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**BRITISH GESTALT JOURNAL**

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Editorial

It is about five months since I wrote the Editorial to the last issue and in that time the world as we knew it has completely changed. We now find ourselves in the middle of a global pandemic of the Covid-19 coronavirus which as I write has infected just under five million people and led to more than 300,000 deaths. Countries around the world have required their citizens to stay at home, schools and universities are closed, shops and businesses shut, economies grinding into recession and governments desperately trying to work out how best to manage a situation unprecedented in living memory.

As psychotherapists and Gestalt practitioners, as well as training institutes and trainees, we have all faced new challenges. Some of us have been able to take our work online using video links, but this is not suitable for every situation. In her timely article, Gonzi explores ways of responding to the current situation from a Gestalt conceptual framework, looking at the values that can inform and support our approach.

The next four articles in this issue, all written prior to the current crisis, deserve a slow, in-depth read with the current situation in mind. In different ways, they each address deep questions about the way we work as Gestalt practitioners. In his carefully nuanced exploration of working with psychological distress, Staemmler teases out the common presenting issue of loneliness and social isolation. He shows how ethical attention to themes of debt and guilt can open up a sense of responsibility and compassion for the suffering of others, which he suggests can be an antidote to the prevailing climate of narcissism.

In their paper, Chidiac and Denham-Vaughan explain their concept of Ethical Presence as a co-emergent phenomenon that takes into account issues of power in the organisation of the field in relation to self, other and situation. They argue that by explicitly including an ethical dimension, we are able to address the requirement to do good and not to harm in a relational manner with the human and other-than-human fields.

Macaluso’s contribution is an exploration of the place of deliberateness and spontaneity in Gestalt therapy practice. He argues that these should be seen as two integrated approaches to therapeutic practice. This takes us past the outmoded distinction between ‘classical’ and ‘relational’ Gestalt, into an integrated practice that involves both the technical and the spontaneous co-creation in the moment.

Hosemans’ paper is a call for the refocussing of Gestalt therapy on its roots in critical theory and political activism. He argues this has implications for the kind of research we should be focussing on. Rather than trying to establish an ‘evidence base’ for a scientific paradigm which is inconsistent with trying to understand human nature, he argues that Gestalt therapy needs to argue for the well-being of the whole person, which includes the whole phenomenological field.

Béja’s article is an important contribution to the ongoing theme of Gestalt research which has been a thread running through recent issues of the BGJ. As Chair of the EAGT Research Committee, Béja is well-placed to give an overview of the current political trends in Europe, which includes an eclectic model of therapy based on validated symptom-based approaches. In order for what is useful and distinctive about Gestalt therapy to survive and thrive, Béja argues for a roll-out of effectiveness studies based on the methodology of Single Case Time studies. He discusses the implications this has for training and practice.

This is followed by a substantial response by four senior international Gestalt practitioners in the form of a letter addressing Hosemans and Philippson’s critique of the GTFS in the last issue of the BGJ. This letter offers an overview of approaches to research in relation to Gestalt therapy. It suggests some ethical ground rules for constructive criticism and for supporting research efforts generously in the interests of the Gestalt community as a whole.

And now for something completely different, but oddly and surprisingly related, the Opinion piece contributed by Houston for this issue is a fascinating reflection on the use of words and the meanings they carry, of which we are so often unaware.

Our thanks to all our contributors and to the peer reviewers and all who have contributed to this issue. The Editorial team send warm thoughts to all our readers who are working under such unusual conditions in these challenging times. We hope some of you will write and share about your experiences in time for the next issue. There is much to reflect on.

Take care and stay well
Christine

Christine Stevens, PhD
Editor
Covid-19: our response as Gestalt psychotherapists

Mikela Gonzi

Received 18 April 2020; revised 10 May 2020

Abstract: With the sudden realities brought about by Covid-19, we are struggling to find ourselves in new ground. This reflective paper brings several questions that emerge from this situation. What impact is the pandemic having on us, personally and as a community of Gestalt psychotherapists? What do we need to let go of? What ground are we working from? How can Gestalt psychotherapists respond to the emerging needs of society and clients? This article tackles issues around social responsibility, online therapy, available resources and ethics. It puts forward the idea that our present challenge as Gestalt therapists is to embrace fully our philosophical underpinnings, values, theory and methodology, and to use this as a solid ground from which to find direction and inspiration to continue our work.

Keywords: Covid-19, pandemic, Gestalt therapist response, social responsibility, online therapy, ethics.

'It is a mysterious moment when one crosses a threshold.' (Goodman, 1970, p. 53)

Background

Covid-19 has swept us all into a new reality, shaking our grounds and prompting each of us to experiment and try out new ways of being. Living through it at this time of writing challenges and brings to the fore our capacity as Gestalt psychotherapists to respond to the ever-evolving situation. Never have we imagined that health professionals, country leaders and whole nations would have to engage in crisis mode so swiftly, with little preparation, adjusting and implementing measures from day to day. Who would have thought that the world would lock down countries, stop flights, close borders, negotiate ferociously to ensure that medical equipment arrives at required destinations, worry about disrupted economies and become enveloped by a feeling of emergency so abruptly?

Life is calling us to consider, reflect on, and speak about the diversity in our different communities, starting from the very diversity within each and every home, which we reach out from, to the very homes we reach into, through our screens. The current situation has pushed us to experiment with new ways of engaging with others differently, be it online or be it through practical social crisis interventions that may be quite different to our typical work. We find ourselves at an edge where the world is making us leave the comfort of our clinic in order to engage and work with clients in a new way.

Conceptual framework

This article’s conceptual framework is based on the existential and phenomenological roots of Gestalt psychotherapy. In this light, the paper is a reflective contribution on the phenomenon of the current pandemic exploring individual and communal intentional responses to the experienced situation. Concepts presented here emerge from organism-environment and field theory and focus not on the individual alone but on the wider social field as a ground from which to work, together with the understanding that existentialism carries a social and political dimension, acknowledging that we are situated socially. The idea is to initiate a potential dialogue within our field, discussing the impact that this pandemic is having on us personally and as a community of Gestalt psychotherapists, with the hope of providing some direction for practitioners and of looking to what we can take from this experience and integrate into our future practice.

This paper also acknowledges that a major adjustment recently experienced was the need to turn to online therapy. While I provide a brief overview about the effectiveness of online therapy, I find it crucial to frame this online reality as falling within the wider embrace of our Gestalt psychotherapy practice – a modality that is firmly rooted in our founders’ inspiration, motivation and words on social and ethical considerations and responsibilities within our field. While writing this I admit that we are still in the midst of an unfolding and unfinished reality, perhaps with not enough distance
Situating ourselves in the Covid-19 pandemic

The impact and speed with which the pandemic fell on us has required quick adjustments. Luckily, two main realities are supporting where we find ourselves today.

Firstly, technology and online therapy are the current tools supporting us to continue our practice during this situation. Technology for remote communication has continued developing at a rapid momentum and can now be used as a tool to continue our practice. We are gradually understanding that technology has become the bridge, the ‘in-between’, for this crisis. We are slowly opening up to and recognising a novel possibility of contact between us and our clients, access and non-access, ability and disability, young and old, in-patient and out-patient, reachable and unreachable. I believe that changes and new possibilities will come about as a consequence of our responding.

Secondly, the organism-environment concept in Gestalt psychotherapy forms the ground that is supporting us now. Gestalt therapy is, by its very nature, innately made to adjust and respond to the situation we find ourselves in. The Gestalt community has, over the recent years, thrown a spotlight on the need to reach out of closed therapy rooms. This is no new concept. Indeed, Gestalt therapy has emerged from a rich ground that intrinsically takes social responsibility into account. From its very beginning, the interrelatedness of the individual and field was consistently at the core of our approach. Through various forms of writing, Paul Goodman addressed humanistic concerns with commentaries on social and political issues emerging from his thirty years of study and work in the disciplines of philosophy, aesthetics, psychology, education, politics and community planning (Stoehr, 1994, p. 21). His contribution, coming from such a conceptual positioning, is a vibrant expression and elaboration of the concepts in Gestalt Therapy: Excitement and Growth in the Human Personality (PHG, 1994) particularly on the co-existence of, and interaction between, organism and environment. Moreover, the idea of the psychotherapist being a ‘socially responsible member of society’ was promoted by our founders, including Laura Perls and others in the originating group (Parlett, 2017). Social concerns and political activism were central in the founding group’s collective experience (Kitzler, 2003). As Wollants clearly outlines, ‘a person’s situation always reflects the sociocultural world of the community he belongs to and the world he creates together with others’ (2012, p. 12). This is the fertile ground from which we work today.

The next two sections expand further upon these two realities and a third section considers how this ground can support excitement and growth through this lived pandemic experience – personally, as therapists, and as a community.

Technology and online therapy: tools to continue our practice

Our world is fast-changing. Several colleagues now have a beginning hands-on experience of what online therapy actually consists of. This includes colleagues who call themselves ‘technological dinosaurs’ and who in the past gave up when faced with technical jargon. Surprisingly, the majority of therapists have succeeded in taking up this challenge. The sense of solidarity amongst teams, services, institutions, associations and colleagues has supported individual professionals to figure out, assess, select and use tools. Online chats used by these micro-groups have facilitated and mobilised ongoing discussions, dealing with and addressing professional, legal and ethical issues related to online therapy and to the use of particular applications and platforms. All this, within a few weeks.

With this quick pace, comes a new interest and need to research more about the effectiveness of online therapy. An online review of articles reveals the following main terminology being used in the field: face-to-face (F2F); distance technology; digital therapy; telespsychology; telecommunication therapy; real time video conference; internet-based therapy or, in short, i-therapy; and more recently ‘online psychotherapy’. Such terms elicit a growing body of research, spanning the last two decades. A brief overview of research findings on the effectiveness of online therapy, together with a short summary of available resources, provides a ground from which to look at the implications for Gestalt psychotherapy.

Effectiveness of online therapy: an overview of research findings

Cognitive Behavioural Therapy (CBT) is the most vocal modality, rigorously endeavouring to learn
more about F2F and online therapy. Moving beyond the initial small-scale studies (such as Kessler et al., 2009; Wagner, Horn and Maercker, 2014), CBT researchers are now carrying out systematic review studies. Authors in the field claim that there are over 200 published randomised controlled trials, often with promising results indicating that internet-based CBT (ICBT) is clinically effective when compared to controls (Andersson, Carlbring, and Hadjistavropoulos, 2017; Andersson et al., 2014; van Ballegooijen et al., 2014) and that ICBT and F2F treatment produced equivalent overall effects (Carlbring et al., 2018).

In addition to CBT research, there are several other studies coming from various modalities and fields of counselling, psychology and psychotherapy. Both comparative studies (Cohen and Kerr, 1998; Day and Schneider, 2002) and meta-analysis studies tend to concur with those found by the CBT modality, describing online therapy as ‘a legitimate and important mode of providing psychotherapeutic services’ (Barak et al., 2008). In addition, a noteworthy longitudinal four-year study assessed clinical outcomes of 98,609 mental health patients before and after enrolment in telemental health services. Results demonstrated that after initiation of such services, patients’ hospitalisation utilisation decreased by an average of approximately 25% (Godleski, Darkins and Peters, 2012).

Other sources elicit various interesting themes. One interesting qualitative research used a focus group methodology to examine the experience of twenty-six online counsellors. Counsellors reported the main benefit of the online environment to be ‘emotional safety’. On the other hand, they did find that when there was reduced emotional proximity together with the absence of non-verbal cues, this led to communication problems and difficulties in assessment (Bambling et al., 2008). Other available papers discuss online teaching, learning, consultation and supervision as effective contemporary methodologies (Barnett, 2011; Wolf, 2011).

Some studies focus on therapy via text, through SMS, chat, emails or participating in a forum. Such are proving to be effective (Hull and Mahan, 2017) particularly when used as a free online support to service users, ‘mainly with youth who are suffering from any form of social exclusion, abuse, neglect, and/or psychological difficulties and/or are in need of emotional, moral and social support’ (Kellimni.com, 2020) whereby the response rate is particularly high during this pandemic.

Informing ourselves: useful resources
Several websites now exist that provide valuable information that can support and inform our online interventions. Training programmes in cyberculture and online therapy (Anthony, 2020) are available, with the very recent addition of 8-10 hours created specifically for ‘emergency reasons in reaction to Covid-19 to help the mental health profession to keep going’ (onlinetherapyinstitute.com, 2020). Uploaded videos of psychotherapists and psychologists giving tips of personal experiences of online therapy during the Covid-19 pandemic, together with a list of useful online resources (psychotherapy.net, 2002) may be referred to for further support. Finally, the most useful resources are a few books published over the last years that address the various aspects of online therapy (Gross and Anthony, 2003; Derrig-Palumbo and Zeine, 2005; Evans, 2008; Jones and Stokes, 2009; Anthony and Merz Nagel, 2010; Weinberg and Rolnick, 2020; McDonald, 2019).

Gestalt therapy online
Although a few Gestalt therapists have already been offering online therapy prior to the Covid-19 outbreak, hardly any contemporary literature exists about online Gestalt therapy. A big gap exists within our field. Philip Brownell seems to be one of the few authors on the subject, writing an article in 1998 ‘Condensing the Field: Internet Communication and Gestalt Community’ and then again, in a brief introduction co-authored with Ansel Woldt to an Appendix: ‘Digital Gestalt’ (Woldt and Brownell, 2005).

Of the two studies found, both focus on the therapeutic relationship which is a basic tenet of Gestalt psychotherapy. Faria’s findings concur with the results cited earlier and claims that the ‘technological intercurrence did not compromise the establishment of the therapeutic alliance’ (2019, p. 66). A more recent reflective Gestalt paper discusses whether online therapy changes the nature and healing elements of the therapeutic relationship (Galea, 2018). Galea points to the fact that therapy effectiveness is related to the therapeutic relationship rather than to the technique or modality used.

In fact, several studies now demonstrate that therapy outcome is influenced more by patient characteristics, such as chronicity and social support, and by clinician and contextual factors, rather than by particular diagnosis or specific treatment modalities (APA, 2012; Beutler, 2009; Beutler and Malik, 2002a, 2002b; Malik and Beutler, 2002; Wampold, 2001). Moreover, different modalities of psychotherapy usually have relatively similar outcomes (Castonguay and Beutler, 2006; Miklowitz, 2008; Norcross, 2011). Contextual and relationship factors often mediate or moderate outcomes, suggesting that most valid and structured psychotherapies are ‘roughly equivalent in effectiveness’ (APA, 2012). In view of this, as Galea suggests, it is ‘the right time to face the new challenges’ (2018, p. 29) and
to integrate the technological world with our practice, I would say, with or without Covid.

Ethical considerations

While easily drawn to look at foreground contemporary Gestalt literature on online therapy, a most crucial goldmine in our background can easily be missed. Deep in our historical roots at the heart of the ground we stand on are Goodman’s writings about responsibility in the use and application of technology. In the 1960s Goodman was already addressing and discussing technological realities and concerns. His words bring forth ethical wisdom and a value system which is instrumental for the pandemic situation and beyond.

Prudence is foresight, caution, utility. Thus, it is up to the technologists, not merely to regulatory agencies of the government, to provide for safety and to think about remote effects … it is time for technologists to confer with sociologists and economists and ask deeper questions. Is so much travel necessary? Is there a way to diminish it? … The chief moral criterion of a philosophic technology is modesty, having a sense of the whole and not obtruding more than a particular function warrants … this applies to the packaging and garbage, freeways that bulldoze neighbourhoods, high rises that destroy landscape, wiping out species for a passing fashion … Unless technology is itself more humanistic and philosophical, it too is of no use. There is only one culture. (Goodman, 1970, pp. 41–44)

Goodman holds humanity, culture, ethics and morality in mind. He adds, ‘Of course, the goals of right technology must come to terms with other values of society … the advantage of raising technology to be a responsible learned profession with its own principles is that it can have a voice in the debate and argue for its proper contribution to the community’ (Goodman, 1970, p. 43). Thankfully, over time, psychotherapy and psychological associations have developed ethical guidelines on online therapy and use of technology that can enrich our reflections and practice (APA, 2013; Canadian Psychological Association, 2006; New Zealand Psychologists Board, 2011; Ohio Psychological Association, 2010; APAPO, 2010; Baker and Bufka, 2011; Reed, McLaughlin and Millholland, 2000). The most recent are those outlined by the European Association for Psychotherapy (EAP, 2020) titled ‘Interim Advice for Conducting Psychotherapy Online’ written in response to the pandemic and addressing the following issues: assessment; confidentiality and security; contracting; ‘governance’ issues; technical issues; clinical issues; and supervision and training.

As long as we keep in mind Goodman’s question ‘Can Technology Be Humane?’ and his reminder to consider it as ‘a branch of moral philosophy, not of science’ (Goodman, 1969) we can position ourselves responsibly towards its ethical use in the online services we provide. As he very well writes, ‘technological modesty … is not negative. It is the ecological wisdom of cooperating with Nature rather than trying to master her’ (1970, p. 45, italics added).

Organism-environment concept as the ground that supports us in our present situation

As discussed earlier, today’s online reality falls within our wider understanding of organism-environment. As Ken Evans wrote ‘The world of the therapy room can no longer ignore the world outside the therapy room, which impinges directly or indirectly on therapist and client alike’ (2007, p. 191). His words are an invitation to reflect on whether our role as therapist has become ‘fixed’, ‘stereotyped’, losing the ‘permission’ for fluidity, creativity and experimentation with the very role from which we work. In fact, since the mid-2000s Gestalt psychotherapists and associations became more interested in the environment that we as individuals form part of, including the socio-political dimensions of our field, with conferences and journals bringing forth an ever-growing dialogue on this theme.

One such example is the UK Association for Gestalt Practitioners (UKAGP) conference in 2017 that presented the theme ‘Response-ability’. During this, Melnick argued that psychotherapists are having their beliefs and philosophy of professional conduct challenged daily by a world that is intruding on what has historically been a safe place: ‘we must adjust to the changing times by learning to stretch our traditional roles as therapists’ (Melnick, 2017a, p. 40). These words resonate loudly with the position we find ourselves in today. Later, Carillo, for example, stated ‘It is necessary today to leave our offices and continue expanding our field of action in the social world’ (2019, p. 35). This resonates with Goodman’s writings that innately hold the environment, society and politics in mind. As Fisher explains, despite Goodman’s apparent emphasis on individualism, he also recognised that ‘individual health depends on society, since communal bonds provide building blocks for culture and the basis for meaning in life’ (2010, p. 8). Melnick writes,

[P]rivate practice took over and social advocacy became overshadowed as the Gestalt practitioner’s identity became distilled to therapist/clinician … To work in the world of social change can be daunting … One must be able to support in all parties a willingness to let go of the familiar and known, and of their projections regarding what is good and bad in order to risk trying something different. (Melnick, 2017b, p. 25)
The very idea of reaching out beyond our comfort zones is integral to the nature of being a Gestalt psychotherapist. Closing ourselves in rigid boundaries will blind us to the realities around us, especially in times as these. As Zinker writes, ‘A life of limited exposure to the world … has little possibility for creativity. Creativity is impatient with stasis of experience; it cannot flourish in a meagre sprinkling of topsoil’ (1977, p. 9). What is required now is to reflect on how the current pandemic is pushing us even further beyond what is familiar to us, particularly towards the online world and towards actively supporting our communities in crisis.

Closed doors: reaching out beyond our therapy room and responding to the emerging needs of society

Risk suggests experiment. ‘Experiment is often risky, but it is necessary to development and adaptation … Inevitably, change will result from this’ (Houston, 2017, p. 31). As Gestalt therapists, experiment is an integral part of our work. In this light, we know very well that sitting with our shoulds and shouldn’ts, with our dos and don’ts, and getting stuck between being anxious and being mobilised, will get us nowhere. Whereas pre-Covid our positioning may have been one that debated face-to-face vs online therapy, the ‘now’ requires that we take the plunge and conduct online therapy in order to continue offering psychotherapeutic support. Naturally, it is crucial to do so tentatively, ethically and responsibly. We are, as a body of therapists, in unchartered territories right now.

The aim is to somehow continue the work we are doing professionally. We will learn as we live it, probably make mistakes along the way. Yet, since awareness, reflecting, action, adjustment and contact are integral to our functioning as therapists, we are in a good position to respond to the emerging needs of each changing day. Ultimately, we know and trust that we are held by our very core Gestalt values, grounded in our roots, inspired by our founders’ words, and have, through our training and experience, developed the skills and tools – our internal compass – which will support us through this current experiment that we are living in as a community and globally. Gestalt psychotherapy is by its very nature, innately made to adjust and respond to the situation we find ourselves in.

During this pandemic, societal needs have summoned many of us to let go of the familiar traditional psychotherapist role and adjust to the emerging needs of care services and persons in our communities. In fact, several trainee psychotherapists and practitioners are already doing admirable work now. Some are currently supporting helpline services, including Covid-19 helplines by answering incoming communications and supporting staff that run the services; others have engaged in running errands and doing duties that are presently required purely to keep residential and community health care services going; and a few professionals have opted to live in the residential homes that they normally work in, during lockdown, or to adjust their shifts, for the safety of residents, so as to ensure that the residential wheel keeps turning. This is a powerful intervention of humanity, soulfulness, solidarity and social support in response to the current emerging needs of our community.

As a domino effect of Covid-19, several non-governmental organisations, charity services, companies, and other sectors have been hit hard. This is a time that urges us to reach out to them and to be in a position to offer support that previously may not have crossed our mind. It is a challenge to find creative ways of responding to the emerging needs that are changing and developing further every day as our countries each engage in a tremendous effort to contain and act in the best way possible to minimise the risks that the pandemic has brought in each country.

Today we can confirm that a psychotherapist can no longer regard himself ‘as a private operator’ (Litchenberg, 2009) cut off from the outside world and community. As suggested earlier, the world is reminding us that we need to be wary of the ‘tendency for Gestalt to disappear into a professional psychotherapy “bubble” and thereby ignore its social, communitarian, and political roots’ (Parlett, 2017, p. 70). In addition to our being a ‘psychotherapist with a social conscience’, we might better integrate social awareness and social action into psychotherapy theory and practice (Evans, 2007, p. 195). Spagnuolo Lobb is vocal about this: the psychotherapist’s work ‘is also political and efforts in groups are the most effective support that [the therapist] could give to the actors that move the social welfare gear’ (2018, p. 52).

The implication here, with or without Covid, is that the psychotherapist’s role has so much to give, including working in mental health, disability, elderly and addiction residential programmes, shelters, immigrant open centres, poverty, prevention, psychoeducation, organisations and other vulnerable sectors. Through my own practice, I know that this is already happening across-the-board in Malta, though as yet there is no recorded research on this. I believe that the pandemic has propelled this kind of work even further. Researching how Gestalt therapists are shifting in response to the needs of various cultures and client groups in different countries will surely add to acknowledging who we are becoming as a body of psychotherapists.

Here, it goes without saying that the same applies to teachers and students. Gestalt institutions will remain...
alive, engaged and innovative if they stay in touch with the ever-changing needs of society in order to provide students with a rich fertile ground from which to emerge as future Gestalt psychotherapists. In fact, the European Association for Gestalt Therapy (EAGT) formally recognised the need to include ‘Human Rights and Social Responsibility’ (EAGT, 2018, p. 6) as one of the core topics of its ‘Training Standards’ content curriculum. Placements and teaching curricula in Gestalt programmes are greatly enriched when these social, cultural, political and ecological realities are included as part of the Gestalt psychotherapist’s potential development and identity.

**Excitement and growth: implications for Gestalt psychotherapy**

Ideas around creative adjustment, ‘selfing’, emergence, excitement, spontaneity and growth can support us in our way forward. Malcolm Parlett’s words are apt here: ‘The ability to adjust creatively is necessary for health and wellbeing in a complex and changing world. Conversely, inability in this realm results in dis-ease (alienation, isolation, etc.)’ (2000, p. 15). In view of this, I will touch on a few Gestalt concepts that may support our interventions at present.

**Emergency and our self-emergence**

Being in the midst of an emergency may very easily tempt us to step immediately into action without having enough ground to support our movement. Our body is the main instrument that guides our work. It is the stethoscope allowing us to listen to the heartbeat of the therapeutic relationship. Currently, we are still in the process of discovering further the experience of embodiment, of physical absence and presence (Pecotić, 2020), while being together online from behind our screens. It is different to the presence (Pecotić, 2020), while being together online in the actual physical presence of togetherness. Due to reduced capacity to utilise a fuller experience of sensing the environment with which we are in contact, we may easily find ourselves acting in fixed reactive ways that may miss what the real need is.

Staying aware of this risk is crucial to our work. Our own emergence in relation to others, our mobilisation towards contact, must come from a sensed, aware, informed and supported ground. It is through this ‘bodying forth of the situation’ (Wollants, 2012, p. 73) that we could be in a position to experiment and practise different novel contact styles in response to the new emerging figures and needs of clients and that of the wider field.

