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A 'Special Issue' on Gestalt Therapy



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International Journal of PSYCHOTHERAPY

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The International Journal of Psychotherapy is a leading professional and academic publication, which aims to inform, to stimulate debate, and to assist the profession of psychotherapy to develop throughout Europe and also internationally. It is properly (double-blind) peer-reviewed.

The Journal raises important issues in the field of European and international psychotherapy practice, professional development, and theory and research for psychotherapy practitioners, related professionals, academics & students. The Journal is published by the European Association for Psychotherapy (EAP), three times per annum. It has been published for 24 years. It is currently working towards obtaining a listing on several different Citation Indices and thus gaining an Impact Factor from each of these.

The focus of the Journal includes:

- Contributions from, and debates between, the different European methods and modalities in psychotherapy, and their respective traditions of theory, practice and research;
- Contemporary issues and new developments for individual, group and psychotherapy in specialist fields and settings;
- Matters related to the work of European professional psychotherapists in public, private and voluntary settings;
- Broad-ranging theoretical perspectives providing informed discussion and debate on a wide range of subjects in this fast expanding field;
- Professional, administrative, training and educational issues that arise from developments in the provision of psychotherapy and related services in European health care settings;
- Contributing to the wider debate about the

future of psychotherapy and reflecting the internal dialogue within European psychotherapy and its wider relations with the rest of the world;

- Current research and practice developments – ensuring that new information is brought to the attention of professionals in an informed and clear way;
- Interactions between the psychological and the physical, the philosophical and the political, the theoretical and the practical, the traditional and the developing status of the profession;
- Connections, communications, relationships and association between the related professions of psychotherapy, psychology, psychiatry, counselling and health care;
- Exploration and affirmation of the similarities, uniqueness and differences of psychotherapy in the different European regions and in different areas of the profession;
- Reviews of new publications: highlighting and reviewing books & films of particular importance in this field;
- Comment and discussion on all aspects and important issues related to the clinical practice and provision of services in this profession;
- A dedication to publishing in European ‘mother-tongue’ languages, as well as in English.

This journal is therefore essential reading for informed psychological and psychotherapeutic academics, trainers, students and practitioners across these disciplines and geographic boundaries, who wish to develop a greater understanding of developments in psychotherapy in Europe and world-wide. We have recently developed several new ‘Editorial Policies’ that are available on the IJP website, via the ‘Ethos’ page: www.ijp.org.uk

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The IJP Website: www.ijp.org.uk

The IJP website is very comprehensive with many different pages. It is fairly easy to negotiate via the tabs across the top of the website.

You are able to subscribe to the Journal through the website – and we have several different ‘categories’ of subscriptions.

You can purchase single articles – and whole issues – that are downloaded directly as PDF files by using the CATALOGUE on the IJP website (left hand side-bar). Payment is only by PayPal. We still have some printed copies of most of the recent Back Issues available for sale.

Furthermore, we believe that ‘Book Reviews’ form an essential component to the ‘web of science’. We currently have about 60 relatively newly published books available to be reviewed: please consult the relevant pages of the IJP website and ask for the books that you would enjoy reviewing. As a reviewer, you would get to keep the book. All previously published Book Reviews are available as free PDF files.

We are also proud to present some articles that are currently freely available on-line (see box in top left-hand corner of the website). **Firstly:** there

are a number of ‘Open Access’ books and articles for you to read – if you wish. **Secondly:** there are usually a couple of articles from a forthcoming issue, available to download, free of charge, in advance of publication. **Then,** there is an on-going, online ‘Special Issue’ on “**Psychotherapy vs. Spirituality**”. This ‘Special Issue’ is being ‘built up’ from a number of already published articles and these are now available freely on-line, soon after publication.

In addition, on this page on the website, there are several topical ‘Briefing’ or ‘Position’ papers: the first is on “*What Can Psychotherapy Do for Refugees and Migrants in Europe?*”; and the second on an important new direction: “*Mapping the ECP into ECTS to Gain EQF-7: A Briefing Paper for a New ‘Forward Strategy’ for the EAP*”. Because of a particular interest that we have in what is called by “Intellectual Property”, we have also posted the most recent position paper: “*Can Psychotherapeutic Methods, Procedures and Techniques Be Patented, and/or Copyrighted, and/or Trademarked? – A Position Paper.*” We will be soon publishing another important paper in our next issue: “*A Position Paper on the Nature and Policy Applications of Appropriate Psychotherapy Research.*”

Editorial: “Yet Another Special Issue!”

Courtenay Young

Editor, International Journal of Psychotherapy

Dear **Readers of** – and **Subscribers to** – the **International Journal of Psychotherapy** (IJP),

There are a significant number of changes and new directions in the pipeline, with a lot of rumblings, clanking and other visceral noises (and not just coming from me) as we try to complete the switch from a printed Journal to much more of an on-line Journal. It has been almost two years involved in waiting now, with only a few burbs and farts to show that the Journal is still alive, but the ‘end product’ is getting closer: Enough scatological insinuations!

Firstly, over the years, we have had a number of ‘**Special Issues**’ of this Journal to date. There has already been: **(1)** a Special Issue on ‘*Psychotherapy and the Internet*’ (July 2006: Vol. 10, No. 2); **(2)** a Special Issue on ‘*Different Approaches to Depression*’ (July 2009: Vol. 13, No. 2); **(3)** a Special Issue on ‘*R.D. Laing: 50 years after “The Divided Self”*’ (July 2011: Vol. 15, No. 2), which was later expanded into a whole book, published by PCCS Books (Itten & Young, 2012); **(4)** a Special Issue on ‘*Roberto Assagioli & Psychosynthesis*’ (July 2012: Vol. 16, No. 2); **(5)** a Special Issue on ‘*Existential Psychotherapy*’ (March 2015, Vol. 19, No. 1); **(6)** an extra Special Issue on ‘*Mindfulness*’ (July, 2016); **(7)** a Special Issue on ‘*Psychodrama Psychotherapy*’ (July 2017, Vol. 21, No. 2); **(8)** a Special Issue on ‘*Transactional Analysis Psychotherapy*’ (Nov. 2019, Vol. 23, No. 3). And so, this is now our **9th Special Issue**: this time on ‘*Gestalt Psychotherapy*’ (Nov. 2020, Vol. 24, No. 3).

Looking at this list, I see that we have an interesting ‘mix’ of topics: some to do with professional issues; and some to celebrate and inform about a particular modality in psychotherapy. Maybe, we can encourage a different type of ‘Special Issue’, like working with transgendered people; or people with transgenerational trauma; or psychotherapy with refugees and asylum seekers; or with other specialised groupings. We also have an increasing ‘raft’ of topical issues: the CoVid-19 pandemic; climate change; the “Me Too” – types of sexual harassment and abuse; and the upsurge of “Black Lives Matter”; to say nothing of

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the presidential politics in the USA; the Brexit-EU dissolution; or anything to do with the variety of different “conflict” zones that still abound.

I would also really like to take this point to thank all the “editors” of these named Special Issues – many of whom have not had English as their first language – as it is by no means easy to fit their authors’ submissions (many also from authors with English as a second or foreign language) into a coherent framework that develops the theme, that is also subject to the pernicky requirements of the Journal’s editor(s) towards producing a ‘good enough’ English-language, scientific and professional Journal – crafted by amateurs.

We really look forward to having many more of these Special Issues and we hope that you – our readers and subscribers – do too.

EDITORIAL TO THIS SPECIAL ISSUE

Gestalt Therapy: Relational Developments and Research

Margherita Spagnuolo Lobb & Peter Schulthess

Introduction

This special issue of the IJP, dedicated to Gestalt therapy, aims to focus attention on some developments in the approach – 70 years after its birth – particularly interesting for contemporary psychotherapies. It answers the question: ‘How can Gestalt therapy help current clinical problems and what contribution can it make to other psychotherapeutic approaches?’

We started working on this issue long before the pandemic, and we worked on revising the texts right during the lockdown. Clearly, while working on the articles published here (Margherita in Italy and Peter in Switzerland, Philippines and Greece), we couldn’t help but wonder what answers Gestalt therapy can give to an event as pervasive and historic as that of a pandemic. While we felt it was premature to draw conclusions at a time when we are still immersed in the stress of such a shocking novelty, we realize that all the articles are set against the theoretical, social and political background from which the pandemic emerged. These articles actually describe Gestalt therapy’s contribution to the clinical needs of our humanity, which has recently been attacked by CoVid 19.

As editors of this issue, we have integrated our passions and skills, both with respect to the relational clinic and research, and with respect to the political realities in which Gestalt therapy is inserted in the various countries. Our desire is to provide readers with a look (both theoretical and clinical) at the recent relational current of Gestalt therapy and its inseparability from the social and political system in which it is inserted, as well as at the international research movement that runs through it, and – at the situation of this approach in two countries where its emergence is particularly interesting, China and Russia.

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The synergy between the relational approach and research is well described in the closing contribution. It tells of a student's passion for research into experiential psychotherapeutic methods, Leslie Greenberg, who was in the first training group of the Toronto Institute, which took up Fritz Perls' legacy from Lake Cowichan ^[1]. Leslie's presence in that group, and his (at that time not properly recognized) passion for a particular kind of research, based on an experiential epistemology, today are a clear link between the humanistic values of the relationship, of the here-and-now, of self-regulation and research, both qualitative and quantitative, in Gestalt psychotherapy.

Before introducing the other contributions that make up the issue, we would like to describe the social background from which the relational Gestalt approach and the international research movement emerged. In this way, we can give a solid ground for reading the following articles.

Where does the 'Relational Current' come from?

Around the late 1980's, clinical sufferings of clients seemed to have changed: from the need to be autonomous and free from bonds, to the need to orient oneself into a world with no points of reference. The "Fall of the Gods" determined what was defined as the "post-modern condition" (Lyotard, 1979).

Western society was changing because of the economic boom from one side and the lack of enduring relationships from the other. In a word, for a new generation, it was possible to do and have almost anything, but primary and intimate relationships were weak or absent. Children couldn't feel their parents any longer as sure points or reference for their fears or needs to grow, and partners could not experience their couple relationship as being stable. For these, and because of many other complex conditions, a fragile sense of Self arose in Western society; serious disturbances became much more wide-spread, and it was not possible any more for Gestalt psychotherapists (as well as for other humanistic psychotherapists) to avoid the concept of psychopathology and limit their practice to neurotic sufferings. A new need had emerged from within society, the need to find themselves in relationships.

Luckily enough, the 'Relational Turn' in Gestalt therapy has implied an openness towards research. As a matter of fact, contextualized values make us aware of our being fallible (there is not an absolute reality, but everything depends on the context where it belongs), as well as of our need to belong to a community. To test the efficacy of our method, in comparison with other methods, has become more acceptable and interesting. On the other hand, research methods have become more and more suitable to detect the complexities of the therapeutic work. Whilst we work with intuition, bodily feelings and reciprocity, we become curious of what works in our methodology and how change actually happens. Let us see, in a bit more detail, how the original values of Gestalt therapy have gone through a series of transformations over the last 70 years.

The Original Basic Concepts and Humanistic Values

Gestalt therapy was founded, like many other psychotherapeutic approaches, in the 1950s and spread incredibly wide over the next two decades, at a cultural moment that has been defined as the “post-modern condition” (Lyotard, 1979). At that time, society was struggling between its efforts to experiment more democratic political settings, and the need to support “human potential”, giving greater dignity to individual power. The founders of Gestalt therapy considered the needs of society and the needs of their patients as two sides of the same coin (Schulthess, 2020; Melnick, 2017). And so, they wanted to overcome the weakness of the psychoanalytical theory of the ego^[2] and to solve the chief neurotic dichotomies of society (“*Body and mind; self and outside world; emotional and real; childish and mature; biological and cultural; poetry and prose; spontaneous and deliberate; personal and social; love and aggressiveness; unconscious and conscious*”) (Perls et al., 1994, p. 20).

The way that they chose to achieve this goal was to support the creative capacity of each individual person. Concepts like: ‘authenticity’, ‘polarities’, ‘responsibility’, ‘awareness’ and ‘here-and-now’, were the verbal ‘icons’ of this approach. The ‘Self’, an important innovation, was conceived as the actual process (not just an instance) of an organism in making contact with its environment. The process of contact is based on the figure/ground dynamic. In sensing and approaching the environment, different parts of the experience of the person become more the ‘figure’, while others withdraw into the ‘ground’ of the experience.

This was normally a spontaneous process that takes place, thanks to *creative adjustment*. When the organism is aware, with all its senses being open, it can perceive the environment (that part of it which is involved in perception) reasonably clearly, and these can then a more deliberate and creative act, which integrates both the existing situation and its own wishes.

In this way, considering the passage from psychodynamic theories to the prevalence of the unconscious to the power of the ego, they gave dignity to the capacity of each person to adjust in a creative way, and to develop their uniqueness. This was the specific contribution of Gestalt therapy at that time, among other humanistic approaches, like Rogerian ‘*Client-Centered Therapy*’, Berne’s ‘*Transactional Analysis*’, and Lowen’s ‘*Bioenergetic Analysis*’. They were all linked by the wish to support human potential and faith in self-regulation, so that the therapist has to be a “peer”, who assists the client’s ‘self-regulated’ change.

Gestalt therapy, in particular, derives its ethos from two main roots: the Berlin School of Gestalt Psychology (with its focus on perception and the concreteness of senses, it was the first academic phenomenological research) and from Psychoanalysis (with its focus on inner conflicts deriving from relational pro-

cesses). Phenomenological values were brought in – in order to overcome (or balance) the analytical dichotomic perspectives of the time: so, instead of analysing in order to bring unconscious drives to consciousness, it became the experience (as it is charged with an intentionality of contact) that increasingly became the focus.

Given a welcoming therapeutic environment, the self develops, by itself, and it is a whole entity (body and mind) that tends towards greater integration. The “solution” unfolds from the experience itself. The bodily experience is fundamental in Gestalt therapy (since it’s connected with the ‘senses’: the physiological basis of the experience), and to stay in contact with one’s senses means to “feel the charge of an energy that goes towards being able to understand something towards the phenomenological concept of intentionality”.

This was the basis for the well-known Gestalt concept of the “*here-and-now*”, which included the leaning into the near future (the term “*now-for-next*”, originally suggested by Polster, explains this idea well) (Spagnuolo Lobb, 2013a).

There was a new interest in a new spontaneity of the contact process between therapist and client. The founders chose to address what is ‘normal’ (alias well-functioning) in their studies, and to restrict their observation to what we can experience in the therapeutic situation. They didn’t want to create an ontological theory, just a practical one.

In line with the humanistic perspective, they considered the role of psychotherapy as an external support for intentionality of contact that the client had otherwise repressed in a process of creative adjustment with his/her environment.

Gestalt Therapy Today: To cope with the Fear of Death and the Need for Rootedness

Generally speaking, in the last few decades, the sense of ‘rootedness seems to be increasingly’ lost in modern society (Spagnuolo Lobb, 2013b, 2013c, 2013d, 2016). The actual social situation has been influenced by many dramatic changes like: migration flows, terrorism, corruption of formerly democratic governments (from one side); and the lack of containment in primary relationships (on the other). More recently, climate crisis has created a wide-spread fear of catastrophes, and a sense of impotence never experienced before (viz: the fires throughout the Australian continent between the end of 2019 and start of 2020).

This already existing uncertainty has been increased poignantly by the CoVid pandemic, which has brought about the fear of death of all humanity⁽³⁾. People have lost the sense of being protected by previous generations, by their community, and by “mother” nature. Society is clearly not committed to provide (in many ways) a sense of sureness in young generations, as if it should be tak-

en for granted. The economic crisis has created a fear of not even relying on any form of basic financial support: *‘Why should people live and for what?’*

To generate children now is fearful: increasingly, people don’t feel strong enough (nor supported enough) to be parents and they don’t fully believe in a future. Life is lived in the immediate ‘now’. The body becomes desensitized. There is now no sureness of who one is: the body can have very strong sensations, with drugs, or cuttings and piercings, or extreme sports, but they don’t bring the person to a sense of unified self, and therefore a sense of having a future. So, people don’t know who they are and they are now not able to stay with someone else for more than a few hours: they cannot feel properly to be in love; they cannot welcome the otherness of a significant other; and, more and more, they go into social closure and virtual relations, or virtual games.

In this situation, the clinical sufferings are, of course, depression, anxiety disturbances, identity problems, violence, lack of empathy and many kinds of trauma. There are great fears about one’s own basic existence (*“Am I existing safely? How will I be in one hour?”*) and yet there is also a huge need to root oneself into meaningful and good relationships, where they can breathe and feel themselves (Spagnuolo Lobb, 2013c, 2013d).

In the 1970’s, a typical feeling from clients might be: *“I want to be free from the bond with my partner, that I feel like an imposition”*; and, in the 1990’s, a typical set of feelings might be: *“I would like to hear myself, to see myself. Sometimes, I am forced to fast in order to feel myself through hunger. Everybody wants something from me and I cannot find out who I am”*; then, today, a similar typical sentence could be *“The only thing that I can think is that I’m angry at my parents, who are responsible for my ruined life. The others say that I’m successful, but I don’t feel that. I am terrified to die, that the others die, and to lose everything and become nothing”*.

Up to until about forty years ago, it was difficult to stay in a relationship; today, it is actually difficult to feel one’s self-in-relation; to feel the sense of a unified self-in-relation (Philipppson, 2001). The excitement – which should lead to contact – becomes undefined energy: what is missing are the mirroring and relational containments; the sense of the presence of the other; and the “wall” that allows us to feel that we are there.

What Political Aspects are Important Today?

Gestalt therapy was, since its beginning, connected to a sense of political awareness and action. It was part of the Human Potential Movement in the 1960’s and 1970’s. In the interest of getting academic recognition, this aspect has often been neglected. In this publication, we would like to point out its actual importance. Changing people and social systems means also doing political work. We believe that contemporary Gestalt therapists could, or should, show more political engagement, mainly in: projects, facing social conflicts; and helping with problems such as: racism; violation of human rights; migra-

tion of refugees; CoVid-19; etc. The chapter by Peter Schulthess, in this issue, deepens this topic and shows possibilities of engaging (Schulthess, 2020; see also Kato *et al.*, 2019; Melnick & Nevis, 2009).

Ethical Aspects of the Role of a Gestalt Psychotherapist

All these changes have also impacted on the ethical definition of the role of a Gestalt psychotherapist. Ethically, Gestalt therapists are bound to the Universal Declaration of Human Rights. As therapists and counsellors, we support our clients and patients: to develop their autonomy as persons; to be able to fulfil their needs; to participate in society; and to co-create changes together with others. Gestalt therapists are part of this society and they have a mandate, as such, due to their professional competencies and insights, to speak up in public when human rights are violated (Schulthess, 2003). But, also, the ethical boundaries within the therapeutic relationship have to be respected. Therapists and counsellors should never motivate or seduce their clients to actions from their own personal or political interest. This could / would / should be an abuse of the therapeutic position and a violation of the Gestalt code of ethics (EAGT, 2019).

Even to take care of ourselves as Gestalt psychotherapists has a different meaning today. Decades ago, it was aimed towards getting the same freedom that we wished for our clients; today, we need to take care of ourselves by keeping a sense of safety, via the support of the others and of the community.

Defining ourselves as part of the ‘field’, implies switching our attention from the responsibility of the therapist to the contextualized co-creation of the situation. Aesthetic, field-oriented and phenomenological concepts (like the ones in *Aesthetic Relational Knowledge* and of the “Dance” of Reciprocity (Spagnuolo Lobb, 2018a, 2019) allow the therapist to overcome most or many aspects of the narcissistic paradigm, by which he (or she) experiences a split between his/her responsibility and his/her fragility (see: Orange, 2018; Spagnuolo Lobb, 2018b; Jacobs, 2018). Today, we need to experience responsibility in a less grandiose (and guilty) way, and to contextualize the results more, including them in an increasingly complex situation than from just the perspective of our individual capacity. When we understand that the results of a therapy are not the same thing as our responsibilities, then we can see our fragility as a useful therapeutic tool.

The Contents of this Issue

Firstly, **Margherita Spagnuolo Lobb** presents her development of the relational approach of Gestalt therapy in the article, “*The Relational Turn of Gestalt Therapy: From the ‘empty chair’ to the ‘dance of reciprocity’ in the field*”. **Peter Schulthess** approaches, “*Political Implications of Gestalt therapy*”. **Phil Brownell** provides in his article, “*Gestalt Therapy Research*”, an overview of the inter-

national movement of research that is parallel to the development of the relational Gestalt therapy movement. **Pablo Herrera Salinas**, **Illia Mstibovsky**, **Jan Roubal** and **Philip Brownell** present their study of, “*The Time-Frame Single Case Study*”, that uses a method of empirical research that is equivalent to Randomized Controlled Trials (RCT’s), but is much more practitioner-friendly and based on well-documented case study research.

Annette Hillers-Chen and **Ying Yang** describe the presence of Gestalt therapy in China, in their article, “*Geshita Liaofa’ in the People’s Republic of China: Hurly-Burly, Here-and-Now*”. In this article, it is evident how Gestalt therapy (like any other therapeutic approach) needs to root itself in the political and cultural environment, in order to realize a fertile contamination. **Kirill Khlomov** continues with the description of the “*Educational System and studying Gestalt Therapy in Russia, Ukraine, Belorussia, and Kazakhstan*”, another very different example of contamination between Gestalt therapy and a hugely different culture. These two articles make us think of the future of Gestalt therapy and how its principles are very useful and still quite revolutionary in other cultures and political settings.

Rezeda Popova provides a clinical example of the relational approach with seriously disturbed patients: “*To be Enchanted and Not Disappear: A Dance with A Psychotic Client*”. A clear and useful example of how the relational approach of Gestalt therapy can help with serious disturbances of the ‘ground’ of experience.

Finally, **Jay Tropianskaia**, director of the historical Gestalt Institute of Toronto (that originated from the last group of Fritz Perls in Lake Cowichan, Canada), and **Sabrina Deutsch Salamon**, a researcher and former student of Leslie Greenberg, provide a metaphorical link between the first days of Gestalt therapy and the research movement. “*Inheritors of Lake Cowichan: A history of the birth of Gestalt Therapy Research in Canada – Excerpts from an Interview with Les Greenberg*” is a delightful closing point of this issue, that shows how great the disappointment that Leslie has felt, especially in those years when his efforts to research on the efficacy of experiential Gestalt psychotherapy were neglected, and which is now an illuminating path for all contemporary Gestalt therapists.

Our world has changed a lot since the 1950’s, when Gestalt therapy was founded, and so has Gestalt therapy as an approach. It has developed a lot since the first demonstration workshops of Fritz Perls and it has grown into a mature, serious and well-established psychotherapeutic approach.

Gestalt therapy has spread over all continents: North America, South America, Europe, Asia, Australia and also into Africa. International Congresses and international teaching of several experienced trainers create a very fruitful and inspiring community, which also allows an exchange in cultural diversity and sensitivity when practicing Gestalt therapy.

We wish our readers an inspiring and thought-full experience.

Endnotes

- 1 Fritz Perls, around the last year of his life (1969–1970), moved to Lake Cowichan on Vancouver Island, Canada, with a group of Gestalt psychoanalysts, psychologists and counsellors.
- 2 “In the literature of psychoanalysis, notoriously the weakest chapter is the theory of the self or the ego. In this book, proceeding by not nullifying but by affirming the powerful work of creative adjustment, we essay a new theory of the self and the ego.” (Perls, Hefferline and Goodman, 1994, p. 24).
- 3 A special section of the journal, *The Humanistic Psychologist*, a publication of APA Division 32 – Society for Humanistic Psychology – about “Being Gestalt therapists at the time of coronavirus” has been published in his link <https://psycnet.apa.org/PsycARTICLES/journal/hum/48/4>

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The Relational Turn of Gestalt Therapy Clinical Practice: From the “empty chair” to the “dance of reciprocity” in the field

Margherita Spangnolo Lobb

Abstract: This article is focused on clinical practice and describes the development of Gestalt therapy values from the time when humanistic approaches were founded to the relational turn that has affected all methods since the 80es. Connections between these values and the development of societal needs and clinical sufferings are shown. The author demonstrates the contemporary need to address the ground experience of patients, in order to be effective with new forms of psychopathological sufferings. Three main needed changes on clinical practice are described: to work on the ground, to use the *Aesthetic Relational Knowledge* and to refer to the paradigm of reciprocity. Clinical examples are provided.

Key Words: Humanistic values, Gestalt therapy, relational turn, society and psychotherapy, phenomenology and aesthetics

Introduction

This article aims to focus on the contemporary ‘relational’ trend of Gestalt therapy clinical practice. Having been a Gestalt therapist and trainer for 40 years, I have seen and participated in the development of this approach since its focus on individual empowerment. If a client said: *“I feel unable to bring my needs forward. When my boss orders me to do something, I’d like*

to tell him that I see the situation differently, but I stay silent...”. The therapist would say: *“What do you feel in your body while you say that?”* He might respond: *“I feel some tension in my legs”*. The therapist then says: *“Stay with that tension, breathe, and see where it brings you”*. The work would have continued maybe with kicking some pillows and visualizing the boss (or the father), till finally the client experiences a sense of their own power and a wider sense of self.

