in her because her sisters were more beautiful than she when she was young. The therapist might suggest that she just imagine herself in fantasy as a sexy coquette. As a next step she might play the role out in physical movement. In a group she might do a go-around in which she interacts with the men in the group as her coquettish self. But if she refuses to identify with her attractive side, the therapist can offer a two chair dialogue between her attractive side and rejecting side, which may help her to contact and integrate her disowned aspect. In this experiment, the client encounters the repressed aspects of her polarity not only on the *intellectual* level, but also on the *affective* and *motor* levels, which means she must literally go through the motions of showing off her attractiveness both in fantasy and also through enactment.

When a Client is Confused

“Confused” usually refers to a state of internal conflict in which a person has conflicting impulses, feelings, ideas, or beliefs about some matter. A useful first step in dealing with confusion is to gain a clear sense of each of these conflicting impulses. Carrying out an internal dialogue (with or without an empty chair) in which the client identifies each conflicting voice and then holds a conversation between or among them is often an excellent way to do this. Doing no more than untangling these voices which reflect different inclinations or feelings can often bring a remarkable sense of relief. At that point the conflict is still there, but its elements are clearly identified. That clarity has already begun to dissolve the confusion—the client has moved to a state of recognizing the parameters of her internal conflict. Then, continuation of the dialogue between these conflicting voices may even lead to realizing how to resolve the conflict.

Conclusion

Within the “large tent” of gestalt therapy, there is not, nor should there be, a consensus about the degree to which a given practitioner ought to use methods such as those described here, or follow a purely dialogical-relational style, a gestalt group process style, or a style that draws more deeply on psychodramatic elements than those described here. That choice depends on what the practitioner feels most comfortable doing, and on his or her personal inclinations. With a given client in a given situation, it will also, of course, depend on the character of the contact formed with that client and on what feels most likely to be productive at any given moment. The point of this chapter is that the gestalt therapist has experimental freedom—freedom to experiment. The gestalt therapist is not tied to rigid, fixed techniques; he or she is actually encouraged to paint outside the lines.

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CHAPTER ELEVEN

FIELD THEORETICAL STRATEGY

BRIAN O'NEILL AND SEÁN GAFFNEY

There are wholes, the behavior of which is not determined by that of their individual elements, but where the part-processes are themselves determined by the intrinsic nature of the whole.

—Max Wertheimer

This chapter provides operational definitions of the main field theories in gestalt therapy and their commonalities. It relates these conceptualizations of field theory to therapy, with a view to describing how one might apply the philosophy and principles of field theory in practice as a field perspective methodology. It also provides case material, comparing and contrasting the two main field approaches in gestalt therapy. Finally it presents a heuristic list of principles guiding a strategy in practice common to all field theory approaches and suitable for application in gestalt therapy and research.

There are numerous influences on gestalt therapy, of which field theory is one. It is a core philosophical underpinning; yet, the construct of field theory has not been well understood, discussed, or applied to practice (Yontef 1993, Staemmler 2006, O'Neill 2008). Nor has it been well discriminated from a similar concept, that of systems theory, and this has led to further confusion in both the construct and application of field theory in particular and gestalt therapy in general. (Latner 1983, Gaffney In press).

Gestalt therapy assimilates the ideas of modern physics. Observations influence the nature and identity of the observed, not only metaphorically or phenomenologically, but also ontologically (O'Neill 2008). Further, the connectedness and paradoxical nature of reality described by the organism-environment field (Perls, Hefferline and Goodman 1951) and the relativistic quantum field of physics are clearly consilient—more so than with therapies built on reductionist models of human behaviour that see

simple causative effects in objects of therapy, similar to the ways Newton's Laws predicted outcomes.

This correlation of gestalt therapy with the field theory of modern physics allows therapists to move beyond the individual, reductionist nature of most of psychology. Psychotherapy based on such limited models sees the therapist and client as two distinct entities. Field theory supports gestalt therapists in taking the step of being aware of the "self" of the therapist-client, the "self" of the couple, of the group and the community. Such a perspective allows one to see patterns of these larger wholes at work, patterns of homeostasis, polarisation and growth as well as contact boundary dynamics (Gaffney 2006), choosing to apply the life space of Lewin, the cycle of experience (Cleveland), the contact sequence (Perls, Hefferline and Goodman) or the contact episode (Polsters) as a way to map the harmonic patterns underlying the apparent chaos of these aggregates.

In particular we are proposing a converging view of field theory in gestalt therapy, which we call a *field perspective*, to encompass the varieties of theory. This is partly in order to honor and respect our gestalt colleagues who find either Lewinian or PHG approaches to field theory attractive, and partly to recognize that such a unified perspective expresses the holistic paradigm that gestalt practitioners—in name and nature—espouse. For one of us (Seán) my heart is still with the Lewinian field perspective—or, more honestly, the extrapolation of Lewin. For the other (Brian), I have an affinity with the field perspective of Perls, Hefferline and Goodman (PHG) and Smuts.

It is the synthesis of these previously competing approaches that we shall now attempt, for both are present. To do this we begin with a therapist's description of Lewin's field theory and principles of application, and then move to how these inform practice in the case study that follows. We will subsequently consider this work theoretically and practically from a PHG perspective, comparing and contrasting each. The convergence of these theories into ways of working will then be addressed, with the result of a common language and competencies for use in training, practice and research.

From Theory to Practice—A Lewinian Approach

Kurt Lewin pioneered the application of field thinking in physics to early work in experimental psychology as well as his highly influential contributions to the development of social psychology and group

dynamics (Marrow 1969). His delineation of field theory eventually became a methodology embedded in a meta-theory (Gold 1990).

Lewin's thinking supports the notion that *field* is both ontologically real and present at the same time that it can be in part phenomenologically experienced. He distinguished this latter as the *life space*, though he used the terms *field* and *life space* synonymously (Staemmler 2006).

Lewin is the author of the formula $B = f(P, E)$. In plain English: behavior is a function of the person in an environment. He gave the example of how the same ontological environment will be perceived in distinctly unique ways by a variety of persons, depending upon their roles, circumstances and needs. An example is as follows: A farmer might see a clump of rocks and thick bushes in the middle of a piece of fertile land as an obstruction to be removed in the interests of increased acreage and easier harvesting; a soldier might see it as a place of ambush or hiding; two rambling lovers might see it as an opportunity for private moments. As such, each life space carries its own distinct set of characteristics as a sub-set of whatever totality may exist.

Should any of the persons in the example change roles and circumstances, their experience of the clump would also change. If the soldier became a farmer, that in which he once hid and found safety would become either an obstruction to remove, or a reminder to cherish. Paraphrasing Lewin's thinking, the need organizes the life space. What we see as our environment and how we see and respond to it are related to our needs. Naturally, when the environment is not a clump of rocks and bushes, but rather other people, then needs meet needs, responses evoke responses and all the unpredictability of being in and of the world comes into dynamic play.

This is also where life space and field can become difficult to separate; yet, we argue for the value, both theoretically and practically, in gestalt therapists making that separation. For the sake of clarity, what follows is a highly simplified and minimalist description of Lewinian field theory. The practical extrapolations from this simplification will follow in a mini-case illustration.

First, the person *has* a life space at the same time as the person is *of* the person/environment field. This will become clearer and its relevance more obvious as we proceed. The person will have a sense of being able to observe and describe the environment—and this sense of observability and describeability, and its content, *is* her life space. Since we cannot observe that of which we are ourselves a part, the person is unable to describe the field of which she is a part. She can however describe her experience of

being influenced—and as soon as she distinguishes what or who is influencing her, she is taking a life space perspective.

The life space is the environment as perceived by a person relating to it, usually depicted as a Jordan curve. Some of Lewin's doctoral candidates liked to call these "bathtubs" (Patnoe 1988).

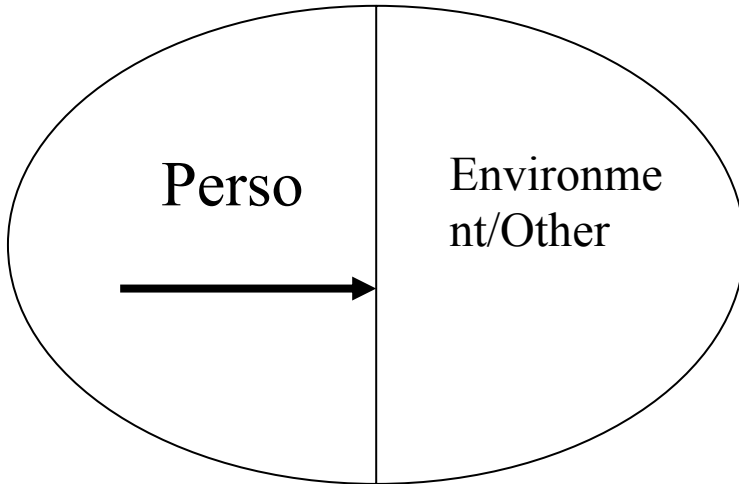


Figure 11-1

While the environmental other/others constitute the life space of the person, the wholeness of the person and her environment is the person/environment field, where each element is dynamically contributing to the self-organizing in the moment and thus also over time. In this way, a person may experience quite a different sense of agency in respect to her life space than in respect to the field of which she is a contributing force.

This point becomes more clear when the environment of the life space is another person and viewed from that other's perspective simultaneously:

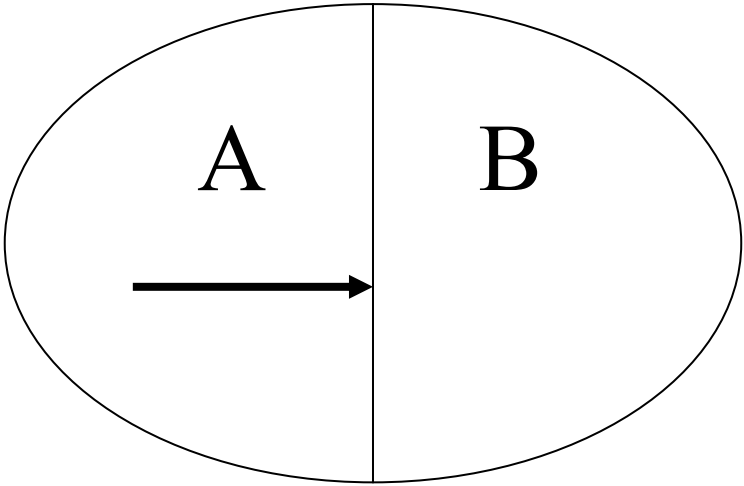


Figure 11-2

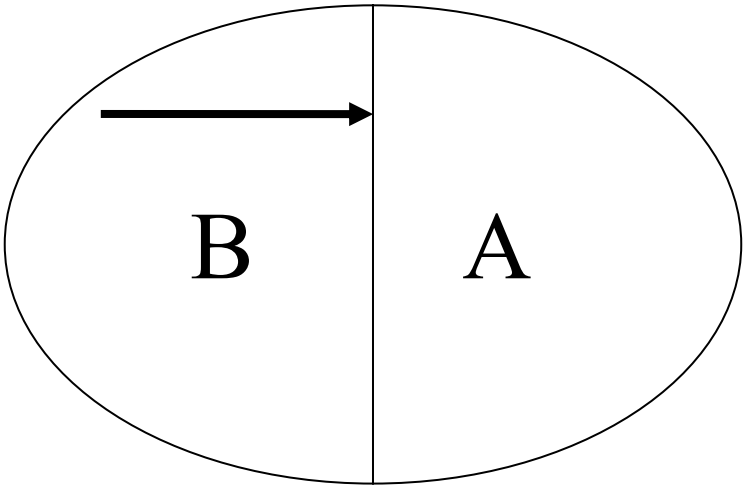


Figure 11-3

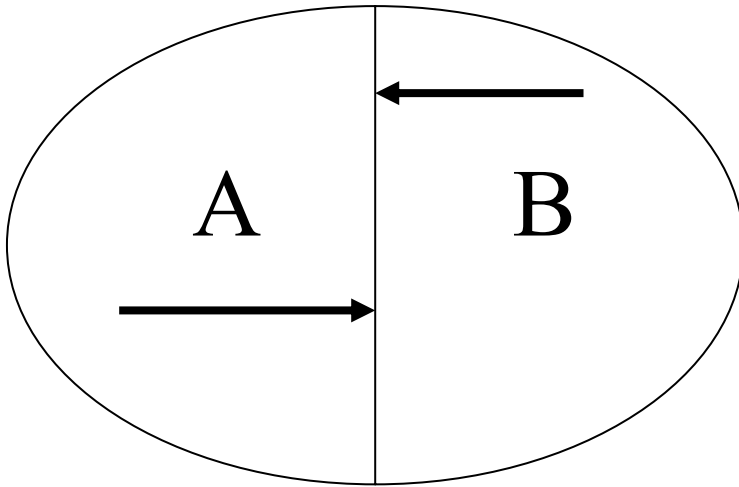


Figure 11-4

Here, the life space of A is A in relation to B (Figure 11-2). Simultaneously, the life space of B is B in relation to A (Figure 11-3). Merged and inextricably linked, they constitute the field of AB (Figure 11-4), to which may be added other environmental factors, bringing with them the totality of coexisting facts conceived of as mutually interdependent (Lewin 1951), and of which only one of them may have been in awareness prior to their interaction. Concretely, each brings with it a past experience expressed in the present and aspirations for the future chosen through behaviours.

Assuming that A is the client, the presence of the therapist now adds both a new life space for A as well as a life space for the therapist.

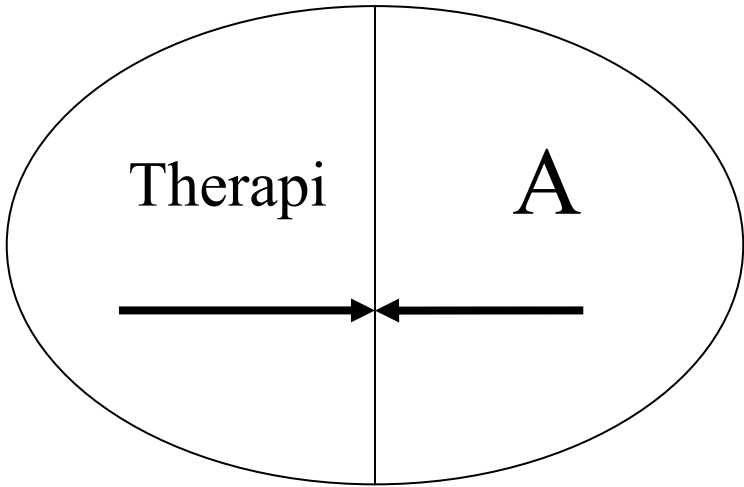


Figure 11-5

At the same time, A is bringing her life space to therapy, so that it is possible to extrapolate that the life space of the therapist is both A and the life space of A, including B as representing the environmental other/others that A is dealing with in her life and which may well be the theme of the therapy:

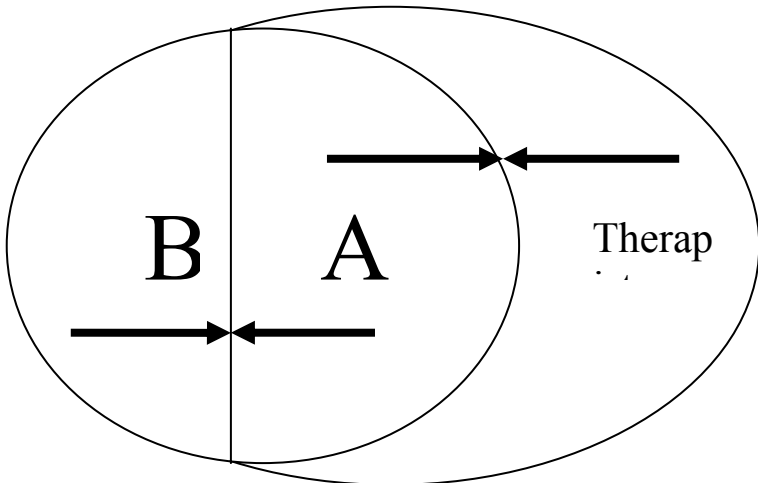


Figure 11-6

The therapist is meeting a client and the world of that client as she experiences it. Together, the combined life spaces dynamically constitute the therapist/client field, where each is both influencing and being influenced by all the other forces of that field. It is precisely this aspect of the therapeutic work that allows new and often surprising themes to emerge at the therapist-client contact boundary.

This is a good place to add an essential aspect of the perspective being presented here: the slash (/) or even hyphen (-) in the construct organism/-environment, usually taken to denote the contact boundary in gestalt therapy theory, is functionally identical to the line in the Jordan curve which is used to distinguish the person from the environment in Lewin's original work. So the Jordan curve highlights the person-contact boundary-environment dynamics of organism/-environment, though more explicitly from a psychological perspective (Staemmler 2006).

As a gestalt therapist, there is no investment in changing the client's behavior per se, but there is interest in exploring her perception of her life space,¹ fully trusting that any change in her perception will emerge as changes to her life space and, therefore, allow her to make choices about her behavior which she may not have felt were previously possible. The agency is the client's, as are the choices and the actions. The therapeutic process is the possible catalyst for change.

An Illustrative Mini-Case

Anne² is a new client, who comes to me on the recommendation of a close friend and gestalt trainee who knows of me through the training institute. Anne is a successful professional in her forties and moves quickly to her issue, the reason for coming to therapy. She has great difficulties in finding a long-term relationship, though no shortage of possible candidates: currently these are Bernard, Charlie and David.

¹ Editor: This is a point at which the unity of gestalt therapy theory and practice can be seen, for the exploration of the client's perception, his or her experience, is accomplished through a dialogical application of the phenomenological method and experiment. See chapter eight on the phenomenological method, chapter nine on dialogue, and chapter ten this volume on experiment; also consult Sylvia Crocker's chapter seven on the unity of theory and Gary Yontef and Peter Philippon's chapter twelve on the unity of practice.

² The original client in this case has given permission for descriptions to be used, has read the draft and approved the version presented here. Some of that client's comments have been incorporated into the final draft. All names and any other particulars that might identify the client have been replaced.

Bernard is her former husband. Charlie is her current lover. David is a former lover, now back in her social sphere after a short absence immediately following their mutually agreed parting.

It soon transpires that Anne is currently meeting all three of them, though only having regular sexual relations with Charlie. She has had a night or so for old time's sake with David, and still feels attracted to Bernard. She feels that she really needs to make "a final choice" among them and settle down in a good relationship with a long-term commitment.

I become aware as I listen to Anne that there is a disparity that attracts my attention. As she talks of any one of the three, he becomes figural for me as the other two recede into the background. For Anne, mention of any one of them instantly raises the other two as equally energized figures. In life space terms, her environment is not Bernard and/or Charlie and/or David. It seems to me more like BernardCharlieDavid, a trio as a unit.

This becomes explicit any time I attempt to raise her awareness around her feelings for each of the three—the other two come instantaneously into the work. So I take this as it is, see the trio as her environmental other, and begin working more consistently with Anne's experience of all three as a unit. So I ask her to describe the synthesis of characteristics—both attractive to her and unattractive—that they, taken together, embody. It is in this work that Anne herself begins differentiating between them. For example, she will name what is for her an attractive characteristic embodied in the trio, and then begin reflecting aloud on which of them has "most" of it, and "less" and "least."

At the same time, whenever one of the three seems to be emerging most clearly, she will immediately correct herself for having omitted each of the other two, and bring them into a newly energized three-in-one or even one-in-three.

As Anne and I move further into this work, I become increasingly aware of another figure forming between us. As the son of an alcoholic father who was often angry and occasionally violent, I have a built-in early warning system for the presence of anger or ill intent towards me. I see this as a form of mild paranoia, generally useful and occasionally more projective than I am aware of in the moment. Anne had a way of glancing sideways at me, and that set off the alarm bells of my early warning system. Having reflected between sessions in an attempt to raise my awareness around how much of this was mine as opposed to hers, I decided to raise it with her the next time it happened. So, she glanced sideways at me, I reacted as before, and I shared my experience with her, asking if she were in any way angry with me. Anne reassured me that she was not in any way the slightest bit angry with me—until I had suggested

that she might have been! I asked her if she could accept that I drew her attention to any occasion when I felt myself resonating to possible anger, and she agreed. This now became part of our interactions as the therapy continued.

There were then two major themes present in our work, one of which Anne had brought with her as an element of her existing life space, (her felt need to decide between three men and her difficulty in doing so) and the other (my bodily response to a particular glance of hers) I brought as a feature of my life space. At the same time, since it did not belong to a relationship with her prior to the therapy, it was clearly of the field of Me-Anne-Anne's life space. My reflections here were exploring my possible anger towards Anne, or even towards any or all of the three men in her life. While I certainly liked her, I did not trace any feelings of emotional or physical attraction strong enough to evoke my jealousy and resentment. And so the work continued.

Session twelve marked a turning point in our work and probably in Anne's life. She was yet again extolling the virtues of all three men, and becoming self-critical at her inability to decide among them, when I had a sudden image of a pair of gloves. I bracketed this apparently inappropriate image and turned my full attention back to Anne. The image returned, and as I hesitated to deal with it, came at me in a highly energized form, visually and verbally. When Anne came to a pause in her narrative, I asked her if I could share a curious experience I was having as I sat there with her. She agreed. So I told her of how I had had a clear visual image of gloves as well as the thought "gloves" as I listened to her. She looked me straight in my eyes, sat back in her chair and I saw her eyes water. She sighed, and started crying. Talking through her tears, she told how, as a child, her parents had insisted on her wearing woolen mittens as soon as the weather turned cold. They were itchy and made her feel clumsy as she could not fully use her fingers. When it rained, they became sodden and cold. Sometimes they would be covered in ice and feel heavy and uncomfortable. She had tried "losing" them, only to be given a new pair almost immediately. After she had left home and started traveling, she found herself beginning to collect fine gloves, usually of soft leather, and always a perfect fit. She now had a special drawer at home for her collection, and would occasionally sort through them—though never wear any of them outdoors.

