Gestalt Therapy Around the World

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Edited by Eleanor O'Leary

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To my nephews and nieces, who bring so much joy to my life – Martin, Denis, Eoin, Dermot, Shane, Robert, Sarah, Kevin, Alice, and Maeve.

Contents

Contributors

Nancy Amendt-Lyon, Dr. phil, MA, was born in New York and studied psychology in New York, Geneva, and Graz. She works in private practice (gestalt therapy, group psychoanalysis, and supervision) in Vienna. Present Chairwoman of the Austrian Association for Gestalt Therapy, she was Chairwoman of the Extended Board of the European Association for Gestalt Therapy from 1999 to 2004. She has many years of experience teaching gestalt therapy both in Austria (FS/IGT, BÖP, Akademie für psychotherapeutische Medizin) and internationally. She has served on the editorial boards of *Gestalttherapie: Forum für Gestaltperspektiven*, *Studies in Gestalt Therapy: Dialogical Bridges*, and the *Gestalt Review*. Together with Margherita Spagnuolo Lobb, she is co-editor of *Creative License: The Art of Gestalt Therapy*, which has been translated into German, French, and Italian and has numerous publications on gestalt therapy and gender relations in English and German.

Walter Arnold has a Masters in Philosophy and advanced special training in gestalt therapy (VET). His background training consisted of philosophy, anthropology, filmmaking, granite sculpture and avant garde dance performed at the professional level. He is a licensed psychologist and a licensed psychotherapist. He served as a yearly visiting lecturer at the University of Helsinki, has conducted workshops at the University of Cork, Ireland, and has lectured at gestalt therapy conferences. A founding member of the International Gestalt Therapy Association (IGTA), he has been chairman both of IGTA and of its Journal Committee which established the *International Gestalt Journal* (IGJ) in 2002. A former member of the Philosophy Committee of the Association for the Advancement of Gestalt Therapy, he has written books on *Contact-Dialogue Experienced: On Gestalt Therapy* (1998) and *Culture, Identity and Language* (1999). He has published articles on gestalt therapy and the meaning of a mother tongue. He has translated the Finnish epic "Kalevala," which is considered as one of the greatest epics of the world. As a tennis coach, he is on the court every morning at seven.

Despina Balliou has an MSc in Counselling Psychology. She is a gestalt psychotherapist, trainer, and supervisor and is a member of the European Association of Gestalt Therapy. She has trained in traumatotherapy's method EMDR (eye movement desensitization and reprocessing). She is holder of the European Certificate of Psychotherapy and is accredited by the National Accreditation Centre for Continuing Vocational Training.

Janine Corbeil is a psychologist in private practice in Montreal. She obtained a Masters Degree from the University of Montreal. Her postgraduate training consisted of studying with Carl Rogers in Chicago, learning about group dynamics and psychodrama in Paris, undertaking a postgraduate intensive program at the Gestalt Institute of Cleveland (1973–1974), a one-month program with Virginia Satir in Montreal (1980) and a further one month on Illana Rubenfeld's gestalt synergy program in New York (1980–1981). She founded and directed a training center for the study of gestalt theory and practice, the Centre de croissance et d'humanisme appliqué (CCHA), in Montreal (1974–1989), served as a trainer of the Gestalt Institute of Cleveland for Multiversité in Brussels (1976–1979), and was a guest trainer during the following years for the same institute. She was in charge of a three-year gestalt training program in Nantes, France (1983–1986), and continued to travel to France as a trainer more or less until 1993. She still offers supervision and training in Montreal. She has published some fifty articles on gestalt in Quebec, the USA, and France and has co-authored books in Quebec and France.

Serge Ginger was born February 6, 1928, and died on November 1, 2011. He was a clinical psychologist and a trainer in gestalt therapy. His first training and professional practice was in the field of education. He founded several associations, initially for disabled youth and subsequently in the field of psychology and gestalt therapy. Serge founded the SFG (Société française de Gestalt) and, with his wife Anne, the EPG (École parisienne de Gestalt), both in 1981, the International Federation of Gestalt Training Centres (1991) and the FF2P (Fédération française de Psychothérapie et Psychanalyse) in 1995. He remained active till the end in the negotiations between government and accredited psychologists for the legal recognition of their practice. He published several articles and authored/co-authored 27 books, a great part of them on gestalt therapy: its theoretical basis, ethical practice, and guidelines for supervision. His final article was one which he wrote in co-operation with Anne Ginger, namely "A practical guide for humanistic psychologists" (2011). Some of his books have been translated into several languages.

James Hammink, MA, is a psychologist. He works in private practice doing psychotherapy, teaching, and supervision and is particularly interested in the interface between psychological self-development and meditation practice. He is co-founder of the Center for Integrative Gestalt Practice.

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Dr Francisco Huneeus grew up in the USA and then moved to Chile, where he received his MD from the University of Chile. He was recruited by Massachusetts Institute of Technology as a research associate in neurobiology. In 1970, while undertaking a psychiatry internship, he came upon a paper written by Fritz Perls published by Real People Press. He started Editorial Cuatro Vientos, publishing *Gestalt Therapy Verbatim*, and continued with translations of books on gestalt therapy, the first book being on neuro-linguistic programming, and gestalt body work with illness by Dr Schnake, President of the Independent Publishers. He is a practicing psychiatrist in the public health system working with working-class clients. He has published *Language, Thought and Disease* and is currently working on the effects of the media on the minds of individuals using gestalt theory. He is a member of the Editorial committee of *The Gestalt Review*. He plays horn in chamber groups, cycles to work every day in downtown Santiago, and directs a dance improvization group.

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Almut Ladisich-Raine was born in 1944. She has a Diploma in Psychology and is a licensed clinical psychotherapist in her own private practice since 1978, having gained experience working as a clinical psychologist with psychiatric and addicted patients. She trained with Jim Simkin and Erving and Miriam Polster in the 1970s and is one of the early pioneers of gestalt therapy in Germany. Co-founder of the Institute of Integrative Gestalt Therapy, Würzburg (IGW), she has worked as a trainer and supervisor for the last thirty-five years, as well as being co-founder of the DVG – the German roof-organization for gestalt therapy. She has been guest lecturer at several universities (LMU, Munich;University of La Paz, Bolivia; Sigmund-Freud-University, Vienna; and Fuzhou University, China) and has published several papers on the topic.

Dr Nurith Levi, MSW, is certified in Family Therapy and is a graduate of the Faye Ratner Gestalt Program at Tel-Aviv University and founder and chairperson of the Israeli Association of Gestalt Therapy. A member of the European Association of Gestalt Therapy, she trains and leads gestalt workshops throughout

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Anne Maclean has a background in education and community work. In 1991, she was co-founder, administrator, and a faculty member of the Gestalt Institute of New Zealand. She has been in private practice as a gestalt therapist, an organizational consultant, a supervisor, and a teacher of group work and supervisory skills. She is a writer and editor and was a co-editor of, and contributor to, two collections of New Zealand and Australian articles: *Grounds for Gestalt* (1994) and *More Grounds for Gestalt* (1996). In 2002, her book *The Heart of Supervision* was published in the USA. During 2004–2005 she established the *Gestalt Journal of Australia and New Zealand* and co-edited the first two volumes. In 2011,*Te Waka Huia – The Treasure Box* was published in New Zealand, a book about the esoteric wisdom of the ancient Maori culture which makes invaluable sense in today's world.

Dr Joseph Melnick is a clinical and organizational psychologist, co-chair of the Cape Cod Training Program of the Gestalt International Study Center (GISC), and a member of the board of GISC. He is a member of the professional staff, as well as a former board member, of the Gestalt Institute of Cleveland. Founding Editor of *Gestalt Review*, a contemporary peer-reviewed gestalt journal, he has published extensively on various aspects of the gestalt therapy approach, such as group process, intimacy, ethics, countertransference, organizational development, and conflict. Most recently, he has co-edited (with Edwin C. Nevis) *Mending the World: Social Healing Interventions by Gestalt Practitioners Worldwide*, a book of case studies by gestalt organizational consultants, and is currently completing a book on the Cape Cod Model of Gestalt Therapy with Sonia March Nevis. He is also the creator of "The Us Factor," a combination of a workbook and DVD series on how to improve your marriage. He teaches and trains worldwide.

Professor Eleanor O'Leary completed her Ph.D. entitled "Person centred therapy: core conditions and core outcomes" in 1979. The thesis was subsequently published by Cork University Press as *The Psychology of Counselling*. She has held a number of academic positions including Professor and Head of the Department of Applied Psychology at University College Cork, Ireland, and Visiting Professor at Stanford University, California. She has authored several books, the most recent of which is entitled *New Approaches to Integration in Psychotherapy* (with Mike Murphy, 2006). She has received international recognition for her work, which has included approximately fifty articles in the field of psychotherapy, and has presented keynote addresses at international conferences. The combination of her academic and clinical expertise gives her a broad insight into the development of gestalt therapy.

Brian O'Neill, BA(Hons), MAPS, is co-director of the Illawarra Gestalt Centre, and visiting faculty member of gestalt training programs in Australia, the USA, and Europe. He is past President of the Association for the Advancement of Gestalt Therapy (AAGT), founding editor of the *Gestalt Therapy Forum* (New York), and is on the editorial boards of the *Gestalt Review* and *Studies in Gestalt*.

He and his wife Jenny have written extensively on gestalt therapy, particularly couples and family therapy. He is a senior fellow in mental health at the University of Wollongong, was awarded the Australian and New Zealand Mental Health Gold Medal for achievement in research, education, and practice by the Governor General in 1996, and is currently the senior clinical manager for Catholic Family and Community Services in Queensland.

Peter Philippson, MSc, is a gestalt psychotherapist, trainer, and writer. He is a Founder Member of the Manchester Gestalt Centre, Full Member of the New York Institute for Gestalt Therapy, Teaching and Supervising Member of GPTI in the UK, Senior Trainer of GITA in Slovenia, and past President of the Association for the Advancement of Gestalt Therapy. He is author of *Self in Relation* (Gestalt Journal Press, 2001), *The Emergent Self: An Existential-Gestalt Approach* (UKCP/Karnac, 2009), and *Gestalt Therapy: Roots and Branches* (Karnac, 2012). Peter is a teacher and student of aikido.

Myriam Sas Guiter obtained her psychology degrees from the University of Buenos Aires. Co-founder of the Gestalt Association of Buenos Aires, she has served as program director, scientific secretary, and senior faculty. She leads the Colloqium in Gestalt in Buenos Aires, where she invites outstanding gestalt therapists from all over the world to give presentations. She has spread the gestalt approach to groups in her college seminars and is dedicated to clinical practice with adults, to relational aspects linked to submission in couples, family, and the community and as a supervisor. Among her published articles are "Ideas para el vivir" (Ideas for living), "Exigencia y cambio" (Demanding and change), "Recuperación emocional del docente" (Emotional recovering for teachers), and "Sobre certezas e incertidumbres" (About certainties and uncertainties). A founding member of the International Gestalt Therapy Association and member of the Board of Directors, she was Chair of the Inaugural Conference Committee in Montreal 2002. She has presented at conferences in Spain, Canada, USA, Brazil, Uruguay, Mexico, and Argentina. She is a member of the Editorial Board of the *Latin Review of Gestalt Therapy* and of *Aware*, an online review of gestalt therapy in Brazil.

Professor Shraga Serok, born in Poland, 1929, immigrated to Israel in 1949, and earned his PhD from Case Western Reserve University, USA, in 1975. He completed a three-year postgraduate program at the Gestalt Institute in Cleveland, Ohio, in 1975 and undertook additional gestalt training with Laura Perls, Isadore From, and Erv and Miriam Polster. He was a founder member and professor of the Department of Social Work, Ben-Gurion University, Beer Sheva, Israel, and has served as its chairman. Professor Serok was the founder of the Faye Ratner Gestalt Program at Tel-Aviv University and its director for twenty years. He introduced the promotion of gestalt therapy into Israeli academia. His professional experience includes teaching human development, psychopathology, and gestalt therapy. His research has been concentrated in various areas of psychotherapy, and the development of a theory of applied gestalt therapy in social integration. He also has a thriving private practice. Professor Serok has published two books and over fifty articles in international journals and is widely known for his presentations and workshops at international conferences.

Mikael Sonne holds an MSc in Psychology and is a clinical psychologist. He is founder and, since 1984, director of the Aaarhus Gestalt Institute, Denmark, which is accredited in psychotherapy by the Danish Psychological Association. He conducts programs in leader training within a gestalt therapy framework and is co-founder of the Center for Integrative Gestalt Practice, and board member of the Gestalt Therapeutic Forum in Denmark. His book on *Integrative Gestalt Practice*, which is co-authored with Jan Tønnesvang, was published by Hans Reitzelin January 2013.

Margherita Spagnuolo Lobb, psychologist and licensed psychotherapist, is founder and director, since 1979, of the Istituto di Gestalt HCC, the first school of gestalt psychotherapy in Italy. Since 1994, the Institute has been approved by the Minister for Universities, according to the Italian law on psychotherapy. She is a well-known gestalt therapy international trainer, a Full Member of the New York Institute for Gestalt Therapy, past president of the Italian Federation of the Associations of Psychotherapy (FIAP), past president and first Honorary Member of the European Association for Gestalt Therapy (EAGT), and past and Honorary President of the Italian Association of Gestalt Psychotherapy (SIPG). She has, since 1985, edited the Italian journal *Quaderni di Gestalt* and has co-edited the international journal *Studies in Gestalt Therapy: Dialogical Bridges*. She has written many articles and chapters published in various languages, has edited five volumes and written two books, the most recent being *The Now-for-Next in Psychotherapy. Gestalt Therapy Recounted in the Post-Modern Society* (Franco Angeli Publisher, Milan, 2011).

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Preface

Three outstanding events have had a significant influence on my life – having a personal experience of Jesus when I was seven years old, coming in contact with gestalt therapy in the late 1970s, and having the privilege of being present at the visionary shrine of Medjugorje in Bosnia-Herzegovina in 2011. This book deals with the results of coming in contact with gestalt therapy. This experience opened a new door in my life at a very fundamental human level that was enriched further during my training. The metaphors for this experience have been chosen by me on the covers of my two books on gestalt therapy – lightning representing an illuminated world in my first book and a light bulb in the second.

My first book on the subject of gestalt therapy in 1992 was in the first instance aimed at our Irish trainees, as they had reported difficulty in grasping the meaning of some of what is frequently referred to as the "Bible" of gestalt therapy, namely, Perls, Hefferline, and Goodman's (1951) *Gestalt Therapy: Excitement and Growth in the Human Personality*. Subsequently, it was brought to my attention that, for the same reason, students at the Gestalt Institute of Santa Cruz bought this book in bulk when they attended conferences in London.

The first objective of this book is to expand the issues discussed in my 1992 book, which is the basis for the first four chapters of this book. One contribution of gestalt therapy lies in its attention to feelings, thoughts, behavior, and the body. Clients develop the ability to center and ground themselves particularly through the use of breathing and to become aware of their bodily experiences. They are able to live in the here and now of their lives and notice and take cognizance of moment-to-moment changes in their internal and external world. They can express and accept feelings and, where relevant, finish unfinished business either from their past or present life. They move towards interdependence and self-support rather than maladaptive dependence on others and develop further self-responsibility. These changes emerge from the dialogical relationship that exists between the therapist and client. While a number of the concepts and principles discussed in this book remain close to the view of gestalt therapy as laid

down by the original founders, the author brings her own stamp to the subject, particularly in the chapter on dialogue and contact in her attention to empathy, authenticity, and story. The impact of two of the great theorist-practitioners of gestalt therapy, Erving and the late Miriam Polster, can be found in the sections relating to contact in Chapter 3. In Chapter 4, attention is given to the appropriate use of techniques and dreams in gestalt therapy, while Joseph Zinker's work on experiments is also considered. Relevant examples are given in each of the three areas.

Since the death of its founder in 1970, gestalt therapy has continued to be developed and expanded worldwide. The second aim of this book is to explore major features of gestalt therapy around the world, such as history, training (past and present), theoretical contributions, research findings, and future challenges. Seventeen gestalt therapists have contributed to this work. Chapters 5 to 21 reflect the international composition of the contributors. Four continents were represented, while work in gestalt therapy in the fifth, Africa, is reported in Chapter 12.

Reports from the contributors show that Fagan and Shepherd's (1972) reference to the scarcity of published material in gestalt therapy has been addressed. Edited books such as the present one and Woldt and Toman's (2005), and authored books including Joyce and Sills (2001) and O'Leary (1992), published by international publishers Wiley and Sage, have ensured that knowledge of gestalt therapy has been disseminated to a much larger professional and lay readership. The decision that this book should be an edited one was true to the gestalt principle that experience is one of the best methods of acquiring knowledge and recognized that empirical knowledge of developments within gestalt therapy in many countries was readily available. One of the strengths of such edited books lies in the inclusion of a large number of the foremost contributors in the field. The subheadings outlined by the editor ab initio were selected so that the extent of achievement and deficit in certain areas would emerge. One example is that of Chile, in that the subheading relating to associations encouraged the establishment of a professional gestalt therapy association in 2010 as a direct consequence of the efforts of the contributor from that country.

Research in gestalt therapy has had a mixed history, as is evident in this book, where attention to theoretical articles far outweighs those based on empirical research articles. Nonetheless, there has been a notable improvement in output since I stated in 1992, "Research in gestalt therapy is still in its infancy. An exposure to investigative methods and research analysis as part of gestalt therapy training is both desirable and long overdue. This would probably result in new research endeavours" (O'Leary, 1992, p. 120). A subsection dealing with research to be found between Chapters 5 and 21 illustrates the progress that has been made in the majority of the countries examined.

Having addressed the two aims mentioned above, the final chapter presents a summary of international achievements in gestalt therapy based on the book and suggests some desirable initiatives for the future.

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Acknowledgments

In the first instance, I wish to say a sincere thank you to each of the sixteen authors who contributed a chapter relating to gestalt therapy in their particular country. These chapters provide an overview of gestalt therapy including history, theoretical developments, research, training, associations, and future challenges.

I am grateful to the following friends and colleagues, each of whom made a considerable contribution: Denis O'Sullivan, Michael O'Sullivan, and Aidan O'Shea for comments on the chapters authored by me; Denis for also compiling the Appendix; Mary Morrissey for observations on the initial drafts of Chapters 5 to 21 (excluding Chapter 12); Mary O'Donoghue for checking the references; Laura Maybury for contacting the contributors in relation to the submission of the first draft; Mary Murray for contributing to Chapters 2 and 4; Elizabeth Behan and Eileen McSweeney for observations on Chapters 1 to 4; and Anne Kelliher for remarks on Chapter 3.

I would also like to acknowledge my many friends, too numerous to mention, who have encouraged me throughout my career.

A special word of thanks is due to Alice Elliott and Celia Mooers Squires of Media-Psych, San Diego, for allowing me to reproduce the script of the *Impasse* film by Fritz Perls and to Pauline Tallon, Joachim Beug, Brian O'Donoghue, John O'Hanlon, and Rosita Hellstern.

My appreciation of the staff at Wiley could not be greater. The patience exhibited by Karen Shield was exemplary when the unexpected happened and I was hospitalized and subsequently involved in a lengthy convalescence. Victoria Halliday ensured that the work progressed on its recommencement, while Darren Reed and Leah Morin undertook the final tasks.

Finally, I wish to pay tribute to my brothers and sister, John, Joan (O'Callaghan), and Bob, sisters-in-law and brother-in-law, Bridget, Jerry, and Kitty, who, as always, were so supportive of the endeavor. A special word of thanks is due to Jerry and my nephew, Martin, each of whom contributed ideas relating to their specialist areas.

Part One

Gestalt Therapy

Its Beginning, Theory, and Techniques

1

Fritz Perls and Gestalt Therapy
The Beginnings

Eleanor O'Leary

Fritz Perls, the originator of gestalt therapy, was born in Berlin in 1893. He lived in Germany, Holland, South Africa, the USA, and Canada. Psychoanalysis was his main therapeutic interest during his period in Europe. However, this was to change as his gradual disenchantment with the approach emerged. In New York in 1951 and 1952, together with Paul Goodman, Ralph Hefferline, and his wife Laura, he finally synthesized his earlier influences into a new paradigm, namely gestalt therapy. He eventually left the USA to found a gestalt community in Canada. He died shortly afterwards while presenting a workshop in Chicago in 1970.

Europe: Germany 1893–1933; Family Influences

Little is known of the family facts relating to Fritz Perls, a German Jew by birth. When he was three years of age, his family decided to move to a more fashionable neighborhood in Berlin. He referred to himself as "an obscure lower middle class Jewish boy" (Shepard, 1976, p. 1).

His mother (Amelia Rund) grew up in an Orthodox Jewish environment, while his father (Nathan Perls) was Grand Master in the Freemason Lodge. His father was quite reclusive in his habits. He had a room to which his meals were brought, and when he went out he did so alone. As a child, Fritz witnessed his father physically abusing his mother. Despite his parents' strong religious beliefs, Perls (1972) declared, "I could not go along with this hypocrisy" (p. 59). Referring to his lack of belief in a higher power, Shepard (1976) stated, "He declared himself an atheist and remained one until the end" (p. 21). In his book *In and Out of the Garbage Pail*, Perls (1969a) proclaimed, "All religions

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were man-made crudities, all philosophies were man-made fitting games. I had to take responsibility for myself" (p. 60).

Perls was the youngest of three children, two girls and one boy. His feelings for his two sisters could not have been more different, in that he loved Grete while he described Else, who later died in a concentration camp, as a clinger. Yet this observation of Else may not have been justified. Grete stated in Gaines (1979), "our sister, Else, would hang onto mother. She could not go by herself. No one knew until much later that she had congenital neo-blindness" (p. 2).

Although he hated his father's behavior, Perls considered his childhood to be a happy one. Grete and he were close companions as they played in the streets of Berlin. Swimming in the summer and ice-skating in the winter kept their young hearts joyful. The beginning of his interest in acting was encouraged in adolescence when an older neighbor, Theo Freiberg, invited him to participate in plays in their respective homes. They became a "company" (Shepard, 1976) that offered plays to neighboring communities with Theo as Director. This love of theater was further enriched when his mother took him to opera performances, while his mother's brother, Julius, brought warmth into his life.

A contradictory aspect in Perls' young life was the behavior of his uncle, Herman Staub, his mother's other brother, who Perls claimed was Germany's greatest legal theoretician. This uncle, the pride of the family, sexually abused Perls' friend, 13-year-old Lucy. Perls' (1972) words "All that facade of respectability" (p. 202) point to his disillusionment. Yet, despite his disapproval, he subsequently rationalized his own promiscuity by claiming that his uncle's behavior gave him a license for his own. Perls (1972) also recalled in his autobiography that a sentence from a lecture given by psychoanalyst Paul Federn made an impression on him, the sentence being "You cannot fuck enough" (p. 56). Yet it is worth recalling that personal responsibility for one's actions is one of the key concepts of gestalt therapy.

For someone who became famous in his adult life, his early reputation as a young scholar was poor, having failed seventh grade three times. This failure was in no small part due to his revolt against his anti-Semitic teachers. However, at age fourteen, circumstances altered his outlook when a teacher encouraged him to become involved in drama. Having already pursued drama as a child, there was a fortunate element of synchronicity in such encouragement. His participation in drama taught him the importance of the relationship between words and action.

After graduating from secondary school, Fritz began medical studies in Berlin. Due to an elongated heart, a stoop, and asthma, he was deemed to be medically unfit to serve in the German Army. However, after battles such as Verdun in 1916, where the Germans suffered 460 000 casualties, fitness standards were lowered, permitting Fritz to enlist. He served as a medical officer and experienced the horrors of trench warfare on the Western Front, including gassing. He suffered a minor head injury and also had to make hard decisions on the treatment of injured soldiers. He was promoted to sub-lieutenant in 1917. At the end of the war, he resumed his medical studies at the Frederick Wilhelm University in Berlin and qualified as a doctor in 1921. This was followed by training in psychoanalysis at

the Psychoanalytic Institutes in Berlin, Frankfurt, and Vienna. By the mid 1920s he had stopped communicating with his father.

One of the most significant events in Perls' life was his meeting in 1926 with Lore (Anglicized Laura) Posner, who later became his wife. He was successful in obtaining an assistantship with the gestalt physiological psychologist, Kurt Goldstein, at the Institute for Brain Damaged Soldiers where Laura was working. She had studied with the gestalt psychologists Kohler and Koffka at the University of Frankfurt, and with existential theologians Paul Tillich and Martin Buber.

Perls' (1972) description of his marriage in 1930 is surprising given his emphasis on self-responsibility. He commented, "At that time Lore pressed for marriage. I knew I was not the marrying type. I was not madly in love with her, but we had many interests in common and often had a good time" (p. 49). Furthermore, Laura (Gaines, 1979), referring to the description by Perls, stated, "It simply was not true. I never expected that he would marry me, or that he would marry at all. And I did not care. For more than three years before we were married I was his lover, and still I certainly did not press" (p. 8). A statement by Laura (Gaines, 1979) is particularly poignant: "I was so much in love with him, I gave everything to him, and he took it and kept on taking" (p. 20). For Perls, self-responsibility did not include fulfilling his own personal obligations.

Laura and Fritz had two children: a girl, Renate (born 1931), and a boy, Stephen (born 1935). Two years after Renate's birth, Fritz began speaking English (he was already fluent in French), although he was embarrassed by his German accent when speaking it. Fritz showered Renate with affection for the first four years of her life. He delighted in introducing her to everybody. His change in behavior, Perls (1969a) claimed, was due to being blamed for everything that went wrong – a reason that did not justify his withdrawal from a young child. His view of Renate is apparent in a statement he made in 1972, when Renate wrote to him with a picture of his grand-daughter, Leslie: "For once a letter without asking me for something, but I am sure the letter is an overture for a request that likely will come via Lore" (Perls, 1972, pp. 275–276). His son, Stephen, confirmed that Fritz did not appreciate what he called "leeching" – "Fritz was critical … of my sister; he often felt that (she) was leeching on him" (Gaines, 1979, p. 93). His fondness for his grand-daughter, Leslie, can be seen in his description of her as a "cute and bright copperhead" with "something real about her" (Perls, 1972, p. 172). His treatment of Renate was not unlike that he displayed towards his sister, Else. Renate (Gaines, 1979) stated, "Fritz left me out of his whole life" (p. 17) – a sad conclusion for the daughter of someone who was to help so many in his lifetime.

His son, Stephen (Gaines, 1979), emerges as an even-handed and reasonable individual. His recollections give a first-hand picture of his relationship with Fritz. He stated, "My father was never angry; he was simply so busy with his own things. It was more just kind of a non-involvement that became part of my lifestyle" (p. 26). Speaking of his father's generosity, he stated, "Most of the time, Fritz was generous, but not *really*. It was a contest that we had throughout life. He was very generous with money if he were asked for it, but he would never offer it first" (pp. 109–110). Perls (1972) appeared to have no difficulty with regard to

generosity, stating that Stephen was "rather phobic and stubborn in asking and accepting any support" (p. 264). Stephen (Gaines, 1979) offered an explanation for his approach to Fritz with respect to money. He stated, "Takers annoyed him. So, by asking him for something I would wind up being a taker and he would have no respect for me" (p. 110). An interesting comment by Stephen is as telling of Laura as it is of Fritz, "Basically, I hated my father and his pompous righteousness, but he could also be loving and warm. How much my attitude was influenced by my mother's hatred of him, how much she poisoned us children with it, I could not say" (p. 173). Yet there were good times in Stephen's life as a young boy. Speaking of his youth in South Africa where he was born, he stated, "We took trips to the veldt area to look at the animals, or down to the ocean. But mostly I remember talking about my father, and him not being there. We had nice grass and grounds where we lived so I would bring my friends over occasionally" (p. 26). These excerpts covering some of Stephen's thoughts portray Fritz as a non-involved parent who was generous with money when asked and whose son hated his pompousness but also saw his mother's hatred of his father. For his part, Stephen concluded, "He is still father to me, though certainly not my image of what a father should be" (p. 275).

Having considered Fritz's personal life, the next section will consider five main influences in the development of gestalt therapy, namely Freud, Reich, Friedlander, the gestalt school of psychology, and existentialism.

European Influences: Psychiatry, Psychology, and Psychotherapy

A large number of influences played important roles in the development of gestalt therapy. This orientation towards development was reinforced recently by Yontef (2005), who stated his preference for assimilating new possibilities into gestalt therapy, "I have not seen any framework which works better as an integrating framework for me as a psychotherapist than gestalt therapy" (p. 98). A valuable overview of the subject is Crocker's (2005) statement that "Gestalt therapy is an example of the Aristotelian paradigm, a way of understanding that focuses upon concrete and specific individuals, situations, and events, seen in their environmental context, and attempts to understand the nature of change and how things – particularly living things – come to be as they are and to behave as they do. This is a marked contrast to the … Platonic paradigm, which focuses on unchanging universal essences that are imperfectly exemplified in the changing world" (p. 66).

Freud

Perls met Freud for the first time in 1936 during a brief visit to Vienna from South Africa, to which he had immigrated in 1934. He described his relationship with Freud as polemic and stated in his autobiography "Freud, his theories, his influence are much too important for me. My admiration, bewilderment and vindictiveness

are very strong. I am deeply awed by his suffering and courage. I am deeply awed by how much, practically all alone he achieved with inadequate mental tools of association-psychology and mechanistically-oriented philosophy" (Perls, 1969a, p. 45).

One important assumption of psychoanalysis was that contact with a therapist could result in consciousness of feelings, experience and behavior for patients and assist them to deal with new behavior and overcome neurosis. This assumption was adopted by gestalt therapy, but with an emphasis on awareness rather than on consciousness.

Perls' concern with the present was bolstered by Freud's observation of transference (Naranjo, 1972). Naranjo stated "although at first the analysis of the present was a tool or a means for the interpretation of the past, many today regard the analysis of childhood events as a means toward the understanding of present dynamics" (p. 60). However, Perls viewed the present as the essential component and termed Freud's concept of the unconscious as that of which we are unaware.

It was the difference in their view of time that differentiated Freud and Perls. For Freud, the first five years of life was paramount to subsequent personality development, while for Perls the present lived reality of individuals was the matter to which persons needed to pay attention. Yontef (1993), in contrasting the differences between gestalt therapy and psychoanalysis, referred to reality contact over transference, active presence over a blank screen, dialogue and phenomenological focusing over free association and interpretation, field theory and process over Newtonian dichotomies.