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Today, the scenario has changed. Clients put different questions, which need different interventions. An example could be: “*I feel worried that I will get sick. The doctor says I have nothing, but I have got a bad feeling that I will die...*”. The therapist now wants to know more about the grounded experience of this client, rather than exploring the figural meanings of his worry, and asks: “*I see. How do you spend your day?*” The client then says: “*I wake up early, go to work, it takes one hour and a half to get there. I come back home at 6.30 in the afternoon, I cook something, sometimes I grab a pizza in a place on the way, I go onto internet for a while, chat stupid things with some ‘friend’... watch some TV. Go to sleep*”. The therapist asks: “*How do you feel as you are telling me all this?*” The client responds: “*It’s strange to speak to someone who listens to you*”. “*Yes, ‘strange’ is interesting! But, I’ve noticed that – as you speak – you don’t breathe very deeply, with full lungs; and you don’t pause in speaking; nor do you look at me. However, what you said touches me a lot: ‘solitude’ is the word that comes to me. I’d like you to experience ‘being’ with me here. Can you breathe fully and look at me while you breathe?*”.

The work could continue, maybe, with not much individual action, but with a feeling of intimacy and a sure ground between therapist and client. This intervention is based on relational aspects (“*Tell me*”...; “*I feel touched...*”), rather than on development of personal awareness of the client. Generally speaking, traumatic experiences are much more spread out today (Taylor, 2014; Rubino *et al.*, 2014) and we have integrated new findings from the neurosciences and relational perspectives of intersubjective approaches to find a hermeneutic way of developing our method.

Let’s see more in detail how we can address new clinical tools to cope with the new needs of society and forms of clinical sufferings.

The Emergence of Serious Disturbances and the ‘Relational Turn’ in Gestalt Therapy

Around the 1980es, Gestalt therapy techniques seemed increasingly naïve, or even inappropriate, to cure the new disturbances. In front of clients suffering from dependencies, or personality disturbances, or even psychoses, it was ineffective to “talk” with the drug, or dialogue with ambivalent parts of oneself, or support creativity in psychotic language. Some institutes started to develop the original theory of Gestalt therapy, studying the two theoretical aspects that had been considered out of the value of the here-and-now in child development and psychopathology. These efforts brought to discover hermeneutical aspects and develop the core relational spirit of the founding book (Perls *et al.*, 1951/1994), as well as the concepts of contact boundary and the organism/environment field being more focused.

These two aspects were able to re-direct Gestalt therapists to the treatment of contemporary (and more serious) disturbances.^[1] The study of *human development* in terms of phenomenological experience (Clemmens, 2012; Spagnuolo Lobb, 2012) and bodily movements (see Frank, 2001; 2016) allowed to consider development like a ground experience of the here and now (Wheeler, 2000), so that to know more about the ground gives support to the understanding of the figure.

Psychopathology can be described as a creative adjustment to difficult situations (Perls *et al.*, 1994, p. 6 ff.), and it is connected with social conditions (Perls *et al.*, 1994, p. 7 ff.; Spagnuolo Lobb, 2013, pp. 29–33; 2016a).^[2] The vitality that is implied in this definition guarantees that the therapeutic intervention aims to recognize the “beauty” of the client’s adaptation, supporting the vital intentionality that is in

each relational disturbance. Psychopathology manifests itself along a continuum of anxious/desensitized experiences (Spagnuolo Lobb, 2016b): from a desensitization of the contact boundary (lack of awareness), that doesn't allow the person to perceive clearly the situation and herself; to a fixation of the figure, that doesn't flow back to the ground experience to be assimilated (like in the case of traumatic experiences, see Taylor, 2014; Kepner, 2003; Bosco, 2014; Militello, 2011).

These developments have been supported by the spread of other studies, especially in the fields of neuroscience (Rizzolatti *et al.*, 1996; Panksepp, 1998; Porges, 2009; Damasio, 2010; van der Kolk, 2014; *et alia*) and intersubjective and relational psychoanalysis (Stern *et al.*, 1998, 2003; Beebe & Lachman, 2001; Tronick, 1989; Orange, Atwood & Stolorow, 1997; Mitchell, 2000) which, in the same decade, have discovered and described important relational aspects of human experience.

They have been good allies in order to develop the relational approach that was contained in the founding texts into a phenomenological, aesthetic and field-oriented ⁽ⁱⁱⁱⁱ⁾ model to understand and treat new sufferings of post-modern society (Spagnuolo Lobb, 2013c).

From all these movements, both from inside and outside Gestalt therapy, the relational approach emerged, as a way to include a better possibility to treat serious disturbances and to solve societal needs in order to find oneself in relationship (Philipson, 2001). The concepts of 'contact boundary' and 'organism/environment field' became the core principles of the relational approach, and the contribution of the therapist to the experience of the client in the here-and-now became a tool to work with the field, instead of with the individual (Spagnuolo Lobb, 2018a; Macaluso, 2020). As a matter of fact, the feeling of being seen by the Other creates – in the client (as well as in gen-

eral) – the feeling of existing for someone else, which is where the unified sense of Self is born.

The dilemma which arose inside Gestalt therapy – which was partly created by contradictions inside the founding book itself – was between relational therapeutic praxis and intra-psyche approach (Wheeler, 2000; Wollants, 2012). In the first moment, they were considered like different styles of working (e.g. Stemberger, 2018). For instance, when the client says, "*I feel angry towards my mother*", one therapist could ask to imagine the mother sitting on the empty chair and tell "her" his anger, another therapist could ask, "*What do you feel in your body when you tell me that you feel angry to your mother?*". These two ways of working have actually been different styles between Fritz Perls – who used to demonstrate his approach to neurotics in workshops – and his wife, Laura Polsner – who worked clinically with "real" patients and put much more effort in support, relation and ground.

Considering contemporary literature of Gestalt therapy, Macaluso (2020) describes three ways of Gestalt therapy work: one focused on the client; a second one focused on the way that the client makes contact with the therapist; and a third one focused on the phenomenological field, which expresses the contribution of both therapist and patient to the therapeutic change. Philippon (2017) describes three levels of Gestalt therapy training in a similar way.

Even if it's possible to use all of these ways, the above-mentioned differences have become separate currents inside Gestalt therapy: basically, individualistic models and relational models. With his book, *Gestalt Therapy: Therapy of the Situation*, Georges Wollants (2012) has tried to solve the inner contradictions inside the founding text, *Gestalt Therapy*, drawing from the phenomenological and Gestalt theoretical concept of situation, which provides

a stronger theoretical basis for our relational soul. He states that the person and their environment are inseparable and are parts of the same whole.

In our clinical work, we approach – not the person of the client – but the dynamic between the person and his or her phenomenological world. Wollants states that we should identify with the relational, situational and contextual perspective, as described in the first part of the founding book. I fully agree with his definition, and I hope that we will become much more able to develop our very special and unique relational glance, which is procedural, oriented to the concept of situation (the therapeutic situation) and includes the experience of the therapist as a part of this field.

Today the “relational” approaches are many, both in the field of clinics and organisations. They are committed to research, both quantitative and qualitative, and – in particular – phenomenological research (see Churchill, 2018; Brownell, 2019; Roubal, 2016; Schulthess *et al.*, 2016; Fogarty *et al.*, 2016; Herrera Salinas *et al.*, 2019). They draw from different psychological and philosophical currents. This development is still in progress. I suggest that Brownell (2018) is consulted for an attempt of the description that is applicable to both Gestalt psychotherapy and coaching.

What I have learnt from my masters, Isadore From, and Erving and Miriam Polster, and from many dialogues with colleagues like: Gary Yontef (1993), Gordon Wheeler (2000), Lynne Jacobs (Jacobs and Hychner, 2009), Ruella Frank (2001; 2016), Jean Marie Robine (2001; 2015), Dan Bloom (2003; 2011), Philip Lichtenberg (1990), Malcolm Parlett (2015), Peter Philippson (2001; 2017), Michael Clemmens (2019), and others, that have all inspired me to develop the Gestalt relational stance into the paradigm of reciprocity, which integrates the focus on the aesthetic knowledges (*Aes-*

thetic Relational Knowledge, Spagnuolo Lobb, 2018a), and on intentionality of contact (the *now for next*, Spagnuolo Lobb, 2013) with the attention to the ground experience (*Polyphonic Development of Domains*, Spagnuolo Lobb, 2012) and to the “dance” of reciprocity – the reciprocal intentional movements – between therapist and client (Spagnuolo Lobb, 2019; 2018a; 2017a; 2017b).

1: A contextual method, the field and the aesthetics of contact

Gestalt therapists’ clinical work must be seen in contextual and situational terms ^(iv): it’s not only the client who is unable to reach the therapist with spontaneity, but it’s also the therapist herself who feels unable to reach the client. Here-and-now, the therapist, with her aesthetic ^(v) tools, experiences a lack of spontaneity at the contact boundary. The therapist considers herself as involved and part of the same situation (or field) of the client when in the therapeutic setting.

The client’s suffering is a way of being at the contact boundary, and affects both the client and the therapist. It’s a mis-match in the dance; a loss of spontaneity in the reciprocity. It is based on the concept of a co-creation of the contact boundary between therapist and client in the here-and-now of the session, with specific limits of two persons in a given time and space. And the therapeutic meeting, their contacting, generates an experiential field. The presence of the client is experienced by the therapist who is trained to perceive his/her aesthetic resonance. This is considered in relational Gestalt therapy as the main tool with which to make a diagnosis (Spagnuolo Lobb, 2018a; Roubal *et al.*, 2013, p. 87). Diagnosis is a process of “knowing-through” (*diagnosis*) the experience of the patient. The Gestalt therapist uses her senses, besides her psychological and

personal knowledge, in order to ‘know through the patient’s suffering. An interesting aspect of the contextualized concept of therapeutic intervention is that it explains positively how the diagnosis is influenced by the therapist^[vi]. What emerges instead between therapist and client is the co-creation of a relational theme, rather than an isolated behaviour of the patient that is defined psychopathological. This gives more concrete possibilities to “treat” psychopathological suffering as a phenomenological aspect of the relationship, rather than as a problem of the patient.

2: Contemporary Relational Gestalt Therapy: Three core clinical tools for a contextualized “dance” of reciprocity^[vii]

Relational Gestalt Therapy approaches new clinical sufferings supporting the emergence of a sense of safety that provides the sure ground. In order to achieve this, the therapeutic presence—in reciprocal-movement with the patient is valued (Frank, 2016; Spagnuolo Lobb, 2017a; 2017b). The support for the neuro-physiological process of contact (“*Breathe and feel what happens at the boundary*”), which was evident in the work of Laura Perls, is an even more important tool today.

For example, years ago a Gestalt therapist used to ask to a client – who, for instance, was complaining of not being able to decide between moving to another city to work or staying with a partner in his own city – “*What do you want? Be responsible of your own wishes and say (even to the partner in the chair) what you want*”, assuming that the problem of the client was to bring his own wishes forward in front of important “others”. Today, the problem is not to take responsibility for one’s own feelings, nor to have the courage to break rules, but to

feel oneself and have the courage to stay with this feeling in front of another person.

In order to provide the basic physiological support that emerges in contact making, we ask: “*Feel your body, breathe, look into my eyes. What do you feel? Continue to breathe while you look at me. Feel your feet on the ground. How do you experience yourself in front of me? What are your feelings and your emotions in this moment in front of me, your therapist and caregiver?*”

And, since the sense of self is built in contact with an-other, we need to provide him with our (real) feeling in front of him, like a containing “wall” that allows him to feel himself through the reaction of the other, for instance: “*When you look at me, I feel tender*”, or “*I feel disappointed*”. The resonance of the therapist allows us to start the healing “dance” that brings the client to build a sense of solid ground. We re-create a situation where the client is in charge to do something courageous, in order to be himself in the interaction. Also, the therapist will courageously change the relational schema and allow the client to express himself more spontaneously. A client can often only feel a sense of self, if we, the therapists, are the wall whereby she or he can find a sense of reality, a sense of who she or he is.

Basing myself on the tenets of Relational Gestalt Therapy, I will consider now three core interventions which can meet the needs of the clients today: (1) to work on the ground instead of working on the figure; (2) to use the Aesthetic Relational Knowledge (ARK) in a field perspective (an updated and less naïve way of using our senses); (3) to address the paradigm of reciprocity and consider the “dance” as the locus of therapy, instead of considering what the client or the therapist does.

These are a development of the *phenomenological* root of Gestalt Therapy, of its concept of intentionality and its focus on the here-and-now. They are also an in-depth look at

the *aesthetic* tools, which have always been a crucial aspect of Gestalt therapy interventions. In fact, we only know the patient and his/her creative adjustment via our senses, a special skill that I have called “*Aesthetic Relational Knowledge*”. Finally, reciprocity implies a development of the clinical use of the concept of *field*: the therapist becomes part of the situation of the client, and with his humanity and professional competence, co-creates a healing “dance” with him/her, that provides an implicit and aesthetic recognition of the intentionality of contact of the client.

2.1: From Support of the Figure to Support of the Ground

Today, the aim of Gestalt therapy has clearly switched from the support of the figure (“*Be yourself in spite of the others*”) – which was needed mainly between the 1950s and the 1980s – to the support of the ground (“*Feel your body and stay in contact with me*”) – a more important and appropriate concern for contemporary disturbances, which was already in the style of Laura Perls.

The ‘ground’ experience is considered to be made by acquired contacts, related both to bodily feelings of being in contact (breathing, standing, being tense or relaxed, etc.) and definitions of oneself (“*I am able, I’m not able, I love or I hate*”, etc.) (see, Perls *et al.*, 1994, pp. 156–157).

Today, we are faced with clinical sufferings that express the loss of the sense of oneself, for example: an adolescent who has killed someone without knowing exactly why; or a couple who have not made love for years, or a young successful man who has suffered for a few months from panic attacks when he was at work. These are disturbances in their ground experience.

To re-own the safe ground and their sense of unified self implies the experience that they

can *rely on* the other/therapist and on the ground where they stand. The examples in the previous paragraph show the different style of work that supports this basic sense of oneself, when in contact with the therapist. The therapist today provides a presence, which takes care of the neurobiological sense of safety. The experience of the boy, who has killed someone without knowing why, seems closer to trauma than to a retroflection: he has killed someone as a reaction to the overload of energy (probably related to a personality disorder), but not as a consequence of a meaningful anger (a neurotic need to be free from suffocating liaisons). According to the polyvagal theory of Stephen Porges (2007), one’s sense of safety is an important – if not essential – moderator, which influences the efficacy of psychotherapy. Very often, our clients don’t have access to their bodily awareness, and so they lack this basic sense of sureness (see Kepner, 1995; 2002; 2003). It’s a problem of regulating arousal, as well as sustaining the bodily conditions of safety in contact and growth. As Gestalt therapists, we need to develop therapeutic skills to provide the perception of safety. Miriam Taylor (2014) reminds us to consider the ‘window of tolerance’ that pertains to the experience of our client, something that was generally taken for granted years ago. And Ruella Frank (2016) works on giving support to the basic relational movements that build up the sense of oneself and the spontaneity in contact making.

The feeling of safety is connected with the experience of being recognized by the other in one’s own vitality. Therefore, the question for Gestalt therapists is: “*How to look at this kind of diseases as active expressions of vitality?*” (Perls *et al.*, 1994, p. 25)

Our clients have acquired specific competences to exist in the world, which constitute the background of their experience, each competence harmonizing with the others. These are domains of competences, intertwining with

each other in a *Polyphonic Development of Domains* (Spagnuolo Lobb, 2012). The way that the client seats, moves, looks at the therapist, considers himself in front of the therapist, etc., shows how his previously acquired contacts are available now, and support his intentionality for contact in the session. For instance, when a client seats with legs crossed, looks and listens to the therapist, and nods at each sentence of the therapist. From time to time, she scratches her head vigorously and then goes back to her more static position. The Gestalt therapist is taken aesthetically by that sudden gesture, which expresses some vitality of the client's ground. The ground experience of this client is made up of her crossed legs, her nodding, and her sudden scratching, all supporting each other. But the scratching attracts our attention as an "active expression of vitality", and we are curious to see how much that gesture of vitality "is waiting" to be supported, given a surer experience of the ground (that we as psychotherapists will strive to provide).

2.2: The Aesthetic Relational Knowledge to work with a field perspective

The field is activated every time there is a contact boundary (Perls *et al.*, 1994, p. 151). The therapist's and the client's senses are not considered as isolated perceptions, but as individual perceptions that – as far as they are part of a situation – have something in common, as they contribute to create a shared reality.

Today, our attention is more on how we are co-creators, together with the client, of the contact boundary (instead of how the client creates a contact boundary with us). We are not just partners of our clients, but co-creators.

The field expresses the unitary nature of the therapist/client situation. What the therapist feels is somehow connected with the experiential field of the client, and it can be used as an aesthetic tool. Therapist and client are part

of the same situation, and they *both* change. As Perls *et al.* (1994, p. 35) have stated: «It's meaningless to define a breather without air».

I derive the term *Aesthetic Relational Knowledge* (ARK) from Daniel Stern's ^[viii] term of "Implicit Relational Knowledge" (Stern *et al.*, 1998). He meant the capacity of the child and of the mother to know each other via non verbal aspects, like movements, tone of voice, interactive schemas, procedural aspects of the interactions. He wanted to support the importance of non verbal (implicit) ways of knowing each other, giving them the dignity of an autonomous domain of child development, besides the verbal (explicit) domain, which was at that time considered a "superior" capacity (Stern *et al.*, 2003).

I refer to the aesthetic (not implicit) knowledge, that is to the capacity to know the other via our senses, and our vibrating in the presence of the other. The ARK is the sensory intelligence of the field. It is made of *embodied empathy* and *resonance* (see Spagnuolo Lobb, 2018a).

Here is an example of its use: a client finally cries, and we can now see how exposed to humiliation he is. The way that he looks around and looks at us informs us that he is on alert, as if he needs to control what we might feel. As therapists, we know something about what the client feels (thanks to our empathic capacity), and we might feel something else, in front of that crying and sensitive-to-humiliation client. We might feel annoyed, or tender. We are not led by a rational reason towards that feeling; we just feel something that belongs to us, rather than to the client. We can understand how much it might be a counter-transferential feeling, especially if it activates past unfinished business of ours. We can become informed about how much we are sensitive to that client, when not distracted by our own unfinished business, thanks to our personal

work. But nevertheless, if we feel that feeling, it also belongs to the field, which is activated in the therapeutic situation with that client. It belongs to a phenomenological reality. We might say that it expresses the “other side of the moon” of the client’s experience; the experience of the “other” which makes humiliation possible for the client.

In other words, we can use our senses, not only to understand the feeling of the client, but also to understand the feeling of other parts of the field, which is made of the organism and of its environment. The way that we resonate with a specific client, in a specific moment, is like the waves of the water that “resonate” to the stone thrown into the water. Like Lynne Jacobs (2018) expresses it well: “*To stay in the play as part of the therapeutic situation*”. Resonance is the contribution of the therapist (a meaningful other) to the situation. ^[ix]

This relational tool is different and can be complementary to the famous Gestalt technique of the “empty chair”. The latter is focused on the individual and his inner dialogues, rather than on the contact boundary with the therapist (see Macaluso, 2020). The ARK is in line with the situational approach that Perls *et al.* (1994, pp. 20–21) describe as “contextual method”. According to it, we are part of the client’s situation. Therefore, when we ask the client: “*What do you feel when you look at your father on the chair?*”, we might add (following Isadore From’s lesson): “*What do you feel when you look at me now, while you are speaking of your father?*”. And this is not enough: we can ask ourselves: “*And what do I feel as the Other – the therapist?*”

2.3: To focus on the “dance”^[x] of reciprocity: a switch of paradigm

Over the years, we have switched our therapeutic focus from the client to the phenomenological field that therapist and client co-create and, now, to their reciprocity. In

other words, the reciprocal act of moving-to-towards-the-other in the therapeutic process.

The mutual movements of client toward therapist and therapist towards client create a “dance” of reciprocity (Spagnuolo Lobb, 2017a; 2019). What heals is the synchronicity (e.g. Tschacher *et al.*, 2014) and the feeling of being supported that the client gets from the movements of the therapist (e.g. Stern, 2010). There are no predetermined techniques that can give the client the feeling of being supported, it’s rather that special gesture that belongs to the therapist, the “signature” – as Stern used to say (Stern *et al.*, 2003) that makes the client feel supported by that particular therapist. It’s a special implicit and aesthetic knowledge that the two develop in their relationship.

This “dance” between therapist and client takes into account the phenomenological and aesthetic aspects of their interaction, like movements, intentionalities, excitement for contact, and relaxation when the contact goal is achieved, breathing, time of contact (process), etc.

The concept of reciprocity can be a contemporary realization of the Gestalt therapy epistemological basis of phenomenology, aesthetics and field perspective, integrating – as well – recent researches on relational mind (Seikkula, 2015), neurosciences (Porges, 2007; Gallese, 2009), epigenetic (Spector, 2013), therapeutic alliance (Tschacher *et al.*, 2014, 2015, 2016; Flückiger *et al.*, 2012) and intersubjectivity (Stern, 2010; Beebe & Lachmann, 2001).

In an attempt to describe this “dance” in terms of intentionality of their “being-with” across the time of their meeting, I consider eight “dance steps”, each one of them being identified with proper intentional behaviours. They can describe two main ‘caring’ interactions: the caregiver/child (Spagnuolo Lobb, 2016c), and the therapist/client interactions (Spagnuolo

Lobb, 2017a; 2017b). These dance steps – ideally – are a sequence of intentional movements, but they don't have to happen necessarily in sequence. They are procedural spontaneous actions of contact between the child and their caregiver(s), or between therapist and client. They are named as follows (see Spagnuolo Lobb 2016c; 2017a; 2017b): **1)** To build together the sense of the ground; **2)** To perceive each other; **3)** To recognize each other's intentional movement; **4)** To adjust to one another; **5)** To take bold steps together; **6)** To have fun; **7)** To reach each other; **8)** To let oneself go to the other or to take care of the other.^[xi]

These “dance steps” allow the therapist to support the regulation of the therapeutic relationship and contact, beyond the single action of one or the other. They help to support each therapeutic “dance” as a unique co-creation, giving dignity to mutual regulative processes and to qualitative aspects of clinical practice.

The use of this concept of a “dance of reciprocity”, which focuses on the regulative processes of meaningful interactions, is also important in training and supervision: students can be supported to develop their relational mind, when they are learning psychotherapy. Moreover, to use the “dance steps” to supervise psychotherapists has been proved to be supportive and able to avoid the risk of shame, that is so often implied in supervision.^[xii]

Finally, the “dance steps” are useful to support psychotherapists to trust aesthetic and

field-oriented feelings in their work, to trust their capacity for being-with, against a narcissistic culture that holds a concept of the therapist, who has to do the “right move”.

3: Conclusion

In this article, I've tried to outline the development of Relational Gestalt Therapy from the support of autonomy of the client, to the capacity to “dance” with her/him, co-creating the sense of safety that is surely needed today.

The paradigm of reciprocity has been presented as a most recent clinical value of Relational Gestalt Therapy. We consider ourselves, the healers, as co-creators of the therapeutic situation, and we go into the play, the dance, as part of the situation, experimenting a specific support for a full, spontaneous and agentic sense of self of the client.

With its relational evolution, Gestalt therapy can continue to provide an innovative contribution to the world of psychotherapies and to society. It integrates recent studies on the relational nature of the brain, on attachment theories, on the importance of relationship in personal change, even genetic change. Gestalt therapy, which draws on phenomenology, aesthetics and field theory, is a useful way to help contemporary patients rediscover their vitality, their unified sense of self and their existential safety, in a social context where desensitization, and dissociations are the most common clinical evidences.

Endnotes

- i Other institutes have developed relational models for organizational consulting, applying these two concepts to the relationship between individual and society (see Melnick, 2019; Nevis, 1997).
- ii The description of the concept of psychopathology in Gestalt therapy (see: Yontef, 2001; 2005; Robine, 2001; Spagnuolo Lobb, 2013a, p. 56 ff.; Francesetti et al., 2013) has allowed us to dialogue with psychiatrists and clinicians, and to create a bridge with the shared language of DSM (see, for example: Rubino et al., 2014; Spagnuolo Lobb, 2013b; 2015).

- iii Literature about the concept of a field in Gestalt therapy is extended, and it would be impossible to quote all of the contributions. There are various descriptions, which express the debate between individual perception and a shared experience. See, for instance, Robine (2015), Parlett (2015), Spagnuolo Lobb (2016a), Francesetti (2015), or Rossi (2017) for an in-depth description of general literature.
- iv The founders of Gestalt therapy from the very first proposed the “contextual” method, as a hermeneutic circularity between the reader and the book: «Thus the reader is apparently confronted with an impossible task: to understand the book he must have the “Gestaltist” mentality, and to acquire it he must understand the book» (Perls, Hefferline and Goodman, 1994, p. XXIV).
- v The word “aesthetic” derives from the Greek word αισθητικός, which means “related to the senses”. In Gestalt therapy the term contact not only implies that we are interconnected beings, but also expresses a consideration of the physiology of the experience. Interest in the mentalization of the experience is decidedly replaced by an aesthetic interest in the experience generated by the concrete nature of the senses (Spagnuolo Lobb, 2013, p. 47).
- vi Atwood and Stolorow (1993) have described how what is diagnosed, from an intersubjective perspective, is not the patient’s psychological organization seen in isolation but the functioning of the entire therapeutic system. Moreover, Aboraya et al. (2006) have shown how clinician background and training may influence interpretation of symptoms.
- vii For an in-depth description of these three clinical tools, see Spagnuolo Lobb, 2019, pp. 241–248.
- viii Daniel Stern was a visiting professor in the post-graduate school that I chair for 9 years. He has been very important in my development of Gestalt therapy in relational terms.
- ix Ruella Frank (2016) developed the concept of ‘resonance’ as a kinesthetic response. I have developed it as the aesthetic contribution to the knowledge of the field. Michael Clemmens (2019) has developed the concept of “embodied contexts”. All three concepts are compatible.
- x I use the word “dance” in a metaphorical way.
- xi The “dance steps” model is in the process of being validated by research.
- xii This method is used in the international programs for Gestalt Therapy Supervisors, organized by the Istituto di Gestalt HCC Italy (www.gestaltitaly.com), accredited by the European Association for Gestalt Therapy.