Excitement, spontaneity and creativity generate the movement that focuses us towards finding direction in relation to ‘the other’. ‘Creativity and psychotherapy are interconnected at a fundamental level: transformation, metamorphosis, change’ (Zinker, 1977, p. 5). Directionality and intentionality bring with them focus, clarity and commitment framed by the personality function that we are relating from. These are the ingredients for growth and assimilation of the new, be it in adjustment to situations, novel contact styles, or new overt or covert roles that we learn (e.g. ‘online’ therapist, ‘socially responsible’ therapist). Moving in and out of our different personality functions requires conscious awareness and choice, supported from a middle mode place of creative indifference, while in the temporal situation that we are working from.

**Self-regulation**

The concept of organismic self-regulation reminds us to maintain a fluid permeable boundary that blocks or eliminates the unhealthy, toxic and the overwhelming (such as bombarding media pandemic news) while staying open to what is nourishing and informative in our environments. Now we need to recognise how to regulate ourselves within the limitations of the pandemic realities, how to stay healthy and take care of ourselves, by resting, eating well, exercising and appreciating life in order to continue working from a healthy place with clients.

**Figure-ground**

The current pandemic has brought our personal backgrounds to the foreground. Whereby previously, the ‘therapist’ personality function was focused on the therapy room and client’s field, now, our homes, our personal situations, struggles and realities, have unavoidably surfaced. Most therapists are presently working from home, negotiating use of computer, Wi-Fi issues and juggling different roles from the same space. In these circumstances, when we think of figure-ground and organism-environment, it is crucial to shift focus to the present field we are now in, bringing to the foreground aspects of ‘field’ within which we are living, as therapists, as humans amongst other humans, striving together to get through these extraordinary times. This means bringing our own personal community, background, realities, humanity, to the foreground, since we too form part of the bigger field around us. Doing so will support us to find the spirit and creative will to aggress towards the boundary of contact from a grounded, real, tangible, holistic place, with our vulnerabilities and resilience, in our meeting with the other. Acknowledging our own experiences, the place we are in, and our full sense of self, will support us to be able to find the strength to hold the space of whatever lifeworld the client brings.
Acknowledging what is

This pandemic is the live enactment of the paradoxical theory of change. We can rest assured, that when this is over, change will inevitably happen individually and as a society. Covid-19 has ‘forced’ us to stay with what is and to face what we may have alienated ourselves from. By slowing down, staying with the discomfort and frustrations of our personal issues (e.g. relationships, loneliness, overstimulation, etc.) or societal issues (e.g. environmental, immigration, health services, isolation, etc.) – which are now, for many, emerging to the fore – we could embrace aspects that we may have previously split off or ignored.

Being in this space with each other brings the potential for healing, transition, change, growth and restfulness – personally, in the client-therapist relationship, and as a community. From this, our relational focus will ensure an intentionality towards maintaining meaningful contact. Contact, during this time, supports the creation of a bridge of relational warmth, solidarity and presence, that may counter experiences of loneliness, suffering and solitude.

Our philosophical ground

Lastly, as we connect with our Wi-Fi routers and with others in different ways, it is crucial to also remain connected with our philosophical ground. We are in a situation where life, health and death have risen to the surface as themes in our lives, be it through humorous memes, masked faces around us, hand sanitisers, news briefs, or by actually experiencing this interplay personally. Our phenomenological and existential pillars position us to value unique human experiences and to appreciate different individual circumstances, complexities, struggles, resiliencies, decisions and choices. Phenomenological philosophy is essential in understanding the essence of the unique therapeutic relationship, the client’s lifeworld, and the therapist’s experience of this, in order to progress from the now to the next. Our existential roots support us to embrace the uncertainty and ambiguity of the current situation and to stay with deep existential questions and themes without losing our ground.

Conclusion

Concern is felt for a present problem, and the excitement mounts towards the coming but as yet unknown solution. The assimilating of novelty occurs in the present moment as it passes into the future. (PHG, 1994, p. 10)

We are indeed in the midst of a present problem at this time of writing. I hope that this paper expresses novelty and excitement, inspiring us towards beginning a meaningful dialogue, whereby, once distanced, safe and far away from this pandemic, we will be in a position to look back with sensitivity and awareness, drawing from our experiences and aiming towards a ‘better integration’ (PHG, 1994, p. 10) of who we were and who we are becoming as humans in our social field and as psychotherapists.

References


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Human suffering and the vicissitudes of personal responsibility in the course of psychotherapy

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Abstract: In this paper I take a new look at the issue of the client’s responsibility in psychotherapy: I will not only investigate responsibility as an ethical demand, but will especially focus on the changes it frequently undergoes in the experience of my clients during the course of psychotherapy. Simply speaking, it occurs to me that typically clients at the beginning of psychotherapy are not clearly aware of the influence they exert on their psychological fate – in particular, their loneliness; they tend to hold others (parents, etc.) responsible. However, as time goes by, they increasingly discover how they have in part contributed to their own suffering. In the subsequent course of therapy this liberation from the illusion of irresponsibility often leads to a change in perspective, i.e. a closer examination of how they have isolated themselves from others by withholding their care from or even inflicting harm on them. This discovery may then result in a joyful social commitment, with which they both assume responsibility for others and reduce their own social isolation.

Keywords: debt, ethics, guilt, I-Thou, loneliness, narcissism, distress, relationality, responsibility, shame, suffering.

We cannot choose to have a life free of hurt. But we can choose to be free, to escape the past, no matter what befalls us, and to embrace the possible. (Eger, 2017, p. 9)

Again and again my supervisees tell me about unsatisfactory experiences they have with their clients: some of them emphatically and arduously insist that they are the victims of bad luck and vicious people, who are to blame for their frustrating lives; although they ask for therapy, they do not understand that they themselves need to change. Others complain about their stupidity, ugliness, debility or worthlessness and blame themselves for being a complete failure and not deserving a better life. For my supervisees, who intend to help their clients to change what they can change, to accept what cannot be changed, and to distinguish between the two wisely, it is sometimes hard to find their way through the jungle of their clients’ confusing attributions of responsibilities.

In this paper I take a differentiated look at the issue of the client’s accountability, since in the conversations with my supervisees I became aware of the fact that the statements by Perls and other Gestalt therapists on this issue apparently are not enough to provide my supervisees with a sufficient orientation for their therapeutic work. This lack of clarity can result in all kinds of confusion sometimes resulting in relationship ruptures and therapeutic failure. Extreme examples include a naive confluence in cases when clients present themselves as innocent victims of their psychological distress; another instance consists in a more or less insensitive reference to the clients’ own contribution to their suffering that comes close to the reproach that it is their ‘own fault’.

In what follows, I hope to spell out more clearly what is the client’s responsibility and what is not, so that adequate therapeutic support can be offered to those who are suffering. I will not proceed in a linear fashion but tackle my topic from different angles in each of the subsequent sections.

Varieties of loneliness

In the many years that I have worked as a psychotherapist and supervisor, my impression has become increasingly strong that almost all the suffering of my clients and those of my colleagues’ clients is accompanied by some kind of loneliness, or in many cases consists even essentially of a social isolation that torments them. The social isolation they experience more or less severely may be a result of the problems that are in the foreground of their awareness; it may, however, also be a cause of those problems. In any case, loneliness in itself is ‘a major factor for mortality from
widely varying causes’ (House, Landis and Umberson, 1988, p. 540) and for all kinds of physical diseases as well as psychological impairments. So, whatever may be helpful to reduce the solitude of people is welcome.

The varieties of loneliness are numerous; here are some examples. On the one hand, there are those problems that obviously entail social restrictions: one suffers from a phobia that does not let her leave the house; another is far too busy with his obsessive acts to have time to make contact with others; and a third feels so inferior that she is sure that she can only be a nuisance to other people if she makes contact with them.

On the other hand, as a therapist I also see clients whose withdrawal from interpersonal relationships is, compared to other areas of their lives, not in the focus of their attention and may even go unnoticed: one behaves so magnificently and superiorly that nobody likes to remain in his presence for long; another is extremely driven by his professional ambitions and hardly takes the time to spend with others in private; and a third has never received the affection that would have made her feel worthy enough to approach others.

Finally, I am thinking of a group of people who, at first sight, might seem unlikely to experience loneliness because they are constantly dealing with a multitude of others they care for, sometimes to the point of burnout; I am referring, for instance, to some single mothers and fathers or to nurses in clinics and homes for the elderly. Actually, however, they often feel left on their own in a lost position and in their tireless commitment to others. In addition to the lack of recognition and support, they often miss the mutuality of interpersonal attention, which could give them the feeling of genuine connectedness. These examples could easily be extended by many more.

My experiences with the various forms of loneliness of clients have taught me, in an effort to understand their difficulties, to always look for how the meaning of any symptom presented by them is related to their past and present social relationships. ‘The sicknesses of the soul are sicknesses of relationship’, as Martin Buber (1967, p. 150) aptly put it. Only if this context has opened up to me and has elicited my compassion, do I get the impression that I have found a valid approach to the client’s topic to be dealt with.

Choosing one’s suffering?

Blaming victims and ignoring the suffering in the world represent two blatant examples of how one can contribute to human affliction. Unfortunately, there are many more than these two instances I could have chosen. I picked these two, since they have something in common and they also differ which makes them useful for what I would like to convey in this paper. On the one hand, they both form variants of harming people; on the other hand they diverge with respect to the manner in which they do so: one is active, whereas the other one is passive. In the context of an active inflicting of harm on somebody I shall speak of guilt, in the passive case I shall talk of debt (being indebted or owing something to someone).

Both injuring somebody and failing to assist someone in danger pose ethical (and sometimes even legal) questions. Generally speaking, if confronted with situations that require a response to another person’s distress, human beings can choose either acting and or not acting. This is why we usually – ethically correctly as well as lawfully – attribute accountability to people who make respective choices in circumstances in which the well-being of other human beings is at stake. An important aspect of responsibility is . . . the ability to choose one’s reactions’ (Perls, 1973, p. 78).

Given these matters of course, I find it remarkable that in the Gestalt therapy discourse of the past twenty years or so they are addressed pretty rarely with respect to our clients’ views of themselves and to the ways in which they relate to other human beings and to the world.1 That used to be different before: when Gestalt therapy became popular in the 1960s and ’70s, the topic of personal accountability was among the ones most discussed. At times, assuming responsibility even appeared to be a norm that Gestalt therapists demanded their clients to comply with: ‘Bit by bit you are to take increasing responsibility for all your experience (we do not mean blame for it!) – including your blocks and symptoms – and gradually to acquire both free acceptance and control of yourself’, Perls, Hefferline and Goodman clearly advised their clients (1951, p. 85 – first and last italics added, second italics in original).

In this quotation as well as in many others by Gestalt therapists, the object of the responsibility is their clients’ personal experience2 including their ‘blocks and symptoms’, i.e. those aspects of their experience, from which they suffer. If one puts the two Perlsian quotes above together, they sum up to the following idea: clients, since they are responsible for their experiences, are recommended to accept that they are also responsible for choosing the ways in which they are suffering. In short, clients are expected to consent to the proposition: ‘I choose my suffering’.

Although this may reflect Sartre’s ‘first principle of existentialism – “Man is nothing other than what he makes of himself”’ (2007, p. 22) – it is more or less counterintuitive to most people (not only to clients). Except for those who randomly blame themselves for anything, they would probably cringe when asked to agree that they choose their suffering. They will very
likely assert that they wish nothing more than to be liberated from their sorrow and distress. Maybe they think that the idea of having chosen their suffering themselves is a cynical way of blaming the victims; they may also insist that they are neither masochistic nor insane.

As we shall see, they have a point, since ‘all your experience’ is not identical with ‘blocks and symptoms’; the latter represent only a certain part of a person’s experience.

**Relationality as a starting point**

‘Man becomes an I through a You’, Martin Buber (1958, p. 28) famously said. In other words: the world and other people exist (from a temporal point of view) first and (from a systematic point of view) primarily; only secondarily does the self come into being. Symbolic interactionism expresses the same insight:

The self is something which has a development; it is not initially there, at birth, but arises in the process of social experience and activity, that is, develops in the given individual as a result of his relations to that process as a whole and to other individuals within that process. (Mead, 1934/1963, p. 135)

And just as the emergence of the self in general is due to its relationships with other people, so the aspects of the self that have to do with psychological suffering of the human being in particular are closely linked to its social relationships. For many of my clients, however, this connection does not present itself as an interaction, but rather as a unidirectional causality. They talk about the diverse events in their lives, in which they experienced not being seen, not being respected and supported, not being loved or otherwise being missed by their respective counterparts, especially their parents (but also by their partners, colleagues, friends, etc., or by ‘life’ or ‘fate’ in general).

Such ailments are, of course, not made up out of thin air, because, as biologists or system theorists would say, this is about an ‘autopoietic’ process (see e.g. Maturana and Varela 1987; Luhmann 1995), which the philosopher of life, Henri Bergson, has already described – in a completely different context – very memorably in his book *Creative Evolution*:

> The circumstances are not a mould into which life is inserted and whose form life adopts . . . There is no form yet, and life must create a form for itself suited to the circumstances which are made for it. It will have to make the best of these circumstances, neutralize their inconveniences and utilize their advantages . . . Such adapting is not repeating, but replying. (1907/2007, p. 37 – original italics)

Nevertheless, many people who seek psychotherapeutic help initially remain attached to the unidirectional view, and it is a more or less time-consuming process, that needs support by the therapists, until they can transform this view born from their former dependence into a relational one, as formulated by Buber. But once this change has taken place, it often becomes clear that the social isolation they have experienced so far represents a retreat from disappointing others and is a creative response of their own. It is the totality of such personal responses by which individuals make themselves the persons they become. And they continue to do so with any answers they give to the circumstances in which they find themselves.

Frequently, it does not occur to clients that the responses by which they withdraw from others is a double-edged sword, with which they not only make themselves lonely, but also deprive others of their presence and the valuable contact they might offer. From their fearful withdrawn perspective they often do not see that they too have something to give to others. Their own hardship and neediness are so much...
in the foreground of their awareness that unfortunately they have no idea of how they might be instrumental or valuable for others. So, while they assume that others have become indebted to them or even guilty through the way in which they treated them, in an ethical sense they themselves get into others’ debt – without sharply realising it. Moreover, by acting out their neurotic condition to the others’ detriment, they sometimes also become guilty.

Over-generalisations

At this point a warning may be required, because words like ‘neurotic’, ‘indebted’ or ‘guilty’ are often used in a pejorative sense. But here I want them to be understood descriptively. When I use them in what follows, it is therefore important to me that they will not be misunderstood in the sense of pathologisations or reproaches.

By ‘neurotic’ I mean a contradictive psychological process from which a person is suffering. The contradiction consists of the fact that the individual somehow works against the satisfaction of one or more of her or his own essential needs. In this context, the question of responsibility first comes up in the sense of an awareness of one’s own agency, which the person concerned has often not yet been aware of before and which must therefore be discovered by her or him at the beginning of a therapeutic process with the therapist’s support. Again, I am referring to the answers with which an individual comes up in response to the conditions into which she or he has been ‘thrown’, as Heidegger (1927/1962) calls it.

When these answers become relevant for therapy, they usually disclose themselves as measures of self-protection that have been invented in reaction to painful experiences. Importantly, in order to guarantee as much safety as possible, they have typically been over-generalised by the individual to the effect that they inadvertently also prevent or hinder positive experiences and developments; so eventually they become tragic negative side effects of originally well-intentioned acts. People tend to deal with dangers on a psychological level in the same manner as it makes sense from an evolutionary point of view to deal with physical threats: they would rather take cover once too often than once too little (see Workman and Reader, 2014).

Besides the frequent over-generalisations, there are, of course, other psychological coping strategies – i.e. selective perception, compromise formation, causal self- attribution as well as other dysfunctional beliefs, etc. – that represent understandable, often admirably inventive attempts to protect oneself from further painful experiences; but they have their costs. They often lead to new, secondary, neurotic suffering which arises from the over-generalised (or otherwise undifferentiated) answers and continues as long as they are not revised and tailored to the current situations and conditions. Perls et al. (1951) have therefore spoken of the need for ‘creative adjustment’ which must take place continuously and always anew in order for the person to remain up-to-date psychologically.

Primary and secondary suffering

So, we have to distinguish: because the world and other people are primary, the suffering of the individual also has its origin primarily in the world. Some of the most frequently discussed sources of primary suffering in psychotherapy are childhood experiences. But they are by no means the only possible sources; later events in life can also cause primary suffering, e.g. trauma of all kinds, exploitative working conditions and other social circumstances (see Kleinman, Das and Lock, 1997), accidents and illnesses (see Staemmler, 1997), the death of a spouse or a child, as well as all other kinds of stressful life events (see Dohrenwend and Dohrenwend, 1981).

For instance, ‘neither racism nor sexism are myths; too many men and women continue to experience the injustice of prejudice. The handicapped still face the daunting barriers of everyday life’ (Sykes, 1992, p. 18). Painful experiences like these are not chosen! It would be cynical to charge the affected persons with them; they are not responsible for them and certainly not to blame for them. And unfortunately nothing can be changed retroactively with respect to their primary experience; nobody, including therapists, can turn back time and undo historical facts. Two options remain: first, providing those who suffer from this kind of pain with the appropriate compassion and consolation they need, and second, taking social and/or political action in order to improve the conditions for those who suffer. Therefore, therapists need to be very clear that the clients’ situation is different with respect to the answers they give to their primary suffering. These answers often bring with them a number of disadvantages, that then cause the current, secondary suffering. Those who, for example, withdraw from all others today, because some others have not done them justice in the past, are thus excessively restricting their chances of being able to fulfil their need for belonging and connectedness with others. This secondary suffering that arises from the realm of one’s own accountability is self-authored and can be changed in therapy. As the psychoanalyst Jane McDougall puts it:

Although none of us is responsible for the events that have marked our lives . . . nevertheless we alone are responsible for our inner world . . . and for the extent to which we maintain the pathological relationships
of the past and the traumatic impact of events that were once beyond our control. The psychoanalytic adventure allows many analysands to discover new ways of experiencing the past and the problems of the people involved, and thus to appreciate their own part in keeping the pathogenic effect of their personal past alive within them. (1986, p. 137 – original italics)

As McDougall correctly says, in many cases clients at first have to discover and accept their accountability for their secondary suffering; that is not always easy, for at least two reasons. First, primary and secondary suffering in real life are not always as clearly distinguishable from each other as in theory; making this differentiation in a coherent way requires care, time and, moreover, frequently a benevolent andclairvoyant companion – a tactful therapist, for instance. Second, not only is there a danger in this process of denying one’s own responsibility and preferring to attribute it to others, but there is also a risk that the approach of assuming accountability for one’s self-created suffering may turn into undifferentiated and/or hostile self-accusations, creating additional secondary suffering.

Liberation from helplessness

Because of these dangers, it is usually therapeutically counterproductive to instruct or even reproach clients about their responsibility out of an I-It attitude; it is more supportive and effective to help them in a dialogical way to gradually discover their own accountability (see Jacobs, 1989, p. 52).

When clients succeed in tracking down and acknowledging their agency, they often experience a liberation from their previous feeling of being imprisoned in their (secondary) suffering, because their powerlessness experienced in this context turns out to be an illusion. This in turn leads to the emergence of a sense of self-efficacy (see Bandura, 1997), which is an important salutogenic factor (see Antonovsky, 1981; 1987); it is synonymous with an empowerment that can spawn hope. For now there is an opportunity to reduce or overcome this suffering through a change of self-protective strategies. As a result, the client grows from what Martin Buber called an individual into a person who ‘lives with the world’:

The concept ‘person’ is seemingly very near to the concept ‘individual’. I would think that it is advisable to distinguish between them. An individual is just a certain uniqueness of a human being. . . . But a person . . . is an individual living really with the world. And with the world, I don’t mean in the world – just in real contact, in real reciprocity with the world in all the points in which the world can meet man. . . . I’m against individuals and for persons. (1965, pp. 183f. – original italics)

Persons in this sense no longer deal predominantly, constantly and fundamentally with themselves; they become able to mobilise more attention, energy and interest for others and the world instead. At this point clients begin to see more clearly that they owe this care to others and are responsible for having withheld it from them before. They now increasingly recognise others and their claim; they no longer only long to be recognised by others, they enjoy looking after others too, because they find it rewarding and connective. Their primary suffering and their processing of their subsequent secondary distress turns out to have been a necessary precondition for the transformation that can take place now and may amount to what Hans Trüb (in press) calls ‘joyous responsibility’.

‘Response-ability’ and ethics

When I first took notice of Perls’s statement that ‘responsibility is really response-ability’ (1973, p. 78), I was in my twenties. This was in the wake of the great student movement of the late 1960s – a movement that probably was at least as much anti-authoritarian as it was left-wing. The zeitgeist suggested opposition against traditional norms, political suppression and moralistic forms of social control. It had been exactly the moralistic ways, however, in which I (and many others) had been socialised. So I had not got to know accountability – and even more so: debt and guilt – in the context of properly reasoned ethics, but in the context of moralistic manipulations that were intended to make me feel responsible or guilty.

Against the backdrop of this socialisation, Perls’s statement had an emotionally relieving impact on me, which was similar to the effect it had on Malcolm Parlett, who writes: ‘The different spelling made a difference:11 it lifted a heavy feeling in my chest that appeared when I heard I was “not taking responsibility” for something. I felt less deficient in moral terms’ (2015, p. 82). As for me, I did not only feel less deficient morally, I also took the relief as an invitation – you may also call it an excuse – to abstain from serious ethical considerations at all. Maybe I was not the only one to confound feelings of responsibility, debt or guilt with being responsible, indebted or guilty. I threw the baby out with the bathwater and avoided thinking about ethical standards for some years (another example for over-generalisations, by the way).

As happens again and again in the course of history as well as in personal biographies, the opposition against a prevailing worldview or individual attitude has a common denominator with what it fights against. In this case, both the authoritarian methods of moralistic social control and the opposition against it displayed a far-reaching neglect of ethics.12 In my view, this lack
has found its way into the practice and theory of Gestalt therapy, and it is only in the last twenty years or so that ethical questions are discussed more extensively and profoundly. In the more recent past, Buber’s following remarks in his text on *Guilt and Guilt Feelings* seem to have found increasing acceptance:

Within his methods the psychotherapist has to do only with guilt feelings . . . But within a comprehensive service to knowledge and help, he must himself encounter guilt as something of an ontic character whose place is not the soul but being. (1999, p. 112)

From this point of view I take issue with the way in which Perls’s language game deprives the term ‘responsibility’ of its ethical dimension.13 The ability to respond is something that amoebas are already endowed with, which are not creatures usually seen as having the most sophisticated sense of ethical standards.14 If you would like to see an example from the world of humans, take a look at Donald Trump’s Twitter account. You will easily find an inflation of responses he gives to all and everything, but you will have a hard time trying to find anything that you can appreciate as a result of ethical sensitivity.

‘Once we accept that people do affect other people, then responsibility becomes more than an affirmation of self-as-source; it entails the obligation, duty, and responsibility we have to others’ (Binderman, 1974, p. 287 – italics added). To define responsibility only as response-ability is ethically void. Personal accountability is more than just agency. Yes, you are the author of your actions as well as of your non-actions, but whatever you do or don’t do takes place in a human environment and has an impact on others (and repercussions on yourself). Therefore, only one page further in the same essay in which he asserted that ‘man is nothing other than what he makes of himself’, Sartre added: ‘And when we say that man is responsible for himself, we do not mean that he is responsible only for his own individuality, but that he is responsible for all men’ (2007, p. 23).

Perls et al. clearly say why this is the case: ‘It is impossible for anyone to be extremely happy until we are happy more generally’ (1951, p. 251). And this is where ethics come in, since the subject matter of ethics always has to do with the way in which one relates to others. Accordingly, ‘moral progress is a matter of wider and wider sympathy’ (Rorty, 1999, p. 82).

**Gratitude and compassion**

Acknowledging my authorship of how I cope with my suffering as well as how I treat others is a necessary ingredient of personal responsibility, but not a sufficient one when it comes to ethical evaluations of my actions and non-actions. Being their author does not yet determine whether or not they can be substantiated ethically. *Values* are urgently needed, which I may hold either implicitly or explicitly. Sometimes my implicit values only become apparent after the action, when I – preferably in a discourse with others – self-critically think about what I did and didn’t do.

*Feelings* of being indebted or guilty may be useful indicators for having violated my values, but they may also point at introjects I have not yet successfully processed. However, the same applies to *not* feeling indebted or guilty: maybe I do not feel indebted or guilty as a result of a respective ethical consideration that exonerates me – or because of a denial of being indebted or guilty and/or an avoidance of unpleasant feelings. Denial and avoidance may also be the results of an introject (maybe of one that I have formed during my Gestalt therapy training telling me I shouldn’t have introjects . . .).