Reich

Perls trained as a psychoanalyst with Wilhelm Reich in 1931 and 1932 and was supervised by Otto Fenichel and Karen Horney. Both Horney and Reich considered that a minimum of the traditional clinical routines was desirable for an effective therapeutic relationship. Perls' (1972) description of Horney was as "one of the few people I really trusted," notwithstanding her words to Perls as related by him: "The only analyst that I think could get through to you would be Wilhelm Reich" (p. 49). Perls portrayed Reich as "vital, alive, rebellious" (p. 49) and "eager to discuss any situation, especially political and sexual ones." Bowman (2005) stated that Perls was fascinated by Reich's work, while Perls observed that "With him (Reich), the importance of facts began to fade" (p. 49).

For Reich (1949, 1969), the patient's form of expression rather than their words was paramount. This approach was new in a field which until then had been dominated by the talking cure. Yet, we have only to reflect on the communication between mother and baby to realize that it is established in the first months of life through non-verbal means such as facial expression, movement of limbs, crying, smiling, and laughing – long before verbal interaction occurs.

Emotions, in Reich's (1949) view, indicated a flow of body energy. He held that frustration of needs leads to a contraction of the body since people store unacceptable

emotions in their muscles and internal organs (Clarkson & Mackewn, 1993). Reich coined the term "muscular/character armouring" to refer to this tightening of muscles. Its function was to keep strong emotions such as anger, fear, or rage at bay. Non-expression can often emerge through attitudes of the family, school, or society in general, which state that you cannot express yourself.

Reich (1949) sought to relax muscles through freeing blocked emotions and energy. In order to do this, he started touching patients where tension was located and relieving it. He used his thumb or the palm of his hand to dissolve any muscular rigidity. Progress was measured by a softening of the muscles. Following Reich, Perls (1969b) stressed body sensations as an avenue to awareness in gestalt therapy. Although psychoanalysis was well developed, Reich felt that it lacked the techniques to bring about cure. He held that a relationship existed between the way people used their minds and the way that they used their bodies. Smith (1976) found several aspects of Reichian analysis in gestalt therapy, including paying attention to the body, being actively involved in therapy, working through powerful emotions, and exploring how the client felt in therapy.

In speaking of Reich, Bowman (2005) stated, "The renegade analyst who most directly contributed to gestalt therapy was assuredly Wilhelm Reich" (p. 7). What became an important tenet in gestalt therapy, namely, organismic self-regulation, first came to Perls' notice through Reich. As Bowman pointed out, despite Reich's initial pioneering of the area, he moved away from his emphasis on attention to the body, while Perls made it a stepping-stone in the development of gestalt therapy.

It is also of note that Reich broke away from Freud in 1930, as Reich believed that the present was more important than what had happened to a person in the past. From then onwards, he began to attend to his patient's physical responses during therapy. Furthermore, as a psychoanalyst he had sat behind his patients, but from the late 1930s he sat next to them in order to establish greater contact with them. Reich was expelled from the Vienna Psychoanalytic Association – an ironic conclusion to his psychoanalytic involvement, where he had been mooted as the possible successor of Freud. The expulsion was a harbinger of what was to happen to Perls. For both had dared to expand the holy grail of psychoanalysis.

Friedlander

Perls (1972) paid tribute to philosopher Sigmund Friedlander, from whom he learnt the meaning of balance as "the zero-centre of opposites" (p. 70), or, using Friedlander's (1918) terminology, as the zero point of creative indifference. Perls also referred to this point as the creative void, so named since individuals are not aware of anything concretely and are at peace with themselves and others. They are experiencing a being rather than a doing orientation to life.

In his theory of creative indifference, Friedlander (1918) held that every event is related to a zero point from which a differentiation into opposites takes place. "These opposites show in their specific context a great affinity to each other. By remaining alert in the centre, we can acquire a creative ability of seeing both sides of an occurrence and completing an incomplete half. By avoiding a one-sided

outlook, we gain a much deeper insight into the structure and functioning of the organism" (Perls, 1947, p. 15). Given the importance of balance between opposites in gestalt therapy, Perls' recognition of Friedlander was not surprising. The subject of balance and polarities will be explored in more depth in Chapter 2.

The Gestalt School of Psychology

The gestalt school of psychology, founded by Max Wertheimer (1880–1943), was mainly concerned with perception, learning and related theories. According to Bowman (2005), the Berlin School of Gestalt Psychology (Wertheimer, Koffka, Kohler) was "revolutionary in identifying perception as a holistic process" (p. 9). The perceptual experiments of these psychologists opened the way for studies showing how motivation affects perception and still later to the therapeutic insights of Perls, who synthesized laws of simple perception first into a system of psychotherapy and further into a humanistic view of the person's existence. According to gestalt psychology, individuals structure and impose order on their own perceptions.

Perls (1947) cited Wertheimer's succinct formulation of gestalt theory as follows: "There are wholes, the behaviour of which is not determined by that of their individual elements, but where the part-processes are themselves determined by the intrinsic nature of the whole" (p. 27). This quotation serves to illuminate the very close connection between gestalt theory and gestalt therapy in particular when wholeness is being discussed. Heidbreder (1961) pointed out that a melody is independent of the sensory elements of which it is composed. It may be played in different keys and/or intensities while still remaining the same melody.

Wertheimer (1880–1943) criticized Wundt for explaining sensory experiences in terms of elements. Through his experiments, Wertheimer proved that individuals perceive their surroundings as a whole. Thus, the integral nature of the person was a tenet held by the gestalt psychologists. The gestalt psychologist Kurt Goldstein demonstrated this clearly through his work with brain-damaged soldiers. Injury to the brain affected not only the brain itself, but also the entire behavior of the person.

Thus, during the early part of the twentieth century, a group of experimental psychologists, called gestalt psychologists, developed theories of perception. They believed that humans perceive the world in wholes or patterns. In Chapter 2, further consideration will be given to this belief under a discussion of the concept "gestalt."

Existentialism

The influence of existentialism on gestalt therapy is reflected in Corey's (1985) reference to gestalt therapy as "a form of existential therapy" (p. 274). Perls frequented coffee houses with a view to becoming acquainted with the existential thinking of the time. According to Patterson (1986), "He was influenced by the existential emphasis on individual responsibility for thoughts, feelings and actions

on the immediate experience – the now, the I–Thou relationship, the what and the how rather than the why of experience and behaviour" (p. 344). These existential concepts are to this day evident in the theory and practice of gestalt therapy and will be discussed in the next section of this chapter.

Holland and South Africa 1933–1946: A Gradual Disillusionment with Psychoanalysis

In 1933, Fritz made his way to Amsterdam through the German–Dutch border with only one hundred marks (approximately twenty-five dollars), in his cigarette lighter, while Laura and Renate stayed with his parents in Germany. The rise to power of Hitler combined with his increasingly anti-Semitic policies led to this decision. When Laura and Renate arrived in Amsterdam, all three of them lived in an "icy apartment with below freezing temperature" (Perls, 1969a, p. 41).

The following year, as a result of a visit by Fritz to Ernest Jones in London, Perls with his wife, Laura, and their first child Renate immigrated to Johannesburg, South Africa. Two years after their arrival in South Africa, Fritz and Laura's second child, Stephen, was born. In the same year, Fritz established the South African Institute for Psychoanalysis.

While in South Africa, a notable event occurred in Fritz's life. In 1936, he traveled to the International Conference of Psychoanalysis in Marienbad, then in Czechoslovakia. There, he presented a paper entitled "Oral resistance" that questioned the anal stage as being the basis for resistance. Bowman (2005) commented on the paper as follows: "The Perlses' theory of dental aggression was viewed as heresy and was summarily dismissed" (p. 7).

While attending the congress, Perls made an appointment to meet Freud. Previously, while in Vienna, he had not approached Freud, which he explained as follows: "The Master was there, somewhere in the background. To meet him would have been too presumptuous. I had not yet earned such a privilege … In 1936, I thought I had. Was I not the mainspring for the creation of one of his institutes and did I not come 4,000 miles to attend his congress?" (Perls, 1972, p. 56). At the appointed time, Freud appeared and remained in the door-frame. Perls explained that the purpose of his visit was to present a paper at the conference and to meet Freud. The encounter lasted for only four minutes. Perls was taken aback at Freud's first question, "When are you going back?" The encounter, although a disappointment, was a life-changing event for Perls, in that it freed him to move away from the psychoanalytical approach and to develop his own approach further. The first significant work in that direction appeared six years later in his *Ego, Hunger and Aggression* (Perls, 1947). Concepts outlined in that book included the present moment, incomplete emotions, the holistic approach, and the authentic contact of the therapist with the client. In it, he also formulated what are now referred to as retroflection,

introjection, and projection. Although still couched in Freudian termi nology, he affirmed taking responsibility for oneself and paying attention to the body.

It was not surprising that the holistic approach formed part of Perls' thinking at this time since Jan Smuts (Prime Minister of South Africa) was admired by Perls. While the word holism comes from the Greek word "holos," which means whole, the concept of holism is usually attributed to Smuts' introduction of it in his book *Holism and Evolution* (Smuts, 1926). Holism will be considered in greater detail under the heading of Gestalt in Chapter 2.

From 1942, Fritz worked for four and a half years as a psychiatrist with the South African army and was promoted to the rank of captain. During this time, he was based in the local hospital in Pretoria, thirty-five miles from Johannesburg. Ironically, he had fought for Germany in the First World War but now found himself on the opposite side due not only to his environmental location, but also to his awareness of the injustice of Nazism which had resulted in his leaving Germany in the first instance. His son, Stephen (Gaines, 1979) described his parents' view of South Africa, "From the family's standpoint South Africa was a cultural desert. Nothing going on, just dull, dead … The Afrikaners were focusing on the blacks of Africa, and their orientation did not seem to be that much different from the Nazis and naturally that was against both my parents' views. They wanted to get out of there before they got into the same routine they had been through in Germany" (pp. 31–32).

The USA 1946–1969: The Establishment of Gestalt Therapy

Fritz went to New York via Canada in 1946 and was followed in autumn of the following year by Laura and their two children. They intended to establish a school of psychoanalysis, but the Psychoanalytical Association of New York rejected their personal approach to psychotherapy. Undaunted, they went into private practice as therapists. Fritz built on his theatre background by studying Moreno's psychodrama. Both Fritz and Laura paid attention to posture and movement. In so doing, they drew from Laura's lifelong experience in modern dance and Reichian bodywork, and her acquaintance with the Alexander technique of body work.

A ground-breaking event occurred in 1952, when Fritz, Laura, and Paul Goodman founded the New York Institute for Gestalt Therapy. What has become known as the "bible of gestalt therapy," namely Perls, Hefferline, and Goodman's (1951) book *Gestalt Therapy: Excitement and Growth in the Human Personality*, had been published in the previous year. In 2005, Parlett (2005) spoke of the "continuing influence of the founding text" and went on to state, "Their text remains the starting point for any contemporary gestalt theorist. Some writers stay close to its language, concepts and theoretical priorities, whereas others stretch the original ideas in new directions and change the language. All agree that

the book was years ahead of its time in its inception of human beings in society and in pointing the way in therapy" (p. 42).

The inauguration of the Cleveland Institute for Gestalt Therapy occurred in 1954. Perls went on a tour promoting gestalt therapy by giving workshops in Chicago, Detroit, and Los Angeles, while he left the institutes in the care of Laura, Goodman, and Weisz. Eventually, he drifted apart from them and went to Miami where he spent five years (1955–1960), during which time he was active both as a trainer and therapist. He also had a two-year affair with a thirty-two-year-old woman, Marty Fromm. In his autobiography, he described her as "the most significant woman in my life" (Perls, 1972, p. 62). However, Marty broke off the affair. He then decided to go on an 18-month trip which included San Francisco, New York, Los Angeles, Israel, Germany, and Japan during which he stayed 2 months in a Japanese Zen monastery searching for satori (an awakening)!

Perls returned to the USA in December 1963 and in April 1964 was appointed consultant psychiatrist to the Esalen Institute in Big Sur, California, at the invitation of the writer Michael Murphy. Esalen (called after an Indian tribe who performed their rituals there) was 240 kilometers (150 miles) south of San Francisco. Sinay (1998) says "Esalen became what it would keep on being – a kind of Mecca for the new paradigms. The most brilliant representatives of the new therapies met and left their track there" (p. 64). These included Lowen, Berne, Satir, Grof, Bateson, Grindler, Bandler, and Watts. He remained in Esalen until 1969 and continued to develop the gestalt therapy approach, resulting in the publication of his third *Gestalt Therapy Verbatim* (Perls, 1969b). During his six years there, he introduced the "hot seat" and the "empty chair" (both of which will be outlined in Chapter 4) as he sought to bring a more active dimension into his work.

Canada 1969–1970: Fritz Perls' Final Days

It was at Esalen that Fritz Perls' dream of a gestalt therapy community began and at Lake Cowichan, British Columbia, in May 1969 that it materialized. Perls' time at Lake Cowichan was short. Cowichan was a small town on an inland lake fifty miles north of Victoria on Vancouver Island. In May/June 1969 he bought an old Fishermen's motel at the lake where he established a therapeutic community. Approximately thirty of his disciples from Esalen came to Cowichan, with the result that Perls felt at home there. Many of them later became leaders in the gestalt therapy international community. These included Barry Stevens, Abraham Levitsky, Stella Resnick, John Stevens, Robert Spitzer, and Patricia Baumgardner. In keeping with his personality, he had no preconception of the precise nature the community would take. "He hoped a life style would emerge which would encourage increased awareness, with each person integrating disowned parts of his personality and taking responsibility for his own state of consciousness. He wanted a centre where therapists could live and study for several months"

(Spitzer, 1973, p. x). The purpose of the community was to have a place where gestalt therapists could live and study for several months, to transcribe his films, and to give lectures. On Vancouver Island, Perls wrote the final page of his biography *In and Out of the Garbage Pail* – his fourth and final book (Perls, 1969a). He left Cowichan in December 1969 and in early 1970 went on a leisure trip to London, Paris, and Berlin, stopping in New York and Chicago on the way back to give workshops. He suffered a myocardial infarction on March 8 and died on March 14, the cause of death being pancreatic cancer. His popularity can be gauged from Shepard, who stated that during his final illness the young and the "hip" (Shepard, 1976, p. 1) would gather outside the hospital and sit on the grass.

Although Perls and Laura had not lived together for twenty-two years, she was at his side in his final days in Chicago. Their daughter, Renate, reported (Gaines, 1979) that "to this day Ma says that she never met anybody who is as interesting and intelligent as Fritz" (p. 405). Laura's own feelings after his death are revelatory: "I am not a bitter woman. I have gotten over the mourning … Through the years when he came and went … and came and went, it was always another separation and another period of mourning and resentment. Now it is final. I have lived through it and I think that I am over it" (Gaines, 1979, p. 420).

Two of the many tributes to Perls are those of Patricia Baumgardner and Erving Polster. Patricia said of him, "Your gift to me endures in my body, which is warmer and quieter, and in my feelings which flow more and more clearly … You have made possible the best ways I know for working and growing … You gave me much of yourself. You worked with me over and over and continuously – even to telling me to get up and work when I avoided it" (Baumgardner, 1975, p. 5). Erv Polster stated "from Fritz I got the realization that a person could have an incredible range in characteristics. I could experience Fritz as the most cutting and most tender of all people. I loved the contrast" (Wysong & Rosenfeld, 1982, p. 49).

The downside of Perls' quest for freedom was neglect of his children and his marital relationship. The wholeness that he so appreciated and supported others to find seemed to elude him. Despite this, he was a consummate professional in his work-life traveling throughout the USA, Europe, and finally Canada in order to promote the pearl of gestalt therapy while, at the same time, always seeking to increase his knowledge and taking what was relevant from others in order to expand gestalt therapy further. This was exemplified during his sabbatical when he went to Japan and became familiar with and influenced by Eastern thinking.

In summary, Fritz emerges as a skilled clinician who was daring enough to take on the orthodoxy of psychoanalysis, a move which resulted in his new creation, gestalt therapy. His ability to integrate concepts such as gestalt from other approaches which preceded this new creation established a new approach in the relatively early days of psychotherapy. His freedom of thought allowed him to move beyond the established therapeutic certainties to re-examine and take from them only what he judged to be relevant.

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2

Key Concepts of Gestalt Therapy and Processing

Eleanor O'Leary

Chapter 1 touched briefly on some of the concepts of gestalt therapy. In this chapter, these and other gestalt therapy concepts will be examined in greater depth.

Key Concepts of Gestalt Therapy

Gestalt

The word "gestalt" is of German origin. It is difficult to define since it has no equivalent definition in the English language. According to Sinay (1998), the word first appeared in 1523 in a translation from the Bible and meant "exposed to the looks" (p. 4). The closest approximation in modern English is "whole," even though such words as form, configuration, structure, or shape are closely related to it. Perls (1969a) stated that a "gestalt is an irreducible phenomenon. It is an essence that is there and disappears if the whole is broken into parts" (p. 63). Therefore, the wholeness of a response must be complete. A concrete example of a gestalt is an outdoor maze seen in its wholeness from a helicopter. Although the hedge of the maze contributes to the making of the whole, it is not the maze.

Christian von Enhrenfels (1859–1932) (Sinay, 1998) is credited with identifying that, through perception, a psychical whole is formed. He concluded that "the whole is different from the sum of the parts" (Sinay, 1998, p. 5). Hence, it is impossible to generalize from one aspect of the person to the whole person. If such a generalization takes place, vital dimensions are omitted, oftentimes to the disadvantage of the person. Thus, the adjective "domineering" might be used to describe Simon, but, in so doing, his other characteristics are overlooked.

Gestalt Therapy Around the World, First Edition. Edited by Eleanor O'Leary.

The concept of gestalt was developed further by the gestalt psychologists, who concluded that the whole preceded the parts. From his work with brain-damaged children, Goldstein (1878–1975) expanded gestalt psychology from an approach dealing with perception to one dealing with the human being. He concluded that if a part of the body is injured, the injury affects the whole body. Recently, I have been having trouble with my radial nerve. Such a difficulty has affected my whole body, sometimes resulting in my inability to type.

As stated in Chapter 1, Perls' time in South Africa coincided with that of Prime Minister Jan Smuts, the person usually associated with holism. Smuts (1926) considered it to be a tendency in nature to form wholes that are greater than the sum of the parts. These wholes (or gestalts) are not static but continuously evolving. He stated, "The final net result is that this is a whole-making universe, that it is the production of wholes, of ever more complete and advanced wholes, and that the evolution of the universe, inorganic and organic, is nothing but the record of this whole-making activity in its progressive development" (p. 426). Thus, the human person is a breathing, moving, walking, and talking being. In relation to development, Perls, Hefferline, and Goodman (1951) stated, "Every successive stage is a new whole, operating as a whole, with its own mode of life" (p. 450).

In a healthy person, there is no need to search for gestalts. They emerge and "All parts of the organism identify themselves temporarily with the emergent gestalt" (Perls 1969a, p. 115). Perls (1973) wrote, "Always the most important gestalt will emerge first" (p. 119). Metabolic energy flows into emerging gestalts and is called excitement, which is experienced as emotions and the feeling of being alive. O'Leary & O'Connor (1997) stated, "gestalt therapists postulate that individuals organise their experience into a whole which has a pattern" (p. 148).

Figure and Ground

It was Kurt Koffka (1935) who asserted that, during the process of perception, figure and ground occur. The Danish phenomenologist Edgar Rubin, in 1925, introduced the reversible goblet as an illustration of figure/ground. Depending on the observer, either a goblet or a pair of silhouetted faces is seen (Goswami, 2000, p. 46). Abell and Abell (1976) spoke of figure and ground in its relation to a gestalt when they defined a gestalt as "a configuration consisting of ground (general background) and figure (what the perceiver observes as standing out from the background)" (p. 27). They further stated, "Perls uses the word 'gestalt' to refer to a specific kind of relationship between the observer and what s/he observes in his/her environment, so that the 'figure' in the perceived field is the satisfier of a need" (p. 27). The figure emerges from the background depending on the primary need of the organism.

The gestalt psychologists maintained that if something is missing in a figure, we seek to complete it. This was brought home to me recently when, on instructing my computer to assign a file to my desktop, it chose a space which had been created by the deletion of another file. Even the computer could not bear a space! Similarly, a round drawing with a segment of the contour missing will be viewed as a circle. In therapy, individuals seek to finish a figure and to view it as a whole.

Once attended to, the figure fades into the background as a different object becomes figure. Thus, figure and ground change as a new gestalt is formed. Clarkson (1989) spoke of the tendency of some people to hurry towards the next figure without taking sufficient time to relish the development emerging from the previous experience.

According to Yontef (1993), "whole figures emerge in relation to a ground and this relationship of figure and ground is meaning" (p. 182). He pointed out that contact with something which we sense and with which we are excited leads to a meaningful figure/ground configuration. Healthy functioning depends on these meaningful experiences which require a focus on some aspect of current experience (figure) with other elements in the background. An example of figure/ground in my everyday life occurs as I write. I look out the window and become aware of the treacherous ice-covered street outside. My attention returns to the script. As I continue to write, I question whether the street is as treacherous as it seems. The need to explore the situation further becomes more persistent, so that it is more difficult to concentrate. I go out to my car, start the engine and test what looks like an icy patch in front of the car. As I begin to drive slowly over it, I can feel a slight skid. I decide that I am not going to town. Having made the decision, I am psychologically free to return to my writing.

The figure–ground of gestalt therapy is clearly illustrated in the above example. At first, the figure was the writing while the ground/background was the treacherous icy street outside. As my awareness moved to the street, the ice became the figure. Within a few minutes, the following sequence of events alternated as the figure of my awareness: writing, the treacherous ice, writing, the car, the starter, the icy patch, and, finally, writing again. Healthy functioning required this fluidity of process. Initially, I was distracted from my focus on writing with my concern to print the details of my travel ticket for the following Friday. Since my own printer was not working, the necessity to go down town was vying with my desire to write. However, having discovered that going down town was not advisable, and becoming aware that I was not traveling for another two days, I was free to devote myself to my writing as the figure of my endeavors.

At any moment, healthy individuals have a focus of awareness which forms the figure against their overall experiencing. This results in a precise picture of what they need for their satisfaction. Take, for example, a woman in a nursing home whom I visited. I offered her a biscuit from a packet which I had brought. She declined and asked for milk. I then noticed that her lips were dry and swollen, indicating dehydration, so it was not surprising that she expressed a longing for milk. On receiving the glass of milk, she drank it in one gulp. In this manner, awareness of her need, namely quenching her thirst, resulted in a precise picture of its fulfillment, namely milk (the figure).

The figure is unique to each individual. For example, at a celebration, a hungry person will first notice food, an alcoholic will go to the bar, and another who expects to meet a friend will look for the friend. The celebration is the ground, but the figure for each person is determined by his/her needs at the particular moment. Each person is at a different party.

From time to time, many competing demands may claim a person's attention. That which is most important to the person will become figure. Thus, the busy executive whose mobile phone constantly rings as he walks into a meeting may choose to make the meeting his figure and to attend to the phone-call later. Rather than being controlled by the phone-call, he makes a decision that it can stay in the background and become figure when the meeting is over.

The emergence of a clear and well-defined figure is disturbed if the person's attention flits rapidly from one moment of experiencing to another. This results in a number of vague and incomplete figures in competition with each other which become sources of anxiety and distraction. Since no one need becomes figure, there is a failure to attend to unfinished situations, be they positive or negative.

In 1996, I reported five major differences between figure and ground identified by Rubin (cited in Woodworth and Schlosberg, 1954) as follows: "the figure has form, while the ground tends to be formless; the ground appears to extend continuously behind the figure without being interrupted by it; the figure has a quality of 'thingness' while the ground has a quality of undifferentiated material; the figure appears nearer than the ground and it is the figure rather than the ground which is more impressive, better remembered, and more apt to be given meaning" (p. 12).

Balance and Polarities

The biological principle of homoeostasis maintains that organisms strive to maintain a steady state; this principle applies to the physical, mental, and affective aspects of the human person. An appropriate balance of all parts of the individual is necessary for health to occur (Perls, 1969b). People strive to maintain equilibrium by the acceptance of their feelings, thoughts, actions and bodily experiences. They may be temporarily out of balance as they explore one of these dimensions in order to have a better understanding of themselves and develop their full potential.

At any moment, a person may be faced with dissonance which occurs either through external demands or internal needs. Individuals can choose to accept these demands or assess them relative to their own needs. Gratifying or eliminating external and internal demands was defined by Perls (1969b) as organismic self-regulation. Attaining this self-regulation or balance may be difficult, since certain behaviors are more approved of by society. What is important is identifying which behavior is relevant in a given situation.

Perls was particularly interested in Sigmund Friedlander's (1918) differential thinking. Its underlying assumption was that whatever is, will polarize into opposites. The balanced person has the advantage of being able to stay at the zero point (in homeostasis). In contrast, the unbalanced person is trapped in one of the polarities. Take the case of Sylvia, who is always lauded for her gentle nature. Such affirmation may be pleasing to the ear, but if Sylvia always associates herself as being gentle, she will not have the opportunity to use the opposite characteristic. A long-term outcome could be that Sylvia may be unable to physically defend herself if an occasion requiring self-defense should arise.

The subject of polarities (or opposites as they were then referred to) has been of importance across the centuries. In 1980, I pointed out that Taoism (associated with the philosopher Lao-Tzu, 604–531 BC), referred to Yang and Yin. Yang signified warmth, light, and masculinity, whereas Yin denoted cold, darkness, and femininity. A counterweight, Tao, was required to reconcile these opposites. The Greek philosopher Heraclitus (540–480 BC) also spoke of the existence of opposing forces and referred to their regulative use as enantiodrama, a running contrariwise. He held that everything runs into its opposite, as depicted by concrete examples; for example, drinking sea water causes harm to people but is advantageous for fish (O'Leary, 1987).

Jung (Read, Fordham, Adler, & McGuire, 1950/1971) spoke of the play of opposites. In this play of opposites, Jung considered that a shadow was the opposite of the strong characteristic of an individual. The shadow, an area of undeveloped potential, is the less dominant and weaker part of the personality, and to a large degree, the less well known. The existence of the shadow is often demonstrated when individuals disown some of their behavior by using phrases such as "I do not know what came over me." What came over them was an increase in the power of their shadow in a particular circumstance. Jung (in Von Franz, 1978) stated, "The shadow personifies everything that the subject refuses to acknowledge about himself/herself" (p. 284). Shame often accompanies an awareness of the shadow. Without acknowledgement of a shadow, the dominant characteristic does not have a background. The shadow provides balance for the person's owned characteristic. Only when the shadow is acknowledged as part of the person's personality is it possible to change it. In gestalt therapy, this acknowledgment is called "owning." An encounter with the shadow leads to integration.

Foremost gestalt therapists have always considered polarities (Perls *et al*., 1951; Polster & Polster, 1974; Zinker, 1978). In literature, Tolstoy's (1869/1994) novel *War and Peace* by its very title emphasized the theme of polarity. In art, a drawing with the same title by Picasso shows the uplifted sword in the hand of the aggressor who is ready to strike the foe who hides behind his hand trying to ward off what is apparently inevitable. Between them, Picasso inserts a circled dove, thus bringing into focus that any act of aggression has within it the possibility of integration. These approaches from literature and art illustrate that both author and artist acknowledge polarities in their work.

Perls *et al*. (1951) spoke of the polarity of topdog/underdog. The topdog is righteous, evaluative, judgmental, domineering, parental, and authoritarian. It commands, directs, scolds, and manipulates. The underdog, on the other hand, is acquiescent and apologetic. However, it is cunning and sometimes gets the better of the topdog – a fact that is not always understood. What is helpful for individuals is to identify themselves in both roles. They may need to be evaluative and judgmental if they are on an interview board, whereas they may need to be submissive in the presence of an authoritarian boss. The goal for the individual is to allow both voices to be heard as appropriate. In previous writing (O'Leary, 1996), I pointed out that when polarities are identified they can either complement or compete with each other.

The relationship between two ends of a polarity is often like a seesaw so that when one end is up the other must be down (Passons, 1975). The end that is up is more in awareness while the other side is less so. What is important is that both sides of a polarity need to be expressed, explored, and integrated within an individual. Each can be energized depending upon the demands of a particular situation. Without this attention to both sides of a polarity, no forward movement is possible. Thus, the docile, compliant son may need to scream his rage before he can express his anger appropriately. Zinker (1978) stated that this process turns the light on inside our psychological lives.

If, in the past, individuals have identified themselves with one end of a polarity, the exploration and acceptance of the other will create a new gestalt as they reorganize both sides into a new whole. A moment of change occurs, and they move forward in their personal growth journey. The previously unnoticed parts begin to manifest themselves slowly and with increasing frequency as they become familiar with them. Individuals are no longer as they were. They have changed for the better.

Many polarities can be seen in nature and in everyday life. I remember a particularly striking example of this while living in Spain. One morning, I drove my nephew, Martin, to the beginning of his hiking expedition in Sierra de las Nievas. As we drove up the mountain, we were surrounded by an extremely dull, dark, and dense fog in its higher reaches. I switched on the lights, and for a while I had to drive very slowly and carefully. Then, suddenly, brilliant orange sunshine broke through, resulting in the juxtaposition of orange and grey which was stunning to behold.

Various factors can militate against the exploration of some polarities. A society often has definite views of what is acceptable in the development of individuals. In my previous writing (O'Leary & O'Connor, 1997) I have pointed out that an unnecessary division emerges between thinking and feeling in our youth – the cognitive is given precedence over the affective. Difference as opposed to balance is emphasized. Personally, I was fortunate in my teens to have an eighty-year-old grandfather who learned and sang the latest hits of Jim Reeves with me, although heretofore he had never heard of the singer. At school, I was taught how to waltz, do Irish dancing, and play the piano. Music, song, rhythm, and companionship thus obtained a value that has stayed with me throughout my life. In this way, a harmony of the cognitive and affective was achieved.

As individuals grow in personal awareness, they come to appreciate that there are many polarities within themselves. Several related opposites may exist to any one polarity. These opposites were called multilarities by Zinker (1978), who attributed the term to Erving Polster. I remember vividly this experience of multilarities as I sat outside my apartment while on sabbatical in Malaga. What I saw was pleasant: trees, a swimming pool, green grass, a nice patio; what I felt in my body was also pleasant: the warm sunshine, the feel of my skin; what I heard was not pleasant: noise pollution, cars whirring by, the sound of frequent hooting horns on the road from Malaga to Cadiz, the very length of their possible journeys seeming to add to the haste of the drivers. Thus, seeing and feeling were

multilarities to hearing. Zinker (1978) stated that individuals with healthy self-concepts are aware of many opposing forces within themselves and are willing to see themselves in a multitude of competing ways.