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Political Implications of Gestalt Therapy

Peter Schulthess

Abstract: This article points out the implicit political importance of psychotherapy, specific Gestalt Therapy. Based on field theory each person is connected with the social field as environment. A change of persons and systems will have an effect to the environment, which is a political act. The article connects this thesis with the relational approach in Gestalt therapy, with the biography of the founders of Gestalt therapy and reflects the role of Gestalt therapists in our societies.

Key Words: Gestalt therapy, political impact, social change, field theory, autonomy.

Introduction

All psychotherapy is embedded in cultural values. To reflect on this is not only very important when we work with clients from other cultures, but also with those within the same culture. What is normal and what seems to be pathologic, can be seen very differently, depending on social and cultural values and political living conditions (Spagnuolo Lobb, 2017).

In this article, I would like to deepen this point from a social psychological and systemic view, from the view of ‘field theory’ and Gestalt therapy and from the biography of the founders of Gestalt therapy. I will reflect on the relationship between Human Rights and the Human Potential Movement, the aspect of change which is inherent in any approach of psycho-

therapy and explicitly in Gestalt therapy. The Human Potential Movement, which early Gestalt therapists belonged to, wanted to change society by respecting Human Rights. I will also point out the responsibility that psychotherapists, coaches and other change agents have to their society. Some reflections will touch on the question: ‘What is the role of Gestalt therapists in countries where human rights are obviously being disrespected and violated?’ – just to mention, for example, China, Russia, Hungary, US, & Turkey, and especially concerning the EU migration drama. And what is the effect on clinical pathology in such countries? The recent COVID-19 restrictions have showed that, in many countries, even in democracies, some human rights can be cut down incredibly fast and how an increase of power for their po-

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litical leaders happens within the good intention of supporting them to solve the crisis. Will they give this extra power back and return to democratic rules or will they keep it?

Field Theory and Psychopathology

It is very specific for Gestalt therapy not to reduce psychopathology just to the suffering of the individual, his or her symptoms, but also to look at the function that an individual's suffering has in an intimate system. We look at the experience that is co-created at the contact boundary of meaningful relationships and try to understand suffering as a creative adjustment in difficult situations. As all intimate relations are embedded in a wider system of contacts, such as subcultures, communities, nations, cultures with their values and sufferings, this impact on an individual also has to be reflected on. It is the so-called 'third party' as being a constituent of relationship (Spagnuolo Lobb & Salonia, 1986; Fivaz-Deperusinge & Corboz-Warnery, 1999; Spagnuolo Lobb, 2009). Often, the source of individual suffering lays from within the system, and an individual experiences, with their suffering, that something is wrong in the system.

Gestalt Therapy shares a view with systemic therapy, as both have a common ground in the 'field theory' of Kurt Lewin (Kriz, 2015). As all involved persons are part of the same field, they influence each other and create roles, values, myths and delegations to structure – not only their physical and social life, but also the emotional life in the system. If this is malfunctioning, one of the members can become the identified patient, which then needs to be "cured". As is well-known in child therapy, often it is the whole family that needs therapy, not just the identified patient. Children are usually suffering under tension that they experience in the relationship with their parents.

The challenge for any therapy will be to change the organization in the family in a more satisfying way for all its members; to avoid the creation of any fixed role; and that one of them is not functioning well and so needs to be "treated". This is not always one of the children, it can be a depressed mother, an alcoholic father, or a teenager presenting with eating disorders or panic attacks.

A Gestalt therapist always looks for a creative adjustment, with its vitality, and has a wish to resolve the situation. Shared awareness about this will allow the client to get some ideas for experiments in how to change his/her behaviour at home. If one member can change, the whole system of familial contacts starts to change, because the organization of the family will create a new adjustment. It is not always important, or necessary, to work with the couple or with the whole family, however, it is important that the therapist keeps the relational view, shares this with the client, and inspires him/her to make small changes that might have big effects.

Gestalt therapists often use the concept of 'figure' and 'ground', coming from Gestalt theory. Whatever 'figure' arises in life, in the therapeutic relation, it has a 'ground' that lets it arise. This is a continuum of life and with the awareness for the context when figures (symptoms, conflicts, topics) arise. Therapist and client can follow the continuum of the awareness and look for possibilities of changes.

In a relational understanding of Gestalt therapy, suffering is seen as being "co-created". Suffering emerges and develops in a relationship (Sichera, 2001; Salonia, 1992; Spagnuolo Lobb, 2013; 2018). Gestalt therapists see the source of suffering as being an unsatisfying experience at the contact boundary with the environment. Some authors speak about the "suffering of the relation" (Francesetti *et al.*, 2013, p. 62); others say that a relationship it-

self cannot suffer, but the involved people can suffer in a relationship (Philippson, 2013, p. 76). However, healing can come through new relational experiences in the relationship with the therapist. The therapist, therefore, is part of the field of contacts and somehow becomes involved into that system. Therapy happens in the here-and-now and, as symptoms are co-created, they will also appear as a co-creation in the therapeutic relationship. This gives us an opportunity to develop an awareness of how client and therapist are co-creating – let us say – a depressive atmosphere that attaches to both of them and how they can each change their way of interacting in order to let a new experience happen. The insights and experiences in the therapy session can then be transferred back home and lead to a change.

With this radical view of perception that the world – at least, our relational and social world – is co-created and that we all are necessarily involved and have our part in this, we find a political level of response, an ability to change and influence the world: and we have the responsibility to do so. Being aware that Gestalt therapy intends to change the functioning of systems (individuals, couples, groups, communities), we therefore have to accept that we can enter the field of politics and that Gestalt therapy can always have a political impact (as all psychotherapies do).

One view – that suffering is co-created – has some limits when it comes to wars, famine, plague, tsunamis, earthquakes, etc. Still, the way that we respond to this is via a relational topic whereby each one view has both a responsibility and an impact. The COVID-19 experience shows clearly that individual behavior has an impact on the widespread plague. I would like to refer here also to Sartre's existential philosophy (Sartre 1943, 1956): in World War 2, his philosophy was a philosophy of liberation and was very important for the

French resistance movement. He pointed out that – even in jail – you still have a degree of freedom to take actions according to your own responsibility that can help you to get out of the position of just being a victim.

Changing persons and systems shows the political impact of therapy

From their years in Germany, Fritz and Laura Perls were involved in a political movement, in the so-called “anti-fascist league”. They were anarchistic and Marxist-oriented and tried to bring the movements of communists and socialists together so as to build a better opposition towards the increase of Nazi fascism. They did not succeed and had to leave Germany for two reasons: being politically oriented to the Left, and also being Jewish (Bocian, 2010). In New York, they met Paul Goodman, who was an anarchistic-influenced teacher, writer, sociologist and poet (Bongers, 2015). The Perls and Goodman went together well in their political opinions (Blankertz, 2013). They saw the potential for Gestalt therapy to make a political change in society. Gestalt therapy was, like other humanistic approaches, part of the Human Potential movement, which wanted – to change the American society in the 1960s and 1970s; – to make it more democratic, liberal, tolerant; and to liberate people from old moralistic, behavioral compulsions in supporting autonomy and individuality. Gestalt therapists were involved in the Anti-Vietnam movement and stood up for peace and human rights. Goodman saw the potential of Gestalt therapy to become part of this social change. For many followers of Gestalt therapy, this was one of the attractions: reforming psychiatry, education and society through personal growth, psychotherapy and Gestalt counselling. Gestalt became a movement embedded in a historical situation of a cultural change process.

When Laura Perls, in her older days, once was asked why she did not any more expose herself as much politically as she did in her youth, she said: “*Psychotherapy is political work*” (Weber & Lindner, 2005) and “*I believe that my work is political work. If you work with human beings to achieve the point where they start to think independently and to separate from confluence with a majority, then this is political work, it has an impact on society, even if we can only work with a small number of people*” (Parlett, 1999).

Melnick (2015, p. 7) also wrote that, “*Laura Perls viewed Gestalt therapy as ‘... an anarchistic process in the sense that it doesn’t conform to pre-set rules and regulations. It doesn’t try to adjust people into a certain system, but rather adjust them to their own creative potential’*”.

Gestalt therapy, as a new approach embedded in an anarchistic organized movement for changing society, was alive and also attractive for European countries to support social change into a better world and managed to spread all over the world. I guess that the attractiveness for Gestalt therapy in former (or still) communist countries might also be connected with this. As far as it concerns China, I guess that the attractiveness of Gestalt therapy is because its coming from the west, supports individuality, and deliberates from the compulsion of having to hide emotions by keeping a smiling face, but to be allowed to show emotions and find a self-worth that is different than just to be a useful part of the big whole of society. I do not think that this is properly recognized yet, as a subversive way of changing values and as a political impact in the rapidly changing culture of China. And maybe it will become more conflictual, as the political confrontation between China and US is escalating nowadays. The openness towards what comes from the West might not continue and people may get more suspicious.

Autonomy versus Dependency and Confluence

Gestalt therapy (as well as other psychotherapeutic modalities: e.g. psychoanalysis) has the aim of supporting the growth of autonomy, the potential to disagree with the environment, and the capacity of civil courage. Civil courage is needed, when you want to speak up in a way that is not just following rules and social conventions or leaders. It is something that we need in families, in peer groups, at work and in political fields, and that something has to be supported, in accordance with the peculiar needs of each society (see Spagnuolo Lobb, 2017, for a description of development of society and psychotherapy).

In an article, I once wrote that developing the competency for social and political responsibility and ability is an aim of Gestalt therapy (Schulthess, 2005, 2006). In that article, I described an example of a workshop that I once held in Greece, about how this competence could be developed. We played out a situation of violence by a man against his wife on the road at night and tried out how to interfere from a Gestalt therapeutic, relational approach with the aim of de-escalating the conflict. It is all about building ‘social competency’ and being aware that we can also use what we learned as therapists in an open social field as private persons, which of course needs more civil courage than in the practice room.

From the aspect of developmental theory, this is a perfectly normal aim: we are born within a full dependency of our environment, and we learn with communication (already as babies) to make an influence on our environment, in order to get our needs satisfied. We learn to interact with our environment and influence (co-create) relationships in this way. While growing up, we learn more and more complex capacities of interacting with the environment that allow us to become more autonomous and

to become self-responsible persons, while still staying related and remaining within our social structures, but we are also able to take a distance, get free from dependency, and go our own ways and follow our own values that might differ from where we come from.

We also call this process “emancipation”. If we stay in an infantile confluence with our surroundings, we will not develop a maturity as social beings and won’t learn how to manage complexity, which can become a source for suffering. It is taking a big risk, also on a political level, to follow uncritically leaders or parties, just because we think that we need them and we did not develop the ability to differ from them and interact with them in a critical way.

We have to learn to say, “No”, “Stop it”, if we are going to become involved in relations or social movements that are not in agreement with our values. We need to learn to be rebellious. In democracies, we usually have the right to oppose. The more authoritarian that a social system is, the more opposition is risky and will be punished heavily. Here, it is important that opposition uses creative adjustment and finds ways and actions that do not provoke the system and its representatives too much.

In Fritz Perls’ view, the regression into dependency and confluence was an important factor in allowing the growth of Fascism. Gestalt therapy is an ‘emancipative’ approach that helps to prevent one from falling back into regression and supports the ability of differentiation.

Relational Approach

The relational and dialogical approach in Gestalt therapy can have a strong impact as a model to support the self-value of clients. Gestalt therapists usually refuse and frustrate any expectations to be the experts that knows what the client needs. They offer opportunities for curiosity and a commitment to go together

on a therapeutic journey to discover and develop the potential of the client (or group or team). The therapist, counsellor or coach is meeting the client on an equal level. They meet as persons and look to how they can co-create changes. The expertise of the client is needed as well as the expertise of the therapist, counsellor or coach. They use the reflection on the experience of how their relation is unfolding to learn about how they produce together suffering, impasses or progresses of change. Clients are seen as partners on an equal level. This also mirrors a humanistic political potential.

This is an absolutely different approach than those of psychotherapeutic modalities, where the therapist thinks that he knows what the client needs and treats the client with manualized interventions that should bring him to the goal of a so-called ‘successful’ therapy. This might help to adapt to social expectations and cure symptoms, for a while, but this will not support the building of any autonomy, because the setting is one of dependency. Unfortunately, among Gestalt therapists, this awareness is not always given. Some may have difficulties in giving up the position of the “master” that knows what is good for the client, especially if they dilute Gestalt therapy with various esoteric approaches. Often enough, such therapists say, when the therapy fails, that the client did not show a “high enough” compliance to the treatment, or – in a ‘worst-case’ scenario – they may diagnose him as not being treatable with psychotherapy.

The Political Role of Gestalt Therapy in Society

In situations in social systems, where there is a lot of anxiety and uncertainty about stability, people seem to tend to fall back into a situation of regression and confluence again, and just follow those leaders that seem to have solutions. They long for strong leaders and then

follow them. In such situations, nationalism, xenophobia, homophobia, racism, anti-Semitism and anxiety of getting deadly ill (e. g. COVID-19) are supported and can easily increase. Some people will uncritically follow the orders and rules that such authorities set and some other people can even tend to believe in irrational conspiracy theories. Both groups are not aware how they might have become caught up in a collective ‘melting’ process where they lose their ego-functions and get lost in confluence. As Gestalt therapy supports clear ego-functions, this is an essential contribution (even in such situations) to help people to stay mature and not to lose their ability to find their own judgment in gathering and evaluate information themselves in self-responsibility, instead of following the loudest voices and delegate their judgement to so-called ‘official experts’.

Democracies need people who can disagree, ask critical questions, and who do not just obey. Emancipative therapy approaches support the development of such skills. This has an important impact in the political field to prevent people from seduction into totalitarian ideologies that justify their violation of human rights. As described above, this was a very important task of Fritz Perls, based on his life history in 1st and 2nd World War.

What can be the role of Gestalt therapists in a country that goes in a totalitarian direction, such as (nowadays) in Europe, like Hungary and Poland, but also in other countries on the edge of a new nationalistic discrimination? What is the role of Gestalt therapy in the USA under Trump? And also in the newly revived obvious fight against racism? Is it enough just to practice therapy? Shouldn’t Gestalt therapists also speak up publicly and oppose abuses against the power of regimes and violation of human rights, thus relating back to the roots of the Human Potential movement? Do Gestalt therapists still understand themselves as

part of a Humanistic movement with the aim of co-creating a more humane society? Or do they forget about their political responsibility, as members of this society, and focus too much on their clinical work and on academic recognition through research? Or do they even share the support of politicians, violating human rights?

In the tradition of Humanistic Psychology, the history of Gestalt therapy – as part of the Human Potential movement – the concepts of responsibility, field theory and co-creation there is for me no doubt: we – as Gestalt therapists have, as professionals, a responsibility to take a public position when we observe violations of Human Rights. Probably, we need a new world-wide Human Potential movement to fight against the dissolution of Human Rights and defend the value of human beings, as well as the natural world surrounding us. Maybe we can learn from the “climate movement”? Psychoanalysts have a tradition to publish in daily newspapers the psychoanalytic view of social conflicts. I do not think that there are many Gestalt therapists doing so.

A Swiss politician once said at a conference of psychotherapists something like: *“We need to hear Your voice! You are the specialists in knowing about individual suffering in society. Please let us know Your view to help to change social regulation in a way that reduces suffering. This is Your role in our society”* (Schulthess, 2003, p. 65). Of course, not every politician will talk like that. Anyway, I think she was right in describing our duty as professionals towards the public.

Political abuse of therapy

With Abraham Maslow changing from Humanistic Psychology to Transpersonal Psychology, a deep conflict arose between him and Fritz Perls, which made Fritz Perls (also with regards to the political changes in Nixon’s presidency in the USA), leave Esalen and go to

Canada to build, with others, a Gestalt kibbutz at Lake Cowichan. The change was that – in Transpersonal Psychology – a way of holism came up again, which demanded the giving-up of ego-functions in order to become part of the bigger whole that surrounds us. The focus of therapy then changed from inter-personal therapy to trans-personal therapy. The experience that the therapist-client relation is co-equal was all that was left and it changed in a relation of master and pupil. The client was now seen as “not yet fully developed” and had to follow a master’s instructions until that guru would accept their spiritual change to call him “developed enough” to become a ‘fellow’. Transpersonal therapy talks about a higher state of evolution. Fritz Perls, and others, saw – in this – a relation of dependency and a preparation of getting people ready again to identify with Fascistic tendencies (Daecke, 2006).

How 15 Gestalt therapists from Esalen abused holistic Gestalt concepts and became mixed up with transpersonal approaches is documented in the Arica Project in Chile, in the times of preparation of the downfall of Salvador Allende and the raise of General Pinochet in 1973. Arica is a small town in Chile. Oskar Ichazos, a therapist raised in Bolivia and Peru, had built there a centre for the evolution of a human being. In several steps, firstly, they broke up the intellectual, then the emotional and bodily identity to reform them in a way that they fitted in with all their life, belongings to the Arica ideology. Arica was totalitarian and authoritarian. The Esalen therapists supposedly helped to develop these training programs towards the higher evolution of a human being. Even at the end of the 1990s, Naranjo was proud of the Arica project (Daecke, 2006, Book 2, p. 93 ff.; Daecke, 2009, p. 148 ff). Unfortunately, the holistic approach of Gestalt psychology (the schools in Graz and Leipzig) also gave justification for Nazi-ideology, which was a holistic theory. Nazism was, and is also,

an evolutionary salvation doctrine to create a better world. And neo-Nazism is very alive. It is important also nowadays for Gestalt therapy, not to become diluted with esoteric and badly understood spiritual concepts, that contradict the emancipatory intention of original Gestalt therapy.

What Can We Do Now?

*‘Give me a place to stand on,
and I can move the earth.’*

Archimedes

In an article on philosophy and psychotherapy, Dan Bloom (2020) recently quoted Archimedes (as above). He sees Archimedes’ lever as a tool of thought. He also quoted Heidegger: *“All science is philosophy, whether it knows and wills it or not”* (Heidegger, 1985, p. 14). I like to extend the meaning of these two sentences also to the political aspect of psychotherapy: *“Where ever You stand, You can move the earth”* and *“All Psychotherapy is political, whether it knows and wills it or not.”*

In 2003, EAGT (European Association for Gestalt Therapy) installed a “Human Rights & Social Responsibility Committee”. Its mission is:

- Exploring the interface between Gestalt Therapy and the socio-political context with reference to the advancement of human rights
- Supporting the restoration of human dignity and rights at places where these have been violated or threatened
- Encouraging Gestalt therapists to be socially active beyond the therapy room and Gestalt Training Institutes promoting awareness about the socio-political dimension of our work in training of Gestalt therapists

(EAGT <https://www.eagt.org/joomla/index.php/2016-02-25-13-34-32/hr-sr-committee>)

EAGT has built up a e.g. network of volunteering therapists to support volunteers in project of PBI (Peace Brogaed International) and for supporting volunteers in NAO's that are involved in migration and the camps of refugees in Greece. They also support Gestalt colleagues in Ukraine and Belarus, countries in crises. They offer free counseling, therapy, supervision or educational courses to empower them. This is a contribution of therapists to the wider field.

This could be a model not only on the European level, but also on the National level. It would be so important mainly in countries where human dignity and rights are threatened or violated. Following Archimedes, will there – in all totalitarian states – be a place to stand on to start to move the world.

Since its foundation, the committee has launched:

- Exploring possibilities for further dialogue on Israel–Palestinian issues.
- Support program for activists of Peace Brigade International.
- A survey on Psychotherapist EAGT members that work also outside the therapy room, e.g. within communities, NGO's, schools etc.
- Making a network of Gestalt therapists who have been involved in different kinds of humanitarian and community work.
- Organizing a conference “Social, political and cultural relationships as ground therapy”, 2011 in Venice.
- Publishing a book, “Yes, We care!” in first and second edition (2013; 2015).

- Promoting social responsibility and awareness of social and political perspectives in therapeutic work through lectures and workshops on several conferences.
- Supporting professionals in Greece working in detainee camps with migrants.
- Supporting colleagues – therapists from Ukraine after armed conflicts in 2014.
- Organizing a conference on “*Supporting human dignity in a collapsing field*”, 2018 in Berlin.
- Publishing a conference book: ‘Supporting Human Dignity In A Collapsing Field’, edited by Kato *et al.* (2019)

(www.gestaltitaly.com/supporting-human-dignity-collapsing-field-joanna-kato-guus-klaren-nurith-levi-eds)

In some other publications, international colleagues present several projects, that they were/are involved in (Melnick & Nevis, 2009; Schulthess & Anger, 2009). They show that changes also on a macro level in organisations and communities can be influenced. Summarizing, I would like to state that Gestalt Therapy is not just another modality in psychotherapy or counseling, it is also a political gift to society. Gestalt Therapy is rooted in humanistic ethics and these have to be defended very strongly, especially in current times. Being a Gestalt therapist is not just a profession, it is also a way of living and acting in social responsibility, and as private persons.

One of my favorite songs comes from Jimmy Cliff: “*You can get it if You really want it – but You must try, try and try...*”.^[1] So, let us move onwards and try – and try to contribute to changes in this world that defend human dignity and human rights.

Endnotes

1 J. Cliffe: “*You Can Get It If You Really Want It.*” (<https://www.youtube.com/watch?v=18EAqHx2lMk>).

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Gestalt Therapy Research

Philip Brownell

Abstract:

This article describes the initial history of the development of a Gestalt Therapy research tradition, including the origins of the biennial Gestalt Therapy research conferences. That history illustrates that the research tradition is in keeping with the nature of the global Gestalt community itself: it is international. The article also describes some of the philosophical tensions in that emerging research community and offers a brief taxonomy of research methodologies that it embraces. The article identifies and describes three categories of research relevant to Gestalt practitioner-researchers: Gestalt specific, Gestalt hybrid, and Gestalt Consilient research. It includes brief descriptions of actual Gestalt research projects in such categories. Finally, the article concludes with suggestions for strengthening the vitality of the movement and insuring the continued development of a research tradition in Gestalt therapy – one that might stand equally alongside other accepted modalities.

Key Words:

Gestalt therapy, research tradition, methodology, philosophy, future, advocacy

Introduction

Research is not a new interest among some Gestalt therapists, but even now it is not of great interest to most Gestalt therapists. As such, it has always been of minor interest compared to so many other subjects (which seems ironic, since research would logically relate to every other major consideration in Gestalt therapy through the need to see if it is actually of any major significance).

In Germany, the importance of research in Gestalt therapy showed up much sooner than in other countries because of Germany's regulation processes. In response, the German Association of Gestalt therapy (DGV) published an extra issue on Research in their journal, *Gestalttherapie* (1992). In addition, several international authors have contributed in various ways to the issue of research in Gestalt therapy. In 2006, Uwe Struempfel (Germany) published the first systematic overview on re-

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search in Gestalt therapy (Struempfel, 2006). Surprisingly, he found much more valid research results than many teachers, supervisors and practitioners in Gestalt therapy were aware existed. He also contributed with an updated short version to the book “*Gestalttherapie*” from Lotte Hartmann Kottek (2012).

More commonly, prior to 2013, a presentation on research would typically appear on the program of some Gestalt conference or another. Attempts at the Association for the Advancement of Gestalt Therapy (AAGT) to generate research through the activities of its research special interest group, and the support of the Gestalt International Study Center (GISC) at Cape Cod to generate a study group or mini-conference for research, failed to attract much participation. The research effort thus faded.

Developments in Gestalt research

Then, the overall clinical field shifted. It became much more demanding, requiring practitioners to exhibit “evidence-based practice”, and Gestalt therapists began to sense that. In Europe the Gestalt training institutes required a research-oriented thesis. In the USA a gathering of Gestalt practitioners tackled the issue of research head on in a book (Brownell, 2008), and one reviewer noted, “*This certainly feels like the right time for this book, and a positive response to the felt-need to stake out the ground by which to think about research in Gestalt therapy...*” (du Plock, 2009). Brownell (2014) went on to challenge the Gestalt field to “get serious” about research.

In various jurisdictions the need to document “best practices” resulted in panels tasked with identifying effective, or likely effective, approaches, and that completely eliminated Gestalt therapy from consideration based on a dearth of research evidence. The panels rea-

soned that it would be impossible to practice “evidence-based” Gestalt therapy since they could not find any evidence to rely on.

In 2013 the first contemporary Gestalt therapy research conference was held at GISC, led by Philip Brownell and Joseph Melnick. Research-minded Gestalt therapists gathered from various countries to unite around the figure of forming a Gestalt research tradition. That conference affirmed both qualitative and quantitative methods in research and began to tackle issues related to the philosophy of science behind the research.