In any case, to remain focussed on being indebted or guilty goes along with a negative bias. The decisive ‘problem is not too little guilt, it is too little compassion and too little love of justice’ (Nussbaum, 2016, p. 133):

> We don’t need to rely on instilling guilt as a force in moral development. A positive focus on the rights and needs of others, and on developing compassion for their plight, seems both possible and better, because [it is] more about others and less about one’s own inner drama. (ibid., p. 132)

In my experience, clients who grow from an individual into a person ‘living really with the world’ (*sensu* Buber) do not only become more and more aware of their values, but – as a part of this process – also transform their loneliness into a way of life that is increasingly facing the world openly. With the proper therapeutic support, they can dare to realise that their previous habit of avoiding full contact with others for the sake of their own safety and at the cost of isolation was not only detrimental to *themselves* but also to *others*. They begin to understand that they *owe* something important to others and the world – in other words, by withdrawing from others they deprived them of what they are able to offer – their potential, commitment, compassion, *élan vital* – and have thus passively contributed to the primary suffering of others.

However, at this point some clients need their therapist’s support not to focus predominantly on their feelings of being indebted, guilty or remorseful, but more on the *gratitude* that comes with the relief of their significantly improved condition. Out of this gratitude and the growing attitude of compassion for the others’ suffering, usually a need arises to ‘give something back’ to the world and other people, as they frequently like to say, and thus to step out of the one-sidedness of *taking*
and start entering the reciprocity of giving and taking. This desire is already experienced as one's own, which is why the question of accountability at this point is no longer only the question of authorship.

From now on it becomes more a matter of responsibility for others, i.e. the desire for socially committed action, of which clients now feel that it is they themselves who want to act. They have now reached a point of becoming and knowing themselves, where they will decide on a project which corresponds to their respective interests and competences; they will enjoy becoming active according to their possibilities in order to alleviate the primary suffering of others. At the same time, they will relish knowing themselves better:

To know who you are is to be oriented in moral space, a space in which questions arise about what is good or bad, what is worth doing and what not, what has meaning and importance for you and what is trivial and secondary. (Taylor, 1992, p. 28)

‘Joyous responsibility’ in the age of narcissism

In the current ‘age of narcissism’ (Lasch, 1979), which is taking on increasingly blatant forms due to so-called ‘social media’ (see Altmeyer, 2016), many activities of people revolve only around being seen and receiving attention, for instance in the form of wanting to get as many ‘likes’ or ‘followers’ as possible. Ethical standards are often experienced only as annoying restrictions of individual freedom ordered from somewhere above, and not as suggestions for humane action that give orientation and create connections.

The downsides of this widespread attitude show mainly in three ways:

1. Not to be seen or to receive no or too little attention often means for the person concerned to become an insignificant nobody, non-existent, a nothing, expelled from the human community – solitary.
2. To be seen negatively or to get negative evaluations quickly leads to the impression of being publicly embarrassed or ostracised and thus being devalued as a whole person, condemned to disappear in the secludedness of shame.
3. The hope of becoming someone by way of receiving attention makes one blind to the much more satisfying possibility of becoming someone by giving others the attention they deserve and by caring compassionately for them (see Staemmler, 2017, pp. 120ff.).

At first glance, dealing with the questions of responsibility, gratitude and compassion may seem as old-fashioned as debt and guilt, because narcissistic themes and the problems that arise from them are so much at the forefront of the current zeitgeist. In my view, this zeitgeist can also be found within the psychotherapeutic discourse of the last twenty years or so and is not only shown in a disproportionate weighting of the topic of shame in comparison to that of debt and guilt, but also in the fact that one has to prepare oneself for strong headwinds in conversations with psychotherapeutic colleagues if one speaks of debt or guilt at all.

This is understandable since responsibility, debt and guilt have almost exclusively been associated with moralising manipulative reproaches and unprocessed introjects, which of course is a very simplistic view. I therefore think that an ethically motivated turn to the subject of debt and guilt might be an alternative vision, which is not reduced to the problem of feelings of debt and guilt, but is focused on a sense of responsibility and compassion for the suffering of human beings (sensu Nussbaum) as well as on a commitment to activities that can soothe it. This attitude can open up a perspective out of the narcissistic trap of our times.

For with the narcissistic ways of experience described in points 1 and 2 (see also Staemmler, 2016) and the corresponding threats of annihilation and shame, people – just as with their narcissistic successes – remain trapped in the spell of their individualistic preoccupation with themselves including all the psychic costs that it brings with it. The awareness of the debt issue, on the other hand (point 3), can open up new and promising perspectives even in the heyday of narcissism. It can point the way to the – possibly initially painful – realisation that withholding one’s attention and commitment from others means to remain in their debt and at the same time maintain one’s own disconnection.

In order to overcome this debt it is mandatory to put others ethically in the first place in one’s conduct of life (where they belong from a temporal and systematic point of view, anyway). As Emmanuel Lévinas underlined: ‘I become a responsible or ethical “I” to the extent that I agree to depose or dethrone myself – to abdicate my position of centrality – in favor of the vulnerable other’ (Lévinas and Kearney, 1986, p. 27).15

An ethic of care

In my view responsibility cannot only be understood as a matter of responding and authorship, it must also be a request for an ethic of care:

The most eminent goals of the ethic of care are the wish to care for and help others, to meet obligations and responsibilities, a concern for others and feelings of compassion, a responsibility to discern and alleviate trouble in this world. (Nunner-Winkler, 1993, p. 144)
To paraphrase Parlett’s already quoted remark: taking on these goals can lift the heavy feeling from the clients’ chests that appeared when they realised they did not assume responsibility for others. Now they can feel less deficient in moral terms and experience themselves as more wholesome and holistic human persons:

[Their] concern for the sufferers of others is genuine and … it entails the urge to help in a practical fashion and to assume responsibility for changing the situation. In such cases we are more likely to speak of sympathy or compassion, an entering into and an active participation in the sufferer’s situation. (Perls et al., 1951, p. 154f.)

Those who do so will not only enjoy being supportive of others, they will also be beneficiaries themselves: they will leave their loneliness behind.

Notes

1. I italicise this qualification to make clear that I am not talking about the discourse on how Gestalt therapy’s worldview can influence society (see, among many others, Parlett, 2015; Polster, 2015; Schulteth, 2003).

2. It is beyond the scope of this paper to discuss one’s accountability for one’s emotions. In this paper there is only space to indicate briefly that, since emotions are part of my experience, ‘I am as responsible for my emotions as I am for the judgments I make. My emotions are judgments I make’ (Solomon, 1980, p. 261 – original italics). They are my responses in the sense explained below.

3. I will come back to my understanding of the word ‘neurotic’. But already at this point I would like to make it clear that from my point of view the experience and behaviour of a person can be neurotic, but never a person as such (see Staemmier, 1989; 1993): ‘Labels are for bottles not for people’ (Stevens, 1985, p. 82). And a certain behaviour can only be neurotic in the particular context of a certain situation as well as in relation to the individual’s predominant need in that situation.

4. It is not surprising that such disadvantages arise especially with generalisations, insofar as they are usually developed during childhood and therefore correspond to the cognitive capacities available at that time. Emotional experiencing is tightly interconnected with cognitive development (see Saarnti, 1999, pp. 74ff.).

5. Here I will disregard the more complicated constellations in which, for example, one’s own addictive behaviour contributes to illness or one’s own risky behaviour to accidents.

6. Nonetheless, problematic coping attempts sometimes include self-recrimination, in which people blame themselves for their primary suffering even though they are in fact not responsible for it.

7. With socio-political commitment, however, one can exert prospective influence and thus contribute to reducing the probability of primary suffering in the future.

8. In my view, consolation is assistance for a person in pain that has at least three important aspects: (1) the social aspect: providing company (human solidarity) and compassionate understanding for what happened to the person; (2) the emotional aspect: helping regulate negative emotions (support the experiencing and expression of emotions; soothe the current distress); and (3) the cognitive aspect: giving support for the individual’s effort in making sense of the painful experience in a way that is not over-generalised or otherwise undifferentiated and has as little negative side effects as possible in the person’s future.

9. Usually this is not taking place in the form of a qualitative leap, but as a quantitative and continuous process that has its ups and downs.

10. Trüb lived from 1889 to 1949. He was a close collaborator of C.G. Jung but turned away from him after he met Martin Buber. In his writings he pioneered a relational view of man as well as a dialogical approach to psychotherapy (see Trüb, 1951/2015; in press).

11. This spelling may highlight the root of the word etymologically. But to reduce the meaning of ‘responsibility’ to that root ignores its historical changes.

12. Morals (or ethics) and moralism are two entirely different matters. The latter can be defined as the manipulative misuse of ethical values, by which a person tries to exert control on somebody else. In these cases, the person does not act in the service of ethical values, but the values are instrumentalised to serve the needs of that person.

13. Incidentally, in the English language this game can be played effortlessly. In German it is not that easy: although Verantwortung (the German equivalent to the English ‘responsibility’) also includes the word Antwort (the German equivalent to the English ‘answer’), the prefix ‘Ver-’ also points at an obligation that comes to show even more clearly in the verb ‘sich verantworten’, which is something you can do only vis-à-vis others or, more abstractly, in the ‘face’ of the law or God. So all in all Verantwortung means an obligation in the face of others that you, the author of an action, have to accept and because of which you need to be able to justify yourself for your actions.

14. At this point a critical discussion of the notion ‘that morality is originally not an ethical but an organismic judgment’ (Perls, 1969, unpaginated) might be added and the question asked whether or not this notion belongs in the garbage pail: what feels physically pleasant or unpleasant is certainly not identical with what is ethically justifiable or not. A subjective feeling does not by itself include a sensitivity for the concerns of others. Think, for instance, of sexually transgressive behaviour: it may be pleasant for the actor, but it is not for the sufferer, and it is definitely not ethically acceptable.

15. Hence, Petzold suggested: ‘With Lévinas, Buber can be read inversely: You and I’ (Petzold, 1996, p. 327). See also Orange’s brilliant essay on Lévinas (2009, pp. 77ff.).

References


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Gestalt, the Good and the concept of Ethical Presence

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Abstract: Building on the core Relational Change ‘SOS’ framework and the central notion of presence, this paper makes the case for introducing a new concept of Ethical Presence as a foundational orientating principle for relational and Gestalt praxis. It begins by highlighting the risks of harm and evil in polarising presence and dismissing aspects of power and privilege that are frequently lying implicitly alongside notions of presence. This in turn leads to an examination of Lewin's core organising principle that 'needs organise the field' from a dialogic as well as phenomenological perspective, which results in a relational reformulation. Ethical Presence is a concept that synthesises the dialectic of egological and ecological self-organisation while attending to others and the situation. Finally, the paper proposes that practitioners reflexively inquire, through the elevation of a dialogic and field orientated stance, and assess the presence of themselves and others since, when I judge myself as ‘present’, an ecological ethical perspective asks what factors in the wider field (power, privilege, etc.) support me to be that way?

Keywords: ethics, presence, Ethical Presence, ecological, egological, relational, Gestalt, evil, Lewin.

Introduction

Situated in mid-Brexit UK in 2020, it appears to us that ethics and notions of goodness are increasingly debated in our world. Does the concept of truth still have weight in our ‘post-truth’ world? How do we tell data, news and evidence from ‘fake news’ and can we trust our so-called ‘experts’ (be they in medicine, climate science, law, etc.) to do anything more than push their particular agenda? These more publicly debated questions make for frightening times with notions of corruption, trauma and fragmentation frequently raised.

In our particular slice of the field, we see growing demands on psychotherapists, coaches and consultants to demonstrate both that they are promoting health in their practice and also not doing any harm. This remains potentially difficult in Gestalt as, classically, our theory sees practitioners working from a stance of creative indifference, trusting what emerges in the moment rather than being orientated to protocols and predetermined fixed methodologies or outcomes.

Associated with the notion of creative indifference is the belief that the client's self-organising process is fundamentally 'orientated towards health' (Mann, 2010, p. 60), and can therefore be trusted to move towards the Good. Creative indifference was an innovation of Salomo Friedlaender (1871–1946), and positions creativity at a pole from adherence to discernible outcomes and measurable, achievable goals. Instead, the client (individual, team or larger system) and practitioner are encouraged to fully inhabit the space of creative indifference as, according to Williams (2006), this is the place from which all phenomena arise and where maximum creative possibilities can be explored.

In our experience however, this is an ever more difficult position to justify and defend. Clients want outcomes and frequently require them quickly. Investing resources in exploration and open-ended dialogue demands confidence that creative indifference does produce a strong enough move towards health or goodness to guide our practice.

Building on our previous work with specific reference to the Relational Change SOS framework (Denham-Vaughan and Chidiac, 2013; Chidiac and Denham-Vaughan, 2018), we have formulated that when the three lenses of 'Self', 'Other' and 'Situation' are contacted in conscious awareness and reflexively aligned, this three factor awareness means that we become present in a way that supports ethical praxis. This definition of presence brings together, in our view, the key aspects of Gestalt practice. In this paper, therefore, we examine whether this notion of presence and the concept of good form are enough to guarantee safe and effective intervention for practitioners, clients and larger systems. Is making the three SOS lenses figural sufficient to ensure an ethical unfolding
or are more specific interventions and governance strategies required?

In response to some of these pressures, we conceived of, and will explore in this paper, the concept of Ethical Presence. The latter lies at the heart of Gestalt praxis and acts as a subtle, but potent, orientating concept for practitioners: one that, through a synthesis of egological and ecological reflexivity (see Chidiac and Denham-Vaughan, 2018, for more details), prioritises a bespoke, situated, relational unfolding as it attends to issues of power, potency and privilege.

It is worth stating from the outset that while we consider this paper as an extension of our previous work (see Chidiac and Denham-Vaughan, 2007; 2018), we also see it as a beginning: a re-examination of some of the key organising principles of our relational Gestalt praxis across a wide spectrum of application including individual psychotherapy, coaching, and working with larger systems, groups, communities and organisations. As such, at times readers may (correctly) judge that we fail to do justice to the breadth and complexity of the Gestalt concepts we refer to or the implications arising. Indeed, some of the key issues we will touch on, for example, creative indifference, aesthetics and good form, research outcomes and different ethical/governance frameworks, have provided sufficient material for many books and the major Gestalt conferences around the world in recent years. On reflection, it is this that has made this paper both so difficult and also so immensely stimulating to write. Rather than look at the details of any one part of Gestalt theory and praxis, we have chosen to look at the holistic, dynamic and situated process that is Gestalt. We hope readers will bear with us and share thoughts, embodied and emotional responses.

The SOS model and Ethical Presence

We have developed the Relational Change SOS framework in which we use the letters to refer to a threefold consideration of ‘Self, Other and Situation’ (Figure 1). We propose that each of these elements requires exploration, and possible intervention, in any change process. More specifically, this relational orientation means finding an optimal balance between three interrelated elements:

- Self: which can be seen as either the individual, group, community or organisation;
- Other: as the ‘Other’ in the relationship at any given moment; and
- Situation: in which the issues are rooted.

These elements are always embedded in a moment in time, the ‘here and now’ (see, for example, Melnick and March Nevis, 2005), and in a given context and culture.

The three SOS elements correspond respectively to the three pillars of Gestalt theory; phenomenology, dialogue and field theory.

We have called the alignment of, or having awareness of, these three lenses Ethical Presence. But what does this mean in practice? Clearly, it does not mean that the lenses are equally figural at all times as, at some times and/or in some situations, we may want or need to attend more to ourselves or to the Other or to the Situation. But it does mean that lying at the heart of this dynamic relational model (SOS) is an ethical imperative not to lose sight of any of these three lenses when we act in the world. This requires ongoing shifts in the focus of the practitioner’s directed awareness which we have referred to as holding a dialectical tension between ‘Will and Grace’ (see Denham-Vaughan, 2005), or egological and ecological self-organisation (see Chidiac and Denham-Vaughan, 2018). In this paper we are proposing that Ethical Presence is the synthesis that emerges from this focused organisation of the practitioner’s Self and which supports creativity, impartiality, safe and ‘non-indifferent’ Gestalt praxis.

Dimensions of evil

It may be helpful to begin by looking at the inherent dangers (risks of harm and opening to evil) that lie in an unbalancing of the lenses – either by polarising into overly attending to one of the lenses or alternatively by dismissing one of the three lenses.

As illustrated in Figure 2, attending to only one of the lenses leads to familiar situations where concerns with either Self, Other or the Situation dominates. Concern for Self alone places self-interest beyond anything else and can potentially lead to a self-orientated, privileged and narcissistic worldview that could be called hyper-
individualised. Indeed, a possible critique of the classic Gestalt contact sequence is that the individual’s need becomes dominant; organising the figure and rising ‘up and over’ the needs of the Other and the Situation, with the latter being seen as resources to aggress upon. Writing this paper, we reflected whether any of our personal sense of current political crisis in the UK or the wider climate emergency could be the result of this type of polarisation. We could see how people who could be viewed as ‘others’ had been pushed into the background politically. Similarly, we could formulate the whole non-human world (other life forms and the wider situation/context), as being subsumed to human needs for energy and growth, leading to the current climate emergency.

Over-extending towards the Other can be equally dangerous as it may lead to lack of self-care and all too familiar situations where practitioners – in an attempt to help their client – try to rescue and sacrifice, losing a sense of themselves and the wider situation. This movement is an ‘inversion’ of the first, modelling what Levinas refers to as ‘The Curvature of Intersubjective Space’ by an ‘elevation’ of the Other (1961, p. 291). While this self-sacrifice may be seen (at times) as preferable to throwing others or the planet into the background, it nonetheless brings a range of problems and causes significant harm.

Finally, polarising in the Situation lens leads potentially to confluence, ‘group-think’, decrease in mobilisation and stickiness, as the emerging needs of individuals are not taken into account. We often find such situational polarisation in war zones where the overarching narrative of the situation dominates and suicide bombings or other forms of Self or Other sacrifice become viable options. We also reflected upon the suppression of certain personal truths or narratives as being the cornerstone of our sense of a ‘post-truth’ discourse arising in the UK.

If we focus on a lens becoming occluded or absent, we see that dismissing or objectifying one of the lenses leads to equally toxic situations. Focusing only on the Self–Other dyad invites the trap of the two-person intimist event and a loss of reference to the external world. Such situations can lead to toxic co-dependency and fail to anchor learning and growth outside the intimist context. We might argue that certain psychotherapeutic or coaching dyadic situations could be criticised for exactly this failure to examine the relevance of session meetings and material to others or the wider field. Indeed, at a recent conference presentation, we were challenged that to include thoughts of others or the wider field would be unethical since the client comes to therapy to focus solely on themselves.

On the other hand, dismissing the ‘Self’ experience leaves us with no stable phenomenological reference from which to know and engage with the world. This can be found in various aspects of scientism, for example where overwhelmed individuals hand over responsibility for their recovery to others – so called ‘experts’. Indeed, an over-reliance on evidence-based outcomes and protocols leads, in our experience, to both clients and practitioners doing exactly that: it is the only defence against claims of scientific unreliability and introduction of personal bias.

Finally, exclusion of the Other is a recognised evil encountered throughout history. The pretext of a given situation leading to objectification of the Other is familiar; there are many examples of this, such as the demonisation of homosexuality during the AIDS
epidemic or the canonical case of the Nazi identification of the Jews as the void of the German situation.

Standing alone, the SOS model might therefore give the impression that being fully present (rapid shifting of awareness across all three lenses in the moment) is all that is needed to support a healthy and ethical process. As therapists, for instance, we often assume that if we are well-resourced and present, if our meeting space is safe and welcoming, then we are setting the scene for a meaningful meeting. If this does not happen we often problematise either the Other (the issue is the client and the way they may be moderating contact), the Situation (lack of supportive others or infrastructures), or ourselves (lack of self-care or skill).

We believe that this can be a problematic perspective, however, as it does not always take account of the wider context or culture in which we are embedded and the potential issues of power and privilege that, explicitly or implicitly, affect a person’s ability to be present. In what follows we want to propose that consideration of these wider and longer-term field organisers are therefore necessary for Gestalt to be viewed as contributing to more than the good form/health of the momentary situation and figural individual, and leading to sustainable improvements across time.

Power and privilege

We propose that it is far easier for us to enter a given situation and be completely at ease and present when we are coming from a privileged position. Indeed, we might suggest that a subtle, implicit but effective diagnostic of privilege is any situation where we are feeling ‘present’ and unconcerned with our self-support: contexts where we speak the dominant/agreed language, where our size, gender, skin colour, age, sexual preferences, able-bodiedness, etc., afford us access to an ease of being and fluidity in responsiveness. For example, as fluent English speakers, we find ourselves able to access the widest range of Gestalt literature and travel to many events throughout the world where this one language dominates. Indeed, we have attended conferences in non-English speaking countries where a condition of entry is the ability to speak proficient English. This ‘privilege’ is an exercise in historically-based colonial and imperialist power that affords access, while denying equity and opportunity to others. Explicit recognition and naming of this fact does not ‘level the field’ but does at least encourage us to moderate both the complexity of language and the amount we talk. We can recognise situations where ‘the English voice’ has already been heard too much, sometimes in dangerous, traumatic and exploitative circumstances.

In contrast, when we are not in this present, potent (able to act), and privileged state, then we are likely to need more support from others embedded in the situation, or at least more structural support to enable us to reach into our own resources and become more present. Indeed, self-care practices within the Gestalt field may be formulated as aimed at creating fluency in accessing self-support and reaching for environmental supports.

Power as a moderator of the co-emergent field

We know from the work of Foucault (2000) and others, that use of power is rarely explicit or top-down but rather is a pervasive influence that affects and impacts our behaviours and actions. It is therefore possible to consider power as a wholly relational process that might not be visible at the Self/Other/Situation level but rather inhabits the context and culture dimension of the SOS model (see Figure 3). In Gestalt terms, we could say therefore that power is a field moderator and as such may support (or not) co-emerging figures.

Husserl and later phenomenologists write of the lifespace as a phenomenal field – attached and wedded to the individual, his experiences and the impact of his situation. In his writing on field theory, Lewin (1936) uses the same terminology of a ‘lifespace’ to denote the totality of all the influences on a person at a given moment in time, both the outer environment and inner personal environment. Lewin believed that within this lifespace, ‘psychical forces’ were at work similar to the forces of physics. Each ‘psychical object’ within a person’s lifespace existed not in isolation, but in constant relation to others, with areas of tension, and boundary zones between them. All actions and behaviours were seen as a result of an ever-changing resolution of a multitude of ‘psychical tensions’ such that the whole maintains an equilibrium.
In Gestalt we therefore perceive forces acting on the field as phenomenal (i.e. pertaining to the individual field either in the present or historically). We would like to propose that power is a contextual force acting on the field, one that does not necessarily arise from the phenomenal sphere but from the relational one.

A relational and ecological perspective: mutual not equal

What examination of power from a relational and ecological perspective invites us to consider is that, in contact with others and situations, we also inhabit and create a shared field in which power relations and dynamics are alive. This shared, or co-emergent field, is an intersection and dynamic re-organisation of the phenomenal fields (or lifespaces) present in the moment, influenced by context, culture and the ubiquitous power dynamics in which we are embedded. We can, for example, imagine going for two job interviews where the process and questions asked are identical but where the interviewer is either a man or a woman. Most of us would acknowledge that even that basic gender difference would result in a totally different meeting. Influence of culture, wider context and power are all playing out.

The concepts of atmosphere (Griffero, 2014), or responsive phenomenology (Waldenfels, 2003), support such a view. For example, Griffero argues for a ‘rehabilitation of the First Impression’ (2014, p. 34), that is, an involuntary embodied global response incorporating emotion, motivation and a sense of value (which we interpret to stand for power) upon encountering others. In other words, we have an immediate pre-reflective and pre-cognitive felt sense of attraction/repulsion, desire to approach/avoid and of relative ‘status’. This can be assumed to be very similar to that observed in all animal species and conveyed by a glance, gesture or movement and unassailable to rational argument or so called ‘objective’ facts. It is our first ‘gut response’ and often a potent guide to the quality of relationship we will create, or want to create, with another. Indeed, these almost instantaneous first impressions can be thought of as ‘pre-personal lived experience’ of the relational field (Schmitz, 2005, p. 22). We suggest that we potently react and respond to this because we have perceived the significance, even though we may be unable to articulate exactly what was perceived.

As with all contemporary phenomenology, this first impression is wholly ‘spatialised’, situated and contains the ‘specific emotional quality’ of this given lived space (Griffero, 2014, p. 46). As such, we believe these phenomena are wholly embedded in the Self/Other/Situation matrix existent at a given moment. They therefore act as vital field signifiers of relative power and potent indicators of the quality of co-emergence that might unfold. In other words, our pre-reflective, sensate awareness is signalling information about implicit field relations in any given moment. These signals are our ‘gut feelings’; hard to evidence or defend, but nonetheless, potent organisers of our emerging relationship with our environment. They give us a glimpse of the always-and-already ‘thereness’ of our relational field and of the power relationships embedded within this space.