As in intrapersonal and interpersonal conflict, polarities lie at the basis of conflict in groups and organizations. This is evident in the opposing views usually taken by Democrats and Republicans in the USA with respect to the reduction of the national debt. When we polarize, we arrive at no solutions. Yet, polarization does not necessarily lead to conflict. Two major questions emerge: Can we live with polarizations within ourselves and between ourselves and others? Can we live, accept, and work with people who have diametrically opposite views? When there is no room to express what either oneself or the other feels, there is no way to grow together, since the true reality within is hidden.

In summary, polarities and balance are interrelated. Exploration and acceptance of both sides of a polarity allow balance to emerge. Polarities have been discussed in history as far back as the sixth century BC. Perls *et al.* (1951) illustrated polarities through the example of topdog/underdog, whereas Zinker (1978) expanded the concept to include multilarities holding that any side of a polarity may have many opposite sides. Polarities can also occur within groups and organizations. The essential question is whether the various players can respect the polarities that emerge, accept these polarities, and still continue constructively with the task in hand.

Awareness

Awareness featured highly in the writings of the founders of gestalt therapy. Awareness is both the goal and the methodology of gestalt therapy. Perls *et al.* (1951) wrote, "Awareness is the spontaneous sensing of what arises in you – of what you are doing, feeling, planning" (p. 75). Latner (1992) referred to it as a "form of experiencing. It is the process of being in vigilant contact with the most important event in the individual/environmental field with full sensorimotor, emotional, cognitive and energetic support" (p. 183). It was Perls' (1969b) belief that it is possible for all people to become fully aware of and act upon their needs. He claimed that "awareness is the only basis of knowledge and communication" (p. 44). In my previous writing, I stated that awareness is "an integrative concept which can be defined as consisting of cognitive, affective, bodily and behavioural processes. Awareness is dynamic and, once established, usually continues to develop over time" (O'Leary, 2006, p. 162).

Awareness is the realization of the obvious and begins with what is. Thus, therapists focus on the actions, postures, speech patterns, quality of voice, gesticulations, and the way clients relate to them. Enright (1972), speaking of awareness, stated that "although it includes thinking and feeling, it is always based on current perceptions of the current situation" (p. 300). For many individuals who misuse their senses, staying in the here and now is essential for awareness to occur (Perls, 1969b). Polster and Polster (1974) held that, "At its best, awareness is a continuous means for keeping up to date with one's self … It is always there, like an

underground stream, ready to be tapped into when needed, a refreshing and revitalizing experience" (p. 211).

Within psychotherapy, awareness is most closely associated with Perls (1981), who stated that "awareness is in and of itself curative" (p. 17). According to Latner (1973), it is closely associated with health. He stated that "regaining our health is a matter of restoring the awareness we have lost" (p. 3). Enright (1972) viewed awareness in a similar light, asserting that the mentally healthy person was "one in whom awareness can develop without blocking wherever his organismic attention is drawn" (p. 119).

Awareness can be conceptualized as consisting of what is relevant in the external and internal world of the individuals. Changing external circumstances result in moment-to-moment changes in their internal worlds. Awareness includes an awareness of the self, the world, and what is in between (Perls, 1969b). It was considered by Perls *et al.* (1951) as consisting of four characteristics: contact, sensing, excitement, and gestalt formation. Yontef (2005) defined these four characteristics as follows: contact is what one is in touch with, sensing is how one is in touch, excitement relates to emotional and physiological excitation, which may be pleasant or unpleasant, while gestalt formation occurs through figure and ground. Yontef (2005) stated, "The figure and ground form a gestalt, an organized and meaningful whole" (p. 89).

Awareness is different from introspection. The nature of introspection is such that it operates at a cognitive level only and involves a subject–object split (James, 1890), as can be seen in such expressions as "I blame myself." Awareness is thus different from introspection, in that, in introspection, the "I" observes the "me" and so the self is split and looks at itself self-consciously. Awareness, as Enright (1972) pointed out, "is the whole self, conscious of that to which the organism is attending" (p. 119). Perls *et al.* (1951) stated that "Awareness is the spontaneous sensing of what arises in you – of what you are doing, feeling, planning; introspection, in contrast, is a deliberate turning of attention to these activities in an evaluative, correcting, controlling, interfering way, which often, by the very nature paid them, modifies or prevents their appearance in awareness" (p. 88). Perls (1969b) compared awareness to the glow of a coal which comes from its own combustion and introspection to the light reflected from an object when a flashlight is turned on it. Introspection has an evaluative dimension, whereas awareness has a process orientation.

The concept of awareness was distinguished from insight by Erving and Miriam Polster (Polster and Polster, 1974). Awareness is in the moment. We have, one could say, to "catch" it. It has been referred to by Korb, Gorrell, and Van de Riet (1989) as "the AHA experience, the moment of clear understanding" (p. 119). Clients arrive at the AHA moment by focusing on moment-to-moment changes. So important is this moment that I chose it as the cover-design of my book *Gestalt Therapy: Theory, Practice and Research* by having a fork of lightning depicted on it – an apt symbol for the overall impact of awareness – lighting up what until that moment was in darkness. My initial choice had been an electric bulb but the publisher suggested that lightning was more natural and dramatic. Now, almost two

decades later, I consider that both are apt metaphors for the overall impact of awareness – lighting up what until that moment was in darkness. Awareness is a cognitive, affective, and bodily experience, whereas insight involves cognition only. As we become aware, we come closer and closer to our organismic experiencing. Insight may signal a particular behavior which is causing difficulty, but a cognitive marker alone may not be sufficient for a positive outcome. Intellectualization can hinder awareness if we seek only causes and do not look at how and what individuals do in particular situations, their feelings, and bodily experiencing.

Thus, the therapeutic core of gestalt therapy is increasing awareness. In this development, experience is a key factor. According to Kempler (1974), subsequent awareness is influenced by present awareness as psychological processes move from awareness to experience and back to awareness. Thus, life is perceived as it is right now and people are able to deal with all aspects of this realization.

Present-Centeredness

Perls (1981) was of the opinion that gestalt therapy was a form of existential philosophy. He stated, "What is important is that gestalt therapy is the first existential philosophy that stands on its own two feet" (p. 16). According to Patterson and Watkins (1996), "Perls was influenced by the existential emphasis on the individual's responsibility for thoughts, feelings and actions and on the immediate experience – the now, the I–Thou relationship, and the what and how, rather than the why of experience and behaviour" (p. 349).

Gestalt therapy incorporated the process approach of existentialism. This processing explores what underlies the experience of individuals in order for them to become aware of how they live, including how they perceive events in the present moment. Kierkegaard (1944) stressed that people are defined by what they do in a real situation. Existentialists hold that experiences change by focusing on them in the present moment. Explaining current behavior is not fruitful because it may result in speculations and interpretations which are not related to the original experience. Perls (cf. Rosenfeld, 1978) invited his clients to begin each sentence with the words "here and now." In so doing, he was encouraging them to move towards their internal frame of reference. It is no wonder that Levin (2010) referred to gestalt therapy as the "here and now" therapy. He goes on to say, "The here part of gestalt therapy refers to its situatedness in the world. … The non-personal environment is personalized and incorporated into support through contact. … The now part of gestalt therapy refers to temporality. Time is measured by change, change is measured by difference, and difference is measured by contact" (pp. 156–157).

Perls (1973) did not consider gestalt therapy to be merely verbal, but rather it includes all experience. Like the frames of a film, the present consists of a series of consecutive moments which form a stream of consciousness. Every "now" is part of a sequence of "nows." As I compose these words in the now, they are already past and a new "now" is formed as I continue writing. Polster and Polster

(1974) stated, "A most difficult truth to teach is that only the present exists now and to stray from it distracts from the living quality of reality" (p. 7).

The healthy person is capable of being fully here in the present moment. Perls (1969b) stated that whatever is actual always exists in the present, while Melnick and Nevis (2005) pointed out that this emphasis on the present was a revolutionary focus of gestalt therapy since the past had been the area of interest heretofore in depth psychotherapeutic approaches. Naranjo's (1972) observation that living in the moment is a prescription for life is apt.

The "now" occurs against the background of the past and the future. Melnick and Nevis (2005) stated, "A basic belief of gestalt therapy is that the present encompasses the past and helps influence the future. Everything that we have learned, everything that we have experienced is carried in the present moment … we focus on the present moment where the past is embedded and therefore alive and obvious" (p. 105). The amount of energy invested in the past and the future, the less space will exist for the present.

The past is important insofar as it exists in the present. If present experiencing includes experiences and feelings that have not been processed fully in the past, they are revisited in the present. Labeling emerging from past experiences is only useful when these events are still alive in the present for the individual. Thus, a statement such as "I am the adult child of an alcoholic" is no longer useful to a person if related bad experiences have already been processed and worked through. Labeling in this manner describes a part of the individual as if it were the whole. I am reminded of Kate, who had been sexually abused by her now deceased father. She told me that one of the most liberating experiences of her life was when describing herself as a person who had been sexually abused in an experiential group; the facilitator looked at her and said, "Yes, and what else are you?" Perls (1969b) maintained that people cling to their past in order not to assume responsibility in the present and thereby deprive themselves of new experiences.

Living in the present assists clients to deal with anxiety relating to the future. The energy of individuals suffering from anxiety symptoms emerges for the most part from preoccupation with their future. Anticipating the future unduly divests energy from the present, especially when such anticipation may bear little relationship to the eventual reality. Since the future has not yet arrived, the richness of the present is lost. The future is significant only when it is rooted in the now. Gestalt therapists work on the future with the goal of freeing individuals from imaginary situations which prohibit them from being fully in the present.

Directing attention to one's internal experience points to what is figural in the present moment. The more individuals can attend to the immediate moment, the more they can live in the present. For example, if I am going to a wedding in a week's time and have no suitable shoes, it behoves me to attend to the matter. The value that Levitsky and Perls (1972) placed on the present moment is reflected in their description of it as "one of the most potent, the most pregnant and most elusive principles of gestalt therapy" (p. 164). Four years before he died, Perls (1966) stated at the Atlanta Workshop on Gestalt Therapy, "To me, nothing exists

except the now. In my lectures in gestalt therapy, I have one aim only: to impact a fraction of the meaning of the word now. To me nothing exists except the now. Now=experience=awareness=reality. The past is no more and the future not yet. Only the now exists" (p. 16).

Perls *et al.* (1951) emphasized the importance of the non-verbal in the present moment paying more attention to the psychosomatic accompaniments of content. Perls' (1969b) advice in this regard was "Don't listen to the words, just listen to what the voice tells you, what the posture tells you, what the image tells you … the facial expression, the psychosomatic language. If you use your eyes and ears, then you see that everyone expresses himself(herself) in one way or another" (p. 57). Talking about a situation can distract from internal experiencing with the result that potential change moments are lost. In O'Leary (1996) I stated that "Self-criticism, blame, guilt, judgments relating to self and others, can prevent individuals from becoming involved with themselves or with others in the present. Many people find that they need to criticise those around them in order to avoid considering their own experience. Others dismiss their 'now' when they have time to reflect on what is happening. Growth will only occur when they open themselves to the possibility of considering the now" (p. 17).

The nature of interaction in the present moment has multi-potentialities. I was reminded of this when I traveled from Cork to Dublin recently. As is customary in Irish train stations, I had to queue by a closed gate. While doing so, one of the passengers struck up a conversation. This was all very well until I boarded the train, and we were sitting opposite each other. I had decided beforehand to do some writing during the journey, as the deadline for a book submission was fast approaching. As an Irish person I questioned myself, "Do I stay with my writing and so move forward with the book which has an approaching deadline, or do I choose to engage in further conversation with this most genial of passengers?" The question emerged, how can I do what is best for my overall functioning? I decided to do a little of each and to stop writing at the end of each page and converse. As I spoke with my fellow traveler, retroactive inhibition was prevented from emerging, and I returned to the next page refreshed, renewed, and ready to move forward. Two other people entered our carriage, and we fell silent. The field had expanded, but no connection existed between these two newcomers and us. My attention moved outward to the countryside, and so I moved from focusing in the present moment on self to the other, back to self, to the two strangers, outwards to my environment, and finally back to myself. What one engages in at a particular moment depends on what has most interest.

Unfinished Business

Although in frequent use in society, the term "unfinished business" was originally derived by Perls *et al.* (1951) based on the gestalt psychology principle of closure. This principle holds that anything that is incomplete persists in memory and seeks completion. Such incomplete situations absorb energy. Polster and Polster (1974) stated in this regard, "These incomplete directions do seek completion and when

they get powerful enough, the individual is beset with preoccupation, compulsive behavior, wariness, oppressive energy, and much self-defeating behavior" (p. 36).

Tobin (1976) viewed "unfinished business" as "the inhibition of an emotion that was experienced at one or more times during a relationship" (p. 373). A death, divorce, or the termination of a relationship may result in unfinished business. This unfinished business may take the form of unexpressed emotion such as not grieving. According to Cohn (1972), "Unfinished business includes emotions, events, memories, which linger unexpressed in the organismic person; avoidance is the means by which one keeps away from unfinished business. By avoidance, the person tries to escape from feelings that must be felt in order to release him(her) into his(her) own custody" (p. 158). Refraining from the expression of unfinished business by the client usually occurs for good reasons (Perls *et al.*, 1951); for example, the sexually abused person may not want to relive the experienced trauma. However, by ignoring painful emotions, their possibilities for development are blocked (Perls, 1969b). It is a difficult task to deal with these blocks. Nevertheless, through working on the block, both the therapist and the client can become aware of the basis for the avoidance and thus facilitate the working through of the unfinished business.

As individuals become aware of the whole range of their feelings, they come to realize that many feelings relating to experiences in their past are unexpressed. Instead of experiencing them at the time, individuals blocked them, since they were reluctant to admit the pain that accompanies self-disclosure. Such blocking deprives the person of the energy to become involved in other activities, since it dulls awareness of present experience. Goulding and Goulding (1979) claimed that clients who neglect to say goodbye are locked in their past; for example, individuals who grew up in an orphanage and suffered some injustice may hesitate to relate to those in authority. Recalling the injustice would dredge up the painful experiences that still exist emotionally for them. Unfinished emotion seeks completion and will press for attention until resolved. The form of the resolution may not be what the discloser would ideally want, but, through the expression of the pent-up emotion, both realistic and alternative outcomes emerge. Describing and working through the incident with a gestalt therapist can lead to resolution and release. Lack of disclosure, on the other hand, will not alter the unfinished situation. Such a lack often occurs if the person has a fixed attitude with regard to the situation. Perls (1972a) considered that fixated people display a certain stubbornness. Instead of letting go of the event, they mull over and cling to it.

Unfinished business may also relate to unfulfilled needs. For example, at the ending of an unsatisfactory relationship, individuals may have expressed all the feelings that accompanied the termination. Nevertheless, they may not have considered how they were then going to fulfill their need for closeness. Similarly, the person who experienced a happy marriage and whose spouse is now dead often feels guilty in considering a new relationship and so avoids its exploration. Perls *et al.*

(1951) pointed out that such avoidance exists for good reasons, and what is needed is to become aware of them. Despite feeling lonely, the bereaved spouse may stay blocked and unable to move forward due to what could be seen by family, friends, or others as a perceived betrayal of the bereaved. In not identifying the issue and working through it, possibilities for new relationships do not emerge.

Unfinished business can also exist in ongoing relationships. A fear of the breakdown of the relationship can prevent some individuals from expressing what is unfinished. Instead, they carry around this material and sap themselves of energy that could enhance the interaction. By continuing a less than complete relationship, they often accept what is less than fully satisfactory in their lives. Perls (1969b) stated that most people choose to avoid painful feelings rather than carry out what is necessary to change.

Unfinished business is particularly important where individuals grew up in cultural settings in which the expression of feelings was not socially acceptable. O'Leary and Nieuwstraten (1999) stated in this regard, "If the only socially acceptable way of expressing oneself is formal and impersonal, it is hard to attend to one's emotions" (p. 410).

Unfinished feelings are what Glasser (1985) viewed as long-term feeling behaviors. An example of a long-term unresolved feeling and its gradual diminishment is illustrated in the following example. Marcella recommended to her friend, Jane, to see a counselor, since Jane was experiencing difficulties in her current relationship. Subsequently, when Jane decided to marry, she did not invite Marcella to her wedding reception. Nevertheless, Marcella continued to be a friend of Jane's despite her feelings of hurt. Jane subsequently apologized and admitted to Marcella that she must feel very disappointed. Some time later, Jane's husband died in an accident, and Marcella supported Jane in her bereavement. Jane even told Marcella that only two of her friends had been there for her – Marcella and one other. Subsequently, Jane remarried and against all Marcella's expectations she was not invited to the second wedding. Marcella was deeply hurt and broke contact with Jane. Jane sent a Christmas card and tried to speak to Marcella in public places, but Marcella deflected interaction as much as possible. One day, as Marcella was walking down a street, she was admiring an extremely well-dressed woman in front of her accompanied by a little girl. Imagine her surprise as she went past them to find that it was Jane! A brief conversation ensued in which no reference was made to the wedding. However, Marcella noticed that she did not feel as hurt as before, although she did not wish to be as close to Jane as she formerly had been. In the situation, full resolution was never attained, since neither of the two people expressed to the other what either of them felt. However, the encounter on the street gave Marcella the opportunity of partly working through her unresolved hurt. Prior to this, she had expressed this hurt to her mother frequently, and thus worked through a considerable amount of it. As long as two people are alive, a possibility always exists of resolution or partial resolution of long-term feelings.

Perls (1972b) viewed resentments as the most common kind of unfinished business involving demands that have not been made explicit. Resentment involves the demand that the other person feels guilty. An interesting metaphor was coined

by Passons (1975), who referred to them as "the bulldogs of unexpressed feelings in terms of retaining their bite" (p. 18). Since the experienced anger or hurt was never expressed, the emotion grows into an enduring state of resentment. Both the resentful and the guilty were described as "clingers" by Perls *et al.* (1951). Guilt involves self-punishment, while resentment is transferring guilt onto another person. They are similar in that the situation remains inconclusive.

Just as many issues arising from interactions between individuals are not concluded, so too in groups. Although desiring to share positive or negative feelings, group members may keep such feelings to themselves through fear, shame, or embarrassment and leave the group with unfinished business. The resolution of such difficulties requires courage, since it involves dialogue in the "here and now." Hence, it is important that sufficient time should be allowed for issues to be resolved as far as possible.

Participation in a group environment can often awaken unfinished business. Schoenberg and Feder (2005) expressed it well when they stated, "The quantitative increase in present-centered interactions between group members offers a great chance to awaken some unresolved issues (unfinished business) in members and offers a correlating increase in opportunity to use group process to finish those historically incomplete figures" (p. 228). Although sharing the content of these feelings is important, it is the expression of them which brings completion to the unfinished situation.

Personal Responsibility

The introduction of personal responsibility as one of the key concepts of gestalt therapy reflected Perls' incorporation of an existential principle. Being responsible for oneself was highlighted by Perls (1971) as "responsibility" (p. 30) – the ability to respond – while Maples and Sieber (1999) referred to it as "responseable" (p. 243). According to Latner (1973), there are two ways to be responsible: we are responsible when "we are aware of what is happening to us" (p. 59) and when "we own up to our acts, impulses, and feelings" (p. 59).

At the outset of therapy, clients do not internalize feelings, emotions, and problems. They shift responsibility for their actions onto others, excuse their own behavior and are only aware of their own immediate needs. They let their past dominate, rather than assuming responsibility for the present (Perls, 1969b). By focusing on the past, they can excuse themselves from any responsibility in the present. They never allow themselves the opportunity to engage in new possibilities or to alter lifelong patterns. This attitude obstructs their development as responsible adults.

By becoming responsible for themselves, clients come to realize that they can do many things for themselves. Perls (1969b) overemphasized this lack of dependence on others probably due to his desire to stress the importance of personal responsibility. He also considered that individuals should not seek to live up to the expectations of others. Although self-responsibility was the focus for Perls (1969b), modern developments in gestalt therapy include consideration for others.

Being responsible for themselves is a sign of healthy adults. Yet many sabotage themselves in this process. An example is that of the twenty-five-year-old who still lives at home and leaves laundry, cooking, and car maintenance to be taken care of by parents while contributing nothing to the household either financially or by way of labor. Perls' (1969b) definition of maturation as the "transcendence from environmental to self-support" (p. 28) is particularly relevant in this respect.

In the group situation, a sense of responsibility involves assisting members to move from dependence on the facilitator and other participants so as to act from their own felt experiencing. It is only the individual member who can decide to change anything relating to himself/herself. Thus, change is closely connected to the development of self-support. Rather than seeing their lives as being outside of their control, group members begin to view themselves as having an input into it. The realization of the many choices that they have grows. Oftentimes, they experience, for the first time, a sense of what being adult really means. Outside of the group, they may lean on others for support of different kinds. These supports can be subtle and so anticipated that individuals do not see their own lack of responsibility. Gradually, participants move from environmental support to self-support. They realize that they cannot demand anything of others, but rather can make a request which others are free to respond to or not. In this manner, game playing is reduced or eliminated. For example, the girlfriend who is sorely disappointed that her birthday has been ignored by her boyfriend becomes aware that she could have been more proactive in reminding him of the event. The game of "If he loved me, he would have remembered" is thus avoided, as she comes to realize that many factors could have been at play in such behavior.

Process and Processing

Internal processing occurs through focusing inwards. Focusing, developed by Gendlin (1981), empowers clients to experience a "felt sense" (p. 77) of themselves. This activity can be hindered by unfinished business or demands from the environment. To engage in internal processing, attention has to be directed inwards.

Like the waves in Shakespeare's *Sonnet No. 60* (Wells and Taylor, 1992), each experience takes the place of that which went before. The more we process, the closer we get to our internal experiencing. Processing allows us to stay in the present moment and, by so doing, change occurs. Beisser (1972) referred to this phenomenon as the paradoxical theory of change, of which he stated, "change occurs when one becomes what one is, not when s/he tries to become what s/he is not" (p. 77). Rogers (1961) spoke of the flow of this process as happening when individuals experience themselves as received, welcomed, and understood as they are. Thus, the quality of the environment can assist or hinder this change process.

Processing in a group can be assisted through the use of questions to increase awareness. The facilitator can ask the following questions: What bodily sensations are you experiencing? What feelings are you aware of? What are your

thoughts right now? What actions are you engaging in? Through processing, clients are thus enabled to identify and express these different dimensions of their experiencing.

Processing is central to the possibility of change occurring along the awareness–action continuum. Before a behavior can be assimilated, it needs to be processed. Behaviors which are not processed absorb energy and time, while through processing necessary action occurs. Without action, the energy emerging from awareness and processing becomes locked in the body, since it lacks an outlet (Polster, 1995).

In the absence of processing, irrational assumptions and generalizations, which can account for certain faulty thinking patterns, cannot be identified. Take the case of James, a cardiac patient, who suffered from the belief "Nobody loves me." He was fearful and silent in the group, afraid to express himself, since he did not expect a positive response from any of the other group members. When the facilitator inquired how it was that he was silent, he responded that he did not trust the group. On the invitation of the facilitator to identify if there was anyone in the group whom he trusted, he looked around and identified Pat. The facilitator then invited him to tell Pat that he trusted him. When he did so, the facilitator checked how he felt. To James' surprise, he discovered that he really did trust Pat. On further exploration, it emerged that James had been brought up in an orphanage where he felt that nobody loved him. This vignette demonstrates how the processing of the behavior of silence led to the identification of the feeling of lack of trust, and then to that of trust in one person in the group. Processing of James' behavior allowed awareness of its origins to be established, resulting in a freedom from the generalization "Nobody loves me." His experience illustrates the important role processing plays in the life of the individual.

The processing involved in the development of authentic living was compared by Perls (1973) to the peeling of an onion. This gradual unfolding can be viewed through five layers of functioning: the cliché or phony, the role playing or phobic, the impasse, the implosive, and the explosive. While this is the sequence favored by the present author, it is important to point out that Perls placed implosion before impasse.

People use certain clichés to avoid communication with themselves or others; for example, "Good evening" or "It looks like rain today." Although these clichés do fulfill the role of establishing initial social contact, if they become a habitual pattern of the person they can stultify interaction.

In the role-playing or phobic layer, people use their roles rather than contacting their true selves; for example, the outstanding student, the perfect religious sister, the model president, the caring father, the loyal daughter, or the capable doctor. These roles emerge from pictures that individuals have of how they would like to be. Two difficulties arise. Individuals in the role-playing layer cannot tolerate deviation from the picture they have of themselves. Should anyone dare to question the picture, they will likely seek reassurance from others close to them and then reject the person who disagrees. They must protect their role at all costs. Such role playing originates from low self-esteem.

In the impasse, people stop playing roles as they glimpse the possibility of engaging in new behavior. However, such a possibility can fill them with fear and uncertainty as to what they should do. Thus, the monk who has never contemplated taking his habit off, even in temperatures of 40 °C, may come to the realization that he can be just as religious in a light sweater and pants. An old Irish proverb reinforces this position: "Ni hiad na headai a dheineann sagart," which translated means "The clothes do not make the priest." However, the disapproval which he may encounter may stop him from proceeding. He remains stuck, although he has glimpsed the new possibility. Thus, a feeling of not knowing what to do next and of being in a vacuum arises. Korb *et al*. (1989) held that the impasse occurs when clients do not work beyond a certain point. It is necessary to stay with the void in the impasse to ensure that progress takes place. According to Patterson (1973), the impasse lacks a basis in reality since individuals have the necessary resources to undertake the new behavior. The person in the impasse does not move forward through fear or catastrophic expectations.

Perls *et al*. (1951) held that, in the impasse, individuals give up using their own eyes and ears. They imagine what could go wrong if they engage in the glimpsed possibility. They cannot see how they can survive if they allow themselves to consider seriously this emerging possibility. Survival seems impossible to them without roles and games. A feeling of panic may begin as they doubt if they have the resources to survive in the new situation. Opposing feelings and thoughts emerge as individuals become aware of these contradictions. Authentic self-support arises gradually.

An example of the impasse and implosion layers is outlined in the following dialogue between Tony and Perls, where Tony is sitting in the chair besides Perls. Neither of them interacts for several minutes. Eventually, Perls addresses Dick, another group member.

PERLS: Dick, didn't you tell me Tony wanted to work on a dream?

TONY: (Haltingly) I recently had a dream in which … I had an opportunity to go abroad. I've never been out of New York. I'd never been to Europe … and I had an opportunity to go to Europe and I was going to fly from New York but I had to get a flight from my home in Ohio.

PERLS: Please tell it in the present tense.

TONY: OK, I've got to go to New York.

PERLS: What's your left foot doing?

TONY: Bracing against that little stool.

PERLS: Close your eyes and enter your body. Describe what you feel physically.

TONY: Fear … Physically, I'm warm. I'm breathing hard and my heart is pounding.

PERLS: What kind of voice do you use?

TONY: It's more sure than it actually is … It's affected.

PERLS: Well, you see it is clear that he is much too preoccupied with the stage fright to be ready to really work on the dream. We'll do some actual work first. Now, can you look at the audience? What do you experience there?

TONY: (Silently looking around the room) I … feel better. I experience … sort of a patience and I think they have a …

PERLS: Close your eyes and withdraw again. Any place you would like to go. Where would you go?
TONY: Do you mean in my body?
PERLS: Where you would feel more comfortable, away from us your body, your fantasy, I don't know, just go away.
TONY: I'm out on one of the rocks out in the ocean.
PERLS: Yeah, what are you doing there?
TONY: I'm looking back at Esalen, at the grounds.
PERLS: Yeah, are you all by yourself there?
TONY: Yeah.
PERLS: How does it feel to be by yourself?
TONY: Well, I feel secure in the fact that I am out here … and yet I feel incomplete in that I should be back on the grounds … encountering people.
PERLS: OK, open your eyes and encounter people.
TONY: (He pauses for a long time as he looks at the members of the group.)
PERLS: What do you experience?
TONY: Again I experience a patience and sort of a calm … and … a good feeling … a rapport.
PERLS: A good feeling. I see your right hand doing this. (Tony's right hand is clutching his right knee.) What does this mean? How do you experience this?
TONY: As tension.
PERLS: What kind of tension? May I interpret it? May I make a mistake? It looks to me like pushing away. Ok, now close your eyes again and withdraw into your dream. What do you see, feel and hear? I don't want a story, I just want to see what you encounter when you go into your dream.
TONY: Shame.
PERLS: Yeah, what are you ashamed of?
TONY: … Of not accomplishing … trivial little things.
PERLS: Such as …
TONY: I … up … I wasted just enough time so that I missed the airplane … and the opportunity to go to Europe. I …
PERLS: Have you ever been to Europe?
TONY: No.
PERLS: Keep your eyes closed. Go to Europe, whatever Europe means to you. Go to Europe. What happens? Take the plane. I don't let you miss the plane. I put you on the plane.
TONY: Uh, Up … new people. A lot of people I don't know and they don't know me … uh, fresh personalities that … I mean that … they're all in need.
PERLS: For this you have to go to Europe?
TONY: (Sighing) I don't know if that's my exact motivation … that's what I'm seeing when I get there. That's one of the first things I experience.
PERLS: Ok, now I put you back on the plane again. The plane lands in Monterey and I put you on a helicopter down to Esalen … you walk up to Fritz's room and open your eyes and what happens here? Open your eyes.
TONY: (Pausing for several minutes) I want to ask you what it is that you would imagine that I would imagine that I would do … I'm not … sort of what you would expect.
PERLS: Ok, produce a few expectations.
TONY: Sir?

PERLS: Produce a few expectations. (Tony sits in Perls' "empty chair" and they sit in silence for several minutes.) Please don't change your posture. What is your right hand and left hand doing? How are they relating to each other?

TONY: (Tony is pounding his right fist into his cupped left hand.) It's an encounter … tension.

PERLS: Can you sit here and keep the posture? (Perls motions for Tony to return to his seat which he does and cups his right hand in his left.) What does the right hand say and what does the left hand say?

TONY: The left hand is stopping the right hand from moving … but the right hand has a grip, or has a catch … is holding the left hand.

PERLS: Give them words, "I stop you," "I hold on to you." Make a Punch and Judy show out of it. Make it like two puppets talking to each other.

TONY: The left hand is saying, "Stop."