As she continued to muse on this theme, she began reflecting on her life and how she generally disliked doing anything she felt that she was "supposed" to do. She could see that she sometimes stayed in an

uncomfortable situation longer than she needed, and had difficulties making her own choices and acting on them.

The session drew to a close as the image which had emerged became transformed—and was still transforming—into a metaphor that had meaning for Anne in her life. This now became the theme for the following sessions, and BernardCharlieDavid receded into the background, with very few references to them other than in the context of this new theme. Anne's life space had changed as an energized figure had emerged from the field of possibilities.

Within three months, Anne had unexpectedly met a teenage love, Eric, reconnected with him, and they had become lovers. Within a further three months, they had set up house together and married. Anne continued in therapy with me for a short while after their marriage and we eventually agreed to close our work together.

During this period, I had occasionally reflected on the other theme—that of anger, and the possible connections between Anne, her parents and me. The sideways glance still made occasional appearances. I decided that this was now of the field, and that if it had any figural energy for Anne, then she could choose to raise it with me. She never did.

From Practice to Theory—Some Reflections

We mentioned earlier that the work is not focused on changing a client's behavior. It is focused on exploring the client's life space from different perspectives and allowing new behaviors to emerge from any changed perception that may occur. Thus, the therapist did not influence Anne in reaching a *new* perspective. Rather, the environment consisted of BernardCharlieDavid and attempts at distinguishing among them, and that, in turn, led to a more fundamental theme in Anne's life.

The therapist's introduction of anger, emerging as it did from the past he brought with him as part of the ground of his life space and resonating in the here-and-now with Anne was an energized figure for him, but not for Anne.

The image of the gloves, and its transformation into a metaphor, is clearly *of* the therapist/Anne field. This image emerged in the therapist and connected directly to a significant event in Anne's childhood. Lewin's thinking includes the notion of vectors—energies or forces that have an origin, a magnitude and a direction. The gloves image had its origin in Anne's childhood experience, and her strong memories of that experience, including their antecedent in the glove collection, but the metaphorical meaning developed for her as she saw her life through the lens of that

metaphor. At the same time, the image had its origin in the therapist with sufficient magnitude to remain figural for him and with a clear direction—Anne. The process whereby an event of Anne's past emerged as an image in the therapist and returned to Anne is the magic and the mystery of a field approach. Therapist and client are of a field of their life history, their present—both separately and together—and are influenced by the self-organizing dynamics of which they are also influential parts.

There is no doubt that the process of the gloves image can be, or soon will be, open to a generally acceptable “scientific” explanation. Our interest is not in such an explanation as we are more concerned here with the experience of this process and its value in a therapeutic setting. By working from a Lewinian field approach a gestalt therapist can move from the pragmatics of a life space perspective to the usage relevant to a recipient or channel of energy in the field of which the therapist is a co-creating part and back to the life spaces involved.

The Field of PHG

Gestalt therapy has offered a rather distinctive paradigm from which to view the person and reality. While later theorists such as Yontef (1993), Parlett (1991) and Wheeler (1991) have cited field theory (particularly that of Kurt Lewin) as a key pillar or philosophical underpinning to gestalt therapy, it is the original text of Perls, Hefferline and Goodman (1951) that offers a very startling, vibrant and easily missed description of it.

From the beginning of the theoretical half of the book, they outline a view of the self as intrinsically part of an overall organism-environment field. In a manner reminiscent of mystical writing, the self is seen as indistinguishable and a priori, *at one* with the all that is—not only in an epistemological sense, but also ontologically:

Let us call this interacting of organism and environment in any function the "organism-environment field;" and let us remember no matter how we theorize about impulses, drives etc., it is always to such an interacting field that we are referring, and not to an isolated animal. Where the organism is mobile in a great field and has a complicated internal structure, like an animal, it seems plausible to speak of it by itself—as, for instance, the skin and what is contained in it—but this is simply an illusion due to the fact that the motion through space and the internal detail call attention to themselves against the relative stability and simplicity of the background. (Perls, Hefferline and Goodman 1951, 228)

It would be easy to skip over this conceptualization or become lost in

the language. However the implication of what is being said is stark.

Our sense of a separate self is an illusion.

The experience of separateness in sensing the self is illusory, or at best built upon the functioning of a separate ego-sense of self that develops later in early life. As the child starts to discriminate *self* and *not self*, such ego functions arise, and as the child learns to represent reality symbolically, this languaging of self and ego becomes the personality. It is how we describe ourselves in words and concepts.

One of the two definitions of the self found in PHG, that *self is a system of contacts in the organism-environment field*, provides the scope to move beyond the separate ego-sense of self to the potential in many selves that come into being and then fade back into the ground. Hence, when two or more people become systematized in their contact with each other, they are a *self*.

PHG Field Theory in Principle and Practice

The text of *Gestalt Therapy: Excitement and Growth in the Human Personality* (Perls, Herfferline, and Goodman, 1951) is in essence two books—a book of theory and a book of practice. At first glance, it appears to the reader that the practice section flows from the theory section and explicates a “means whereby” the theory can be applied in life and therapy. However, on closer inspection, this assumption is partially incorrect; the experiments in the (original) second book are not as closely related to the theory as one might hope. This appraisal is based on the understanding that a clear approach to practice for field theory at the time the book was written was lacking; indeed, the majority of experiments are directed towards work with individuals in the reductionist fashion characteristic of therapy at that time, (and even the group and couples applications of field theory were as yet in fledgling stages).

We will now delineate the key field theory principles embedded in the book of theory in PHG which guide our work as therapists from a field perspective.

Principle One: The Whole Determines the Parts

The core principle of a field perspective "...lies in the insight that the whole determines the parts." (Perls, Hefferline and Goodman, 1951, xi)

This encourages gestalt therapists to escape the reductionist nature in some corners of clinical psychology that sees only the individual of the therapist and the separate client. To move beyond this point is to develop

an awareness of the “self” of the therapist-client dyad and of the reality of nonindependence.³ This extends to the “self” of the couple, of the “self” of the group and of the community. Such a perspective supports gestalt therapists in seeing patterns of these larger wholes at work, patterns of homeostasis, polarisation and growth.

Principle Two: Contact Boundaries

The self is a system of contacts in the organism-environment field. The person is not contemplated as a separate individual but always as an organism-environment field. The organism contacts the environment at a boundary and takes in what it needs, keeping out what it does not need, and this is contact. It is contact which denotes identity (or form), yet this identity is one in which the basic elements are constantly taking form and dissolving

Principle Three: Homeostasis and Growth

The organism has two main needs—balance and growth—and organises the field to meet these needs, e.g. if I’m hungry, I organise the field into food/not food. Over time the contact the organism has with its environment forms patterns, repetitions, habits and creative adjustments to novel stimuli that form a residue of experience. These are the patterns of contact, frequently laid down in procedural memory, that become maintained over time and constitute that portion of the “self” known by gestalt therapists as personality function. This is a different view of the self than models of personality in which the self is a fixed entity “within.” In gestalt therapy the abiding patterns of personality function to orient the constantly forming experience of self.

³ Editor: An appreciation for these things is gaining currency in unexpected areas. For instance, writing in a rigorous book describing hard, quantitative analysis in experimental psychology, Kenny, Kashy and Cook stated, “Many of the phenomena studied by social and behavioral scientists are interpersonal by definition, and as a result, observations do not refer to a single person but rather to multiple persons embedded within a social context.” (2006, 1) Their term for the construct viewed as a relationship between, say, a therapist and a client, is “nonindependence.” In previous work, Cook and Kenny (2005) found bi-directional influences on development with reference to attachment dynamics, and David Kenny (1995) had previously developed statistical operations to account for the influence noticed between persons in dyads.

Principle Four: Wisdom of the Organism

Figure/ground formation, when allowed to operate unobstructed, attends to the immediate needs of the organism. People usually come to therapy with this process diminished and blunted in some way through fixed gestalten and redundant creative adjustments.

Principle Five: Paradoxical Agency

Gestalt therapists study the operation of the contact boundary in the organism-environment field. As stated before, gestalt therapy works with wholes. Early, non-field oriented practitioners talked about gestalt therapy and the need for the therapist to “exercise control” of the therapeutic situation, which was often defined as “the therapist being able to persuade or coerce the patient into following the procedures he has set” (Fagan and Shepherd 1970, 91-92).

More current theorists, like Hycner (1993), have described this as a paradoxical process of searching for balance between choice and acceptance. This is described in the original text of PHG as the “middle mode” of being the space in between active and passive functioning, where the person is accepting, attending and growing into the solution, and with the substitution of readiness (or faith) in the current situation for the security of apparent control (Perls, Hefferline and Goodman 1951, 1984 edition). We call this paradoxical agency.

Integration and Application in Gestalt Therapy

A contemporary field perspective in gestalt therapy can be established by denoting core commonalities between Lewinian and PHG conceptualizations of the field and through identifying strategies available to gestalt therapists in working with field dynamics.

Whereas the PHG understanding of field dynamics requires critical realism (the ontological commitment that permits some kind of unseen, but real field to exist, similar to the wireless fields that allow computers to pick up the internet simply by being present within the spheres of their influence), the Lewinian perspective requires an epistemological consideration, because it focuses on *the method* by which the life space of the client in his or her environment comes to know and be known in the life space of the therapist.

We shall now return to the case study presented previously, following the therapist's process and noting how each field perspective is of use at

certain points, not only as an attitude, but more specifically and importantly as a guiding principle that in tight therapeutic sequences directs and enables gestalt therapy.

A Comparison of Field Theory Approaches in Practice

Therapist from case study: I become aware as I listen to Anne that there is a disparity which attracts my attention. As she talks of any one of the three, he becomes figural for me as the other two recede into the background. For Anne, mention of any one of them instantly raises the other two as equally energized figures. In life space terms, her environment is not Bernard and/or Charlie and/or David. It seems to me more like BernardCharlieDavid, a trio as a unit.

The therapist is aware of patterns of the field of Anne-and-therapist and the difference between the two. A traditional counselor in psychoanalysis, CBT or Rogerian/Egan counselling would probably not think to be aware of this. The awareness of patterns in figure-ground formation operates within a field perspective and uses terms of “figural,” “background,” “energized figures,” and “life space.” These patterns of client-and-therapist are developed around clear experience—what the client is saying and how this is received by the therapist.

Therapist from case study: This becomes explicit any time I attempt to raise her awareness around her feelings for each of the three—the other two come instantaneously into the work. So I take this as it is, see the trio as her environmental other, and begin working more consistently with Anne’s experience of all three as a unit. So I ask her to describe the synthesis of characteristics—both attractive to her and unattractive—which they, taken together, embody.

Now there is an experiment which is directed by the field perspective of Lewin’s approach—describing the three as one unit, as an “environment.” This is less likely from a PHG approach to field where the term used might be “confluence of figures” rather than noting the three as a figural “environment.” Neither of these requires an actual field to be in operation as the reaction by the therapist is based on patterns noted in explicit reality “as it is.”

Therapist from case study: As Anne and I move further into this work, I become increasingly aware of another figure forming between us. As the son of an alcoholic father who was often angry and occasionally violent, I have a built-in early warning system for the presence of anger or ill intent

towards me. I see this as a form of mild paranoia, generally useful and occasionally more projective than I am aware of in the moment. Anne had a way of glancing sideways at me which set off the alarm bells of my early warning system.

From a field perspective anything figure is worthy of attention, either for client or therapist as they are both in connection to each other and nothing unconnected ever happens. The challenge for the field perspective therapist is to make sense of this and know what to do with it, if anything at all. Both Lewin and PHG approaches would allow the value of this awareness and attention to any vibrant figure in the field, simply because it is there.

Therapist from case study: Having reflected between sessions in an attempt to raise my awareness around how much of this was more mine than hers, I decided to raise it with her the next time it happened. So she glanced sideways at me, I reacted as before—and I shared my experience with her and asked if she was in any way angry with me. Anne reassured me that she was not in any way the slightest bit angry with me—until I had suggested that she might have been! I asked her if she could accept that I drew her attention to any occasion when I felt myself resonating to possible anger, and she agreed. This now became part of our interactions as the therapy continued.

Here we witness a clearly intentional action on the part of the therapist, a dialogical movement to share the presence of the therapist with an awareness that this is a field experiment about the “resonance” to the client in the field, with the client as environment to the therapist’s person. The term resonance is what sets this aside from the theories of traditional practice that use descriptions of connections between client and therapist of reflection, empathy, and transference, etc.—processes that happen *as if* in a vacuum. The term “resonance” indicates a defined physical process of connection, as with wave theory in physics. This action could be equally explained by either Lewin or PHG approaches.

Therapist from case study: Session 12 marked a turning-point in our work and probably in Anne’s life. She was yet again extolling the virtues of all three men, and becoming self-critical at her inability to decide between them, when I had a sudden image of a pair of gloves. I bracketed this apparently inappropriate image and turned my full attention back to Anne. The image returned, and as I hesitated to deal with it, came at me in a highly energized form, visually and verbally. When Anne came to a pause in her narrative, I asked her if I could share a curious experience I was having as I sat there with her. She agreed. So I told her of how I had had a

clear visual image of gloves as well as the thought “gloves” as I listened to her. She looked me straight in my eyes, sat back in her chair and I saw her eyes water. She sighed, and started crying. Talking through her tears, she told how, as a child, her parents had insisted on her wearing woollen mittens as soon as the weather turned cold. They were itchy and made her feel clumsy as she could not fully use her fingers. When it rained, they became sodden and cold. Sometimes they would be covered in ice and feel heavy and uncomfortable. She had tried “losing” them, only to be given a new pair almost immediately. After she had left home and started traveling, she found herself beginning to collect fine gloves, usually of soft leather, and always a perfect fit. She now had a special drawer at home for her collection, and would occasionally sort through them—though never wear any of them outdoors.

This session develops a very particular aspect of the field perspective which goes clearly beyond the bounds of traditional reductionist paradigms of therapy. The insistent figure of the gloves appears at first to have no connection to either the therapist or the client, and seems unexplainable. Unless there is other information not being provided, then this stands out as an event which does not make sense within a non-field theory perspective. A Lewinian approach allows for the equivalence or relevance for each figure that arises as potentially in the field and the inter-relationship. Certainly, expecting or experimenting with something that seems *only* relevant to the therapist would be advocated by both field approaches. We would argue that only a field approach that allows for a figure which is clearly within the field of the therapist-client and has no apparent relevance would be expected nonetheless of having potentially significant relevance for the client. It could also be argued that this speaks of implicit forces at work and at this point we may find a “parting of the ways” for Lewinian and PHG approaches. There is a discrimination point between these theories or approaches at which the figure of the glove either developed from the sustained ongoing interaction between client and therapist (and hence belonged to the life space of each together), or the therapist was somehow in “wireless” mode and actually responding to a connection between the client and therapist from a real, albeit invisible connection of the type described by Sheldrake, in biology, and Bohm, in physics (O’Neill 2008). For the wireless mode to operate, an ontological field is assumed whatever its nature may be.

From a purist Lewinian perspective, the mention of the gloves would be less likely to be made a prominent principle for guiding practice; still, it could be incorporated or explained through allowing for the equal relevance of all figures in a field and was *somehow* figural for the therapist by a process of meeting between client and therapist.

From a PHG perspective the beliefs that there are no isolated events and that there exists a “self” of therapist-client allows the gloves more fully to be a figure of this self. However, while the PHG contribution to the field perspective explains these selves in operation as a unified whole and stresses that this is “...the original, undistorted, natural approach to life” (Perls, Hefferline and Goodman 1984 edition, viii), it does not explain the separate experiences of reality that each individual has, nor how something like the glove event could happen at the contact boundary. While it advocates an ontological position akin to critical realism, it does not have the explanatory power to connect the notion of self to the field as a whole the same way that Maxwell in physics defined the electromagnetic field.

While theorists diverge in the need for an actual field to exist, in practice there is less importance placed on such theoretical nuances, which are left to academic writing, and more attention is given by therapists to the principles that guide practice and the attitudes and skills they can use to support themselves while engaged in psychotherapy.

We are in agreement with Malcolm Parlett, who calls for a theory of practice when he writes

More attention to our theories of practice would help bring about a rapprochement between our practical methodology and the theoretical descriptions and justifications we have in our literature. They would avoid the impression growing that discussions about theoretical differences are played out in one space, while what people actually do is consigned to another space altogether. (Parlett 2008 unpublished manuscript)

A Theory of Practice in a Field Perspective

The following section outlines interlocking theoretical precepts or principles, informing strategies that therapists might employ and that delineate the attitudes and practices utilized in a field perspective.

Principle One: Work from the Whole to the Parts

Nothing unconnected ever happens. Theoretically this is seen by many as the *essence* of the field (Parlett, 1991) and is clearly evident in the original text by Perls, Hefferline and Goodman. This idea also influenced theorists such as Smuts, Wertheimer and Lewin. From this holistic perspective individual *phenomena are determined by the whole field* and client progress and outcome are functions of the whole field, not just dependent on isolated causal factors such as client motivation, the skill of

the therapist, or targeted techniques and interventions.

Working from the whole, a therapist pays attention to the environment, history, and culture. A therapist remains open to “the web of relationship” (Yontef 1993) and anything of “possible relevance” (Parlett 1997), potentialities in the mix that at first may not appear connected, and encourages a willingness to shift viewpoints and consider phenomena from many perspectives, knowing that nothing unconnected ever happens. He or she may just not as yet see the connections. This attunes the gestalt therapist to also consider nothing as random but to be linked in some way to something else in an order that is mostly implicit but can become explicit through awareness, dialogue and experiment,

Principle Two: Consider Self to Be Process

The self was originally defined as the system of contacts in an organism-environment field (PHG) and described by Lewin’s equation, $B = f(P, E)$ to depict a person’s state as corresponding to the behavior and the situation (Lewin 1951). This contextualizes the experience of self.

Like a clear figure that emerges from the ground, the organism is always part of a field and is defined by that field. Furthermore, fields are always in flux. In a sense, everything is always in the process of passing away. Thus, a therapist remains open to change and is reluctant to accept any fixedness about persons or situations. This stance attunes the gestalt therapist to look for shifts in process and “evidence of difference” and to turn more fixed categorizations into language representing processes. For instance, a therapist might turn “I have depression” into “I am experiencing depressing of feelings.”

Principle Three: Follow the Organization of the Field

Needs and interest organize the field (and more so the lifespace). The person has two main needs, balance and growth (Perls, Hefferline, and Goodma 1951), and may have multiple interests and curiosities. The person organises the field to meet these needs, to pursue interest, and to satisfy curiosity. How one makes sense of it, and how that person then engages life is related to the intentional objects forming the aboutness of his or her figures (the lifespace approach). Over time the contact the organism has forms patterns, repetitions, and habits. These are the patterns of contact that develop, particularly when the environment is not meeting the needs and the organism must creatively adjust.

This strategy of following the organization of the field can be carried out by a gestalt therapist using a phenomenological attunement to the organising patterns of the client; thus, here is another point at which the unity of gestalt practice may be noted. This supports gestalt therapists to find ways in which life and situations make sense for people, including how they do what they do from some sense of need which may be contemporaneous with patterns of previous attempts at creatively adjusting.

There is also a stance of trusting in the wider organizing abilities (or wisdom) of an organism as opposed to the tendency to focus on the personality traits or parts of an individual (such as cognitions).

Principle Four: Surrender to the Paradoxical Agency

In gestalt therapy, as opposed to other schools, we do not try to control the individual; that is, we do not *intervene* with the client in order to cause some pre-determined effect. The field theory approach is to be aware of the operation of the contact boundary in the organism-environment field, rather than satisfying the need for the therapist to exercise control of the therapeutic situation.

This is a paradoxical process of searching for balance between choice and acceptance on behalf of both the therapist and the client (as stated before, it relates to the “middle mode”).

This paradoxical agency of the therapist is an ability to sense being “in control” by being out of control. It's a matter of letting things happen rather than making things happen. Examples of such paradoxical agency are found in the arts, music and sports. For example a canoeist is able to go down a rapid and use the surrendering of control to the river to “go with” the flow of the river and actually go back up the rapid. In the same way, a skier in turning will initially speed up and “lose” control in order to regain the control through the Stem Christie maneuver. And a surfer of the waves knows where to stand on the board and how to lean in order to be in the flow of the waves, gravity, the wind and the ocean. These are all simple metaphors for the “control” or agency of the therapist in field theory, wherein the therapist’s surrendering of attempts to control the person or situation leads paradoxically to an agency within the field that brings about change. Latner (2008) refers to this as “destiny” while dialogical therapists describe this as “the between” and this affects the therapy in many ways outside the direct agency of the therapist alone

Principle Five: Attend to Part-to-Whole Relationships

This strategy seems identical to the first one in this section; indeed, each principle, like a hologram, contains the whole and each part in some way. What this principle enunciates is the importance of the elements of the whole as well as the whole itself, and the awareness, dialogue, and movement between each for the therapist. The focus is therefore on *the relationship between* the whole and the elements.

This relationship of the one-to-the-whole and the whole-to-the-one is a core principle of the field perspective in gestalt therapy. The whole that exists in the field, such as a dyad or a group of people in systemized contact, influences the behavior and the nature of the individual, described by Lewin's equation $B = f(P, E)$ as a person's state corresponding to the behavior in the situation (Lewin 1951).

There are times when the therapist will attend to the importance of the singularity and uniqueness of the person, while at other times noting the importance of the relationship within the therapist-client dyad. This movement between the individual and the therapist-client dyad is often done with some degree of choice on behalf of either the therapist or client and is directed by the organismic needs of each and the primacy required by the relationship. There are times, therefore, when the needs of the individual outweigh the needs of the dyad and other times when the dyad's needs outweigh those of the individual.