Similarly, Waldenfels (2007) speaks of a different perception of things in contact, a kind of pre-reflective process that organises our perception. We could, from a Gestalt perspective, view this as a fore contact or embodied id functioning; a state of pre-reflective pre-awareness. So, expanding on Lewin’s theory of behaviour, we could say that the needs and atmospheres of both ‘person’ and ‘environment’ organise the field: indeed, this formulation of Lewin’s classic statement affords us a much more relational, ecological and, we would argue, ethical perspective on the principle of co-emergence.

Co-emergence as an ethical dimension of field relations

This view of reorganisation of phenomenal fields in contact sits well with the principles of self-regulation and co-emergence in a shared context. In highlighting the influence of atmospheric and contextual forces however, it also invites us to review our trust in a creatively indifferent stance which only considers individual processes as being orientated towards health. If both ‘person’ and ‘environment’ organise the field, we have an ethical responsibility as practitioners to shed light on personal, interpersonal and contextual processes at play. When sitting with a client suffering from domestic abuse, we do not just trust that co-emergence and good form in the moment will lead to change in the wider context. Being creatively indifferent to outcome does not keep us from shedding light on the toxic nature of the situation and the power dynamics at play.

According to our Gestalt theory, if we align our awareness of Self, Other and Situation, in other words if we bring phenomenology, dialogue and field theory to the table, then a Gestalt with good form will naturally emerge. This is precisely what we call the autonomous criteria and the aesthetics of health: the Law of Pragnanz. Indeed, Perls, Hefferline and Goodman (1951/1994) (hereafter PHG) described these as the only criteria that are needed to evaluate what is Good. We don’t need metrics, we don’t need governance, we don’t need assurance, we can rest
on this idea of the self-organising good form within the current field (PHG, p. 52). Indeed, the principle of aesthetics guiding self-organisation in Gestalt not only underpins our theory of presence but also our theory of the contact sequence and cycle of experience. These principles do however need to be applied not only from an individualistic perspective (Self), but also considered in the Self–Other and Situation dimensions. What is ‘good form’ and healthy for me may not be for others or the wider field and while it is generally not the practitioner’s responsibility to judge the action taken we argue that the concept of Ethical Presence reminds us that it is our responsibility to raise awareness of possible impacts. Indeed, in some cases it does fall to the practitioner to try to prohibit or limit actions where there is significant risk of harm to an aspect of the SOS framework.

As we wrote this paper, we reflected again on our domestic violence example: at what point do we find ourselves as practitioners moved to introduce possibilities of leaving the situation, removing others from the situation or, if we are seeing the violent person, suggesting they remove themselves? Similarly, in the current climate emergency – if we judge it that way – when and how do we begin to suggest that carrying on with ‘business as usual’ is an act of direct harm perpetuated against the planet and other life forms (see Orange, 2017, for fuller discussion).

With the perspective of power moderating the field, the question remains of how to distinguish between a naturally ‘good/healthy’ co-emergent form, and a simulacrum of good form prompted by implicit or explicit power dynamics that moderate behaviours and actions in the moment. Importantly, as described above, these moderations might not explicitly belong with me or the Other in this momentary situation but instead are atmospheric relational constructs emerging from the ground in which we are both embedded. They can therefore be highly implicit and, at best, are made figure and consciously moderated for the Good as we meet. More commonly though, we suggest they operate implicitly, out of awareness and contribute negatively to the co-emergent moment by promoting habitual moderations of contact.

To summarise, we propose that both implicit and explicit power structures (including aspects of privilege, trauma and effacement), organise a field, and at best, can be made figure in specific Self/Other/Situation configurations so that co-emergence with good form is supported. Power can therefore be considered a field moderator that comes into being in relationship.

The concept of Ethical Presence – the ecological turn

Gestalt has classically encouraged a heightening awareness of individual needs. If we get in touch with our most pressing need and act upon that uninterrupted, then we are getting close to ‘good form’ – an aesthetic of being.

Viewing power as a vital field moderator, however, enables us to examine more closely the classic Gestalt premise that ‘individual needs organise the field’. Although Lewin gifted us with this important theory, it raises the issue of ‘whose needs’ are dominant. In explicitly dangerous or threatening situations, relationally traumatic situations, we can often all recognise that one individual is seeking to gain power over another or others, with a view specifically to exploit, terrorise and/or abuse or misuse them. These are situations however, where, although we may define the dominant as very ‘present’ (possibly compellingly so: e.g. Hitler in some of his many speeches), with a potent self-organisation and an aesthetic of good form, our criteria of attending to the three SOS lenses to support co-emergence is not met. In other words, the dominant individual is not calibrating their presence in response to the Other and the Situation, even if they are acutely aware of and adapting to the Other and the Situation. Intent matters for Ethical Presence and requires opening a space for the needs of others and the situation to be explored.

Also difficult are those situations when an individual who experiences feeling ‘present’ explicitly contracts with others to co-emerge an outcome but fails to recognise their implicit privilege and power in that context. An example of this could be a senior manager stepping into a project group which includes people reporting to her, and assuming she could just be ‘another team member’. Despite her willingness to calibrate her presence and make room for the needs of others, conditions for ethical co-emergence are fragile. Without awareness, this manager’s state of presence may be signalling implicit atmospheric power dynamics that require surfacing and examination. It is our hope that introducing the concept of Ethical Presence as we have defined it in this paper reaches for a form of co-emergence that considers the aesthetic of contact alongside issues of power in the three SOS dimensions.

In a state of Ethical Presence described by the SOS formulation, we suggest we can extend beyond our self-interests. The SOS framework calls us to explicitly check our self-organisation in response to the demands of others and the wider situation, as well as our own state of self-support and presence. We can think of this as transcending the impositional axis of our
intentionality and moving to a more emergent position (Crocker, 2017), or mitigating our Will (intentions/plans), through an explicit acknowledgement of the impact of the field (Grace) (for more details see Denham-Vaughan, 2005). Latterly however, we have referred to this as a move from a primarily egological self-organisation to an ecological one (see Chidiac and Denham-Vaughan, 2018, for more details). Ethical Presence implies a certain intentional flow which does not begin with the needs of the ‘I’ but rather an ecological focus on exploring context and situation, and how arising figures organise ‘us’.

Whatever these changes in self-organisation are termed, it is important that they are seen as holding a dialectical tension (with both aspects accessible), rather than polarising. We call this dialectical synthesis Ethical Presence and suggest that this enables us to extend our selves from (to use Haidt’s (2014) updated Homo-Duplex theory) ‘selfish chimp’ to our most generative, potent and supportive presence where we can dialogue and inquire about the impact of our presence on others and the situation. It is through this process of mutual inquiry and assessment of impact that Ethical Presence becomes a field-relational, holistic process of gestalt formation and destruction, rather than a potentially egotistical self-assessment of my state of embodied presence and influence. Pragmatically, this may take significant time, support, safety and commitment to going forward together rather than advancing individual needs. Our belief is that attention to the effect of power as an atmospheric/implicit and/or explicit field moderator is critical to this process.

Interestingly, here we can again sense the importance of atmospheric phenomenology; arising in the first impression, but conveying a whole history, and configuring the emergent relational ground. If my ‘chimp’ is activated, how effectively can I transcend this ‘reaction’ without sacrificing my own genuine response or becoming confluent and compliant with the situationally demanded behaviour? We view this as an essential, ongoing ethical issue presenting in the unfolding situation and spoken to, in our SOS framework, by the concept of Ethical Presence.

In summary then, we do not consider it a ‘given’ that the trifold awareness we call the SOS framework will ‘naturally’ occur in our relational work. Indeed, our premise is that our personal access to this state of presence is a reflection of our state of privilege in that moment and is therefore often mediated by a set of implicit power relationships operating in our favour. At these times, we suggest that the state of presence, while giving rise to a sense of potency, may result in an out of awareness enactment of deeply embedded power relationships. Our theory is that increased awareness of these power dynamics, together with a reflexive, explicit and conscious use of power to support safe inquiry involves taking a stance that we are calling Ethical Presence and that is a hallmark of a radically relational approach. In this state, while we remain creatively indifferent to specific pre-formed outcomes, we are continuously and actively assessing the quality of relational unfolding to discern whether it is supporting health/the Good across the three SOS domains. Of course, it is not possible for one person to assess this independently, so in practice the approach rests on mutual inquiry and dialogue. We propose, taken together, as is the case in Gestalt work, this leads to the attitudinal stance of ‘creative indifference’ being wholly different to indifference or to an ‘anything goes’ stance. Instead, assessment, diagnosis, treatment planning and risk assessment are positioned in every moment of the situated relational encounter rather than being a front-loaded ‘event’ that then aims the unfolding towards an outcome that may, upon closer examination and as time passes, be judged inappropriate, superficial, unhelpful, risky or dangerous to others, or just outdated.

**Conditions for Ethical Presence**

So what are the conditions for Ethical Presence to flourish and what is it that I – the practitioner – need to attend to and be alert to?

In this we find some answers with Alain Badiou, a French philosopher who in his book *Ethics: An Essay on the Understanding of Evil* (2001) rejects what he views as sentimental ideologies of contemporary liberalism (Downing and Saxton, 2009, p. 8) in favour of a selfless pursuit of the truth. For Badiou, an ethical stance is that which ‘helps to preserve or en-courage a subjective fidelity’ to an ‘event site’ (Badiou, 2001, p. iii, original italics). The latter can be understood in Gestalt as a new figure which introduces a major shift – an ‘aha’ moment or defining awareness. Badiou calls to us to have the courage to stay faithful to this unfolding moment or situation. Fidelity to an event is not easy and demands us to be faithful to something that transcends our own personal interest. It is exciting to note the similarity to the Gestalt paradoxical theory of change which invites us to stay with experience in the here and now and trust that something useful will emerge from staying with the moment. Examples which Badiou gives of surrendering to the event are the conversion of St Paul on the road to Damascus which led him to become a follower of Jesus, or even the act of falling in love. For Badiou, fidelity to an event is what constitutes a subject (a Self), and so there is no Self without fidelity to an event. We would suggest this statement can be viewed as very similar to PHG’s notion of Self as the ongoing outcome of the process of contact; or more accurately,
the system of the person’s contacts’ (Clarkson and Mackewn, 1993, p. 51); and therefore necessarily ‘regarded as at the boundary of the organism’ (PHG, p. 427), and in contact with the event (site).

Badiou cautions us, however, that in being faithful to the event in this way via our Self-ing process, there is a demand to be aware of the three types of evil that can beset the subject of truth:

- ‘Terror’ which is the act of imposing a truth on others which results in a totalitarian perspective such as imperialism, fascism, etc.
- ‘Delusion’ which is the act of restricting the universal nature of a truth event and locating it in a particular community or place. The particular event or situation is no longer ‘real’ but gets attributed to a given person or group as a way of avoiding the co-emergent nature of the situation. The event/situation emerges from a wider context and inevitably holds a universal truth. A fraudulent act in an organisation has as much to do with the organisation as it does the fraudster; it is important to keep sight of that.
- ‘Betrayal’ which describes the lure of temptation that might beset the subject of truth and send him or her off course. Fidelity to the truth is a tireless, passionate work of not betraying or abandoning that truth. What is mostly associated with this betrayal is a lack of resilience which invites us to address our self-care in holding an ethical presence. This is easily seen in organisational life when rates of burn out, sickness absence, or non-responding in meetings or emails are probably early signs that all is not well. These are typical conditions for unethical behaviours to ensue.

To summarise, the conditions we are therefore proposing to be vital to the assurance of the Good include the following four principles that coalesce into the concept of Ethical Presence:

- To adopt an ecological stance which invites us to stay faithful to the immediate situation and context in which the event (figure) has arisen.
- To stay curious and exploring of the context – beyond the immediate situation – with explicit awareness of power and privilege. The reflexive responding to these issues is in itself an ethical act that brings us into a relationship with both other humans and non-human species in the world.
- Neither to impose nor restrict emerging figures on, or from, others. Ethical Presence requires the practitioner to hold the uncertainty and the space for others to step towards, and away. These movements or dances of Presence and Absence (or as Buber calls them, Distancing and Relating (Buber, 1959; 1965), are the relational and ecological stance of the relational practitioner.
- Last but not least, Ethical Presence relies on resilience and self-care on the part of the practitioner in order to avoid – as Badiou puts it – the evils of fatigue and betrayal.

Summary and conclusions

We hope that this paper raises many issues for discussion and debate amongst Gestalt and relational practitioners; be they psychotherapists, coaches or consultants. We have found it a difficult paper to write, wrestling as it does with explicit and implicit power dynamics and their impact on the field: all intangible factors that are hard to grasp. We view this paper as a pointer to issues that are of increasing importance in our own praxis and, we judge, within the wider field, which we view as getting more competitive, urgent and demanding of practitioners.

In particular, we believe that if we are to protect our beloved, bespoke Gestalt approach from extinction at the hands of critique by demands for evidence that meets criteria for replicability and standardisation, then we must be seen to meet the highest ethical standards of doing good and of doing no harm. In this spirit we have discussed how and why we have extended the Gestalt notion of presence to include an explicit ethical dimension. Inclusion of this adds a requirement that the practitioner constantly uses their own sense of presence to reflect on what affords them access to power and privilege in the moment. Equally, what aspects of Self, Other or Situation and wider context leads them to lose their presence, and potentially thereby gain access to important data about the wider field and the ecology emergent in it. Pragmatically, this theoretical extension rests heavily on a dialogic approach where we can learn about our impact in order to guide our next move. We have argued that receiving this feedback requires explicit attention concerning how power might be configuring the situation so that some players are afforded more than others and thereby have more support to reply.

We realise that by raising these issues in this age of the Anthropocene with all the attendant issues of climate crisis and potential ‘political and spiritual nihilism’ (Critchley, 2007), we are demanding from practitioners ever more reflection on their practice and reflexivity in the moment. By doing this however, we hope to underscore the potential for psychotherapy, coaching and organisational consulting to have enormous potency for good in the world by advocating for a relational and ecological values-based approach that elevates diversity and recognises mutual (if not equal) power relations among living things. In proposing this move, we hope to have explored and extended ‘a rich vein to be mined by further study
of the I-Thou stance in organisations’ (Maurer and Gaffney, 2005, p. 250).

Again, we would underscore the need to hold this approach in dialectical tension with a more egological (Will-based) stance. However, since ‘starting with the individual Self’ is so culturally normed in the hyper-individualised West, a corrective of leaning into an ecological, Grace-based stance (referred to by Lynne Jacobs as ‘Engaged Surrender’ (2019)) may be required within this culturally biased context, and specifically in light of the current climate emergency. Indeed, this particular stance denotes our personal formulation of the relational turn in Gestalt praxis and we look forward to hearing comments and thoughts of others on this point.

In developing the concept of presence to explicitly include an ethical dimension, while not prescribing any specific ethical stance or values, we recognise the potency of practitioners to demonstrate, steward and advocate for humane, mutual and sustainable relationships with other humans and, we believe, the wider field. This seems ever more important in our practice.

References


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Deliberateness and spontaneity in Gestalt therapy practice

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Abstract: The present work aims to describe the different ways of acting in Gestalt therapy. The author distinguishes two activities, one deliberate and the other spontaneous. Within deliberate therapeutic activity he further distinguishes work on the individual and work on the relationship. Both classical Gestalt therapy and the relational orientation that Gestalt therapy has developed today encompass deliberate and spontaneous therapy action. The two perspectives are not irreconcilable, but complementary, integrating each other.

Keywords: subjectivity, relationship, field, deliberateness, spontaneity, meeting.

Introduction

My aim in this paper is to describe two approaches to Gestalt therapy (hereafter GT) work, one which is deliberate and one which is spontaneous. Deliberate therapy activity encompasses both work on the client’s individual experience and work on the therapeutic relationship. Spontaneous therapy activity is instead relational by definition, as it refers to the co-created therapeutic encounter. In deliberate work on the relationship, the tool for change lies in the exploration of what happens between the client and the therapist on a predominantly verbal and explicit plane. With spontaneous activity, which primarily concerns the implicit plane of the relationship, change is instead driven by the experience of contact between the client and therapist.

In recent decades, the centre of gravity in GT has shifted from a model that revolves around the individual to a relational model. Such a theoretical shift has steered clinical practice in GT to focus more on the healing power of the therapeutic relationship, than on exploring the client’s experience. The growing interest shown in the relational perspective is leading practitioners to replace traditional therapy methods, which use techniques and experiments to develop awareness, with dialogue and spontaneous contact between the client and therapist. It is my view that the classical and relational perspectives, each of which encompass both deliberate and spontaneous therapy action, are not irreconcilable, but complementary, integrating each other.

The use of the term ‘relationship’ in GT discourse calls for some clarification. Perls, Hefferline, and Goodman (1951/1994) (hereafter PHG) concerned themselves with contact, not with the relationship. Contact refers to the figure/ground formation process – the experience of the present moment – which is always the outcome of interaction between the organism and the environment. The concept of contact falls within a perspective centred on the individual, which does not contemplate the reciprocity of interaction in the here and now between two people. Moreover, the PHG model, focused on the here and now, does not address what develops between two people through the succession of their encounters. In a previous work (Macaluso, 2015a), I attempted to lay out the possible theoretical premises for a relational GT approach by proposing a revised concept of contact which enables the approach to reach beyond the original individual and unilateral perspective and encompass the temporal dimension of the relationship between two people. If we look at the interpersonal situation from a bilateral and temporal perspective, we can consider contact as the interaction that occurs in the present moment between two people, and the relationship as all the moments of contact between them that occur over time. Contact is the here and now of the relationship. Contact shapes and reshapes the relationship, which in turn gives shape to contact. Situating contact within the relationship helps us grasp its meaning better.

Deliberateness and spontaneity in Gestalt therapy practice

PHG identify deliberateness and spontaneity as two fundamental modes of the functioning of the self, which our neurotic culture unduly separates. Following on from them, I identify two ways of acting in GT, one deliberate and one spontaneous. Deliberate activity and spontaneous activity in therapy should not be understood as separate dimensions of the clinical
situation, but rather as two integrated approaches to therapeutic practice.

According to PHG, deliberateness is the active and voluntary mode of the ego, a partial functioning of the self, tasked with identification. Spontaneity is instead the integrated and total functioning of the self, marking the condition of fullness of experience. In the deliberate mode, experience is differentiated in objects, which are known through abstract reason. In the spontaneous mode, the organism and environment instead ‘flow together’ in confluence, and reality is grasped in its immediateness (PHG, p. 90).

When the therapist takes deliberate action, the other constitutes for her an object of observation and study. As PHG write, ‘When things and other persons have once become outlined and abstracted objects, they can enter into useful deliberate fixed and habitual relations with the self’ (p. 91). The therapist then uses her theoretical knowledge and methodologies to assess the situation according to the model of reference, identifies an objective, forms an idea of how to accomplish it, and acts accordingly. As PHG would put it, orientation (diagnostic assessment) and manipulation (therapeutic intervention) are separate moments of the process. Furthermore, the therapist is self-aware, observing and assessing herself. Instead, when acting spontaneously, the therapist experiences a sense of engagement and full attunement with the other. Thus she assesses the situation of the moment and responds to it in an immediate way, that is, without the mediation of theoretical and technical knowledge. With no clear objective in mind or goal to reach, the therapist acts intuitively, according to what emerges moment by moment at the contact boundary. When therapeutic activity is spontaneous, it is not ‘something one knows beforehand, but something one does and then knows and can talk about’ (PHG, p. 175). In this case, orientation and manipulation are integrated; perception and action are one. Fully immersed in the experience and ‘engaged with the situation’ to the point of losing one’s sense of self, the therapist has the feeling that her actions do not come from herself, but emerge from the void, as though they developed on their own. It is likely, therefore, that those actions will be effective, because they are ‘a spontaneous response to an actuality’ (ibid., p. 224).

Deliberate therapeutic activity encompasses all that the therapist does intentionally to help steer the client towards a new creative adjustment. Spontaneous activity instead consists of the personal and spontaneous actions of the therapist, or the client, which lead both of them to experience moments of reciprocal acknowledgement and intimate contact that shape and reshape the relationship. When taking deliberate action, the therapist observes the process from an external perspective and uses techniques. By ‘techniques’ here I mean any intervention or action that the therapist performs deliberately, referring back to a particular theoretical and methodological model, in order to produce a therapeutic effect. By contrast, when acting spontaneously, the therapist is personally engaged in the process and responds to what is present in the present moment in an immediate, unpremeditated way. Fully engaged with the present situation, the therapist is confident of the spontaneous self-regulation of the field and expresses herself in a personal and creative way. Change, in this case, no longer pivots on the therapist’s deliberate actions, but on spontaneous contact with the client.

For PHG, deliberateness and spontaneity are not contradictory, but are two different and integrated aspects of the functioning of the self. The dichotomy between deliberateness and spontaneity is simply a neurotic split. Thus, we can consider deliberate therapeutic intervention and spontaneous activity as two polarities along a continuum encompassing all the different degrees of combination of the two. Both deliberateness and spontaneity are to some extent present in every action and reaction of the therapist. As with any healthy relationship, the therapeutic relationship requires flexibility and the capacity to move across the deliberateness/spontaneity spectrum according to the needs of the moment.

Deliberate therapeutic activity

In deliberate therapeutic activity we can distinguish between work on the individual, or the subjective experience of the client, and work on the relationship, or what happens between the client and therapist in the here and now.

The distinction between work on the individual and relational work, however, simply concerns an option of method, without in any way undermining the unitary perspective of GT. From a GT point of view, individual and relationship are a false dichotomy, as they are two aspects of one and the same reality, the actual situation, which can be analysed by taking as our starting point either one or the other. Ultimately, work on individual experience and work on the relationship produce equivalent effects. Individual work on awareness develops the relational competence of the client, while relational work develops awareness.

Both work centred on individual experience and work centred on the therapeutic relationship always refer back to some methodology, while at the same time implying attention directed at the field. In this section I will look at the essential aspects of the GT method, then go on to outline briefly the different modes of working on the individual and on the therapeutic relationship.
The Gestalt therapy method

The underlying method of classical GT lies in the phenomenological exploration of experience in the present moment. PHG hold that ‘the actual situation is organized in a way that is detailed, structured, vivid, concerful’ (p. 312), and as such, ‘the therapy, then, consists in analyzing the internal structure of the actual experience’ (p. 8). Such an analysis consists in systematically focusing attention on the ‘how’ of experience, on its various aspects, details, and implications. That means breaking down (de-structuring) experience into parts and then subsequently reuniting (re-structuring) them creatively. The process of therapy is therefore to change the conditions and provide other grounds of experience, till the self discovers-and-invents the figure’ (ibid., p. 213) through a spontaneous creative adjustment. Experience will change if its conditions change, i.e. if the ground from which it emerges changes. Phenomenological exploration changes the ground, enabling a new figure to emerge. Attempting to modify directly a dysfunctional belief held by the client, as PHG explain, would mean going against his subjective reality, against his way of seeing things, eliciting resistance. To modify that belief, we instead need to explore in detail, through a series of questions, the many different aspects that form part of his ground, of his total context. PHG define this method of procedure as the ‘contextual method’. At the heart of the GT method is the idea that the continuous and meticulous focusing on the many different aspects and various dimensions that form part of the ground of present experience will determine a new structuring of experience itself – a new awareness, or a different way of seeing things and a different attitude.

Detailed exploration requires concentration, which in PHG is identified as the basic Gestalt technique. With concentration, phenomenological exploration is conducted by the client himself. The GT experiment itself, by not aiming directly at change, is a method for exploring experience. Or, as PHG explain, ‘With this method we bring to the surface the difficulties of the client. Not the task, but what interferes with the successful completion of the task becomes the center of our work’ (1994, Introduction, p. xxx).

Work on the individual

Work focused on the individual is a phenomenological and experimental exploration of the subjective experience of the client. It may consist in working on an aspect of the client’s experience that emerges openly in the here and now, such as, for example, the account of a dream, a manipulative attitude, a clenched jaw, a slight change of voice, or any other element that strikes the therapist’s attention. Or it may concern working on a particular mode of contact, which the therapist grasps thanks to the theoretical model. For it is only possible to identify retroflexion, for instance, if one understands the relative theoretical construct.

In GT, clinical work privileges what happens in the here and now of the therapy session, the actual situation. That means the phenomenological exploration of the client’s experience primarily concerns ‘his attitude toward himself, toward the therapist’ in the present moment, which does not necessarily exclude ‘his ordinary behavior (his ordinary behavior in family, sex, job)’ (PHG, p. 64). Even the material provided by the client’s daily life and the problems it presents is an integral part of therapeutic work, if it is functional to achieving a new creative adjustment in the here and now.