PERLS: Say it again.

TONY: Stop!

PERLS: Again.

TONY: Stop!

PERLS: Again.

TONY: Stop!

PERLS: Louder.

TONY: Stop!

PERLS: Louder.

TONY: Stop!

PERLS: What does the right hand say?

TONY: (He sits silently for several seconds.) The right hand isn't going anywhere but it doesn't care because …

PERLS: Now, say I don't care.

TONY: I don't care.

PERLS: Again.

TONY: … I don't care.

PERLS: Again.

TONY: I don't care.

PERLS: Again.

TONY: I don't care.

PERLS: Ok, now go into the dialogue.

TONY: … You must stop pushing … No I don't … Stop pushing immediately! (The film pauses at this moment to allow the camera to be reloaded. During this period, Tony completes the dialogue between the left and right hands, a conversation that ends in an impasse. Dr. Perls directs Tony's attention to the group. The film resumes.)

TONY: (Tony surveys the group quietly.) It isn't a fear, but I sense that other people are … sort of gaining an insight … possibly to me …

PERLS: Other people gain insight, but you don't. It's still there … other people.

TONY: Yeah … I'm starting to formulate something …

PERLS: I know, but don't force yourself. Well, there is one thing that I want to point out that you might have noticed. Tony is an example of the implosive layer. There's an implosion here. (Fritz illustrates this layer by re-enacting Tony's hand dialogue.)

This excerpt illustrates that Fritz did not view groups as safe and comfortable places; rather, his emphasis was on the development of the participant. The importance of being responsible for oneself is seen at the beginning of the dialogue when Fritz looked around the room and said to a group member, "Dick, did you say that Tony wanted to work?" Dick had been told by Tony that he wanted to work with Fritz. However, Fritz was not going to rescue him when Tony did not take the initiative in communicating his wish to Perls. Rather, he communicated with the message-giver, Dick. Through this indirect communication, Fritz was stressing the importance of self-responsibility, a necessary feature in attaining explosion and authentic living. He waited until Tony became responsible for the implementation of his own wish.

The impasse is evident in Tony's work with his right and left hands. He states that the left hand is stopping the right hand from moving while the right hand has a grip on the left hand.

In the implosive layer, clients feel paralyzed as two equally strong opposing forces battle within the person. Clients may have become aware of how playing roles has hindered them in their past; they can see dimly the changes that would free them to develop themselves further but are fearful of the movement away from what they consider to be a secure way to live. They come to a realization of how they have limited themselves in the past with an accompanying sense of regret. They do not wish to continue in this way, but a sense of anxiety or fear prevents them from moving forward. Speaking of implosion, Clarkson and Mackewn (1993) stated, "We pull ourselves together, we contract our muscles, and we implode. We believe that if we were to explore, we would not survive or be loved anymore" (p. 79).

In the explosive layer, a new release of energy occurs as awareness develops of the "AHA" moment (Korb *et al.*, 1989). O'Leary (1996) stated that explosion occurs when the scales fall from the eyes of the client.

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3

Dialogue and Contact

Eleanor O'Leary

The importance of dialogue was stressed by the existentialist Jewish philosopher Martin Buber, who claimed that its establishment leads to people becoming fully human (Buber, 1923/1970). The word "dialogue" comes from the Greek word *dialogos*, which is formed from the two words *dia* (through) and *logos* (the word). Dialogue involves an authentic sharing between two people and a flowing movement between them. In dialogue, both parties attend fully to each other. To use Rogers' (1961) well-known phrase, they become a person to each other – a person whose thoughts, feelings, actions, and behavior, verbal and non-verbal, are of importance not only to oneself but also to the other. In therapy, dialogue originates in both the therapist and the client, a dialogue which leads to a new creation between them (Hycner, 1990). Resnick (1995) commented that the therapist engages in two phenomenologies: his/her own and the client's.

Dialogue, according to Jacobs (1989), is a special form of contact that becomes the ground for deepened awareness and self-realization. Through their relationship with therapists, it becomes possible for clients to contact their own direct experiencing of themselves. To the extent that such a relationship is created, clients will become more self-responsible, capable of living in the present, more balanced, more aware of themselves and others and the world around them, more creative, and more able to let go of unfinished business. They will be able to process in a more whole way what is going on for them in their intrapersonal and interpersonal world and develop themselves further in the present context of their living.

Five characteristics of a dialogical relationship were outlined by Simkin and Yontef (1984, p. 281): inclusion, presence, commitment, no exploitation, and dialogue. According to these authors, commitment to a dialogue allows contact to occur, no exploitation ensures that therapists do not influence others to do what

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therapists want, while lived dialogue leads to a sense of immediacy and excitement. At the conclusion of a chapter entitled "The dialogical principle in psychotherapy," Hycner (1993) concluded that "there is a substantive body of literature through which runs the central thread of healing through meeting" (p. 99). An in-depth consideration of inclusion and presence follows.

Empathy/Inclusion

Approximately twenty years before Simkin and Yontef (1984), Buber (1965) referred to inclusion as "the most intense stirring of one's being … into the life of the other" (p. 81). Hycner (1993) viewed inclusion as a back and forth movement, the struggle to balance being centered in one's own existence and being able to "go over to the other side" (p. 45). Drawing from Friedman's (1985) and Buber's (1965) writings, Hycner concluded that inclusion is not the same as empathy since the latter concentrates in one part of the dialogue while inclusion does not neglect either side. In a similar vein, Yontef (2005) said of inclusion that "when therapists practice inclusion, they throw themselves as much as possible into the experience of the patient, even feeling it as if it were happening in their own body – without losing a sense of self. This has been called 'imagining the real'. Inclusion goes a bit further into the experience of the patient than some definitions of empathy and also is much clearer about the maintenance of the autonomous sense of self by the person practicing inclusion" (p. 95). The word "some" in this quotation of Yontef's is important and needs further clarification. I hold that inclusion is no different to a true understanding of empathy. Articles by Latner (1986) and O'Leary (1997) outlined in Chapter 12 of this book show clearly that the maintenance of one's own sense of self is central to empathy. Latner stated "our foreground is filled with our contacting, the awareness of difference" (p. 23), while O'Leary held that "the realisation of difference with the other is background" (p. 147).

Statements by Yontef (2005) and Yontef and Jacobs (2008) suggest that these authors equate empathy with inclusion. Yontef (2005) stated that "[The final authority] on whether the empathic or inclusion statement is accurate is that the patient tells you whether it is accurate or inaccurate" (Yontef, p. 52). In a chapter on gestalt therapy, Yontef and Jacobs stated "in a dialogic therapeutic relationship the therapist practises inclusion which is similar to empathic engagement" (p. 336). Empathy and inclusion have, at the very least, a great deal of overlap. In this chapter, I will use the term empathy to denote inclusion.

When speaking of empathy in O'Leary (2003) I gave as an example the quotation of Atticus Finch to his daughter Scout in Harper Lee's (1960/2010) novel *To Kill a Mockingbird*: "You never really understand another person until you understand things from his [her] point of view … until you climb into his [her] skin and walk around in it" (p. 33). Consider further Yontef's (2005) words "the patient tells you whether it is accurate or inaccurate" (p. 52). This checking

of understanding is an important aspect of empathy and was identified as the second of three phases of empathy by Barrett-Lennard (1976).

Empathy has been extensively written about in the psychotherapeutic literature, particularly in recent decades (Barrett-Lennard, 1976; Harman, 1982; O'Leary, 1993; Polster, 1995). Polster (1995) devoted a chapter of his book *A Population of Selves: A Therapeutic Exploration of Personal Diversity* to the subject of empathy. With great clarity, he outlined the contrasting positions of gestalt therapy theory with theories such as that of Rogers (1961). He held that a full theoretical partnership should exist between empathy and contact. In speaking of empathy, he argued that the therapist must "reach the client and reveal that he [she] understands" (Polster, 1995, p. 157). Yet the person-centered therapist Barrett-Lennard, almost 20 years previously, had taken care of this concern of Polster when he outlined three distinct phases of empathy: "the inner process of empathic listening, resonation and personal understanding, communicated or expressed empathic understanding on the part of the counsellor, and received empathy or empathy as experienced by the client" (O'Leary, 2003, p. 88). Earlier work in the person-centered approach by Kurtz and Grummon (1972) had concentrated only on the first of these phases (which has been referred to as affective sensitivity by Goldstein and Michael (1985)), while Truax's (1961) formulation of empathy was limited to the first two phases.

The word empathy comes from the Greek word *empatheia*, which refers to an active valuing of another person's feeling experience. Although capable of being part of other kinds of relationships, empathy usually occurs in a therapeutic setting since the time required often prevents its development in work settings or within the confines of day-to-day friendships or family relationships. In O'Leary (1993) I compared empathy to "two tuning forks in the same key. When one is struck, the other picks up the sound transmitted by the first while forfeiting nothing of its own basic nature." This has implications for group therapy. In a group context, when conflict begins to develop, its escalation can be prevented by the facilitator asking both members to restate what the other has said and to check with each other if this is accurate. This has the effect of slowing down the speed of the process and allowing a more reflective interaction to ensue.

The phenomenology of the client received particular attention in a chapter entitled "A framework for integrative psychotherapy" by O'Leary and Murphy (2006). In it, four modes of communication were identified: cognitive, emotional, bodily, and behavioral. We maintained that one of these modes of communication is "primary for any given individual, therapist or client" (p. 17). In the establishment of empathy, if the modes of communication being used by the client are recognized by the therapist, it is likely that mutual understanding will occur more rapidly.

Hence, it is desirable that the therapist has the capacity to respond in any of the four modalities or to combinations of them.

Different kinds of empathy have been identified by various writers. Carkhuff (1969) spoke of interchangeable empathy, where what was said by individuals is reflected back to them without any additional material being added to the content by therapists. He also spoke of additive empathy, where therapists not only state what they have heard but also hypothesize beyond what clients said. These additive parts are offered tentatively to clients, since therapists realize that they have inferred these additive dimensions. Both of these kinds of empathy are similar to the later distinctions of Egan (1975), who called them basic-level and advanced-level empathy.

Empathy may be regarded as the most important attitudinal condition for good therapy. This is not surprising when we reflect that empathy involves therapists understanding clients – allowing clients to tune into, express, and process their internal experiencing without fear of negative consequences. In therapy, criticism, which clients may experience in contexts outside of therapy, does not occur.

Empathy in a Group Context

Empathy in a group context relates not only to the facilitator but also includes the totality of the understanding which occurs within this context. Thus, it encompasses the group leader's understanding of each of the members and each participant's understanding of every other member. However, empathy on the part of the facilitator is essential. Empathy does not consist of merely responding "mm hmm," but also includes responding verbally. Indeed, the group of graduate students in Chicago who worked with Rogers in understanding others initially focused on reflecting back what was being said, be that in terms of the feeling or the content. However, if empathy is conceptualized merely as a way of responding, the attitude to the other may become secondary to the technique. An attitude of empathy encourages group members to communicate more of the uncertain, confused, and vulnerable parts of themselves. They share more of themselves when they perceive that the facilitator finds that what they are disclosing is worth understanding.

Based on Rogers' (1951, 1961) writings, O'Leary and Keane (1997) defined empathy as consisting of five elements: "the assumption of the therapist of the internal frame of reference of clients; an understanding of the world as clients see it; the perception of the congruity of the therapist's perception of clients with how clients see themselves; the elimination of all preconceived ideas vis-à-vis clients and the communication of the reality of the therapist's undivided attention" (p. 134). In a group context, this inner process of listening involves being willing to abandon temporarily one's own interest in order to create space for the story and concerns of others.

In empathy, listeners perceive and feed back to individuals dimensions of their experience of which they themselves may not be aware – this is at the very heart of gestalt therapy. An example could be individuals who rarely speak in a year-long

group. The facilitator focuses on this dimension of their behavior and provides what Polster and Polster (1974) refer to as a "wedge into new experience" (p. 224). If such behavior were ignored by participants, it could continue to disempower them. These group members would thus lose an opportunity to explore what the behavior was communicating, an opportunity which may not present itself in the future. They may assert that they are learning a lot from what is going on in the group, and this may be the case. Yet, such learning is at a cognitive level and omits the sensory, affective, and social dimensions of experience. They possess insight but not awareness – the experiential dimension is lacking, and the accompanying actions are omitted.

It is likely that ill-at-ease members of groups will show their unease non-verbally. These non-verbal clues can be valuable resources in the establishment of empathy. A raised shoulder which is frozen may inform us of the fear of the past; a rigid jaw may be held in this position for fear of an explosion of anger; averted eyes may tell of embarrassment, shame, shyness, or depression; crossed hands may speak of comfort of oneself, or the blocking of the desire to hug another. The non-verbal dimensions of speech can further inform us. According to O'Leary and Keane (1997), tone of voice can tell us of grief through its low and broken quality, of anger through its raised pitch and increased volume, and of love through its warm and accepting quality.

Some voluntary organizations assume that individuals cannot help others unless they have experienced a similar problem. However, the work of facilitators who have had a similar experience but never undertaken their own therapy may be detrimental rather than helpful to group members. Take, for example, sexual abuse. Facilitators who have been sexually abused may have worked through a large amount of the experience themselves but may never have reached the place where they have forgiven the abuser. If a group member shares that she/he has been abused by her/his father who is now dead, and wishes to forgive him, the facilitator may experience difficulty if the person expresses any feelings of affection towards the deceased. Corey (1985) stated that "It is not the specific experience that is essential. What is essential is a willingness on the part of the group leader to face his or her own unique life problems" (p. 253).

Authenticity/Presence

The second characteristic of a dialogical relationship referred to earlier in this chapter (Simkin & Yontef, 1984) is presence. According to these authors, presence means that "here is full expression by the therapist. The therapist is there as a real person and not as an embodiment of a theory" (p. 281). This equates with what Carl Rogers called congruence and what I describe as authenticity (O'Leary, 2006). Henceforth, I shall use these terms interchangeably. Becoming authentic or being a presence is central to gestalt therapy. In previous writings (O'Leary & Keane, 1997; O'Leary, 2003), I referred to congruence as becoming one's true self,

as seeking to exclude any pretence of acting or of being what one is not, thus implying honesty and candor. Congruent individuals have as their goal to become ever more self-aware and self-accepting. They do not play professional roles. Their abilities, talents, and skills blend naturally into their everyday living. Within and outside their work environment, they are at ease with themselves since they are devoid of roles. Rogers (1961) believed that counselors could only help others to the extent that they themselves had grown as individuals. He considered that there was a relationship between the therapist's own growth and the degree to which growth as a separate person can be attained by the client. Gestalt therapists thus attend to their own growth and development as part of their professional training. Rosenblatt (1980) expressed a similar sentiment to Rogers when he stated that what therapists need to rely on is not their technique but their personal development and the quality of their contacts with others.

Being authentic is both an attained and a becoming state. It is attained insofar as each of us has areas of our lives in which we are real and other parts in which we are not. Thus, a man/woman may be honest with their employer but lie to their spouse/partner. To be fully authentic is an ideal state. Authenticity can be viewed as a continuum where some people may stay at the same level throughout life while others may become more authentic as they grow older. Individuals who do not engage in processing their internal life are likely to fit into the former group.

Authenticity in a Group Context

Authenticity allows the experience and training of facilitators to be included within the group situation. Thus, the group experience is a product of what both facilitators and participants contribute. Lietaer (1984) stated that "Our own experience is the most important tool with which we can work" (pp. 421–422). Authenticity allows facilitators to work freely in the group, since they are not judging their interactions as they occur but rather living them. Polster and Polster (1974) pointed out that "Sometimes, the therapist is bored, confused, amused, angered, amazed, sexually aroused, frightened, cornered, interrupted, overwhelmed and on and on. All of these reactions say something about both the patient and therapist, and they comprise much of the vital data of the therapy experience" (p. 18). The same can be said of the group experience. I remember a student-trainee of mine who was invariably late for group sessions. After a few weeks, I commented in a humorous voice "You must find it impossible to be on time!" to which she responded "I was at a court case." No change in behavior ensued in the following week, so two weeks later I stated "I despair that you will ever come in time! What will you do when you have clients?" She then admitted that being late was a characteristic of hers. Valuable work continued which resulted in a changed pattern of behavior. A number of factors were involved in what amounted to this three-phase intervention: the freedom to use my "smart" voice; my feeling of involvement with her as I used the word "despair" to describe my feelings; her knowledge of me, in that she knew that I was not going to be

either punitive or evaluative, and her openness in exploring her usual late pattern of behavior. Her lateness for the group was a symptom of a more enduring characteristic. Left unattended, her persistent pattern of lateness could have had serious consequences.

Contact

The quality of authenticity and empathy are based on good contact. The following subsections explore the definition of contact, kinds of contact, contact functions, contact boundaries, and blocks to growth.

Contact Definition

Perls (1969) stated that "Contact is the appreciation of … differences" (p. 249). Good contact requires a sense of separateness from the other person. Individuals must know their differences before they can unite. Polster (1995) gave what he described as a simple definition of contact as "the meeting between ourselves and what is not ourselves, contact is going on all the time. It is as ordinary as breathing or blood circulation, as easily overlooked as the air around us" (p. 132). The initial moments of contact in therapy may be pivotal to the subsequent unfolding of a session. These moments may consist of cliché, yet cliché is part of contact since it comprises such aspects as eye movements and voice level and tone. The degree of awareness of the senses individuals possess determines the kind of contact that is made. Through their senses, they are enabled to explore their environment and to act upon this knowledge. Clarkson and Mackewn (1993) stressed that change occurs through contact and cannot be predicted. Each interaction (irrespective of its magnitude or significance) changes the awareness of an individual's identity.

Kinds of Contact

Three kinds of contact were outlined by Polster and Polster (1974): internal, interpersonal, and international. Historically, the emphasis in gestalt therapy was on the first; that is, the internal life of clients. This was explored through considering what and how clients were feeling, thinking, sensing, and doing. The internal life of the client was so important that Perls, when working in a group context, chose to make the individual who was working figural while the other participants stayed in the background. My view is that internal contact "relates to that which is experienced by us inside our skin" (O'Leary, 1996, p. 30).

Interpersonal contact has gradually been gaining more significance in gestalt therapy in recent years. Each interaction changes the awareness of individual identity irrespective of its magnitude or significance. Interpersonal contact does not necessarily mean mutual understanding. Creative exploration by both is

essential for such understanding to occur. The exploration allows each to discover where the similarities and differences exist. Adapting to these elements requires an accommodation process on the part of both individuals, since each will have different expectations. Rigidity with respect to the fulfillment of expectations can be an obstacle to meaningful contact. Unfortunately, many people do not allow exploration to occur, resulting in a premature decision such as deciding to be best friends or becoming engaged to be married. This may arise from one of the individuals not being able to deal with uncertainty or having a need to control the other person. Authentic contact does not occur in such circumstances. I am reminded of an acquaintance of mine who said that she "rattles the cage" when she is not getting what she wants. The irony of the situation is that she may get what she wants in the short term but the other person may not, due to reluctance or fear of a negative reaction. What appears to her as perfect is far from being so. It is essential for good interpersonal contact that what each needs or wants from the interaction is clear to both. Understanding this from the outset will prevent much misunderstanding and heartache. An accommodation process is usually necessary, since each party will have different expectations. Even if the two individuals decide to go their separate ways, good interpersonal contact ensures that such a decision is acceptable to both.

The immediate environment plays a significant role in interpersonal contact, since its assimilation is important for the fulfillment of the needs of individuals. For example, communicating in a quiet environment, as distinct from a noisy one where heavy machinery is being operated outside, is likely to have a better outcome. What can be assimilated and what can be rejected becomes apparent. Assimilation needs to be followed by a period of withdrawal so that the thoughts, feelings, sensations, and actions of the other can exert their full influence. In this manner, both parties have confidence in their experience, an appreciation of their uniqueness, and a recognition of the value of the other.

Effective interpersonal contact may be impeded if a premature connection is made between two individuals. Without a stage of exploration, true contact becomes impossible. Mutual dialogue is dependent on the agreement of desired outcomes by both individuals. It can be hindered if one individual insists on the implementation of selfish personal outcomes irrespective of the wishes of the other person. An effective dialogue emerges through listening and responding to one another's needs. Such dialogue is neither withdrawing from each other nor abandoning one's own needs for the good of the other. Creative resolution occurs when both parties readjust their own needs to satisfy one another. A rigid contact boundary prevents the establishment of dialogue, as in the case of a neurotic. This rigidity results in disruption of interpersonal contact. The dialogue in therapy was illustrated by Hycner (1990) as "an approach of being open to otherness, the uniqueness of the other person, along with a desire to bring myself fully into the meeting with this other person" (p. 42).

The third type of contact outlined by Polster and Polster (1974), international contact, is evident in world events. Recent conflicts illustrate the importance of international accord between peoples and nations. Promoters of conflict resolution

point to the benefits of contact between ethnic groups in solving the conflicts in South Africa and Northern Ireland by ensuring parity of esteem for each ethnic group. However, the brutal fragmentation of former Yugoslavia and continuing tensions within and between the successor states show that efforts at resolution through contact between ethnic groups are not always successful. This is also illustrated by a series of what appear to be insurmountable difficulties between ethnic groups in the Middle East.

But is there a better example of failure than the tragedy of 9/11? The attack on New York's Twin Towers and the events that followed might have been avoided if mutual antipathy between Christian and Muslim were not allowed to be exploited. The price of ignoring this ancient antipathy is enormous. It may be measured in the death of thousands, perhaps millions of innocent Iraqis, Afghans, and others, East and West, who will die before this deep-rooted conflict can be resolved eventually through international contact (J. O'Callaghan, personal communication, March 8, 2011).

Two particular principles relating to contact that I consider to be ever new in relevance are those of contact functions and contact boundaries.

Contact Functions

Empathy and authenticity are personal strengths that therapists bring to their clients to enable clients to obtain a greater understanding of themselves. Such understanding is enhanced through the exploration of contact functions and contact boundaries. The five senses play a central role in contact (Kepner & O'Brien, 1972) and are known in gestalt therapy as contact functions. Polster and Polster (1974) added two more; namely, speech and movement. Speaking of these contact functions, Polster (1995) stated that "they are basic to our existence, our task in life … is to make the contact functions work as well as possible" (p. 132).

Tasting is often not the focus of attention in therapy. Yet, eating and drinking are central activities in most people's lives. In more than thirty years as a trainer, I have found that inviting trainees or participants in groups to become aware of their eating or drinking has resulted in an increase of awareness for them. This is not surprising, since drinking is one of our earliest activities – one that in some cases can bring great rewards if we respond to mother's demand that we hurry up or disapproval if we do not. Becoming aware of eating and drinking is extremely important for individuals who experience difficulties such as obesity or alcohol abuse. Questions such as "When you eat, what are you most aware of?" and "What is your favorite taste?" assist in the development of awareness of taste. Eating slowly will allow individuals to taste what they are eating rather than swallowing food whole without tasting it. Hinksman (1988) distinguished four different stages in contact: pre-contact, fore-contact, full contact, and final contact. In pre-contact, individuals experience hunger; in fore-contact, food is prepared; tasting of the food occurs in full contact; and subsequent digestion indicates final contact.

With respect to hearing, listening is more than just hearing. Rogers (1961) held that listening with understanding leads to communication. Henry David Thoreau

(1937) stressed the importance of listening when he stated that "The greatest compliment that was ever paid to me was when one asked me what I thought and attended to my answer." According to Fromm-Reichman (in O'Leary, 2003), real listening has to be learnt, "To be able to listen to another person in this other person's own right, without reacting along the lines of one's own problems or experiences, of which one may be reminded, perhaps in a disturbing way, is an act of interpersonal exchange which few people are able to practise without special training" (p. 27).

In a previous book (O'Leary, 2003) I identified three factors which can detract from the quality of listening. These are thinking about, thinking for, and thinking against. Thinking about includes making theoretical assertions, indicating that everyone feels that way, scrutinizing the person's intentions or replying in an offhand way. Thinking for includes such activities as repeating what the other has said but changing its meaning, leading the conversation, interrupting the client, or offering advice too rapidly. Thinking against can involve contradicting, making excuses, being self-righteous, or insinuating that the person should not take a problem to heart. These three forms of thinking are regarded in a negative light, as it is felt that they often lead to an avoidance of what one is really trying to say. True listening involves thinking with the client. Signs of this type of listening include assisting individuals to examine their thoughts, feelings, or behaviors, being actively silent, or nodding to indicate attention.

Usually, individuals are interested in seeing different dimensions of their environment. Frequently, however, what they perceive reflects their own interests while large areas of possible appreciation remain unexplored. An example that comes to mind is my mother's tendency to fall asleep in the front passenger seat of the car in my youth when we, as a family, followed our usual Sunday pattern of sightseeing. While my father and I looked with great joy at various sights, she peacefully slept. On the other hand, she loved setting plants and looking at them bloom, and adorning the sweaters that she knit with different patterns. The following questions raise awareness of the contact function of seeing: When you are out walking, what do you like to look at? What are your favorite colors? An inability to see and make real contact is referred to by Polster and Polster (1974) as contact blindness. When I worked with depressed clients in private practice, I became aware of how they made contact difficult due to their tendency to keep their eyes downcast. In this manner, they kept others out of their lives, although ironically one of their most frequent complaints was that no one cared about them. Awareness of this behavior enabled me to bring it to their attention and work on it.

Touch is a powerful contact function. Because of its power, it is important that all those who work with individuals bear in mind that for some individuals the most frequent experience of touch that they experienced in their past was abusive. They thus suffer from contact starvation, never having had a loving touch memory. In addition, there are all kinds of interpretations within different cultures of what appropriate touch means socially. Touch, therefore, needs to be used with sensitivity and meaning. In groups, a group hug can become an ordeal for some while for others it reflects a sense of togetherness.

Smell is, perhaps, the contact function which receives the least attention. Yet, there are a considerable number of people who spend large amounts of money on perfumes, air fresheners, and bouquets of roses and other flowers. However, much of the delights of smell are free. The roses in my father's garden were an enduring source of pleasure in my life long after he had died. I remember ensuring that they were always there on visits to my mother, and that the flower borders which she enjoyed were not choking the roots of the roses. When I look back at my comment on contact functions in my 1992 book (O'Leary, 1992), I am amazed that I wrote one sentence on smell at the time, and named it as a minor contact function. My present writing illustrates graphically how my appreciation of this contact function has grown and developed over time. Previously, I tended the roses more for their beauty than for their smell! A friend of mine who particularly likes perfume, and who in recent years gave me a gift of a different bottle of perfume at Christmastime, assisted me in expanding further my contact function of smell.

Talking is a valuable method of contact. Yet, many individuals have never learned to appreciate what they are doing when they speak. According to Polster and Polster (1974), the ability to reflect on what the other has said is severely limited if the person has access only to cognitions and not to emotional sensations arising in the rest of the body. Many people talk because they are afraid of being with themselves. They have never learnt to be happy with their own company. Often when they speak, they are a burden to others through their inability to give them space in the conversation. They may view themselves as socially entertaining, which oftentimes they can be. Unfortunately, the entertainment can sometimes be a form of escape. I am reminded of a couple I know where the long-suffering wife has to frequently deal with unexpected dinner guests so that her husband can be the center of attention. Questions such as "When do you like to talk?" and "With whom do you like to talk?" can raise awareness of this contact function.

The contact function of movement relates to our limbs and muscles. It is involved in activities such as walking, dancing, swimming, climbing, driving, sewing, ironing, and working on the computer, to mention but a few. Apart from its normal function of allowing us to move from place to place, movement can be closely associated with the expression of feelings. If I feel glad to see someone, I may wish to hug them, and this will require the movement of my arms. However, the rigidity or flexibility of my movements affects the quality of the contact. Clumsy movements, according to Polster and Polster (1974), indicate a compromise between a movement and its inhibition. Awareness of movement can be enhanced in the group by questions such as "Do you walk quickly or slowly?" and "What are you most aware of in terms of your movement?"

Many interesting methodologies can be employed in raising awareness of one's movement. The facilitator can role-play the movements of someone who is sexually repressed from the waist down and invite the participants to comment on what they see. Alternatively, a volunteer can be obtained from the group to do

this and be engaged in the same process. I remember this as a particularly beneficial method used by Erv Polster during my second training in gestalt therapy in San Diego. To this day, I chuckle to myself as I recall clearly Erv demonstrating blocks to movement with great delight. Alternatively, participants can be invited to break into groups of two, three, or four and then take it in turn to demonstrate their walking and to share what they observed. This has the advantage of involving everyone in the process. However, care has to be taken that there is more time for the group as a whole to process what happens than the time that is allowed for the small groups. Otherwise, the larger focus of the group process itself may be lost.

Contact Boundaries

Contact boundaries identify the line of demarcation or, alternatively, connection between individuals and their environment. These boundaries are unique to each individual. Perls (1969) stated that "Contact is the appreciation of the differences" (p. 249). Good contact requires a sense of separateness from the other person. Individuals must know their differences before they can unite. Perls, Hefferline, and Goodman (1951) emphasized that contact is based on knowing what is self and what is other. They further elaborated, "what is pervasive, always the same … is not an object of contact" (p. 230).

Two important characteristics of good contact boundaries are flexibility and fluidity by which contact with and withdrawal from the environment are possible. In times of contact, the person is fully engaged in the process of interacting with the environment. As new experiences occur, the contact boundary is extended. A selective exchange occurs between individuals and their environment. This growth is ongoing and changes continuously as more and more experiences occur.

Polster and Polster (1974) provided a valuable frame for the understanding of contact in their five different types of contact boundaries: familiarity, expressive, body, value, and exposure boundaries. All of these boundaries are unique to a particular individual. Restraints in one or all of them hinder the natural sequence of "reaching out" and "reflective withdrawal" during interpersonal interactions.

Familiarity boundaries refer to those areas of our lives which form our habits and usual everyday patterns. They aid our everyday living, in that each time we use them we do not need to reflect on them. Thus, each morning before I get out of bed I switch on the light without reflecting on the action. In so doing, I am able to get out of bed safely. On the other hand, I may go to the bathroom during the night without using my slippers. Because this is not my usual practice, my toe is broken by being stubbed against the iron bedpost. Thus, familiarity boundaries have both assisted me and led to physical damage to my toe.

Expressive boundaries include those ways we express ourselves. For example, some individuals will express themselves by hugging, whereas others will avoid

this method of communication or employ it rarely irrespective of the length of time which has elapsed since their last meeting with another. Both responses can exist in a healthy individual and can be used if appropriate to the situation at hand. However, individuals who hug everyone with whom they come in contact and those who avoid all contact both suffer from faulty expressive boundaries.