Principle Six: Watch for the Field in Action

Develop sensitivity to the field—to the way harmony emerges from chaos. The field perspective supports gestalt therapists to take the step of being aware of the “self” of the field. Such a perspective allows for the awareness of patterns of the larger whole at work, patterns of homeostasis, polarisation and growth. As previously mentioned these have been explicated in terms of contact boundary dynamics (Gaffney 2006), the life space of Lewin, the cycle of experience (Woldt and Toman 2005), the contact sequence (Perls, Hefferline, and Goodman 1951) and the contact episode (Polster and Polster 1973). In essence these are all maps to uncover the harmonics underlying the apparent chaos of these aggregates.

Further, there is in the ground of an organism-environment field, whether individual, couple, group or community, an existing implicate order which is available to become figural and unfolded (Bohm and Hiley 1993, Francis 2005, O'Neill 2008). Gestalt therapists are interested in both the explicate and implicate orders of the field. In many ways, then, the

work of the therapist is to be aware of, connect with, and experiment with the field.

Principle Seven: Make Way for Emergent Creation

Creativity has been given attention in gestalt therapy (Zinker 1994); yet, as with other concepts, the definition of creativity has not always been consistent with a field perspective and has, at times, resembled more of a synthesis with other disciplines and practices. This has resulted in the notion of the "co-creation" of the field, or of reality, by the individuals who are part of it, i.e., a dyad or a group.

Creativity, however, is an emergent feature of the field as opposed to an amalgam of its parts. Creation does not come from each individual, nor the sum, or co-creation of individuals together. It is an emergent property of the field in motion; it depends on the way the field works, including all its parts, but creativity is the generative nature of the field, and each creative act results in the expansion of the field to some degree.

We would like to propose that emergent creation is the creative action of the greater whole and as such is different, and more, than the sum of the creations of each part. A good example of this was seen in the case study in the appearance of the figure of the gloves.

The most parsimonious explanation for this figure of the gloves requires a field to be in existence that consists of both therapist and client connected through the operation of this field, in essence a "wireless" connection, and not one which is through the interplay of separate contacts and figure formations. This was a creation that emerged from the field and supervened upon the agency of its individual members.⁴

A more co-created figure was that of the three lovers becoming one, in that the therapist could be said to have been "affected" by the figure formation of the client as she spoke about her lovers. Hence the figure was languaged by the therapist to describe their experience of the client.

Similarly the sharing of the impact of the client's glances on the therapist belonged to both the client (glances) and the therapist (reaction to glances) and can be explained by connections which are explicit and shared and this can be languaged as "co-creation."

However the sharing of the figure of the glove which became repetitively figural for the therapist and refused to go away, had no explicit connection to the client or her story or the meaning attribution that arose. This was clearly not co-created in the sense that the three lovers and the

⁴ Editor: See discussions of supervenience elsewhere in this volume.

glances were. This was a figure which emerged from the field of the implicit reality (or implicate order) of the client-therapist field and so to discriminate this from other creations which are more explicitly co-created, we would like to term this *emergent creation* in that it is created and emerges from the implicate order of the field.

The Work of the Therapist

The work of the therapist is to attend to and be aware of the ways in which client and therapist handle these implicit realities, particularly in how they manifest internally in proprioceptive experience and imagery and the figure-ground formation evolving for each of them. As one starts to sense the field, an identity develops for the therapy dyad—*as a self*. One might see, for example, the people reflecting their mutual involvement by saying things like, “*We both* are surprised that a simple image of a glove can mean so much!” This knowingness can lead one to start understanding that there are two “realities” at play—one clearly evident to the perceptual capacities of the two people in question and another more subtle reality which is of the *self* of the therapy dyad. Contemplating this, one starts to understand that although the self-of-the-dyad is not a visible reality, it is, nonetheless, real.

One consequence of adopting this field perspective is that a consistent phenomenological method would require the therapist to observe her own experience in the client-therapist field and to self-disclose that as one aspect of the experience of the self-of-the-dyad; she would do that rather than only noticing what the client does.

The compass needle of proprioceptive experience, imagery and external figure-ground formation can be the guides to the therapist in this more intimate setting of individual field therapy work. The work thus is being able to be aware of, attend to and experiment with these rich figures which present. We saw this with the case study when the three lovers became one, when the therapist shared his awareness of the glances of the client and what this meant, and the shared intimacy of the gloves, which was such a strong figure for the therapist and held significant and transforming immediacy for the client.

We envision four ways of being that are practiced by gestalt therapists and indicate they are operating from a field perspective.

Being Field Sensitive

Being field sensitive requires the development of contextual sensitivity, what some might call a poetic capacity to see and to hear, to feel, to taste, and to smell one's embeddedness. A field sensitive approach in practice is one in which the therapist attends to whatever becomes a figural event though it may not at first seem organized or meaningful. This differs from the phenomenological method in that the therapist is bracketing assumptions and theories about what is or what is not significant in *whatever* comes up between the therapist and client rather than just observing the experience of the client. The work of the therapist is thus to trust in the process knowing that patterns will emerge. This practice is also learning not to “force” a pattern or meaning, nor to attempt to work these out analytically or cognitively, but to allow meaning to emerge from the field and within a dialogue with a client. Gestalt therapy practice is thus guided by the figure-ground formation of client, therapist and other selves. In the life space we discover meaning; in the way in which the person organizes his or her world the implicit needs and drives become understandable.

The therapist seeks elaboration of the field and the figures which emerge, including the process of choosing one meaning as opposed to another, exploring our proprioceptive and imagery awareness, and identifying awareness that emerges from an individual or dyadic space.

Being Field Insightful

Gestalt therapists comprehend that in therapy they are dealing with a wide field of influence and connection; so, they maintain a fluid openness to possible networks of people, events and situations. Being field insightful means giving relevance to each event as not random but ordered and seeking to make explicit this order by inquiry and experiment. In this way the gestalt therapist is constantly an action researcher, finding out the meaning and connections being made by the client.

Being field insightful also means maintaining a relativistic appreciation of the reality of the field; the person will always have a relative view of this from within the field. Thus gestalt therapists will accept that while they may feel their view is the right one, there is space for the other view as part of comprehending a wider reality. This does not mean giving up one's view but realizing there are more or different views being held by others. As Parlett states, there is a willingness to address and investigate

the organised, interconnected, interdependent, interactive nature of complex human phenomena (Parlett, 2005).

Being Field Affecting

Being field affecting means being purposeful toward, and mindful of how changing elements in the field affect it. The practice of this process is observed in the inquiry of gestalt therapists regarding how the contacts the person experiences in the present moment are self defining and changing as the context changes. Being field affecting dovetails with experimental freedom;⁵ it supports experimentation and inquiry around such things as asking, "What would happen if the context were to change; in what ways might self change?" Being field affecting is also manifest in the exploring of situations through process questions such as "what" and "how" and about dimensions of process such as doing, feeling, wanting, imaging, or avoiding. The therapist may seek dialogue with aspects or themes of the work that arise, such as when in the case study he inquired about the lovers being similar and as one, or when the imagery of the gloves was shared. This can also be guided by the principles of the exaggeration/reversal and repetition/reformulation of what figures emerge (as well as the exploration of apparent polarities).

Being Field Present

Ultimately, a field perspective that is enfolded in the practice of dialogical psychotherapy becomes a practice within the field perspective. As well as the traditional aspects of presence, inclusion, commitment to dialogue that the gestalt therapist is guided by when working dialogically,⁶ there is the additional field perspective practice of inquiring and exploring the "us" of the therapist-client dyad.

In the field perspective the therapist and client may dialogically explore the experiences where one plus one equals three, and the whole is more than the sum of the parts, as in the experience with the glove. The practice of attending to the greater whole that exists and that manifests in therapy is a subtle yet key practice that defines the field perspective in practice and adds a dimension to the gestalt approach.

⁵ Editor: See the discussion of experimental freedom by Junkyu Kim and Victor Daniels in chapter ten, this volume.

⁶ Editor: See Gary Yontef's and Talia Levine Bar Yoseph's discussion of dialogical relationship in chapter nine, this volume.

Conclusion

This presentation of the field perspective in gestalt therapy provides a significant conceptual space to begin research. Noting that there are subtle differences, and not so subtle differences, between the field perspective of gestalt therapy and the contextual concepts of other approaches assists the work of the researcher to begin to delineate and test hypotheses of various sorts. Is there, for instance, any construct validity associated with this term suggested here: "field perspective?" (or for that matter, with the construct of the "self-of-the-dyad?"). Are there consilient associations to be made between the field perspective in gestalt therapy and the concept of the "collective" in sociology, the force field of physics, the system in group dynamics and family therapy; is there sufficient discriminant validity among the terms "life space," "organism-environment field," and "field perspective" to assert that they are distinct constructs?

While there is much in common between gestalt therapy and other similar approaches such as systems theory, Lewinian group approaches, and dialogical therapy, there are also subtle differences that we have worked to outline in this chapter. What are the effects of emphasizing the field perspective as opposed to a systems approach? How satisfied are the clients, and, thus, how effective is gestalt therapy when viewed as significantly field theoretical?

It is important that in such a creative modality as gestalt therapy that stylistic difference be supported and upheld. In essence, this is the basis of the famous quote by Laura Perls that for every gestalt therapist there is a gestalt therapy (Perls, L. 1992). At the same time, for the ethics of our practice, in training, and in research, we require that the fundamental principles that guide our practice be enunciated. In this way our work as gestalt therapists, however different in style, is informed by a clear theory of practice.

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CHAPTER TWELVE

A UNIFIED PRACTICE

GARY YONTEF AND PETER PHILIPPSON

A whole is styled, first, that from which is absent no part of those things whereof the whole by nature is said to consist; and secondly, that which contains the things contained, so that they form one certain thing. And this is the case in a twofold way; for it is so either in such a manner that each may be one, or that one thing may arise from these.—*Aristotle*

Gestalt psychotherapy is designed for the creative use of phenomenological experimentation in a dialogic relation that addresses the enduring or repetitive relational processes of the patient as they occur contemporaneously. These processes can both support the person in his/her values and commitments and be defensive limitations based on difficult and under-supported earlier experiences.

Each moment in gestalt therapy is considered a moment of creative contact and creative phenomenological focusing and experimenting, in which the twin poles of the autonomous person that endures over various contexts and the self-actualizing person that is created anew in each moment can be explored. Since an aim is to bring attention to areas of defensive fixity, the therapy cannot aim at a fixed or predefined outcome. Rather, gestalt therapy is organized around professionally directed contemporaneous exploration and dialogue and identifying, supporting, and making meaning out of what spontaneously emerges from this phenomenological and relational work. At each moment, a new figure emerges, allowing the possibility of a wider and more flexible ability to engage with the world. Gestalt therapy argues that organizing around what spontaneously emerges from such phenomenological and dialogic work, rather than a set procedure, results in a more positive and robust outcome with benefits that continue after therapy and affect areas other than those originally targeted (Yontef and Jacobs 2007).

Gestalt Therapy Techniques

In each moment the theory calls for dialogic contact as a part of the development of an ongoing therapeutic relationship and exploration of awareness (Chapter nine, this volume). The mode of working together and the emerging growth are important in gestalt therapy, but the choice of a particular technique is not. There is no set algorithm, manual, or cookbook of indicated techniques in gestalt therapy. Although there are well known, so-called “gestalt techniques,” this is misleading. Experiments (chapter ten in this volume) are created in gestalt therapy and then shared *with* other therapists and other systems, just as gestalt therapists borrow ideas, techniques, and knowledge *from* the other systems (as say the “empty chair” was imported from psychodrama). Any technique can be a “gestalt technique,” but a technique identified with gestalt therapy and used in a manner other than phenomenological experimentation and dialogue is not a “gestalt therapy technique.”

This approach is consistent with research on evidence-based relationships (Norcross 2001, 2002) but difficult to reconcile with technique-based, Random Controlled Trials (RCT) research (Yontef and Jacobs 2007). In gestalt therapy, techniques include any that apply the phenomenological method to the clinical situation in a relational manner.

While attention is paid to the effects of the past and the hopes, plans, and dreads for the future, the gestalt therapist organizes the exploration around the present moment where those memories, hopes and fears are experienced. In field theory terms, whatever has effect is present in the contemporaneous field.

Dialogue and Phenomenology

Although the language systems of phenomenology (Chapter one and chapter eight, this volume), dialogic existentialism (Chapter nine, this volume) and field theory (Chapter eleven, this volume; Parlett 1993, 1997; Yontef 1993) are different, the principles are consilient. The integrative viewpoint in this regard has been insufficiently recognized and will be a subject of this chapter.

Gestalt integrates phenomenological focusing and experimentation in a matrix of a dialogic therapeutic relationship. Each moment in therapy is a unity of relationship and is also a technical procedure. The therapist starts by expanding his/her awareness to meet the patient. This means starting by being aware as much as possible of what the patient is aware of and simultaneously what the therapist concretely observes and experiences.

Note that in gestalt therapy we distinguish between concretely observed or experienced and the inferred meaning or “interpretation,” and this distinction is critical to gestalt therapy theory and practice. In phenomenological language, this starts with the first given of the patient’s awareness. In dialogic terms this is the practice of inclusion and presence. Presence means observing the impact on oneself of the therapeutic contact as well as the impact on the patient, since field theory and neurological research (see below) tell us these cannot be kept separate.

Although phenomenologically even concrete observations are interpreted, in the sense that it is a construction between observer and observed (Spinelli 2005), concrete observations can be consensually verified and are experience-near, i.e., compared to theory driven cognitive impositions. For example, observing a sudden increase in tension when a certain subject comes up can be observed, but the explanation that the tension means the person is angry attributes a meaning interpreted and not emerging simply from the observed data, from phenomenological focusing, or the patient self-report.

A phenomenological exploration strives for the patient and therapist to refine awareness, i.e., to more clearly and cleanly identify and feel actual experience and distinguish it from “sediment,” e.g., set expectations and assumptions. Dialogic contact can be characterized as a meeting, in which the phenomenological perspectives of both parties are respected and shared, and by the sharing that clarifies the lived “reality” of both parties. This dialogue results in a deeper understanding of self and other, and of the ways in which these understandings can become blocked.

The assumption in the phenomenological method is that a patient feels more closely met through the focusing and experimenting work rather than a more “objective” approach. One might say that “more is revealed.” More is revealed (and created) by continuously staying with the figure of awareness. This is the same as the assumption in dialogic contact that the mutual exploration between the parties results in something emerging that is not the preset “knowledge” of either patient or therapist but something arising from the surrender to the dialogue.

Gestalt therapy follows the beliefs of John Dewey that theory is in the service of action. Gestalt therapy theory provides foundational support for particular kinds of actions in the therapeutic situation. The action from the phenomenological and dialogical theory in gestalt therapy includes psychotherapy and work with larger systems. However, in this chapter we shall focus on the tasks of psychotherapy rather than also including the other settings in which the gestalt therapy philosophy is applied.

Clinical Creativity and Discipline

Although in this unified approach the therapist and patient are encouraged to be creative in their therapy work rather than to follow a set algorithm or manual, the phenomenological and dialogical perspectives clinically have to be focused on the specific tasks relevant to the particular patient. This includes the discipline appropriate to the context and needs of the patient in that context. The exact work depends on the setting, the presenting request, the amount of time available, the background of the patient, etc. In private practice this might mean long term, intensive psychotherapy. At other times it might mean only six individual sessions, group therapy, marital or family therapy, and so forth. The gestalt therapist in all settings and modalities takes into account knowledge of and application of basic therapeutic ethics and methodology, professional knowledge, contextual requirements and limitations, the nature of the patient's strength, weaknesses and level of support in their lives, and awareness of the patient's central enduring relational themes.

An adequate test of the effectiveness of gestalt therapy must take all of this into account. Often therapy research focuses on technique and omits the relational matrix. Research that focuses on technique, i.e., the so-called "gestalt therapy techniques," and not the relationship misses the point of gestalt therapy and the resultant data neither confirms nor disconfirms the effectiveness of gestalt therapy as a whole. Thus most RCT research misses the point of gestalt therapy. The theory and actual practice of gestalt therapy is much more complex than most of the synopses and descriptions and the research that sacrifices complexity for methodological precision and control.¹ Research on empirically validated relationships and outcome research based on measures of wellbeing or distress are more pertinent to the theory of gestalt therapy.

Summary

The unity of gestalt therapy practice is often missed, ignored, oversimplified, or distorted both by gestalt therapists and non-gestalt therapists alike, e.g., textbook writers, researchers, and teachers. Not only is there an integration of relationship and technique in the methodology, but there is also an enormous range of styles and interventions that is often missed in the shorthand descriptions of such people. Then gestalt therapy appears to be a hodgepodge of techniques (Yontef & Jacobs, 2007). However, the

¹ See the discussion in Yontef & Jacobs 2007, pp 255-258

diversity of interventions is integral to gestalt therapy practice as envisioned (see below on creativity).

The consilience of the concepts of the diverse philosophies underlying the gestalt therapy system has been insufficiently discussed and will be discussed in this chapter. The language systems of phenomenology, dialogic existentialism, and field theory, which underlie gestalt therapy theory and practice, are different and this difference can obscure the unity of gestalt therapy practice through the various styles and interventions.

The tenets of gestalt therapy form a unity in the process of doing therapy. It is impossible to validly examine or measure the effectiveness of gestalt therapy by examining any one of the various ways of working in gestalt therapy or one aspect, e.g., technique, in isolation from the whole.

Foundational Values for the Integrated Practice of Gestalt Therapy

Gestalt therapy is founded on an appreciation for the values of complexity, contemporaneity, emergence, and creativity.

Complexity

Gestalt therapy attempts to capture the complexity of human life and move beyond the reductionism of simplistic positivism. This is consistent with the post-Cartesian philosophic ground out of which gestalt therapy arose, i.e., field theory, dialogic existentialism, existential phenomenology, gestalt psychology, and pragmatism. Gestalt therapy is a 60 year old pioneer in the movement in psychotherapy that presents a holistic alternative to Newtonian thinking, positivistic, and linear causality.

In the positivistic model, A precedes B; A causes B. Cause was singular and unidirectional. In that model it was “obvious” what came before and what came later, and what came before was assumed to be the cause of what came later (Parlett 1993, 1997; Yontef 1993). Moreover, there was an assumption that bits added up to the whole. Stimulus preceded response, but that was debunked in 1896 by John Dewey (Dewey 1896).

One of the areas of field complexity that the linear and positivistic conceptualizing did not capture is the inseparability of organism and environment and environmental surround of self and other. In the traditional viewpoint, separate and isolated individuals come together, the relationship variables then are contributed, as if the parts just add up mathematically into the whole. In the gestalt therapy perspective, there is

no person or sense of self except as part of a phenomenological and ontological field. As Perls (Perls 1978) pointed out, if there is no other, there would be no self, and the self-other relation can be configured in many different ways. How I experience myself and how I experience the other cannot be separated, and it is always a self-other co-creation we are exploring.

The classic model of linear causality is too simple to support the complexity inherent to gestalt therapy work on the integration of polarities: therapist/patient, relationship/technique, body/mind, complexity/simplicity, repetition (patient and therapist)/creativity, past (or future)/emergent present.

The field approach in gestalt therapy includes a wide range of variables in theory and in action; e.g., affect, body, cognition, spiritual/ethical concerns, social interactions, interactions in large groups, systems, and society/culture as a whole. All of these levels and dimensions are part of the complexity of gestalt therapy.

Gestalt therapy has believed from the outset in the integrated and relational nature of mind/body, now being confirmed by recent neuropsychological research. See for example Damasio (1999), Stern (1985, 2004), Schore (2003), Ramachandran (1999) and Cozolino (2002). To quote Stern (2004, 77-78), for example:

The idea of a one-person psychology or of purely intrapsychic phenomena are no longer tenable in this light... We used to think of intersubjectivity as a sort of epiphenomenon that arises occasionally when two separate and independent minds interact. Now we view the intersubjective matrix ... as the overriding crucible in which interacting minds take on their current form. Two minds create intersubjectivity. But equally, intersubjectivity shapes the two minds.

In recent theory and practice gestalt therapy also includes bringing into awareness contextual and historical variables that are powerful in organizing the phenomenological field but have previously been kept in the background of awareness rather than made figural.

In the field theory that underlies gestalt practice, phenomena are always determined by multiple factors and the whole of the studied field is more than a sum of the parts. Even “structures” are actually relationships or processes and these change over time. There is no simple and reified mass, no absolute existence; everything is relational and changing over time. In this perspective it is not meaningful to talk about any person or event as separate from the processes occurring at the moment: the physical processes, the social, cultural and political situation, the person’s

intentions, all interacting and intersecting. Meaningful statements have to include not only the behaviour, feeling, or thought, but also the time and place in which it occurs. We would then expect the same patient to look somewhat different to different psychotherapists, in different contexts, or at different times.

The ability and insistence of gestalt therapy theory to support complex thinking helps the gestalt therapist to orient to the complexity of the patient's life space and the complexity of the therapeutic situation. It also helps the patient to acquire tools for understanding the complexity of his or her own life, including the conflicts within (which are not separable from that complexity). Thus, in gestalt therapy practice focus is on mind, body, and social-cultural variables. There are no isolated individuals, only the complex interaction of persons with interest in what is emerging—and there is always something emerging.

Gestalt therapy treats all phenomena as organized by the relationship of multiple forces that change over time. This is not only consistent with field theory, but also with dialogic existentialism. In gestalt therapy we do not orient to one-person interpretations, with viewing individuals apart from the phenomenological and ontological fields in which they are living at each moment (and through the sweep of various moments). The classic viewpoint of studying isolated individuals, one-person thinking, and then adding interaction or environmental variables, is simplistic. Dialogue is rich not simple. Field-theoretical thinking is a better base for the complexity of human life, as the latest neurological research makes plain (Rizzolatti and Craighero 2004).