The emphasis that GT places on the ‘here and now’, however, does not exclude the past and future from therapeutic work, as they contribute to determining the present organisation of experience: ‘Memory and anticipation are acts in the present, and it is important for us to analyze their place in the structure of the actuality’ (PHG, p. 67). I believe Gestalt therapists should be encouraged to focus more on the history of the client – in contrast not so much with the underlying theoretical assumptions of our approach, as with a certain stereotyped image of it.

Work on the relationship

As PHG see it, what happens in the here and now of the therapeutic relationship is not the mere repetition of a past relational attitude, but ‘a real social situation’. Contrasting the psychoanalytic approach with the Gestalt method, the authors explain, ‘The transference (emotional relation to the analyst) is construed as the reliving of the childhood events, when the simple facts of the analytic situation are sufficient to account for whatever happens, without reference to the past at all’ (PHG, pp. 465–466). Relational work is specifically about analysing ‘the structure of the actual interview’ (ibid., p. 13), the analysis of the experiences, of both the client and the therapist, that emerge in the actual encounter. Exploring what happens between the client and therapist constitutes the technical aspect of work on the relationship, but that does not imply any lack of personal engagement on the part of the therapist. The therapist is interested in what the client experiences in the here and now of the relationship, but at the same time is involved and manifests her involvement in a personal and authentic way. Both engage in a dialogue and contribute their different experiences and their personal relational styles in the attempt to co-create shared meanings and a shared vision of ‘reality’. Such dialogical exchange is the fundamental means for understanding and changing the way the
client organises his subjective experience, his contact with the other. The encounter between the subjective experiences of the client and the therapist triggers transformative processes not only in the client, but in the therapist as well.

One method frequently utilised in GT comes from Isadore From and consists in relating in the here and now of the therapeutic relationship what is manifested by the client. The method involves the therapist asking the client, 'In what way am I contributing to your experience in the here and now?' If, for instance, the client speaks of feeling anxious, the therapist might ask, 'How am I contributing to your anxiety?' From this perspective, if the client relates a dream, or a film, or something that happened the day before, or a month earlier, it is because he wants to say something to the therapist that concerns the here and now of their relationship. The therapist does not focus on the content presented by the client, but the interpersonal contact made in the present moment. The theoretical premise behind the technique is that what the client manifests is an expression of the field and not exclusively of the client and his inner experience.

This technique is commonly considered a way of working on the relationship. In reality, it does not always or necessarily imply that. If the therapist relates the client's experience to the here and now of their relationship and invites the client to interact directly with her, but without engaging personally in the exploration of the situation of the moment, the therapeutic work will not be on the relationship, but on individual subjective experience through the relationship. Here is an example:

Client: 'It often occurs to me that when I am with other people, I don't feel completely at ease.'
Therapist: 'In what way don't you feel completely at ease with me?'
C: 'With you? I don't know... Maybe because I perceive you as an authoritative person, someone superior to me, and that makes me feel a bit uncomfortable.'
T: 'If you didn't feel so uncomfortable with me, what would you want to tell me or do?'
C: 'Um, I don't know...' T: 'Take your time and think about it.'
C: 'Well, I think I'd ask you about yourself... I'd like to know more about you, about your life.'
T: 'Try asking me something you would like to know about me.'
C: 'Um... Are you married? Do you have children?'
T: 'What effect does asking these things have on you?'

In this case, the therapist is using the present relationship to explore certain habitual modes of contacting in the client and supporting him in overcoming what is blocking him, but does not engage personally in the exchange. The therapeutic intervention focuses only on the individual experience of the client. It is only if the therapist calls herself into question by exploring how she herself is contributing to creating the situation of the moment that the therapeutic activity becomes work on the relationship. In the brief exchange that follows, the therapist focuses on working on the relationship:

Client: 'I don't feel you are interested in me.'
Therapist: 'What gives you the impression that I'm not interested in you?'
C: 'I can't say exactly... it's just the sensation I have.'
T: 'I wonder if you're the one who doesn't perceive my interest in you or if I'm the one not showing it.'

Obviously, not everything the client says in the therapy session concerns the client–therapist relationship or can be related to it, even if it takes shape within it. In certain situations, it can be useful to consider the experience as belonging to the client, rather than relating to the present relationship. Let us look at some examples. A client tells the therapist about the embarrassment she felt when her father showed an ambiguous interest in her. In this case, the client may simply feel the need to express to the therapist, within the safety of the relationship constructed with him, her pain and anger over abusive aspects of her relationship with her father, for which the therapist may choose to limit himself to listening carefully and actively, thereby facilitating the client in expressing such intense emotions. If instead the therapist gauges a certain uneasiness in the field, he may decide to shift the focus of attention onto the therapeutic relationship, by asking the client, 'Is there anything about me that makes you feel embarrassed?' In this case, the predominant need of the client – her intentionality of contact – may be that of putting the therapist to the test, to see if his interest is genuine and not ambiguous, to be able to reveal her more vulnerable sides.

Spontaneous therapeutic activity

Spontaneous therapeutic activity is the process of co-creating the therapeutic relationship, through moments of reciprocal acknowledgement and sharing. The therapist contributes to the co-creation of that process through her own way of being, through the capacity to be present in the situation in an authentic and personal way.

With spontaneous therapeutic activity, change does not come from the exploration of what is happening in the relationship, but from lived experience in the actual encounter. As such, therapeutic activity is the
experience of contact between client and therapist. When working on the relationship, the therapist aims to establish a shared verbal understanding of who is doing what to whom. Instead, when acting spontaneously, the therapist ‘flows through the situation with’ the client – to use an expression of Gadamer’s (1989) – and it is not necessary to reflect explicitly on what is happening at the contact boundary.

What follows is an example of spontaneous therapeutic activity:7 The client expresses his anger with the therapist. The therapist apologises, acknowledging that the client’s anger is justified. Or, alternatively, she expresses her own anger, feeling it is appropriate to the situation. In both these cases, the immediate, personal, and spontaneous reaction of the therapist, which is an expression of her awareness of the field, is followed by a moment of sharing, in which each of them acknowledges the subjective experience of the other.

A side note. Distinguishing between deliberate relational work and spontaneous therapeutic activity can help us clear up a small dispute, of which I myself was a witness, at a clinical workshop with Daniel Stern, held in Palermo in 2009.8 On that occasion, Stern asserted that it was not always useful to put into words the experience of the encounter between client and therapist. Commenting on what happens at key moments of the therapeutic relationship, he explained, can be superfluous or even counterproductive. The matter aroused much perplexity among those of us present, for the most part Gestalt therapists. One person raised his hand to say that it was normal for us Gestalt therapists to talk about what happens in the here and now of the therapeutic relationship. It seemed an incomprehensible point of divergence between Stern and us. The matter, however, becomes clearer in the light of the distinction between deliberate activity and spontaneous activity. To speak of what happens between client and therapist, as we habitually do as Gestalt therapists, constitutes a useful technical approach to exploring the relationship. It becomes superfluous, however, and even counterproductive in spontaneous activity, as it introduces technique into a spontaneous process. When we try to explain spontaneity, there is always the risk of stifling it.

Spontaneous, co-created contact

There is an increasingly clear tendency emerging in GT today to consider what I call ‘spontaneous therapeutic activity’ as the key to change. Healing thus becomes the real, spontaneous, co-created meeting of two human beings who take the risk of doing so (Spagnuolo Lobb, 2003; 2013). Such an idea represents a giant leap forward in our technical conception of healing, by seeing that healing lies in the quality of being-with the other.

Spontaneous therapeutic activity is a matter of moments. For the Boston Change Process Study Group (2010), change occurs not only in special ‘moments of meeting’, where intense emotional engagement is shared, but also in smaller, ordinary, and quiet moments. Both those special moments and ordinary moments are essentially marked by the specific acknowledgement of the other’s subjective reality. Such moments cannot be brought about by any technique or procedure. They only happen if and when the therapist is fully present in contacting the other and spontaneously expresses herself and her experience.

Even the foundational text of GT clearly makes reference to the spontaneity of contact between the client and therapist as a therapeutic factor in itself. In the following passage from PHG, for instance, explicit reference is made to the full and spontaneous engagement of the therapist, who responds ‘man to man’:

The therapist, according to his own self-awareness, declines to be bored, intimidated, cajoled, etc.: he meets anger with explanation of the misunderstanding, or sometimes apology, or even with anger, according to the truth of the situation; he meets obstruction with impatience in the framework of a larger patience. In this way the impatience can become foreground, so that its structure can be experienced (pp. 25–26).

Such engagement produces change not only in the client, but in the therapist as well, as he ‘is himself growing into a real situation by giving in to what is brought in and defending himself against the neurotic elements in it’ (PHG, pp. 60–61).

We can trace the GT conceptual framework for spontaneous therapeutic activity from PHG’s theory of self, which is centred on the concept of spontaneous self (Macaluso, 2015b; 2015c). Spontaneity is a quality of ‘good contact’, of the experience of full awareness. We are spontaneous when we are fully present in the here and now. Spontaneous experience, for PHG, is characterised by the feeling of being neither the active agent, nor the passive object of action, but rather of being active and passive at the same time, as though the action developed on its own. Such spontaneous action is neither active nor passive but ‘middle mode’. In spontaneous experience, we are totally engaged without any sense of self, or of our own identity. Finally, spontaneous action has no goal, no preset objective, but finds direction progressively as it develops.

The properties of spontaneous experience highlighted by PHG would appear to be echoed in Hans Georg Gadamer’s description of the characteristics of games. In his seminal work for the development of philosophical hermeneutics, Gadamer (1989) proposed using the concept of ‘game’ as a metaphor for our relationship with the world. For Gadamer, games are structurally analogous to dialogue, to a meeting with...
the other in which we are transformed. And he asserts the primacy of the game over the players. Games have an essence of their own, such that those who play the game neither create nor govern it. Playing is at the same time being-played-with. Playing is not an active process, but a middle mode, meaning that it is active and passive together at the one time: ‘The primordial sense of playing is the medial one’ (Gadamer, 1989, p. 103). Being totally immersed in the game, the players do not have a subjectivity outside of their playing: ‘The real subject of the game is not the player but the game itself’ (ibid., p. 106). In the final analysis, the game does not have an ultimate purpose other than its self-representation and manifestation. Hence, Gadamer describes the game as an open and spontaneous event in the middle mode, which transcends the subjectivity of the players engaged in it.

Thus for PHG and for Gadamer, spontaneous contact, or authentic dialogue, is something that happens, something that the people involved cannot command. It is not something they construct, but something that is accomplished in them. When the therapist is fully present at the contact boundary, she does not know in advance what the client’s next step will be, nor what her own will be, for ‘in spontaneous behavior, everything is novel and progressively made one’s own’ (PHG, p. 161). Living fully in the present always entails the risk of facing the unknown. It is only if we accept that risk and trust in the self-regulation of the process, in the spontaneity of what happens moment by moment in our meeting with the other, that we can be open to both novelty and growth.

The global approach of Gestalt therapy

Deliberate therapeutic activity and spontaneous therapeutic activity are inextricably interwoven in the present situation, proceeding hand-in-hand and integrating each other. The theoretical and methodological knowledge of the therapist helps steer and direct spontaneous action. On the other hand, staying focused on the contact boundary enables the therapist to understand better what is happening in the specific situation of the moment and, as the case may be, question her clinical model of reference. As PHG write, ‘The therapist needs his conception in order to keep his bearings, to know in what direction to look’ (p. 228). But a priori knowledge must never prevail over the specificity of the present moment or blind the therapist to seeing the novelty of the actual situation, which is always unique and unrepeatable. The therapist should never impose on the client his/her model of health – his/her conception of what is healthy and what is not – nor his/her own therapeutic model, but should use them instead in a flexible and adaptable way, in the knowledge that no one rule is always true for all. Moreover, the therapist needs to be emotionally open, ready to engage personally in the present situation, trusting in the spontaneity of the process.

Deliberate activity and spontaneous activity are part and parcel of both classical GT, focused primarily on exploring the client’s experience, and the relational orientation that GT has developed today. In my view, classical GT techniques are not invalidated by the relational option, but instead contextualised and reframed within a broader frame of reference. The new relational perspective can encompass the traditional perspective centred on the individual to enrich our theoretical and clinical fund of knowledge. From time to time, the therapist will need to assess the situation of the moment and decide whether to focus on what is happening in the therapeutic relationship or on the client’s individual experience. In any case, paying attention to the field must always be considered the priority. Even when examining the client’s subjective experience, the Gestalt therapist must always bear in mind the relational context from which it arises. Everything that happens in the session, everything that emerges, needs to be understood and evaluated in the light of what is happening in the relational field.

GT is a holistic and integrated approach that encompasses both individual work and relational work, as well as both a technical approach and spontaneous co-created contact. All of these components can be found in one way or another in the foundational text, and to forgo any one of them would mean weakening GT in its practice and in its theory. A number of the fundamental ideas of GT, which seventy years ago represented a truly original contribution to the clinical psychology of those times, even today form a consolidated part of other approaches, which in some cases have probably succeeded in spreading them better than Gestalt therapists have themselves. Just think of the focusing of attention involved in mindfulness practices, or the central importance that relational/intersubjective psychoanalysis places on the relationship and therapeutic encounter. Today, the specificity of GT does not lie in the originality of its epistemological premises or its theoretical constructs, but in the way it translates those premises and constructs in therapeutic practice. The global perspective shown in its clinical practice – by incorporating the decisive importance of the present moment, phenomenological and experimental work on individual experience, body work, and analysis of what is happening in the therapeutic relationship and spontaneous, co-created contact, and by considering all those factors as diverse expressions of the unitary functioning of the organism/environment field – makes GT still today one of the most valid and relevant therapy approaches we have.
Summary

The present work aims to describe the different ways of acting in GT. The author distinguishes two activities, one deliberate and the other spontaneous. Within deliberate therapeutic activity he further distinguishes work on the individual and work on the relationship. Both classical GT and the relational orientation that GT has developed today encompass deliberate and spontaneous therapy action. The two perspectives are not irreconcilable, but complementary, integrating each other.

Acknowledgement

A version of this article has appeared in Italian; see Macaluso (2018).

Notes

1. For a description of the properties of the self and its main structures – the ego, id, and personality – see Perls, Hefferline and Goodman (1951/1994, chapter 10) and Macaluso (2015b; 2015c).

2. Inspiration for this example was drawn from a passage from Gestalt Therapy, which I cite further on (see Perls, Hefferline and Goodman, 1951/1994, pp. 25–26).


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Relational Gestalt therapy as a potential psychology of liberation from oppressive social forces

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Abstract: The essence of relational Gestalt therapy, according to Goodman, rests within political activism and social critique. Thus, a discussion of relational Gestalt therapy as a potential psychology of liberation invariably implies a critique of mainstream psychology. Essentially, an idea is clarified through differentiation with what it is not. Psychology embedded within a positivist paradigm, in attempting to understand universal human nature as distinct from the phenomenological field in which the individual is situated, makes a series of assumptions that are rarely questioned within the mainstream psychological literature. Consequently, a theory of human nature as ahistorical and apolitical becomes a form of oppression in service of those with power. Furthermore, the generally accepted theory of human nature has implications for ‘best practice’ in psychotherapy in treating deviations to such nature, with these deviations regarded as ‘mental disorders’. The article concludes that potentially establishing relational Gestalt therapy as an ‘evidence-based practice’ should not be the only direction the Gestalt community takes, but also focusing attention towards political activism and a critique of social theory in order to effect real change within the world.

Keywords: relational Gestalt therapy, positivist psychology, evidence-base, power, political activism, critique of social theory.

Prior to the development of Gestalt therapy, Goodman was already well-known in New York bohemia for being a political thinker and social critic (Stoehr, 1994). Goodman was considered the ‘philosopher of the new left’ (Stoehr, 1994, p. 21) and even subsequent to the formation of Gestalt therapy, continued to write for the journal, Commentary, Dissent, Liberation. Goodman commenced his own self-psychoanalysis through contact with Wilhelm Reich, and later expanded to take patients of his own as well as leading groups. During this time, Goodman considered himself as primarily an artist rather than a therapist. Goodman strongly argued for the decentralisation of counter-institutions, which potentially underlie his interest in initially developing Gestalt therapy with Fritz and Lore Perls. As an alternative to conventional psychoanalysis, Gestalt therapy aimed to perceive the individual as interwoven with their current situation.

Relational Gestalt therapy (hereafter RGT) emphasises the importance of inviting the ‘whole’ person into relationship, which invariably includes the phenomenological field that the individual is contextualised within. Due to these three considerations (wholeness, relationship, and the phenomenological field), RGT, Goodman would argue, needs to be considered as more than just a therapeutic modality, but as political activism and a critique of social theory. Essentially, RGT is potentially a psychology of liberation from oppressive social forces. As a psychology of liberation, RGT provides a critique of the implications of mainstream conceptualisations concerning human nature and psychological distress. Gestalt additionally questions culturally embedded yet unreflected ideals that infiltrate the wider structures of society, including the medical and psychotherapeutic fields, as well as the economic-capitalist system. In fact, without bringing all these conceptualisations into the spotlight when considering psychological distress, mainstream psychology is more a reflection of politics rather than anything resembling human nature.

Similar to Goodman, Martin-Baro criticised mainstream psychology, arguing for decentralised counter-institutions as a reaction to established psychological theories. According to Martin-Baro (1994, p. 19), psychology embedded within a positivist paradigm ‘has served, directly or indirectly, to strengthen the oppressive structures, by drawing attention away from them and toward the individual and subjective factors’. Positivist psychology, by attempting to treat the individual rather than consider the wider
phenomenological field in which the individual is situated, becomes more a reflection of power as opposed to an understanding of human nature. Power is essentially derived from one's access to resources, be it personal, material, or symbolic. Individuals with power, those in the advantageous position of holding a positive disparity of resources, are also in the position to define what constitutes human nature. Accordingly, Dalal (2018) argues that human nature is reengineered by those in a position of power to be mechanistic, within a cause-and-effect Newtonian paradigm that endorses a Cartesian split of mind/body.

The initial problem of positivist psychology

Breen and Darlaston-Jones (2008) argue for pluralism with regards to scientific methodology. The authors argue that through only using positivism as a methodology, social justice issues become marginalised. In order to be studied within a positivist paradigm, the construct under investigation needs to be isolated and operationalised; which has been fruitful for disciplines such as biology and physics. However, psychology is much more complex, with a multitude of interactions; for instance, the phenomenological field as well as nature of contact within the environment. These interactions are responsible for the development of one's sense of self and by extension one's experience of being-in-the-world and the meaning derived from such experience. For psychology to exist within the logical positivist realm of the 'hard' sciences, it essentially had to drop subjective experience from its repertoire of human nature, thus focusing only on what can be objectively observed through quantifiable means. The multitude of interactions were minimised in terms of impact, replaced with a cause-and-effect mentality. For example, within cognitive theory it is pervasively assumed that causing an individual to change their thoughts will have a direct effect of changing the way that the individual feels (Beck, 2011). However, such an idea also assumes that human beings are no more than automatons.

Martin-Baro (1994, p. 19) argues that in the attempt to develop credibility in its own right as a scientific discipline, psychology was able to improve its social position by virtue of catering to the 'needs of the established power structure'. To improve its social standing as a science, psychology inherently adopted a number of assumptions that are rarely discussed within the psychological academic literature. As just mentioned, positivism is inconsistent with the idea that individuals develop meaning through their lived experience. A further assumption underlying psychology in the Western world is the adoption of individualism, where the individual is considered the agent of change rather than change being a function of interpersonal relationships. Psychological distress is then perceived as self-contained within the individual. Therefore, any distress experienced needs intervention at the individual level rather than within the socio-economic system in which the individual is situated.

Further, in psychological theory, there is an overreliance of homeostatic models of human nature, as if this state is the ideal of humanness. However, Andringa, van den Bosch and Vlaskamp (2013) argue that a dialectic, with individuals moving through a thesis, antithesis, and synthesis, is essential to one's development, with the established 'homeostasis' or synthesis then acting as the new thesis underlying continuing self-development. According to Martin-Baro (1994), homeostatic modelling of human nature has the wider societal consequence of distrusting change or protest within the society in which the individual exists. Instead, sustaining equilibrium is considered psychologically healthy, with the desire for change within the system perceived as pathological. Psychology has also adopted an ahistorical perception of human nature, when one's basic needs of Maslow's hierarchy are essentially a social construction. For instance, the foundation of the hierarchy consists of physiological needs, without which one's further needs cannot be met. However, in a system that prioritises homeostasis, food, water, warmth and rest over contact and relationship has the effect of reinforcing a sense of individualism, whilst downplaying the necessity of relationship and attachment in the development of one's sense of self. Yet, each of these assumptions contributes to maintaining the status quo and therefore ensuring the continuation of the current socio-economic system.

The function of psychology embedded within a positivist paradigm, according to Deleule and Guery (2014) is essentially to maintain the status quo of social order by a perpetual insistence that it is the individual that needs to change rather than the structures of society. In the process of maintaining social hierarchies, those not within the 1% are dehumanised within their poverty. Consequently, through a lack of education and health care, their potential and development are minimised. Martin-Baro (1994) argues that psychology embedded within a positivist paradigm is conceptualised in a top-down manner, with human nature being defined by those with power in order to achieve their own purposes of economic gain.

The dire consequence of this top-down conceptualisation of human nature is that if one is not resilient as a result of the inequalities perpetuated within an unjust system that beckons to the rich, the individual is automatically labelled as having a 'mental disorder'. Psychology embedded within a positivist
paradigm then becomes a psychology of oppression that perpetuates a fictional and idealistic perception of what it means to be human in an ahistorical, acultural, and apolitical context. Essentially, psychology embedded within a positivist paradigm defines what it is to be human as distinct from the phenomenological field that one is essentially entwined within. According to Martin-Baro (1994, p. 4), the destination of positivist psychological theories is to ensure that individuals are essentially ‘left on their own to deal with their social oppression’. With human nature stripped of its historical, cultural, economic and political context, if psychological distress arises within an individual, the distress is thought to arise within the individual through either faulty thinking or a chemical imbalance.

In fact, social and political processes, from a phenomenological perspective of the individual diagnosed with a 'mental disorder', have rarely ever been studied alongside the individual's psychological distress. Psychological studies, from a logical positivist scientific paradigm, only examine what can be quantified. Moreover, such studies are carried out by those with a power imbalance, negatively favouring the afflicted. Thus, individuals with a 'mental disorder' are studied as if they were somehow removed from history and sociality, as if human nature was somehow purely biological.

Nonetheless, Picket and Wilkinson (2010) demonstrated that the more unequal a society, the more unhappy the inhabitants are generally; which is manifested in a number of societal ills from more teenage pregnancies, greater prison populations, more psychological and physical ailments, as well as more violence both on the street and within the home. The poorest are the most impacted by the rising cost of living, rising unemployment, and deprecating health care. Positivist psychology, rather than focusing its efforts at changing on a societal level, makes the individual the focus of the intervention, in which their thoughts about the environment essentially need to change. Social justice issues are effectively marginalised within such a paradigm. Cognitive psychology perpetuates the myth that psychological distress is not instigated and maintained by the reality of events, but rather by an individual’s perception of such events. According to Dalal (2018), cognitive therapies work insofar as oppressing an individual to be content with their position within society, and if not, they must change their thinking so that they are more accepting of such a position.

Martin-Baro (1994) further argues that interpretations and characterisations of 'mental disorders’, such as those contained within the Diagnostic and Statistical Manual (American Psychological Association, 2013), primarily serve the interests of the dominant class within society. As positivist psychology has been developed through a top-down process, those in power are in the position to define what is and what is not mentally healthy behaviour. For instance, in developing a consensus in the definition of mental health, Manwell et al. (2015) conceptualised mental health as trans-domain, overlapping with both physical and social health, each defined by a 'basic standard functioning and adaptation’ to the environment. Mental health especially is characterised by no disturbances in one's thinking, feeling, and behaving as a result of adapting to the environment. If the environment is in actual fact a grossly disparate socio-economic system that favours the ruling class, one is automatically considered to have a ‘mental disorder’ if one implicitly disagrees and challenges the constructed environment. However, mental health is not a result of an individual’s self-contained functioning, but the ‘humanizing or alienating character of a framework of historical relationships’ (Martin-Baro, 1994, p. 111). RGT, perceiving mental health as a dimension of the relationships between persons on the contact boundary, rather than an individual characteristic, is then considered political activism and a critique of the prevailing idea concerning 'mental disorders'.

Martin-Baro (1994) therefore suggests that a psychology of liberation needs to be reconceptualised in a bottom-up manner. Through the phenomenological scientific method, RGT aims to develop an understanding of an individual’s subjective experience of being-in-the-world. Rather than attempting to place individuals within predefined categories regarding the state of one's mind, Gestalt attempts to facilitate awareness regarding oneself and the phenomenological field that the self is inexorably interwoven with. The creative adjustments that an individual utilises are perceived as necessary considering the individual’s life experience. Such creative adjustments are understood in the context of the contact boundary and not arising solely within the individual’s mind as a chemical imbalance or dysfunctional thinking pattern.