The body boundaries of individuals can be highly selective. Some may only be aware of their bodies from the neck up, while others may attend to them only from the neck down. As I write, I am aware of a dull ache in the center of my back. My body boundary is indicating I need a break after sitting an hour and a half in one position. The question emerges, "Is the ache due to my posture when sitting or is it due to a fall I had the other day?" What is important is that my body boundary is alerting me to something that needs attention. I sit up straighter and the ache disappears. I stop for a break, eat an orange, and tip my toes ten times. I return to my writing refreshed. If body boundaries are static and unyielding, individuals are restricted in their movements and are unable to express themselves freely through their bodies.

Value boundaries refer to moral and ethical values, spiritual and religious values, and educational and social values. Thus, a Jew may refuse to speak to a neo-Nazi.

Exposure boundaries relate to hidden secrets, actions, and experiences. They are usually hidden since they have a shameful dimension relating to them, and it is this shame which perpetuates the secrecy. To reveal these secrets is discomfiting, since vulnerable aspects of the self are revealed. Sharing these hidden secrets can result in an expansion of the exposure boundary, which may be accompanied by release of tension, relief, and freedom.

Blocks to Contact

While good contact can be assisted by awareness of contact functions and contact boundaries, it can be blocked in five different ways that have been explored in the literature (Perls *et al*., 1951; Polster & Polster, 1974). These are introjection, projection, retroflection, confluence, and deflection.

Introjection Introjection is defined in O'Leary (1996) as "the unquestioning acceptance of the ideas and attitudes of significant others" (p. 39). This unquestioning acceptance occurs without assimilation. Introjection involves the unexamined incorporation of external ideas into one's mind. Thus, introjectors act as others would like them to behave. Introjects can take the form of commands such as "Be on time," "Be polite," "Work hard," and "Be loyal to the family." Although commendable in themselves, it is the lack of any examination of them by individuals which render them destructive. Introjects begin in childhood. Children who scream to experiment with their voice are quickly told by the parent, "Children should be seen and not heard." As a consequence, children may lose their freedom of expression. Introjectors find it difficult to be spontaneous, since they have swallowed directives which are not their own.

Therapists assist individuals to rid themselves of unhealthy introjects by identifying what parents or teachers have instilled in them as directives. They assist their clients to critically examine the fore-mentioned directives, identify what is not truly theirs, and reject or assimilate them. Take the case of overeaters who gulp down their food without taking the time to slowly chew, taste, and digest it. They are unable to ascertain when they have sufficient. One of the origins of overeating may be force feeding by the parent where the young child is not given the time to chew their food as the parent puts yet another spoon of food into their mouth. Similarly, lack of progress in education at third level may be due to forced education at earlier stages. To be critical and selective is an essential part in eliminating harmful introjects, since introjectors have adopted them as their own.

Failure to evaluate introjects causes harm to individuals. Rather than being directives for their lives, they determine the behavior of individuals in many circumstances. Although existing within the "I" boundary, introjects are not fully assimilated. Oftentimes, these unassimilated introjects continue in the conversation of the introjector and prevent true communication. Early in life, an introject may serve a useful function; e.g. in the case of the young boy whose mother warns him not to cross the road, unless she is with him. However, when he starts to go to school on his own, he will need to understand that the purpose of the advice is to prevent him from having an accident, and that he does not need his mother with him each time he crosses the road. Likewise, toddlers may be told "Do not go near the fire." As they advance in years, they need to realize that placing fuel on the fire is safe, if carried out with caution.

Perls *et al.* (1951) viewed eating as a way (for some people) to become aware of introjects. In my book *Gestalt Therapy: Theory, Practice and Research* (O'Leary, 1992) I gave the example of a trainee who was invited to practice eating slowly as homework. Four or five weeks later, while she was eating lunch in her mother's house, she accepted her mother's invitation to have more peas and carrots from her garden just to please her! She reported, "At that moment, I became very much aware that I had been swallowing not just physical food, but a lot of her values and attitudes just to please her! This was a huge breakthrough, and since then several introjects have surfaced for me" (O'Leary, 1992, p. 73).

Introjection and Group At the beginning of the group, some individuals look to the leader for direction reflecting their usual behavior in life where they look to others for approval. Polster and Polster (1974) stated that introjectors invest energy into passively incorporating whatever the environment provides.

A hallmark of introjection is a lack of spontaneity. Since its origins lie in childhood, working through it can be a demanding process. The more conditional the approval the child received, the less opportunity individuals had to discover what they wanted for themselves. Some introjects acquired in childhood can be particularly damaging. For example, individuals who were told as children "Never trust anyone" will find it difficult to trust group members or the facilitator. However, if they verbalize their difficulty, its origins can be explored and the possibility of behaving in a less restricted fashion in the group developed.

One of the major struggles of introjectors lies in distinguishing between what they feel and what others want them to feel. In a group context, the facilitator can assist them in the process of examining feelings which do not belong to them by asking them frequently, "What are you feeling?" Although, initially, this may be difficult, repeated invitations to consider their own feelings will result in a growing confidence in their ability to identify them. Central to this work on introjection is the development of awareness by the introjector that many acquired behaviors do not belong to them. Zinker (1977) pointed to the difficulty in the location of energy by introjectors, since they block themselves between awareness and energy mobilization. Introjectors in the group can be identified in the orientation phase by their quiet and non-involved behavior. They look outward to see what the facilitator requires of them. Only when this is established will they risk participation. This desire to please others results in very little of their true experiencing being available to them. However, since they are unaware of what is occurring, they usually view the behavior of others as their own and will continue to engage in it.

Projection The basis of projection is often considered to be an aggressive approach to the environment in which individuals do not want to recognize certain characteristics in themselves. Projectors identify their own characteristic in another individual and transfer responsibility for it onto this person. Take, for example, the flirtatious woman who disowns this characteristic in herself and projects it onto her friend. There may be some truth in the reported projection, since her friend may possess the characteristic. However, this allows a camouflage of the true situation since the boundary between that which is part of herself and that which is part of the other becomes blurred. A further example is that of projectors who may accuse others of rejecting them while remaining unaware and unaccepting of the fact that it is they who are rejecting others. An example is that of a husband who blames his wife for actions that he himself has initiated. This is particularly true when the husband feels intense reactions of fear or passive helplessness. In this manner, conversations which are usually full of what others did or wanted to do to them become statements about themselves.

Unfortunately, projectors engage in similar behaviors in the case of their positive characteristics. In so behaving, they lose the richness that would be available if they accepted these characteristics. The expression of projection by individuals can be seen in the use of pronouns such as "he," "she," or "they," thus ridding projectors of any responsibility and placing accountability onto other people.

Jung (1968) held that projection can have a profound effect on therapists, since the disowned qualities of clients can be projected on to them. He referred to such projections as "psychic infections" and warned that therapists need to be aware of them: "the poison does not only affect [the therapist] psychologically, it may even disturb his sympathetic system" (pp. 172–173).

Projection and Group Projection is one of the blocks to growth often encountered in the early stages of a group. It allows projectors the opportunity not to

accept their own feelings or behaviors but to transfer them onto others. Signals of projection apparent to the group leader are statements such as, "I cannot discuss anything with my wife. She gets angry if we have an argument." Being righteous, the projector does not examine whether he is also angry when he is arguing with his wife. In my previous book on gestalt therapy (O'Leary, 1996), I referred to this process as the exclusion of the "I" from the accompanying feeling leading to a diminishment in responsibility.

At the beginning of group, projectors see no need nor do they have any desire to change. Their projective trait results in attributing to the leader or other group members characteristics they do not accept in themselves. If they do not like what they are experiencing in the group, they will look outwards to find a scapegoat. The problem is compounded if there are two or more projectors in the group. Take the case of two competent school principals both controlling by nature and used to being in control but who are also projectors. If the leader/group member takes issue with their inclination to dominate the group, it is likely that they will try to foist their behavior on the leader/group member. In this situation, it is important that the leader should invite both of them to speak in "I" terms so that any attempt at collusion can be stymied. Empty chair work, where they are invited to assume the role of the facilitator, is also an appropriate intervention. However, the facilitator will have to exercise judgment as to whether the group members are ready for such work or whether more groundwork needs to occur.

Retroflection Retroflection is defined as "to turn sharply back against" (O'Leary, 1996, p. 41). Retroflectors do to themselves what originally they wanted or tried to do to others or to objects, or what they wanted others to do to them. Such inaction arises because of a fear of the consequences. Retroflectors stop directing various energies outwards in their attempts to bring about favorable changes in their environment. Instead, they redirect activity inward and substitute themselves as the target of their own behavior. They bestow upon themselves what they failed to get from the environment.

Polster and Polster (1974) defined retroflection as a process where "the individual turns back against himself (herself) what he (she) would like to do to someone else, or does to himself (herself) what he would like someone else to do to him (her)" (p. 82). Perls *et al.* (1951) defined it as the process of blocking some behavior through opposing sensorimotor tension. In full retroflection, the desire to behave in a particular manner is blocked and converted to muscular tension. Reich's (1969) armoring can be viewed as a chronic state of retroflection. Such armoring results in behaviors such as frozen shoulders, stiff necks, rigid postures, or clenched teeth. In partial retroflection, the movement occurs, but since the person is not completely at ease with it, the movement results in awkward expression. Retroflection in a group can be seen in very limited contact with other group members and the facilitator.

Retroflection is demonstrated in bodily actions. Such actions as embracing themselves or clenching their fists are typical of retroflectors. Retroflection may be under aware control. If so, the person may be preventing a negative response

from occurring if a full action was engaged in. It is only when retroflection is habitual, chronic, or out of control that it is pathological. In many retroflections that relate to anger and fear, guilt can occur when reversing the retroflection.

The aim of the therapist when dealing with retroflection is to move energy outwards rather than inwards. Clients may be hesitant in pursuing such behavior, since their previous coping mechanism was in the reverse direction. Contact allows the person to explore these held-back and unassimilated parts. Addressing retroflection involves a change in the contact boundary as it accommodates to redefine itself with the new characteristic. Retroflectors use phrases such as "I ask myself" or "I say to myself." The question emerges for whom are they substituting. In working with retroflection, becoming aware of blocking is emphasized. Emphasis is placed on how and when one is engaging in the behavior.

Deflection A further mechanism used to avoid contact, namely, deflection, was identified by Polster and Polster (1974). Speaking of deflection, they stated that it was a "manoeuvre for turning aside from direct contact with another person. The heat is taken off by circumlocution, by excessive language, by laughing off what one says, by not looking at the person one is talking to, by being abstract rather than specific, by politeness instead of directness, by substituting mild emotions for intense ones, by talking about the past when the present is more relevant, by talking about rather than to, and by shrugging off the importance of what one has said" (p. 89).

According to Corey (2009), "People who deflect attempt to diffuse contact through the overuse of humor, abstract generalizations, and questions rather than statements" (p. 205). Other forms include turning aside from the other, not listening fully, not facing the person while talking, speaking too quickly or too slowly, being indistinct, or displaying rigidity in movement.

Not all deflections are negative however. Fleming-Crocker (1999) pointed out that some deflections allow putting off dealing with an emotional situation until they feel able to address it. Traumatic events such as sudden deaths, serious accidents, loss of limbs, knowledge of impending blindness or deafness, and brain injuries are examples where deflection is an appropriate initial response.

In a group situation, participants who deflect are likely to direct their personal comments relating to an individual to the group rather than addressing them to the particular individual. Since deflectors seek to turn aside or interrupt contact with others, they may use methods such as inappropriate humor or unrelated storytelling to change the content of what is happening in the group. Deflectors can be either the senders or recipients of communication. Senders who are deflectors, according to Harman (1982), "put out their message with a scatter-gun effect: sometimes they hit the target if they aim in the right direction, while, at other times, their message may miss its target entirely. Receivers deflect contact with armoured consistency, so that few messages have an impact on them" (p. 46). Since they are unaware of their deflective tendencies, senders do not understand when they do not get what they want.

Confluence Confluence is a way of blending in with others and avoiding expressing one's own opinions or wishes. What is going on inside is not separated from what is going on outside. Perls (1973) stated that the person in pathological confluence does not know who is doing what to whom, since such individuals cannot distinguish between themselves and another person. Unhealthy confluent persons have no sense of limits. They may pride themselves in the fact that their spouse and themselves rarely differ and speak frequently of "we" rather than "I." Yet, the use of the plural pronoun does not indicate closeness, since, in unhealthy confluence, true interpersonal contact does not occur. Because there is no boundary between themselves and others, they may engage in behaviors such as reading the personal mail of family members, listening into phone-calls, and not allowing those with whom they are close to have relationships with others. Confluence is a condition of no-contact. Instead of an "I" and a "You" there is a vague, unclear experience of oneself.

Confluent individuals may have particular difficulty in groups since they cannot tolerate difference. They will try to minimize differences between themselves and other group members. Since they possess no sense of themselves or their own identity, they do not have the ability to see both sides of a conflict. If they are confluent with one of the parties involved, they will favor this person, irrespective of the facts. The danger is that they will try to rescue this person and, in this manner, set up a subgroup. At this point, the facilitator will need to ensure that this dynamic does not occur and that it does not interfere with the development of the group. Confluent individuals will seek to make the group agree to not disagree. "Peace at all costs" is their motto. Harman (1982) stated that, "confluent people see to it that nothing new happens, yet little that is interesting or exciting happens in their relationship" (p. 47).

In conclusion, it is important to point out that these blocks to growth can be used in a healthy fashion if they are used with awareness by clients.

Dialogue and contact set the conditions for a healing relationship to occur and for the story of the client to emerge. Client storytelling is the center of the dialogue.

Stories

Stories are one of the oldest methods of communication in society. They are to be found in all cultures. Before the advent of written communication, knowledge was transmitted through story. Stories are often about our lives, the story of our journey to the present moment and the story of the now. Erving Polster (1987) highlighted this fact in the title of his book *Everybody's Life is Worth a Novel*. All cultures are acquainted with story and use it as part of normal discourse.

Personal stories invite listeners into the world of the storyteller. In the recounting of stories, their tellers are not only disclosing themselves but also owning these experiences in a public manner. Stories are a complex of many different experiences, behaviors, feelings, and thoughts. Some reside within the person with remembered pleasure, happiness, or achievement while others bring with their recall a sense of

loss, anger, or resentment. What is important is that clients or group members share what is important to them. Yet, this may not happen easily. Erv Polster (1987) speaking of stories stated, "the therapist will have a mind bending job trying to draw out the ones that actually count" (p. 68). He also stated that there is often an internal threat which hinders the telling of stories. In conducting groups over the years, I have frequently heard the storyteller say, "I feel that I am being disloyal." In societies where the family is the major social dimension this presents a particular difficulty. The introject "Be loyal to your family" can be particularly hard to dislodge even if the holder is suffering deep mental anguish.

Any story based in the past relates only a fragment of what has occurred. During my time on sabbatical in Malaga, I found that, in my emails, I described only a portion of the rich variety of experience which formed the trip from Ireland to Malaga. This point is illustrated by the following examples:

- We ran into snow in northern France and drove 300 kilometres in one day in the hope of being ahead of any possible southward movement of the snow.
- Snow in northern France meant that we abandoned thoughts of visiting Brittany and the great monuments of antiquity that we had thought of seeing.
- We stopped, and luckily had morning Mass in the Carmelite convent of Lisieux, realizing that snow had begun to fall for the first time in our journey in the very place where the well-known Catholic Saint Thérèse of Lisieux had spent her life, and prayed for snow on her profession day.

Each description tells a particular aspect of what happened. Yet, which of these would be related by me in an experiential or therapy group would depend on whether there are unfinished elements in any of the three stories. Erv Polster (1987) stated that "the story is an organizing agent, selecting a few events from the many which happen and giving them coherence" (p. 69).

Fascination is particularly useful in working with stories. As therapists or facilitators, we need to become fascinated with what it is we are hearing. An appreciation of the trust that the speaker is placing in us needs to be coupled with this fascination. Fascination involves a heightened interest in the details. It is important to remember that the story of each client or group member is valuable.

Storytelling can raise the self-esteem of the teller. Some stories recall achievements of the past. I remember the pride with which a ninety-year-old man spoke in group of a pilgrimage he used to organize every year and his work as a police officer which was conducted on a bicycle. Since pilgrimage had been a valued activity by the majority of the group, remarks such as "Weren't you great?" came from the other members as he recounted his story. This past achievement thus gave him a status within the group.

The more vulnerable the storyteller, the more important will be the identification and enhancement of their strengths. Here and now achievements are particularly important for older people and may differ considerably from those reported by

younger participants. In a previous publication (O'Leary & Barry, 1998) I spoke of Anna, a ninety-two-year-old nursing home resident and group participant, who recounted her present achievements as "going up the stairs, opening doors, doing everything myself, doing as much as I can – It is trying to do things" and "I never ring the bell for help" (p. 163). Such stories assist group understanding of what participants value, while also allowing the storyteller to experience a sense of empowerment in their present lives.

Song is a particularly potent form of storytelling used by older adults. I remember one woman in her nineties bursting into song as she recounted stories of her life. The delight with which she sang the song was a pleasure to behold. It is likely that use of song in this manner will depend greatly on the background of individuals. For those used to singing in public, there may be no greater sense of joy. I recall Miriam Polster inviting me to sing a song in the training group I undertook in San Diego. She used my natural love of singing to assist me to find my voice as a female in a largely male academic environment. Not surprisingly, when an older adult burst into song in group, I was overjoyed rather than nonplussed.

Through stories, unfinished business from the past or the present can be accessed. Feelings accompanying these situations may not have been expressed or may have been short-circuited. Stories are particularly useful when dealing with difficult areas of participants' lives. The familiarity of the story form can serve as a comfort; using a known vehicle of communication can make the disclosure of the painful material less threatening.

Repetition of a story can also indicate unfinished business. The unfinished business may reside in the teller's feeling that the story, or a particular aspect of it that they consider important, was not heard. They recount the story to a new person in the hope that they will be understood on this occasion. Alternatively, it can be that individuals derive such self-esteem or fun from the story that they repeat it. I frequently tell the story of my then four-year-old niece, taking the cutlery out of the dishwasher while her other siblings did other tasks. She initially decided to do it when asked but then responded by saying "You can do it yourself!" As I write about the story, I realize that my enjoyment comes from my niece's independence. Since this is a characteristic I appreciate in myself, I view her development with pride. The incident was not evidenced by me but by my mother who related it with humor and enjoyment. Both of us tellers were really saying, "Look at our clever niece/granddaughter!" Had my mother not listened carefully to what was going on in the kitchen, this brief story would have been lost to family lore and the enjoyment it brings us on recall.

In a group context, the group can be invigorated with the telling of stories. All members of the group have the potential to be the chalice for another's story. Listening to stories provides a mine of colors, textures, and hidden depths. Erv Polster (1987) spoke of natural curiosity and thirsty listening as lubricating "the storytelling propensities of all but the most reluctant among us" (p. 96). In addition, stories help to bond the teller with the other members who have been trusted in this way, thus developing group cohesion.

Usually, one or two participants are slower than others to disclose personally meaningful material, since every member of the group is at a different stage of development. Such behavior will be noticed not only by the group facilitator, but also by other group members. Since the emphasis is on honesty, it is quite appropriate for members to share personal material with the group at their own pace. Otherwise, an unhealthy collusion develops where reticent members may be viewed as less able than the others. However, through the non-judgmental observations of the facilitator and other group members, usually these reticent members will gradually become proactive in the group.

Summary

Contact is an important part of therapy, with good contact leading to a dialogical relationship between therapist and client. Therapists offer empathy and authenticity to clients to enable them to become empowered with respect to the particular life circumstances that brought them to therapy. These particular life circumstances are expressed through the client's own story. Dialogue is enhanced through attention to intrapersonal, interpersonal, and international contact and an expansion in awareness of seven contact functions and five contact boundaries. However, five different types of interaction can hinder dialogue.

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4

Techniques, Experiments, and Dreams

Eleanor O'Leary

Techniques

At the outset, it must be stated that certain reservations have been voiced with respect to the use of techniques in gestalt therapy. Yontef (1993) commented that "The professional literature is filled with descriptions of gestalt therapy in terms of specific practices or techniques. While to some of us this is the antithesis of gestalt therapy, some gestalt therapists have defined the therapy in terms of techniques. … Gestalt therapy training in this model was training in techniques and therapy became the application of these techniques" (p. 39). Yontef undeniably had a point when he further stated that a technique's only approach to gestalt therapy displays a lack of depth and understanding. He considered that emotion takes the place of true understating and catharsis that of creativity. Two difficulties emerge with this statement. First, during my travels in four continents in different capacities relating to gestalt therapy I have never encountered a single person whose training background was "techniques only." Second, I have not seen the use of catharsis by trainees.

Perls (1981) was self-contradictory in his standpoint regarding techniques. He declared that "One of the objections I have against anyone calling himself (herself) a gestalt therapist is that s/he uses techniques. A technique is a gimmick" (p. 1). Notwithstanding his apparent objection to the inclusion of techniques in gestalt therapy, many illustrations of their use appear in his writings. Hence, Perls' statement would appear to refer to individuals whose background was based solely on techniques and who regarded themselves as gestalt therapists. Stoehr (1994) commented that "Perls had a flair for technique which would be his trademark in the days to come" (p. 43). Corey (1986) pinpointed the heart of the matter when he commented that some therapists who use gestalt techniques are more

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attached to their dramatic effect than to therapeutic change. He stated that "many therapists become so enthralled with his (Perls) charismatic manner that they have attempted to mimic his style without really understanding and incorporating the conceptual framework of the gestalt approach" (Corey, 1986, p. 145). It is extremely important that therapists fully understand and assimilate the conceptual background of gestalt therapy before they introduce others to the techniques. Simkin (1974) considered that the difficulty which can occur is that an unskilled therapist may leave "the patient aborted, unfinished, open and vulnerable, out of touch with any base of support, either in himself (herself) or available from the therapist" (p. 35). I hold that it is when the gestalt therapist is unskilled that the use of techniques is problematic.

I recall a conversation I had with Carl Rogers in 1985 on the role of techniques. Having attended a conference the previous week on the person-centered approach, he sought my views on the various speakers. When I was discussing one presentation, he commented that his difficulty with the work of the presenter was that he placed considerable emphasis on techniques. I replied that I found that, in training trainee therapists, the use of techniques had been particularly useful. At the time, I forgot to point out that his graduate students' initial work with brain-damaged war veterans was based considerably on the technique of reflection – a fact relayed to me by his first student, Nat Raskin. Rogers finished this part of the conversation by emphasizing that what was of consequence was that the therapist who uses techniques realizes that the importance of the core conditions was paramount.

Techniques are important only to the extent that they serve clients. Therapists need to pay attention to the openness or reluctance of clients to engage in them. The directiveness which characterized gestalt therapy in its early days is nowadays replaced in emphasis by the dialogical approach. Erving and Miriam Polster (Hycner, 1987) supported this position since they held that the "armentarium" of gestalt therapy might result in therapists being oblivious of the importance of the relationship. Hence, what is important is that techniques are an authentic part of the dialogical relationship.

The quality of the ongoing relationship and who therapists are as persons influence the use of therapeutic techniques. Through their use of self, techniques fall naturally into the therapeutic relationship. Page (1984) stated, "the techniques of gestalt therapy are used in conjunction with the therapist's own style of expression in the therapeutic situation. There is no 'right' way to employ them" (p. 192). A technique must be suitable to a particular client. Thus, a person with limited mobility may not be in a position to use a particular movement technique.

Korb, Gorrell, and Van de Riet (1989) claimed, "Those interventions that are specifically part of the gestalt therapy model … stand up well under the scrutiny of therapists from many different persuasions" (p. 4). I believe that those techniques which over time have emerged as part of gestalt therapy need to be recognized as belonging to the treasure that gestalt therapy is. Melnick and Nevis (2005) commented that "Methodology incorporates techniques, and all schools

or methods of psychotherapy use a variety of them … A technique is a preformed experiment with specific learning goals. It is like an off-the-rack suit as opposed to a custom-designed one to fit the individual" (p. 108).

Certain techniques have been clearly labeled as belonging to the gestalt therapy tradition in counseling and psychotherapy textbooks; for example, Corey (1985) and Dryden (1984) describe language exercises such as changing questions to statements, the use of the personal pronoun "I," empty chair work, rehearsal, and dream-work as part of the gestalt therapy approach.

In recent years, a more rigorous approach has been used in relation to the outcomes associated with the use of techniques. Research results relating to techniques by Greenberg and his associates are given later in this chapter under the heading empty chair.

An apt conclusion to the discussion on techniques is a saying attributed to the influential German philosopher Immanuel Kant (1724–1804): "Theory without practice is empty; practice without theory is blind."

The remainder of this chapter will consider how gestalt therapists seek to catalyze awareness in their clients through using language and non-verbal techniques, empty chair work, rehearsal, experiments, and dreams.

Language Techniques

Miriam Polster (1981) believed that the use of language by clients can either support present experiences clearly and satisfactorily or rob them of the vitality and clarity essential for healthy functioning. The use of language can either minimize or maximize the communication of clients. Language techniques have been developed in gestalt therapy to present experiences more clearly. These include using "I" language, omitting qualifiers, using the active voice, changing verbs, changing questions to statements, changing the form of questions, being specific, making demands, and being present-centered.

Making "I" Statements An underlying assumption of gestalt therapy is that clients assume responsibility for themselves through the use of "I" language. In this way, ownership of feelings and experiences are enhanced. Clients are encouraged to avoid blaming external factors, such as other people or conditions, to excuse their own inadequacies, and use the personal pronoun "I" instead of "one," "they," and "we" when speaking about themselves. If a client says to the therapist "You make me angry when you tell me that I do not look at you," the client can be invited to reframe the statement as "I feel angry when you tell me that I do not look at you." In this manner, facts are described rather than blame attributed. Gordon (1977) suggested that complete "I" messages consist of three components: a short and non-blaming description of the behavior, the expression of the feeling associated with the behavior, and the factual effects of the behavior on the speaker. In 1986, the present author reported, "The 'I' message formula is thus summarised as behaviour + feelings + effects" (p. 425). Perls (1971) commented that, in gestalt therapy, individuals are responsible for all their acts, thoughts,

feelings, or emotions since they belong to them. When they talk in the first person, they become aware of all that they are.

Example 1

Background The client, Alice, reported that she was experiencing marriage difficulties.

THERAPIST: How are you feeling about these marriage difficulties?
ALICE: You feel confused and upset. He is putting pressure on me. He wants everything to go back to the way it was before.
THERAPIST: Could you say "I feel confused and upset"?
ALICE: Oh, but I do.
THERAPIST: Right, so can you say "I feel confused and upset"?
ALICE: (Starts crying.) I feel confused and upset. (Pauses. Starts crying.) Actually, I do.

Using the personal pronoun "you" enables Alice to distance herself from her feelings. The verbal change from "you" to "I" alters the impersonal to the personal. Other examples of impersonal terms include everyone, most people, some people, or one.

Omitting Qualifiers Qualifiers and disclaimers are obstacles to a sense of commitment. Frequently used disclaimers are "maybe," "perhaps," "I suppose," "kind of," "sort of," "possibly," "I guess," "probably," and "a bit". Clients are encouraged to omit using these qualifiers so that they will be in more control of what they say. In this way, ambivalent statements become clear and direct.

Example 2(a)

Background The client, Martin, was wondering if he should visit the grave of his mother who had died recently.

MARTIN: I do not know. I would get too upset. Perhaps I should think about it a little longer.
THERAPIST: You sound unsure.
MARTIN: Yes I am. Possibly it would be best to do it on Sunday when there are other people around.
THERAPIST: Possibly?
MARTIN: I am still unsure
THERAPIST: When you are unsure, how does it stop you from doing what you want?
MARTIN: I do not decide one way or the other.
THERAPIST: Go inside and see what you want.
MARTIN: (Closes his eyes and is silent. After a minute or two, he opens them again.) I will do it on Sunday. Yes I will actually do it on Sunday. I do not want to postpone it any longer.

By using the qualifiers "perhaps" and "possibly" the client avoided committing himself to visiting his mother's grave. Use of the word "perhaps" lessened the impact of what he was saying. The therapist, through repeating the qualifier "possibly," increased Martin's awareness of how he was lessening the impact of what he was saying. When Martin still used the qualifier "possibly" the therapist invited him to use a sentence with no qualifier. By omitting qualifiers, the ambivalent messages were changed into a clear and direct statement. A frequently used qualifier is the word "but."

Example 2(b): Changing "But" to "And"

Background The client, Bob, aged sixty-one, has always wanted to be a singer, but finance and lack of contacts have prevented him in the past.

BOB: I would like to be a singer but I am too old.
THERAPIST: Would you say "I would like to sing and I am too old"?
BOB: "I would like to sing and I am too old." Yes, I am 61. I am too old.
THERAPIST: Is it really too old for you?
BOB: Well maybe I could do the over-sixty talent competition.
THERAPIST: Maybe?
BOB: Yes maybe.
THERAPIST: You are not sure about it?
BOB: Well thinking about it … that would be a good way to start. Yes, I will enter the competition.

Use of the conjunction "but" places less significance on the preceding statement and discounts it. Using "and" instead of "but" ensures that each is given equal emphasis. Clients become aware of both parts.

Using the Active Rather Than the Passive Voice Using the passive voice is another means of shirking responsibility, whereas when individuals use the active voice they take responsibility for their actions. Passons (1975) held that individuals may use the passive voice if they feel controlled or manipulated.

Example 3

Background The client, Maeve, on starting the family car one morning, found that there was not enough petrol in it to drive to the city.

MAEVE: I went out in the morning and found that the car had been left without petrol and knew I would be late for the interview.
THERAPIST: Had you checked the night before?
MAEVE: No. I thought that there was enough in it.
THERAPIST: Could you say "I left the car without petrol"?
MAEVE: But I had put fifty euros into it the morning before.
THERAPIST: Did anyone else use the car that day?

MAEVE: No.
THERAPIST: So could you try saying "I left the car without petrol"?
MAEVE: Well yes, I did. I will have to be more careful.

Through employing the active voice, the powerlessness experienced through the use of the passive voice is changed into a statement of personal responsibility. Thus, changing the statement "the car had been left without petrol" to "I left the car without petrol" identified precisely what had happened.