Another complication is that there is no simple correspondence between a clinical presentation and a particular technique. The choice of intervention is determined by considering a complex set of factors. There are the factors of the characterological organization and personal preferences of the patient. These include but are not limited to patient motivation, enduring themes, strengths and weaknesses, and so forth. There are cultural factors that come into play and must be accounted for. There are the factors of the preferences and style of the particular gestalt therapist. There are factors concerning clinical context, e.g., a limitation on the number of sessions. There are factors of the support for more intensive work or the need to limit the intervention. There are factors concerning past experience in therapy, i.e., what has worked and not worked for this particular patient. There is also the complication of interventions organized around a creative approach by therapist or patient. Interventions are a function of the complex patient-therapist context, or field.

Phenomenological thinking itself is demanding. Anyone reading in the phenomenology literature notes its complexity. The epistemological and ontological issues are dense and multifaceted. The belief in multiple valid realities, the movement from sedimented thinking to phenomenologically refined thinking, and so forth are complex. Coming to insight through phenomenological focusing is more difficult than merely directed behaviour change or the two-language system of classical psychoanalysis, yet it offers the possibility of leaving patients with a sense of potency and agency in the changes they are making rather than a sense of being recipients of a procedure.

Contemporaneity

Gestalt therapy practice is organized around the fullness of the present moment. But how can gestalt therapy be true to this orientation to the present moment and still claim to be holistic and complex? How can gestalt therapy stay in the moment and still capture the complexity of life circumstances, developmental history, working with the body, working with interpersonal process, and so forth? How can gestalt therapy stay in the moment and still insist on professional knowledge informing practice?

The principle of contemporaneity states that anything that has effect is present in the contemporary field in some manner (Chapter 11, this volume; Parlett 1993, 1997; Stern 2004; Yontef 1993). The impact of the past on the present is not “action-at-a-distance,” but is present in body process (posture, set point in brain process, well rehearsed brain pathways, etc), in memory, in pictures of self and the world, etc. The impact of the future on the present lies in a person’s expectations, intentions and desires, hopes, fears, etc. The present moment is a hologram of the whole.

The present moment is also dynamic; it is not a snapshot. Contemporaneous awareness moves from one moment, in which something is emerging, to another moment in which something is emerging, and so on. The past is present in memory, body memory, habitual patterns of relating, assumptions about self, other and the world, avoidances based on dread of repetition of the past, and so forth. Thus, present-centred questions might include “Why this memory now? What is being supported by this pattern or assumption?” Anticipation of the future, be it planning, dreaming, or fearful rumination, happens in the present. These present events are part of what shapes the next moment. The action is contemporaneous although the focus and content are frequently not on the present.

A core principle is the relationship of part to whole. Insight is a new awareness of how the parts relate to each other and to the whole (Heidbreder 1933, Yontef 1993). So, each moment not only bridges the past and the future, not only leads at each moment to new awareness, but is also a hologram into the overall pattern. A depth exploration of a part, e.g., a moment, may illustrate a more global pattern (Stern 2004). A moment of interaction between patient and therapist may recapitulate an important pattern of living that marks the patient's life and sometimes gets him or her into trouble in life outside the therapeutic session. As such, a depth exploration of the moment of this interaction may lead to real insight into the enduring patterns that keep reoccurring in the patient's life, and what is significant to the patient about holding these patterns.

The focus on a part, i.e., the experience at one moment in time, takes its meaning from its relationship to the whole. The person's here-and-now is not an isolated moment, but rather a figure formed in relation to a background of a flow of process much wider than the individual. The focus on the moment relates to larger patterns. The interaction at a moment in therapy (including importantly how the patient relates to the actions of the therapist) is often a repeat of enduring themes. The here-and-now at a moment is a window into the whole just as other parts or moments also provide a window into the whole. In some of the encounter group uses of the "now" principle, taken as just the most immediate perceptions and excluding memories and future plans, a more simplistic understanding of contemporaneity did not organize the therapist's response as here-and-now interventions that elucidated the whole process.

The focus on a moment provides an opportunity to go deeper in understanding that contrasts not only with a superficial understanding of the moment (Staemmler 2002), but equally contrasts with premature globalized interpretations. The gestalt psychologists warned against forming the largest possible field.

The momentary alignment of the forces in the field, the moment of dialogue between therapist and patient, and the moment of phenomenological focusing are essentially the same but described with different words in the three systems of thought.² The moments of dialogue include inclusion and exploration of the experience of the patient, the authentic presence of the therapist at the moment, and the surrender to what emerges in the contemporaneous dialogue. This requires the clarity of actual experience, hence the importance of the phenomenological

² Editor: This relates to the comments made in chapter one regarding consilience. Gestalt therapy is a unity because of the consilience among its chief theoretical tenets: field theory, dialogue, phenomenological method, and experiment.

method. And the phenomenological method in clinical practice requires the dialogical interaction, and awareness thereof, of the patient and therapist. All of this is possible with the dynamic view of field theory and not with the linear causality of the logical positivists.

Emergence

The emphasis on emergence follows from the principle of contemporaneity. In a therapy based on phenomenology and dialogue, the emphasis is on what emerges from the here-and-now based contact/exploration. The success of the outcome is considered as it emerges from the dialogue and the phenomenological exploration (Philippson 2001, Philippson in press). This is in contrast to the traditional ways of thinking about therapy, especially the medical model, in which goals are set at the outset and then interventions are chosen to reach those goals. This is the understanding of most modern psychotherapy research, supported by the movement toward evidence-based practice—especially the RCT.

It is invalid as a test of the effectiveness of gestalt therapy to measure preset goals against outcomes without taking into account the complexity of the changes that emerge from phenomenological focusing and dialogue. For one patient the outcome may be positive if he/she goes to work. But for another an emerging positive outcome is leaving work in order to travel and get away from home. Decreasing symptoms of depression from the holistic gestalt therapy perspective would include an increase in overall life quality, a widening of awareness and a reduction in other dysfunctional symptoms besides the targeted depressive symptoms. Typically, decreasing depression through gestalt therapy would have a positive effect on such other processes such as anxiety, shame, grief, guilt, relationship with significant others, performance at work, spiritual centering, etc. Conversely, the liberation of energy bound in these processes helps to relieve the experience of depression. Measuring the reduction of depressive symptoms on a depression checklist gives information, but does not put the holistic effect of gestalt therapy into the research mix.

The focus on the here and now is not a focus on a static moment. It is a focus on something emerging into awareness at each moment for all participants. What emerges can be new behaviour, or it can be the experience of an affect, a thought, an association, an observation, a wish, or a creative impulse. The gestalt therapist helps the client recognize and focus on what he/she is experiencing, guides the client in how to stay with

the awareness as it develops, guides the client on how to explore or intensify the awareness or expression of what is emerging, and explores the connection of that emerging and changing experience with what preceded it, how the client might work with the issue between sessions, and with recurrent and significant patterns of client awareness and/or behaviour.

As the awareness of client and/or therapist develops, emerges, and there is a deeper or broader understanding, there is a constant process of reformulating and reorganizing the overall understanding and the next step. Just as research results lead to new research, emerging awareness leads to changed focus for phenomenological exploration and dialogic contact.

As an example, a client presented with a complaint of loss of enthusiasm in life with special focus on his work. The discussion in the initial session clearly justified a diagnosis of depression and the therapy could have been organized around his depressive cognizing and meaning-negating cognitions. However, as the here-and-now experience of the client was the organizing principle, and the actual sensations, feelings, and thoughts entered into consideration, issues of shame became more central. This led to work on deep-seated self-beliefs and the meanings the client automatically made of issues such as the level of his income. As that emerged and the work on shame developed, the focus shifted from his place of employment to his sense of abandonment by his wife and his shame at his not having been able to make the marital relationship better. That subsequently led back to work on negative thinking and his shameful sense of self. His growing understanding of the marital situation, and his role in this, led to conjoint marital therapy. His resentment, dissatisfaction, and shame decreased with this therapeutic work. In the process, his depression lifted and he found vitality that he had lost.

What is needed is a research protocol that not only focuses on such things as depressive symptoms (which would not capture the range and depth of changes that emerged in this piece of gestalt therapy—in addition to the initial depressive presentation) but also measures the complexity of phenomenological and dialogic method.

Creativity

Joseph Zinker said that gestalt therapy is permission to be creative. In accordance with the therapy task, i.e., the dialogic therapeutic relationship and the phenomenological focusing and experimenting, it is proper for the gestalt therapist to create any intervention consistent with legal

requirements, ethics, principles, and safety. This emphasis on creativity is an advantage of the gestalt therapy model. Set algorithms, “cookbooks,” are not encouraged in gestalt therapy, since the whole focus is towards creating and supporting the play of new possibilities away from defensive fixed responses. This makes manualized research methods a poor fit for the basic theory and practice of gestalt therapy.

Dialogue and Relationship

According to Martin Buber, all human life is meeting. He was a prime influence on the gestalt therapy viewpoint that therapy is meeting, i.e., dialogue. Dialogue is a form of contact. Contact is the basic unit of relationship and dialogic contact is the form that best supports effective action in gestalt therapy. It is the form of contact in which phenomenological exploration of psychological, interpersonal, and/or social issues can best be done. Reciprocally, the experimental phenomenological attitude enables the dialogic attitude to continue while using active techniques, e.g., bodywork, movement, and cathartic expression. More than that, dialogue is in itself always an experiment, and engagement with the world without any guarantees of what will result. Lynne Jacobs described dialogue succinctly:

Buber’s I-Thou (or genuine) dialogue, applied to the therapeutic situation, can be briefly described in an oversimplified manner as follows: The therapist attempts to apprehend, with the fullness of his embodied mind, the patient’s experiential world. This he does without judgment. He attempts most especially to apprehend what it is like for the patient to be in relationship to the therapist. The therapist is also open to being met, “found” as the patient’s “other.” The therapist also allows himself to be affected such that he surrenders to the next moment in the conversation without knowing what will emerge. This process confirms the essential dignity and worth of the patient. A Buber quote: “Man wishes to be confirmed in his being by man, and wishes to have a presence in the being of the other. The human person needs confirmation because man as man needs it. An animal does not need to be confirmed, for it is what it is unquestionably... secretly and bashfully [man] watches for a Yes which allows him to be and which can come to him only from one human person to another. It is from one man to another that the heavenly bread of self-being is passed.” (Jacobs, 2005).

The therapist extends this attitude not only to feeling how it is for the patient in relation to the therapist, but also the patient in the rest of his or her life.

How is this relational attitude manifest in therapy? What does the therapist actually do and what does a relationship in which the therapist organizes around dialogue look like?

Any intervention (even silence) proposes a relationship with a patient. At its simplest, it says "I am here." My tone of voice, facial expression, the form of my interventions (suggestion, question, silence) further elucidates the proposal: a suggestion, for example of an experiment, supports the action suggested or a refusal to cooperate; a question supports an answer, leaving me as the initiator and the patient as responder; silence supports the patient taking an initiative.

The patient, in her turn, will also propose a relationship: one who helps and one who is helped; one who talks and one who listens; one who says what to do and one who obeys (or rebels). Then there is the next moment. How does each respond to the other's proposal—modifying or abandoning their own proposal, or standing firm to sustain it in the face of the other's difference?

From a gestalt therapy perspective, these are all aspects of the mutual actualization of self and other. The immediate content is less therapeutically significant than the choiceful flexibility, fragility, or stuckness of this self process. Thus, if a patient takes a fixed "rebel" position, the therapist might suggest a two-chair experiment of authority-figure dialoguing with rebel to promote integration of these aspects. However, the suggestion of this experiment might be seen by a patient fixed in this way as an expression of authority to be resisted. Sometimes the patient will turn the tables and say "Don't tell me what to do!" Then the therapist will be faced with his own decision on how to respond to the patient's authority.

Meanwhile, for a fixedly compliant (confluent) patient, the doing of the experiment would be less an exploration and more a submission to the therapist. Sometimes even interested questions to further enquire on the patient's experience would be taken as demands to be obeyed.

The therapist's perspective is not considered a higher "truth" than the patient's. The "truth" of the therapist's beliefs are bracketed, i.e., put aside to allow the emergence of the impact of the interaction of observer and observed. A prime key to effective therapy is not the therapist having "truth" but rather the therapist's ability to really "get" the patient's "truth" and communicate that understanding and respect of the patient's perspective. That step is a foundation for other work, e.g., bringing awareness of what is avoided, bringing in the perspective of the consensual world, dealing with the conflicts between therapist and patient, dealing with conflicts between participants in systems (e.g., a couple).

If a research project is to follow the gestalt approach, then it must be able to engage with the unity of these levels: not just what the therapist does, but the relational meaning of doing it with this client at this time. It would be a diminution of the approach to apply a simple repeated procedure such as two-chair work to a variety of patients. It would also be likely to work less well than the multilevel approach inherent in gestalt therapy.

The Methodology of Change: The Paradoxical Theory of Change

Gestalt therapy is based on meeting and not aiming (as discussed above). Growth through meeting and focusing requires the paradoxical theory of change. The paradox is that when one denies or disowns who one is and tries to be who one is not, one stays the same, while if one fully takes responsibility and ownership of who one is, this will lead to change. Not recognizing or being aware of self is not identifying with who one is. Identifying who one is but not identifying *with* that is, by denying choice, trying to be who one is not.

Healing is becoming whole; so, rejecting oneself means staying divided. On the other side of the coin, trying to fight against needed change, to stay the same in a constantly changing world by fighting organismic forces of growth, means staying divided by fighting against oneself and against the constantly changing person/environment field. This is also not identifying with who one is, because one is clinging to an old and fixed sense of self, a self-picture, rather than how one is in the present in the context in which one is living.

People often need to make purposeful efforts to change. Gestalt therapy has a wide range of techniques, experiments, enactments, bodywork, and so forth that can be used. This work can be consistent with the paradoxical theory of change if it is experimental (“try this and see what you discover”) rather than imposed (“live this way”). Some patients, especially those with personality disorders, will have life-possibilities that they have never fully experienced, including the potential of a caring and committed relationship as they are asked to respond to the therapist. The experimentation, psychoeducational work, phenomenological focusing, and dialogic emphasis all proceed from the viewpoint of the person recognizing who they are, owning the choices made and the potentialities and limitations, trying something new and being aware of the experience, and staying with this awareness through stages of growth. The growth may be a spontaneous outcome of focusing, intimate contact in therapy, and so

forth. Or it may be a part of a systematic program of instruction, and experimentation. But even in the latter case, it is based on self-recognition and self-acceptance while moving toward growth, rather than imposing the therapist's life choices on the patient. The latter enhances lack of self-confidence and a global sense of shame towards the world.

Self-knowledge and self-acceptance, acceptance of self as a person and not acceptance of all traits and states, is the best platform for change. In many clinical situations, the work may focus on building a repertoire of psychological tools, getting mastery over destructive behaviour, re-examining and changing old beliefs, etc. This learning can be done cooperatively with basic self-acceptance, i.e., accepting both responsibility for choices and awareness of traits that need changing, or it can be done in a mode of basic self-loathing or rejection of the core self, or the person as a whole, or by denial of the responsibility for the choices made. Any technique or program can be based on self-recognition and self-acceptance. The methodological issue is how it is done, why it is done, the attitude with which it is done, and how this all is communicated to the patient. To acknowledge something chosen without acknowledging choice is what Sartre calls *mauvaise foire* (bad faith). It is as if the person "owning" the behavior is saying "It isn't me, I am above that, it is the other self."

The attitude for experimentation in gestalt therapy is "try something new" and be aware, notice what you experience. From the proposal of an experiment, through the reaction to the suggestion, the possible doing of the suggestion, the reflection on the experience during and after the experiment, all of these phases give data. Identifying "bad" or dysfunctional behaviour and the need to change proceeds better if the person is identifying the bad choices that were made and in the owning of this on the basis of enhanced awareness, together with the desire to support other aspects of the person, other potentials. Change is more likely, and more likely to last in these circumstances than from a reform promise based on self-deceit, self-loathing, conflict with self, etc.

Range, Type, and Purpose of Interventions

All active interventions that are not purely dialogic fall under the category of phenomenological experiments (see chapter ten, this volume). The task is to guide the patient to pay attention to his or her experience, i.e., what he or she is aware of and how that awareness process is happening. This means to be aware of the awareness process itself. The simplest experiment is focusing, as in the focusing described by Eugene

Gendlin (Gendlin 1996). Other experiments include mental experiments (imagining this or that), expressing a thought or feeling (to someone, to someone who is absent, or just expression), journal writing, drawing or use of other visual artistic material, etc. The experiment in expression can be verbal, physical, with sound, and so on. Many of the experiments involve a focus on the body, either in movement (e.g. in expressive dance), meditation, martial arts, sensory awareness, or more intense bodywork. Gestalt therapy has a somewhat different understanding of bodywork than say Reichian therapy, where the idea is to remove “body armouring” of tensions through such techniques as hyperventilation and massage. In a gestalt approach, the tensions are seen as simultaneous expressions of two different impulses, to express and to withdraw, both of which need respectful engagement. The dialogue with these impulses can be primarily non-verbal, through movement, respectful and agreed touch, and attention to full but normal breathing.

What Does the Gestalt Therapist Do?

The therapist observes and engages with the client in a mode of operation in which he or she puts aside, “into brackets,” the beliefs about what is real or what is data so that the perception of “reality” or “actuality” that emerges is as much as possible influenced by the current field rather than what was expected or what is explained by existing theories. The operating principle is to describe, i.e., describe rather than explain and interpret (as a primary intervention). In this way the patient can discover his or her own new way forward using the tools learned in therapy.

The process continues as the emerging figures are observed, described, and communicated to the patient. The therapist inquires as to the patient’s experience, i.e., what is the patient’s experience while the therapist is observing. In that way the focusing keeps checking the therapist’s vantage point against the patient’s, and, of course, vice-versa. The data then confirms or disconfirms the therapist’s interpretation.

At each moment in this exploration not only is awareness work being done, but the relationship is developing. When there are impediments, ruptures, or disruptions to that relationship, they become the focus of the awareness work.

So at each moment the relationship develops; at each moment the understanding, the awareness and awareness process grows. The initial understanding, i.e., the “first given” or the initial impression, gives way to more refined understanding. This registers in thinking, feeling, and behaving.

How We Work

Our awareness work is done through dialogue, and dialogue is itself an experiment. The authentic relating of one person to another and what emerges from this interaction results in new understanding. That is experiment: doing something different and observing the data. By definition, dialogue is always doing something new, because it emerges (see above) from an interaction that is not controlled by either participant.

Much of the direction of the experimenting is organized by the curiosity of both the therapist and the patient. What attracts one's attention with a desire to know more, to understand, to relate to other phenomena?

Curiosity is one example of a figure of interest meaningfully arising against a background. Following the figure of interest through a continuous succession of figures often leads to a figure that encompasses and makes sense out of the phenomena that is under study and about which one has been curious.

How we work is a complex subject because of the gestalt therapy emphasis on creativity and on encouraging therapists to develop their own style of doing therapy, a style that fits their personality, their understanding, their culture, their work context, and their particular clientele.

Modalities

Gestalt therapy is practiced according to these principles in individual therapy, couples therapy, group therapy, family therapy, and in a variety of forms of work with larger systems. The principles and methodology of gestalt therapy have been applied and useful in other fields, e.g., teaching, coaching, consulting, spiritual counselling, alcoholism and drug counselling, and creative work (writing, art, movement).

Overall Summary and Implications for Research on Gestalt Therapy Effectiveness

Gestalt therapy as designed and practiced is consistent with any research that takes into account the relationship, the complexity, and emerging sense of a good outcome, the creativity and variety of interventions used, and is not limited to a particular regime of technique, where only targeted behaviour is measured (a targeted outcome might be desired, e.g. better relationships, but limiting the interventions and outcome measures to what is targeted ignores a huge advantage of gestalt therapy). Randomized Controlled Trials that target a narrow range of

symptoms, prescribe a rigid formulary of techniques, and do not measure the undersigned effects (positive and negative), do not adequately assess the range of gestalt therapy. If the research focuses on targeted behaviour and a set formulary of techniques, the research has a tendency to just confirm what it is designed to confirm, i.e., the bias and orientation of the researchers.³

Westen and his colleagues asked what validates a particular data set as a valid measure of effective therapy (Westen et al., 2004). If the research questions focus on concrete symptoms, that research naturally favours behaviour therapy (Strümpfel, 2004, 2006). Elliott, et.al., re-analyzed studies comparing the effectiveness of humanistic therapies, including gestalt therapy, to behaviour therapies. They found that when they controlled for the allegiance of the therapy school of the research group, no differences were relevant (Elliott et al, 2004). The allegiance of the researcher has been found to predict 92.5% of outcome (Luborsky 1999, 2002, 2003; Westen et al. 2004).

The interventions that are essential in gestalt therapy are more than just “talking-about” and interpretative interventions. Gestalt therapy is designed to have the patient learn the tools of awareness and about possibilities and choice. The gestalt therapy approach is designed to bring awareness, responsibility, and choice of one’s overall situation in life—including targeted behaviours, but definitely not limited to those behaviours.

Finally, growth is through contact. This includes contact in session and contact in life outside the therapy room. The predominant role of the therapeutic relationship on the effectiveness and outcome of psychotherapy that has been shown in psychotherapy research has been a part of the historic core of gestalt therapy theory and practice and is the hallmark of contemporary gestalt therapy.

³ See the discussion in Yontef and Jacobs, 2007, pp. 255-258

Resources

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PART THREE:

**GESTALT THERAPY
RESEARCH COMMUNITIES**

CHAPTER THIRTEEN

GESTALT THERAPY RESEARCH COMMUNITIES

PHILIP BROWNELL AND JOSEPH MELNICK

The evolution of community is an important factor in creating the conditions we believe to be critical to each trainee's professional development. The broader community enriches and diversifies the learning experience and ultimately builds the foundation for enduring friendships, professional support networks, service projects and the possibility for wide-scale social movements. Our program design intentionally leads to opportunities for exchange of new ideas, cross fertilization and exposure to difference.