Power over research output

Murphy (2017, p. 30) indicates that universities are rendered 'powerless to disrupt the corporate reality'. Power through a disparity of resources also equates to the capacity to shape institutions as well as their research output in order to meet the needs of those in power. Perpetuating the narrative of human nature as defined by those in power has, either directly or indirectly, resulted in a crisis within the discipline of psychology. For instance, an Open Science Collaboration (2015)
attempted to replicate 100 important studies within three well-respected psychology journals, finding that only thirty-six studies returned a similar direction of results to the original study. Although only thirty-six studies were replicated, the effect size of these replications were only approximately half that stated within the initial study. Thus, even if the result was found to be an accurate representation, the result was essentially embellished for greater impact. Similar findings regarding the replication crisis in psychology have additionally been identified by Camerer et al. (2018) as well as Klein et al. (2018).

The logical conclusion concerning the replication crisis within positivist psychology is that the vast majority of research publications have been, intentionally or unintentionally, falsified. Obviously, one must allow for a 5% false positive rate as is ubiquitous within the discipline. However, often researchers are under considerable pressure to ‘publish or perish’ in order to be in good standing as well as adopting research ideas to fit within the narrow confines of the mainstream academic culture. However, the fact that most academic psychological journals are only willing to consider significant results means that questionable research practices (QRPs), such as p-hacking and HARKing, are pervasive throughout the psychological literature (John, Loewenstein and Prelec, 2012). P-hacking is where a researcher will manipulate the statistics within the study in order to arrive at a desired result. HARKing implies developing a hypothesis subsequent to the results being known. The problem with this malpractice is quite a number of analyses would have been performed on the data, with only the most favourable reported along with a hypothesis derived after the fact, as if such a hypothesis was the researcher’s original intention. Dalal (2018, p. 81) argues that such fraudulent practices are pervasive throughout the CBT literature, thereby perpetuating a false perception of human nature, statistically demonstrated as true, which invariably serves the interests of those in power.

Academic journals in psychology are essentially deterred from publishing insignificant findings, known as ‘publication bias’, or in other words, anything that may contradict the established order within positivist psychology. The ‘file drawer effect’, where insignificant findings barely see the light of day, is a substantial problem for ‘evidence-based practice’ within psychology. An ‘evidence base’ within psychotherapy is established when a psychotherapy demonstrates a minimum of two affirmative randomised control trials (RCT). An RCT is where individuals from a relatively robust sample are randomly allocated to either a treatment or control condition. If a significant effect is identified in a longitudinal context between both groups, with the treatment being advantageous, this demonstrates the treatment’s effectiveness.

Nonetheless, the problem lies within what is published within the academic literature. Kirsch (2011, p. 195) explains, ‘there is no limit to the number of trials that can be conducted in search of these two significant trials’. Thus, a psychotherapy can theoretically have two published studies that support its effectiveness with a further ninety-eight unpublished studies that disprove its effectiveness and yet still have an ‘evidence base’. However, based on the false-positive rate of 5%, the two affirmative studies would have eventually landed in that direction based on chance alone. Considering political decisions and government policies regarding best psychological practice are based on such fraudulent research practices, Dalal (2018) suggests that evidence is only evidence insofar that the ruling class constructs the definition of evidence. The problem deepens when very little effort is directed to replicating published psychological literature. In fact, Makel, Plucker and Hegarty (2012) conducted an analysis of psychological literature between 1900 and 2012 to determine the rate of replication studies. The researchers found that only 1.6% of all psychological research aimed to substantiate ‘empirical’ findings within the discipline. This dire situation has a significant impact on the legitimacy of CBT, which is held in greater esteem than other therapeutic modalities, such as RGT, due to its supposed robust ‘evidence base’.

Mainstream psychotherapy

CBT facilitates teaching an afflicted individual a number of cognitive skills with no attention paid to the context of the individual’s affliction. The essential premise of CBT is the primacy of thought over emotion. Thus, if one were depressed, one would be taught by a CBT-practising psychotherapist to catch one’s automatic negative thoughts contributing to one’s depression (Beck, 2011). Subsequent to this, the individual would then be instructed to change the negative thought with a more positive one, thereby presumably leading to a positive emotion. The problem with such an idea is that CBT assumes infants arrive from the womb as thinking agents rather than initially experiencing the world in an embodied and emotional way. However, this is more representative of the elite’s Cartesian narrative of human nature, where one has a body rather than being embodied.

Due to the mainstream acceptance of mindfulness within the West, a number of ‘third wave’ cognitive therapies have also arisen that incorporate mindfulness skills. These include further ‘alphabetty’ therapies, such as Compassion Focused Therapy (CFT), Dialectical Behavioral Therapy (DBT), Acceptance and
Commitment Therapy (ACT) and Mindfulness-Based Cognitive Therapy (MBCT). Each of these therapies give the illusion of choice by virtue of propagating a number of differential skills and techniques, but in actuality the destination is always the same. The individual must change in order to fit within an inherently broken system with no attention paid to the wider context of the individual’s psychological distress.

Moreover, it is argued that mindfulness devoid of its philosophical base with only the skills incorporated into psychotherapy, means the ‘therapeutic function’ of mindfulness ‘is to comfort, numb, adjust and accommodate the self within a neoliberal, corporatized, militarized, individualistic society based on private gain’ (Forbes, 2019). Although the introduction of mindfulness in the West is thought to have revolutionised psychological treatment, Goto-Jones (2013) argues that those leading the revolution are paying lip service to the political ideas of mindfulness, but make no mention of the importance of political activism to their followers. In other words, mindfulness is used in the same way as mainstream psychological theories and CBT, maintaining current power structures through minimising social critique of the elite’s definition of human nature. Now, rather than considering the socio-economic factors contributing to an individual’s workplace distress, workers are invited to a lunchtime meditation or yoga hour. No need for better pay or less workplace stress when it is possible to teach the individual to change how they feel about the situation by changing their thoughts. As stated by Martin-Baro (1994, p. 91), ‘the system of course relies on a wealth of diverse mechanisms and institutions to make the worker accept this state of affairs as “natural” and even desirable.’

The fallacy

Droves of people experiencing psychological distress, never mind the cause, are treated with cognitive therapies and mindfulness that is ‘simply a palliative that contributes to prolonging a situation which generates and multiplies the very ills it strives to remedy’ (Martin-Baro, 1994, p. 122). In contrast to RGT’s emphasis on inviting the ‘whole’ person within relationship, cognitive therapies end up fragmenting the individual further, only helping them to compartmentalise and suppress the damaged parts of themselves. Cognitive therapies provide an illusion of healing through ‘a form of symptom control’ (Dalal, 2018, p. 18).

Grossmark (2018, p. 3) indicates that there are many ‘self-states’ of an individual that contain ‘earlier underdeveloped, empty, unspeakable, and profoundly non-related parts of themselves that find no expression in language’. Such damaged or regressed self-states may co-exist with verbally capable and relatable self-states. However, by engaging just the latter, one is not working with the ‘whole’ person of the individual. With the therapist attempting to engage the individual only through conversation and thoughts that can be articulated, this has the potential to neglect and chase damaged self-states ‘underground’. Furthermore, such chasing away the messy, uniformed, and non-relational aspects of the client has the potential to shame such self-states for not being as expected within the therapeutic space. Thus, rather than healing, cognitive therapies aim to move individuals out of their darker self-states, which include the non-verbalised and uniformed aspects of themselves. The effect of this process tends to give the illusion of alleviating mental suffering by virtue of disowning and splitting from the more damaged aspects of oneself.

Furthermore, it is possible to argue that further fractioning the individual is in actuality an intention of the wider socio-economic system. Control, as discussed by Murphy (2017, p. 133), requires the ‘fragmentation of the self, the dissolution of institutions, the explosion of fields of knowledge’. Having such damaged and non-conceptualised self-states is potentially a prerequisite to the capitalist system. In order to achieve supposedly unlimited economic growth, how else will the economy survive without being able to sell an internal perceived sense of security in order to calm the chaos within; how else would idealised happiness be sold to the countless millions unless individuals did not initially carry within themselves a deep well of unhappiness; or how else would an unrealistic idea of freedom from one’s darkness be a source of allurement; how would anything unnecessary be sold unless individuals could be convinced that such a thing would offer them a sense of internal completion. Thus, it can be argued that fragmentation of individuals is a necessary socio-economic condition of the capitalist system.

Cognitive therapies are specifically designed by the ruling class so that the individual is just well enough to go back to work, but still damaged enough to continue participating within the system. Moreover, it is of upmost importance for the system to never be questioned as the cause of psychological distress; thereby the individual is perpetually blamed for the inability to be resilient within the inherently unjust system that disproportionately favours those with power. Enter the revolution of resilience programmes within schools and workplaces. According to those with power, it is not the wider system in which the individual is situated that is the cause of their psychological distress; rather the individual is not resilient enough to withstand the implications of the system. No need for a pay rise in order to compensate
for increased work pressures or to accommodate for the rising cost of living, employees need to be more resilient in the face of such demands.

A political instrument

‘CBT’s success is a political victory masquerading as a scientific one’ (Dalal, 2018, p. 6). The pervasiveness of CBT as the predominant form of therapy in most Western countries due to its ‘strong evidence base’ can be seen as a political tool in a subtly oppressive system that perpetuates a state of inequality. Rather than acknowledging the phenomenological field in which one’s psychological distress arises, CBT erroneously places the onus of responsibility on the individual. Psychological distress becomes the individual’s problem rather than a problem occurring within a system that disproportionately favours those with power.

It is not the vast societal and cultural injustices; the continuous cuts to funding concerning important health care social services whilst investing in war and bailing out banks to the tune of hundreds of billions of taxpayers’ dollars; nor the ambivalence of politicians in important issues such as climate change and how this renders the 99% powerless over the fate of the planet; or the extremely unjust distribution of resources that simply favours those already in a position of immense power; or the flawed idea of trickle-down economics that promises so much but delivers nothing to those in the bottom class; or the compounded stress in attempting to survive in a competitive job market; or pressures in supporting one’s young family; nor is it the meaninglessness associated with menial, repetitive and unfulfilling employment. Instead, individuals bump up against a system that tells them that they essentially need to change their perspective, their cognitions about the world are wrong, that it is something inherently wrong with the individual’s schemas or neurology. In other words, individuals are ‘gaslighted’ by those who stand to benefit from the system. As a result of not adapting to the socio-economic environment perpetuated by those with power, the individual is then diagnosed with a ‘mental disorder’.

Once diagnosed with a ‘mental disorder’ the individual receives the ‘evidence-based’ ‘gaslighting treatment’. If the treatment is ineffective, which invariably it will be, the individual is placed on psychiatric drugs, which ‘appear to work … by putting people in a drug induced state’ (Moncrieff, 2011, p. 177). Moncrieff (2011, p. 188) continues to argue that antidepressants have transformed a myriad of social and personal problems into a source of corporate profit and professional prestige. Goldacre (2012) further argues that the pharmaceutical industry, with its immense capital and therefore power in defining the human condition, has significantly contributed to the corruption of science; especially considering 90% of clinical trials are sponsored by the pharmaceutical industry with invested financial interest in only having significant findings. Dalal (2018, p. 63) argues that psychological science is currently defined by ‘the capacity to shout louder than others’.

Conclusion

In recent years, RGT has been pushing to develop an ‘evidence base’ in order to substantiate its effectiveness. However, is establishing an ‘evidence base’ really worth sacrificing the spirit of Gestalt therapy? Is it really necessary to engage in the shouting that now defines psychological science? Not only is the positivist scientific paradigm, in which an ‘evidence base’ is established, inconsistent with attempting to understand human nature, but also the definition of evidence has been hijacked to serve the interests of those with power. To become an ‘evidence-based practice’, the underlying philosophical principles of RGT must be augmented to fit with the prevailing scientific paradigm. This is the non-negotiable trade-off.

If RGT becomes mainstream through limiting its growing edges, the ideas underlying Gestalt are inadvertently exposed to being appropriated, further augmented in order to suit those in power, and then used against the very people it is designed to help. As already discussed, RGT needs to be conceptualised as much more than just a therapeutic modality, the ideas underlying Gestalt represent political activism and challenge mainstream social theory as well as the embedded yet unreflected cultural ideals. RGT provides a dialogue against the humanistic ideals of individualism, arguing that indeed everything is connected, the whole is greater than the sum of its parts, and an individual does not develop outside a historical and political context.

According to Martin-Baro (1994, p. 120), ‘the healing power of any psychotherapeutic method depends on the dosage of its break with the dominant culture’. In this way, the therapy in and of itself cannot be utilised as a tool to maintain the status quo of the socio-economic system. Psychology embedded only within a positivist paradigm is not situated to be able to look upon itself and critically reflect upon where its theory of therapy ends, and its dogma and propaganda begins. Perhaps then, RGT’s position is advantageous in this regard and establishing an ‘evidence base’ will potentially coincide with substantially more disadvantages than benefits.
Relational Gestalt: a psychology of liberation

References


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Two risks and a third way: what research for Gestalt therapy?

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Abstract: In this article the author explains the possible future for Gestalt therapy in view of the evolution of the regulatory context and the appearance of the contextual model resulting from the evolution of research in psychotherapy. This future oscillates between marginalisation or even outright disappearance and dissolution into a vast, integrative, outcome-based current. The author argues that both the values inspiring the Gestalt therapeutic posture and the mode of intervention based on the therapist’s affective resonance are worth defending and even disseminating more widely than today. He then draws the outlines of a Gestalt research that allows Gestalt therapy to be legitimised by being recognised as offering evidence-based treatments and to continue to develop as an original and innovative modality.

Keywords: psychotherapy research, Gestalt therapy research, evidence-based, contextual model, effectiveness, EAGT, EAP.

As Gestaltists we are probably all convinced that our modality is valid and operative. We all have many stories of clients who have been able to significantly change their lives after having worked with us. There is no doubt in our minds. But what is obvious to us is not necessarily obvious to others; our stories are just our stories. They are too singular and insufficiently objective to be convincing. And let us not forget that Gestalt therapy is still often perceived as a cathartic technique in which the client is jostled ... as if nothing had happened since Friedrich Perls’ last group sessions.

Until recently we could be satisfied with our own certainties. We did not have to convince anyone but ourselves and our clients. But times change.

In this article, I will outline my perception and analysis of the field before drawing lines of action for our community. This subject is both highly technical and extremely political. I hope to make it accessible without too much reducing its complexity.

Regulatory pressure and the risk of marginality

The first thing we need to consider is the societal context. The chronic slowdown in economic growth and the unbridled voracity of financial capitalism have dried up the budgets allocated to public services and therefore to the various health systems. This has dramatic consequences for the management of the current Covid-19 pandemic.

Faced with these financial constraints, health system managers have logically questioned the effectiveness of psychotherapeutic care. They naturally sought this information from scientists specialising in these matters. Today, however, these experts are mainly cognitivists and behaviourists with a medical background. And they rely on a vast body of research that legitimises them and makes their opinions credible. This results in reports or recommendations that effectively exclude all therapies that have not sufficiently demonstrated their effectiveness in terms of scientific demonstration (INSERM¹ report in France, NICE² in England, APA³ and NIMH⁴ in the USA).

Research has therefore become the basis for political decisions.⁵

The consequence of this is that almost everywhere practice is regulated, the modalities authorised or reimbursed are generally CBT – the majority in almost all faculties of psychology; psychoanalysis – still influential in some universities; and systemic and family therapy which occupies a singular niche. The big losers are humanistic therapies.

Why is that? Because they are poorly represented in the universities, have not proved their effectiveness and often have even lost interest and been diverted from any research in psychotherapy. Thus Gestalt therapy is currently in difficulty in the United Kingdom, Spain,
Belgium, Poland, Germany, but also in the United States (where it is increasingly marginal) and France (where it is totally discredited by psychologists) (Béja et al., 2018).

What threatens in these contexts of increasing regulation of therapeutic practices is the pure and simple disappearance of Gestalt therapy as a modality accessible to the greatest number of people. We would only be able to practise in a very marginal way and, in some countries, we even run the risk of being accused of illegal practice of psychotherapy.

The contextual model and the risk of identity loss

Wampold’s contextual model
The second element we need to take into account is the state of research and what the future holds for the profession of psychotherapists. Although the debate between cognitive-behavioural scientists and those who belong to humanistic and psychoanalytic approaches is not over, it has become clear that differences in effectiveness between modalities are marginal (Luborsky, Singer and Luborsky, 1975; Luborsky et al., 2002). Currently, there is a growing consensus that effectiveness depends mainly on factors that are common to all modalities, i.e. mainly on the therapeutic relationship and its components. Thus, the quality of the therapeutic alliance is today the best predictor of the outcomes of a therapy (Orlinsky et al., 2004; Norcross and Wampold, 2011).

Moreover, there are therapists who systematically and significantly have better results than their colleagues, regardless of the modalities and perhaps even the types of clients they receive (Castonguay and Hill, 2017). This means that the therapist is ultimately more important than the treatment (Belasco and Castonguay, 2017).

These two statements, taken together, can profoundly transform the landscape of psychotherapy. Bruce Wampold, a renowned American researcher, has drawn conclusions from these achievements, which are no longer hardly contested today, and he has proposed the contextual model (Wampold and Imel, 2015) as an alternative to the medical model. In particular, he argues that since modalities have less impact on outcomes than the individual therapist, it is the therapist – not the modality or treatment – who must prove its effectiveness. It is moreover on this clinical basis of regular evaluation that the therapist will be able to improve his efficiency and measure his evolution; it will no longer be enough to apply a treatment based on evidence (Briffault, 2018).

It is therefore a model that departs from the medical model currently advocated by CBT and is beginning to compete with it. However, it leads to a weakening of therapeutic modalities, including Gestalt therapy (Briffault, 2018). Indeed, if they are still necessary to give the practitioner a form of conceptual framework and assurance, they are no longer justified by anything other than the therapist’s personal preference alone. Thus, in the long run, modalities may disappear in favour of a therapy guided essentially by the result. What lies in wait is to lose our Gestalt specificity and to have to melt into a globalising and eclectic supra-modality.

EAP policy
This type of ‘Wampold-style’ model based on factors common to all modalities is of interest to professional groups that do not defend a theory. In the EAP (European Association for Psychotherapy) – an association in which many humanistic modalities participate, including Gestalt therapy – the current political effort is to fight for the recognition of the profession of psychotherapist as independent from that of psychologist. The effect of this policy is, once again, to insist on what the different modalities have in common rather than on their singularities, and to promote forms of good practice which should be based, essentially, on the therapist’s ability to critically integrate the most relevant results of psychotherapy research. In the background, what is likely in the long run to impose itself, in line with the contextual model defended by Wampold, is an eclectic model of therapy in the form of a toolbox in which there are one or more research validated treatments per type of symptom presented.

The research effort currently promoted by EAP is also in this direction: it consists of collecting as many case studies as possible in a database managed by a Belgian university. For the time being, no methodology is proposed or recommended for the modalities that would allow, with a small number of cases, to demonstrate their effectiveness.

Following the EAP policy does not help us in the recognition of Gestalt therapy by the public authorities. On the contrary, the quest for independence for the profession risks pushing the authorities to regulate the practice, to our detriment, as in Germany.7

Moreover, such a policy leads us towards this type of globalising therapy and makes us run the risk of amalgamating Gestalt therapy with modalities that are foreign to us and do not necessarily share our values.

The need and interest in inventing our future: the third way
What are we going to decide? To preserve our originality, to develop, explain and justify it with the
help of research work and to be dynamic enough to have an existence of our own in a contextual model ‘à la Wampold’? Or do we gradually disappear by merging into a broad integrative movement that would follow an evidence-based good practice guide that would have been developed without us? Or do we accept being marginalised?

We could be quite happy with either of these solutions. After all, if there are other ways of doing therapy than our own and they work, why would we want to fight at all costs, if not for community survival reflexes? And if we are disappearing while others replace us just as well, why is that a problem?

Do we believe that our modality is the best, that our interventions are superior, that our clients are always satisfied? And could we not, based on our experience as therapists and with the help of a few training seminars, put all of us in a ‘Wampold’ model?

If we have to fight, in my opinion, it is for something that deserves it. So we need to look at what, in our approach, is original and worth fighting for. For my part, I am perfectly convinced that our values, our theory and our methods of intervention deserve an even bigger audience than they do today.

As Gestalt therapists we have an anthropology built on a principle of equality, the contestation of all forms of domination as well as confidence in the potential for individual and collective growth. It is this confidence that drives us to create the conditions for a sufficiently supportive environment for our clients to develop as they wish rather than us pushing them to change. To make this anarchist-inspired anthropology work, we have extended the intuitions of our founders and developed deeply involved, cooperative modes of intervention based on field theory and affective resonances; our approach to situations is thus profoundly aesthetic (Robine and Béja, 2018); and our fundamental theory, based on the process of meaning-making within the organism–environment dipole, is simple and elegant.

Of all the therapeutic factors examined by researchers, those with the greatest influence are empathy and the ability to collaborate (Anderson et al., 2009; Wampold and Imel, 2015). This suggests that, properly applied, our modality is leading – at least in some important respects – in the way the therapist’s person is involved and put to work in therapy.

Gestalt therapy harbours a treasure that is potentially at the service of all. In fact, if it has not been adequately developed, it has long been plundered. On the contrary, I hope that it will bear fruit.

We therefore have to draw a third way that allows our posture to endure and, even more, to spread more widely. This is even more necessary if we want to promote university-level training. There are, before us, stories to be built and ideas to be put forward. It begins by telling us another story about research; a story that is less threatening and more exciting. And this other story must continue by bringing our Gestalt singularity to this field of psychotherapy research; both to validate our modality in the face of regulatory pressure in many countries and also to legitimise our presence in this field and to share our perspectives on psychopathology and intervention.

Elements for a Gestalt therapy research policy

Reflecting on, doing and teaching research are therefore strategic activities. But this research can only be compatible with our values. And, given our means and availability, it also implies creating collaborations and networking with researchers based at the university.

The medical model: a controversial model

For a long time, however, we were faced with a major difficulty: research in psychotherapy was mainly carried out following a medical model that reduced the patient to his or her symptoms and therapy to the administration of a treatment. This was at the antipodes of our posture and could in no way account for what we were doing in Gestalt therapy. But research is itself traversed and subjected to the same contradictions and tensions as society as a whole. Medical thought is confronted with humanist thought but ideological arguments are put to the test of facts.

The initial question of whether psychotherapy works, and whether it works better than psychotropic drugs, was initially treated in the same way as in pharmacology. That is, Randomised Controlled Trials (RCTs) were conducted. RCTs (the golden standard for validating cause and effect relationships) were a tool of choice for CBTs, which found a methodology that appeared to be very scientifically sound and that corresponded perfectly to the principle on which they were built: for each symptom (generally diagnosed by DSM criteria) there is a treatment to apply. An impressive number of scientific studies have thus been carried out, profoundly validating and legitimising CBTs in the eyes of the academic world and justifying rapidly growing research budgets and academic positions.

This methodology was so favoured that all naturalistic studies justifying the efficacy of a modality – such as the one conducted by Christine Stevens et al. (2011) for Gestalt therapy – could be considered worthless.

However, many researchers question the validity of RCTs in the field of psychotherapy. If, due to the strict control of the different variables involved, the internal validity of RCTs is strong, their external validity is
weak: what seems to work in the laboratory may turn out to be completely undetectable, or even false, in real practice where conditions are very different. How much credence should be given, under these conditions, to results showing greater effectiveness of one modality over another?

It was also argued that the result of a therapy cannot be assimilated to the reduction of symptoms alone, but must take into account other criteria, such as Antonovsky’s sense of coherence (SOC) (Eriksson and Lindström, 2007) or the change felt after psychotherapy (CHAP) (Sandell, 1987, 2016).

Efficiency research – methodologies compatible with our anthropology

Taking these various criticisms into account, the APA (American Psychological Association) set up a new, more clinically sensitive reference system in 2005, called ‘Evidence Based Practice’ (EBP). This shift by the APA is of great importance for humanistic therapies, which can now demonstrate their effectiveness without having to use RCTs. This standard reintroduces the case study approach by distinguishing certain rigorous and very specific methodologies that measure the effectiveness of treatment. Indeed, it validates the use of single case methodologies with experimental (or quasi-experimental) designs (Horner and Carr, 2005) to conduct efficacy studies in real clinical practice. These methodologies belong to the category of the Single Case Time Series (Kazdin, 1983). They are compatible with our anthropology (Wong and al., 2016) and can be conducted in real naturalistic practice. A first conclusive study has already been conducted by our colleague Pablo Herrera in Chile for anxiety disorders (Herrera and al., 2018). We need to carry out others, making a very clear distinction between Single Case Time Series (SCTS) methodologies that allow us to prove the effectiveness of the treatment or therapeutic modality used, and simple Single Case Study (SC) methodologies that do not.