In 2014 the EAGT created a research-methods training seminar in Rome. Again, there was a good turn out and participants had the chance to consider several viable methodologies with which to tackle Gestalt research.

In 2015 the second major Gestalt research conference was held back at GISC, and – for that conference – the participants considered, with more depth, both phenomenological and quantitative methods. There was one approach that stood out as a way forward for individual Gestalt practitioners to become practice-based researchers; it was the single-case-time-series research design (SCTS). The SCTS design establishes not just effectiveness but also efficacy. While effectiveness establishes correlation (that two things co-occur), efficacy establishes causation (that one thing causes the second). Thus, this was seen as a very powerful and more practical methodology for Gestalt therapists, most of whom are not affiliated with universities, and do not have access to large student populations with which to assemble group efficacy studies. Such group studies had become the “gold standard” of outcomes research and were known as random-controlled trials/treatments (RCTs). Even more encouraging, the American Psychological Association had conceded that SCTS research design was a logical equivalent to RCTs (APA, 2006).

In Italy, in 2017, there was a research conference of the Italian Federation of Gestalt Therapy Schools (FISIG) that attracted around 800 participants, trainers and mostly students of the 15 Italian schools recognized by the Minister for Universities. Young generations of Gestalt therapists were thrilled to discover various possibilities of doing clinical research. The Gestalt Therapy Fidelity Scale was presented by Madeleine Fogarty (2019), experimented with by participants, and constructively criticized. However, the institutes, under the leadership of Margherita Spagnuolo Lobb, had been quite active in research since 2001, in partnership with Daniel Stern as well as through their collaborative work with many and diverse university research systems.^[1]

In the course of events European Gestalt therapy educational and training programs that wanted to get approved by the state had to provide empirical support for the validity of Gestalt therapy. In Europe there is more interest in research in Gestalt therapy because of that fact. In some European countries Gestalt therapy has become fully recognized, and in these countries institutes or Gestalt Associations are obliged to do, or at least be involved in, further research. The result is that trainees who train there become increasingly knowledgeable concerning research.

In 2017, the Gestalt community held its third international Gestalt research conference in Paris, France. The Gestalt conferences had, from the beginning, chosen a model for conferencing in which world-renowned researchers, typically from fields outside of Gestalt therapy, would come to function as “mentors-in-residence” and spend time having influence on aspiring Gestalt researchers. In Paris, there were three of these people present (Louis Castonguay, Wolfgang Tschacher, and Xavier Briffault). In 2019, the research conference was held in Santiago, Chile, with two mentors-in-residence (Clara Hill and Mariane Krause), and the fifth

research conference will be held in Hamburg, Germany, in 2021, with Bruce Wampold and Robert Elliott as mentors.^[2]

Coming out from the experience of these early research conferences, a book was published under the executive editorship of Jan Roubal (2016), *Towards a Research Tradition in Gestalt Therapy*. This book contained a set of papers arising from the first two research conferences and also the research methods seminar in Rome. What had started out just as a bold aspiration – the creation of a viable research tradition in Gestalt therapy – has, over the course of a little more than a decade, become a thriving reality. In the process of this formation, several issues arose from within the community of participants at these conferences, and from within the field of Gestalt therapy in general, and a few observations can be made about these.

Issues of Philosophy and Methodology in Research

Gestalt therapy is – essentially – a phenomenological approach; however, it is also both an existential and hermeneutical approach. Within the field of Gestalt therapy there are an increasing number of Gestalt therapists who mistrust a growing research tradition that embraces the need to support – empirically – what takes place in the practice of Gestalt therapy. This can be partially traced to Husserl’s warning of the detrimental influence of positivism during his day – something he had also identified by the term “naturalistic attitude” (beyond simply identifying positivism itself) (Husserl & Carr, 1970). Even though positivism has been rejected, and despite the point that we now live in a post-positive age, there are similarities for those unaware of the complexities of these philosophical systems. Consequently, some people are reluctant to trust a research movement within the field of Gestalt therapy.

But there are still further factors to the resistance. Although Gestalt therapy is more an integrative model than a clearly humanistic one (Brownell, 2016a), it became identified with the humanistic, ‘Third Wave’ in psychology, and many Gestalt therapists embrace humanistic values. Indeed, for some, it is difficult to discern the difference between what Perls, Goodman and Rogers *do* and how they *think* about what they do; so, even though Rogers himself did research, one inference that can be drawn from traditional Humanistic Psychology would be that both Humanistic and Gestalt therapists tend to disdain research. Research, to such people, is equivalent to scientism – both de-humanizing and objectifying – and scientism is a betrayal of Gestalt values (Beja *et al.*, 2018).

The tension in the field about research was captured well by Edwin Nevis, writing on the back cover of the first edition of the *Handbook for Theory, Research, and Practice in Gestalt Therapy* (Nevis, 2008), when he wrote that a broader base in Gestalt therapy would be one that “*demonstrates that merging existential phenomenology with phenomenological behaviorism can produce verifiable, replicable results for what is essentially an ideographic pursuit*”.

Gestalt therapy is phenomenological and ideographic. That is, the process is about experience, action, and thus behaviour – about what individual people do, even though such individuals exist in relation to others. It is also spontaneous, intuitive and aesthetic, and therefore not given to rigid protocols and scripted treatment plans. That is where the difficulty has been among those who object to research design and statistical analysis. The established and accepted philosophies behind Gestalt therapy would seem to champion a preference for qualitative or phenomenological approaches in doing research. However, that would be to misunderstand the point about various options in methodology. There is not a one-size-fits-all methodology – as if a screw driver could pound the nails of every research project. The correct research methodology ought to depend on the research question and the kind of results one is hoping to obtain – i.e. the purposes of the research.

Table 1 is based on a presentation that I have given several times, in several places, and is also previously written about (Brownell, 2016b). It is focused on different research methodologies and their various purposes.

Table 1: Research Methods and Uses of Research Methodology
(cf.: also: Brownell, Spagnuolo Lobb, Herrera Salinas & Schulthess, 2020)

Method	Example of Research Question	Results/Uses/Purposes
Clinical Observations	Were the therapist and client satisfied with the process?	Anecdotal Testimony
Qualitative/ Phenomenological Research	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?	Textural colour, related or correlated facts, the raw material of theory or hypothesis creation.
Process–Outcomes Studies	Which aspects of the process were most powerful, leading to change?	Provides clarity with regards to mechanisms of change–What is it about an approach that makes it effective or efficacious.
Effectiveness Studies in Natural Settings	Was Gestalt therapy demonstrated to be as effective as CBT?	Data on effectiveness in real-world conditions – provides external validity that generalizes.

(the table continues from the previous page)

Method	Example of Research Question	Results/Uses/Purposes
Single-Case Experimental Design	Was Gestalt therapy, as practiced by therapist A, the cause of change in client B, when repeated measures were compared for before, during, and after treatment data?	Examines causal factors in outcome for an individual person or group. Is practice-based and provides external and internal validity.
Random Controlled Treatments	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	Causal inferences in groups through comparison with a control group (internal validity that may not generalize when conducted reducing variables and using prescriptive manuals)
Meta-analysis	Was Gestalt therapy demonstrated to be effective and/or efficacious across therapists in a region and/or across cultures?	Observation of patterns across multiple studies and comparison of effect sizes.

When Nevis (2008) stated that Gestalt therapy is an idiographic approach, he was saying that it is – essentially – unique to each therapist-and-client pair. One might think, then, that it is impossible to manualize Gestalt therapy for research in groups, nor to conduct statistical analysis of the results obtained, because those are procedures more commonly associated with a nomothetic process.⁽³⁾ However, that would be to misunderstand the nature of treatment manuals and, specifically, a failure to understand that some kinds of treatment manuals do not prescribe rigid procedures and lock therapists into set protocols that treat everyone exactly and relentlessly the same, but rather offer theoretical pictures through description of therapeutic practices (Brownell & Roubal, 2019b) that allow individual therapists to respond spontaneously to each new moment in therapeutic process. Such treatment manuals provide room to move and the kind of flexibility that makes Gestalt therapy a creative process. Furthermore, some quantitative methods in research design actually specifically allow for individual differences;⁽⁴⁾ so, they transcend the customary binary between idiographic and nomothetic research.

Three types of Research: Gestalt ‘Specific’; Gestalt ‘Hybrid’; & Gestalt ‘Consilient’

Three types of therapy (Brownell, 2016a) are commonly referenced as relevant to Gestalt therapy in any outcome studies of psychotherapy. These are Gestalt-specific, Gestalt-hybrid, and Gestalt-consilient approaches to psychotherapy. Further, other types of research are used to investigate these formulations of Gestalt therapy, which can be qualitative, quantitative, process-oriented, and mixed-methods in nature. The scope of this article does not permit a sufficient development on the subject of research methods. Suffice it to say that the research tradition in Gestalt therapy – as it continues to evolve – is quite nuanced and sophisticated in nature.

1 Gestalt-Specific Psychotherapy

Gestalt-specific psychotherapy is that which arises directly out of the centric literature of Gestalt therapy: whether that goes back to the seminal book by Perls, Hefferline & Goodman (1951), or whether it moves through the

various phases of the development of Gestalt therapy theory, up to and including the present, in both relational and field-perspective emphases. The current manifestation has been called “contemporary Gestalt therapy”, but it is contemporary only in as much as it develops the ideas nascent in the original formulation and as it brings the theory to a degree of consistency with developments in neuroscience, embodiment, kinesthetics, physics, sociology, phenomenological philosophy and hermeneutics. That includes internal consistency, comparing one tenet of Gestalt therapy theory with another. Contemporary Gestalt therapy, which is a Gestalt-specific form of psychotherapy, is more of a theoretical integration and it has been so from the very beginning.

2 Gestalt-Hybrid Psychotherapies

Gestalt-hybrid psychotherapy is something of an amalgam. It is not as much a true theoretical assimilation, nor even a true integration, as much as it is an eclectic assembly that draws upon aspects of various approaches. It adds ‘techniques’ somewhat more than it assimilates the theory behind them. Nevertheless, the descriptions of such approaches reference Gestalt therapy as being instrumental, or even essential to the nature of these approaches. ‘Schema therapy’ is an example of an extremely technique-driven amalgam, while ‘Emotion-Focused Therapy’ is an example of a more theoretically driven amalgam. The central observation, however, is that both these, as well as any other approaches adopting this form of integration of Gestalt therapy, only owe something to Gestalt therapy without actually *being* Gestalt therapy. When research is done on such approaches, a serious researcher must ask, “*What is being evaluated and is that something consistent with contemporary Gestalt therapy?*” If not, those research outcomes should not be considered to be reflective of Gestalt-specific psychotherapy.

3 Gestalt-Consilient Psychotherapy

Gestalt-consilient psychotherapy is that form of clinical work in which an obvious similarity or overlap exists between some aspects of one form of psychotherapy and some aspects of Gestalt therapy. Examples of this are: behavioural experiments in both cognitive-behavioural therapy and Gestalt therapy; mindfulness and awareness; and acceptance (as in ACT) and the paradoxical theory of change. “*The DBT processes of awareness, mindfulness, sensory body experience, emotion regulation, acceptance, and the client-therapist relationship overlap with Gestalt therapy*” (Williams, 2010).

As with any Gestalt-hybrid psychotherapy, one needs to discern the nature of the overlap and then restrict appropriations of outcomes studies in Gestalt-consilient psychotherapy to those aspects where the overlap legitimately exists. Having said that, our colleagues, from within the wider field of psychotherapy outcomes and change-process research, are doing work that could be ‘mined’ to the benefit of Gestalt therapy, especially if Gestalt therapists would become more informed about what constitutes solid research methodology, and if they would actually read the research literature.

Current Examples of Research in Gestalt Therapy

Here, I would like to refer to specific instances of research, rather than provide a long litany of research cases. The specific research projects mentioned here are simply examples of significant kinds of research that can further the establishment of a research tradition for Gestalt therapy. So, there will surely be other examples to which I could have pointed, and I don’t mean to imply that those not mentioned are somehow not worthy (or that they do not even exist).

Stevens, Stringfellow, Wakelin & Waring (2011) reported on a 3-year ‘effectiveness’ study, a quantitative outcomes project conducted in the United Kingdom through the National Health Service that involved over 50,000 therapists and compared the work of Gestalt therapists to that of clinicians practicing other approaches, using the CORE-IMS Outcome methodology^[5]. These results showed that Gestalt therapists were as effective nationally as clinicians using those other therapeutic approaches. The significance of this particular case is that it involved one of the first instances of Gestalt therapists participating in a national outcomes study and also one that allowed comparisons between the outcomes of Gestalt therapists and those of several other clinical approaches. These outcomes were shown to be favourable for Gestalt therapy, and that allows one to claim that – generally speaking – Gestalt therapy is as effective as these other approaches.^[6] This, of course, accords with the overall conclusion in outcomes studies that all established approaches to psychotherapy are somewhat equally effective, but it provides statistically-based support for such an assertion with reference to Gestalt therapy.

Fogarty, Bhar & Theiler (2019) created – and validated – a *Gestalt Therapy Fidelity Scale*. The reason that this is significant is that it established a benchmark for asserting that any given instance of Gestalt therapy, conducted in a research project, could reasonably be asserted to actually have been Gestalt therapy. Either one follows a rigid treatment manual to make this assertion, or one follows a descriptive treatment manual (as previously described), and then utilizes a fidelity scale with recordings of the process that took place. The second edition of the *Handbook for Theory, Research, and Practice in Gestalt Therapy* (Brownell, 2019a) contains a descriptive treatment manual. With Fogarty *et al.*'s (2019) contribution, people doing research are now well-equipped

to claim that the approach investigated was, in fact, Gestalt therapy.

Herrera, Mstibovskiy, Roubal & Brownell (2018) conducted several single-case, timed series studies of the use of Gestalt therapy for patients suffering from anxiety. They conducted studies with ten patients, each of whom identified three target complaints (used to track the process of change over the course of therapy), and, in each case, there was significant change that was considered to be clinically meaningful in twenty-seven instances. This was an efficacy study that established Gestalt therapy as the cause of positive therapeutic results. Because of that, it is highly significant and the kind of study that the field of Gestalt therapy needs more if it is to claim standing as an established, evidence-based psychotherapy for panels considering best practices.^[7]

Leung & Khor (2017) conducted quasi-research group effectiveness studies in Hong Kong for anxious parents and found Gestalt therapy to be an ‘effective’ approach. The significance here is that this was Gestalt-specific research using a group methodology. Similarly, Butollo, Karl, König, & Rosner (2016) conducted true group efficacy studies (random-controlled treatments) using a Gestalt hybrid approach to treat patients with PTSD and found that such was likely a viable alternative to CBT.

Furthermore, Gaete, Aristegui, & Krause (2017) utilized a phenomenological design to investigate mechanisms of change. They performed a micro-analysis of ways in which a shift in focus was achieved through therapeutic conversation, or in Gestalt therapy–dialogue. These results displayed four categories of conversational resources available in Gestalt therapy. Each one exhibited how a change in focus was accomplished jointly between therapist and client. The significance here is that this study illustrates an appropriate use of qualitative methods to achieve specific aims. Similarly,

Leichtman & Toman (2017) used a phenomenological method to ascertain themes in patient stories with reference to eating disorders in men.

I could have gone on with numerous other references, but I believe that these examples provide both a record of significant research findings and a testimony to the developing sophistication in the evolving research tradition in Gestalt therapy.

The Developing Research Tradition in Gestalt Therapy

It is well-known that Gestalt therapy needs to develop a proper evidence-base. We do not have to imagine what will happen if that doesn't take place. We already have examples of Gestalt therapists being 'frozen out' of government health care systems and Gestalt therapy itself being left off "guidelines for best practices" in the treatment of various disorders. Gestalt therapy has a rich literature at this point because people have been writing, developing its theory, but that theoretic complexity has largely been philosophically-based.

It does not – in reality – speak to the people who oversee legislation that either allows Gestalt practitioners to practice Gestalt therapy (as they have learned it); or to require that they sublimate Gestalt therapy under some other title, such as CBT or psychoanalysis. As it is, the field of Gestalt therapy has a long way to go in the struggle for a place at the tables of public policy, and that place is important for the survival of Gestalt therapy. We not only need to produce good research focused on Gestalt therapy but also to develop advocacy strategies so as to use the research conducted in order to influence public policy to our benefit.

What is needed – perhaps – is a 'stand-alone' Gestalt research organization that can work,

both in tandem with, and be complementary to, established Gestalt associations, such as the AAGT and the EAGT. Such a research organization could develop the political muscle needed to bring about successful advocacy, using the results of the research tradition in Gestalt therapy. For this to be potent, however, people need to continue to develop solid research, using all the methods described above, to illustrate not only *that* Gestalt therapy is effective and efficacious, but also *how* it is so. We really need to do research into our mechanisms of change. Furthermore, we need to develop more research that tests our various theoretical tenets. We need to use research to refine the theory and practice of Gestalt therapy. And, finally, we need to communicate effectively what we are doing to the wider professional fields to which we belong.

It is imperative that we continue to produce international research conferences that bring together Gestalt people from all over the world. We need to participate in and present Gestalt therapy research at international research conferences such as SPR (Society of Psychotherapy Research) and APA (American Psychological Association) in order to gain influence with the wider scientific community that includes all psychotherapy modalities. That is because Gestalt therapy, and the cross-cultural research that we can develop, has the potential to impact a much larger field. So, the present model of dialogue with established research mentors from outside the field of Gestalt therapy needs to continue.

In summary, we need to continue to develop research. We need to develop a research institution that: (a) supports research; (b) advocates for Gestalt practitioner-researchers and their work; and (c) encourages them, facilitates their efforts, and utilizes their results, through regional practice-based research networks that strengthen the entire global Gestalt community.

Endnotes

- 1 www.gestaltitaly.com/our-line-of-research
- 2 In 2013 Ansel Woldt was recognized for his contributions to research in the USA. Linda Finlay was one of our first Mentors-in-Residence, along with Leslie Greenberg, but a family tragedy prevented his attendance. Greenberg was present as a mentor for the 2015 conference, along with Scott Churchill.
- 3 The idiographic approach emphasizes the subjective and unique experience of an individual, but the nomothetic approach covers objective data, the numerical and statistical side of an investigation, to make universal inferences.
- 4 This would be single-case, timed series research design that uses the individual as his or her own control and allows statistical analysis with resulting effect sizes.
- 5 www.coreims.co.uk
- 6 See also La Rosa, R., & Tosi, S. (2018).
- 7 See also Wong, A. J., Nash, M. R., Borckardt, J. J. & Finn, M. T. (2016). A guide to conducting case-based, time-series research in Gestalt therapy: Integrating research and practice in a clinical setting. In J. Roubal (Ed.), *The world of contemporary Gestalt therapy. Towards a Research Tradition in Gestalt Therapy*, (p. 116-129). Newcastle upon Tyne, UK: Cambridge Scholars Publishing.

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The Single-Case, Time-Series Study

Pablo Herrera, Illia Mstibovskyi, Jan Roubal & Philip Brownell

Abstract: This paper presents a research methodology that can be used by therapists and researchers to study the effectiveness and change mechanisms of a therapeutic modality or case. First, we argue the importance of doing more research in Gestalt Therapy and the usefulness of this particular methodology. Then, we present the method in detail so any clinician can use it in her own clinical practice or as a part of a wider practice-based research network. Finally, we give examples of the efficacy study we conducted in Chile with anxiety clients, and newer process studies we are developing on polarities and change mechanisms for treating anxiety.

Key Words: Gestalt Therapy, Single Case Experimental Design, Case Studies

There has been considerable debate about the historical gap between practice and research in psychotherapy (Stricker & Goldfried, 2019). This gap has been especially prominent in the Gestalt therapy community (Brownell, 2016; Yontef, 1993). There are political, academic and ethical reasons that motivate us to close this schism between science and practice:

- A. **Political:** If a therapeutic modality does not have empirical support for its efficacy, its own survival is in jeopardy (this has happened to Gestalt therapy in Germany and to a lesser degree in Australia and Poland).
- B. **Academic:** Gestalt therapy theory and practice can stagnate without new research that questions its assumptions, which were generated almost 70 years ago (Perls, Hefferline & Goodman, 1951).
- C. **Ethical:** Practice-based research provides valuable feedback about the progress of our therapy clients, without which we risk overestimating our effectiveness and underestimating our potential for negative therapeutic effects (Lambert, Whipple & Kleinstäuber, 2018).

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One of the main obstacles for researching Gestalt therapy lies in finding scientific methodologies that fit our particular contexts, values and practical resources. The most common research method, Random Controlled Trials (RCTs), are much too expensive to implement and also present several epistemological, academic and ethical problems, especially for Gestalt therapy and Humanistic researchers (Angus *et al.*, 2014; Tschuschke *et al.*, 2010). In this paper, we present an alternative methodology that can be applied by practitioner-researchers to study the efficacy and change process of Gestalt therapy – or any other therapeutic modality.

The Single-Case Time Series Design

In the Single-Case, Time Series (SCTS) design, one particular single case is studied at various points along the different phases before, during, and after the psychotherapeutic intervention. It is a kind of an experiment, because the patient is being compared to him or herself, with and without intervention, collecting baseline data to assess the patient's problems (dependent variable) without intervention (control condition), and, later, collecting data during and after the intervention for comparison (intervention condition).

Thus, the patient functions as his or her own control. This type of method qualifies as a 'time-series' analysis, because data is collected continuously, with regular daily measurements, and is then analyzed considering auto-correlation, and possible confounding effects on effectiveness – such as natural remission due to the passage of time. Each individual case can therefore be studied separately, or grouped with similar cases, as we did in our first study on anxiety cases (Herrera, Mstibovskyi, Roubal & Brownell, 2018).

The American Psychological Association (APA) has agreed that RCTs should **not** be the only option for studying efficacy and empirically supporting a treatment method (American Psychological Association, 2006). It proposes the single-case, timed-series design (SCTS) as a valid alternative (American Psychological Association, 2006; Chambless *et al.*, 1998; Chambless & Ollendick, 2001) and states that a large series (> 9) of independent, single-case experimental studies (also called SCTS) would be just as acceptable as two between-group (RCT) experiments for indicating that a therapy is well-established in nature.

The SCTS design can also be used for studying the change process in psychotherapy, as it provides detailed and continuous information about the client's change process before, during and after psychotherapy. This form of research can indicate which therapy sessions had a positive, neutral or negative impact on the client's presenting problems. It can also illustrate how the change process unfolds over time and how to pinpoint the phases, or critical turning points, in the process of change. All this data can be used for theory-building case studies that help to contribute to our understanding of the change process (Stiles, 2007). In summary, SCTS studies provide several benefits over RCTs and other methodologies:

- A. They are more manageable and less expensive than other group designs:
- B. They are less intrusive, allowing practitioner-researchers to study the way they normally work in their daily practices:
- C. They don't reduce each client to a diagnostic category, because they assess each client's specific and idiosyncratic problems:
- D. They allow inferences of causation during the change process.

Therefore, the aim of this paper is to present the SCTS methodology, so that other practitioner-researchers can use it for studying the

efficacy and change process of Gestalt therapy, or any other psychotherapeutic intervention. We believe that this method does not require any significant changes in the way that clinicians work in their private clinics, or in mental health institutions. Also, the SCTS method that we present is extremely flexible and can be adapted to different needs and research interests. As an example, we present the main results of our first study with anxiety clients (Herrera *et al.*, 2018). We studied anxiety, because Gestalt Therapy and other Humanistic approaches have been reported to be less effective than cognitive-behavioral therapy for this kind of problem (Angus *et al.*, 2014). This motivated us to explore whether (or not) Gestalt therapy could be effective with these types of clients, and to understand the different factors that have contributed, or hindered, such therapeutic success.

Method

This section includes the **basic structure** of the SCTS design, including the minimum elements that need to be present, and the simplest way to use the methodology, and the **optional modules**, including examples of elements that can be added to the basic structure depending on the specific interests and possibilities of the researchers.

Basic Structure

This is an A-B-C, Single Case Experimental Design, with 3 phases:

1. **Baseline** phase (A) without therapy, lasting two weeks and culminating just before the first therapy session;
2. **Therapy** phase (B) variable length, depending on the needs of each case;
3. **Post-Therapy** or “follow-up” phase (C), lasting two weeks and starting on the final therapy session.

The basic structure of the design includes the following data collection instruments:

- A. A daily measure of client-specific target complaints. We were using the Target Complaints (Battle *et al.*, 1966) instrument, but it can be replaced, for example, with the Simplified Personal Questionnaire (Elliott, 1999). This measure must be co-constructed between the client and therapist before the baseline phase, and completed daily by the client, throughout all three phases of the study (it takes the client approx. 1 minute to complete, daily)^[1].
- B. A pre/post outcome measure of general wellbeing. We were using the OQ-45 (Lambert *et al.*, 1996), but it could be replaced with the CORE-OM, for example. The instrument should be validated in the country where the study is taking place, and it must be completed by the client at the start of the baseline phase, and at the end of the follow up phase.
- C. A specific measure for the patient’s main problem/diagnosis. For our first study we used the Hamilton Anxiety Scale (because we focused on anxiety), but we have also used the Beck Depression Inventory, and it can be replaced by any standardized measure that is appropriate for the specific kind of diagnosis that the client presents. This measure needs to be applied at session 0 and the final session.
- D. A classification of the client according to DSM or ICD criteria. We were using the MINI 6.0 psychiatric interview, but it can be replaced by the SCID psychiatric interview, for example. The diagnosis must be made before starting the baseline phase. If a client does not present any psychiatric diagnosis, we declare that and not force a diagnosis.
- E. Assessment of treatment fidelity or integrity – a way to argue that the intervention represents “Gestalt therapy” (for exam-

ple). For our first study we used the following criteria: the therapist had 2 years minimum of graduate training in Gestalt therapy and had access to supervision by a certified Gestalt trainer. However, now we have available the Gestalt Therapy Fidelity Scale – GTFS (Fogarty, Bhar & Theiler, 2019), which is the ideal method we should use. It requires a brief training and the analysis of video excerpts of a sample of sessions from each therapy process.