—Pacific Gestalt Institute

The generation of practice-based evidence in support of gestalt therapy depends on the development of practitioners sufficiently knowledgeable and capable enough to produce it. While academic institutions are often built around the research traditions and specific interests of their faculties, largely funded through the writing of grants, such programs usually produce academics who continue the traditions of their mentors and end up conducting their professional lives associated with teaching at college and graduate programs associated with universities or clinicians who leave behind academia altogether. Those graduate programs aimed at producing scientist-practitioners¹ usually do not actually graduate people who then go on to conduct research at the level of their own clinical practices (Gelso 2006). The grand aspiration of the scientist-practitioner model "rarely has been achieved in individual psychologists, some of whom seek academic or research careers, but few of whom, despite lip service, genuinely contribute in both research and practice venues" (Stricker and Trierweiler 2006, 37).

¹ The model of the "scientist-practitioner " was established during the Boulder (Colorado, USA) Conference on Graduate Education in clinical psychology that was held in 1949.

That has left the majority of research to universities and colleges, where gestalt therapy is currently and comparatively poorly represented. Ironically, the field of gestalt therapy is uniquely positioned to make the leap in fulfilling the vision of the scientist-practitioner by equipping and supporting gestalt therapists to become *practitioner-scientists*.

Three assumptions (Jones and Mehr 2007) about training scientist-practitioners reveal the purposes behind such training and relate to the training of practitioner-scientists: (1) professionals with knowledge and skills related to research facilitate effective psychological services; (2) research imperative to the development of a scientific fund of knowledge contributes to the evolution of the field; (3) direct involvement in clinical practice by researchers results in studies on important social issues.

Gestalt therapists could benefit from becoming familiar with research literature. It is simply not true that research is irrelevant to the practice of gestalt therapy, and gestalt therapists could assimilate solid research findings, expanding the scope, relevance, and effectiveness of what we do. An example of this is the way in which gestalt theorists and writers have assimilated the literature on shame and shame-based dynamics (Lee and Wheeler 1996), substance abuse (Clemmens 2005), and human discourse/communication (Mortola, 2006). There is a wealth of research information available in the online databases of the American Psychological Association. A search² in the PsycNet database, for instance, under the term "intersubjective" yielded 1753 results. A search for "proprioception" yielded 607 results. A search for "contact" yielded 31,438 entries, not all, certainly in the way gestalt therapists understand that term, but *that* is the point. By seeing how other professionals understand a construct and utilize it, gestalt therapists can both distinguish themselves and expand their own facility by assimilating what can be assimilated.

This leads directly into the second assumption behind the training of scientist-practitioners: developing research leads to the development and expansion of the field, and in this case, we are talking about the field of gestalt therapy. As Eva Gold and Steve Zahm asserted in chapter two of this volume, we need to generate our own research, but that is not simply so that we can be "approved" by regulatory bodies. Foremost, it is so that our theory might expand and become more nuanced, more tied down to the ways in which things actually work, being open to organized observation, evaluation, and potential falsification. That this research might be driven by the clinical figures of interest among people who are actually meeting with clients (as opposed to detached academics following

² Conducted March 15, 2008

statistical curiosities and peripheral indulgences) would make this kind of research most relevant. Further, were research to become a norm in gestalt training institutes, that would allow trainers to conduct research on the ways in which they accomplish their training, and that would, in turn, affect the quality of training.

The third assumption behind the scientist-practitioner model assumed that if practitioners were conducting research, that would lead to research with more potent social impact. This is an extension of the last point. Psychotherapists are routinely traumatized vicariously (gestalt therapists could benefit from reading the research literature on this subject) by being with their clients and being affected by the debris, the brokenness, the destruction, and the tragedy that takes place hour after hour in their offices as clients bring in one situation after another. It's like viewing society one frame at a time. It's a skewed look at society, to be sure, but it is a section nonetheless. Consequently, gestalt therapists, like their colleagues who function according to other clinical orientations, know something about the social condition. Their research figures of interest would certainly reflect the social concerns with which gestalt therapists have always resonated.

To the original assumptions concerning the training of scientist-practitioners contemporary professionals have added several commitments: (a) the relative freedom of creative exploration, (b) the consideration of the philosophy of science that grounds a researcher in the larger picture of organized curiosity, observation, and learning, (c) discipline in critical thinking, contributing to the shared meanings that arise within research communities, and (d) applied knowledge—the utility of research for clinical practice and organizational consultation that contributes to, among other things, the external validity of the theoretical constructs under investigation and the refining of clinical practice itself (Lane and Corrie, 2006).

All this is likely not the vision gestalt therapy trainees had for themselves when they decided to become gestalt therapists or consultants. They would not be alone. One of the core issues in the training of scientist-practitioners in general has been "whether it is viable to train students to be scientists generally and psychological researchers specifically when, at the core, these students enter training with the wish to be practitioners and not researchers" (Gelso 2006, 3).

Regardless, in the world in which gestalt therapy is currently practiced, therapists as individuals, and the field of gestalt therapy in general, need to demonstrate that what is being done in the name of gestalt therapy is

effective, and the gestalt therapy training institute plays a significant role in that.

What has been lacking by way of support for the individual clinician in private practice in the wider field of psychotherapy is present through the communities of gestalt therapists who have grown up around the hubs of various gestalt therapy training institutes.

The gestalt therapy training institute is a stand-alone, "half-way house" between academia and clinical practice. It is often conceived of as a post-graduate training organization, but it is one linked directly to practice and focused directly on the refinement of clinical and/or consulting skills. As such, gestalt therapy training institutes throughout the world have developmental paths that show potential for the evolving of new gestalt therapy research communities.

The Development of Gestalt Therapy Training Institutes

The gestalt approach developed not in higher institutions of learning but in evolving communities, in the gestalt institutes. The growth of these institutes was influenced by a number of varying factors that impacted the various institutes in different ways. As a result each institute, even today, is both different and similar to other gestalt institutes. For example, they differ in terms of training, (short term vs. long term, beginner vs. advanced students) scope of application, (individual psychotherapy vs. organizational development) internal organization (hierarchy vs. collective), theoretical approach (orthodox vs. expansionistic), evaluative process (tests and certification vs. no evaluation), etc. However, they are similar in terms of a large number of basic values, such as an emphasis on self-awareness and personal experience, living in the here-and-now, the co-creation of the moment, and a phenomenological approach to experience.

In this part of the chapter we would like to trace the development of gestalt Institutes that are so essential for the evolution of the gestalt approach. We will argue that gestalt Institutes throughout the world developed systematically, and can be artificially broken down into three phases: the early 1950's through the 1960's, the 1970's through the 1980's, and contemporary times beginning in the 1990's.

First Stage: The 1950's and 1960's

To start at the beginning, institutes first began to appear throughout the United States in the 1950's, and did not spread to the rest of the world for many years. We can generally credit the growth of gestalt therapy and the

development of training institutes to the founders. Beginning in the early 1950's they would travel to different cities doing workshops and trainings. Often the same people would come over and over again to these training sessions, developing relationships with each other, grounded in their passion for the gestalt approach. It was natural that in time these people would band together into first informal, and then more formal networks that later officially became institutes. These individuals, after first receiving training by the founders, would then teach themselves, eventually give public workshops, and finally provide training to professionals.

Fritz Perls was the most traveled of the founders, and helped create and develop gestalt therapy theory as he worked. As a result, he often taught different concepts at different times at different institutions. Thus, how gestalt therapy was practiced depended on time and place. And because different gestalt institutes sprang up at different times, created by different sets of environmental conditions, they were often significantly different.

Examples of the early institutes and their unique characteristics are plentiful. For example, in New York where gestalt therapy first developed, the New York Institute for Gestalt Therapy, which was founded in 1952 and parented by Isadore From and Laura Perls, remained loyal to the original anarchistic theory and values. Even today it is a place for study, not training, and has maintained its anarchistic base. The institute has never owned a building and the rules for meeting and dialogue are non-hierarchical. Members engage in ongoing discussions centered on the presentation of papers that seek to clarify and expand theory.

A second form of institute developed in the Los Angeles area, influenced largely by Jim Simkin, who moved to California, where he helped found The Gestalt Therapy Institute of Los Angeles (GTILA) in 1969. It was originally a membership organization and also did local and residential training. It still remains a membership organization to this day and prides itself on its theoretical rigor.

A third example is the Gestalt Institute of Cleveland (GIC), the largest American Institute. It was created in 1954. GIC focused primarily on training and expansion of theory. Less orthodox than New York, it brought new and somewhat controversial ideas to the approach (Bowman and Nevis 2005). It was one of the first to create systematic, in depth programs that were formatted so that individuals from all over the world could attend. Its faculty was also willing to travel to cities near and far to train professionals. As a result, students from GIC helped found a large number of important institutes, first in the USA and later throughout the world. Examples include, Albany, New York, Boston, Massachusetts, Chicago, Illinois and Indianapolis, Indiana.

The early flourishing of these institutes was a result of a number of factors. Foremost was the general popularity of the humanistic psychology movement in general, and Paul Goodman and Fritz Perls in particular. Through their writings and personal skills, much interest was generated for the gestalt approach. World War Two and the Korean War fueled a great need for psychotherapists, particularly psychologists to work with veterans within the Veterans Administration's system. The gestalt approach seemed a good fit for many of the young, idealistic psychologists just entering the field.

Second Stage: The 1970's and 1980's

A second stage occurred during the 1970's and 1980s when the gestalt approach spread worldwide. Let us take Europe for an example. Although often created by American trainers brought to the countries to teach, the shape and development of these European institutes was influenced by many factors beyond the characteristics of the trainers. The culture of the country or region where the training was taking place heavily influenced each evolving institute's structure and identity. For example, in Sweden where blending in is emphasized and expression of strong emotions is discouraged, a gestalt therapy developed that emphasized expression and action.

Equally important was the sense of professional identity that each student brought to his or her training. Whereas in the USA one's principle affiliation is to a health profession such as psychologist, psychiatrist or social worker, in Europe psychotherapists have historically had a separate identity. Whereas in the United States, one receives basic training at Universities, in Europe the primary training is conducted at institutes. And last, while the mental health professions in the United States have been highly regulated, psychotherapy in Europe was only loosely controlled.

Third Stage: The 1990's and Beyond

A third era began in the 1990s and is still continuing today, and it has resulted in the tighter organization of institutes. Prior to these times, gestalt institutes, while privileging theory development and application, rarely supported writing, particularly writing of a research nature. This lack of interest and support was an outgrowth of a number of factors, primarily the oral tradition of the gestalt approach. It rests on a belief that the written word cannot adequately convey the multidimensionality of this process-based, here-and-now approach. Also, since the teachers at the

institutes did not have to publish articles like their colleagues at the more formal universities, the incentive for writing was minimal. Of equal importance, the gestalt approach that highlighted phenomenology and the uniqueness of the individual was perceived to be philosophically at odds with traditional, quantitative research approaches. These causal, “objective” approaches were viewed as too simple-minded and inadequate to evaluate a process-oriented approach such as gestalt therapy.

However gestalt institutes have been forced to change with the times. For example, as theory developed, more books and periodicals began to be produced. Many of the first of these were the result of an acknowledged or unacknowledged combined effort of institute members. One needs only to look at the acknowledgement section of classical books such as Zinker's (1977), *Creative Process in Gestalt Therapy*, and Polster and Polster's (1974), *Gestalt Therapy Integrated* to appreciate the group effort that went into them.

One interesting development that countered the anti-writing attitude was the development of writers' groups. The first group was started in 1986, and its primary goal was to discuss and generate theory. It resulted in a large number of publications and eventually spread to other countries. Today there are writers' groups, not only at institutes throughout the world, but some are also sponsored by national organizations, such as the European Association for Gestalt Therapy (EAGT) and the Southwest region of the Association for the Advancement of Gestalt Therapy (AAGT). More recently these writer's conferences have begun to focus more and more on research. For example the Gestalt International Study Center, the creator of the first writers' conferece, recently divided its annual conference into two parts, one on theory and practice and one on research.

A second and maybe more important influence has been the increasing formalization of the profession of “psychotherapist” in Europe and throughout the rest of the world. Slowly the criteria for becoming a therapist have tightened, resulting in the requirement of a master's degree, replete with the completion of a research thesis. Because many of the institutes do not have the infrastructure nor the resources to meet the government requirements for the creation of a research based program, the institutes have been forced to developed formal relationships with recognized universities to provide oversight, teach research courses and supervise theses and dissertations. An example of this is the Gestalt Academie of Scandinavia (GA) which provides training along two tracks—organizational (O) and therapist (T). The program meets five weeks a year for four years. These meetings are augmented by student cluster groups

that meet between sessions, and ongoing dialogue with pedagogical mentors whose job is to support the class. GA is currently affiliated with Darby University of Great Britain who provides oversight. With approximately thirty students graduating each year, this institute alone is producing a substantial body of research.

The Potential in Gestalt Therapy Research Communities

Research does not pop out of a hat, springing forth like spontaneous generation. Isolated individuals working alone do not produce it. Especially it is the case that the kinds of research into the kinds of issues and questions comprising the focus of this book require that research be conducted in groups. In such groups the nurturing influence of colleagues, senior members of the gestalt community, and peers facilitates and supports the conducting of research, including the writing that puts the results of that research into others' hands and contributes to the field.

As mentioned, though, gestalt therapy training institutes have lacked the infrastructures and resources to develop significant research programs. While a change is called for within the world of gestalt therapy so that we are producing our research support and actually refining our theory and practice using the research we generate, it is not necessary for gestalt therapy training programs to overburden themselves by attempting to build research traditions on the same level of the university. That is, it is not necessary to create stand-alone research traditions through the institutes that resemble in every respect those existing at the universities. All that is necessary is for institutes to encourage and support mentoring in research competencies and to forge relationships with other institutes and/or gestalt-oriented research programs that do exist at the university level. That way the gestalt community at large might see increasing collaboration between the institute and the university, and gestalt research communities might develop in various regions of both the virtual and the real world.

This, however, implies a shift in what it takes to be a competent gestalt therapist (and trainer) and a concomitant shift in training programs so that skill building tracks including the philosophy of science and research design become standard aspects of training programs (if that has not already happened).

This raises another question. Is it enough anymore to just learn how to conduct gestalt therapy, or is it now necessary for clinicians to know how to support what they do by conducting their own outcomes research? Would it be possible, for instance, to set up the documentation and record

keeping on clients so that each became its own single-case study, with repeated measures that might become rather standardized for the therapist? This would do two things: it would provide outcome data on the therapist's practice, guiding his or her processes, and it would also provide data that might become useful to some larger research endeavors. If nothing else, keeping track of therapy and monitoring its processes through organized and purposeful observation would reveal, over time, patterns and cycles the therapist settles into unawares.

Perhaps the drive towards evidence-based practice will prove a force in the field sufficient to lead to an evolution in gestalt therapy training programs—a *fourth stage* in the developmental paths of gestalt institutes. Individual gestalt training institutes can continue to partner up with established research traditions at the university, but they can also begin developing their own research enterprises, in keeping with research figures of interests resident in their trainers, trainees and consulting partners. They can cooperate in regions, many institutes participating in group research, forming consortiums and ad hoc configurations of the otherwise more dispersed members of these gestalt research communities.

Finally, the influence on individual members of these research communities might reach, in holistic fashion, into unexpected areas of benefit. Gestalt therapy is often conceived of as a way of life; how much more powerful, then, if gestalt therapists learn organized ways of observing and evaluating (and learn how to distinguish, for instance, the clinical application of the phenomenological method from the philosophical or the research-focused)?

Mentoring in Research Vertical Teams

Mentoring in research competency fits well with the gestalt therapy model, since it is based on a personal relationship in which a faculty member acts as guide, role model, teacher, and "sponsor" for a trainee (Ward, Johnson and Campbell 2004). Thus, the clinical practice and research interests of a trainer, for instance, could serve as attractors for trainees, and a cluster consisting of trainer and trainees would then form a research-vertical team. Ward, Johnson and Campbell described how research vertical teams, when employed in academic settings, facilitated research competence, decreasing student avoidance that in turn increased timely completion of dissertations and increased influence of faculty in the lives of their students. In another study, Ploeg, de Witt, and Hutchison, et. al. (2008) evaluated a mentorship program in place at a community care facility to find that mentees gained ownership of new evaluation and

research skills to the degree that they enjoyed positive relationships with mentors and participation in relevant research projects. They struggled to do so when confronted with the limits of resources and the mandate to provide client-centered care.

That last point should not be missed. That struggle between doing research and offering "client-centered care" is a marker in much of the resistance among gestalt therapists against doing research. It is believed that conducting research interferes with the therapeutic process. This is also a relic of the revolution against positivism. It is a polarity and a false dichotomy to pit the conducting of research against the conducting of therapy. That polarity surely exists as a force in the field of many people (including the perceptions and constructions of those mentees), but it is not a necessary condition. It is an accidental artifact and one that sophisticated gestalt therapists can explore and dissolve.

Although the encouragement of research has been a main purpose of the mentorship that occurs in research vertical teams, the collaborations that develop through them have resulted in greater overall competency in students with respect to the professional practice of clinical psychology. Evans and Cokely (2008) pointed to the benefit of mentoring African American women to overcome psychosocial difficulties and asserted that such mentoring would also help them to overcome race and sex-related factors to compete directly for career advancement in professional psychology. The same effect was established through examining quantitative and qualitative studies, integrative reviews and consensus statements by expert panels on the effects of mentoring for nurses; mentors increased mentee's self-confidence and provided resources and support for their activities (Melnyk 2007).

Thus, if gestalt therapists are going to learn how to do research, and if they, then, will transcend the dead end experienced by many students that have gone before them—those trained under the scientist-practitioner model—they must have mentors who will infect them with the bug of doing research. They will not become *practitioner-scientists* apart from observing the example of others and enjoying relationships with significant mentors in their gestalt therapy training programs who are, themselves, doing research. Further, whether it be by means of research vertical teams or some other structure, both the doing and the teaching of research needs to be carried out in groups.

Research vertical teams can be organized around applied research, theoretical orientations, target populations of interest, or other research questions and interests, but most likely they would be consistent with the interests of the mentor-trainer in question. When developed under the

influence of established and competent gestalt therapy trainers, the tension discovered between conducting research and offering therapy could be navigated using gestalt therapy theory, and gestalt practitioners could make significant contributions to the wider field in the process. In fact, the subject of research might well provide another window, another metaphor by which to comprehend the various dynamics of gestalt therapy theory and practice.

How To Get Started

What is needed is, first, the decision *to* get started. This is a significant decision. The faculty of the institute needs to consider what they might be undertaking, for the decision to include research into the training program will make several demands of them.

1. Someone on the faculty (at least one person) needs to be identified as a research mentor and advocate.
2. That faculty person needs to become knowledgeable and competent to teach and to conduct at least rudimentary research.
3. The curriculum must be amended
4. It would be to the institute's advantage to build networking and collegial relationships with other institutes and gestalt therapists engaged in research (this will increasingly be accomplished in the online environment; one place to start might be to join the listserv discussion group called "GestaltResearch," and that can be found by doing a web search).
5. Similarly, it would be of advantage to forge working relationships with professors and others involved with formal academic programs where research on gestalt therapy can be conducted.

Consider these items a little more.

What does it take to function as a research mentor and advocate? That person would take under his or her wings a number of trainees. This goes beyond meeting intermittently with them; it means being available to them and building a relationship with them that may have very significant proportions over time. It also means advocating and stimulating the expansion of research among colleagues and faculty at the institute.

In order to do these things, the research mentor may have to revisit the subject of research him or herself. It may require some re-training specifically targeted on learning research design and methods appropriate

for the level of research that might be reasonably supported by the institute, either directly or in collaboration with the university.

The institute might well have to add sections teaching relevant issues in the philosophy of science, research design, and the methods of evaluation. They may add various books and articles to the required reading.

The resources for networking and community building that exist today because of the internet provide institutes with the ability to collaborate with other gestalt research communities. Thus, instead of one institute alone generating research, it would be possible for several institutes to cooperate to create more formidable research. An example of this is provided by Christine Stevens in chapter fourteen.

Finally, the alliance of gestalt therapy training institutes and existing research programs at the university level suggests possible bridges toward the more involved and sophisticated process-outcome research described by Leslie Greenberg in his chapter on quantitative methods. Many university departments either have faculty already identified in some way with more humanistic, phenomenological, constructivist, or contextual-systems research interests, and with these there might well be immediate mutuality. Social psychologists might team up with gestalt therapy institutes to generate research driven largely by the figural interests of the university but made possible by the relationships gestalt research mentors and their colleagues develop with them.

What we are suggesting is a move "back to the center" now that the Khunian revolution is over and a move that might take gestalt therapy into a vibrant dialogue with colleagues from other orientations in the larger communities of clinical psychology.

Conclusion

The revolution spoken of here was the one that also gave birth to gestalt therapy in the first place, and it is the one that contributed to the iconoclastic and anarchistic emphases of early gestalt therapists. In an ironic turn of phrase, one might say with Bob Dylan (1964) that the times they are a –changin'.

If gestalt therapy as a discipline does not find a way to encourage, support, foster, and generate research on its theory and method, then it may well recede over time. Being one of the first to bring together a working synthesis, and a unified theory that incorporated the living context of all factors having influence, the relational field, and the individual experience with the pragmatic realization that living is

actualized through enactment, gestalt therapy might just become one of "the last—" the last from a golden age of change and a revolution that took place in the last century. Gestalt therapy training institutes are critical to that not happening, because they already attract and nurture community, and with that comes the groupings that provide shared energy and ideas. It is this sharing that can provide the ground for the establishment of gestalt research communities.