Research questions relevant to Gestalt therapy

Second, we need to test the effectiveness of our modes of intervention as well as the clinical relevance of our theory on psychopathology and on the processes of change. As an example of the questions we might ask ourselves, research has already shown that therapist responsiveness (Snyder and Silberschatz, 2017) and the ability to create collaboration (Anderson et al., 2009) are essential ingredients for change. What, then, about the adjusted use of the therapist’s affective resonances in the therapeutic relationship that we argue is our primary tool? How effective is it? Are we mistaken or are we precursors?

Let us already note that, both for efficacy studies by the SCTS and for the studies we have to conduct on the relevance of our posture, we now have the means, thanks to the Gestalt Therapy Fidelity Scale (GTFS) created by Madeleine Fogarty (Fogarty, Bhar and Theiler, 2020), to justify the adherence of therapists to Gestalt therapy and therefore to study our practice by legitimately attributing the results to our modality. Without this scale we would lose credibility.

What are the implications for the training of Gestalt therapists?

Finally, we have to work on the transformation of our training. It must in fact convey the major debates and the main results of research in psychotherapy as well as the methodologies compatible with our anthropology. Above all, however, it must develop a critical and informed viewpoint among therapists who have specifically to take into account Gestalt reflection and contributions in this field through the existing literature and the conferences and seminars organised by the Gestalt-therapy international community. There is now in our modality a whole corpus of Gestalt articles both about research (such as this article) and research results that therapists and students should read and know how to consult.

Moreover, it would be desirable that students also do some research on their own practice. This allows them to acquire a greater reflective capacity, which is now known to be one of the major qualities of effective therapists (Lecomte et al., 2004).

What policy, then, for the EAGT?

A bit of history

It is to mobilise our community around these tasks that I have been working for a dozen years now. It is in my capacity as chair of the EAGT Research Committee (RC) that I have been invited to make this contribution.

As one of the bearers of this vision that research is a useful and now necessary requirement for Gestalt therapy and one of the actors who have worked nationally and internationally to encourage our community to get involved in it, I am pleased to see that research has now become a real subject of interest.

This is evidenced by the growing number of research-focused articles from the BGJ, the recent books dedicated to it (Roubal, 2016; Béja and Belasco, 2018; Brownell, 2019) and the two major research projects that have emerged since the first research conference in Cape Cod in 2013: these are the establishment of a Gestalt methodology for conducting both qualitative and quantitative studies with SCTS – such as the one conducted by Pablo Herrera (2018) – and the
establishment of a fidelity scale that was piloted by Madeleine Fogarty (Fogarty et al., 2015, 2016; Fogarty, Bhar and Theiler, 2020).

These two projects have enabled the establishment of a genuine international cooperation for a possible insertion of Gestalt therapy into the stream of evidence-based practices. A stronger sense of global community was born. This is, in my opinion, a valuable asset on which we must build.

The future

The EAGT RC, after having successfully raised awareness in the European community, in particular through the Rome seminar in 2014 and the Paris conference in 2017, is now working, in conjunction with the General Board and the Executive Committee, to build a comprehensive European policy to guide and support the collective effort. Taking into account all the contextual elements that we have just mentioned, it seems important that this policy supports the Gestalt community in countries where it is in difficulty, that it promotes Gestalt therapy towards the whole academic world and that it prepares our practitioners for the future that is taking shape. This means that, in my opinion, it should have the following three main strategic goals.

First of all it is to produce research results in our respective countries that help to convince decision-makers of the effectiveness of our modality. To this end, I think it is appropriate and necessary to set up, with the help of university researchers, ambitious projects that follow the methodology of the SCTS.

It is also desirable that we participate in international scientific discussions and that we explain and argue our clinical modes of intervention and what we believe to be the levers of change in Gestalt therapy. It is indeed important to evaluate their relevance and, if possible, to highlight their interest in the eyes of all our colleagues of other modalities.

Finally, we must make sure that young practitioners in Gestalt therapy, while remaining honest and respectful of our anthropology, can succeed in a context that seems to be moving gradually and at different speeds, depending on the country, towards a systematic evaluation of the practice.

Concretely, in order for this strategy to make sense in the long term, it involves the EAGT RC and the entire community:

• to gradually introduce a solid introduction to research in Gestalt therapy into the training courses of our institutes, using all the existing documents and the tools that will be put in place. This requires the RC to help the institutes to work in this direction, in particular with the support of seminars such as the one which was to take place in Warsaw at the end of March 2020 and which, because of the Covid-19 pandemic, had to be postponed.
• to put in place a set of tools that will soon be available to the research practitioners of our modality (database, networking platform, collection of resources).
• to coordinate, launch and support research projects in partnership with university researchers.

It is this policy that we seek to promote in the EAGT Research Committee.

Notes

1. INSERM: Institut national de la Santé et de la recherche médicale, France – Health and Medical Research National Institute.
2. NICE: National Institute for Health and Care Excellence, UK.
3. APA: American Psychological Association. This powerful association has a leading role in defining good practices in psychotherapy. Its advice and criteria defining treatments validity are influential references on the politics of health systems in North America and worldwide.
4. NIMH: National Institute of Mental Health, USA. The lead federal agency for research on mental disorders.
5. Under the leadership of mainly CBT-oriented researchers, APAs Clinical Psychology Division 12 argued in 1995 in the Chambless Report that ‘no treatment will work for all problems, and it is essential to verify which treatments work for which types of problems’, and published a first draft officially listing empirically validated treatments, later referred to as Empirically Supported Treatments (ESTs). No treatment or modality of humanistic inspiration was included in this list of eighteen ‘well-established’ treatments and only one (EFT for couples) was listed as ‘probably effective’.

This list, although quickly reviewed and extended (Chambless et al., 1996; 1998), was a clear line between two types of treatments: those that both had a manual for the symptom under study and could be the subject of symptomatic efficacy studies – mainly through randomised clinical trials – and the others, then called ‘experimental treatments’ (La Roche and Christopher, 2009). This of course influenced reimbursement policy and very quickly led to controversy in the research community (Chambless and Ollendick, 2001).

6. Common factors are those found in all therapies; they are the characteristics of the therapist, the client and the relationship between them.
7. This is very clearly the recent case in Germany, where psychotherapy has just been recognised as an independent profession (by a law adopted on 26 September 2019): this has been accompanied by a regulation of reimbursed practices from which all humanistic therapies, including Gestalt therapy, are excluded.
8. RCTs are protocols that compare two groups that are homogeneous in terms of demographic and symptomatological characteristics and are given two different treatments (one of which may be a placebo, for example). This approach, which controls the variables involved fairly rigorously (only one symptom per patient entering the study with a definite diagnosis) allows reliable causal relationships to be established (internal validity): if, in a statistically significant way, the group tested has better results than the control group, the treatment
tested can be said to be more effective than the other. This way of testing causality relationships is considered the ‘golden standard’ in medical research.

9. In real practice, known as naturalistic setting, the population of patients treated is often different from that entering RCTs, both demographically and symptomatically, where the disorders are complex and interrelated, while the ‘real’ therapists are professionals and not university students. Moreover, out of necessity or lack of training, they generally administer treatment more flexibly and therefore less rigorously.

11. Evidence Based Practice (EBP) is defined as ‘the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences’ (APA, 2006, p. 273). The uniqueness of patients was now taken into account, with the therapist’s role being to choose a valid and appropriate treatment for the client.

12. Single Case Time Series (SCTS) must be distinguished from single case studies. The former are constructed in such a way that they can be used for statistical analysis to compare the client to himself or herself and to establish causal relationships, even on a single case. The SCTS therefore make it possible to prove the effectiveness of the treatment or therapeutic modality used, which is not the case with simpler single case studies. Five studies of the SCTS type conducted by three different researchers and involving a total of twenty cases with the same clinical problem now allow the treatment to be declared Evidence Based (Horner and Carr, 2005).

13. Responsiveness or, better, ‘attuned responsiveness’ is the therapist’s ability to respond in an adjusted manner to the client, to maintain empathic contact with him or her and to understand his or her experience. This ability is crucial to respond appropriately to both large and small alliance breakdowns (Stiles, Honos-Webb and Surko, 1998).

14. The Gestalt Therapy Fidelity Scale (GTFS): a set of observation criteria which, if they are present in sufficient numbers in a session, qualify the session as ‘Gestalt’. Most of the treatments considered valid by APA have a fidelity scale to affirm that the treatment being studied is indeed the one that is actually considered valid by APA (Stiles, Honos-Webb and Surko, 1998).

15. I am not unaware of the very sharp criticisms (Hosemans, 2019; Hosemans and Philippson, 2019) of Madeleine Fogarty’s work. In my view, these criticisms are based on the legitimate fear that Gestalt practice will be confined to a grid of observable behaviours, and on our collective inability to clarify and agree on what Gestalt intervention consists of. In this context and in the absence of any intervention manual, the GTFS simply says that, on an observed session, if enough criteria are met, then, in the current state of Gestalt practice and with a low risk of error, one can qualify the therapist’s behaviour as Gestalt. It does not say that if there are no or few criteria met, the work observed is not Gestalt. Above all, it does not say anything about the feeling, the reflection and the know-how that guide, step by step, the therapist’s work with his client.

So I would temper these fears a lot. The GTFS is for me a first work which has the great merit to exist and which I believe is necessary to verify more amply the value of the discrimination it addresses. As for these criticisms, I hope that they will not sterilise the discussion and that they will give rise to further work.

16. Gestalt therapy research conferences have been organised every two years since 2013: Cape Cod (USA) (2013, 2015), Paris (France) (2017), Santiago (Chile) (2019). The next one is scheduled to take place in Hamburg (2021).

17. The EAGT Research Committee has organised a seminar in Rome (2014) on research methodologies and is planning a series of future seminars. The next one, which was planned for Warsaw (March 2020), was postponed due to Covid-19.

18. In order to understand and promote research in Gestalt therapy, one can refer to the websites of the conferences, to the Gestalt database currently being set up, as well as to Gestalt books and articles on the subject.

References


Vincent Béja, Chair of the EAGT Research Committee, convening international conferences on Gestalt therapy research in Paris (2017) and Hamburg (2021), co-founder of the French Research Committee, former member of the AAGT Research Task Force, and member of the Research Committee of the EAGT since 2013. Co-editor with Florence Belasco of the book La recherche en Gestalt-thérapie (2018), member of the editorial board of the Gestalt Therapy Book Series, and member of the reading committee of the Revue Gestalt for ten years. He has written more than thirty articles on Gestalt therapy in various French and English-speaking journals and translated many others. Co-founder of the IDET (Institute for the Development of the Therapist) in Paris, France. He is currently a member of the SPR (Society for Psychotherapy Research) and the NYIGT (New York Institute for Gestalt Therapy).

From 1985 to 1992 he was a statistician and researcher at the ORS PACA (Observatoire Régional de la Santé de Provence Alpes Côtes d'Azur), France.

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Letter to the Editor

Response to Hosemans and Philippson’s Letter, ‘Furthering the critique of the GTFS’

Philip Brownell, Margherita Spagnuolo Lobb, Pablo Herrera Salinas and Peter Schulthess

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Dear Editor,

In 2019 Dominic Hosemans and Peter Philippson wrote a letter to the Editor of the British Gestalt Journal (BGJ) (Hosemans and Philippson, 2019) attempting to further the critique of the Gestalt Therapy Fidelity Scale (GTFS). It was a follow-up to their previous individual efforts to express their opinions which they had done in articles and letters in the BGJ, in the context of the International Gestalt Therapy Research Conference held in Paris, France in May 2017, in discussions at the online group known as Gsalt-L, and in the Handbook for Theory, Research, and Practice in Gestalt Therapy (Brownell, 2019 (2nd edition)). To the most recent letter we now respond.

Our response to their critique takes three categories: issues related to research in general, issues related to the GTFS in particular, and issues related to the ethics of professional discussion or debate. Our effort is to respond to assertions made by Hosemans and Philippson in the spirit of a collegial dialogue. While we disagree with some of what they have said, we do so respectfully. We believe the issues inherent to their critique are important and deserving of further discussion, and we hope to avoid language implying a personal attack.

Issues related to research in general

Here we need to address the notion that there is one particular kind of research, one specific philosophy of science that best fits with the field of Gestalt therapy (GT) by virtue of what GT is – an existential and phenomenological approach. A follow-on to that is the issue of what might be the best research methodology to use, and then what might be the best way to refine our research results. These issues are not specific to Gestalt therapy alone, for they surely apply to research focused on other systems of psychotherapy as well.

Best fit philosophy of science

One of the statements made in Hosemans and Philippson’s letter was this: ‘… by creating a fidelity scale for GT, GT then must be augmented in order to fit with the mainstream positivist scientific paradigm’. This raises the issue of the philosophy of science behind research in GT, and we need to say briefly here that (1) we do not live at a time in which the mainstream is a ‘positivist scientific paradigm’, and (2) nobody has augmented GT in order to make it fit some kind of artificial, outdated philosophy of science.

Husserl (1970) warned of positivism, which he identified using the term ‘naturalistic attitude’, and since then positivism has come and gone. Positivism has been rejected as a philosophy of science, and we live in a post-positivist era. This was discussed and described in the first edition of the Handbook for Theory, Research, and Practice in Gestalt Therapy (Brownell, 2008) and updated in the second edition (2019). While it is possible to find people in the field of psychology who operate as if positivism were alive and well, they are out of step with the mainstream.

It is important to understand the difference between a positivist and a post-positivist philosophy of science.1 Positivists believe we pay attention only to what can be observed or directly experienced, that the observer is separate from the observed, and that science is the way to get to truth. Post-positivists reject the central tenets of positivism. They follow curiosity where it leads, much the same way someone outside of science might do. Common to post-positivism is critical realism, thus realism that recognises all observation is fallible, has error, and all theory is revisable. Post-positivists use multiple methods and measures, diverse ways to observe, each with differing types of error, and they recognise such error and seek to account for it.

In this brief (and inadequate) contrast between the two philosophies, one can see that were Gestalt practitioner-researchers to focus simply on observation and description of experience, they would actually resemble positivists, while experimental psychologists, using multiple methods, repeated measures, degrees of freedom, and estimates of error, would resemble post-positivists.
Adequate research methodology

Here we start with comments by Pablo (dated 30 January 2020) in the midst of an online discussion at Gstalt-L.

I would like to argue that any methodology can only be judged or evaluated regarding a specific research question or aim. It doesn’t make sense to state that a method is good or bad without referring to the use we plan to give it in a research project, for a concrete objective. So, we can discuss the merits and limitations of the GTFS regarding different research aims.

As I understand (and have spoken to Madeleine about it explicitly), the main aim of the GTFS is to be used for outcome studies (like our Single Case studies, future RCTs, the CORE study, etc.) as a measure of treatment fidelity. In these studies, if we don’t use the GTFS we need to assume that the therapists are doing GT because they are trained and supervised by gestalt therapists. This is acceptable but decreases the methodological rigor of our study. If the GTFS represents the “lowest common denominator”, then it’s not a problem for this research aim. Peter’s criticism could pose a problem if the outcome study is full of more relational Gestalt therapists whose practice registers as “non-gestaltic” in the GTFS. If this happens, then it would be very interesting input for potential discussions about the varieties of GT “schools”. And if this happens, of course the researchers would not use the GTFS as it would not be useful for their specific study.

There are several situations where Peter’s criticisms would be relevant and therefore the GTFS should not be used or at least used with caution: a comparative study between GT and person-centered therapy; the use of the GTFS as a competency scale for training (probably it could be useful for basic GT competencies but should be complemented with other indicators).

So I think these criticisms are useful to think of limitations for specific studies and research questions. However, I still think that for its original aim (to improve the methodological rigor of outcome studies) it is a good measure of treatment fidelity.

Table 1. Methods and uses of research methodology

<table>
<thead>
<tr>
<th>Method</th>
<th>Example of Research Question</th>
<th>Results/Uses/Purposes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical observations</td>
<td>Were the therapist and client satisfied with the process?</td>
<td>Anecdotal testimony</td>
</tr>
<tr>
<td>Qualitative/phenomenological research</td>
<td>What was happening in the process? What did people do? What sense did people make of what they did? Does this data suggest a relationship between factors involved?</td>
<td>Textural colour, related or correlated facts, the raw material of theory or hypothesis creation.</td>
</tr>
<tr>
<td>Process-outcomes studies</td>
<td>Which aspects of the process were most powerful, leading to change?</td>
<td>Provides clarity with regards to mechanisms of change. What is it about an approach that makes it effective or efficacious?</td>
</tr>
<tr>
<td>Effectiveness studies in natural settings</td>
<td>Was Gestalt therapy demonstrated to be as effective as CBT?</td>
<td>Data on effectiveness in real-world conditions – provides external validity that generalises.</td>
</tr>
<tr>
<td>Single-case experimental design</td>
<td>Was Gestalt therapy, as practised by therapist A, the cause of change in client B, when repeated measures were compared for before, during, and after treatment?</td>
<td>Examines causal factors in outcome for an individual person or group. Is practice-based and provides external and internal validity.</td>
</tr>
<tr>
<td>Random controlled treatments</td>
<td>Was Gestalt therapy demonstrated to be the cause of change among 120 people in the experimental group as compared to 110 people in the control group?</td>
<td>Causal inferences in groups through comparison with a control group (internal validity that may not generalise when conducted reducing variables and using prescriptive manuals).</td>
</tr>
<tr>
<td>Meta-analysis</td>
<td>Was Gestalt therapy demonstrated to be effective and/or efficacious across therapists in a region and/or across cultures?</td>
<td>Observation of patterns across multiple studies and comparison of effect sizes.</td>
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</table>
training programs. If we need to apply research findings to our practices and want to make GT more effective and more efficient, we have the potential to refine our theory and practice, if we do not negate the importance of the GTFS (this is not relegated to history), but because research has been pointed to when talking about a post-positivist methodology and its various purposes.

To this we add that there are multiple methods available to the Gestalt practitioner-researcher, and the decision to use one as opposed to another will depend upon the question, as Pablo says, but also the purposes – what kind of information one is seeking. Further, these methods are all available to a researcher who adheres to a post-positivist philosophy of science.

See Table 1, which is based on a presentation Phil has given several times in several places. It is focused on research methodology and its various purposes.

Needed process to refine our research results

Every research project is an incomplete product. That is, nobody obtains the final word on anything. This has been pointed to when talking about a post-positivist approach to conducting research. Beyond that, the results of research often suggest further research. So, the norm is that people do credible work, which leads to more credible work, and then to more. The process over time refines one’s knowledge base. Consequently, we need to encourage refinement and more research. Yes, there are political and practical reasons to generate more and more research on GT (so that our approach is not relegated to history), but because research has the potential to refine our theory and practice, if we want to make GT more effective and more efficient, we need to apply research findings to our practices and training programs.

Issues related to the GTFS in particular

Here we need to focus on specific criticisms levelled by Hosemans and Philippson at the GTFS, its purposes, the process of its creation, and the implicit expertise or motivations of the people who created it.

Scale development and factor analysis

There are many kinds of scales, and they correspond to various purposes. Quite often when people talk about scale construction, they think of the type of scales that are ‘a manifestation of latent constructs; they measure behaviors, attitudes, and hypothetical scenarios we expect to exist as a result of our theoretical understanding of the world…’ (Boateng, Neilands et al., 2018).

A construct is an idea formulated out of various theoretical elements. It is a tool to facilitate understanding. In the physical sciences examples include gravity, temperature and global warming. In psychology examples include intelligence, power, and self-esteem. In GT we refer to contact, and contact is a construct, one that Gestalt therapists have been quick to say is not equal to simple touch, but if touch is eliminated, how is it possible to observe someone ‘in contact’? (It is not a function of the physical body as much as it is a function of the lived body.) Constructs, like contact, field, phenomena, and experience, must be ‘operationalised’ in order to be observed and measured.

The problem with Hosemans and Philippson’s critique of the GTFS on the basis of scale development and validation is that they are critiquing an apple as if it were an orange. Their argument applies to a scale to test a construct when the GTFS is a scale to distinguish a process – in a manner of speaking, ‘thinking’ vs ‘doing’. Considering one kind of scale, DeCoster stated, ‘The purpose of scale construction is to design a questionnaire that provides a quantitative measurement of an abstract theoretical variable’ (2005, p. 1), and that is the kind of scale at which Hosemans and Philippson’s comments about statistical rigour in factor analysis are aimed. Hinkin, Tracey and Enz confirmed that that kind of scale construction begins ‘with the creation of items to assess a construct under examination’ (1997, np); however, the Delphi method utilised by Fogarty et al. (2016; 2019) involves consensus building among people involved in a practical method or process. Factor analysis does not apply as an evaluative methodology when one is simply surveying a panel of experts to arrive at a consensus about a procedure. These are apples and oranges. In contrast, an appropriate example of the use of factor analysis would be a study to see if the constructs of relationship, dialogue and contact point to distinct theoretical terms or reduce to one. That would be apples to apples.

Having said that, the way the GTFS items are described in the article by Fogarty et al. (2016; 2019) does not make this clear; are people listing constructs (thus building a consensus around theoretical tenets) or aspects of clinical practice? There is a muddying of the difference between them that is not helpful and may have contributed to some of the objections. For instance, in the abstract to their article they say, ‘Using a Delphi study, eight key concepts that characterise Gestalt therapy were identified, together with the therapist behaviours that reflect those concepts’ (2016,
While it should be evident that procedures are the real concern, saying that 'concepts' instead of 'terms' were identified could suggest to a casual perusal that constructs were in question. They were not. The 'concepts' were merely terms used to identify the behaviours or procedures.

There does seem to be a misunderstanding of the purpose of a fidelity scale, because a great deal of the argument against the GTFS revolves around a perceived watering down of GT theory. Yet, the GTFS is not a treatise on GT theory, was not intended to be so, and it cannot provide a richness that would be found in writing that develops theory at length. That is not the function of a flaw in the GTFS; it has to do with the purpose for which it was created, which is a limited purpose, and the research question it is supposed to answer (cf. Pablo’s comments above).

Types of validity

Hosemans and Philippson raise the issue of validity, and that needs some clarification. There are several types of validity: see Table 2 below for definitions and contrasts. While viewing that information, keep in mind that it is possible to achieve statistical significance while failing to achieve some forms of validity, let alone any practical value.

Thus, one could say that the GTFS does not assert construct validity but that it does assert content validity, retrospective criterion validity (see endnote 4), and that it seems to have reasonable face validity and external validity. The issue of internal validity also goes to the reliability of the scale, and it does have high reliability (Fogarty, Bhar and Theiler, 2019), but it does not involve questions of causality, and therefore internal validity would rest upon the types of validity pertinent to test construction where it is a mixed array. Basically, as Pablo implied, it is suitable to its aims and has reasonable external validity.

The Delphi method

Finally, there is no one-size-fits-all Delphi method. The basic feature that distinguishes a Delphi method is that it builds consensus or examines a variety of opinions in some way. Fogarty et al. (2016; 2019), surveyed Gestalt literature to construct an initial scale and then ran that basic scale by expert raters, who then condensed that initial instrument in a stepped-down procedure. Finally, they field tested the scale and then further revised it according to the comments from those involved. That is one way of doing it, and one can find examples in diverse fields of very similar procedures using such a modified Delphi method (Knight, Aggarwal et al., 2018; Balki, Hoppe et al., 2017).

Would it have been best to repeat the iterations of consensus building? Maybe. Would it have been better to start with just the raw data of opinions of expert raters and then refine them rather than using a literature review to kick things off? Perhaps. Would it have been more interesting to start with video recordings, have observers describe what they saw happening in GT, and then do a Delphi study with that data? It’s a choice. As soon as one begins to imagine what other kinds of processes could have been done instead of what was done, then immediately one embarks on the creative process of generating research projects – different research projects. One is not the right way of doing a Delphi method for instance and the other a wrong way. There are numerous ways of conducting a Delphi study, a whole universe of options for doing research.