Changing Verbs The use of certain verbs strongly influences people as they adversely reinforce a sense of powerlessness and helplessness. These verbs include "can't," "ought," "have to," "must," "should," and "need." Many of the above verbs arise from introjections and interfere with the lives of clients because of their obligatory quality. The therapist seeks to raise awareness in clients of the potent nature of these verbs. They are invited to change their language so that an element of choice emerges rather than behaving from compulsion or need.

Take, for example, the word "can't," which indicates a client's unwillingness to change and communicates the feeling of being unable to do something. Substituting "can't" with either the words "won't" or "choose not" confronts the client with the reality that in all probability it is a matter of choice rather than an inability to do so.

Example 4(a): "Can't" into "Won't"

Background The client, Shane, feels underpaid and that he cannot ask his boss for a rise.

SHANE: I can't ask my boss for a rise.
THERAPIST: What about saying, "I won't ask my boss for a rise"?
SHANE: I won't ask my boss for a rise. (Silence.) That is true. I do not think that it is the right time because of the recession. I will wait for six months and then ask. I will be longer with the firm then.

By changing "can't" to "won't," Shane realizes that he has control over the situation. Corey (1985) held that replacing "can't" by "won't" results in individuals becoming empowered to take responsibility for their actions rather than transferring the blame onto others.

The verbs "have to" and "should" frequently impose limitations and have nothing to do with moral obligation. The therapist increases a client's awareness of the fact by inviting them to replace "have to" by "choose."

Example 4(b): "Have to" into "Choose"

Background The client, Eoin, is a committee member of a national organization and does not want to go to a meeting.

EOIN: I have to drive for three hours to attend the meeting.
THERAPIST: Three hours?
EOIN: Yes.
THERAPIST: How is it that you have to go?
EOIN: Because there is a meeting and I am the representative from the South so I have to go.
THERAPIST: Could you say, "I choose to go to the meeting"?
EOIN: Well, I don't really. They have asked me to go.
THERAPIST: Who are "they"?
EOIN: The local committee members. I said I would go, and keeping my word is important to me.
THERAPIST: So you choose to go?
EOIN: I do.

Use of "have to" by Eoin communicates a sense of disempowerment and helplessness. It avoids an examination of the particular circumstance. Use of "choose to," on the other hand, instills a feeling of empowerment which leads to personal development.

Use of the word "need" conveys a sense of requirement. However, this sense of urgency may bear no relation to the actual situation. By replacing the word "need" by "want" the element of choice is accentuated.

Example 4(c): "Need" into "Want"

Background The client, Mark, had a dinner at a hotel and wanted to have a Tio Pepe sherry as an aperitif.

MARK: I went to this expensive restaurant in the Hilton Hotel and asked for a Tio Pepe sherry as an aperitif. I really needed it and was looking forward to it. However, the waiter told me that they had none in stock, and I was really annoyed. Imagine going to such an expensive restaurant and they did not have a Tio Pepe sherry!
THERAPIST: So you felt that you needed this type of sherry.
MARK: Yes, I did. It is my favorite drink and I really needed it after such a long drive.
THERAPIST: How about saying, "I wanted it after such a long drive"?
MARK: Well, I did. I really wanted it.
THERAPIST: You wanted it?
MARK: Yes, that is true. I wanted it. (Pauses.) I did not need it as I still survived without it.

By using "want" rather than "need," Mark realizes that he can live without a Tio Pepe sherry. What he perceived as a need is now viewed as a want and loses its urgent nature.

Changing Questions to Statements The use of questions by clients often deflects them from engaging in self-disclosure since their energy moves to the therapist's

responses. Thus, in therapy, clients are encouraged to use statements rather than questions.

Example 5

Background A client, Sarah, with depressive symptoms has been referred by the GP to the therapist.

SARAH: Will I get over my depression?
THERAPIST: What about saying "I will get over my depressive symptoms"? Some clients find that saying depressive symptoms is more helpful than saying depression.
SARAH: Well. (Pauses.) Depressive symptoms does sound better. (Pauses.) Do you think that I will get over my depressive symptoms?
THERAPIST: If you want to get well, you will, provided you work through your depressive symptoms. Can you say "I will get over my depressive symptoms"?
SARAH: I will get over my depressive symptoms.
THERAPIST: How does that feel?
SARAH: I feel a bit uncertain. I am not sure.
THERAPIST: Can you say again, "I will get over my depressive symptoms"?
SARAH: I will get over my depressive symptoms. (Sarah pauses.) I am beginning to feel that it is possible.

In the above example, the therapist formulates Sarah's question as a statement. Sarah initially deflects the statement but the therapist repeats the request, which results in Sarah's response that she will overcome the depression.

Changing the Form of Questions Perls (1971) recommended that therapists should refrain from using "Why" questions. A "Why" question may provoke a cognitive response in which the thoughts relating to an experience are revealed but where the feeling component is not accessed and the full experience remains distant. Hence, gestalt therapists do not encourage this form of question. Perls referred to "the gestalt approach, which attempts to understand the existence of any event through the way it comes about, understanding the how not the why" (p. 18). "How" and "What" questions tend to reveal the here and now of a situation. These questions are also useful when dealing with problems relating to past situations.

Example 6: "How" and "What" Rather than "Why" Questions

Background The client, Dermot, wants to know why his wife and he are always arguing.

DERMOT: Why is it that my wife and I are always arguing?
THERAPIST: What causes you to argue?

DERMOT: It is always about money. She overspends on things that are not necessary. She is always buying clothes.
THERAPIST: How are you feeling as you share that thought with me?
DERMOT: Wretched since we have not the money for such expenditure.
THERAPIST: Wretched?
DERMOT: Yes.
THERAPIST: Have you any sense of that wretchedness in your body?
DERMOT: Yes I have a sensation on the right side towards the back of my head.
THERAPIST: If it had a voice, what would it say?
DERMOT: I am here to let you know that you have too much stress in your life. You need to relax more.
THERAPIST: How can you let your wife know that you have too much stress in your life?
DERMOT: I need to tell her that although she works, we have not the money to spend on non-essentials.
THERAPIST: How will you do that?
DERMOT: I will need to find a quiet time after the children go to bed.
THERAPIST: What about your stress?
DERMOT: I could tell her about the strange sensation in my head and that I am afraid my health will be affected.
THERAPIST: How does it feel to say that?
DERMOT: Well she is more likely to listen to a health issue than to a difficulty with money.
THERAPIST: What will you say to her?
DERMOT: I will tell her about my head first and then connect it to the money problem.
THERAPIST: How do you feel as you say that?
DERMOT: A sense of relief that she may listen to me.

Through moving away from the "Why" of arguments with his wife, Dermot was enabled to identify his wretched feeling. Responding to the "What" and "How" questions of the therapist made it possible for him to obtain a fuller picture of the problem. This included that he was feeling wretched. He was able to identify that he was stressed, which caused a strange sensation in his head. These questions also reminded him that his wife was more open to issues relating to health than money and he was able to use this knowledge in deciding how he was going to approach his wife.

Being Specific At the commencement of therapy, individuals often engage in generalities. When this happens, therapists invite clients to be specific.

Example 7

Background The client, Eileen, is feeling extremely tired.

EILEEN: I am always feeling tired.
THERAPIST: Always?
EILEEN: Oh yes! Always. I come back from work and have to go to bed immediately.

THERAPIST: What time of the day are you most tired?
EILEEN: When I come back from work.
THERAPIST: Are you tired every evening or only on the days that you work?
EILEEN: Only on the days that I work.
THERAPIST: What would you do on those days?
EILEEN: I could lie down for half an hour.

In the above example, through the therapist's use of specific questions, Eileen is able to move from being always tired to identifying that she is most tired when she comes back from work.

Making Demands Making demands avoids misunderstanding since it is clear what the person is seeking. Such demands do not necessitate a positive response from the person on whom the demand is made. By learning to make demands, clients stop being the victims of circumstances while also realizing that such demands do not obligate the other and can be refused. Therapists assist clients to identify what demands they need to make of others in order to enhance their quality of life. The demand may take many forms; for example, an apology, a clarification of the nature of a relationship, or the use of a specific behavior, such as sending a Christmas card.

Example 8

Background Chrissie's husband has two days off per week. She wants him to spend that time with her.

CHRISSIE: I never see my husband. He is either working or playing golf. I am left in the house on my own.
THERAPIST: What do you want?
CHRISSIE: I want him to stay at home the two days that I am not working.
THERAPIST: How can you talk to him about that?
CHRISSIE: It is difficult. He usually watches the television after dinner.
THERAPIST: So when will you talk to him about it?
CHRISSIE: I could ask him when we finish our dinner tonight.
THERAPIST: You could?
CHRISSIE: I will ask him tonight.

Chrissie learns that she can explore the possibility of moving from an unsatisfactory situation to a satisfactory one by making specific demands.

Being Present-Centered Within gestalt therapy, use of the present tense is considered to be the most desirable way of communicating. It assists in the development of awareness as it enables people to express feelings which accompanied a difficult situation in the past. Therapists encourage clients to stay with their feelings. Rosenblatt (1976) referred to staying with the present as the principle of immediacy. Perls' (1969b) emphasis on the here and now is to be seen in the following statement: "My function as a therapist is to help you to the awareness of the here and now and to frustrate you in any attempt to break out of this" (p. 79).

Descriptions of past situations can be present-centered by inviting clients to tell the story in the present tense. This allows clients to participate in past situations and to re-experience the feelings associated with the event. Past problems can only be resolved in the present. If they have been dealt with adequately, they will no longer intrude into the present. Rosenblatt (1976) considered that our only certainty is the present and stated that "What is passed, past, is already changed, perhaps forgotten, certainly altered by memory. And what is to come in the future is uncertain, unreal, only a possibility" (p. 31). Anxiety does not occur in individuals who live in the present moment. Perls (1969b) held that present-centeredness resulted in creativity and problem solving. He considered that attending to your senses and using your eyes and ears resulted in the resolution of problems. To increase present-centredness, Perls, Hefferline, and Goodman (1951) recommended beginning sentences with "now," "at this moment," and "there and now." Clients become aware of such things as holding their breath, clenching their fist, speaking in a shrill tone, and interrupting contact with the therapist by looking away.

Example 9

Background The client's older brother had died when he was ten years old.

THERAPIST: What was your brother's name?
DENIS: James.
THERAPIST: Could you tell me how James died, Denis?
DENIS: Well, I was coming home from school with him, and he jumped on top of a very high wall and fell off. I did not know what to do.
THERAPIST: Could you say "I am coming home from school with James, and he jumps on top of a very high wall and falls off. I do not know what to do"?
DENIS: I am coming home from school with James, and he jumps on top of this very high wall and falls off. I do not know what to do. I start to cry and wail. (Denis sobs.)
THERAPIST: What is happening now?
DENIS: He is not moving. (Denis sobs.) His chest is not moving. (Denis cries out.) Oh my God! He is dead. Oh my God! (Denis sobs.)
THERAPIST: Let your tears flow. (Denis continues to cry.)
DENIS: I feel so sad. We did everything together. (Cries.)
THERAPIST: If James were here now what would you say?
DENIS: I miss you. Why did you jump on that high wall, James?
THERAPIST: And what would James say to you.
JAMES: It was fun. I did not think of the danger.
DENIS: You should have known. You were older than me.
JAMES: I did not think.
DENIS: I miss you. (Cries.) We were always great buddies.
JAMES: I know but I still love you. You will always be my little brother. I will see you again some day.
DENIS: I love you too. (Silence.) I am so glad that I will meet you again some day.

THERAPIST: How do you feel now, Denis?
DENIS: Still tearful but happy. I forgot how much he loved having fun. (Pauses.) I know that I will meet him again.

The example elucidates how asking Denis to repeat his story in the present tense catapults him into the actual situation from the past as if it was happening right now. The follow-up question "What is happening right now?" enables him to stay in this very painful situation where Denis is able to express his sadness, grief, and his loss of his brother, James. When Denis is told by James that he loves him, Denis is able to express his feelings of love and the vignette ends with Denis feeling glad that he will see his brother again.

Non-Verbal Techniques and Becoming Aware of the Body

Perls (1969b) stressed the important part that the body plays in gestalt therapy. He believed that the body never lies and that it can be used to access our true selves.

Awareness can be enhanced by focusing on non-verbal behavior and making clients more aware of the functioning of their bodies, or of how they can use their bodies to support excitement, awareness, and contact. They can also draw the attention of clients to parts of the body; for example, the mouth, jaw, voice, eyes, nose, neck, shoulders, arms, hands, torso, legs, and feet. They can also explore apparent contradictions with clients; for example, how is it that they are smiling while at the same time telling therapists that they are angry?

Non-verbal techniques which facilitate awareness of the body include eliciting the body sensations of the client, drawing attention to breathing, paying attention to grounding, naming the feeling, giving feedback to the client, or mirroring body language. These techniques usually precede giving a voice to the feeling.

Eliciting the Body Sensations of the Client Wilhelm Wundt (in Polster and Polster, 1974) considered "sensory experience as the root support from which all higher consciousness grew" (p. 217). In gestalt therapy, bodily sensations are often the means through which difficulties are accessed. Body sensations give valuable messages which, if explored, can enrich health. Therapists reflect back body language and offer feedback to clients. In body awareness, we come to recognize our bodies as an integral part of our being. This is especially important given the emphasis in Western society on cognition. Developing body awareness may be a difficult and demanding experience at the beginning of therapy. The more frozen a particular part of the body is, the more difficulty there will be mobilizing it. In therapy, the aim is to ensure that the mind, body, and feelings are in harmony with each other since they all form one whole. Each is a manifestation of the personality. Thus, the therapist asks the question "What is going on in your body?" to enhance body sensations and awareness.

Example 10(a)

Background John, a forty-year-old client, came to therapy to deal with being bullied in secondary school.

THERAPIST: As you sit here telling me about being bullied, what are you aware of?
JOHN: My stomach feels very tense and tight.
THERAPIST: Can you describe the tension?
JOHN: It is across my stomach. It is how I used to feel when I was frightened.
THERAPIST: So you feel tight across your stomach?
JOHN: Yes.
THERAPIST: And you feel frightened?
JOHN: Yes.

As the therapist questions John about being bullied, John becomes aware of his very tense and tight stomach. When the therapist explores this tension with John, he becomes aware that he was frightened when he was bullied.

Example 10(b)

Background Eliciting body sensations in a group setting.

In a group setting, participants can be invited to close their eyes in order to block out external stimuli. They can then be asked to become aware of areas of tension in their bodies, and areas which are not tense. In this manner, participants become sensitive to a lump in their throat, clenching of their hands, a cramp in their stomach or the tapping of their feet.

Paying Attention to Breathing Breathing is a natural activity which requires attention and focusing on our part if we are to enhance our awareness of its functioning. When properly engaged in, it can increase control of our lives. Breathing increases energy levels, enhances digestion, and improves our immune system. The diaphragm is used more when individuals are resting. If they are anxious, the chest cage is not open, resulting in shallow breathing. Perls *et al.* (1951) stated that anxiety is the "experience of breathing difficulty during any blocked excitement. It is the experience of trying to get more air into lungs immobilised by muscular constriction of the thoracic cage" (p. 128). Proper breathing improves the amount of oxygen. Holding one's breath is one way of avoiding feeling and can create anxiety.

Clients are usually invited to pay attention to their breathing through noticing but not changing it. Perls (1969a) stated of breath, "Each breath replenishes oxygen and disposes of carbon dioxide. Breathing often – lopsidedly – is equated with inhaling 'Take a breath' … To drain the 'dirty air', first exhale!" (p. 80). Therapists

draw attention to the rhythm of inhalation and exhalation. Members are encouraged to consider which is longer. They are then invited to see if this pattern resembles their usual breathing pattern. They can also be invited to experiment with taking longer to inhale and exhale. From this, comes the realization that they can control their breathing.

Example 11: Exploring Breathing

Background The therapist instructs the client in breathing (O'Leary, 1996, p. 55):

> Close your eyes. Become aware of your body. Now turn attention to your breathing. How do you take breath into your body and leave it out again? As you pay attention to your breathing, notice how it becomes deeper. Are there any blocks to your breathing? If so, where are they? Notice in detail the whole process of breathing, how you breathe – in through your nose, down through your throat and chest, and into your belly and how you exhale from your belly to your chest up through your throat and out through your mouth.

Paying Attention to Grounding If we are to enhance our awareness of the quality of our breathing and how we are using our breath, we need first of all to be grounded. Grounding involves ensuring that clients are in contact with the ground, that they can sense a feeling of rootedness with the earth, and that their body parts are free of muscular tension, particularly their limbs.

As they approach the conclusion of therapy, clients are usually more grounded and centered in themselves. Perls (1969a) spoke of the value of being centered as follows: "achieving a centre, being grounded in oneself, is about the highest state a human being can achieve" (p. 57). Being centered involves the freedom to attend to matters as they arise rather than behaving from a past or future focus. It eliminates rumination and the endless and fruitless mental activity which accompanies it. Being centered promotes a sense of calm and of being at peace with oneself and the world. However, it is difficult to maintain this sense of centeredness since there are ongoing demands from the environment.

Naming the Feeling An increase in bodily awareness is achieved by locating a feeling within the body. The therapist can ask the client to outline the feeling and pay attention to size and color. Once this has been completed, the therapist invites the client to give the feeling a voice.

Example 12

Background In Example 10(a), John had identified tightness in his stomach.

THERAPIST: How does this tightness in your stomach make you feel?
JOHN: I feel afraid.

THERAPIST: Afraid of what?
JOHN: The bullies.
THERAPIST: So your fear is linked to the bullies?
JOHN: Yes.
THERAPIST: Could you outline this fear in your stomach with your hand?
JOHN: Well, it goes up on the left and across to the center and comes back down this way in an oblong shape. (John uses his hand to outline this oblong shape.)
THERAPIST: So the fear is this big? (Therapist designates the area to allow the client to obtain a better sense of it.) Could you speak as this feeling of fear?
JOHN: I am the fear in John's stomach. I have been here for a long time.

This example illustrates how John's awareness of where he is holding the stress in his body is identified. He can further explore how he might free himself from holding this fear in his stomach.

Giving Feedback to the Client Gestalt therapists notice the non-verbal behavior of clients; for example, counting their fingers. To raise awareness, they share these observations with clients.

Example 13

Background Kevin, aged sixty, is working on self-esteem issues. The therapist notices that he has a habit of moving his upper body backwards when talking about his father shouting at him.

THERAPIST: When you talk about your father, I notice that you move your body backwards. Are you aware of that?
KEVIN: No. That is strange. (Pauses.) I did not like my father so I used to move my body backwards if he came near me.

Through feedback, Kevin becomes aware that moving his body backward is a behavior he developed when his father came near him.

Mirroring Body Language Mirroring the body language of the client was a favorite technique of Fromm-Reichman (1950). She used it to obtain a better understanding of what the client was feeling. Through mirroring, clients become aware of what they are doing. The precise manner in which they express themselves bodily can be as significant as the content.

Example 14

Background Joan has an obsessive–compulsive disorder and also suffers from agoraphobia. The obsessive–compulsive disorder displays itself in continuous repetitive rhythmic movement of the fingers of her right hand.

JOAN: I was at home alone and scared to go out. (Rhythmic movement of the fingers of her right hand.)
THERAPIST: (Rhythmically moves the fingers of his own right hand without saying anything.)
JOAN: (Stops talking.) She then looks at the therapist and says "Why are you doing that?"
THERAPIST: What?
JOAN: Moving the fingers on your right hand.
THERAPIST: I am doing what you are doing.
JOAN: What? (Looks at her right hand. A look of amazement crosses her eyes.) I did not know I was doing that.
THERAPIST: You did it also in the other two sessions.
JOAN: I did! I did not know that.
THERAPIST: Shall we explore how it is that you are doing it?
JOAN: Alright.
THERAPIST: Would you like to repeat the movement and see what happens?
JOAN: (Repeats the movement and stops after doing it a few times.) I am remembering the day I fainted in my house and that I was alone. I was terrified.

Through paying attention to her repetitive finger movement, Joan is able to identify the source of her obsessive–compulsive disorder and her terror of fainting in her home.

The Empty Chair

The empty chair is one of the best known of the gestalt therapy techniques. It has many uses; for example, to clarify and explore two polarized parts of the individual, to say goodbye to a person, and to look at two aspects of oneself. In exploring two polarized parts of themselves, individuals switch back and forth from their own place to an empty chair. This allows them to experience both sides of the polarity. The identification of polarities and their exploration allows both parts to achieve contact. As both sides meet, a reorganization occurs.

General principles for working with the empty chair were described by Fagan, Lauver, Smith, Delaoch, Katz, and Wood (1974). These authors recommended that therapists have a personal experience of the empty chair as clients before they work with their own clients. Furthermore, they advised that therapists ensure that clients are emotionally stable and that follow-up support is available until they, as therapists, are familiar with the technique; that they clarify what the person is saying or doing and, if in doubt, follow their own experience as a therapist; that they be aware that strong emotional responses may erupt and that they refrain from overusing the therapeutic role and that they move cautiously through impasses.

A considerable body of work was undertaken in the 1980s on the two-chair technique. I pointed out previously (O'Leary, 1996) that research studies "support

the effectiveness of the gestalt two-chair technique" (p. 100). Four studies (Greenberg & Clarke, 1979; Greenberg & Higgins, 1980; Greenberg & Dompierre, 1981; Greenberg & Rice, 1981) compared the effectiveness of this technique with other techniques, while a further four (Greenberg & Webster, 1982; Conoley, Conoley, McConnell & Kimsey, 1983; Clarke & Greenberg, 1986; Tyson & Range, 1987) considered its effectiveness in the resolution of specific problems. Findings from the first group of studies found that use of the two-chair technique led to greater depth of experiencing and awareness for clients. This also held true when compared with empathic reflection as a method of producing change in felt conflict. Furthermore, the technique led to greater depth of experiencing than did focusing when followed by empathic reflection. The two-chair technique "appeared to encourage clients to actively confront and experience their conflict by making it more alive and present. When empathic reflection was used, the client could talk about the conflict but at a more cognitive level and with less of an immediate experience" (O'Leary, 1996, p. 97). Furthermore, the use of the two-chair technique led to greater depth of experiencing and increased awareness on the part of the client than did empathic reflection as a method of producing change of felt conflict. This sense of conflict resolution persisted over a week. Clients also reported significantly more change in target behaviors. I previously commented that "The two chair technique emerged as a very useful intervention in handling conflict problems … trained counsellors may use it after as little as 50 hours of training" (p. 100). The empty chair technique is particularly useful for working with interpersonal and intrapersonal conflict.

Rehearsal Techniques

The rehearsal technique is another experiment which allows clients to pay attention to a future situation. According to O'Leary and Martin (1989), clients are enabled through rehearsal to attend to the emotion which arises when reflecting on the anticipated situation and to experiment with more satisfying possible responses. Rehearsal techniques can be particularly useful when individuals are apprehensive about forthcoming events, such as interviews.

Rehearsal is a technique where one can acknowledge and take ownership of anxieties about expressing feelings and anticipate being judged by others in such situations as attending interviews, making presentations, or participating in a social situation for the first time. To reduce the anxiety, one could imagine the worst thing that could happen, a sort of safe-emergency. It is a gateway to awareness of one's emotions of fear and anxiety in how we prepare for social roles like teaching a new class or asking for a pay raise.

Example 15

Background The client, Leo, describes his anxiety at his decision to meet his daughter, Mia, for the first time. Twenty-five years ago, Leo and his partner,

then a very young couple, decided to place Mia for adoption at the time of her birth. As the time for the meeting approaches, Leo feels increasingly anxious, and worries that his emotions may be overwhelming when he sees her. He is also fearful as to how Mia may react to him, as he does not know what emotion a meeting with him will raise for her. In the counseling session, he describes how he would like to imagine their first meeting. He is open to rehearsing this anticipated encounter and to using the two-chair technique to do this. The client proceeds to select one chair to speak "as himself" and the other to speak "as Mia." The dialogue with Mia begins with Leo speaking in his own chair.

LEO: I am very happy to be meeting you … I am very nervous as well. I have been imagining what this day would be like all my life … I have wanted this for so long. (Leo chokes up and begins to cry.) And I want this more than anything else. (Crying.) … This is my heart's desire.

LEO: (To therapist.) I really want to stay with this.

LEO: (Continues.) How is it for you, Mia, to be here … meeting with me?

MIA: I have wanted this but I never knew if it would actually happen. I am nervous as well. (Pauses.) I wanted to believe that you would seek me out some day … that I would know who my father was, but the longer that time went on, the more I lost hope that it would ever happen.

LEO: (Crying.) I am sorry … I am sorry that I took so long … but I was not ready … I struggled with deciding because I felt so many different things, guilt for giving you up, anxiety about not knowing how your life had gone after the adoption and concern at coming back into your life … (pauses) what it might mean for you and your life now. There was a lot … but I want you to know that I never forgot you … never.

MIA: So … you used to think about me. (Crying.) There is so much I want to ask you … to know (pauses) about what happened all those years ago.

LEO: I understand. (Pauses.) You must have many questions (pauses) and I will be as honest with you as I know how to be. There is a lot of catching up for the two of us. (Pauses.) There is so much I want to tell you (pauses) to explain. (Pauses.) I would love to know about your life. But, being here with you now (pauses) is what I want. (Pauses.) It feels so right. (Lets out a big sigh.) I find I am able to talk openly with you. Meeting with you is not anything like I had feared it would be. (Pauses.) I am relieved to say that. And you? How are you feeling?

MIA: A little less nervous. (Pauses.) I was very nervous before meeting you but now that we are talking (pauses) I had it built up in my head that it would be harder (pauses) but I really did not know how I would feel until I met you.

LEO: It sounds like we have nervousness in common – like father, like daughter!

MIA: Yes! I need to take it slowly. (Pauses.) I had many different feelings over the years (pauses) about being adopted.

LEO: Yes, I am sure you had. (Pauses.) We have not had any communication over the years. I was abroad for most of twenty years. I do understand about us taking time and I am very willing for that to happen (pauses) whatever that

> takes. I want this to be right for you as well as for me. It is important that we can be honest with each other.
>
> (Dialogue contributed by Mary Murray.)

The client sits in silence in his own chair and then ends the dialogue at this point. The therapist checks with him that he has finished speaking to his daughter and is back in his own chair resuming contact with the therapist. He then describes what this experience means to him and the session finishes at this point.

The dialogue illustrates that the client was facing a very new experience in his life – a decision to reunite with his daughter after twenty-five years knowing nothing about her life. He anticipated that this meeting would be very difficult for him and for his daughter Mia: "Everything else," he declared, was "the great unknown." He had two main difficulties; namely, his concern that he would "fail to manage the strength of his emotions" at the meeting and his "feeling of anxiety" about how Mia would feel towards him. Through rehearsing the meeting, the client gave himself the opportunity to stay with his feelings, to own them, and to experiment with expressing them to Mia. In confronting his fears, the client gained increased and enriched awareness of moment-to-moment experiencing, which allowed him to come to grips with what he was thinking, feeling, and doing. His awareness of wanting to meet her "more than anything" on the one hand, yet fearing rejection by her on the other hand, provided him with the opportunity of owning both polarities. He identified how he was projecting his feelings onto Mia, and how this was directly contributing to the stress he described at the beginning of the session ("Meeting with you is not anything like I had feared it would be.") His experience of being honest about what was happening for him and expressing it to Mia helped him express previously unexpressed and inhibited feelings in the "here and now." This was a critical point for the client to mobilize his energy in order to face the two opposing polarities – his (heart's) desire and his fear.

At the conclusion of the rehearsal, the client stated, "Two things are true for me – I feel better able to accept and manage my feelings and I am willing to face the great unknown in the meeting with my daughter." More importantly, he was committed to taking this step of opening the door to a new opportunity, for both himself and his daughter.

Experiments

Experiments are based on the principle that learning requires action. They enable clients "to extend their boundaries by considering new actions or experiences" (O'Leary & O'Connor, 1997, p. 159). Melnick and Nevis (2005) stated that an "experiment is a teaching method that creates an experience in which clients can learn something that is part of their growth step" (p. 107). The essence of an

experiment, Zinker (1978) claimed, was that it changes "talking about into doing, stale reminiscing and theorizing into being fully here with all one's imagination, energy and excitement" (p. 123). In Polster and Polster's (1974) view, experiments seek "to counter the aboutist deadlock by bringing the individual right into the room" (p. 234). Displaying a similar sentiment, Moreno (1946) stated that discoveries occur when people participate in an event rather than merely talking about it. From these various views of experiments, it can be seen that they enable people to find out more about themselves through engaging in activities which are deliberate in nature and which enhance their boundaries by considering new actions.

The experiment itself is not the important aspect even in a traumatic experience. What is of consequence is the identification of the point where the ongoing resolution of the experience is blocked. A female client may have sought counseling previously concerning her experience of being raped but still have a feeling of shame associated with it. She may feel responsible because she took a shortcut late at night through a wood instead of taking the long way home. The therapy situation offers a safe context in which to explore these previously unexpressed dimensions of the trauma. For example, the client may identify the feeling of shame in her body, its strength, and color. The therapist can invite the client to speak as this shame. This "shame" is then invited to pay attention to its non-verbal dimensions so that a better sense of it is obtained by the client. What the person needed to say at the time the rape occurred is accessed and expressed. The therapist assists the client in becoming aware that there is no reason to be ashamed since nobody had a right to rape her.

Experiments emerge from the therapist–client relationship. The creativity of experiments depends on the originality of the therapist or the client. An example of an experiment given by Corey (2009) is that of dramatizing the memory of a painful event. A further example is practicing movements opposite to what is the normal one for the person, such as writing with the left hand when the person is normally right-handed. The gestalt therapy group allows the enactment of experiments in a safe environment. An example of a group experiment is that of the facilitator inviting clients to experiment with defining their boundaries through a process of moving in safety towards each other. These new movements are undertaken in the strict understanding that movement only is involved.

Enactment of an Experiment

Four stages of an experiment were outlined by Zinker (1978). These are the identification of a general theme in the work of the client, an enrichment in understanding the theme, the uncovering of the developmental dynamic, and a movement towards a sense of resolution and integration. The identification of the general theme commences during the beginning of therapy when the story of the problem is being explored. Many details emerge in the second stage which enhance the understanding of the theme. In the third stage, a developmental dynamic

acquired in the past is uncovered and the experiment moves into action. Finally, as awareness develops for the client, resolution and integration occur.