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CHAPTER FOURTEEN

RESEARCH COMMUNITIES IN ACTION: THREE EXAMPLES

SARI SCHEINBERG, ANNA JOHANSSON,
CHRISTINE STEVENS,
AND SIOBHÁN CONWAY-HICKS

Gestalt therapy, with its emphasis on experience and on the concepts of contact and withdrawal as the basis for experiencing human relationships, can contribute significantly to the study of interactions of people...
—Philip Lichtenberg

This chapter provides three examples of how research has fit into the lives of gestalt therapists on three different levels. In the first example ("The Gestalt Academy of Scandinavia") Sari Scheinberg and Anna Johannsson describe a gestalt therapy research community at the level of one gestalt therapy training institute. In the second example ("Can CORE Measure the Effectiveness of Gestalt Therapy?") Christine Stevens describes a gestalt therapy research community seen as the participation many gestalt therapists accomplish, transcending the boundaries otherwise separating therapy training institutes across a geographic area in Great Britain. The third example ("Gestalt Therapy Training with a Researcher's Toolkit") is Siobhán Conway-Hicks's first-person account of coming to the community of a gestalt therapy training institute in Canada with researcher skills as an influence on her experience of training.

The Gestalt Academy of Scandinavia

This is such a wonderful opportunity for us (Sari and Anna) to share our experiences in being part of the creation and development of the research program inside the Gestalt Academy of Scandinavia (GA). We hope our example and the specific philosophies, processes and practices

that we will share can contribute to the understanding of what it takes to integrate research into gestalt and gestalt into research. In writing, we have had a chance to reflect both alone and together—and to increase our awareness of what we have done, what it has taken to transform the Gestalt Academy of Scandinavia into the exciting and pioneering education and research institute that it has become, and what still needs to be done.

In what follows, we present the process of transforming the GA into an academic organisation and what preconditions were needed to support this, we present how gestalt therapy models and concepts have been used and adapted in the research education program, and we reflect personally on what this experience has been like for us.

The Gestalt Academy becomes Academic: Introducing Academic Education into the Gestalt Academy

The Gestalt Academy of Scandinavia (GA) could be considered the main Institute for gestalt training in Sweden and even Scandinavia. It was started in 1976 as a not-for-profit foundation, first only offering training and a diploma in Psychotherapy. In 1991 it introduced the Organisation Line. Today the Gestalt Academy drives both of these two lines—the Gestalt Therapy and the Gestalt in Organisation—with a total of approximately 100 students.

A number of core values stand as a foundation for the Gestalt Academy. They include awareness of presence in the now, authenticity in meetings and dialogue, and a striving for wholeness and meaningfulness. The vision of the Gestalt Academy is for these core values to saturate every part of GA's business areas and for the institute to contribute to an increased awareness and development of individuals, organisations and society¹.

Since 1996/1997 GA has been (apart from shorter programmes, seminars etc.) delivering a 4-year Masters programme for psychotherapy and organisation in association with the School of Nursing and Education, University of Derby, England. Up to this date 90 students have received their Masters degree from the joint Derby University–Gestalt Academy program.

Initially, the Master level was introduced only in the Gestalt Psychotherapy Line as a way to receive the kind of legitimacy and credibility that was considered necessary to be eligible for a license in

¹ See: www.gestaltakademin.se

psychotherapy. However, since 2000 the Master program has also been introduced into the Gestalt in Organisational Line. It was recognized that the increase in legitimacy and credibility was important for the gestalt practitioner—in all contexts of working.

The Master program

When the Master program was implemented, GA had a strong and solid history of educating gestalt practitioners through experience-based learning. Reading and writing were not integrated into the entire training and the four year diploma program was in many ways an embodiment of Perls's old imperative *loose your mind and come to your senses*. With the Master program a whole new culture was introduced, with a strict academic regimen and structure, with modules such as "Gestalt Philosophy and Theory: Origins and Fundamentals," "Dialogical Encounter," "The Group Perspective," and "Theory of Science," specified so-called learning outcomes, and indicative content and assessment criteria, which were all put down in a *Student Handbook*. Apart from the three components (clinical practice, clinical/training supervision, and personal development) that had been the pillars of the diploma programme, a new component was added—theory and research. The students were then expected to deliver two or three examples of written course work every year in the form of essays and personal development profiles (PDP) where theory was always expected to be included, either as figure (essays) or background (PDP).

Research is especially emphasised during year 3 and 4 as PG Cams, the policy document of the University of Derby, says that:

At the master level the student is expected to critically evaluate subject related problems with confidence and demonstrate a deep knowledge and understanding of the subject gained through independent modes of training. The students should be able to identify issues to address and demonstrate an inclination towards research.²

Students are expected to perform two research modules: *Theory of Science* and *Advanced Applied Research*, the latter assessed through a research plan. This leads up to the master level during which the students write their *Independent Study* supervised by an internal or external supervisor and supported by a tutor.

² See PG Cams final edition 2002.

The ninety students who have received their Masters degree all have delivered a so-called independent study in the form of a dissertation or an action-based study. Examples of topics taken from the work performed by the therapists include studies on the therapeutic relation and process with specific focus on the application of both Buber's philosophy of dialogue and the development of contact made by gestalt theorists such as Yontef, Hycner and Jacobs, and the development made in clinical research by researchers such as Daniel Stern. Here there are also various interesting contributions to the study of the phenomenology of the body and the significance of the body in psychotherapy in the treatment of stress, eating disorders, etc. Of the organisational studies, many of the studies treat various aspects of leadership as well as processes of change and learning in larger organisations/systems. Several studies focus on supervision and/or coaching with a gestalt approach. In most of these studies Lewin's field theory is an important point of departure.

An overwhelming majority of the studies use a qualitative approach and use different types of interviews (focus groups and individual deep interviews). Here different types of phenomenological methods are used: Colazzi, Karlsson's Empirical Phenomenological Psychology (EPP), Interpretative Phenomenological Analysis (IPA), as well as Grounded Theory and Narrative Analysis. During the last years we have seen an increase in studies inspired by action research/interactive research with Kurt Lewin as an important influence.

Orienting Principles for Gestalt Research

Over the years we have had a debate inside the GA on what kind of research our students should be performing. A *Research Platform* (Johansson 2006) was developed and presented to the gestalt leading group and teachers. The Research Platform presented the purpose of the research program which was, among other things, to train critically reflective practitioners with the self as the main instrument, make visible, critically scrutinize, and document the silent/tacit knowledge of gestalt practice, and systematically and critically reflect around gestalt practice with theoretical perspectives/models and methods coherent with gestalt philosophy, theory and practice.

In addition, in the proposed Research Platform a number of concepts were identified as being fundamental as orienting principles in performing gestalt research. These eleven guiding principles are introduced to the students in their training, where they are further supported to apply them as the fundamental basis when they develop their research approaches.

These principles include field, holism, interpretation, life world, narrative, change, process, dialogue, responsibility, reflexivity (as meta- awareness) and creativity, and they are presented and defined briefly below:

Field Orientation: Gestalt research can be directed by a field paradigm which would mean that the subjective and social reality is studied as dynamic and continuously created fields, organised and reorganised through figure and ground as principles of structure (Wheeler 1996).

Holistic Orientation: A holistic orientation signifies that the research practice is directed by Lewin's thesis of the field as defined by the totality of co-existing facts. To understand human action one needs to consider all the different aspects and forces which might be significant for a particular field—forces of the field that are mutually dependent (economic, cultural, historic, social, psychological and ecological) (see for example Wheeler 1996).

Interpretative Orientation: With a base in a hermeneutical orientation, gestalt research is about interpretation of meaning—to interpret people's understanding of themselves and the world, what sociologist Anthony Giddens calls double hermeneutics (Giddens 1984). It becomes crucial to be aware of how researchers always interpret the reality from certain pre-understanding (underlying assumptions)—certain norms, values, and perspectives.

Life World Orientation: At the same time, from a phenomenological perspective, the gestalt researcher needs to try to keep an open mind as he/she explores the subjectively experienced reality, the life world—how phenomena are perceived and are given meaning (Husserl 1989). We explore the human existence in the world, as an embodied subject (Merleau-Ponty 1962).

Narrative Orientation: Gestalt research can also be guided by a narrative orientation in which the human being is understood as a storyteller and narratives as means which give structure and meaning to human experience. Even scientific knowledge can be understood as socially constructed through storytelling, and scientific texts seen as narratives (Johansson 2005).

Social Change as Orientation: As gestalt researchers, we also need to be aware of and inspired by the tradition of research founded by, among others, Kurt Lewin, for conducting action or participatory research. In this tradition (with one of the strands defined as interactive research) the purpose of the research is not only to produce theoretical results, but also knowledge for practical use and interventions. The search for knowledge is something researchers and research participants/practitioners ideally do together through a continuous dialogue in which problems and questions

are formulated and processes are assessed and analysed and in the end lead to practical interventions and results (Svensson 2002).

Dialogue Orientation: The production of scientific knowledge and the research process could be seen as relational in its character. As a researcher, it is important to create preconditions for meetings and dialogue with our research participants. A dialogical orientation necessitates realizing the dialogical and social character of language, creating dialogical texts characterised by polyphony in which many different voices are heard, using various literary strategies to represent conversations, interaction and dialogue (Bachtin 1991).

Responsibility as Orientation: As researchers we have professional and personal responsibilities for the processes evolving in the fields of the research projects in which we are involved. We need to reflect around ethical issues such as the consequences research might have, for whom, and in which ways, so as to consciously follow ethical guidelines safeguarding the integrity of research participants (Kvale 1997). We also need to reflect on the economic, social, and cultural preconditions that form the ground of the study and to consider the part we, as researchers, play in reproducing or undermining these conditions. We need to consider the consequences of our actions. This implies asking ourselves questions such as, "How do I contribute to the reproduction or the undermining of orders and relations of power based on 'race'/ethnicity, class, sexual orientation and gender?"

Reflexive Orientation (meta awareness): Even as researchers we need to use ourselves as instruments (Brown 1997). The reflexive character of research can be defined as how we as researchers are always part of the field/context we study and how we need to systematically investigate the relationship between the content of the knowledge we produce (what) and the ways this knowledge is produced (how) (Alvesson, M & Sköldbberg, K. 1994). This signifies among other things how we need to critically reflect around our positions and roles within the field (regarding gender, race/ethnicity, sexual orientation, class, professional status, age etc.) and how these influence the questions posed, answers given, interpretations and interventions made.

Creative Orientation: As gestalt practice tries to integrate intellectual and cognitive processes with intuition, play, and creative flow (Zinker 1977), another aim for gestalt research is to see research as a creative process. Gestalt research needs to dare to transgress boundaries—between science and art, between science and clinical practice, between the researcher and the practitioner, between observer and participant. Gestalt research also needs to aim to create experimental texts representing many

different voices and in which different genres mix (academic style, diary notes, poetry etc.) and to use different media apart from the orally transmitted word and written text both in data collection and presentation.

Gestalt Models and Concepts Applied to the Research Approach

As you can see from the above descriptions, we had to work in parallel directions during the past 12 years. First, we worked hard to ensure that the philosophical framework, approach and "soul" of the Gestalt Academy, would be kept and integrated into the new "academic" Gestalt Masters program. Simultaneously, we had to work hard to review and adapt the existing gestalt training and pedagogical approach to respect and follow the new academic rules and standards. As one might imagine, many processes, relationships and structures needed to be created or adjusted in the Academy to meet these demands and challenges. While most of these changes will not be reviewed in this chapter, there are a few key processes and models created that were specifically critical to support the research experience. These include processes and models for how the gestalt approach and concepts would be integrated into the actual research training and pedagogic processes as well as how the student's research and supervision would be aligned with the gestalt approach.

While exploring the first challenge—of finding and applying gestalt concepts and models to the research approach—one important model in gestalt therapy was found to have a profoundly natural application to conducting research. It was very exciting to discover through trial and error how *The Gestalt Cycle of Experience* was nearly a perfect construct that we used to plan, design, conduct, and analyse a research experience (Scheinberg and Alänge 1997). In the first section that follows, we will present how the cycle of experience was adapted and applied to support and drive the research experience.

Then, after the cycle of experience is presented as such a construct, we will apply the cycle once again, but this time as an organizing principle, for describing how the various training and pedagogical approaches created to enhance the students' research process are applied at the various stages of the learning experience.

The Gestalt Cycle of Experience as a Model for Research Approach

Of course there are so many ways to design a research approach. Many researchers have written exciting books (Kvale 1997, Smith 2003, Bryman 2004) offering various suggestions on how to structure and conduct research. So it was not our intention to create a new approach for gestalt research. However, our intention was to find a way to be able to "see," "express," or "define" the research process from a gestalt perspective.

As a result of reviewing the research scholars' publications and examining their methods, a common pattern was found, and that emerged from the various individual research processes and steps. Upon deeper examination, and through trial and error, it became clear that these scientific steps of exploration were very similar to the stages in the gestalt cycle of experience.

In Table 14–1 below, it is possible to see the first step of comparing the typical stages in a program of scientific research to the stages in the cycle of experience.

Table 14–1: A Comparison of the Stages in Research to the Cycle of Experience

<i>Stages of the research</i>	<i>Stages in the Gestalt Cycle of Experience</i>
Introduction	Sensation
Theory and literature review Research questions	Awareness
Research design, structure Method, sample and data collection Definition Planning and limitations	Mobilizing energy
Data Collection	Action
Ethics, Reliability and validity	Contact
Method of analysis and strategy Research findings	Evaluation and reflection (looking back)
Research results, Discussion Contributions	Integration and standardization ³ (looking forward)
Final Conclusions	Closure

³ The Gestalt Cycle of Experience was adjusted by Sari Scheinberg in 1996-7 by including "integration" as an extra step in the cycle.

It was possible to define the research process in terms of a cycle of experience, and that can be summarized as follows (Scheinberg 1998): Researchers collect *sensations*—in terms of various ideas to pursue (opportunities to be achieved or problems to be solved)—until one of these ideas is prioritized (by reading literature, exploring the phenomena, etc.) and the researcher defines what his or her own research goals have become. Once they are *aware* of what the research questions are, they define the research approach and method and *mobilize energy* (including to define their own intention, motivation and ambition), identifying the resources needed in order to take *action* and conduct the research planned. In the process of conducting the research they keep in *contact* with their approach, relationships, and experiences in order to make ongoing improvements in the research and in themselves. As the data collection process ends, those involved "look back" in order *to evaluate and reflect* on what results have been found and what has been achieved or been most meaningful, including any mistakes that were made. Then they take their insights "looking forward" in order *to diffuse and integrate* what was learned, or what results were found, back into practice (i.e., personal or organisational routines), theory, and subsequent research. Finally, once the researcher is ensured that this process has been completed, he or she can consciously acknowledge what is finished and what remains unfinished, thereafter closing their research experience and activities by either celebrating or mourning their work. The researchers can then decide to continue a new process with their past research experience or have the possibility to be open or to deal constructively with experiences suggested by any *new awareness*.

In order to make it easier for our students to observe and follow the gestalt cycle as a practical model to design and conduct their research process, the research steps outlined above have been integrated into the cycle in an illustrative form (Scheinberg 1998).

In the first figure below (*Figure 14-1*), we illustrate how the research process can be observed as a whole process.

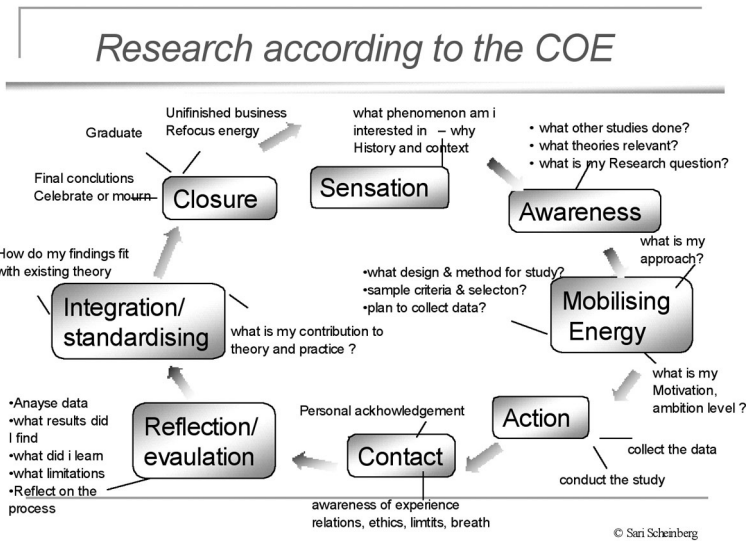


Figure 14–1: Research Process Illustrated According to the Cycle of Experience

As described above, research is introduced to the majority of the gestalt students in the 3rd year. As the research learning process extends over at least two to three years (in most cases) we thought it would be more pedagogically useful to represent the research process not only as one complete process but also as three sub-strategic and operative stages. This way, the students would be able to design and drive their research more consciously and in smaller units of work–by starting and completing three research cycles.

In the three figures that follow, we illustrate how the cycle has been defined and used in the three practical stages of a research process.

Stage 1–Developing the Research Question (Figure 14–2)

- defining the phenomenon you are interested in
- examining why you are motivated to explore this issue
- exploring the field
- examining the literature and other studies
- defining the relevant theory, concepts and constructs
- defining research question and under questions

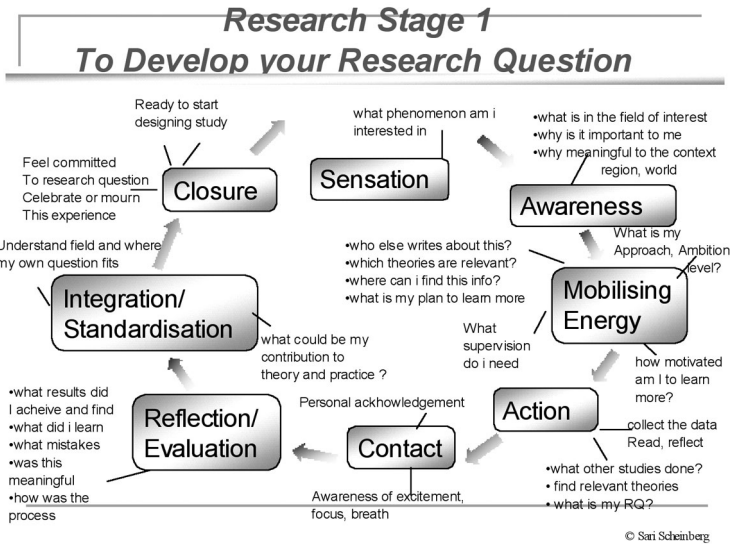


Figure 14–2: Stage 1–Process to Define the Research Question

Stage 2–*Designing For and Leading the Data Collection Process* (Figure 14–3)

- Commit to research questions and goals of the research
- Recognition of own ambition level and motivation
- Define a design and approach for the research
- Identify sample, method and limitations for the research
- Plan
- Collect the data as planned

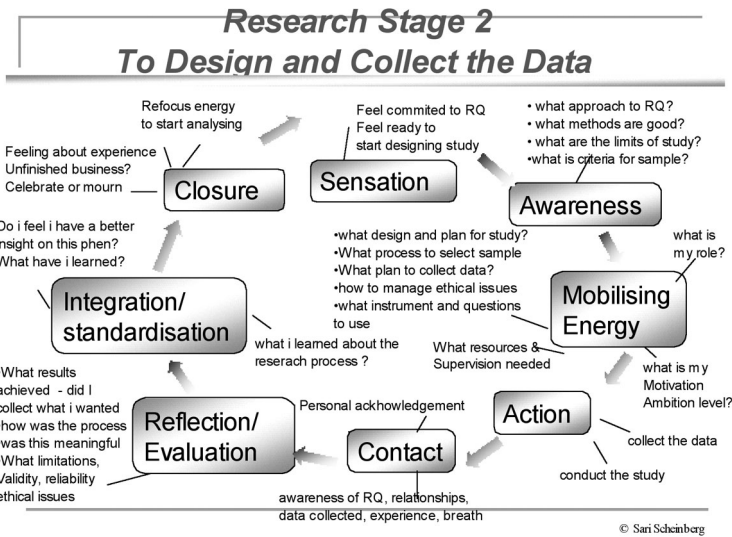


Figure 14-3: Stage 2–Designing For and Conducting the Data Collection Process:

Stage 3–*Analysing and Presenting the Results* (Figure 14-4):

- create and follow an analysis strategy
- review and reflect on the results found
- define contribution to theory, practice and research
- integrate and diffuse learning
- final reflections, writing and handing paper in–Celebration!

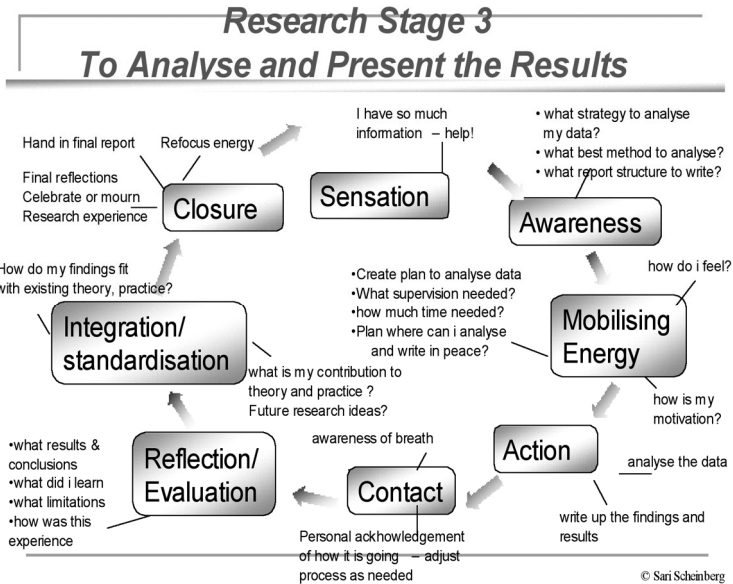


Figure 14–4: Stage 3–Process for Analysing and Presenting the Results

How Gestalt Therapy Concepts and Pedagogy are Applied At Various Stages of the COE

Phase: Sensation–Awareness–Mobilizing Energy

Example: Curiosity

As we have mentioned earlier, the transition from the first two years in the gestalt training to the 3rd year—where the research process is taken into the learning in a more concrete and conscious way—is not an easy process for many of the students. We have found that many of the students are afraid of this experience and show various ways of resisting the learning. As a result, it was important for us to support the students to take a step back, take a deep breath, to get a perspective and to remember that research is simply a systematic and conscious way of being curious and exploring something. If we thought we knew the answers, then of course research and exploration would not be important. However, if we are observant of ourselves and others and the world around, then we can find

many areas that naturally draw our attention and energy in our private lives, in our therapy work, and in our organisation or group work.