Table 2. Types of validity

<table>
<thead>
<tr>
<th>Type of Validity</th>
<th>Definition</th>
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<tr>
<td>Construct validity</td>
<td>Does the scale measure the theoretical construct that it is intended to measure?</td>
</tr>
<tr>
<td>Content validity</td>
<td>Is the scale fully representative of what it aims to measure?</td>
</tr>
<tr>
<td>Face validity</td>
<td>Does the content of the scale appear to be suitable to its aims?</td>
</tr>
<tr>
<td>Criterion validity</td>
<td>Do the results correspond to a different test of the same thing?</td>
</tr>
<tr>
<td>Internal validity</td>
<td>The degree of confidence that the causal relationship being tested is trustworthy and not influenced by other factors or variables.</td>
</tr>
<tr>
<td>External validity</td>
<td>The extent to which results from a study can be applied (generalized) to other situations, groups or events.</td>
</tr>
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</table>

'Statistical significance indicates only that you have sufficient evidence to conclude that an effect exists. It is a mathematical definition that does not know anything about the subject area and what constitutes an important effect’ (downloaded 9 February 2020 from https://statisticsbyjim.com/hypothesis-testing/practical-statistical-significance).
Issues related to ethics in professional discussion

Now we come to the ethical issues. What we hope to advocate in this section is the formation of a Gestalt research community ethical ethos in which we can critique the work and people are free to say whatever they want but without attacking the people who do the work (nor the people who critique the work). We also advocate an ethos for calling one another to account quickly and still within a spirit of mutual respect.

The impetus for the creation of this response to Hosemans and Philippson was the sense that they were going on and on about something they had already expressed in various places (we will come back to that). And the critique (and the response to that critique) was taking on a personal tone that we would like to avoid. Again, we ought to be able to talk about the work without casting aspersions on the people doing the work. It is the research itself that should be the focus, and there is a way of talking about it that can avoid even mentioning the names of the researchers (which is not to rob them of credit for doing the work but simply to put the emphasis where it belongs).

What is the aim and the consequence of critique? Is there a right and wrong way of doing it? Here we consider the issue of a value for our research community. Shall we adopt a deontological ethic or a consequentialist ethic (Alexander and Moore, 2016)? The consequentialist claims basically that the end justifies the means. Thus, killing one person so as to harvest his or her organs and saving five people in need of them is a positive ethical choice. The deontological approach simply claims that killing is wrong. We could go on debating the nuances of these two approaches to ethics, but the point is which way do we want to turn in developing our research ethical ethos? Can we advocate some values with one another, some oughts and ought-nots, without condemning ourselves for inflicting introjects upon one another?

Here is another question: 'What is the ethical impact of this “furthering” of the critique of the GTFS?' Is it the greater good to skewer one researcher so that a supposed inadequate scale might be quashed before it endangers all of GT? Or would that just be wrong? Ironically, following a consequentialist approach, what is the impact of unending critique and judgement; does it lead to a greater good or does it simply stifle research due to the fear of having one’s reputation ruined?

What are the values expressed in this new critical letter, beyond what had already been written in the previous issue of the BGJ? The fact that this further criticism has been published deserves a thought about us as a professional community. To clarify, in this case, our question might be, ‘Is this further criticism respectful of our professional values?’ This goes beyond issues of research to those of the ground of a GT community itself: tolerance of novelty and diversity, support for what exists and works, recognition of intentionality for contact of the other. Can we say that this further criticism creates an open and safe environment in which researchers can trust they will be treated as our professional values require?

As a professional community, are we mature enough to advocate for a deontological approach and list what our standards of right and wrong will be? We believe that, along with discussions of the philosophy of science and research methodology, our evolving Gestalt research community will need to wrestle with these notions of ethics.

If we look at ourselves, we have to wonder. What is the scientific value of unending criticism? Why has one researcher been singled out for criticism when the project had multiple authors? Why was a woman so impugned in a public forum? Are we psychotherapists or cynical observers of pain? Will we support colleagues who work for the benefit of our approach and encourage them and others to work better; do we want to give our constructive help to improve what we all do? As human beings, where is our support for a woman who undertook such an arduous and important study?

It is important to take a position in such cases. It is important to purposefully forge our ethical guidelines. If we want other colleagues to feel safe in showing their own research projects, the products of their creativity and passion, we need to create a safe ground in our community. Speaking again of the impetus for our response, we simply could not act like those who don’t rise to help when a person is offended in the street.

Conclusion

We hope that this response will help continue to develop our Gestalt research movement and to further help create a viable Gestalt research tradition. We appreciate Hosemans and Philippson’s critique, especially because it has created a topography in which people might understand the nuances of research as well as both the strengths and weaknesses of the GTFS in particular. We also appreciate the willingness of the British Gestalt Journal to publish articles and letters relevant to research. Finally, we stand with all those who would brave the rigours of creative research and the critique of their efforts.

Notes

1. For these distinctions in more detail cf. <www.socialresearchmethods.net/kb/positivism-and-post-positivism>
2. See <https://www.britannica.com/science/construct>
4. Criterion validity is an index of how well a test correlates with an established standard of comparison (i.e. a criterion). Criterion validity is divided into three types: predictive validity, concurrent validity, and retrospective validity. For example, if a measure of criminal behavior is valid, then it should be possible to use it to predict whether an individual (a) will be arrested in the future for a criminal violation, (b) is currently breaking the law, and (c) has a previous criminal record. Also called criterion-referenced validity, criterion-related validity.


References


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Opinion

Words – behind and below them

Gaie Houston
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Words are remarkable. Embedded in them is much of our history. ‘Murder will out’, cries a tiresome, cliché-prone aunt as a child is discovered stealing a toffee. Yet there is the same phrase in Chaucer’s Canterbury Tales, written before 1400, and in Beowulf, which was written down in the tenth century but probably told for many years before. Our everyday speech has been shaped over thousands of years, words rolled about like pebbles on a beach into changing forms that still hold their ancient connections, often hidden behind their surface.

This article is meant as a reminder to hold words up to the light before using them. It is about some fragments of semantics, the study of meaning in all its contextual dynamics. The word semantics is often applied just to words, but it is clear that Perls was fascinated by more than that. In the volume of his lectures published in 2012, he writes, ‘What makes language so attractive, and so concealing? Can one conceive a means whereby we can penetrate the linguistic veil that hides reality?’ (2012, p. 12).

The philosopher Bryan Magee has spent much of his professional life occupied with precisely that question: ‘behind our moment-to-moment experience of the everyday world teem truths and realities that common sense is totally unaware of’ (1997, p. 52). In much the same way, the seventeenth-century English Hippocrates, Thomas Sydenham, here somewhat pompously translated from the Latin, insists on ‘the primacy of empirical observation over scholastic theorising’ (1848).

Phenomenological dialogue is one therapeutic attempt at lifting the veil, of approaching the heart of the matter. We bring it to a world that is buzzing and clattering with Trumpian tweets, of words spread like jam over the reality beneath them, of words used ahead of reality.

Daniel Stern
To begin at the beginning, I want to recall Stern’s theory of infant development. It has been adopted by many Gestaltists into Gestalt therapy theory. I recapitulate it here as a reminder of the importance of the non-verbal, and of the slippery nature of speech. It is significant that we use the term talking therapies: the adjective somehow suggests that words are the therapy, rather than being at best the conveyors, the symbols, of more profound realities.

Stern calls the early months of life emergent. Experience rains in on a being who has developed in a small dark warm place. Suddenly there is variable light, sight, loud noise, temperature change, touch, gravity, oral feeding, wet and dry, colic, the ability to roar. There are an enormous number of data for the hard-working infant to make first attempts to gestalt, to form into meaningful patterns. And there are not yet any structures in place to help make sense of this untamed world. The baby cannot reflect on the seasons, or the needs of other family members, or the likelihood of continuing parental care. He or she is striving to make sense, and gradually succeeds as the months go by.

In the second phase named by Stern, a sense of history comes in, as the infant realises for instance that the person with the smile keeps occurring, and generally in the company of nourishment by breast or bottle, or that when there is that squelchy feeling round the bum and she yells, someone makes her comfortable. And when she grabs with her fingers, the bit of cloth moves. She remembers earlier gestalten and so has a sense of history. She can do things; she has agency, power in the world.

Next comes to the fore a growing sense of others, of inter-subjectivity, in what is called the subjective phase. Smiles can be exchanged and result in pleasure. Grunting a certain way makes Daddy play Ride-a Cock-Horse with you on his foot. Screaming can result in the big girl who pinched you being carried away. She is bad. You are good. Morality is evolving.

Then around sixteen months words start. Most of us acquire language word by word in babyhood, paddling and then swimming into speech without a thought to the generations of speech habits, idioms, ever-changing meanings, metaphors long since dead, similes whose meaning is lost that are being carried forward.
This great lake of language is where we swim or drown as talking therapists. It is our business to notice words and take care how we use them. Clarity of language as well as clarity of perception are crucial to much therapy.

As Stern points out (1985, p. 182), when we learn to speak, we suddenly learn all in one go both how to communicate more specifically and how to deceive. There is scope for far more elaborate deception in words than in looks and gestures. An inventive child of talking age, accused of breaking a plate, may ingenuously invent a different perpetrator, the cat or a sister. Language is well suited for such a trick. Perls has a fine reminder or admonishment here:

Leonardo da Vinci, Goethe, Freud and Einstein started with the structure of events and kept up the primary contact with the nonverbal world, verbalizing only a posteriori what they had found. How different is the approach of most of us! We begin with words. (2012, p. 43)

McHugh and Slavney

These writers from Johns Hopkins University invented a schema for their approach to patients, which has been taken up by many psychiatrists (McHugh and Slavney, 1986). It is in line with the Gestalt recommendation to separate in order to integrate, and consists of four perspectives:

*What the patient is.* This is social history.

*What the patient has.* This describes the difficulty the patient brings to the consulting room.

*What the patient does.* This is behaviour both in the session and reported.

*What the patient tells.* The authors describe this as the poem anyone makes of their life. In other words, it may or may not have much to do with the facts of that life. We are back with Stern’s observation that words can be used to deceive. As a supervisor, I sometimes face therapists who tell me in indignant tones of the frightful rudeness or callous behaviour someone has visited on their client this week. The therapist is red-faced and animated, and obviously completely the champion of her client against the world. It not infrequently turns out that there is far more to the story than this first rendition. The client has framed or distorted the facts in a way that supports her world view, which has her as a blameless and hapless victim.

What clients tell is generally of important therapeutic value. Sometimes this value has little to do with fact. It is to do with the picture they make of themselves or the world, and what they want the therapist to believe.

If the therapist buys into this view, she is reinforcing a story, a life-script, rather than letting the client come to challenge it. We are back with a strength of Gestalt therapy: cultivated awareness of more than words, of what lies behind and beyond them.

### Clarity

Clarity of perception leads to clarity of expression.

We are symbolic creatures, to a great extent through our use of language. Words are likely to be a large and useful part of any therapeutic meeting. Yet language changes, meanings slip. In Middle English, *byrde* meant lady, and was a very polite word. Now, *bird* is not seen as the most respectful way of referring to a woman. You may encourage a child at school to keep her nose to the grindstone, without either of you having a clear idea of what a grindstone is. In current language, different schools of psychotherapy use the same word, for example inclusion, with different meanings. Words can mislead unintentionally, as well as on purpose.

Here are some examples of words in common therapeutic use that seem to me more confusing than clarifying. We use them in ways that can muddy comprehension.

### Emotion and feeling

These words are used interchangeably in everyday speech. Some neuroscientists, however, make a distinction between them that I find extremely helpful. They use the word *emotion* to stand for the chemical and neurological happenings, the motion or moving that is inevitably being generated inside us from moment to moment. The word *feeling* they reserve to describe emotion that has emerged into awareness, which, in other words, you can feel (Damasio, 2000, p. 283).

So, we all have emotions, and some of us at least some of the time have no feelings. I have heard clients being told that of course they have feelings, they must have feelings. Their experience is evidently otherwise. I think it is easier for therapist and client to allow separate meanings to the two words.

### Bracketing

The word bracketing has over the last few years been used increasingly by Gestalt practitioners. To me it is a violation of the whole notion of gestalt formation. It sounds as if you are meant to erase or put outside the door part of the field of that moment. For instance, a client tells that she was just forced to mount the pavement on her bike by a lorry driving too close. The same happened to me yesterday. My hope or expectation is that what now happens to me as therapist is that I make a swift judgement as to whether my experience...
needs to be foreground at this moment. Will my own account of being scared raise awareness? If I believe not, the structure of the situation, the very context of being a therapist with a client, relegates my bicycle adventure to the background of gestalt formation. But the jolt of alarm at being reminded of my near-accident may lead me to describe this bodily response, without adding the rest of my story. Or the context of this particular client and the feel of the session may lead me to admit what happened to me, and then deal with how that affects the present conversation.

If, on the other hand, my mental process is to think, 'Oh, I must bracket. I must not chat about me,' then I am a bit like Basil Fawlty shouting to himself, 'Don't mention the war!' I have made something foreground, and then said it must not be foreground. I have created a psychic, and therefore a physical, conflict for myself, which will take energy that could better be used in other ways. 'Nothing fixes a thing so firmly in the memory as the wish to forget it' said Montaigne in the sixteenth century (1958, p. 283).

As I understand it, gestalt formation is the organisation of the field of information that is in awareness. If I stay aware that I am the therapist here with a client, what Perls calls the structure of the situation becomes the organiser of the field. In this context, raising awareness of the client's topic or theme will of itself be foreground. My memory of yesterday is still in the field, rather than being part of a sub-gestalt to do with excluding it, or attempting to file it into some cosmic waste paper basket.

Wonder

Wonder can mean to be filled with admiration, amazement and awe. As used by therapists, it tends to be a verb of speculative enquiry, which sounds respectable enough. 'I wonder if perhaps you... is often used instead of phenomenological dialogue, and as a kind of insurance by the therapist. This might add up to, 'I don't want you to think I am supposing you have the idea or attitude or behaviour I am now talking about. (But I bet you have.)' Or, 'I know that interpreting is dreadful behaviour in Gestalt, but if I can get you to admit what I am surmising about you, then we can buck up with this therapy.'

Let us look at an example:

**Client:** My aunt locked me in a cupboard every Sunday. But I know it was for my own good, because she was a very kind woman.

**Therapist:** I wonder if you ever had any bad feelings towards her?

What the therapist has said must stem from her phenomenology. From her words, it sounds as if this was very likely to do with alarm, and then vengefulness. But she has stayed in the then-and-there. An I-statement rather than a You-statement would be more honest, less veiled and more likely to raise awareness.

Many spontaneous phenomenological statements could be made to respond to this client according to the context and the focus of the therapist. For example:

**Therapist:** I caught my breath when you talked about that cupboard. You sounded calm, yet I feel frightened.

**Or:** I stopped breathing for a second, then felt a rush of anger and began imagining putting your aunt in that cupboard.

These statements make both parties aware of the effect of the client's words on one other person. 'Wondering' prompts her to quit direct experiencing and move into thinking about. Words are being put ahead of experience.

**Unconscious and aware**

My argument here is about the way imprecise use of language seems to have led us to imprecise thinking. Have you ever heard or used the phrase conscious awareness? It is very hard to work in this field and avoid it. But it is a tautology, a repetition. One word or the other is enough.

Perls had short shrift for the idea of the unconscious: 'We had to shift the concern of psychiatry from the fetish of the unknown, the adoration of the "unconscious", to the problems and phenomenology of awareness' (2012, p. 32). In his contrary way, Perls also called Freud the Dr Livingstone of the unconscious (ibid.)

I want to argue that the word unconscious is often muddling rather than helpful. When I hear the word, I straightaway have an image of someone in deep coma, or knocked out in an attack or accident. It supports what we have all been taught to deplore: Cartesian or dualistic thinking. It suggests two modes: conscious, out in the open, and unconscious, lurking about out of sight, repressing stuff, and up to such scurvy tricks as provoking Freudian slips.

In its root, the word conscious is about knowing. It means *with know-how*. If I allow the word conscious just to mean knowing, many activities can correctly be attributed to it. I know the doorbell rang, yes. But I also know how to circulate my blood, heal wounds, digest food, and in countless ways conduct my life. The difference between hearing the doorbell and growing hair is to do with awareness, not about whether or not I know how to do them. Life is too short, it seems, for me to use my awareness in attending to adding millimetres of length to my hair every day. I have put such activities out of awareness. In other words, the word unconscious is redundant except perhaps as a clear way of describing being knocked out.
Habits of speech

Some word forms have been so encrusted in habit that the grammarians have made them into a category called speech acts. Hello, goodbye, thanks are portmanteau words, comfortable everyday shorthand. They avoid the need for presence and close attention.

Unravelling the intended meaning each time I utter one of these might reveal many nuances of feeling and intention, and raise the awareness of both parties. I sometimes take the trouble to register the body sensation that is prompting me towards saying thank you. That usually turns out to be far more full of feeling than I had noticed. Along with body sensation, there is the need towards the other person, the social impulse to reward, to show delight. This all adds up to a rich moment of life, and one that is often belittled by the customary cry of thanks.

Recordings that I hear in supervision meetings sometimes reveal numbers of warm utterances of the word ‘good’ or ‘okay’ by the therapist. What she means is ‘I heard that’, or ‘I understand’. What the client may well pick up is approval, which may persuade him to suppose that the therapist is pleased with him for wanting to walk out of his marriage or shout at his boss or whatever else he was recounting. What a word means to the speaker is not by any means always the same as is received by the hearer.

Words as black magic

One of the worst lies that was visited on me by a well-intentioned parent was the saying ‘Sticks and stones may break my bones, but words can never hurt me’. Much later I found a bit of language history to justify my disbelief in that old axiom.

In the Middle Ages the word grammar was used to describe a highly suspect affair, the preserve of monks and toffs who made marks in books, and could then be seen looking at these books and mouthing or reading out loud. They were doing grammar. They had externalised knowledge in a most disquieting way. Some of them even had spells written in their scary books. Thus by degrees the word grammar, modified into the spelling glamour, came to mean black magic. Now it has been not just bowdlerised but sugared and into the spelling glamour, came to mean black magic. Remember. And note the need towards the other person, the social impulse to reward, to show delight. This all adds up to a rich moment of life, and one that is often belittled by the customary cry of thanks.

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Fantasy and magic

For part of this piece, I have scratched around a little among words themselves, in an effort to use them in a way that does not veil reality.

Perhaps Perls approached lifting that veil as effectively as anywhere in his interest in and use of fantasy, to which he refers often in his lectures, now published as a posthumous book (2012). Fantasy is a word that first brings Walt Disney’s animated film, Fantasia, to my mind. In other words, its first impact is to do with illusion and chemical colours and artful contrivance. That is a long way from the meaning that emerges from Perls’ work.

Gestalt experiments are an enactment of fantasies. They are often a sideways jump from the literal to the odd.

An idea that has been running in my mind is about magic and therapy. I do not want to suggest that magic is a separate force, a mystical anything at all. But I see almost uncanny phenomena very often indeed as I work or supervise, and they remind me strongly of some of the magic we read in fairy stories.

At perhaps the crudest level, the use of can’t instead of won’t works like powerful magic in some clients’, and even some therapists’, minds. It is a fine get-out clause to resist change. It puts words not just ahead of but as a justification against action. Perception is muddied, as it is when feel and think are interchanged. As a supervisor, I still sometimes need to ask if a supervisee’s use of the word it really means I. ‘It is worrying that my client is going out dancing so much.’ That means that the act of going out dancing has the teleology, the aimed force, to produce worry. Is the client worried? No. We need to explore the experience of the supervisee.

In stories, spells are cast, and hard work is required to get rid of them. Day after day, supervisees tell me of some mood or feeling they enter with a client, and between us we realise that she has shared something of her client’s mind, in a sometimes quite unhelpful way. Projection, confluence, projective identification are the reassuring words we use to describe what in earlier times would have been seen as having a spell put on you.

A client sees therapy as worthless, and it is hard for the therapist not to feel worthless herself. Another talks in a rambling rapid way and suddenly the therapist feels swimmy and lost. In the first case, the therapist is trapped, or traps herself, into the state the client
perhaps wishes the whole world to experience. In the second, she has almost become the client.

Homeopathic doses of such experiences are excellent diagnostics. But clients with strong neurotic needs are very hard to keep in perspective and keep from contaminating your own experience.

In fairy stories, whoever casts a spell is powerful, and whoever has one cast on him or her is pretty much a hapless victim. Our proper emphasis in Gestalt therapy on personal responsibility requires us to be the wise one who breaks the spell, or to use our supervisors in that role. The word magic derives from the Magi, the wise.

William Blake (1794) said that whatever can be believed is an image of the truth. People invented the idea of magic to account for strange happenings, and much else besides. I am suggesting that some of what goes on in therapy is in the beginnings of people’s belief in such a force.

Another sort of magic you are as likely to have experienced is the sudden change in a worrisome client after supervision. A scared young therapist spends much of a supervision session rehearsing how she will work more effectively with a male client who in his first session with her says he has been sent to therapy by his wife, and also says clearly that internet porn is his hobby, and that wife and female therapist can go hang.

Then it seems that as well as frightening the therapist, he must have scared himself just as much, because at the next session, to the enormous relief of the therapist, he begins by saying he has not watched any porn since the last meeting. It is as if he had been to the supervision himself. I hope you can recall other examples: they are so frequent.

A child psychotherapist had session after session with a little boy who used the sand tray to hurl toys about, bury or drown little figures, and generally depict and produce chaos. The supervisor agreed, in a calming meeting with the therapist, that it sounded as if there was no safety in this child’s world. Next session, the child began without a word to build a Lego house, which he put carefully in the middle of the tray.

How do we account for that? Jung elaborated this observation as synchronicity (1973). It is as if by magic, and I am sure it is what would have been called magic in former times. I prefer to think that whatever alarmed the therapist in those sessions equally alarmed the client, who set about altering himself even as the therapist was discussing how she could be different in the next session.

Sherlock Holmes and Fritz Perls are both noted for their accurate observation. Holmes was conveniently, and fictionally, able to account for every astute diagnosis he made. I imagine that Perls’ famously swift and accurate readings of people just got better and better as he grew older, and he had so many memories that some of them, like my brake foot in the car, could be dropped from awareness, yet be reliably present when needed.

I hope you follow my argument that the notion of magic must have derived from happenings like these. In that sense only, I believe that there is magic everywhere.

Naming

Magic is around naming. Therapists know the huge effect anyone’s name may have on them. Fairy stories tell of the power of naming, as in guessing Rumpelstiltskin’s name.

Psychologists know that naming phenomena tends to make them more widely experienced. William Gull (1997) first named anorexia nervosa in 1873. It is said that he agonised with colleagues for a long time before putting that name to a recurring syndrome in his practice. Doctors know that more people will develop a condition when it has been named. That was a worrying naming. On the other side, it is said that when Catherine Blackledge (2003) wrote that most women are capable of multiple orgasms, away they went, reportedly, now allowing what they had not known they were capable of before.

Here I am naming what I call the regular magic of allowing this poetry of fantasy and so-called intuition to burst reliably into awareness. My hope is of licensing its freer use in the service of clients in therapy.

As I said at the top of this article, clarity of language as well as clarity of perception are crucial to much therapy. Perceptions are the discoveries or inventions of the speaker, and if they are expressed in that way, they are an important part of phenomenological dialogue. If these perceptions are translated into You-statements, as pronouncements about the inner or outer world of the client, they are interpretations. At worst, they are black magic, suggesting the authority of the therapist’s perceptions over those of the client.

The unitary organism

Perls, to me rather amazingly, described all behaviour as physical. Many years before the neuroscientists verified what he said, he alleged that there is no break point between cognition and action. Fantasy, in his words, ‘restricts our physical activities up to the point where they appear as diminutive or homeopathic actions’ (2012, p. 92). They are what Freud called probehandlung, experiment. He said this before anyone had discovered mirror neurons.

Fantasy can be rehearsal, or wish fulfilment, or planning, or that temporary confluence of play, as-if, of feeling drawn into a different person or world in reading or going to a play or film.
That extraordinary repository of unique experience that is the mind of every person may for most of us mostly be out of awareness. I hope this article has reminded you of the wisdom of the organism as it files some things below awareness, and springs others appropriately back into the light. I have the image of out-of-awareness, the unconscious if you must, as a well in your garden, constantly drawn on, and constantly filling from the surroundings. As well as pulling up buckets of awareness, it is as if sometimes there is a fountain to surprise us. And there is the analogy with language, which carries thousands of years of our ancestors’ experience, and layers of meaning below the apparent. It deserves care in its use.

References


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Miriam Taylor is a Gestalt Psychotherapist (UKCP registered), supervisor and trainer who has been in private practice since 1995. Her background was in adult education before training as a counsellor and psychotherapist. She was clinical lead of a young peoples’ service and for several years worked in a specialist trauma service. Miriam’s particular interest is in the integration of trauma and the role of the body from a wide relational field perspective. She supports her work in part through her deep connection to the natural world, and has undertaken a Wilderness Experience in the USA. She teaches in the UK and internationally, has been a trainer, Academic Consultant and examiner for Metanoia Institute, London, and is on the Leadership Team of Relational Change.

Publications include ‘Trauma Therapy and Clinical Practice: Neuroscience, Gestalt and the Body’ 2014, and several peer reviewed and invited articles.
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by Frederick Perls, Peter Philippson (Introduction)
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• The Well Grounded Therapist with Miriam Taylor and Vienna Duff
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