The stages are fleshed out in greater detail by Zinker (1978) in ten variables that are used in the process of experimentation. These are laying the groundwork, negotiating consensus between the therapist and the client, grading the work in terms of experienced difficulty for the client, surfacing the client's awareness, locating the client's energy, focusing energy and awareness toward the development of a theme, generating self-support for both client and therapist, choosing a particular experiment, enacting the experiment and debriefing the client. These variables are now outlined.

In laying the groundwork, opening sessions are essential in establishing good contact between therapists and clients and placing the therapy on a solid foundation. In a study of 123 clients (O'Leary, 2003), I found that empathy is created in the first two sessions. This understanding of clients or group members must exist prior to the experiment. Fascination assists greatly in the process of establishing good contact, as is evidenced from Polster's (1987) description of it: "with fluid absorption in everything he said to me, my mind ticked off freely – spontaneously tuned in to those therapeutic concerns he came with" (p. 142). The task of therapists, according to Yontef (1993), is to create a climate in which clients are likely to try out new ways of being. In negotiating consensus between therapists and clients, therapists ensure that clients are willing to participate in the experiment and that they will undertake whatever actions are necessary.

Grading an experiment cannot be planned beforehand since it is tailored to an individual client. Experiments take clients from their present situation to an activity necessary for moving forward in their work. Melnick and Nevis (2005) stated that "an experiment … flows directly from psychotherapy theory and is crafted to fit the individual as he or she exists in the here and now" (p. 108). Latner (1973) referred to experiments as dealing with increments of change since they are designed specifically to meet the developmental needs of clients at the precise point at which they are functioning in the present. Clients need to be comfortable with carrying out the experiment. This point is exemplified in the case of a group participant, Joe. When I invited him to sing a song, he stayed silent. He then informed me that he had never sung a note and he was afraid of singing. I asked him if he could recall the tune of a nursery rhyme which he had learnt in his childhood. He recalled "Three blind mice." I told him that I would sing it with him. After he did so, he exclaimed "That was easy." I then invited him to do it on his own, which he did with more confidence than he had the previous time. For Joe, the task was frightening, and so I supported him by singing with him the first time. I graded down the experiment to the easiest level so that the accomplishment of the task seemed possible. Joe's initial behavior indicated that he was blocked around singing. The way he said that he had never sung in his life indicated that not singing was a position he had introjected early in his childhood. Fortunately, a breakthrough occurred when he recalled the nursery rhyme and, having experimented, he realized that he could in fact sing. This surfaced a new awareness for him. The introjection had prevented him from experiencing the joy of singing until then.

Latner (1973) held that experiments enhance the present by expanding the awareness continuum of the client while, according to Yontef (1993), gestalt therapists use experiments to increase awareness.

Locating the energy level of clients can be facilitated if they are invited to be involved in the construction of experiments. Zinker (1978) pointed out that experiments will have a tendency to drag if the only source of energy is that of therapists. At this point in the process, one of the five modes of experiment outlined by Polster and Polster (1974) is selected by therapists and clients. These include enactment (where clients will deal with unfinished business and polarities), directed behavior (which is used to accentuate certain behaviors – e.g. a monotonous speaker may be asked to speak more monotonously), fantasy (where an imaginary experience is explored), dreams (where the dreamer's personality is projected onto the dream), and homework.

Therapists focus on the main themes presented in the experiment and develop a central theme. The grounding of both therapists and clients increases self-support. Suitable experiments are selected based on what clients have disclosed. This involves engagement by clients in some action in contrast to merely thinking and experiencing the matter internally. Experiments are worked through in order to increase the ability of clients to engage effectively in actions relating to the matter explored. Clients are subsequently debriefed through therapists inviting clients to identify what they have learnt and to integrate such learning. Use of experiments can clarify for clients what areas they will omit or include in their lives. They may experiment with these areas in the safety of the therapeutic encounter.

Example 16

Background Elizabeth's husband would like for them to be able to dance together.

ELIZABETH: I have never been able to dance with my husband and he would like us to be able to do that.
FACILITATOR: Never?
ELIZABETH: No, except for doing the two-hand reel.
FACILITATOR: Tell me a little more.
ELIZABETH: In school, the class was taught to do the two-hand reel. You know one, two, three, four, five, six, seven, then one, two, three, and then one, two, three.
FACILITATOR: Can you do that?
ELIZABETH: I was hopeless at it. I only dragged my feet along. I had no sense of rhythm.
FACILITATOR: Would you be willing to try doing it with another person in the group?
ELIZABETH: Another person? (Pauses.) I could try.
FACILITATOR: (To the group.) Would anyone volunteer to do it with Elizabeth?

MAEVE: I will.
FACILITATOR: Thank you. Would the group hum the tune?
GROUP: Sure. (Several members hum.)

Elizabeth and Maeve commence the dance. Elizabeth is extremely hesitant at first but Maeve holds her hand and demonstrates how to do it. Elizabeth takes a few steps.

FACILITATOR: How was that Elizabeth?
ELIZABETH: Well, it was certainly better than school since Maeve supported me, but I still feel awkward doing it.
FACILITATOR: (To the group.) Will anyone in the group who is able to do the two-hand reel please stand up and do it with Elizabeth and Maeve, and would all of you hum the tune please? (Angela and Kathleen volunteer and the group hum amid laughter. Elizabeth relaxes in her movements as she does the two-hand reel.)
FACILITATOR: (To the group.) Well, how was that?
GROUP: Great fun.
FACILITATOR: And for you Elizabeth?
ELIZABETH: Yes. I felt relaxed and not as clumsy while dancing. I will have no excuse now but to try dancing with my husband. If we make it enjoyable, I will be able to do it.

In this experiment, the groundwork is laid through the facilitator's exploration of Elizabeth's background in dancing. The chosen experiment was selected by the facilitator in response to the stated difficulties expressed by the client. Negotiating consensus took the form of Elizabeth agreeing to try dancing with another member of the group. Initially, Elizabeth felt awkward, but graded support of the task in hand allowed her to make a beginning in being able to dance. The necessity of grading the work in terms of difficulty was achieved through the initial dance with Maeve and subsequently with Angela and Kathleen as the group assisted Elizabeth to begin to enjoy the dance. Elizabeth's developing awareness was evident in her statement "I could try." Owing to Elizabeth's initial view of her dancing, the facilitator accessed support for Elizabeth initially from a group member and subsequently from two group members. Energy was galvanized when Elizabeth began to move into dance with a member of the group as distinct from merely talking about not being able to dance. The development of the theme moved from being able to dance to being relaxed in the movements of the dance, thus moving Elizabeth from a helpless position with respect to dancing. This laid the groundwork for her to feel self-supported, as indicated in her remark "I have no excuse now." Debriefing occurred when Elizabeth reflected on her new learning and her resolve to integrate it further by dancing with her husband. The experiment resulted in the client's redefinition of her competence in relation to dance and increased self-esteem.

A further experiment is that of playing the projection.

Playing the Projection

As discussed in Chapter 2, projection is transferring onto someone else what is one's own. In this way, many clients bypass their own direct experiencing, wants, needs, and feelings. The goal is to change this distancing language to "I" statements. In this way, clients are encouraged to take responsibility for engaging their own reality and for expressing needs and wants in ways that are likely to harness self-support and self-reliance and to be able to draw on support from the environment. The importance of "I" statements was outlined in a humorous example by Perls *et al*. (1951), who stated, "If you say 'A thought struck me' just where and how did it strike? Did it use a weapon? Whom did you want to strike at the time? If you say 'My heart aches' are you aching for something with all your heart. If you say, 'I have a headache' are you contracting your muscles so that you hurt your head" (p. 216).

Optimally, playing the projection occurs in a group situation. Take the case of two competent school principals both controlling by nature and used to having power. Nevertheless, both are projectors. In a group situation, if the leader or a group member takes issue with their inclination to dominate in the group, it is likely that they will try to foist their behavior on the leader. In this situation, it is important that the leader should invite both of them to speak in "I" terms so that any attempt at collusion can be stymied. Empty chair work, where they are invited to assume the role of the facilitator, is also an appropriate intervention. However, the facilitator will have to exercise judgment as to whether the group members are ready for such work or whether more groundwork needs to occur.

Dreams

Freud (1975), the father of dream exploration, viewed dreams as the royal road to the unconscious. He held that dreams reveal unconscious material which may interrupt sleep. However, in sleep, they are changed into acceptable symbols that do not cause emotional disturbance but rather discharge emotional tensions.

Perls (1969b) placed great importance on dreams, as is evident in his book *Gestalt Therapy Verbatim*, in which he records working with dreams and comments on the process. In contrast to Freud (1975), Perls (1969b) showed that he had little time for the unconscious when he stated that "I never know what the unconscious is" (p. 237). He viewed the dream as the royal road to integration and held that it is the most spontaneous production of the human being. However, it is well to keep in mind what Perls stated regarding integration: "now there is no such thing as total integration. Integration is never completed. It is an ongoing process for ever and ever … There is always something to be integrated, always something to be learned" (p. 64).

For Perls (1969b), a clear existential message exists in the dream that, with exploration, individuals are able to identify. Page (1984) says of dreams, "The experience is unique to the person, whether it is frustrating, frightening, boring or

beautiful" (p. 196). Polster and Polster (1974) held that unfolding the feeling tone of the dream can uncover this existential message. They stated, "The dream work-through in one sense may thus never actually return to the dream itself, but rather responds to its existential message about the person's life" (p. 274). An interesting addition was proposed by Sinay (1998), who suggested that once the existential message of the dream is identified the dreamer puts it in the empty chair and that if there is anything else the dreamer wants to say to it then to do so.

An emphasis on the existential message of the dream was also part of Rainwater's (1976) view of dreams. Like Polster and Polster (1974), she considered that the feeling tone of the dream may be connected with its meaning. Her approach included identifying and speaking as elements in the dream such as any mysterious object, any powerful force, any objects that link or join, any numbers, or any two contrasting objects. Rainwater suggested using questions such as: What are you feeling? What are you doing in the dream? What do you want in the dream? What are your relationships with other objects and people in the dream? What kind of action can you take now? What is your dream telling you?

In working with dreams, therapists may deal with a small part since awareness can be greatly enhanced even from a portion. Each stage of dream work increases assimilation. As clients work on the dream, it will change and the existential message will become clearer. Perls (in O'Leary, 1996) stated that he used to work through all parts of the dream, but then he began to look for "holes, emptiness, stuckness and avoidances" (p. 77). When clients get into the vicinity of holes they become confused or nervous. This, Perls believed, was the impasse which they tend to avoid. The role of the therapist is to support them to confront what they are rejecting.

The dream can also be viewed as a projection (Perls, 1969b). A feeling of alienation is often associated with elements of the dream as the projector proclaims "That is not me, that is something else, something not belonging to me." Since they are rejected parts of individuals, clients often display a lack of willingness to work on them. Recognition of these disowned projections can occur through role-playing the dream with a consequent re-owning of the disowned parts. In this way, the parts that have been lost can be rediscovered.

Perls (1969b) also focused on the contact potential of dreams. Instances of this occurred when he invited the dreamer to repeat part of the dream to one or more of the group participants. He further enhanced the contact dimension through sharing his perception of a dream. This emphasis on contact creation is the primary focus of the Polster and Polster (1974) approach to working with the dream. In writing about a dream, they pointed to "its suitability for exploring the contact possibilities available to the dreamer and its generative power for unfolding interaction between dreamer and therapist, or dreamer and group members, or dreamer and aspects of his(her) own existence" (p. 266). In working with contact, I outlined different approaches (O'Leary, 1996). Clients can be invited to speak as parts of the dream or as themselves in the dream or as what is taking their attention most. If a problem emerges in the dream, clients can be invited to use the empty chair to conduct

a dialogue with the problem. In this way, the therapist does not intervene too rapidly but allows clients the opportunity to discover for themselves what is happening.

Unlike the Freudian approach to dreams, no interpreting of the dream occurs in gestalt therapy. Clients can be themselves in the dreams and speak in the first-person singular. Numerous authors speak of the value of this approach. Polster and Polster (1974) stated that this simple "device immerses the dreamer into his (her) own dream with greater force than telling about the dream" (p. 263). According to Korb *et al.* (1989), "first person experiences 'are the most powerful because they sustain direct contact with the event being dealt with … Staying with the 'I' of experience is rewarding and demanding, especially in dreams or imagery work in which the meta-level content may be intense and powerful" (p. 102). For O'Leary and O'Connor (1997), speaking in the first person ensures that the dream "has a quality of aliveness which is lost if it is merely reported in an objective manner" (p. 159). The use of "I" was expanded by Sinay (1998), who suggested that "the therapist may invite the patient to play out the dream's different elements talking as if he were each one of these elements. It is very important that this representation be not only verbal, but that the patient brings into play emotional and corporal resources as well so that s/he may feel and get the experience of each element" (p. 99). Speaking of the different parts of the dream, Perls (1972) stated, "since all impoverishment of the personality comes about by self-alienation – by disowning parts of ourselves, either by repression or by projection – the remedy is, of course, re-identification. We achieve the identification by playing the parts of the dream. We become the part until we begin to recognize it as a bit of ourselves – and then it becomes our own again" (p. 212). By playing all aspects of the dream, Perls (1969b) held that full identification of what is occurring in the dream can occur. In addition, what is rejected becomes apparent.

Other approaches to working through the dream include beginning with the person or object in which clients are most interested or with the person or object they find most difficult to remember, or which they regard as most alien to themselves. Sinay (1998) further suggested asking yourself what part of the dream is less like you, which is the hardest to identify yourself with, and is there anything in the dream that you recognize in yourself.

A recurring dream indicates that unfinished business has not been completed, and hence the gestalt of the dream has not been attained. In this case, each exploration will be different as the dream itself reaches for completion in the working through of the emotionally charged elements. The form of the dream will vary since the part of the dream previously worked through will have a new figure. The recurring dream is a means of re-experiencing the unresolved dimension. However, if what is important to the client has been dealt with in a dream, then the dream will not reoccur, whereas it will continue to appear during sleep if it has not.

In the case of missing dreams, James and Jongeward (1971) suggested that, upon waking, dreamers write down the dream immediately. Perls (1969b) advised, "Write the dream down and make a list of all the details in the dream. Get every person, every thing, every mood, and then work on these to become each one of

them" (p. 74). He further recommended that dreamers should identify where a dream was occurring since the environment formed the background. If individuals do not remember their dreams, Rainwater (1976) suggested that they speak to them.

In dream-work, the gestalt therapist invites the client to become a person or element in the dream and to state what comes to mind. Since everything in the dream reflects aspects of the person, learning can occur from any part of it. Perls (1969b) stated that he let the client play all the aspects of the dream so that the person gets the full identification of what is going on. In this manner, they get a clearer picture of what they are rejecting.

Another approach to working with dreams is that of Isadore From (Muller, 1996; Rosenfeld, 1996), who viewed dreams as retroflections. His approach centers on undoing retroflections that have been incorporated into the dream and that have receded into the background. The client comes to understand and undo the retroflection "what s/he cannot express in waking life" (Melnick and Nevis, 2005, p. 109). Individuals who retroflect will have difficulty playing the disowned or alienated part, and are likely to get stuck since they do not want to reown it.

Zinker (1978) viewed dream-work as theater. The dream is reported at an individual level and is then worked through as a group experience. Speaking of this approach, Polster and Polster (1974) stated that this approach "offers the group members a range of opportunities for enacting a facet of the dream which may relate not only to the dreamer, but also to their own lives. The dreamer can cast people to play parts of the dream or they can volunteer" (p. 275). Dreamers can instruct group members as to what they want them to do or allow participants to enact the dream as they wish so that dreamers become aware of how others are viewing the dream. Zinker (1978) saw the advantage of his approach as relating to the participative role of the group members in comparison to the observational role espoused by Fritz. I cautioned that there were negative dimensions to this approach (O'Leary, 1996), "On the negative side, it closely resembles the approach of psychodrama, wherein projections and interpretations occur. The dream is seen from the outside rather than from within" (p. 79).

Example 17

Mary is a client who has never worked on a dream with her previous therapist. This example shows how the therapist works with Mary on her dream.

THERAPIST: Good day, you are welcome.
MARY: Thank you.
THERAPIST: Did you find the place easily?
MARY: Yes, your directions were very clear and easy to follow.
THERAPIST: And what would you like to talk about today?
MARY: Well – I had a very interesting dream last night and I would like to talk about that.
THERAPIST: Can you tell me about the dream?

MARY: I was walking in the ruins of a monastery, wearing a long gray french coat and a wide brown felt hat. (Pause.)

THERAPIST: Could you tell me that in the present tense, e.g. "I am walking in the ruins of a monastery …"?

MARY: I am walking in the ruins of a monastery and I am wearing a long gray french coat and a brown wide-rimmed felt hat. There are two people somewhere in the ruins, whom I cannot see but I know they are there. I know they are murderers.

THERAPIST: How do you feel knowing that they are murderers?

MARY: I am so afraid … and I just know I am in danger.

THERAPIST: Have you any sense of that fear in your body?

MARY: In my body?

THERAPIST: Give yourself a moment. Take your time, check your body and see what is going on …

MARY: I am remembering the fear.

THERAPIST: And what is that like?

MARY: Uncomfortable, because I do not know if I am going to be safe.

THERAPIST: Where are you uncomfortable?

MARY: All over.

THERAPIST: So your body is uncomfortable all over?

MARY: Yes.

THERAPIST: Could this uncomfortable body speak?

MARY: I want to say to the murderers, come out so I can see you and face you.

THERAPIST: What do the murderers say back?

MARY: A man and a woman emerge and I feel scared but relieved.

THERAPIST: So you are relieved to see them – that they did what you asked?

MARY: Yes – because they are asking me for my hat … and they must know I love it.

THERAPIST: What do you need to say to them about the hat?

MARY: That my hat is very precious to me and I won't give it up.

THERAPIST: What are you scared about?

MARY: That they will take my hat.

THERAPIST: Can you speak as the hat to the murderers?

MARY: I am beautiful, and comfortable belonging to Mary's head and I am very powerful.

THERAPIST: Do tell them about your power.

MARY: I am able to protect myself and keep myself safe. You can't have me.

THERAPIST: What do they say to that?

MARY: They are stunned … and disbelieving that I have this power.

THERAPIST: Stunned and disbelieving?

MARY: It looks like they have met their match – and they can't harm me quite so easily now.

THERAPIST: And how do you feel now?

MARY: I feel wonderful … And I am standing facing them – whom I was so afraid of before now.

THERAPIST: And have you a sense of this power in yourself?

MARY: Right now?

THERAPIST: Yes.

MARY: I think I have been afraid to acknowledge my power.
THERAPIST: And what was that fear related to?
MARY: I was afraid of what I am capable of.
THERAPIST: And now?
MARY: I do not want to lose this sense – the sense of my power, which is very real to me right now.
THERAPIST: Can you speak to the murderers and tell them how powerful you are?
MARY: The murderers I now see as myself – the parts of myself that have tried to keep me powerless and afraid.
THERAPIST: And what do you want to say to them?
MARY: You have lost your hold over me – and I am unafraid … I am free.
THERAPIST: And how is your body feeling now?
MARY: Energized, alive and surprised … I like this.
THERAPIST: Would you like to say goodbye to those parts of yourself?
MARY: I do not need you any longer and so I'm saying goodbye to you.
THERAPIST: And how does that feel?
MARY: Great … I feel a new woman.

(Dialogue contributed by Mary Murray.)

In working through the dream the person is enabled to explore part of themselves through initially attending to feelings and body sensations. Speaking in the present tense brings a sense of realness to the accounting of the dream. The client identifies a feeling of being uncomfortable all over and this leads to speaking as the uncomfortable feeling to the murderers. What emerges for the client is a special connection with the felt hat. Working through this further the client is able to speak to the murderers. From this, the client realizes that she is afraid of the murderers taking her hat. The therapist invites the client to speak as the hat. This leads to a realization by the client of how powerful she was. An exploration of the personal power of the client ensued, leading to the awareness that the client was afraid to own her own power and that the two "perceived" murderers represented two aspects of the client that kept her believing that she was powerless and afraid. This knowledge freed her to feel her power and to leave go of these aspects of herself.

In terms of gestalt therapy, the dream illustrates the use of the present tense, attention to body sensations, the felt feeling in the present, dialogue with different elements of the dream which involved both spoken and non-verbal language. Identification of figures in the dream as projective parts of the self was essential to uncovering the manifestation of the disowned parts of the self. The dream concludes with ownership of the client's power and with the client feeling "great."

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Part Two

Gestalt Therapy Around the World

Europe

5

Gestalt Therapy in Austria

Nancy Amendt-Lyon

Prior to the 1960s the predominant therapy practiced in Europe was psychoanalysis. Toward the end of the 1960s gestalt therapy was introduced to Europe by American gestalt therapists, such as Laura Perls, Erving and Miriam Polster, George and Judith Brown, and David Hoban, who held workshops in Europe. Several of these workshops, particularly those run by Laura Perls, consisted of weekend-long experiential encounters. Others were hosted by the Institut für Integrative Gestalttherapie Würzburg (IGW; Institute for Integrative Gestalt Therapy) in Germany for its trainees in Austria and consisted either of weekend, five-day, or week-long workshops within the framework of summer residential programs. Having been introduced to gestalt therapy, several German psychotherapists, including Hans-Jörg Süss, Katrin Martin, and Hilarion Petzold, ventured to the USA and acquired training there. In turn, they established training groups and institutes of their own in Germany. In addition, Werner Arnet ran week- and weekend-long workshops in Germany and Austria. He taught gestalt therapy with a particular focus on perceptual and visualization processes, calling this form of gestalt therapy, "eidetic," referring to visual imagery retained in memory that can be easily reproduced with detailed accuracy.

The Österreichischer Arbeitskreis für Gruppentherapie und Gruppendynamik (ÖAGG; Austrian Association for Group Therapy and Group Dynamics), an umbrella organization for various schools of psychotherapy and group dynamics, was founded in 1959 by Raoul Schindler. The ÖAGG offered joint conferences and workshops for members and other interested persons, and in the 1970s gestalt therapists began to present workshops and lectures at these national conferences throughout Austria. At this time, gestalt therapists were also invited to run workshops and give lectures at conferences hosted by other psychotherapeutic associations, such as the Association for Hypnosis and Catathym Imaginative

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Psychotherapy, also known as guided affective imagery. The leaders of these conference workshops were mostly German.

The first training group in Austria began in Vienna in 1971 under the auspices of the Fritz Perls Institut in Düsseldorf, Germany (FPI), led by Hilarion Petzold. The second began in 1973 in Salzburg, led by Hildegund Heinl, also from the FPI. In 1976, a third FPI training group began in Vienna, led by Hans-Jörg Süss and Katrin Martin. These two trainers soon thereafter withdrew from the FPI and established their own training institute, The Institute for Integrative Gestalt Therapy, Würzburg (IGW) – a German institute with a branch in Austria.

Graduates of these first training groups convened in 1977 to form a committee whose goal was to establish an institute for gestalt therapy in Austria. Most of the graduates of the first gestalt therapy training groups in Austria were already members of the ÖAGG. They attempted to establish gestalt therapy within this umbrella organization as an independent section. Officially, this "Section for Integrative Gestalt Work" was founded in 1979. The adjective "Integrative" was added to the name of the new section in order to reflect the openness of this model to diverse streams of gestalt therapy. In the course of that year, a training curriculum was drafted and approved, and the appointed trainers, Renate Frühmann, Richard Picker, Ekkart Schwaiger, and Günther Pernhaupt, began training. Adhering to the tradition of the ÖAGG, the original curriculum provided for two parallel courses of training: one for those working in the field of psychotherapy and the other for those in socio-pedagogical professions. By 1984, the name of the section had been changed to "Section for Integrative Gestalt Therapy," abbreviated to FS/IGT/ÖAGG (FS=Fachsektion=section/IGT=Integrative Gestalt Therapy/in the ÖAGG). The "gestalt worker" became the "gestalt counselor," and the "gestalt trainer" was called the "gestalt therapist." Gestalt therapists were now required to have experience co-facilitating therapy groups with training therapists. The curriculum had also been changed, increasing the number of individual therapy sessions and the amount of supervision required for graduation from the program. Training groups met for seven three-day weekends per year for three years, in addition to attending seminars on specific themes, such as process-oriented diagnosis, creative media, bodywork, and working with dreams, as well as undergoing individual therapy and supervision. As of the mid 1980s, regional peer groups were established throughout the provinces of Austria so that the trainees could discuss professional literature together.

Theoretical Contributions

A complete list of publications by Austrian gestalt therapists and gestalt therapy publications in Austria is not possible within the framework of this chapter. What follows is a selection of interesting contributions.

Stumm, Pritz, Gumhalter, Nemeskeri, and Voracek (2005) edited the book entitled *Personenlexikon der Psychotherapie* [*Important Personalities in the Field of Psychotherapy*]. The editors engaged numerous authors to describe the lives of

persons who contributed significantly to the field of psychotherapy. Two hundred and eighty-six individuals are discussed in terms of their biography, essential contributions to theory and practice, publications, and references pertaining to them and their works. Including those born during the Austro-Hungarian Empire and those who spent a substantial part of their life and/or career in Austria, fifty-three of them were/are Austrians. The lives and contributions of the following gestalt therapists were included: Inge Bolen wrote about Fritz Perls, I wrote about Laura Perls, Kathleen Höll wrote about Paul Goodman, and Madelaine Ulbing wrote about Erving and Miriam Polster (Stumm *et al*., 2005).

Hochgerner, Hoffmann-Widhalm, Nausner, and Wildberger (2004) edited the book entitled *Gestalttherapie* [*Gestalt Therapy*]. The contributors to the book were from Austria, Germany, and Switzerland. The text outlines gestalt therapy in these German-speaking countries. The book includes general theoretical chapters on integrative gestalt therapy, integrative therapy, and gestalt theoretical psychotherapy, as well as each method's perspectives on basic concepts, theories of health and pathology, methods and techniques, and fields of application. The term integrative gestalt therapy was agreed upon by the FS/IGT/ÖAGG to reflect their openness to various forms of gestalt therapy. It consists of all the basic concepts of gestalt therapy and is further influenced by psychoanalysis, gestalt psychology, existential philosophy, phenomenology, psychodrama, group dynamics, and sensory awareness. Integrative therapy, which in December 2006 was recognized as an independent school of psychotherapy, was developed by Hilarion Petzold and his colleagues at the FPI in Germany. It stems from psychodrama, Ilyine's therapeutic theater, Ferenczi's active psychoanalysis, and gestalt therapy, although it now distances itself from such gestalt concepts as phenomenology, organismic theory, the here-and-now, and the concept of contact (Fachsektion des ÖAGG, 1993). Gestalt theoretical psychotherapy, articulated by Walter (1977, 1994), is founded on gestalt therapy's original theoretical roots in critical realism and creative freedom and avoids association with other schools such as psychoanalysis – see also Stemberger and Lustig (2004), Wildberger and Hochgerner (2004), and Zabransky and Wagner-Lukesch (2004).

Laireiter's (2000) edited book entitled *Diagnostik in der Psychotherapie* [*Diagnosis in Psychotherapy*] included contributions from various psychodynamic, behavioral modification, humanistic-existentialist, and systemic schools, as well as general aspects of diagnostics in psychotherapy, diagnostics in various fields of psychotherapy, and methods of documentation and evaluation. Amendt-Lyon and Hutterer-Krisch (2000) contributed the chapter Diagnostik in der Gestalttherapie [Diagnosis in gestalt psychotherapy], discussing the historical development, importance and practice of process-oriented diagnosis, numerous models of diagnosis and anamnestic interviews in gestalt therapy, and the authors' position on classificatory diagnosis.

Arising out of the first European Association for Gestalt Therapy (EAGT) European Writers' Conference for gestalt therapists held in Syracuse, Sicily, in 2001, Spagnuolo Lobb and Amendt-Lyon (2003) edited a compendium on creative processes in the psychotherapeutic relationship entitled *Creative License: The Art*

of Gestalt Therapy. This comprises contributions from practitioners who consistently represent contemporary gestalt therapy in Europe and the USA, bridging divides among various schools of gestalt therapy and reflecting the lively, present-day discourse among them, including chapters by Spagnuolo Lobb (2003), Stern (2003), Wheeler (2003), and Zinker (2003). The topic of creativity in gestalt therapy was approached from four directions:

1 *The emergence of the creative field* deals with new theoretical reflections on the ability to promote creative processes.
2 *The challenge of defining creative concepts* explores different means of defining creativity in gestalt therapy.
3 *Connecting theory and practice: case examples* presents three contributions which, through the description of clinical examples, demonstrate the importance of this fertile interchange in professional practice.
4 *A taste of the field in practice* offers possibilities for applying gestalt therapeutic concepts of creativity to specific clinical settings.

Wörterbuch der Psychotherapie [*Dictionary of Psychotherapeutic Concepts*] was edited by Stumm and Pritz (2000). In an attempt to define psychotherapeutic terms, this book includes over 1300 keywords and nearly 900 cross-references, describing the development and emerging definitions of each entry. Concepts from gestalt therapy and gestalt theoretical psychotherapy were authored by Amendt-Lyon, Höll, Bolen, Fuhr, and Zabransky (2000). In the same year, Hochgerner and Wildberger (2000) published the book *Was heilt in der Psychotherapie? Überlegungen zur Wirksamkeitsforschung und methodenspezifische Denkweisen* [*What Heals in Psychotherapy? Reflections on Efficacy Research and Method-Specific Ways of Thinking*], a compendium which gathered contributions from the lectures given at the annual ÖAGG meeting in Goldegg, at which various schools of therapy presented their views on the topic of psychotherapeutic efficacy.

Fuhr, Srekovic, and Gremmler-Fuhr (1999) edited the *Handbuch der Gestalttherapie* [*Handbook of Gestalt Therapy*], a compendium which offers an in-depth biographical history of the founders of gestalt therapy. In addition, chapters on basic concepts and models of gestalt therapy, numerous fields of its practical application, and the status of gestalt therapy in many countries around the world are presented. Contributions by authors from Austria include those on the subjects of art and creativity in gestalt therapy (Amendt-Lyon, 1999a), supervision in gestalt therapy training (Amendt-Lyon, 1999b), political, socio-psychological, and ecological dimensions of gestalt therapy (Höll, 1999a), psychotic disorders (Hutterer-Krisch, 1999a), crisis intervention in psychiatry (Hutterer-Krisch, 1999b), cultural influences on gestalt therapy (Rumpler, 1999), narcissistic disorders (Salem, 1999), gender-specific aspects (Ulbing, 1999), gestalt therapy in Austria (Wildberger and Hochgerner, 1999), and phenomenology and hermeneutic foundations of gestalt therapy (Nausner, 1999).