- F. Audio recording of every session. This is not an intrinsic part of every SCTS design, but for our project it was essential, as it allowed us to explore the change process and also assess treatment fidelity. We required at least audio, but strongly suggested both audio and video recording for every therapy session.
- G. Long-term follow up. Finally, the design must include a brief follow up at least 3–6 months after the final session (and ideally a second follow up 12 months after the final session). In this session, the client should at least complete the measure of general well-being and the specific measure of the main problem/diagnosis. Optionally, the client can be interviewed using the Client Change Interview Protocol for a more in-depth understanding of the client's experience of the therapy process.

Optional Modules

The basic design allows us to gather enough data for assessing the efficacy of the therapy process and gather limited information about the change mechanisms. However, if a therapist-researcher wants to collect more in-depth information, or has specific research questions, he or she can add one or more optional modules. For example:

- An instrument to explore the integration of the clients' main polar conflict (Herrera, 2016);

- The therapist's experience of participating in the study and the therapy process, using a journal based on the CSEP-II (Elliott, 2002);
- An instrument for assessing the client's degree of self-actualization, as opposed to only looking at symptoms and disfunction (Riff & Keyes, 1995).

Data Collection Procedure for the Basic Version of the Study

Here, we present the detailed procedure for collecting data in the basic version of an SCTS project, divided into 3 big phases.^[2]

A Baseline

Pre-contact and client recruitment: Before starting the study, we need to recruit a client who is willing to participate. For this, we have elaborated an "introductory letter for clients"^[3] and an "informed consent form"^[4]. The therapist or a collaborator must give these documents to the client and then discuss via telephone or in person any doubts that he or she might have to help the client consider participation. All of this before inviting the patient to the "session 0" (in which the therapist must apply the first instruments).

Note: In order to assess the baseline period without the influence of the therapy process, we should encourage little to no therapist-client contact before the start of therapy. Optimally, just the "Introductory letter to clients". If not possible, just a phone call. If absolutely necessary, a face to face encounter (or "pre-session 0"). If there is a face to face encounter between the therapist and client before "session 0", it must be framed as an "intake" session.

Session "0". This is the first proper step of the study. Although we know it's impossible to

separate the “diagnosis” from the “therapy” phases, this part of the method is considered as part of the pre-therapy baseline, focused on applying the initial battery of instruments. It can be applied in one or two encounters with the client, depending on how long it takes the therapist or collaborator to apply the following instruments:

- Informed consent (if it hasn’t been discussed and signed already).
- Classification of the client according to DSM or ICD criteria (if it hasn’t been assessed before).
- Specific measure for the patient’s main problem/diagnosis.
- Outcome measure of general wellbeing.
- Co-construction of the measure of client-specific target complaints.

After this “session 0”, there is a 2 week (or more) waiting period before the start of the Therapy phase, during which the patient completes the “daily target complaints” form every day. These 2 weeks constitute the “baseline” against which the therapy and follow up phases will be compared. For this reason, it’s important that the scores of the client-specific target complaints are relatively stable. If the patient’s target complaints improve before the therapy, the study will still be valid, but it will be very hard to distinguish if the client got better because of the therapy or thanks to a pre-therapy improvement trend. In this case it’s ideal to prolong the baseline phase. If the client’s scores are worsening, it’s ethically and methodologically appropriate to start soon the baseline phase, before the client gets even worse.

B *Therapy*

This phase should be as close as possible to the “natural” way therapy happens, although we are certain that being a part of the study and specially completing daily questionnaires influences the therapy process (for example,

several of our student-therapists have said that completing these daily target complaints fosters client engagement and commitment to the therapy process). This phase can have a variable and flexible length, continuing until discharge, dropout or until the client’s main target complaints are resolved. In some cases, the research can be concluded but the therapy can continue.

For the basic version of the study it’s necessary to collect the following data:

- The measure of client-specific target complaints: Before each session the patient gives the therapist or receptionist the Target Complaint forms he completed since the last session, and receives new Target Complaint forms for the next week(s).
- Assessment of treatment fidelity: For the GTFS it’s necessary to record at least 2 therapy sessions.

C *Post-Therapy*

This phase is a follow-up to assess the client’s wellbeing, symptoms and target complaints after finishing the therapy process.

Initial follow up. A 2-week period, after the final therapy session, in which the client continues completing the Target Complaint forms.

First follow up session. A special session to collect the target complaint forms for the initial follow up. It’s also necessary to collect the following data:

- Specific measure for the patient’s main problem/diagnosis.
- Outcome measure of general wellbeing.

Second follow up session. After 3–6 months there is another session in which the therapist or another researcher collects data from the Specific measure for the patient’s main problem/diagnosis, and the Outcome measure of general wellbeing.

Data Analysis

This is the most complex part of the study. It took our research team years of study to develop a robust data-analysis procedure, which we describe in detail in our first paper (for the statistical details, consult Herrera *et al.*, 2018). The data-analysis procedure depends on the research questions that we aim to have answered. For our first paper, we only had quantitative and outcome-related research questions, but our current studies focus on 'process' and 'change mechanisms', and these require different data-analysis procedures.

The research questions that we eventually chose for our first study (Herrera *et al.*, 2018), and which should (probably) be part of every outcome-oriented project, were the following:

1. *Is there any pre-post improvement, and if so, how great?*
2. *Is the change clinically meaningful?*
3. *Can the improvement be attributed to the therapy process?*

Finally, if we have a group of single cases from different therapist-researchers (at least 4 cases, but ideally 10 or more), but which share a common problem or diagnosis, we can then explore a 4th research question:

4. *Does Gestalt Therapy show evidence of being effective for this particular population or problem?*

For this, we require a meta-analysis of the different single case studies, which we also explained in our first paper.

Practice-Based Research Networks

In order to collect a sufficiency of (say) 4 to 10 cases, it is necessary to create some sort of practitioner-based research network (Castonguay, Pincus & McAleavey, 2014). One therapist-re-

searcher can study one case, but – in order to do meaningful research – it is necessary to collaborate with other colleagues. This requires additional resources for coordinating different individuals and for motivating our already-overworked colleagues to participate in a study. It is especially difficult to access such as these resources, especially if almost all Gestalt Therapy practitioners work outside academia and thus have no access to research funds.

In Chile, we have tackled this problem using synergy and collaboration in our Gestalt Therapy institute in Santiago. Each year, we have 20–30 new post graduate students that need to do some sort of final thesis after the 2-year program. Traditionally, these theses are essay-type theoretical studies, which were often left unfinished. In order to promote the SCTS method, we offered all students the possibility to join our research program. Their participation had several incentives:

- A. Helping the development (and survival) of Gestalt Therapy
- B. Reflecting and learning about their own clinical practice
- C. Having a very structured and easy to follow guide to finish their theses (with many didactic videos and documents explaining the research process)

In return, we asked each student to video-record one of their own therapy cases and then analyze it with quantitative and qualitative methods. As an institute, we only used the resources already budgeted for the thesis advisors and, in return, we saw a significative improvement in the percentage of students that finished their final thesis and graduated.

As a word of warning: in the 6 years since starting our project, we have found that it is extremely difficult to get individual practitioners to participate, especially when they are not part of an institute and when don't have any kind of incentive for their research work.

Examples of SCTS Studies

Effectiveness Study: Gestalt Therapy with Clients Who Present Anxiety Problems

Here, we present a summary of the results of our first paper (for a more detailed explanation, see Herrera *et al.*, 2018) in which we collected and analyzed the first 10 cases with anxiety problems that we received.

Table One shows 10 patients (all women) with different therapists, all of which were Gestalt therapy students doing their postgraduate psychotherapy degree certification and who conducted their single case study as part of their master's degree thesis.

So, here is the main question: Can Gestalt therapy be effective for anxiety problems? We present the results of the different research questions:

- **Research Question I: *Is there any pre-post improvement, and if so, how large?*** Each patient identified and scored 3 individualized target complaints, except patient 1, who identified 4 TCs. Of the total 31

target complaints, 30 showed statistically relevant change comparing pre- and post-therapy phases. The only exception was target complaint No.2 (TC2) of patient 7: "I cannot tolerate the abuse in my workplace". This specific TC showed a small worsening, which can be interpreted as a problem in the co-construction of this TC (as it may be therapeutically beneficial to not tolerate abuse, so it's not clear that a lower score is better for the patient). Of the 30 TCs which showed therapeutic change, in 21 TCs this change was large. In 6 TCs, the change was of medium size. In the remaining 3 TCs, the change was considered small.

- **Research Question II: *Is the change clinically meaningful?*** Nine of the ten cases showed indicators of meaningful therapeutic change, while patient 2's results were debatable. Average Hamilton scores started at 22.7 at session 0 and improved to 9.9 at the final session and 8.0 at the 6 months follow up session. Average OQ-45 scores started at 73.5 and improved to 46 at the final session and 46.3 at follow up.

Table 1: Description of the Sample

Patient N°	Age & Gender	Diagnosis	Hamilton score	Nº of sessions
1	39, F	anxiety disorder	13 (mild)	14
2	30, F	generalized anxiety	21 (mod.)	15
3	23, F	anxiety disorder	17 (mod.)	12
4	26, F	alcohol abuse, agoraphobia, depression	19 (mod.)	18
5	23, F	panic disorder, agoraphobia, generalized anxiety	29 (mod.)	40
6	29, F	mixed anxiety and depression disorder	17 (mod.)	19
7	37, F	mixed anxiety and depression disorder	39 (severe)	8
8	24, F	anxiety disorder	25 (mod.)	11
9	24, F	adaptation disorder with anxiety symptoms	23 (mod.)	16
10	26, F	panic disorder without agoraphobia	24 (mod.)	20

Table 2: Summary of Results

Patient	Pre-post change?	Clinically meaningful?	Attributable to therapy?
1	Yes, Large	Yes	Yes (TC 1, 2, 3) & Debatable (TC 4)
2	Yes, Small	Debatable	Yes
3	Yes, Medium	Yes	Yes
4	Yes, Large	Yes	Yes (TC 2, 3) & Debatable (TC 1)
5	Yes, Large	Yes	Yes
6	Yes, Medium	Yes	Yes
7	Yes, Large (TC 1, 3) & No improvement (TC 2)	Yes	Yes (TC 2, 3) & Debatable (TC 1)
8	Yes, Large	Yes	Yes
9	Yes, Large	Yes	Yes
10	Yes, Large	Yes	Yes

- Research Question III: Can the improvement be attributed to the therapy process (Instead of just natural remission over time)?** After a statistical and visual analysis of the 10 cases in which Phase One is compared to Phases Two and Three, we can conclude that in 27 of the 30 target complaints that showed change, it can be directly attributed to the therapy process (which addresses the efficacy of Gestalt therapy). The exceptions were patient 1’s 4th TC (“can’t manage my anger”); patient 4’s 1st TC (“I’m not sufficient to my family as I am”); and patient 7’s 1st TC (“I don’t feel confident as a mother”). In these cases, a qualitative analysis of the therapy process would be required to adequately answer this research question.
- Research Question IV: Does Gestalt Therapy show evidence of being effective for this particular population or problem?** Evidence of the effectiveness of Gestalt therapy was confirmed in several ways in this study. As shown on Table 2 below, in almost all

TCs we saw pre-post change; in almost all cases there were clear indicators that the change was clinically meaningful and sustained through time, and in almost all TCs change was attributable to therapy. The reliable, statistically significant results obtained in our study suggest that Gestalt Therapy can be a viable alternative to other effective approaches, contradicting previous findings about the relative inefficacy of humanistic-experiential (HE) therapies with this population (Angus *et al.*, 2015).

Process-Outcome and Change Mechanisms Studies

Besides researching effectiveness and efficacy, the SCTS method can be used to explore change mechanisms and the therapy process. This helps us understand: not only whether Gestalt Therapy works, but also *why* and *how* it works, or doesn’t work. It is from these ‘process studies’ that we can learn the most valuable lessons to improve our theory and clinical practice.

Here, we present 2 different types of process studies that we are developing, using the data that we have collected in the SCTS project:

Mixed methods, single case-study, for exploring change mechanisms

An example of the more detailed results that can be obtained using this methodology is presented in the case of Clara. She is a 26 y/o woman, kinesiologist, single, living with her mother and two brothers. The therapist was a 33 y/o male, with six-years of experience as a psychotherapist. The female client / patient had been diagnosed with agoraphobia and with

recurrent depressive episodes, with moderate anxiety and depression symptoms. The OQ-45 categorized her in the functional range, so despite her diagnosis she could function relatively well. With the therapist, she co-constructed the following Target Complaints: “I’m not sufficient to my family”; “I’m desperate when idle” & “I feel frequently anxious”.

The following two figures show special turning points in the therapy process, when the score decreased (indicating an improvement for the patient). Figure One depicts scores on a TC; and Figure Two tracks scores on the OQ-45.

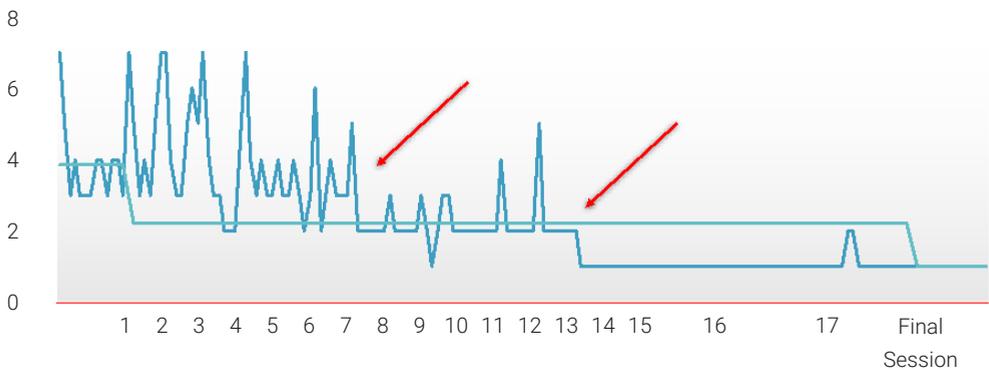


Figure 1: Target Complaint No. 1, During All Three Phases (“I Feel Frequently Anxious”)

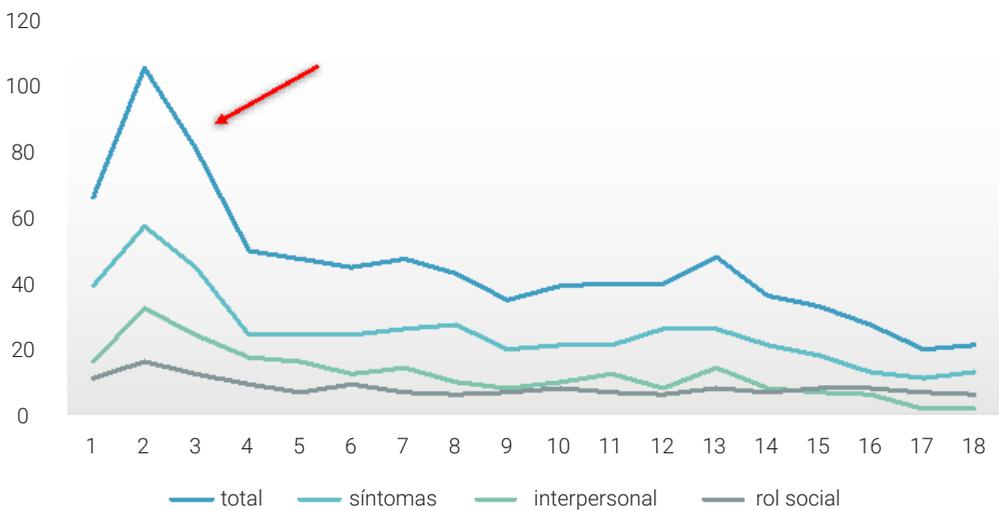


Figure 2: OQ-45 Scores During All Three Phases

We complemented this quantitative information with the therapist and client's perspectives on the most helpful moments in the therapy process. Then, we selected sessions 3, 6 and 12 as the most productive, and sessions 7 and 9 as the least productive. We analyzed these sessions in video to understand what happened and develop hypotheses about the particular change mechanisms in this therapy process.

In Clara's case, her anxiety was largely generated by a constant avoidance of feelings of grief. She was very afraid of getting depressed and coped by utilising constant movement and activity. Additionally, the process of avoiding her feelings made it more difficult to be aware of her needs and desires and then make coherent and satisfactory existential decisions. The therapy helped her get in touch with her feelings, especially her grief and pain. This helped her to become more aware that she could tolerate her emotions without going into depression, and they also allowed her to get more in touch with her needs and to make coherent decisions, strengthening her self-esteem, and thus making her less dependent on external approval.

Theory-building Case Studies

This is a relatively unknown methodology (Stiles, 2007) in which one or more cases are analyzed in order to develop or challenge specific theoretical constructs. We are finishing a study on polarities and are in the middle of another one about anxiety.

- **Polarities and the Integration Process:** The concept of polarities has not been conceptualized enough, but it's crucial for the practice of Chilean and Latin American Gestalt Therapy (Herrera, 2016; Herrera, 2017; Schnake, 1987). Between 2013 and 2018, we did an extensive theoretical review of the concept in Gestalt therapy and psychotherapy literature; we interviewed

experts and developed an instrument to identify the client's main polar conflict and its integration level. Between 2018 and 2019, we are using this instrument to analyze a therapy process and explore how the integration process actually occurs with this specific client-therapist dyad. This will allow us to inform our theory and hopefully encourage future case studies to continue developing this construct.

- **Anxiety and its Treatment:** Our outcome study on anxiety (Herrera *et al.*, 2018) didn't aim to explore change mechanisms. However, in the discussion of that paper we suggested that in the 10 cases we could observe elements of exposure, avoidance prevention, skills training and corrective emotional experiences. For our current process study, we have also conducted an extensive theoretical review of all the main conceptualizations on anxiety problems from different psychotherapy models (during 2016-2018). In 2020, we will start analyzing 2- or 3- therapy processes to explore change episodes in the treatment of anxiety difficulties. We will analyze those episodes, using these theoretical models to observe which of them actually fit what is happening in the change episodes, and if these models are just different ways to conceptualize the same change mechanisms. As in the polarities study, this will help us inform, reaffirm and possibly update the theory.

Discussion

Research is hard, especially if we are not working in universities with access to research funds. That is why it is scarcely done in the Gestalt therapy world, and the vast majority of current psychotherapy models have no research whatsoever. This is the main justification for this paper. In the case of Gestalt

Therapy, we think it is vital for its survival and growth to conduct serious effectiveness and efficacy studies, complemented with innovative and clinically relevant process and change mechanism research. The SCTS methodology is relatively easy to use by institutes and even individual practitioner-researchers. More-

over, it is a robust method that can generate a powerful impact. This methodology is a precious opportunity to collaborate and co-create research networks that are very close to our clinical practice, bridging the historical gap that has separated the worlds academic-based research and clinically-based psychotherapy.

Endnotes

- 1 Detailed instructions on how to co-construct the TC with a client can be found here: http://drive.google.com/open?id=1x1C-T91y5eaQx59JGDwq_soASm_mMX_x
- 2 The complete and detailed research manual for the study can be downloaded here: <https://drive.google.com/open?id=10RX2Juri7XL2bQBef9P3ObNgcLquBIIdL3zH5jaOzoC8>
- 3 Can be downloaded here: <https://docs.google.com/document/d/1LaV73HBvAJEHMK-1Q9Z7MXGvHV3k-6zbcNr4bELefCw/edit?usp=sharing>
- 4 It should be adapted according to the guidelines of each local Ethics Committee. An example can be downloaded here: <https://docs.google.com/document/d/1Q2RfUDO5GQ1LRUxhvD5A21iIEgdiAYvphZ3ZUJowM2c/edit?usp=sharing>

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“Geshita Liaofa” in the People’s Republic of China: ‘Hurly-Burly’ in the ‘Here-and-Now’

„Geshita Liaofa“ in der Volksrepublik China: Großes Wirrwarr, Hier-und-Jetzt

Annette Hillers-Chen & Yang Ying

Abstract:

Gestalt therapy, or “Geshita Liaofa” in Chinese, has reached China in midst of the great hurly-burly of high-speed transformations, which have made people face constant changes and a high degree of uncertainty. While many of its roots had been available to Chinese audiences early on, Gestalt therapy itself joined the current “psycho-boom” (Huang, 2015) relatively late. Different from other psychotherapeutic methods, it entered China via curious individuals, rather than official exchange initiatives, and still remains a small seedling within the overall psychotherapeutic field, which is characterized by the predominance of a bio-medical orientation, a strict divide between therapy and counselling and a “wild” market in the grey-zones. While Gestalt therapy is filling more and more niches, its future will depend on whether it can stay afloat among rising requests for evidence-based practice, following a natural scientific paradigm of research while still keeping its bohemian spirit. Whether it will become an add-on to the most prevalent eclectic practices, or an accepted approach in its own right, it will have to creatively join the hurly-burly, here and now.

Key Words:

Gestalt therapy, People’s Republic of China, Geshita Liaofa

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Deutsch:**Zusammenfassung:**

Gestalttherapie, auf Chinesisch „Geshita Liaofa“ genannt, hat China mitten in dem großen Wirrwarr eines rapiden gesellschaftlichen Wandels erreicht, der dazu geführt hat, dass die Menschen heute ständigen, einschneidenden Veränderungen und damit einem hohen Grad an Unsicherheit ausgesetzt sind. Während dem chinesischen Publikum viele ihrer Wurzeln schon früh bekannt waren, gesellte sich die Gestalttherapie an sich erst spät dem derzeitigen „Psycho-Boom“ (Huang, 2015) hinzu. Anders als andere psychotherapeutische Methoden, kam sie durch neugierige Einzelpersonen nach China anstatt durch offizielle Austauschprogramme. Damit bleibt sie immer noch ein relativ kleiner Keimling inmitten des psychotherapeutischen Gesamtfeldes, das eine biomedizinische Ausrichtung, eine strikte Trennung von Therapie und Beratung sowie ein „wilder“ Markt in den Grauzonen dazwischen auszeichnet. Während die Gestalttherapie immer mehr Nischen füllt, wird ihre Zukunft davon abhängen, ob sie angesichts steigender Anforderungen nach evidenzbasierter Legitimierung weiter mitschwimmen und dabei ihren rebellischen Gründergeist beibehalten kann. Egal ob sie lediglich einen weiteren Zusatz für die am häufigsten vorkommenden eklektischen Verfahren bilden oder als eigenständiger Ansatz akzeptiert werden wird, sie muss sich kreativ in das bestehende Wirrwarr stürzen – hier und jetzt.

Schlüsselwörter:

Gestalttherapie, Volksrepublik China, Geshita Liaofa

*When will we three meet again?
In thunder, lightning, or in rain?
When the hurly-burly's done,
When the battle is lost and won.
That will be ere the set of sun.*

Shakespeare, Macbeth

All the animals are afraid of the tiger. What can they do?
The tiger likes candy *very* much, the tiger eats candy *every* day.
Yes, they give him *candy*!
Oh, what's *wrong* with the tiger? He has a *toothache*!
How can they *help* the tiger? Pull it out!
At last, he becomes a *toothless* tiger!
But where are his *teeth*?
Here they are, just *look*!

(English as a foreign language exercise)

China, this huge, complicated, and contradictory “something,” has been meeting with Gestalt therapy, the not-less befuddling, unorthodox approach of psychotherapy. How can we possibly summarize this ongoing interaction without merely stating meaningless abstractions?

The Great “Hurly-Burly”

The People’s Republic of China has been undergoing a high-speed transformation of all sectors during the last 30 years. The general atmosphere around us can be described as “goal-oriented, successful, and stressed” (Ying) or as “buzzling with busy-ness, anxiousness, and speed, speed, speed” (Annette). When constant rapid change becomes the business-as-usual normal state, it obviously contributes to a special dynamic within the organism/environment field, forcing people always to being ready to embrace yet another huge re-adjustment in any instant^[1], willingly or unwillingly. It has become hard to keep up with the pace while choices of how to go about life have never been more multifaceted and incompatible. Common people juggle along with the government to find their new positions within this hurly-burly: What does it mean to be Chinese in the modern world? In which direction do we want us and our children develop? Where is my niche underneath the government-prescribed “Chinese dream”?

It is here, that Gestalt therapy – with its existentialist outlook, its cultivation of uncertainty, its emphasis on how to facilitate the feeling of “centeredness”, and its focus on what is alive in a person – has something to contribute.