As a result, in one of the first meetings on research, we have created a guided meditation for the students to observe their own curiosity—how it has been at different stages of their lives and how and where it is drawn to in the moment. We guide them to remember and explore their own experiences in being curious and to see if they can find any themes or features of their curiosity focus or process. We use this exercise as a way to excite and support their natural curiosity—to become more conscious, and then to use that awareness as input in exploring the phenomena that catch their eyes, ears, feelings, imaginations, and observations.

One interesting thing to note here is that we found during these 10 years that "curiosity" has a special, Scandinavian cultural feature. We found that many of the students were not "allowed" to be curious when they were young. They were prohibited by their developmental environments to ask personal questions, particularly around feelings, sex, and relationships. While questions about "things" were permitted—for example, "What are you learning in school," "What are you doing later," etc., more personal questions were not. So, when the students had to get ready for defining their research methodologies, there was a greater need to practice how to ask questions with purpose—and not just follow a "polite" process that can be an easy way out.

Example: Field Analysis of Your Phenomenon

While some students know exactly what they want to study, other students need a longer time to find the phenomena that they feel motivated to explore. However, regardless of the speed or determination of finding the phenomenon of interest, it is clear that locating the phenomenon of focus is only the first step. We needed to help students move from figures of interest to the formation of research questions.

One method that has been used is to support the students to conduct a "Field Analysis" (Scheinberg 1997) of their phenomenon. The purpose of this analysis is to support the students to explore the phenomenon they have chosen from the perspective of its position in the field—where it fits in one field and how it's linked to other fields. The intention is to support the students to first be open to and aware of the "whole field" of possible angles, disciplines, levels of system, etc. so as to locate where their question fits. And then, once they have an overview of the possibilities, to narrow down their perspective and to select the specific issues and dimensions upon which they want to focus.

The process for conducting this field analysis follows a few steps:

- First, each student is asked to write down the key question that drives their curiosity about the phenomenon they found
- Second, each student has "the hot seat" for about 30 minutes. During this time the teacher helps the student first to try to find all the various concepts and issues that touch on their question. The teacher then draws the identified theories and concepts on a large paper (see Figure 14–5)

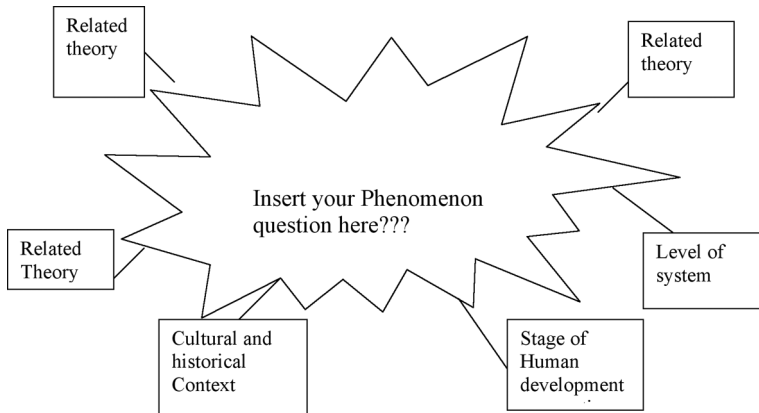


Figure 14–5: Field Analysis of Phenomenon Question

- Third, the other students in the room are asked to help identify other issues or themes that seem to be missing or add additional thoughts to the concepts already on the paper.
- Fourth, the whole group generates a list of key experts, authors or literature that is linked to the various themes or issues found. This way the student knows where to get started.
- Fifth, the student is supported to prioritize those issues that are listed around the field analysis—in order to direct their literature review with more focus.
- Sixth, in the final step the student is asked to reflect on how this process was, what they discovered, whatever might still feel unclear, and how they will proceed.

Phase: Action

Example: Doing Interviews

The interview is one of the main techniques/methods used in social sciences. Most of the students in the Master program are interested in using some type of interview, focus group, or individual qualitative interview for their planned study. Consequently, it is important for the students to practice interviewing during the module of "Advanced Applied Research."

The most common experiment is to practice the interview situation and process through an exercise involving three different actors: an interviewee, an interviewer and observers. To make it more realistic two variants of an exercise have been used.

In one variant, the exercise is made with an imagined research project around well-known gestalt issues such as: "How is contact defined and experienced?" Or, "How is 'good' leadership defined and experienced?" Here the interview could be seen as a pilot study. The interviewer, with some support from other group members, is asked to create a simple interview guide before performing the interview.

The observers could be divided into different teams in which team one focuses on the "how" and observes body language, eye contact, gestures, body position, etc. and tries to answer the question, "How is the interaction between the interviewee and interviewer; how is contact created?" This is what Kvale (1997) calls the dynamic dimension. Team two focuses on the "what" and observes/listens for types of questions and what the questions cover—these are the emergent themes. They try to answer the question "What is the interview about?" This is what Kvale (1997) calls the thematic dimension.

In the second variant, the exercise is made with the students interviewing each other to support the deepening of their actual research question developmental process. The student who is interviewing creates an interview guide with exploratory questions he or she believes will support the second student to explore his or her research phenomenon, including their relationship to it, where they are in their process, what they have to do next, and how they are feeling about this process. The student being interviewed will hopefully be able to develop insights and a better understanding of this early phase in their research process. The observer(s) in turn, will be observing both the interviewer and the interviewee, and will be able to give them feedback on their observations of the interview process, content, contact, and other points learned regarding interviewing rules and ethical considerations.

In both variants the different actors are given the possibility to share their experience. How was it to be interviewed? How was it to be an interviewer? What did the observers see or hear? What is important to think about as an interviewer? What are the obstacles and risks vs. possibilities in an interview?

Phase: Reflection and Integration

Example: Writing

Over the years writing has emerged as a prominent figure within the Master program, both as an important and necessary practice (for example, the students at the Therapy Line write several Personal Development Papers–PDPs–and more theoretical essays already in the first year) but also as a practice charged with many emotions. Many students at the Gestalt Academy are not used to writing academically. To address and work with issues around writing from the beginning of training at the GA we, therefore, have begun to include work around writing. The challenges include how to support the students in becoming aware of their hindrances in writing, how to support them in finding their own voices–voices that give expression to both a “gut voice” and a “critically reflecting” voice–and how to encourage them to write as a means of self-expression rather than only for performance.

The training around writing usually covers half a day and includes:

1. A guided meditation followed by sharing in dyads, and then reflections in the big group, listing the main themes.
2. An introduction by the teacher to how to understand the writing process using the contact cycle and the different contact styles in relation to writing, followed by work in small groups.
3. An introduction to the different forms of written course work described in the GA Handbook (PDP and Essays), differences/similarities between the different forms, examples of how to write, reference systems, and so forth.

Below we will focus on the first two of these.

The guided meditation begins with a body scanning followed by the instruction:

Imagine that you are in a situation where you are writing. Where are you? What are you writing? And what are you writing on/with–computer or with a pen? Are you alone or are there other people around? Notice the body sensations, thoughts and feelings you have while you are writing. What are they? Do you, for example, feel pleasure, inspiration or dread and lack of energy?

And so on...

Three figures usually emerge in the different groups. The first is the importance of how the writing is organised in time and space. Many students realize that they need uninterrupted stretches of time, some emphasise the need for a deadline to get from mobilizing to action. Regarding space many emphasise the need for privacy, being in a room alone, away from the family, also that the place needs to be characterized by beauty and serenity. The second concerns the anxiety around performance—how they have many introjects from school around not being smart enough, fear of not being able to understand the academic rules, etc. The third concerns motivation. They question why they are writing and for whom, that is, are they writing for themselves or for the University of Derby?

The contact cycle and styles are introduced related to the writing process.

Examples are given of different contact styles as expressed in the process of writing:

Example One: *Introjection with awareness*—I read books by authors in the subject area I am interested in; I read the GA Handbook and learn the rules of academic writing, I chew it and spit out what I do not find relevant/meaningful for myself. *Introjection without awareness*—"I don't understand any of this, I am stupid!"

Example Two: *Projection with awareness*—I put out parts of myself into the text. *Projection without awareness*—"Damn that GA! It is their fault I cannot write; if it wasn't for all the academic demands and instructions I would make it."

Example Three: *Confluence with awareness*—The feeling of flow, to become "one" with the text. *Confluence without awareness*—not being able to look at the text with critical eyes, not being able to finish and let go, seeing it as one's "baby" needing protection.

Example Four: *Egotism with awareness*—I read, write and reflect on my own with pleasure and self-confidence and do not necessarily need validation or support from someone else. *Egotism without awareness*—I see myself as self-sufficient even when I do need support, when the writing is heavy and I am filled with doubts. I do not tell anyone what I write about or let anyone read my text during the whole process.

The group is divided into smaller groups with the instructions to write the cycle on a big paper, give time to each group member to try to apply the model on their own writing process, to identify each one's "favourite" contact styles. Reflect around similarities and differences and also reflect

on which forms of support each group member need from GA/teachers, the group, or from family/friends/colleagues/self support.

Final Reflections: A Dialogue on the History, Present, and the Future

Having the opportunity to reflect and present the various ways that we are thinking and working in the GA has been very exciting and fulfilling. We both feel proud of the amount of work and quality of what we, the students and teachers in the Academy have been able to accomplish. The experience of being part of the transformation of the GA has been personally and professionally both exciting and very challenging.

So, before we end the presentation of the case of how the Gestalt Academy of Scandinavia integrated "the gestalt approach" into the research process and experience, we thought it would be nice to take the opportunity to reflect more *personally* on how this experience has been for each of us. We conducted a dialogue—and have included a few of the excerpts below that reflect our experiences of creating and working within the Masters program.

The first questions we discussed included: *What attracted us to want to work with creating this Masters program in GA? What did we see as the opportunities?*

Sari: From the very start, I thought it would be exciting both personally and organisationally. Personally, I would be able to combine my two worlds—my love and passion for working with and teaching gestalt and my love to do research and to uphold the ethics and consciousness that research demands. From day one I only saw the Masters program as a great opportunity for the Gestalt Academy. In fact, I believe that most of what we say that is integral in the "gestalt approach" for working as a consultant or therapist is followed and embraced in the research process. For example, being clear in acknowledging our presence (goals, meaning), and intention, clearly defining the piece of work that has to be done, working in a conscious and systematic way that demands contact, responsibility and constant reflection, being aware of our boundaries, ethics and context, etc.

There was, however, another attraction for me to work in this new opportunity, which has to do with the fact that I like to keep a critical perspective on our way of working in gestalt. I thought it would be good for us to examine what we do more closely as a community and get feedback and deeper reflection from putting our "sacred" gestalt concepts and practices in focus for critical analysis. I thought it would help us be

more honest to ourselves and to see how the work we do in gestalt fits into the larger scientific community.

Anna: It was the same thing for me. Already when I was doing my training to be a gestalt therapist at GA, I was struggling to integrate clinical practice and theory—mind and body—as I was doing my Ph.D. at the same time. While working as Quality Manager and as a research teacher within GA I saw the possibility to take that challenge to another level in order to try to integrate critical reflection and gestalt practice both within the Masters program and within myself. I had a vision for us to be able to articulate—for ourselves and others—the silent and tacit knowledge that we have as gestaltists, for us to become more visible, to critically reflect on our own practices and to be part of a public debate about change and growth in individuals and organisations.

Other questions we have asked ourselves are: *How has the experience been for us—in introducing the academic world to the GA? What were the exciting parts? What have we experienced as the greatest challenges and resistances?*

Sari: At first it was exciting—as we were pioneers in transforming a practitioner organisation into an academic one. And it was also a great challenge—as there was only one other example in the world of "how to do this"—so it was a very creative process. We struggled hard to find the balance and to figure out how to maintain the "soul of gestalt" inside the academic structures, processes, and demands. But it was a wonderful challenge for me. I felt so inspired to create new models and ways of working. I felt so inspired to find the way—together with the students—on how to transform the current ways of thinking, speaking, relating and working to be more academically sensitive. I was very optimistic and tried hard to share my visions and ideas with all of the teachers so that we could be a team driving this change together.

Anna: When I came into this picture in 2005, even though there was an existing structure (what you and the others put in place), there was still so much to contribute. It was fun to create a more solid structure—and to organize—to make research part of the whole program—and not something as outside. To support the teachers and the students to "own it"—and not stay as a step brother in the training process. To find their own passion and meaning in the research part. I have felt a great pride—to organize seminars and create forms for dialogues between gestalt practitioners, students and teachers within GA and with researchers from the academic world and non-gestalt practitioners.

Sari: The biggest challenge at first was that I was one of the only academics in the GA system. I understood both *logically and intuitively*

that the quality demands from the University of Derby for building up a Master program and research component was a natural approach and a good requirement for the gestalt way of working (and even for creating more transparent systems and processes in GA). So, I felt very lonely in the beginning, and, in fact, I was lonely most of the time. I felt I had to continuously explain, teach and motivate the other teachers about the beauty of this opportunity. I felt as if the teachers were unhappy with the change—and that they projected their fears and frustrations on me personally—as if it was my fault that GA had become a Masters program. I felt I had to constantly defend and promote the vision and opportunities with research. But while the teachers were skeptical, the students were very motivated and excited. We struggled with the demands and learning outcomes together and found and defined ways of teaching research that built on experienced-based learning. We did not have to forfeit any of our philosophical cornerstones in our training as we were able to maintain focus on the individual and group process, relationships, contact, etc. in the approach to research.

Anna: I actually have felt the same way, both with the loneliness and with becoming the representative for the rules and regulations of the University of Derby—of all that is research and theory. This has sometimes felt very limiting for myself professionally and personally. Also, I have wanted to challenge the many introjects I recognize within GA about what research is and should be. One thing that has been very important to make very clear—is that no one is to become a *researcher*—but to become a *critically reflective practitioner*, with the self as the main instrument. Another thing was to find ways to make the association of research as something non-gestalt, boring, and a necessary evil to something meaningful, playful, and fun.

Sari: Yes. This has been confusing for me, because there was some kind of assumption that by including theory and deepening our understanding in a systematic way (research), the reading and the writing and using our head was a way to lose the soul of gestalt. I personally always believed that this process of having more critical thinking and being more self reflective would lead us to deepen our soul. That we could stand—more consciously and more clearly—for what we believed in and what we did.

Anna: I am happy to say that I believe it has changed over the last years. I think that both teachers and students can now embrace the theory and critical reflection in a more open way. However, even though I have been very dedicated in the work of dissolving the dichotomous thinking in GA/gestalt culture in which theory is seen as opposite to practice, mind to

body, serious to playful, I have always been ambivalent to the collaboration with the University of Derby—or any university for that matter. For a small gestalt institute as GA to be part of a bureaucratic and rigorous apparatus as a university is a constant struggle—a struggle against structures, rules and regulations which are always to some extent repressing, a struggle for keeping and developing the creative and experience-based pedagogy that we consider being at the heart of gestalt training. I am still not sure if it is worth it!

Now it is time to conclude and end with reflections around the last question: *What about the future then?*

Sari: This has certainly been an incredible rite-of-passage experience over these 10 years, for all of us in the GA system. I believe that there has been tremendous learning and reflecting on all levels of the system (I personally have written tomes of poetry and reflections on my relationships and experiences in GA). And I can even see the integration and standardisation of better routines, clearer roles and responsibilities, flexible approaches and ways of working that are more cooperative and open. I am happy to feel and see these changes. However, regarding the future, I can say that it is hard for me to reflect on the future for the GA as an organisation, as there have been so many changes recently. However, I feel confident and proud of the students we have worked with. I believe that in their struggle to manage all of the dimensions and aspects of the Masters program, they have developed more insight, more depth and more awareness of their heads and their hearts. It has been very exciting to supervise and tutor so many students who have found so many creative and challenging ways to explore and integrate gestalt in the contexts of their existing work. So, I believe that we have created a great resource base of individuals and as a community to continue to integrate and share what we have learned in all personal and professional meetings we have—in the present and in the future.

Anna: Ten years after the Master programme was introduced I think that one of the most crucial challenges still is the integration of theory/research within the programme, to find ways to encourage and support teachers and students to read international gestalt articles and books, to find ways to integrate critical reflection around theory and practice within the training. At the same time I think we need to be proud of what we have created so far, that we have produced as many as ninety dissertations and action-based studies and with those really contributed to both psychotherapy and organisational research in Sweden and Scandinavia. We even have published our first book with 5 articles from

different dissertations. Gestalt practitioners are making themselves publicly visible and heard! That is truly exciting!

Can CORE Measure the Effectiveness of Gestalt Therapy?

Below is a short account of the setting up of a research project within the gestalt therapy community in the United Kingdom using a largely quantitative outcome measurement evaluation system. The project is currently (as of the writing of this book) underway, so the results are not yet available, but the initiative is remarkable for the widespread support and energy it has attracted, reflecting a significant degree of research-mindedness amongst UK gestalt practitioners.

Gestalt-trained therapists in the UK work in psychological therapy and counselling services across the range of National Health Service (NHS) provision as well as in the voluntary and private sectors. Those finding employment in the NHS however often already have a background in psychiatric nursing, which is the basis on which they are employed rather than their gestalt therapy training. Characteristically, job adverts specify Cognitive-Behavioral Therapy (CBT) training as this is the approach that most easily appears to meet the criteria of the National Institute for Clinical Evidence (NICE) guidelines for an evidence-base.

The challenge for gestalt-trained psychotherapists wishing to work in the public services has been to address the demands of service providers and budget-holders for evidence-based, effective practice. Most gestalt training in the UK takes place in private institutes away from university research resources, although some institutes have partnerships with universities as validating bodies for their courses. This training model for gestalt therapists supports a strong emphasis on clinical methods and practice skills but less attention given to empirical research. When research is undertaken, this tends to be small-scale and practitioner-specific, and that is of limited application in the wider field.

Provision for mental health as a whole, however, is currently in the spotlight. Following the Layard Report (2006), the government has made a commitment to implement the NICE guidelines for depression and anxiety disorders; they state that everyone who needs it should have access to psychological therapy. The Secretary for Health, Alan Johnson, announced,

We will build a groundbreaking psychological therapy service in Britain with money to match ... This mean[s] a substantial team of therapists in

every area, capable of providing sustained, state-of-the art therapy that can transform lives. (Layard 2007)

By 2011 the government plans that 3,500 psychological therapists will be employed in the NHS, primarily delivering short term CBT sessions, since this is the approach that has been most subjected to clinical trials. By then, the Department of Health intends to have implemented statutory regulation for counsellors and psychotherapists. Given this changing field, the gestalt therapy community cannot afford to be complacent around issues of public accountability and demonstrable effectiveness, nor naïve around the mechanics and politics of empirical research. If we do not take seriously the challenge to articulate and evaluate our therapeutic claims, we may be left talking only amongst ourselves and limited to working only with those clients who can afford to pay privately.

During 2007 some of these concerns were voiced among participants in the on-line Gestalt Psychotherapy Training Institute (GPTI) discussion list.⁴ Some therapists reported using the Clinical Outcomes in Routine Evaluation (CORE)⁵ system at their places of work, and they wondered if this might have some merit for evaluating gestalt therapy as a therapeutic modality. One of these, Jane Stringfellow, undertook a pilot study sending some of the CORE evaluation forms to 100 gestalt therapists along with a questionnaire to canvas reactions. The result was the setting up of a research project amongst gestalt therapists to see if the CORE system could satisfactorily evaluate the effectiveness of gestalt therapy and go some way towards addressing the issue of an evidence base for gestalt therapy in the UK.

The CORE system is now the most widely used approach to audit evaluation and outcome measures for psychological therapy and counselling services in the UK. It was developed from 1995-1998 in the Psychological Therapies Research Centre at the University of Leeds by a multi-disciplinary team of researchers and therapists, and it became a self-financing initiative in 1998. By 2005, the CORE National Data Base for psychological therapy in the primary care service sector contained outcome data for 35,000 patients treated in routine clinical practices across 34 services by about 600 therapists (CORE 2007). The system has been

⁴ GPTI is a Member Organisation of the United Kingdom for Psychotherapy. It promotes gestalt therapeutic training and practice in the UK and carries out examinations leading to the award of a diploma in gestalt therapy. The 2007 Directory listed 227 members.

⁵ Information on CORE can be found at www.coreims.co.uk

well-documented elsewhere,⁶ but essentially the data is collected by a 34-item check-box questionnaire filled in by the client at the beginning and end of therapy, and assessment and end of therapy forms completed by the therapist. Each data set therefore comprises four forms which can be loaded onto an interactive data base using CORE PC software.

The system is designed to be completed for each client by each practitioner in a service, thus providing comprehensive profiling rather than selecting only the clients likely to do well. Data on presenting and emerging problems are collected using a classification that includes the use of ICD10 categories. The outcome measure itself addresses client global distress from a pan-theoretical perspective, using the dimensions of subjective well-being, problems or symptoms, life and social functioning, and risk to self or others. In addition to the data being collected centrally, the measurements can be practitioner scored and compared to normative data for clinical and non-clinical populations. The risk score may be particularly useful to the therapist for assessment purposes.