Forerunners in China: A sketch

With few exceptions, there was very little intellectual exchange with foreigners from so-

called “Western countries”^[2] and their ideas before the Opium Wars (1839-1842 and 1856-1860). Major philosophical ideas from Western countries entered China around the end of the 19th century, and reached a first peak during the New Culture Movement during the 1910s and 20s of the Republican era (1912-1949). Until the Japanese invasion (in 1937), major translation routes went via Japan, other routes (via the US or Europe) remained open until after the formation of the People’s Republic of China in 1949 (called “The Liberation” in mainland China).

Psychology as a discipline (and psychotherapy) was, from its early beginnings on, an imported discipline, because,

“... ideas about humanity, development, and appropriate forms of conduct had a long tradition in Chinese philosophy, from the time of Confucius, Mencius, Laozi, and so on. But, unlike their counterparts in the west, Chinese philosophers had not made a special study of problems in the relationship of mind to body, nor, therefore, sought an empirical analysis of them against a background of European Enlightenment science. To the extent that these ideas were of interest or value to the Chinese, they were imported through translations.” (Blowers, 2000, p. 1433)

First available translations were often re-translations of original works from Japanese or English, or summaries, both translated or written by accomplished Chinese scholars. After The Liberation, these were systematically introduced to scholarly audiences as “critiques”.^[3]

The most representative figures of Gestalt psychology in China, Gāo Juéfū (1896-1993),^[4] Xiāo Xiàoróng (1897-1963),^[5] and Guō Yícén (1894-1977)^[6] (Liu, 2006), together with their students, embarked on the difficult task to find understandable terms for previously non-existing concepts in Chinese. Gestalt therapy

was originally being translated as “gé shì tǎ”, a phonetic pendant to the German pronunciation of “Gestalt”, later as “wán xíng”, a meaning-based translation for “completed form”. Both are used interchangeably today.^[7]

Although mainland China had started to isolate itself by the time the Humanistic movement in the USA reached its first peak, and books like Perls, Hefferline, and Goodman’s “*Gestalt Therapy*” (1951) became popular, the ideas that still feed into modern Gestalt therapy (e.g., phenomenology, Gestalt laws of perception, figure/ground, polarities) had definitely been familiar to Chinese people then, thanks to the extensive translation work of those early pioneers.

Developments in the mental health field since the ‘Reform and Opening-Up Era’

China’s startling economic miracle started in the 1980s, with the restructuring of the economy under Deng Xiaoping in 1978, and the re-opening of universities (after standing still for ten consecutive years). Since the beginning of the new millennium, psychology departments have multiplied and especially the mental health market has witnessed a “psycho-boom”, unmatched by anything before (Huang, 2015, p. 1).

After passing a very conservative mental health law in 2013, which secured rights of diagnostics and therapy entirely to medical doctors of psychiatry (cf. Xiang, Yu, Ungvari, Lee & Chiu, 2012, for an overview in English), the central government (National Health Commission) is currently trying to tame the heterogeneous field of psychological counselling by developing a new licensing system after the old one (then in the hands of the Ministry of Human Resources and Social Security) proved to be too lax and was swooping the market

with “certified counsellors” who might have never seen a client.

Outside of the medical profession, the Chinese Psychological Society (CPS), Section Clinical and Counselling Psychology, offers a voluntary registration and licensing system that classifies different levels of experts and tries to put forward more rigorous training and ethical standards (cf. Chinese Psychological Society, 2007). This is still a project in progress, and two major obstacles are: the lack of recognition of clinical psychologists; and the establishment of a qualified infrastructure for training.

Fraud and the abuse of titles are major issues, and it has become difficult to distinguish a well-trained expert from a pseudo-expert. Initiatives such as this, by the CPS on the national level, can be seen as efforts to offer more reliable guidelines, yet we often hear the opinion that this system is also not “officially recognized”. “Certified” programs from abroad, with “certified trainers”, are still being trusted more, and, indeed, the quality of psychotherapeutic training in mainland China is very uneven, mainly due to the lack of qualified supervisors, and face-to-face training opportunities, including self-experience and work with real clients under qualified supervision.

One of the reasons for this situation is that psychotherapy is not yet a major discipline in the universities. While a degree in a subject related to psychology is still a precondition to become a CPS-certified therapist, there is hardly any degree program (outside of the medical schools) that systematically implements clinical psychological topics (least of all Gestalt therapy). The medical model, with its focus on drug treatments, is still the mainstream model in the overall organization of care, and there is a clear split between those who can do “therapy” (i.e. psychiatrists), a treatment reserved for those with mental disorders (as classified

in a diagnostic system, in China currently the CCMD-3),^[8] and “counseling”, a support for those with psychological problems in normal life to promote “their good adaptation and integrated development” (CPS, 2007, third last paragraph). While this structure makes job prospects for non-medically trained therapists very limited, the demand for counsellors is rising, and this market attracts people from all kinds of backgrounds.

Counsellors, outside of hospitals, may either work: in the universities’ counselling centres; in counselling firms; in private practice; in new service structures for social work; or on the internet. On-line therapy connects clients from smaller towns or from the countryside (where even psychiatric wards are sparse) with experts from larger cities. The mental health market is driven mainly economically (Hou & Zhang, 2007), featuring foreign and local experts of all kinds of denominations (including Gestalt therapy), with high price levels, to all kinds of audiences – more than anything a luxury for those who can afford it.

Developments within psychotherapy and counselling have long become part of the general “hurly-burly” of the country, developing within high-speed and facing constantly-changing regulations. Some authors even argue, that the official support of psychotherapy by the central government is part of a new “therapeutic governance” (Yang, 2018), i.e. putting the responsibility of problems arising from the drastic societal turns on the individual.

Gestalt Therapy: “Joining the dance”

Gestalt therapy has always cultivated its off-mainstream position (cf. Melnick, 2013, p. 298; Norcross, Karpiak & Sontorro, 2005), which contributed to its relatively late arrival on the mainland. When Chinese scholars became interested in psychotherapy, and of-

ficial delegations visited so-called developed countries in the 1980s and 1990s, they would first get in touch with formally recognized and publicly institutionalized approaches. They would therefore choose from fully developed theories, so that, naturally, the big players in the Western world then were the first to enter China: e.g. psychoanalytical therapies, (cognitive) behavior therapy and systemic family therapy (Simon, Haaß-Wiesegard & Zhao, 2011; Li & Lou, 2013).

Until today, the influx of the “early-big-birds” can be traced within academia: publications in Clinical Psychology often do not include the theory of Gestalt therapy, if, at all, in a very abstract sense under the umbrella of “humanistic theories”. The most widely-spread orientations are the so-called “eclectic theories”, of which one third split into “cognitive plus [another approach]” (Fu *et al.*, 2010). One of the largest online portals for psychotherapeutic services^[9] states that most of the registered counsellors adhere to 3-4 approaches simultaneously, mostly including the psycho-analytical, or psychodynamic, and cognitive-behaviorist backgrounds (Jiandan Xinli Academic Research Group, 2016, p. 27).

Given the size and heterogeneity of the country, it is hard to find more representative numbers, but our informed guess would be that Gestalt therapy is simply “too small to count”. Many of our Chinese colleagues, who trained in Gestalt therapy, enjoy using parts of Gestalt, but would not claim to be Gestalt therapists, which underlines the pragmatic application of psychotherapy in China.

Without strong institutionalized support, the first little leaves of the Gestalt therapy ‘seedling’ in China connect with single individuals, who came on their own account – out of curiosity – like the first pioneers from the USA^[10], Rose Najia (Chinese trans-literation: Luosi Najiya), who also published the first original

book on Gestalt therapy, targeted at an Asian audience in traditional Chinese, called the “*Holy Fools – Presence and Play*” (Luosi, 1992; cf. Bottome, 1997, for another experiential account).

All of the first book translations on Gestalt therapy into Chinese trace back to Taiwan,^[11] and adhere to the traditional Chinese writing system. On the mainland, translations start much later, with a focus on skills and experiences, rather than on theory.^[12] So far, the only book written by a Chinese author is a recollection of a Hong Kong-ese Gestalt therapist’s personal experiences (Liang, 2012).

In the Chinese National Knowledge Infrastructure (CNKI) database, around 50 journal articles mention Gestalt therapy, mostly in the form of short introductions or overviews, discussions about the empty chair, case descriptions, or very basic comparisons with other approaches (usually based on general counselling textbook introductions about what Gestalt therapy does).^[13] Unfortunately, many papers stay on the surface and do not include current streams of the Gestalt discourse. That is not surprising, because major original literatures have not yet been translated. What is surprising is the lack of literature making Zen Buddhism or Taoism a topic, given that both originated in China, or modern analyses connecting to influential figures like Lu Xun, for some, the first Chinese existentialist writer (cf. Wang, 2019, for an introduction).

The cooperation program between the Institute for Integrative Gestalt Therapy Wuerzburg, Germany, and Nanjing University, one of several long-term programs that is currently being offered in mainland China, has led to the establishment of a new Gestalt therapy series (Géshìtǎ Lièshù), hosted by the Nanjing University Publishing House. This series started with a re-translation of Clarkson and Mackewn’s “*Fritz Perls*”, in simplified charac-

ters (2019), and will soon include the original volume by Perls, Hefferline, and Goodman (1951/1994). Developing Gestalt therapy further in China will be impossible, if the participants do not get better access to relevant literature; participating in experiential workshops might be enjoyable and growth-supporting, but this is not enough to form fully-fledged Gestalt therapists that may also spin the theory further, based on their unique backgrounds.

In addition, various commercial workshops promoting Gestalt therapy, offered by different organizers, in cooperation with various Gestalt experts/institutes from all over the world (including Taiwan and Hong Kong), have found their niche within the huge market of personal growth, employee assistance, and coaching programs. This trend has become hard to keep track of, because recruitment happens mostly on short notice and via “WeChat” (a messenger multi-tool for cell phones), which also features Gestalt communities in its publicly registered accounts (Chin: ‘gōnghào’), where more informal discussions about Gestalt therapy’s application take place. Several program-affiliated events featuring Gestalt therapy, like the ones in Nanjing (2012), Fuzhou (2018) and Beijing (2019), have also pushed the approach’s popularity.

Within the Chinese Association of Mental Health (CAMH), Section for Psychotherapy and Psychological Counseling, a Gestalt therapy sub-group formed in 2016. As compared to 10 years ago, the whole field is now being controlled with greater scrutiny and the representative sub-group is often being reminded to generate a stronger evidence-base. Establishing associations^[14] has become more difficult in recent years as well, and within the “wild” market, choosing a program affiliated with a university has become a seemingly safer choice, as such programs are trusted to (at least) minimally adhere to academically-sound standards.

Possible Futures

So far, Gestalt Therapy is still a very vulnerable, young ‘sprout’, within this huge, unbalanced field. Existing programs still lack sufficient opportunities for self-exploration, as they lack teaching therapists and they lack supervisors who come from a Gestalt orientation. In order to get more grounded, it is desirable that more programs:

1. Have a long-term setup, with opportunities eventually to develop skills to an advanced level and beyond;
2. Provide high quality small-group trainings that merge Gestalt therapy’s practical elements with theory; and that
3. Qualified Chinese trainers are supported in their personal journeys.

In addition, it will be essential that:

4. The idea of horizontalism is not only a word-of-mouth, but is also lived in such joint programs, which means that “Western” Gestaltists need to be prepared that their authentic dialogue with Chinese colleagues and participants will eventually “culturate” and “re-culturate” themselves.

Currently, we often see both representatives and admirers of the “boom-boom-boom” approach (Yontef, 1993, p. 8), proudly under the banner of “classical” Gestalt therapy, feeding expectations for miraculous, instantaneous cures, very much compatible with the “speed-speed-speed” zeitgeist. Workshop participants tend to expect to learn “The Whole ‘Truth’ of Gestalt”, with a capital ‘T’, in one weekend, as their employers demand instantly visible, countable outcomes. Paradoxical principles of change are not as persuasive as easily-understandable, cause-effect models. There are also others, who take the modern developments of Gestalt therapy to heart,

but they are left in the seemingly weaker position of “defending” their way of working to “the real” mental health experts from the bio-medical orientation, for whom Gestalt, with its strong philosophical orientation, is more like an unscientific gibberish.

The complexity of the idea that every individual therapeutic process depends on the exact therapist-client-environment constellation at a time, yet is still not arbitrary and, of course, bound to theoretical underpinnings, is difficult to bring across. And yet, while the various official organs, including universities and the party, openly worship the scientism of all aspects of life (Chin.: *kēxué fāzhǎn* – scientific development), many participants of these Gestalt workshops tell us that it is especially the artistic and more fluid way of Gestalt therapy that not only has enriched their lives (cf. Hillers-Chen, 2019), but that they believe will lead to a very prosperous future for Gestalt in this country. Part of the fate of Gestalt therapy will rest on exactly these people, who have gained something that they could not find elsewhere, and who may also preserve a space for discussions about such a stance on life and work within this environment. This something might possibly lie in the famous “embracing uncertainty without anxiety” when following a strictly phenomenological attitude (instead of a fixed diagnostic one). In clinical practice, not to immediately judge and to simply provide a space which allows the clients to freely explore their very own needs, wants and ways of contacting (and not that of their parents, teachers, or society as a whole), without demands and standard answers, is something that Chinese clients can hardly get anywhere else in this society. Thereby Gestalt therapy provides the opportunity for, indeed, very new experiences of oneself and becomes a fresh vehicle for growth.

Similar to the situation in many other countries, Gestalt therapy’s future will depend on

whether it can stay (at least) minimally afloat (i.e. “recognized”) within the official system – that calls for evaluative standards based on evidence-based practice, and the numberization of the world – while keeping enough of its original Bohemian spirit. At present, the doors are still open: despite different preferences, the CPS as well as the CAMH seem to be inclusive with respect to the varieties of psychotherapeutic approaches, as long as those are theory- as well as evidence-based and do not feature a political agenda.^[15]

Therefore, it seems to be essential to support and join the recent rediscovery of research within the Gestalt community around the world (Brownell, 2019; Roubal, 2016), from the very beginning, and to include proactively the available evidence-base in the dissemination of Gestalt therapy in China, most desirably, by

also anchoring the field in the universities, as difficult and contradictory as that may seem.

If opportunities are not seized now, “... ere the set of sun”, the official doors may become completely closed, rendering Gestalt therapy to diminish into just a set of skills, or yet another add-on to the various “something-else-plus” eclectic approaches, which so many Chinese therapists are already embracing, and, are thus not resulting in an accepted approach, based on an unique epistemology in its own right. It is not conducive to wait for a new meeting of ‘witchcraft’, we have to creatively engage in the process of uncertainty as it unfolds, which means for the time being: Hurly-burly, here-and-now.

*“Oh, I see, they stick to the candy!
The tiger is happy, isn’t he?
Yes, he is. Happy!”*

Endnotes

- 1 A skill that definitely helped the quick compliance for the rigid lockdown measures during COVID-19!
- 2 It is extremely difficult to use this concept confidently. When we use the term in this paper, we refer broadly to those nowadays developed industrialized countries of high affluence with a strong historical root in the enlightenment period, knowing that even this remains very unsharp and is heavily charged with an eurocentric worldview. For a deeper discussion of this topic see Hillers-Chen (2019) or Hong, Yang, & Chiu (2010) for the similarly problematic question of who “the Chinese” are.
- 3 Such as a summary by the Chinese Gestalt psychologist, Zhu Xiliang (1957).
- 4 Gao was originally majoring in English in Beijing, earned his doctorate in education in Hong Kong, and not only translated tens of books related to psychology including Freud, Koffka, Watson, Boring, Köhler, Lewin, etc. from English, but also became one of the first famous psychologists in China.
- 5 Xiao had studied at Columbia University in 1926, did research in Gestalt psychology at the University of Berlin (most likely using English) and wrote several books on the topics of Gestalt psychology, abnormal psychology, and experimental child psychology in Chinese.
- 6 Guo earned his PhD in philosophy at the University of Tübingen (1922–1928), Germany, and became a pioneer of modern Chinese perceptual psychology.

- 7 For the later mentioned translation project at Nanjing University Publishing house ge shi ta was used following the worldwide tendency to keep the original word “Gestalt” intact in nearly all languages and because of grammatical advantages.
- 8 Which is based on the ICD system by the World Health Organization.
- 9 The use of online therapeutic services (e.g., lectures, exercises, reading seminars, individual sessions, self-help apps) has increased even more quickly since the COVID-19 outbreak, especially visible in the demand for online mindfulness or yoga courses.
- 10 Edwin C. Nevis had already been working at the Shanghai Institute of Technology for three months in 1981 and even proposed a new hierarchy of needs for the Chinese context (Nevis, 1982), but we did not find any Chinese threads to him as a Gestalt therapist.
- 11 In chronological order: Clarkson & Mackewn (2000), Clarkson (2002), Schiffman (2004), Zinker (2006), and Wheeler & Backman (2009).
- 12 In chronological order: Joyce and Sills (2005), Ginger (2009), Nevis (2015), Polster (2016), Mann (2017), Clarkson & Mackewn (2019), Perls (2020), Philippson (2021).
- 13 For a comprehensive list please contact the first author.
- 14 Of which there are two forms, those with an academic background (xuéhuì) and those without (xiéhuì).
- 15 A precondition for any exchange with China.

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Educational System and Studying Gestalt Therapy in Russia, Ukraine, the Republic of Belarus and the Republic of Kazakhstan

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Abstract:

This paper aims to describe the history and the current state of Gestalt therapy in Russian-speaking areas. The background of the development of clinical psychology and psychotherapy in USSR is discussed. The main directions of current scientific researches on the use of Gestalt therapy in different contexts are presented. The details of the educational programs are discussed. The goals and requirements of three educational levels (clients', psychotherapists', and experience supervisors') are listed. The results of a pilot study of the effectiveness of Gestalt therapy at the university psychology health department are shown. In general, the trajectory of Gestalt therapy dynamics from strange, marginalized practice step-by-step to the position of being well-rooted, accepted by the academic psychological community, and well-known in different areas of psychotherapeutic approach is demonstrated.

Key Words:

Gestalt therapy, Gestalt therapy education, psychotherapy, Gestalt therapy in Russia

Introduction

Gestalt therapy arrived in the USSR in 1988, with several other Western psychotherapy approaches, for example psychoanalysis, cognitive therapy, psychodrama, family system therapy, and others. Now, 31 years later,

Gestalt therapy seems to be the 'most popular' psychotherapy approach in Russia, the Ukraine, as well as the Republic of Belarus and Republic of Kazakhstan. What factors – in the educational system or methodology and theoretical basis of Gestalt therapy – have made it possible to achieve this level of success?

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Historical Background

At the beginning of the Gestalt therapy expansion in USSR, and later in the rest of Russia, there was a ‘happenstance’ that Sigrid Pape (a Gestalt therapist from Hamburg), visited Moscow looking for someone interested in Gestalt therapy. What had happened to psychotherapy there before that? Development of a new ‘scientific’ discipline of psychiatry in the 1880s, led by Emil Kraepelin, who worked at the University of Dorpat (now Estonia, and, at that time, a part of the Russian Empire) in 1886–1891, that made the initial impact on the formation of psychotherapeutic practice in this area.

Under the influence of the ideas of the German (Wundt) school of psychology and the French school of psychiatry, the Moscow school of psychiatry was formed by S. Korsakov, with further influences by V.M. Bekhterev, S. Freud and I.S. Pavlov. The Russian Psychoanalytic Society was created in 1922; its chairman was I.D. Ermakov, A.R. Luria was the secretary, and the members of the Society also included L.S. Vygotsky, S. Spielrein, Y.V. Kannabikh, and other prominent experts in the field of psychology (Karvasarsky, 2019; Tretyak, 2013).

In the USSR, practical psychology and psychotherapy were not very popular, and the general level of psychological culture within the population was very low. This situation changed at the end of 1920s, when Bolshevism, which had started under the banner of liberating scientific thought, led to a strengthening of ideological and dogmatic ‘pseudo-scientific’ thinking. The Russian society of Psychoanalysis was rooted out, and psychotherapy and individual psychology were put in disgrace. Later on, three psychotherapy schools in USSR, became recognized, “Suggestive and Rational Psychotherapy”, founded by V.N. Myasishchev, B.N. Burman, A.F. Lazursky, K.I. Platonov and others, which were very far from the doctrine of

psychoanalysis. The only way to acquaint the practitioners with the ideas of S. Freud and his followers (A. Adler, C.G. Jung, G.S. Sullivan) was to bring their ideas together, with ‘criticism’ of them alongside the ideologically “mature” quotations from K. Marx and V.I. Lenin (Karvasarsky, 2019; p. 41).

By the end of the 1970s–1980s, domestic psychotherapy belonged exclusively to the field of medicine, and this caused several misunderstandings, which we still meet quite often, even nowadays. For the citizens of USSR, and later from wider Russia, the differences between a psychiatrist, a psychologist and a psychotherapist, and the kind of help that each of them could provide, were often not always clear for any non-specialists.

In the late 1980s and early 1990s, the Soviet Union experienced the first shock from the meeting of domestic psychologists and psychiatrists with their Western colleagues, working as psychotherapists. The founders of various psychotherapeutic methods and approaches – C. Rogers, K. Whitacker, M. Erickson, R. Bandler, J. Moreno, N. Peseschkian, F. Farrelly, and S. Grof – all visited the country with their educational workshops and lectures.

In 1988, in Moscow State University, Sigrid Pape from the Fritz Perls Institute (Hamburg) met Elena Novikova, a member of the first Association of Psychologist-Practitioners. Elena Novikova, Elena Masur and Daniel Khlomov soon started their first Gestalt therapy group with Sigrid Pape and Wilfred Schley (also from the Fritz Perls Institute) and, at that time, Boris Novoderzhkin organized another Gestalt group, that was taught by Thomas Bunghart from Frankfurt-on-Maine, Germany. In 1993, some participants of those two groups continued their learning about Gestalt therapy with Jean-Marie Robine, from France. The first Gestalt therapy studying centre – the Moscow Gestalt Institute – was founded in 1992

by Daniel Khlomov, Nifont Dolgopolov, Elena Mazur, and Oleg Nemirinsky. Natalia Kedrova worked tirelessly on building connections with the European Gestalt people (EAGT) and the Americans (AAGT) and translated some of the main Gestalt therapy books into Russian. Members of the first Gestalt Therapy Society in Russia also got some strong support from many trainers and therapists from Europe and US: Jean-Marie Robine, Margherita Spagnuolo Lobb, Harm Siemens, Gordon Wheeler, Serge and Ann Ginger, Freda Sharpe, Bob and Rita Resnik, Silvia Schoch, Gianni Francesetti and Simour Carter amongst others. This collaboration made a huge input on the development of Gestalt therapy in Russia. The next 27 years was a period of growing, experimenting, meeting and searching for the best way to support the training of Gestalt therapists in Russian-speaking societies. More than ten Gestalt therapy schools were founded: (i) Moscow Gestalt Institute (gestalt.ru); (ii) Moscow Institute of Gestalt Therapy and Counseling (gestalt-therapy.ru); (iii) Moscow Institute of Gestalt and Psychodrama (migip.ru); (iv) East European Gestalt Institute (vegi.ru); (v) High School of Gestalt therapy (vshgt.ru); (vi) the St-Petersburg's Institute of Gestalt (gestalt.spb.ru); (vii) Russian School of Gestalt (gestalt-taganrog.ru); and later – (viii) the Gestalt Workshop of Elena Petrova (gestalt.sp.ru); (ix) the Pogodin Academy (gestalt.pogodin.academy); (x) the Gestalt-Forum, and others. Then, the Russian-speaking Gestalt Institutes Association in Russia was founded. Nowadays, each school uses a slightly different program to teach Gestalt therapy.

In its first stages of development, Gestalt therapy education presented many problems with its methodology, standards, ethics and boundaries (Pogodin, 2011). The first Gestalt therapists mostly had a good psychological education; this fact saved Gestalt Therapy Society from making too many big mistakes.

Chaotic and anarchic values and style were attractive to many people, who looked for freedom and new values after the fall of the Soviet society. At that stage, the standards of professional education of Gestalt therapy were low, due to the poor pedagogical experience of the Russian-speaking Gestalt community, and the lack of common standards, concepts and requirements for the preparation of Gestalt therapists. This situation changed in 1996, when EAGT decided to create training standards for all Gestalt therapists. The Russian Gestalt Therapy Society adopted these norms and followed the EAGT standards.

In the various Gestalt therapy training centers, despite the similar values and worldview among the therapists, one can discover that there is not a one unified Gestalt therapy, but there are many kinds of Gestalt therapies; each of them reflecting the characteristics of the school and the local society that it originates from (Pogodin, 2011). Often, in Russian Gestalt therapy societies, when we say 'Gestalt therapy', we mean a 'Gestalt approach', or the 'philosophy of Gestalt therapy'.

An Example of Gestalt Therapy Education: the Moscow Gestalt Institute

Over one thousand people per annum were joining Gestalt-therapy teaching programs (lasting 4-5 years) at the entry level in Russia by 2019. This means now that over 12,000 people are interested and committed to learning Gestalt therapy. No other psychotherapy approach than Gestalt therapy has ever been so successful in Russia. By the year 2019, more than 50 conferences in 25 Russian cities had been organized by Russian Gestalt Institutes and Centres. In the last 12 years, three conferences of Russian Gestalt therapists were also organized at Esalen, in California (Kedrova, 2010).