The CORE measurement is primarily designed to provide managers and practitioners with evidence of service quality and effectiveness. It is not specifically gestalt orientated; indeed, in the list of possible types of therapy in the end of therapy form for the practitioner, there is no box to specify gestalt therapy apart from "other." However the decision was made to use this system as it is the most widely used across psychological therapy services on a national level. Many gestalt therapists working within NHS teams already contribute data in this way, but their gestalt identities are subsumed within the team as a whole in these settings. What would be different about this research project would be that the data would be collected by gestalt therapists across workplace contexts, to include public sector, voluntary and private practice.

One of the challenges of this project has been to plan and co-ordinate a medium scale research enterprise using voluntary effort and relying on the professional interest and motivation of members of the gestalt community. A steering group of six people was formed and information disseminated via the GPTI online list. John Mellor-Clark, one of the developers of the CORE system attended the GPTI conference in June 2007 and gave a presentation to delegates, and a training day was held in November in Birmingham, attended by over 30 therapists interested in participating in the research project. A Gestalt Practice Research Network was formed to support the project, with an on-line group to share information among the

⁶ The March 2006 edition of *Counselling and Psychotherapy Research vol 6 no1* published by BACP is a special edition on CORE giving a comprehensive introduction to the history and use of the system.

participants. The GPTI Executive Committee agreed to fund the software and inputter training costs for the first year to get the project set up. At the time of writing at the beginning of 2008, the number of gestalt therapists participating has extended beyond GPTI members and about 40 are collecting data for the project. The coding for collecting data about the therapist's work context and their level of experience has been worked out, and the software has been installed and activated. The first sets of data are being sent in to the volunteer data clerk for entry onto the system. The plan is to run the project for a year in the first instance and then to evaluate the experience.

In the nature of a true experiment, we do not know what the outcome will be. Over the years it has been running, CORE has tended to show negligible difference between the modalities it has coded for (person-centred, cognitive-behavioural therapy and psychodynamic approaches) but up to 10 times differences in outcome between therapists. It may be, then, that we will be unable to answer the question "Can CORE satisfactorily evaluate the effectiveness of gestalt therapy?" We may instead be asking "How can I be a more effective gestalt therapist?" It is as yet unclear whether CORE will help us to gain any understanding of the kind of change processes that Greenberg writes about in chapter four; it is not really designed for that. Some argue that CORE cannot capture the depth and extent of the work we do, and that clients may do significant and life-enhancing awareness work that results in them feeling worse during the last week of therapy than they did when they started. We may be disappointed with the outcome and feel there has been small gain for a large amount of effort. Perhaps other research projects will be spawned as a result of the interest and energy generated by this one.

What is certain, however, is that this is an innovative and pioneering venture by members of the UK gestalt community to rise to the challenge to be curious about the effectiveness of what we do, find ways to do it better, and in this way to gain experience in and make a contribution to the wider field of psychotherapy research.

Gestalt Therapy Training with a Researcher's Toolkit

Before training as a gestalt psychotherapist, I was a graduate student—an academic in the Arts and part of the wave of post-modern theory, cultural studies, post-colonialism and particularly the various feminisms. My scholarly activity was within the field of Women's Studies, and that means that my topics of interest were around gender and other identity-based inequalities that affect men and women (such as race, class, ability,

and all the other ways we separate and discriminate). The methodology for studying these topics came from a growing and aging discourse of equitable research. Feminist researchers have been contributing to research paradigms for a while, and feminist contributions often focus on making the research process itself more equitable and more concerned with creating social change towards more equality. Feminist research does not have a corner on the research market; what feminists would choose as research methodology and praxis (the combination of theory and practice) are often very similar kinds of methods defended with similar theory as researchers who are advancing humanist, anti-racist, de-colonizing or queer theories and praxes.

Having trained as a qualitative researcher, I had a researcher's toolkit that I brought to my training as a therapist. It influenced my approach to training, and my trainers began calling me a "gestaltist." When I asked what that meant, I was told that I "embodied" gestalt in my life, and because of that, I was a "gestaltist" rather than someone just learning a bit of technique. I was proud. What qualified me as a "gestaltist" was my training as a feminist, qualitative researcher.

Women's Studies has long asked of its students to examine their own lives and communities, to advance the social work of equity through self-reflection, awareness, courage to change, and willingness to be challenged. In Women's Studies we were taught how systems of oppression work within us so that we reinscribe them and live and breathe them. We were then taught how to question ourselves, and to change. When gestalt training required this kind of courage and challenge to change, I was ready, willing, and able to do so. The qualitative research skills I learned had coalesced around some particular methods. My major master's research project had relied on social action theory and on some phenomenological theory coming out of anthropology. I had trained already for quite a bit of time learning how to learn from immersion in culture. This prepared me well for gestalt experiential training. I felt well-prepared by my training to understand, value and trust this method of teaching and learning, and I knew how to open myself to learning and changing through the experience.

I felt privileged to come to the task of learning to be a therapist with an imaginary backpack filled to the brim with the skills and tools of being a qualitative feminist researcher. I use this concept "privilege" in a specific way. I get this concept of a "backpack of privilege" from a famous feminist article called "White Privilege: Unpacking the Invisible Backpack," by Peggy MacIntosh (1995). In this article, the author reflects on how hard it is for the men in her classroom to accept that they have

privilege for being men in our society, even as it is easy to notice that women are at a disadvantage. This author is a white woman, and so to understand this issue better, she attempted to think through white privilege, and she came to see white privilege as an invisible package of unearned assets that she could count on cashing in each day, but about which she was meant to remain oblivious. White privilege is like an invisible, weightless backpack of special provisions and resources.

By referring to this backpack of MacIntosh's, I have alluded to two things. The first is a description of how important I feel it was to have these tools—they really did feel like an extra privilege of special provisions, maps, passports, tools and blank checks to have on my journey of personal change and discovery and learning and transformation into a gestalt therapist. Furthermore, you might notice that I am identifying with a reference to unearned white privilege, something that many would refuse, as it is an ugly concept and one that makes me (for I am white) into an oppressor. I was willing to face my dark side and change, because I came from this brave world of feminist studies where we were asked to know our privileges as well as our oppressions, asked to know them personally before working as theorists and contributing translationally to our communities with praxis of theory and action while researching ways to know, lessen and attempt to end these problems and advantages. By the end of a gestalt therapy training programme, the hope is that we are more able to face our dark sides, our oppressiveness, and I feel that I got a head start in knowing how to do this from the qualitative feminist research tools of self-reflection, acknowledging emotion, reactivity and how we are feeling as we come across new ideas, and looking continually to have a cycle of investigating the world, then checking in with ourselves and what biases or rigid ideas we might be coming up against, then going back out to the investigation, and having this back-and-forth movement as one of our tools.

I was a feminist, qualitative researcher. I came with the advantage of having been trained as a researcher to my training as a gestalt therapist. I had been trained to record my process. I had been trained to be open to discovery and to what would reveal itself and to notice the ways in which I was creating my own view. I had been trained to interview non-directionally and ask many people about their world-views and that helped me to piece together the common culture of what a "gestalt" way of thinking or doing something was (this came in handy for presenting my theory-night presentations, given that the gestalt therapy community is a culture, an oral culture still to a great extent, and we have many in our various gestalt communities who appreciate continuing that tradition).

Unpacking the Toolkit

I have already mentioned that I brought the ability to include myself in the process. This was a crucial point for feminist qualitative research. I was taught to start a research project by doing a writing piece on what kind of preconceived judgements I brought to the work. This exercise was a way to declare and become aware of what would be affecting the research. This point found resonance with the gestalt concept of awareness—that what we bring into awareness we are more likely to have a choice of whether to hold onto or not. I was taught to check in regularly with myself to see what kinds of fixed ideas I held. This awareness exercise I now know from gestalt theory would help dissolve those kinds of rigidities and allow for the work to be more guided by the greater field (i.e. the community I might be working with at the time). Including myself in therapy training meant I think that I was more likely to put myself on the line, to get up in front of the group, to be less afraid of being challenged or of changing, as I had been challenged and encouraged to change within my academic training around what it meant to be a feminist researcher.

I had learned anthropologically-based techniques for understanding a culture that I then used in community-based research within a transgender community in Toronto. In that previous study, I looked to have the community goals come forward and be furthered by my work. I came with a prior development of the skills of listening, watching, and using all my senses in order to perceive, and take in data. We had been taught this phenomenological way of learning-about, of researching. In my research training, we included journaling as part of this experience, and what we wrote were called field notes. Field notes were meant to be in the moment, i.e. no agenda, no topic, just a time to record what was happening, to go with whatever our awareness was bringing forth, and we were reminded often to include all of our senses. In fact, when we were taught this technique, we investigated how this also made for "good" writing—to show, not to tell, to indulge in the senses. Often we went into experiments with the idea to focus on what emerged, allowing space for that by clearing away agenda. I wish that I had taken time to regularly make notes. Of course, the danger is that I might have separated myself from the experience by taking the "neutral," that is, distanced stance of "observer."

There are schools of thought that would support a different path from the distancing. Among them are recent post-colonial anthropologists who are studying their own cultures and the feminist anthropologists who urge that feminist praxis calls for integration of researcher within researched community while at the same time acknowledging the power inherent in the role of "researcher" and the inevitable separation from "researched."

These support a more invested path. Therefore, my schooling supported a writing record of field notes during my experiences, and the advantage to that was that I would be able to review these primary documents to see what kind of themes came out—what is called "grounded theory."

Grounded theory would be the ideas advanced around what it means to have gestalt experiential education, and what is part of experiential education, and so on. This would be theory that came from translated, researched experience of a living training culture. What I mean by that is that the research experience would have its own impact on a culture that has been entered while researching, and a good researcher would work to keep that awareness, and to watch for it. In other words, a person who marries into a culture has a different view and impact from a person who travels to work there for a decade, or from a person who comes to research and learn the culture and then to publish on what the culture is—the power of research to define and then impact the future development of the culture is large and should not be undertaken without understanding, respecting, and caring for that impact.

In my gestalt training, when it came time for me to prepare my presentations of theory on the night that I was to present, I often used qualitative techniques to prepare. I knew that I was learning how to be a therapist in an atmosphere that valued lived knowledge that was communicated via experience, that is, a kind of cultural knowledge. Therefore, I did not want to rely on books alone; I wanted to enquire into theory in a way that tapped the cultural knowledge of my local gestalt community. To even identify this comes from having a background in qualitative theory out of anthropology.

I drew up a small methodology that included some small field notes, and some interviews with a broad range of people—people at my year's level, people from each other of the four years, faculty members, as well as people who had graduated long ago. If a person identified another person who had a particular interest in this area, I would follow that up—that is called the "snowball technique"—a real term!—that describes creating a sample by referral from respondents. It's often a way of accessing "quiet" communities, like the LBGT community in a place that has a lot of homophobia, for instance. I remember that I would be consistently surprised, I would be building relationships as I went, I would get information that would totally contradict my initial fixed notions that I would have written down at the beginning. My theory nights were often described as thorough, detailed, and sophisticated, and I believe that this is because I had qualitative techniques in my backpack that I could use to bust my fixed gestalts as I learned and to present the cultural knowledge,

the ground-up theory, the aspects of theory that were being lived as well as written about. This style of research is important for the gestalt community which for a while has had a written side, but also a very strong oral and experiential culture. If we are to write more about gestalt therapy, qualitative techniques that are out there for us to tap into can be used to get at just this oral and experiential knowledge in a way that is respectful, grounded and knowledgeable of the impact and power that research has to define and shape the future of a culture.

During my gestalt therapy training, I was part of a committee that had students and faculty, and we developed a research proposal to a local research foundation that supported community-based research. The knowledge I had in my backpack meant that we were able to design a proposal that received a high score. We did not win the funding—a local organization that had paired with a very large mental health hospital got the funding, and the feedback we received was this was more likely to make lasting connections between small agencies and those who could bring in funding. However, our ability to design a project that is within the realm of "community-based research" brought together ideas informed by gestalt theory with ideas from feminist qualitative research, and what was formed was a top-notch proposal for community-based research praxis.

Many of the qualitative anthropologists in the past have attempted to describe the kind of learning and knowledge creation that happens when an anthropologist brings specialized ways of attending and learning to the topic of a culture. In the past, this learning by doing, by living, has been explored with the German word *verstehen*. *Verstehen* is the kind of knowledge that one has by doing. It is the kind of knowledge that anthropologists use in a large way and combine with techniques of recording and reviewing. This kind of learning-by-living often makes a story of "going native," which was the term used by anthropologists when learning-by-living was considered as potentially compromising the objectivity of the work. At the same time, post-colonial researchers, and new-wave anthropologists working within their own communities consider what it means to be willing to change by studying. That concept very much was on my mind during my qualitative research work, and it carried over into gestalt training, because training in gestalt therapy is a journey of challenge and change during learning.

Just as I was enriched by coming to gestalt therapy training as a qualitative feminist researcher, trainees can be enriched by coming to qualitative research as a gestalt therapist. Qualitative theory would support experimenting with methods and drawing awareness from the actions of having performed those methods. What comes up for you when you write

a field note? What resistance do you have to writing case notes? What happens when you write them without preconceived ideas of what you want to write? These are ways of strengthening the qualitative researcher in a person. In the back-and-forth of studying and acting, both gestalt trainees and researchers are on journeys.

Qualitative research for me was very much about paying attention to journeying, and to value studying and reflection and challenge as part of that. The advantages of qualitative research include being able to create triangulated projects that are more likely to be funded, advancing the oral and experiential culture of gestalt therapy through research endeavours, entering a dialogue between many humanist and equity movements who want to address humanity in crisis at this juncture in our environmentally fragile world, having a method that resonates with gestalt therapy techniques and therefore is suited to capacity building for research skills, and having research methods that keep us in the picture, accountable at our edge of growth.

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CHAPTER FIFTEEN

CONCLUSION

PHILIP BROWNELL

The difference between just telling somebody something and revealing it, is that telling becomes revealing when, to some degree and in some way, it discloses the hidden.

—Nicholas Wolterstorff

Reading through the various chapters of this book has become revelatory to me. I have known about research. I have also long believed that gestalt therapy, as a field and as a clinical perspective, needed to come under the scrutiny of rigorous research. That would benefit the field, the practitioners of gestalt therapy, and it would help reinforce the credentials of gestalt therapy as a current, viable, and "evidence-based" approach. Thus, it would also support the sustained livelihoods of many gestalt therapists. What was hidden to me, but is now clear, is that gestalt therapy, especially in the way it is described in this book, stands as a symbol for the larger field; it is a complex approach that defies atomistic tactics in psychotherapy practice and psychotherapy research—those attempts that would dissect the whole activity of psychotherapy, whether that be gestalt, cognitive-behavioral, psychodynamic, or client-centered approaches, and attempt to certify the various techniques or interventional components as stand-alone treatments. I suspect the description of how gestalt therapy is actually practiced, in conjunction with our concerns about how research is conducted, has made that at least implicit.

A slightly different revelation came to me while reading Alan Kazdin's (2008) article in the *American Psychologist*. He described bridges between the research "lab" and the clinical practice. It was encouraging to see him include many of the concerns about evidence-based treatments that were shared by the authors of this book: do the findings of evidence-based treatment research (EBTR) generalize, how useful is EBTR focused on symptoms and symptom reduction, when

much of psychotherapy is not about reaching a destination (eliminating symptoms) as it is about the ride (the process of coping with life). Psychotherapy research rarely addresses the broader focus of coping with multiple stressors and negotiating the difficult shoals of life, both of which are aided by speaking with a trained professional (Kazdin 2008, 147).

He went on to state that statistical significance does not necessarily mean that clients have actually improved in ways reflective of every-day living, changes on "objective" rating scales, such as the Beck Depression Inventory or the Minnesota Multiphasic Personality Inventory are difficult to relate to changes in the way a person lives. On the other hand there is concern about clinical decision making, individual judgment and expertise as a guide to practice. One of the needs in clinical practice is to adjust, or tailor the treatment to meet the needs of individual clients, but researchers have yet to provide a useful and "acceptable" answer as to how to do that. Client progress in clinical practice is often evaluated on the basis of clinical impressions as opposed to systematic observation, record keeping, and analysis, and that has proven unreliable.

Kazdin suggested three shifts in emphasis for research that would improve client care: give greater study of mechanisms of therapeutic change, study the moderators of change in ways that relate to clinical practice, and conduct qualitative research. He also suggested two parallel ways to make clinical work accomplish similar goals: the use of systematic measures to evaluate client progress and the contribution of such measures to the scientific knowledge base.

Our field would profit enormously from codifying the experiences of clinicians in practice so that the information is accumulated and can be drawn on to generate and test hypotheses. There is no need for clinicians to become researchers and to do complex data analyses. Yet clinicians already are researchers in the sense of hypothesizing that a particular treatment combination will have particular effects and testing this hypothesis with the individual case. (Kazdin 2008, 155)

He closed his article by calling for direct collaborations between those who identify as researchers and those who identify as clinicians.

What is striking in summarizing Kazdin is that as of this writing he is the current President of the American Psychological Association, addressing directly the issue of warrant for the practice of psychotherapy (and its research base), and he advocates for precisely the gist of this book (practice-based evidence and multiple, or mixed methods of research).

We contend that gestalt therapists/trainers are uniquely poised, through the existence of post-graduate level training institutes, to train gestalt

therapists who understand the benefits of both qualitative and quantitative methods in order to address the mechanisms of change within gestalt therapy, to study the moderators of change, and to accomplish qualitative research. Gestalt therapy training institutes can adjust their curriculums to include training that would model and shape trainees' evaluative competence, so that gestalt therapists might begin to systematically measure the processes of their work and then contribute that data to larger and more complex research projects. The example of the Gestalt Academy of Scandinavia illustrates how gestalt research communities can collaborate with existing academic research programs. Gestalt therapists, then, have a great opportunity to lead the way in bridging the gaps between research and clinical practice, and this is no stretch of hyperbole.

What might stand in the way of these things taking place? Sari Scheinberg and Anna Johansson both referred to the resistances they encountered among their own colleagues. In some cases established and otherwise esteemed trainers might lack research competence and feel intimidated by the suggestion that the field has changed and they are being asked to produce something beyond their ability. Others might reject the entire scientific enterprise as being positivistic and "delusional." Still others just might choose to have nothing to do with the activity of research—a simple preference.

From Siobhán Conway-Hicks's description of the privilege she experienced of being able to come to her gestalt therapy training informed from a research perspective, it becomes clear that the two fields are complementary. Trainees could benefit from the rigor of learning systematic observation. Trainees and trainers alike could benefit from using the tools of research to measure and evaluate the training process itself.

We have covered issues related to the philosophy of science as ground for gestalt specific research. Much more could be said about that, and probably needs to be said. We have offered perspective on both quantitative and qualitative methods, and we've asserted that both are needed. Indeed, the forms of support for evidence-based practice that are identified by the American Psychological Association open the door and suggest that we enter it by using multiple means, mixed methods, or "triangulating," as a couple of our chapter authors suggested, to generate the evidence necessary.

...the problems addressed by social and health science researchers are complex, and the use of either quantitative or qualitative approaches by themselves is inadequate to address this complexity. The interdisciplinary nature of research, as well, contributes to the formation of research teams

with individuals with diverse methodological interests and approaches. Finally, there is more insight to be gained from the combination of both qualitative and quantitative research than either form by itself. Their combined use provides an expanded understanding of research problems. (Creswell 2009, 203)

We have also strongly advocated for the establishment of a tradition of gestalt specific research that gestalt people from around the world might contribute to, and we have stated bluntly that other perspectives are "stealing our thunder" by researching consilient ideas and practices. We might just "steal" it back and utilize the consilience established as further means of support for what we're doing.

We have provided a methods section to this book in the effort to describe in clear fashion what people do when they practice gestalt therapy, and we've done that so that those who might conduct research into the gestalt approach might use that methods section as an operational description of gestalt therapy. We shrink from the term "manual," because of its association with RCTs and EBTs. We do not believe that people can be trained to function as gestalt therapists in short term (that is, just reading the manual and practicing doing part of it), because the complexities of making clinical choices are demanding and must be learned experientially. Further, we believe that both the theory and practice of gestalt therapy form a unity. That includes all the four main tenets described in the methods section (and related sub-points). Regardless, the methods section is provided so that researchers might be able to compare what they are researching to that process known and described as gestalt therapy by these "expert raters."

Personally, I am interested to see where people take these issues from here. Reflecting on the subject of this book, Edwin Nevis said that it was a

...long overdue book. It is a Herculean attempt to provide a blueprint for demonstrating that the value of this powerful psychotherapeutic model can be shown through qualitative and quantitative research, and that it can take its place in the world of normal science...As one trained as a classical research psychologist, and then becoming one of the early people trained by the founders of gestalt therapy, reading this book felt like coming home. The 'revolution' that I joined in 1956 is not completed, but in this volume we are given a guide to how to do so. I recommend this book to anyone who is serious about practicing his or her craft better by supporting it with a broader base, one that demonstrates that merging existential phenomenology with phenomenological behaviorism can produce verifiable, replicable results for what is essentially an idiographic pursuit. (Nevis 2008, np)

Now, we shall see what we shall see. Will the institutes rise to the challenge? Will gestalt research communities coalesce, form tangible practice-based research networks, and continue to coordinate ongoing research? Will the use of CORE and other measures increase, and what will that provide in terms of measured results? Will established academic research programs partner up with gestalt practitioners in various ways to investigate gestalt therapy's change factors? Will gestalt therapy participate in the broader field of experimental psychology, bringing its sophistication and nuanced understanding of the "what" and "how" that people grow and change?

This book *has* been overdue, but now it's here. What's been just as overdue is the will to investigate the validity of what we have been doing as gestalt therapists.

This part is done.

Resources

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