The most popular Gestalt therapy education program, in the Moscow Gestalt Institute (MGI) has three levels of education; the first two ones are called (in Russian) “the basic course of Gestalt Therapy”. The **first level** (lasting 1-1.5 years, 180 hours) is basically a personal development experience within a Gestalt group. At this level, the students can make their acquaintance with the method, learn the basic concepts and principles of the Gestalt approach, get a personal therapeutic experience in the group, work with an individual therapist, and participate in intense workshops as clients. The **second level** is a step towards qualification as a Gestalt therapist; it takes 3 or 4 years (480 hours) and includes personal therapy and supervision, participation in conferences and two intense workshops, regular Gestalt therapy practice in small groups, as well as supervised clinical practice in Gestalt therapy.

Participants at this level are required to have (or to obtain) a tertiary (18 years +) education in psychology; if they already have a Diploma in philosophy, sociology, education, medicine, or social work, they should take courses on general and developmental psychology as well as on psychiatry and clinical psychology.

Both first and second levels make up the foundation for the qualification of a Russian Gestalt therapist. The **third level** takes 3-4 years to complete and aims at the trainee learning the skills of supervision and Gestalt therapy training. All programs also follow the EAGT Training Standards and Code of Ethics, conducted by the Ethic and Conflict Commissions that work in all Russian Gestalt Institutes.

The usual schedule of the Basic (1st and 2nd) levels includes working in groups of 7-25 participants at the three-days training sessions (predominantly, Friday evenings, Saturdays, and Sundays). These sessions are conducted 6 times per year and focus on the topics from the following list:

1. **Basics of Gestalt therapy:** Theoretical introduction; the historical roots; the founders of Gestalt therapy; the schools of Gestalt therapy; the authors of the modern Gestalt approach; and the key literature. Basic concepts and principles of Gestalt therapy include: field & organism-environment; the phenomenological approach in Gestalt therapy; (dialogue, awareness, figure and background, contact, contact boundary, experience cycle, creative adaptation).
2. **Field theory in Gestalt therapy:** The theory and functions of self; the dynamics of self; resistance; loss of ego-functions; and the main types of contact interruption.
3. **Creative methods in Gestalt therapy:** Working with the client’s internal phenomenology; the paradoxical theory of change; working with polarities; Art therapy including work with drawing, metaphors & dreams; the languages of Gestalt therapy; contact modalities and therapeutic metaphors.
4. **Gestalt and body-oriented approach:** Alienation and the revival of physicality; dynamics of bodily experiences in personal history.
5. **Philosophy of Gestalt approach and methodology of practice:** Psychotherapeutic worldview and psychotherapeutic thinking; the therapeutic position and professional self-consciousness of a Gestalt therapist; therapeutic relationships; transference and countertransference; the main strategies of the Gestalt therapist; work on the contact boundary; and process-analysis of the therapeutic session.
6. **Theory of development:** Childhood development; analysis of early disturbances; Gestalt therapy with children and parents; Gestalt Family therapy.

7. **Crisis and trauma:** Working with people from, or in, crisis & trauma.
8. **Gestalt therapy in clinical practice:** Issues of health and disease; principles of clinical diagnosis in Gestalt therapy; the dynamic concept of personality in Gestalt therapy; strategies of a Gestalt therapist in dealing with: endogenous disorders, borderline disorders, addictions, neuroses and psychosomatic disorders.
9. **Gestalt approach in working with groups:** Phenomena in the field of group dynamics; Gestalt and systemic approach; working with pairs & small systems; the principles of a therapeutic community; Gestalt organizational consulting.
10. **Principles and applications of ethics;** in psychotherapy.

These topics reflect the content of the Gestalt therapy training and do not correspond to the list of thematic sessions. The logic and focus of the presentation is determined by the program manager and depends on the dynamics and composition of the particular group.

The important elements of this study program are the intense training workshops, large events involving from 30 to 400 participants, which are provided by those Gestalt therapy trainers, who give lectures and lead the groups. There are three types of participation in groups: for getting experience as a) clients, b) therapists, or c) supervisors. The 'client' can be anyone, who is interested in Gestalt therapy; 'therapists' are the students at the end of the second level of education; 'supervisors' are the students in third educational level.

At the end of their education, the student should be able to show their competence in an examination session that includes 20 minutes of working with a client, and 20-30 minutes of supervision session. The student should be able to demonstrate: if he or she can work as a

Gestalt therapist; knows the theory and principles of Gestalt therapy; can use supervision; and that his/her work as Gestalt therapist will not harm the client or therapist. The examining committee consists of two or more Gestalt therapists and trainers, and one trainer with high experience (about 10 years of work in Gestalt Therapy), who was not involved in education of this group.

The committee makes one of three decisions: the student is (i) 'certificated'; (ii) 'conditionally certificated'; or (iii) 'non-certificated'. If the student is non-certificated, he or she can try to pass the exam again, one year later. If the decision is 'conditionally certificated', the commission assigns a required form of additional education (e.g. supervision, or individual therapy), and the student can become a certificated therapist after its accomplishment. The requirements for the student (before the certification) include:

- individual therapy with a certificated Gestalt therapist (of more than 60 hours);
- completed two levels of the Gestalt Therapy educational program;
- recommendation for the certification from the group trainer;
- the course of specialization is completed (180 hours);
- a written essay about their own path in Gestalt therapy; and three written case studies of work as a Gestalt therapist with a client;
- experience of work as a therapist under supervision (180 hours) is completed;
- participation in two Gestalt therapy intense workshops is completed;
- participation in two or more Gestalt therapy conferences is completed;
- Gestalt therapy practice (more than 400 hours) is realized.

The aims of the members of the Certification Commission include: not only assessing the level of competence of the students, but also supporting their motivation for the further professional development. Not all students work as Gestalt therapists after their accomplishment in the Gestalt training group; about half of them tend to keep this as a personal experience for themselves and not for any professional purposes.

The aim of the **third level** type of program is to create a space for the development of a professional Gestalt therapy community, where it is important to make a balance between the professional growth of participants, and their ability to recognize and support each other on a collective basis. This program is based on the principles of collegiality and shared responsibility, both among participants, and between participants, and between the managers of each specific project.

Gestalt Therapy Research in Russia

In the Russian academic psychological society, the Gestalt approach has had a non-scientific, non-formal, marginal status for many years. Moreover, there were very few papers and studies on Gestalt therapy, and it raised a considerable 'distance' between universities, the scientific community, and the young Gestalt Therapy community. The situation has been changing over the last 5–7 years.

Now, we have more than 32,000 scientific publications on Gestalt therapy, including dissertations, books, and articles in Russian in the scientific database (www.elibrary.ru). We see that many people who are interested in these studies, apply the ideas, terms and theoretical conception of Gestalt therapy to various different fields. For example, the theoretical concepts are discussed: within geography (Bocharnikov, 2012); architecture (Raeva, 2006;

Yanin, 2015); and management (Kuznetsova, 2018; Mazhirina, 2016; Simova, 2015); as well as in pedagogy (Lekareva, 1999), social work (Pavlovsky, 2009), philosophy (Smirnov, 2013) etc.

More than 5,000 papers and conference theses on studying the Gestalt therapy in the different contexts have been published. In the area of clinical psychology, the use of Gestalt therapy is studied for help for children with autism (Abakumova, Kuzenko, 2008); patients with borderline disorders (Gorodnova & Kolomiec, 2016; Mazur, 2010); somatoform disorders (Fedorov, Kurpatov & Tsareva, 2010; Tsareva, 2005); hyperactive syndrome (Ivanchenko, 2017); psychosomatic symptoms (Khlomov, 2008; Nemirinsky, 1997); trauma experience and PTSD (Kadyrov, Maslova, 2015); depression disorders (Lasaya, 2011; Tretyak, 2007); panic attacks (Kovalenko, 2018); mental disorders in persons with cosmetic nasal deformities (Skrypnikov, Zhyvotovska & Bodnar, 2015); neurosis (Snegireva, 1999); attachment disorders (Tarabanov & Eidemiller, 2016); and other less specific disorders (Eisman, 2012).

Furthermore, we can find that the Gestalt therapy approach has been used in law and criminal psychology areas: – at work with the police staff (Anikeeva, 2016); with juvenile criminals (Kozhevnikova, 2018); with terrorists (Tretyakov, 2008), etc. In traffic psychology, there are studies about using Gestalt therapy in training future drivers (Vasilyeva *et al.*, 2017). The Gestalt community is being studied as an example of the process of developing a professional association (Solovyeva & Bulgakova, 2018).

More than five dissertations on Gestalt therapy were defended by their Ph.D. candidates in psychology and medicine (Khlomov, 2008; 40, 43). Also, there have been provided studies on Gestalt therapy with families and couples (Dmitrieva, 2017; Polyakova, 2010), and within psychological phone-helplines (Baeva,

2016). Of course, there are some articles about the theory of Gestalt therapy, e.g. about contact sequence (Khломov, 1998); comparing actual Gestalt psychology and Gestalt therapy (Zubova & Kirillova, 2013) in a dialogue (Petrova, 2012). Even so, with many limitations, there have been attempts to compare Gestalt therapy with the other psychotherapeutic approaches, like: Frankl's logotherapy; cognitive-behavioral therapy; and psychodrama: these also show a widespread direction of investigations (Bondarev, 2016; Dmitrienko & Uvarov, 2014; Dmitrieva, 2019; Obukhova & Eremeeva, 2018). Several books on Gestalt therapy have been published; the most popular ones in Russian Gestalt Society were written by I. Bulyubash (Bulyubash, 2011) and N. Lebedeva and E. Ivanova (Lebedeva & Ivanova, 2005).

This expansion of Gestalt therapy through scientific and clinical publications and research projects create opportunities for its 'legalization' within the wider academic community and transcending psychotherapeutic private practice. For example, Gestalt therapy principles can be used to form the basis for psychological assistance for the university students and staff (Gurov, 2017).

In 2018/19, a pilot study by K. Khломov, I. Lebedev & S. Kiseleva using Gestalt therapy in University psychology health department was conducted. Our sample included 31 clients from the psychology health department of *The Russian Presidential Academy of National Economy and Public Administration*, working with Gestalt therapists. The participants were 8 male and 23 female, aged 18-35 years old (Mean = 21.2), including 24 bachelors students and 7 faculty members and administration employees. They received between 2 and 40 sessions (Mean number = 14.1). The clients were asked to fill in the *Outcome Rating Scale* (Miller & Duncan, 2000; Bogomolov *et al.*, 2013), the *Mindfulness Attention Awareness Scale* (MAAS; Brown & Ryan, 2003; Golubev, 2012), *Beck's Depression*

Inventory (BDI: Beck, 1996), and the *Therapy Result Questionnaire*. The clients reported a high level of satisfaction with the request (Mean = 4.4, Max = 5); improving of their emotional state (Mean = 4.4); rising the awareness of themselves, their needs and experiences (Mean = 4.4); and describing the relationship with a psychologist as supportive (Mean = 4.5). The lowest marks in their answers described a reduction of the internal conflicts (Mean = 3.3); feeling of belongingness (Mean = 3.5); pain relief (Mean = 3.2); and improving their health (Mean = 3.3). These results show that, in work with university students, the therapists could provide a good support for their clients in their awareness of their needs, but the "soft spot" consists of a deficit of attention to: depressive and psychosomatic symptoms, body processes, and health, and these points are differences between work in the university system and from private practice.

Conclusions

We can see that, in Russia and Russian-speaking countries, there is a very large Gestalt therapy community. A huge and multi-plex educational system was developed, and now it is becoming highly employable. Many regular professional events are organized in the Russian-speaking areas. At the same time, scientific investigations of the different aspects of Gestalt therapy are still at an early stage. Collaboration with scientists at universities is still weak, and – in order to develop the theory of Gestalt therapy – we should intensify the cooperation between Gestalt practitioners and researchers from the academic psychological community. Moreover, we need support for theoretical developments and qualitative and quantitative research in Gestalt therapy; and, up to now, most of such studies are not supported by experimental data. Most of the Gestalt therapy society members prefer to work as the therapists, rather than focus on sci-

entific research, or support Gestalt therapy's theoretical development, but we can see more interest in the Gestalt approach from the psychologists, educators, and sociologists. Also, there is a deficit of publications about Gestalt therapy in Russian, and it seems very necessary to develop the professional journals in this area and to support authors. We need to pay more attention to the values of Gestalt therapy and the boundaries in relationships within our Gestalt society, because some ethi-

cal issues and conflicts do happen from time to time. A very important part of the individual's and community professional development is international interaction. Building relationships with other Gestalt therapy societies and exchanges of knowledge, practice and experience with colleagues from the different cultures and countries, allows the Russian Gestalt community to develop and distribute their values of humanity and creativeness internally and around the world.

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The Relational Approach to Psychosis

Rezeda Ravilevna Popova

Abstract: This article discusses the possibility of using Gestalt therapy in private practice with schizophrenic patients in early onset with dominant negative symptoms. The article reveals the developmental features of such patients' contact processes and highlights the dynamics of the emergence of human relationships and feelings in the pre-personal and personal relational "dance" in long-term therapy. The dynamics of the involvement of the therapist in the therapeutic process is explored through the metaphor of "enchantment", which is a special kind of kinetic-kinesthetic resonance that develops in the here-and-now of the therapeutic situation. The article is constructed as an alternation between theoretical material and a description of a clinical case, which enables the tracing of stages of therapeutic work and the description of the specific kinetic-kinesthetic experience that occurs at these various stages.

Key Words: psychotic experience, relational "dance", kinesthetic resonance, perceptual level of contact, pre-personal relational dimension

Working with a psychotic patient is a special challenge for a therapist of any modality, since it is a kind of therapy in which there are no noticeable changes in the situation, no understandable feelings and emotions emerge; where time loses its fluidity and breaks down into unequal segments. This situation can 'enchant' the therapist, as someone who is immersed in "something" that has no form, no spatial or temporal outlines, and so the therapist really needs to navigate permanently through the "now" moment.

Gestalt therapy – as a therapy of contact – developing an important clinical innovation of the theory of self, provides us with special tools for such an orientation. The sense of self is defined by Gestalt therapy as "experience of the world", that means "the process, both active and passive at the same time (the middle mode), of creative adjustment (in other words, contact)" (Spagnuolo Lobb, 2016). On the one hand, Gestalt therapy opens up the moment of "now": a temporal dimension that represents the moment of constructing time itself, and in

which the presence of the world – and the subject – is being born. On the other hand, it focuses on “how” and what happens in between the therapist and the patient at the boundary of contact.

The characteristics of working with psychotic patients in Gestalt therapy have been described in a number of monographs and articles (Yon-tef, 2001; Spagnuolo Lobb, 2002, 2003; Sampognaro, 2003; Francesetti & Spagnuolo Lobb, 2007; Miller, 2011; etc.). From this perspective, the authors often turn to new reflections and metaphors enriching the Gestalt therapy thesaurus with concepts from adjacent humanitarian fields, one of them being the concept of the “dance”.

“The dance” is being – in touch with – the ‘Other’ (Perls, Hefferline & Goodman, hereinafter PHG, 1991, p. 21), which has its own aesthetics: grace, integrity, fluidity and rhythm (Spagnuolo Lobb, 2017). In any dance, the energy of contact is in constant motion: the experiences of one person through the kinaesthetic resonance, “a relational feel of our relationality”, are inevitably reflected in the experiences of the ‘Other’ (Frank, 2016, p. 373). In the relational dance, each partner “sculpts the other” and is in a constant stream of smallest changes – this is the “touch touching” touch (PHG, 1991, p. 151). The concept of the dance helps us better understand the therapeutic practice and yet also poses new questions.

This article is therefore an attempt to conceptualize therapeutic work with a psychotic client. It is a clinical sketch, supplemented by theoretical comments, with some conclusions drawn from this work. In this article, I try to address the phenomenological language and the metaphor of the “dance” as a way to grasp the relational dynamics between the therapist and the client and to consider the ways in which the invisible fabric of human relations is woven.

Case Vignette: An Invitation to “Dance”

Marina is 18 years old; she comes to my office for the first time. Her body is rigid, lifeless, tense and – at the same time – absent and transparent; one leg is set firmly on the floor, while the other, as if belonging to a different body, is heavily and disorderly shaking; her hands are occupied with something of their own fancy. Each part of her body has its own pace and rhythm and listening – I am amazed at how this chaos is being held together and yet the core does not crumble. She tries to say something, but her words fall apart without ever coming together. Her mother is extremely frustrated, as her daughter only brings her problems that she is too tired to resolve. In the atmosphere of the meeting, there is a silent request to do something immediately: to repair, to correct, and to adjust.

The longer that I listen to what is happening to her, for her, the more that I am struck by the specific atmosphere of the vortex that whirls around me, arousing alternately the feeling of helplessness, then that of being carried away by psychic streams rushing somewhere in my body, then of suffocation. Muscular tension then builds up in me, making the horror and the fury that I feel ever more transparent. So, I turn into a stone and lose sensitivity. Time seems to slow down ... now, we have a long journey of recovery ahead of us, where and when the most important thing for me is **not** to disappear.

“A Split Mind” or “A Torn Heart”

Schizophrenia has always caused reverential fear and curiosity in people; it has long been accompanied with a halo of mysticism. Even now, it remains – very often – unacknowledged: families with a schizophrenic member

frequently refuse any therapy – except for the perceived ‘victim’.

The term “schizophrenia” (when translated from ancient Greek) gives us a wide palette of meanings: it is not only a “split mind,” but also a “torn heart” (Dvorechkiy, 1958). Other terms emerged as various researchers sought different descriptions of the process of ‘splitting’ mental functions: “*Ideophrenia*” (Kandinsky), “*Dysnoia*” (Korsakov), “*Dementia Praecox*” (Krepelin), (Kannabich, 2019).

Bleuler’s point of view deserves particular attention, for he was the first to identify ‘heterogeneity’ – the existence of different forms and stages of this process – and the first to raise the question of the ratio of the organic and the psychogenic in schizophrenia. In his opinion, *intra-physical dissociation* (as the organic basis of secondary symptoms) occurs long before the onset of the disease. It takes time, trauma, and a complex combination of circumstances (primarily in the family context) for the patient to experience hallucinations or delusions. Other forms of the disease (especially in young patients) with a predominance of negative symptoms have also been identified (“wood and glass” sensitivity; decay of thinking and speech; autism; and social collapse).

These ideas, set forth by Bleuler a century ago, leave us, therapists, with the possibility that, in exploring what arises in the relationship with a psychotic patient, we create another “next” (Spagnuolo Lobb, 2013) and explore new perspectives of existence. Moreover, to do this, we must allow ourselves to enter these dark waters.

Therapy. The First Steps

Marina comes into the office. Her shoulders are bent, making her torso look hunched, and her head is pulled into her shoulders. Her right hand is clutching the bag slung over her shoulder

(high-intensity grasp); her left is slightly raised in its upper part (an example of “a false floor”, Frank, 2016); but the elbow and hand hang lifelessly. Her body is both narrowed and somewhat concave. Her legs are stiff and are seem somehow suspended; when she steps on the floor, it is as though her foot does not push against it.

How did she get here? I try to sense all the impressions of this moment and so, I listen to the quiet sensations inside me. They are unusual: I continue to see and hear everything, but – in regards to everything – a slight hint of phantoms comes creeping, as if the world begins to rattle and lose its usual brightness and distinctness. I can eventually shake off this feeling and tell myself that nothing special is happening. But I am still curious.

As Marina sits opposite me, her right leg starts trembling severely again. Now, we are trembling together, but my trembling is not muscular (it seems to me): the sensation of trembling comes from the objects outside. Meanwhile, Marina does not pay any attention to her increasing tremor: she becomes focused on trying to explain something to me. Her arms and her left leg do not seem to be involved in this: her hands dance a disconnected dance, and her left leg is somewhat set aside. Speech – almost – does not help us: the questions are inappropriate. I listen desperately, pushing through a confusion of words: the desire to grasp the meaning is literally pulsing in me. Meanwhile, a shiver shakes Marina’s body, and it seems that this is the only thing happening now. Then Marina notices the trembling, and tries to calm it, cringing and trying to find support. I feel a ‘call to action’, otherwise, we may both fall into the abyss.

So, I suggest to Marina that she cover herself with a blanket (I show her the way to do it), and I pull its ends together in my hands, so that a dense shell is formed around her body,

pushing against her (the push-back helps her begin to feel more contained). She agrees, and so we are busy for some time with this process, in which she is able to control the situation a little: she tells me when it is necessary to strengthen or loosen the tension of the fabric, and in what places (I make these adjustments with my hands).

Our spontaneous co-operation brings noticeable relief to both of us. We find that “Yes” and “No”, coming from one’s bodily sensations, is a simple language that we both speak. This gives each of us the opportunity to express ourselves, and to be understood without much effort: the ‘ego’ function comes to life, we literally reach out for each other. The action that I proposed (creating a push-against and stimulating push-back) makes it possible for her, both to surrender and allow herself to find new support. The fabric stretching in my hands becomes a tangible metaphor of the emerging bond. Now, we trust each other’s feelings and we also have a language – such is the space of our interaction.

Gradually, I release the blanket more and more (she continues to direct me in doing this). Marina looks at me and ... I suddenly understand what she wanted to tell me, from the very beginning:

T: It seems to me that you wanted to tell me that you are worried that you won’t be able to finish the first year at college.

M: Yes ...

At this moment, a subtle movement takes place in her face, as if all of its parts are coming together and for a moment it becomes the whole. She is surprised. She looks at me with a human gaze, and it touches me ... I also want to look at her ... My fascination is replaced by my warm interest, my world does not tremble anymore, and the objects around me regain their clear outlines. In the present dialogue, we are both

containing each other, allowing ourselves to be with. This is how the physical body becomes the phenomenal body (Merleau-Ponty, 1999).

Pre-Personal Relational Dimension

Spagnuolo Lobb and Francesetti distinguish two relational dimensions of experience: personal and pre-personal (Francesetti & Spagnuolo Lobb, 2007). The former is a larger relational unit, whereby we focus on objects and sets of opportunities (contacting) and we also “*can act on our decisions, via the ego-function*” (Ibid, p. 401). The latter is the pre-personal dimension of experience – “*which is anterior to the separation of the self and the life-world ... [it] is a given, it is not deliberate ... Here ... experience takes shape to become my experience*” (Ibid).

The pre-personal dimension evolves as the basis for an orientation of each moment in the “now”. It is not only the fore-contact, which precedes the mobilization as a phase, but also what lies beneath it at every moment: it flows and changes, energizing the contact.

The dialogue that unfolds in the pre-personal relational dimension is mostly a non-verbal kinetic-kinesthetic dialogue, “*silent work of the id-function of the self*” (Francesetti & Spagnuolo Lobb, 2007, p. 401). In non-verbal movement dialogue, the environment constantly supplies the body with a flow of stimuli and so the body responds: “*... The body is the ground, the appetite or environmental stimulus is the figure. This is what is aware as the “given” or Id of the situation, dissolving into its possibilities*” (PHG, 1991, p. 182). Subjective experience can therefore be described as “*a relative merger with the environment, boundaries between one and another and sensations of “inside” and “outside” are minimized*” (Frank, & La Barre, 2011, p. 62), and “*... there is no ‘me’ yet, there is no self yet ...*” (Phillipson, 2001, p. 26). Here, the perception is inseparable from the perceived

and so, we are involved in a world from which we cannot tear ourselves apart in order to start being aware of it (Merleau-Ponty, 1999).

It is here that the “*embodied, enduring relational themes*” (Jacobs, 2016) are formed. The first integrations usually take place here, when the elements begin to unite around the developing contact figure. The sensory-motor integration of the elements of the situation, the “body spatiality” (Merleau-Ponty, 1999, p. 139) emerge as a creation of art. In the unity of the body, we find that the structure of ownership of the world and the human body becomes the subject of the perception of the world, being woven into the fabric of the world (Merleau-Ponty, 1999). At the same time, “*perceived things can really exist if I understand that they are perceived by others as well*” (Merleau-Ponty, 1996, p. 152) through co-perception, where the ‘Other’ – through expression – presents his vision of the world.

Addressing each other, perceiving each other, is both a condition – and the most important process, in this way. In terms of the “dance”, it is resonating with each other that brings us to the possibility of perceiving each other and developing next steps (Spagnuolo Lobb, 2017).

This appeal – to each other – is present in everything: her posture, gesture, look, a wide range of pantomimic. All this “speaks” and symbolizes, but perhaps the perception of the face (or “visage”, as Levinas writes) of another person is what gives us the most complete opportunity to experience the radical transcendence of communication with the Other. We look into each other’s eyes, or look away, we “read” without words, what the other wants, or does not want to tell us. The face is a phenomenon of the face, it is seen and it sees that it is seen (Levinas, 1998).

Thus, the space of the symbolic and the cultural is revealed to us through the physical: the level of silent bodily symbolization and

indivisible spontaneous perception, due to symbolization is transformed into the level of linguistic communication. Then, we fit into the world of the Other, join it, aspire to it and can “*project the world of culture around us*” (Merleau-Ponty, 1999), which is the personal relational dimension.

Relational “Dance” with Psychotics

The contact with a schizophrenic patient is replete with bizarre answers and gestures. When we get such answers, we grow confused: where my question comes from (a gesture or an action), my foundations (my general ideas about the world, my ethics, etc.), begins to shake and lose the frame of reference that it originally had. Since much in our life is “measured”, we live by these representations and ready-made measurements: interacting with an enchanting client breaks these patterns and forms, keeps us suspended, and sends us, in a sense, to the position of an “epoch” (Husserl, 2014) where nothing has been built yet. However, this is a somewhat special “epoch” since it is not only “unstructured”, but also “non-structuralized”.

In the client’s attempt to create something, different characteristics of the world suddenly come to be ‘on equal grounds’: the selectivity of perception is such that the patient cannot compare the significance of sensations that could inform him or her, and bring them back to their current position in this world (Karvasarskiy, 1982). Awareness of one’s sensations is hindered by the inability to distinguish them from the background, which, in turn, is a host of similar feelings that have not yet reached clarity, certainty and situational context. The relations between the figure and the background, inherently dialectical, start resembling a vicious circle: a disintegrated, separate “something” that cannot be con-

nected, and so confuses any perception of the elements that come next. The chaotic and torn background, having voids and thickenings of no predictable density, does not inform or nourish the next cycles of contact.

According to the recent studies (see for example Mehta et al., 2014) these dysfunctions in schizophrenia could be understood from the hypotheses that a dysfunctional mirror neuron system may underlie specific symptom of complex cognitive disabilities like language, imitation, empathy and understanding goals of observed actions. But despite all the biological determinism of the predominant disintegration, the role of the Other in causing this chaos is great (Ey, 1996).

All sensations emerge in contact, which – in reality – is impossible without bringing oneself into contact and without being aggressive, in meeting the Other. *“As I feel the quality of my pushing against the other, I experience an active “pushing-back” as the situation reveals itself. There is a marked transition, or a greater differentiation, between what is “Me” and what is “Other” (Frank, 2016, p. 378).*

It could therefore be said that, in this strange enchanting schizophrenic dance – which can be observed while working with patients’ families – there is the same “skepticism” on both sides that makes one doubt the reality of the sensations of the other: the sensations of one person do not come into the experience of the Other. This is greatly facilitated by the reduced kinesthetic nature of their patients: as their initial biological deficiency resonates with the environment and vibrates rhythmically together with it (Ey, 1996).

The presence of pre-sensations constantly hints at, and refers to, the presence of “something” or “someone”, but this “something” cannot manifest itself in its wholeness: the contact boundary is illusory, it flickers. Merging with each other deprives the contacting

parties of their mutual perception in the bud and makes it impossible to turn to each other and, ultimately, to meet.

Similarly, distinctly experienced emotions cannot emerge. Emotionality is disjointed, fragmented. It exists as a bunch of conflicting emotional tendencies, like pre-emotions related to a sensation or groups of sensations. At the same time, the molecules of pre-emotions contain echoes of complex relational themes that will never be detected. Their further verbal symbolization is doomed and the awareness of the need can no longer arise: the patient cannot “take care” of himself in Heidegger’s sense of the word (Heidegger, 1962). Existence is always under the question mark and this is what is terrifying.

Marina, Reaching

Marina spends most of her time at home. Her attempts to continue her education almost failed. But the context of her life is clearer now. The younger sister, with whom she shares her room, turns on her music at full volume every day. Her father, when he sees Marina frozen in the middle of the room, grabs her by the neck and starts shaking her and repeating: *“Well, move, cow!”* Her mother, a doctor, the only working member of the family, is at work most of the time. Therapy is the only place where Marina can feel less dependent and where she is more active. She is trying to explain to me what is happening to her at home:

M: I can’t ... something narrows ... to a point (points her fingers at the chest) ... thinness ... I disappear ... I can’t ... heavy like asphalt ... asphalt slab (now her gesturing with her right hand is more directed to the right side of her body) ... closes ... stuffy ... there is no air ...

The liveliest part in her pose is her hands: they are constantly gesturing, either elaborately

clutching each other and twisting back the fingers, or pointing out as if they are fumbling for something. She is still stooped and tense, and her legs still seem unfastened from the body, but they no longer have that violent tremble.

I listen intently. However, my body is quickly overrun with all sorts of signals. While I try to capture a variety of sensations, my body becomes bloated, and I can hardly feel my legs. I manage to restore my breathing, and the sensation of the floor under my legs and through pushing against the floor, I can regain the feeling of density in my legs and body, which helps me return to the natural volume of my ribcage. I also notice that my attention is again focused on Marina's strangely curved hands. I perceive a desire to reach out to her, and give her something to fulfil the need, which I intuitively detect in her, and suddenly I understand what that is!

I take out some musical instruments and invite her to express her feelings through the rhythm with the help of these objects. She agrees, chooses the "tools" and starts the "story". The energy of her "story" becomes scattered in the sounds of the torn rhythm, and you cannot guess how loud the next sound is going to be. This "story" strengthens the sensation of frustration and the cosmic loneliness that struck me from the very beginning, but I now have a form to express my feelings and to pose questions. So, I ask her if I can respond to her, and then I join in with my part, making just a few simple sounds. She responds with a cacophony. We "talk" and slowly establish a "dialogue", sounding in turn, each in her own style. Now, elements of cacophony come into my part and there is more consistency and part of a recognizable rhythm in her answers. Being different, we involve each other in our experience and differentiate, creating the potentiality of our meeting. Marina reaches out to me, and then shares with me, the experience of unbearable pain, horror and despair. The

energy builds up, and so we are now already playing together, and stopping at the same time: this is the moment of unity and clarity!

Clinical Reflections and Conclusions

Marina's symptoms – "*cenesthopathic experiences*" are one way of narrowing, turning to a point, the desire to get rid of the "slab of asphalt", the catatonic hardening, suffocation – perfectly reflect her family's relational dynamics. For her, this form of decay is also a kind of creative adjustment. It is not only the impossibility of gaining existence but also a way to avoid existence under intolerable conditions. This is an attempt at "dampening" (Perls, 2019, p. 30) the awareness of the contact-boundary that cannot be experienced with the other.

However, in therapeutic work the client is able to discern gradually *the pulsation of being with the other*, in which the differences from the other reach awareness and can be experienced. Then, the scattered sensations are put into rhythm and there comes *a sense of coherence*; the background ceases to decay and can be perceived as unified and continuous. The need to "dampen" the excitement gradually decreases; the patient's experience of himself and his contact with the environment become more dense and real. The greater integrity of the client encourages him to ask questions about the structure of relations in the family, *unravel relational themes*, discuss the contradictions. Looking back, the following conclusions are evident.

Open the least possible. In testing the reality and the inaccessibility of the patient, and despite the initial impossibility of contact, it is important to explore and open the space of the least possible, even in the case of severe disorders. In the emerging "elementary space" an elementary form of communication is estab-

lished, clear and free from bulky structures of speech (sound, gestures, yes/no).

Gradually begin to distinguish sensations. Supporting this kind of communication allows the patient to gradually begin to distinguish real sensations from unreal ones and to combine real sensations into complexes on the basis of significant connection between them. It also stimulates the production of emotional conglomerations in the situation and helps to recognize the subjective reality of the patient.

Kinesthetic resonance leads the way and informs. What leads the therapist in the enchanted world of the schizophrenic dance informs and

suggests the possible steps is his or her development of kinesthetic resonance in a therapeutic situation. In order to travel through a confused world, landmarks are necessary. Those are the therapist's bodily sensations since the body is a "universal gauge" (Merleau-Ponty, 1999).

Therapy takes many years. It is necessary to take into account that working with a patient with schizophrenia takes many years and at different stages of this work the task of the therapist "not to disappear" assumes different forms: they take place not only sequentially but also simultaneously as different layers of experience.

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Inheritors of Lake Cowichan: A history of the birth of Gestalt Therapy Research in Canada: Excerpts from an interview with Les Greenberg

Jay Tropianskaia & Sabrina Deutsch Salamon

Abstract: There is little documentation about the origin of Gestalt therapy in Canada and the birth of Gestalt therapy research. This article provides insight about the establishment of The Gestalt Institute of Toronto (GIT), which originated out of the Gestalt community in Lake Cowichan. It provides excerpts from a conversation with Dr. Leslie Greenberg, a member of the first graduating class of the GIT who is considered the father of research for Gestalt therapists. These excerpts shed light on the birth of Gestalt research through Dr. Greenberg's journey from his early experiences with Gestalt therapy training, through his initiative to conduct research in Gestalt therapy, to his evolving relationship with Gestalt therapy over the years.

Key Words: Gestalt therapy, Gestalt therapy research, psychotherapy history

The question was posed to us – ‘What is the history of Gestalt therapy research in Canada?’ One name only came to mind – Les Greenberg. Les was part of the first graduating class of The Gestalt Institute of Toronto, which itself was the child of Fritz Perls' dream to create an Esalen-type Institute in Canada in the late sixties. Thus, the history of Gestalt therapy re-

search in Canada is embedded in the history of how Gestalt came to Canada.

The Gestalt Institute of Toronto (GIT) is the inheritor of Fritz Perls' Gestalt community experiment in Lake Cowichan in Canada's beautiful British Columbia. Jay and a fellow Gestalt colleague made a pilgrimage to walk the spaces where Fritz had shared his final year with

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Stella Resnick, Jerry Rothstein, Barry Stevens, and others. They found a few traces, including a local archival journal from 1970 that reported on the presence of a hippy community and an “eminent international psychiatrist” named Fritz Perls.

Following Fritz’s death, Dr. Harvey Freedman, originally chosen by Fritz to be the first director of the Gestalt Residential Training Center in Lake Cowichan, returned to his home city of Toronto to open the Gestalt Institute of Toronto. There, he joined up with Jorge Rosner, a student of both Virginia Satir and Fritz. Harvey and Jorge’s two variant styles created a fiery furnace in which Harvey reflected the imprint of Isadore From and the maturity of the later Fritz, while Jorge carried the compassionate confrontation and frustration of vintage Fritz. The early classes were composed of Ph.D. students, artists and eccentrics. The dramatic and intuitive work of Jorge Rosner scared as many as it inspired, and ultimately resulted in a rupture between Harvey and Jorge. Jorge eventually proceeded to run the GIT in accordance with his own tradition, through the mid-1980’s until his death in 1994.

At the invitation of Margherita Spagnuolo Lobb, Jay initiated a search for a history of Gestalt therapy research in Canada. This search led her from a dialogue with Sabrina Deutsch Salamon, a graduate of the Gestalt Institute of Toronto, to the idea of interviewing Les Greenberg. In doing so, she uncovered the transformation of Gestalt therapy at the GIT from its early days. Considered the father of research for Gestalt therapists, Les emerged from within the crucible of the very first graduating class of the GIT of 1975, shown in the photo at the end of this article, but he challenged some of the tenets of Gestalt therapy as it was practiced at the time and was driven to do something different – research. Sabrina, who completed EFT (Emotion Focused Therapy) training with Les, was delighted at our decision to approach him. The

focus of the interview would be to explore his unique experience with early Gestalt training and his initiative to conduct research in Gestalt therapy. Les generously agreed to the interview.

Sabrina, one of the many thousands of people indebted to Les’ foundational research, describes her connection with Les –

Funnily I discovered we have some things in common: we are both researchers at York University who arrived at psychology from very distant disciplines (he had a Masters in engineering when he started his PhD, and I had a Masters in economics), both of us were previously exposed to client-centered therapy and because we felt it was not sufficient we ended up completing Gestalt training at the Gestalt Institute of Toronto. And perhaps what was most palpable for me in the room during our conversation was that though probably neither of us views ourselves as “pure” Gestaltists, we both hold Gestalt dear and are deeply grateful for how it influenced us”.

The following are excerpts from the conversation with Sabrina, which provides insight into Les’ journey and reveals his kind and unpretentious demeanor.

SDS: Thank you very much for agreeing to do this interview, and, basically what we’re going to do is start with some personal history, then speak a little bit about the history of Gestalt therapy in Canada, and towards the end we will touch on current research in Gestalt therapy and your view of that. I understand that you were part of the very first graduating class of the Gestalt Institute of Toronto. What drew you to Gestalt in the first place?

LG: Well I often say that I was one of the few people I know who was attracted by Gestalt through reading, so, at York ... I was changing from engineering to psychology.

I was in the counselling course led by Laura Rice, who was a student of Rogers, and she was interested in what she called evocative responding, but she had us read ‘*Gestalt Therapy: Excitement and growth in the human personality*’ (by Perls, Hefferline and Goodman) and she was positive about it. And so, I read it and I found it really intriguing. It fit in with what I was doing with her, where I was trained basically in client-centered, but it was how to add things that were more evocative in some way. So, I read it, then I went and I sat in on Harvey Freedman.

Actually, I didn’t sit in – I participated – with Harvey Freeman’s groups for patients. He was running a Gestalt group for clients, at the Toronto General ... I participated for two years, and then eventually he started the institute here, so then I was in it ...

It was Harvey that really impressed me. And from that I think I got in. So, it was both reading it and the experience with Harvey. I just thought he was very interesting. And the thing that most I remember about him was his ability to somehow be accepting, or in the moment, and accepting whatever was and that was already like a client-centered attitude. But I was very troubled by the confrontation and the frustration and the sort of ‘Persian’ type of things. It was his ability to be in the present ... And it was always interesting, because it was different from ‘client-centered’, so I was drawn to it and afraid of it. But all that drew me in. And then there were a number of students, we were all in the Ph.D. program at York, there were at least three of us who were in, did the training. So, it was also a cultural kind of context.

I wanted to do my research. I was working with Laura Rice, and we came up with this notion that there were markers of tasks. I was her student and that occurred because I kept asking her, “*How do you know when to be evocative?*” And I was doing a lot of group ... encounter-group work, and there had been a book written on groups and it was around a little in the literature of “*when ... then*”. So, we used to sit around as graduate students and especially with the people who were in the institute with me ... it came from groups, “*When does the leader, or, when does the group do this?*”, “*What do you do as the leader of the group?*” And so, I was sort of transporting that back into therapy, so the “*when*” was important. I was saying to Laura Rice, “*When do you know how to be evocative?*” Because she was developing this evocative responding. We came up with this, it was *when* people stated a problematic reaction. Then I was watching Harvey, and it was like, *when* did he do two-chair dialogue? That sort of thing. I wrote a paper early on and I called it, *The Demarcation Intervention*. Demarcation means setting a boundary or separating two things. Demarcation markers, I guess. I took it to him, and he said, “*Yeah, this sort of makes sense,*” and that eventually became the split. But, you know, it wasn’t called the split really, at the time, because I didn’t name it first, as a split.

I decided in the end to call this thing a “split”, and it was a two-chair dialogue. So, then I went and I interviewed the Polsters. I went with my wife, we travelled down to Cleveland – we were poor students, but we had a car, and we travelled down – and I was very critical of the non-relational perspective that I had been seeing in the institute. So, I went

there and they greeted us at the door and they offered us a cup of tea. Now this was like, revelatory. They were human beings! And then my wife slept on the couch while they were interviewing and I saw that they had a disabled son. Miriam was very much like a loving mother, and Erving was a bit more ... but they were ordinary people, whereas there had been another person at the institute, who was a psychiatrist, and as a person, he was not appealing. Therefore, I was very scared of Gestalt therapists, right? But both Erving and Miriam, they were just nice people, and I relaxed. And then I spoke with them, and asked them, “*How do you know when a split is resolved?*” And they couldn’t answer, and that’s what was really interesting. They said, “*The energy balances*”. And I said, “*Well how do you know the energy balances between the two?*” And they said, “*Well, you know*”. But they were not articulate. And, in some way, that was very encouraging to me. It was disappointing, but it was also encouraging, that maybe I could specify it more. They may have said something about the voice – the voices become more equal ...

Toward the end of the training, I went to Harvey with a proposal. And the proposal was to study whether students changed over three years. I was going to look at – did they change their vocal quality? Their posture? I was trying to make research more Gestalt

SDS: The students of the Gestalt Institute?

LG: The students of the Gestalt Institute, yeah ... And, maybe some questionnaires, but I’ve never really believed in questionnaires, so I was trying to make it more experiential, behavioural. But Harvey said, you know, “*We don’t believe*

in research”, basically, “*This kind of research*”. He said, “*Now, you know, if you wanted to get narratives from people, that would be interesting*”. That didn’t fit with my perspective, so I never did it, and, in the end, I decided not to stay with the institute. Then I got a job in Vancouver, and went there.

And I co-created a Gestalt Experiential Institute in Vancouver... there was somebody, Kempler I think, who named his approach as Gestalt experiential. And I preferred that because it seemed to be less frustration oriented. So, after a number of years in Vancouver there was another woman there, Dolores Bates. And she was training with Malcolm Parlett in London, who she introduced the two of us at some time. ... I was a young professor in counseling psychology, and I was training my students in a combination of client-centered Gestalt, and then I met her and she was willing actually to organize and run an institute. So, we started a training institute, and I did that for a number of years, and, until I left, so that was about 10 years, or 8 years. And after that I came back to York [University] and I no longer did anything directly. But I was training my students particularly in chair work, and so on, in order to be able to do research.

SDS: So, you were pioneering Gestalt therapy research? And perhaps the very first one to publish research on Gestalt therapy?

LG: Right.

SDS: So would it be fair then to say that Gestalt therapy research originated in Canada?

LG: Yeah, I think that might be so. You know, I’ve never sort of thought about it in that light, or tracked it. There was someone

else who did a comparison of Gestalt teaching and systematic desensitization about snakes or something. But I think that was afterwards. So, I think I was probably the first person.

SDS: That's amazing. So, I don't know if you can recall, but if you think back, what were the main challenges? Do you recall, what was different? What was difficult for them to absorb?

LG: I developed a method of research which was independent of Gestalt, which we called "Task Analysis".

SDS: Right.

LG: This was a novel approach. It was very unfamiliar. It was getting that accepted [that was challenging]... and I was using process measures in a new way to sort of define components ... and it was just different. And the causal logic of the designs were not conventional, but – eventually – they did get published. But at first, they were published in "*Psychotherapy: Theory, Research and Practice*", not the main journals; it was only later that I started getting things published in the most senior scientific journals: the most recognized journals. But it was a very different style of doing research.

SDS: Which is widely accepted today, thanks to you.

LG: Somewhat, still not widely.

SDS: Really?

LG: Not the specific... Well, there were two elements. I later got into what I had called "relating process to outcome". The first part was building models of how people change. That's the 'Task Analysis' part. And that still hasn't really taken on. But then, "relating process to outcome" has become a major thing. And so, I edited a

handbook of process research with Bill Pinsof and he was at the Gestalt Institute with me, that's probably not well-known. He's a leading family therapist now in Chicago. He was head of the Chicago Family Therapy Institute. And he and I edited this book on 'Process Research'. And that really was important, so the idea of 'process research' became widely accepted and recognized.

SDS: So, until that time, it was mostly outcome research?

LG: That was being done, yes, I think that would be accurate.

SDS: Okay, wonderful. So you published this research in Gestalt therapy focusing on chair work primarily...

LG: Right.

SDS: And I noticed that over the years, even though you developed EFT (Emotion Focused Therapy) over time, you still continued to support Gestalt.

LG: Right.

SDS: So how would you describe your evolving relationship with Gestalt, having developed another therapy?

LG: It's also, just somehow relevant in my mind with client-centered therapy, it's a similar sort of thing. So I think first I felt Gestalt totally ignored, rejected, didn't care about what I was doing. I think that's what disaffected me. Well it wasn't really ... it was a little bit of a lack of recognition, but mainly, I was just doing what I was doing. And given that I had this ambivalence about Gestalt, because of the Perls, the entire ... I mean it's funny because chair work is Perlsian, you know, but it was the nature of the relationship in Gestalt therapy, and the notion of frustration and confrontation as I saw it,

and I was quite ambivalent about it. So, I went and tried to present results, and I remember going somewhere in Montreal, to an international meeting, and Polster sort of gave me some recognition, said something about the research. But – otherwise – there was just no interest; it was sort of like it didn't exist. So, it wasn't a community that I was in dialogue with, and so, I just sort of faded away. But then, you know, with the advent of evidence-based medicine, and with Gestalt sort of starting to feel that it had to have research ... I guess I was approached, I can't really remember, and then I began to reconnect a little bit. And so, that brought me back a little bit. And then I was invited to this meeting in Sicily¹, of the international society, so I went and I presented on research, and I'd written some things on Gestalt and research.

SDS: Right.

LG: Oh, but there was a whole thing going on in Germany. So, Germany was trying to get Gestalt therapy recognized, but so was client-centered. And they both wrote to me, and I supported both of them. I said "Yes, my research has support for Gestalt, and I said "Yes, my research has support for experiential client-centered therapy". And they sort of tried to use it, so now it was being useful to them, they reached out a bit to me.

SDS: I understand, I think it would be fair to say that, in its earlier days, the Gestalt community did not appreciate academia.

LG: Right.

SDS: And once it realized that it comes with some ...

LG: Benefit. Right. I understand their disaffection. The same thing happened with Rogers and client-centered therapy. Rogers left the university and basically Humanists felt that positivistic research really couldn't capture the complexities of what was going on in experiential work. I tried to do things that were a bit ... more true to what really goes on, rather than what I call "paper and pencil testing"; things like that. But, I mean, there's a tension: I think some kinds of research are meaningful, but we got thrown out with the bathwater.

SDS: This is so interesting. So, how would you describe your role in fostering Gestalt research?

LG: Well I don't know, I don't think I fostered it. Because no one except my students have done any research like the research that I've done. So, I think there has come an independent recognition for the need for it in the context of evidence-based research. And, I guess it was just good for them that I was there, and that they could just use [that research] as a support. But it's not like I was fostering it. I mean, maybe, I have no idea what my actual influence has been on the Gestalt therapy research movement. But, I've had some impact by virtue of having done something. I mean, I did attend one of the first international meetings, where they formed a sub-group, a committee for research, but then I never really participated further. So, I think just the fact that I'd done something was helpful.

SDS: It was very helpful. And I noticed that in addition to those studies that we men-

1. The EAGT/AAGT conference on *The Aesthetic of Otherness: Meeting at the boundary in a desensitized world*, Taormina, Italy, September 2016 – see proceedings at www.gestaltitaly.com

tioned, early in the 1980's, on chair-work, I found more recent articles of yours in the Gestalt Review. So, you have pieces there; you also have a piece in the Encyclopedia of Psychology about Gestalt therapy. In one of your handbooks on psychotherapy, you included research that was done on Gestalt in your meta-analysis of experiential therapy, so – if I understand you correctly – though you did not actually conduct Gestalt research recently, at the same time, whenever the opportunities arose, you were generous in telling the world about Gestalt.

LG: That's true. And I mean, I wasn't in any way hostile or negative towards it. It was more like, I think there's some very good things there. Definitely, I felt it needs to be supported and it should be supported.

SDS: Right. My guess is that, maybe more so, when Gestalt therapy really changed and became more relational.

LG: Yes, I mean that also helped I think. Although, I'm quite different from what relational Gestalt therapy is.

SDS: I know.

LG: I obviously had a broader purview, which was Humanistic psychotherapy and experiential therapy, and I was saying, *"It's all good, you know, it's all got things that are important to be recognized and shouldn't be lost."*

Reflections from Jay

Les Greenberg's journey and legacy has paralleled what he calls *"Gestalt's maturation from the sort of crazy Gestalt prayer mentality"*. EFT and GT have taken different roads from their original divergence, and we like to think that a young Les Greenberg, entering a Gestalt Institute today, would discover his own Humanistic

roots inside the training. We enjoyed hearing of his early experience at Cowichan, which was not positive, recalling that they spent days building on the property and being called on their personal sense of responsibility with little of the human factor of simply sitting down to a cup of tea together. This echoed our early experiences of the wilder years of the GIT. What rings through most powerfully in his reminiscence is his seminal question: *"How do you know when to be evocative?"* Contemporary Gestalt therapy, backed by neuroscience and living laboratories, in fields such as psycho-pathology, can attempt to answer that important question with more certainty than, *"Something just shifts; You just know."*

Gestalt therapists across Canada today, trained in Montreal, Ottawa, Vancouver, and Toronto can now look to the international Gestalt community for support in research. Still in its seed state on a formal scale, students interested in research look towards Europe and the work of Margherita Spagnuolo Lobb. The GIT has been particularly supported in Ontario through psychotherapy regulation, which recognizes our Training Institute at the post-graduate level, making partnerships with universities more viable. We are receiving our first requests from Ph.D. students for support in engaging our student and client communities in research topics. Today's Italy is our Lake Cowichan.

Sometimes Cowichan, and its aftermath, do not seem all that distant. The recent shift to Contemporary Gestalt therapy has made it possible for us to grow into greater diversity as a Gestalt community, and closer to Fritz's Canadian dream, a final addition to his Gestalt prayer:

*I and You are the Basis for We
Only together We can change the World.*

(Fritz Perls' prayer, quoted by Wiltrud Krauss-Kogan, in AAGT listserv)



First graduation class of the Gestalt Institute Toronto, 1975. Those identifiable are: Jorge Rosner (on the left) and Harvey Freedman (on the right) (the two gentlemen in the bow ties and tux), co-directors of the GIT; Joan Bodger (left, hand on Jorge); Yaro Starak (in the center, sitting); Les Greenberg (with beard, in the center, on his knees); Tony Key (in the center, close to Les, snubbing his nose); Howard Greenberg (in the top hat on the platform, right).

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Editorial: "Yet Another Special Issue!"

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