There is a two-hour meeting held nine times per year in Vienna for students and graduates whereby lectures are given, psychotherapy videos are aired, or panel

discussions are held. Hutterer-Krisch, Luif and Baumgartner's (1999) book entitled *Neue Entwicklungen in der Integrativen Gestalttherapie. Wiener Beiträge zum Theorie-Praxis-Bezug* [*New Developments in Integrative Gestalt Therapy. Viennese Contributions to the Connection of Theory and Practice*] comprised monthly lectures offered by gestalt therapists in Vienna. The compendium included theoretical chapters and details on graduates' work in various fields of application.

Luif (1997a) edited the book entitled *Supervision: Tradition, Ansätze und Perspektiven in Österreich* [*Supervision: Tradition, Approaches and Perspectives in Austria*]. Contributions by gestalt therapists to this volume include chapters on the political dimension of supervision (Luif, 1997b), the ÖAGG supervision model, which includes other schools of therapy (Bolen, Luif, Margreiter, Schmetterer, & Schulze, 1997), working with supervisees who work with severely disturbed patients (Hochgerner, 1997), supervision of psychotherapists (Leitner, 1997), case studies of supervision in psychiatry (Hutterer-Krisch, 1997), supervision in geriatrics (Kubesch, 1997), supervision in schools (Kogelbauer, 1997), and supervision in gestalt therapy training (Amendt-Lyon, 1997).

Hochgerner and Wildberger (1995) edited a compendium which is comprised of presentations given at the annual ÖAGG meeting in Goldegg at which various schools of therapy presented their views on the issue of psychosomatic disorders. Anton Leitner (1995) wrote the chapter on illness from the perspective of integrative gestalt therapy.

The abstracts of lectures and workshops of the International Psychotherapy Conference, organized by the FS/IGT/ÖAGG in 1993, celebrating the centennial of Fritz Perls, were published as the edited book by Freiler, Ventouratou-Schmetterer, Reiner-Lawugger, and Bösel (1994). The presentation and workshop abstracts from the International Psychotherapy Conference organized by the FS/IGT/ÖAGG in 1995 were published as the edited book by Gollner, Nausner, and Bösel (1996).

The first major publication by authors from the FS/IGT/ÖAGG was edited by Krisch and Ulbing (1992), entitled *Zum Leben finden. Beiträge zur angewandten Gestalttherapie* [*Finding One's Life. Contributions to Applied Gestalt Therapy*]. This represents a collection of articles on the theory of gestalt therapy, as well as its application in various clinical fields, education, social work, and continuing education. The chapters by Stoffl-Höll (1992) (later known as Höll) on the philosophical and socio-political aspects of gestalt therapy and Krisch (later known as Hutterer-Krisch) on the gestalt therapeutic concept of illness (Krisch, 1992a) and on life crises as psychiatric appearances (Krisch, 1992b) are the most important chapters in this volume. Stoffl-Höll presents a profound description of the founders' perspectives on society, philosophy, and several basic gestalt therapy concepts, offering the reader five theses on the target course of gestalt therapy. Krisch anchors the gestalt concepts of healthy functioning and illness in the contact cycle, as well as developing the significance of these concepts for psychotherapeutic interventions.

Several other books edited by the prolific gestalt therapist Renate Hutterer-Krisch, and which include perspectives from many other schools of psychotherapy, focus

on the topics of ethics (Hutterer-Krisch, 2001), psychosis (Hutterer-Krisch, 1996), and prevention (Hutterer-Krisch, Pfersmann, & Farag, 1996). She has also authored numerous articles and book chapters on the subject of psychiatry, ethics, psychopathology, and process-oriented diagnosis in gestalt therapy. Her main contribution has been in the field of ethics, particularly her attention to narcissistic abuse of patients by psychotherapists.

Another one of Austria's most prolific gestalt theoreticians is Kathleen Höll (also known as Stoffl-Höll), who has written numerous articles and book chapters on such subjects as diagnosis (Höll, 2005), war (Stoffl-Höll, 1987; Höll, 2009a), violence and aggression (Stoffl-Höll, 1996), anarchy and democracy (Höll, 1993, 1999a), philosophical and political aspects of gestalt therapy (Stoffl-Höll, 1992, 1994; Höll, 1999b, 2003a,b, 2006, 2009b), sexuality, gender relations, and power (Höll, 1994, 1997), alienation (Höll, 1996), and epistemology (Höll, 2000).

The IGW and the IGWien (Vienna) cooperatively launched a series of publications with EHP publishers in Germany. The first book, *Gestalt-Traumatherapie*, an edited volume by Schulthess and Anger (2008), was on the subject of gestalt trauma therapy. Contributions from Austrians included Anger (2008) on dissociative fugue, Thomas Schön (2008) on children and adolescents, Brigitte Holzinger (2008) on lucid dreaming, and Beatrix Wimmer (2008) on gender aspects. The second book in this series, *Gestalt und Politik. Gesellschaftliche Implikationen der Gestalttherapie*, was also edited by Schulthess and Anger (2009) and dealt with the socio-political implications of gestalt therapy. Austrian contributions came from Anger (as editor) and Höll (2009a) on war.

Moreover, Austrian gestalt therapists have published in professional journals. These publications include the following:

- Höll (2003b) on society and my paper on reproductive medicine (Amendt-Lyon, 1994) in *The British Gestalt Journal*;
- Höll (2003a) on philosophical anarchy and my book review of G. Stemberger's anthology on gestalt theory in *The International Gestalt Journal* (Amendt-Lyon, 2005c);
- Höll (1993) on Paul Goodman, Rumpler (1994) on the soul in gestalt therapy, my papers on group therapy processes (Amendt-Lyon, 2003), encounters with Laura Perls (Amendt-Lyon, 2005b), and aspects of gender (Amendt-Lyon, 2007), Hansen (2003) on the process of mourning in families with handicapped children, Hansen and Heindl-Opitz (2005) on working with parents in child therapy, Klampfl (2003) on self-regulation in borderline patients, and Hoffmann-Widhalm (2005) on gestalt trauma therapy in *Gestalttherapie. Zeitschrift für Gestaltperspektiven*, the journal of the German Gestalt Therapy Association (DVG);
- Höll in *Gestalt!* (the journal of the Swiss Gestalt Association (SVG)), on Laura Perls' political perspective (Höll, 2006), and on Friedlaender (Höll, 2009b); and
- my paper on tinnitus (Amendt-Lyon, 2004) in *Gestalt Review*.

Stemberger (2002), a gestalt theoretical psychotherapist, edited a book on gestalt theory and psychotherapeutic pathology, focusing on psychological disorders within the I–World relationship.

Austrian gestalt therapists cooperate with the USA and Germany in contributing to publications on gestalt therapy. I am on the editorial board of the American journal *Gestalt Review* and the editorial board of the German journal *Gestalttherapie. Forum für Gestaltperspektiven* (Rumpler was the first Austrian associate on this editorial board), as well as being section editor for book reviews in the newly established *Studies in Gestalt Therapy: Dialogical Bridges*.

Overview of Research Contributions

Schigl (1998, 1999) conducted a study of the effectiveness of gestalt therapy one year after the completion of treatment. Using a questionnaire similar to that developed by Martin Seligman (1996, as cited in Schigl, 1998) in *Consumer Reports*, this evaluative study focused on the overall effects and effectiveness of integrative gestalt therapy. It is the most extensive follow-up study in gestalt therapy to date, having been conducted with clients under naturalistic conditions. The results consisted of both qualitative and quantitative data on the reception of psychotherapy by its consumers. With regard to demographic information, the study offers a representative sample of psychotherapy clients with disorders mainly in the neurotic area, including depressive and panic disorders, social and psychosomatic problems, and substance abuse. The data reflected a very high degree of satisfaction with gestalt therapy and successful changes throughout the course of therapy. The reflection of satisfaction with therapeutic treatment in life events that was reported after therapy is of special interest. Satisfied former clients became parents, and/or moved on to better jobs or a better flat significantly more often than did unsatisfied clients. Unsatisfied clients were more likely to give up professional training or change their job situation for the worse. Furthermore, clients view gestalt therapy techniques as being very helpful and generating specific factors of effectiveness in the therapeutic process.

In 2006, Holzinger and Klösch conducted a study entitled "Cognition in sleep – a potential therapeutic technique for the treatment of nightmares?", described in Holzinger, Klösch, & Saletu (2011). The study discussed lucid dreaming, a dream state in which dreamers know that they are dreaming and can act voluntarily, as a psychotherapeutic technique. Forty Austrian nightmare sufferers (at least two nightmares per month) took part in the study. Both those in the control group (two times ten subjects) and those in the treatment group (two times ten subjects) received gestalt group therapy (ninety minutes once a week over the course of ten weeks). The treatment group also received a course in lucid dreaming. It was reported that gestalt group therapy enabled participants to share dreams and understand their underlying emotions as well as approach the core of the fundamental problem of the dream by using gestalt techniques such as role-playing. Participants learned to create new endings for their recurrent nightmares, thus completing unfinished

situations. It was found that both techniques, gestalt group therapy and lucid dreaming, particularly in combination, are very effective treatments for nightmare sufferers. Not only were the researchers able to reduce nightmares from once or twice per week to once or twice per month, but also the combined approach of gestalt therapy plus lucid dreaming was effective in increasing sleep quality by reducing the effect of sleep disorders (measured by the PSQI) (Holzinger, Klösch, & Saletu, 2011).

Holzinger has published prolifically (Holzinger *et al.*, 1998; Holzinger, 2005, 2008, 2009; Holzinger, LaBerge and Levitan, 2006). Her main publication appeared in 2006 in the journal *Dreaming* (Holzinger *et al.*, 2006). The main goal of the study was to explore electrophysiological differences between lucid and non-lucid dreams in REM-sleep. The subjects were seven male and four female lucid dreamers who underwent polysomnographic recordings in the sleep laboratory on two consecutive nights. Their EEG signals were subjected to spectral analysis in order to obtain five different frequency bands between 1 and 20 Hz. Lucidity was determined by both subjective dream reports and eye-movement signals made by the subjects in response to light stimuli indicating a REM-phase. Comparison between lucid and non-lucid dreaming revealed that, in both, the right parietal area (commonly associated with "visual imagery" and "creativity") was more activated than the left parietal or frontal area. The main discrimination factor between lucid and non-lucid dreaming was found in the beta-1 frequency band (13–19 Hz), which, in lucid dreaming, was increased in both parietal regions, with the greatest increase observed in the left parietal lobe (P3). This area of the brain has been considered to be related to semantic understanding and self-awareness. The ratio of frontal : parietal beta-1 activity was 1 : 1.5 in non-lucid and 1 : 2 in lucid dreaming.

Training Initiatives in Austria

When Parliament passed the Austrian Psychotherapy Act in 1990, psychotherapy became recognized as an independent healing profession. On the basis of the requirements stated in this law, the Austrian Ministry of Health is responsible for recognizing and registering individual psychotherapists as well as training institutes. Every psychotherapist registered on this list is allowed to negotiate having their fees refunded to their patients by the health insurance companies. Negotiations between the Austrian Federal Association for Psychotherapy (ÖBVP) and Austrian health insurance companies for a general, nationwide contract for registered psychotherapists have been underway for years, but there is no definite outcome as yet.

One of the remarkable features of the Austrian Psychotherapy Act is that applicants from many different occupations are permitted to become psychotherapists, including psychologists, medical doctors, social workers, school teachers, and nurses. A further outstanding feature of this law is the inclusion of a broad spectrum of training institutes. At present, eighteen different schools of psychotherapy have been recognized by

the Austrian Psychotherapy Council, including representatives from humanistic psychology, various schools of psychoanalysis, systemic therapy, and behavioral modification approaches. Many schools that had been members of the Austrian umbrella organization for psychotherapy before the law was enforced were all accepted as candidates for recognition and registration. These include the three training institutes for gestalt therapy in Austria today: the FS/IGT/ÖAGG, the Österreichische Arbeitsgemeinschaft für Gestalttheoretische Psychotherapie (ÖAGP, the Austrian Association for Gestalt Theoretical Psychotherapy), and the Institut für Integrative Gestalttherapie Wien (IGWien; Institute for Integrative Gestalt Therapy Vienna).

Admission to psychotherapy training is also regulated by the Austrian Psychotherapy Act. Besides such prerequisites as a minimum age of twenty-four, a clean police record, and a particular occupation, candidates must complete two stages of training. The first stage is a general one, named Das Propädeutikum (propaedeutic or preliminary training). It is comprised of a total of 1315 hours of training of which there must be a minimum of 50 hours of personal therapy, 500 hours of practical experience in an institution (similar to an internship), and 765 hours of theory. The stage that follows, Das Fachspezifikum (specialised training), concentrates on teaching one specific school of psychotherapy and is comprised of at least 1800 hours. The candidates have a minimum of 200 hours of personal therapy, 120 hours of supervision, 300 hours of theory, 580 hours of practical experience in an institution, and 600 hours of independent psychotherapeutic work.

According to the Austrian Psychotherapy Act, the training institutes are responsible for their own admission procedures, the content of their curriculum, and the promotion of their candidates to the stage of being able to work independently under supervision. The training institutes also determine whether or not a candidate has completed all the requirements for graduation. When this question is answered affirmatively, the candidate can apply for registration and membership of the official list of psychotherapists at the Ministry of Health.

The Section for Integrative Gestalt Therapy in FS/IGT/ÖAGG, in accordance with the Austrian Psychotherapy Act, was recognized initially as being on probation in 1991, as were other existing training institutes. They were officially recognized in 1993, when their formal application was accepted by the Ministry of Health. From 1979 up to 2010, the section trained thirty-three groups. In 2005, a new curriculum was initiated and the twenty-ninth training group began, under the joint direction of Donau–Universität-Krems (the Danube University Krems) and the FS/IGT/ÖAGG. The new curriculum includes a three-year experiential group, personal therapy, individual and group supervision, a written thesis, an internship, special seminars on topics of creative media, hot seat, dream work, bodywork, group dynamics, crisis intervention, structural disorders, transference, counter-transference, process-oriented diagnosis, literature, psychosomatics, neurosis, trauma, psychosis, dependencies, a three-part seminar on the theory of gestalt therapy, and conducting individual therapy.

Originally, the FS/IGT/ÖAGG offered training courses for those in private practices (psychotherapists) as well as for those who worked in institutions (counselors). There followed a period from approximately 1990 until 2000 during

which only psychotherapists were trained. In 2000 they resumed offering a six-semester course for Integrative Gestalt Counseling.

The second training institute in Austria is the ÖAGP. The ÖAGP was founded in 1985 by psychotherapists involved in the Internationale Gesellschaft für Gestalttheorie und ihre Anwendungen (GTA, The Society for Gestalt Theory and its Applications). Its beginnings can be traced to a committee for gestalt theoretically based psychotherapy led by Hans-Jürgen Walter within the framework of the Arbeitskreis für Sozialpsychologie und Gruppendynamik (Working group for social psychology and group dynamics) in 1979. The Arbeitskreis traces its roots back to the foundations of the Berlin school of gestalt psychology and the experimental findings of Köhler (1968, 1969), Koffka (1935), Wertheimer (1964, 1991), and Lewin (1926), amongst others. It is open for all psychotherapeutic schools that are compatible with their holistic perspective and research approach, which integrates phenomenological, depth psychological, systems theory perspectives, and psychophysical perspectives. The ÖAGP encourages its members to apply gestalt-theoretical perspectives in all psychosocial fields of work and has been involved in the training and postgraduate education of psychotherapists. This training institute has been officially recognized by the Austrian Psychotherapy Act since 1994. The official journal of the GTA, a quarterly entitled *Gestalt Theory: An International Multidisciplinary Journal*, publishes articles in German and English. The GTA hosts a biannual scientific conference which affords international exchanges. The curriculum consists of a three-year experiential training group, special seminars on personality and interaction theory, gestalt theory, methodology and technique, technical literature, individual therapy, individual and group supervision, study and peer groups, a theoretical examination, and a final examination. In addition, candidates participate in peer groups and working groups, and must give a lecture on a topic of their choice.

The third training institute for gestalt therapists in Austria is the IGWien, which was recognized by the Austrian Psychotherapy Act in 1998. The precursor to the IGWien, the ÖGI, offered continuing education curricula in Austria and northern Italy from 1993. Several ÖGI trainers were also members of the IGW in Würzburg, which offered gestalt therapy training in Vienna in the 1970s. The IGWien began their first training group in 1994, embracing the curriculum and theoretical approach of the IGW in Würzburg. It consists of experiential group seminars, seminars on methodology, theory of gestalt therapy, group processes, diagnostics, family dynamics, crisis intervention, supervision, sensory awareness and bodywork, clinical topics, peer group sessions, compact training, individual therapy, individual and small-group supervision, a written thesis, and a final exam.

In cooperation with the FPI, the FS/IGT/ÖAGG organized the Hochschulkurs für Pastoralpsychologie (university course for pastoral psychology, i.e., pastoral counseling and care) in 1976, out of which arose the Austrian Association for Pastoral Psychology in Graz, offering continuing education in this field to practitioners. In addition, FPI courses were offered in integrative movement therapy in 1983 and integrative child and adolescent therapy in 1986. The latter two projects founded the Austrian Association for Integrative Therapy in 1990.

The Gestalt Pedagogic Association in Austria was founded in 1990 and offers courses to teachers, adult educators, social workers, and those working in orphanages and homes for the physically handicapped.

Gestalt Therapy Associations and Societies

Since 1987, the FS/IGT/ÖAGG has organized annual conferences in Austria. There are lectures, panel discussions, and workshops held on varying topics. The conference participants are training therapists, graduates and trainees of FS/IGT/ÖAGG, interested persons from other schools of psychotherapy, and gestalt therapists from other countries.

International gestalt conferences were organized by the FS/IGT/ÖAGG in Austria in 1993 and 1995. The 1993 conference celebrated the centennial of Fritz Perls. For both conferences, in addition to Austria, lecturers and workshop leaders came from the USA, Great Britain, Germany, and Switzerland. The lectures and workshop abstracts have been published in book form (Freiler *et al.*, 1994).

The FS/IGT/ÖAGG also organized sub-symposia for gestalt therapy at the three World Conferences for Psychotherapy which took place in Vienna under the auspices of the World Association for Psychotherapy. In 1996 the sub-symposium was organized by Rumpler, in 1999 by Hutterer-Krisch, and in 2002 by me. Gestalt therapists were among the main speakers at these three World Conferences. Since they were first organized in 1986, gestalt therapists have participated in EAGT conferences. The FS/IGT/ÖAGG is an institutional member of the EAGT, while all three Austrian training institutes are members of the EAP.

In June, 2005, a German-language conference was held in Munich entitled "An der Grenze leben: Laura Perls zum 100. Geburtstag" [Living at the boundary: a centennial celebration of Laura Perls]. This was a debut for the cooperation of gestalt therapy organizations from three German-speaking European countries: it was their first joint organization of a professional conference. In the organizing committee, Austria (FS/IGT/ÖAGG) was represented by me, Switzerland (SVG) by Peter Schulthess, and Germany (DVG) by Sibylle Ahlbrecht. Documentation of the main lectures and workshop summaries from the conference was published in the professional journals *Gestalttherapie. Forum für Gestaltperspektiven* (2006, 2005), *Gestalt!* (February 2006, June 2006, October 2006), and *The British Gestalt Journal* (2005). In 2005, Weber and Lindner's documentary film *An der Grenze: Lore Perls und die Gestalttherapie*, with contributions from Austria, had its premiere at this conference. In Zurich, Switzerland, the second joint conference of German-speaking countries was held in November 2008, on the topic of the awareness of ageing and dying (Memento mori! Bedenke, dass Du sterblich bist!). Several of the main lectures were published in *Gestalttherapie: Forum für Gestaltperspektiven* (2009) and *Gestalt and Integration* (formerly *Gestalt!*) (2009).

As mentioned earlier, in Vienna, the FS/IGT/ÖAGG holds regular meetings nine times per year at which either lectures are held, panel discussions take place, or

films are shown for teaching purposes. In the other provinces of Austria, the IGT holds local meetings, often in cooperation with other schools of psychotherapy.

Since 1992 an annual interdisciplinary professional conference of the ÖAGG has been held in Goldegg, Austria. This cooperative event offers all five schools of psychotherapy in the umbrella organization an opportunity for scientific debate and exchange. In a similar vein, the week-long Integrative Seminar for Psychotherapy has been held annually in Bad Gleichenberg, Austria, since 1969, where up to twenty different groups are held simultaneously, and the conference participants convene for lectures and panel discussions on specific topics on various schools of psychotherapy. Other general psychotherapy conferences at which gestalt therapists have been represented include those in Bad Gastein, Alpbach, Tulbinger Kogel, and Lindau, to name but a few, as well as conferences throughout Europe, especially those of the EAGT.

I participated in the EAGT's English-language Writers' Conferences for Gestalt Therapists in 2001 (Italy) and 2003 (France). These conferences inspired Peter Schulthess, Achim Votsmeier, and me to jointly organize The First German-language Writers' Conferences for German, Swiss, and Austrian gestalt therapists in 2004 (Germany). The second conference was held in 2006 (Austria) and the third in 2008 (Switzerland). These conferences aim at supporting gestalt therapists who are willing to engage in writing and publishing, as well as networking prospective authors with editors of professional journals.

Future Challenges

One of the foremost future challenges for gestalt therapy will be the joint venture of the training institute FS/IGT/ÖAGG with the Danube University in Krems (DUK). The tradition of psychotherapy training in Austria has, since its very beginning, been distinct from academic life. Now, in cooperation with the Danube University in Krems, gestalt therapy trainees will be able to graduate as gestalt psychotherapists and also receive their Master of Science (MSc) degree. Those candidates who do not already have an academic title, such as kindergarten teachers or nurses, can graduate from their training with the title academic psychotherapist. Cooperation with this university will allow gestalt therapy practitioners to engage in research projects such as exploring the efficacy of gestalt therapy in various fields of application. In addition, research projects can be conducted in conjunction with other schools of psychotherapy. Recently, the IGWien and the Sigmund Freud Private University in Vienna began a similar joint venture for training gestalt therapists at a university.

In November 2009, the Austrian Association for Gestalt Therapy (Österreichische Vereinigung für Gestalttherapie – OEVG; www.oevg-gestalt.at), which was founded in 2006, was given the status of ordinary membership in the EAGT as Austria's national organization for gestalt therapy (NOGT). The OEVG is open to individuals who have completed their training and to institutional members. Individual members must fulfill the membership requirements of the EAGT. The OEVG offers continuing-education seminars, lectures, and book presentations,

besides actively organizing conferences among the German-language countries, Austria, Switzerland, and Germany, and in the EAGT.

In the future, it will be challenging to continue the differentiation of gestalt therapy theory and practice from integrative therapy, a school of therapy which has just been recognized in Austria and which claims gestalt therapy not only as one of its many roots, but also as a useful technique.

The great challenges gestalt therapists in Austria face arise from their status as an EU member state confronted with increasing numbers of immigrants and refugees from all over the world. Obviously, they must adapt their approach not only to the pressing needs of working with non-German-speaking populations, but also to the problems presented by an increasingly aging population. Therapists in Austria are also confronted with an alarmingly large proportion of the population that is dependent on such substances as alcohol, and with a large population of suicidal patients. Possibly the most difficult challenge will be to deal with the present-day effects of stress and economic pressure on large sections of society, resulting in such disorders as major depression. Unemployment, short-time work, and the insecurities of the job market have a direct effect on the prevalence of depression. From an economic point of view, major depression and other psychological disorders are the second most frequent reason for early retirement in Austria today. The interdependence of psychological disorders and socioeconomic stressors will be a field for challenging research.

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6

Gestalt Therapy in Britain

Peter Philippson

Introduction

Gestalt therapy in Britain is the story of movement from its beginnings as an offshoot of one-off events and programs run by American gestalt therapy trainers to the emergence of specifically British institutes, trainings, and contributions to theory, practice, and training.

In many ways, it is a remarkable success story of several growth centers and acceptance in the wider mental health environment. It is also a story of differentiation into separate institutes with various interconnections.

The Ambassadors

The 1970s saw the development of several growth centers in various parts of Britain, offering a variety of different therapies and group experiences. Three of these in particular introduced British enquirers to gestalt therapy.

Since 1976, Spectrum in London, which terms itself a "center for humanistic psychology," has hosted gestalt therapy workshops with Marty Fromm, a long-term student and friend of Fritz Perls. Although these were very popular, they did not as far as I know lead to any more consistent gestalt therapy training programs.

From around 1974, the late Larry (Ischa) Bloomberg, a student and friend of Laura Perls who had been involved in the San Francisco Gestalt Institute, ran gestalt therapy workshops at Quaesitor (also a center for humanistic psychology)

Gestalt Therapy Around the World, First Edition. Edited by Eleanor O'Leary.

in London. Out of these workshops developed a number of training programs in England, Scotland, and abroad, principally Gestalt Training Services (GTS), formed in 1976, and the Scottish Association for Gestalt Education (SAGE), founded in 1989.

In 1972, Peter Fleming, who trained with Fritz Perls and Janet Lederman, offered training, at first at the Churchill Centre, and in 1980 set up the Pellin Centre, both in London. In 1977, Donna Brandes (now in Australia) set up the Tyneside Growth Centre in Jesmond, Newcastle, where she conducted a gestalt therapy training course for seven years, at first on her own and later with Tom Adams and others.

Other American influences came via people who had trained in America. Among those were Malcolm Parlett, who trained at the Gestalt Institute of Cleveland and then became a trainer first for the Gestalt Centre, London, and later for Gestalt South West and Gestalt Psychotherapy Training Institute (GPTI), and Beverley Edwards, who trained with Al Huang and Gia-Fu Feng in California and who was my own first introduction to gestalt therapy.

It is worth saying that the quality of training was variable in those early days, with many boundary-crossings that would now be considered unethical, and very subjective standard-setting. I remember being told by a psychologist in the early 1980s that, if he wanted to hire a gestalt-trained therapist to work at the hospital in which he was employed, he did not know from their certificates if he would be getting someone who was a real asset or someone who would be disastrously undertrained.

The Development of Training

The next generation of trainers mostly emerged from these training centers. GTS-trained therapists founded the Gestalt Centre, London (founded by Ursula Faussett), SAGE (which in 1995 became the Gestalt Trust – Hilda Courtney, Flora Meadows, and John Whitley), Edinburgh Gestalt Institute (Helen Kennedy, Karen Rookwood, Guin Williams, and Elizabeth Cooksey), Gestalt Education Midlands (Barrie Hinksman), and Cambridge GATE (Helen McLean). The late Marianne Fry, one of the four founders of the GPTI, trained at GTS.

Others came from South Africa: the late Petruska Clarkson, Maria Gilbert, and the late Sue Fish.

In line with Fritz Perls' approach in California, early training programs were based on a workshop format, primarily offering gestalt group therapy and the opportunity to observe and experience the trainer working with little or no theory input. More recently, gestalt therapy training programs, while still part-time, combine theory, practice, and group process, mostly leading to a UK Council for Psychotherapy (UKCP)-accredited Masters-level diploma or (in conjunction with a university) a Masters degree, and to UKCP registration. These courses are at least four years part-time in length, with formal assessment by written work, tape presentation, and, in some cases, a viva examination.

Associations and Conferences

In 1985, Malcolm Parlett and Richard Tillett organized the first British Gestalt Conference in Bristol. This was very successful, bringing together people from many different gestalt therapy training organizations. Quite a lot of mutual suspicion existed between people towards others who trained differently. However, gestalt therapists stayed with the process, and the British Gestalt conferences are now a biennial event, run by the Gestalt Association of the United Kingdom (GAUK; see below). Two significant umbrella organizations grew out of these conferences: GPTI and GAUK.

Petruska Clarkson, Maria Gilbert, Malcolm Parlett, and Marianne Fry set up GPTI in 1986. They attempted to develop a national umbrella training and accrediting organization in gestalt therapy by bringing their vision to the second British Gestalt Conference. They wanted to introduce a strong ethical stance in gestalt therapy training and also to raise the academic standards and level of theory teaching. This met with considerable suspicion, and GPTI began with only two training centers: Metanoia in London (Clarkson, Gilbert, and Fish) – now independent from GPTI, but whose trainers remain GPTI affiliated – and Gestalt South West, based in Bristol (Parlett and Fry), now inactive. Other training courses were later set up by graduates: Sherwood Psychotherapy Training Institute (SPTI) in Nottingham (Ken Evans, now conducted by Andy Fookes and other trainers) – now independent from GPTI – Manchester Gestalt Centre (Peter Philippson and John Harris, who trained with Donna Brandes, now also with Juliet Denham, who trained at Metanoia, and Joy Appleby, who trained in Manchester), Chester Gestalt Training (the late Freda Fitton, who trained at Metanoia), and York Psychotherapy Training Institute (Christine Kennett, who trained in Sherwood, and Graham Colbourne, who trained in Manchester). Edinburgh Gestalt Institute (Helen Kennedy, Elizabeth Cooksey, Guin Williams, and others who trained with GTS, now also joined by Graham Colbourne) also became a GPTI training center. Scarborough Psychotherapy Training Institute was set up by Kate Wilkinson, a GPTI graduate from Manchester Gestalt Centre, then headed by Ken Evans and more recently by Executive Directors George Bassett, Peter Lavender, and Lydia Noor.

In 1989, GAUK was set up to provide a forum where people from the different training associations could meet without taking on tasks of accreditation. It ran the British Gestalt Conferences for many years. In the early days, a significant decision was to adopt a code of ethics and a disciplinary procedure, a move which was opposed by some of those involved on the grounds that an ethic for gestalt therapy had to be based on the immediate situation, not on a set of rules. However, the code was adopted, a major turning point in the British gestalt therapy field. GAUK later changed its name to the British Gestalt Society and then disbanded in favor of a newly formed body, the UK Association for Gestalt Practitioners (UKAGP), which was set up under the auspices of the European Association for Gestalt Therapy (EAGT) to be a central body representing many training traditions and to process applications from British gestalt therapists who may wish to obtain the European Certificate for Psychotherapy.

North of the border, the Scottish Gestalt Association (SGA), formed in 1987 to perform a similar task to GAUK, was lively for many years, before disbanding in 2007, and had wide connections with therapists of other approaches. Each year, it ran a very well attended symposium, where therapists from different schools discussed a theme.

Gestalt therapists have taken active roles in the United Kingdom Council for Psychotherapy (UKCP), an organization set up to voluntarily regulate psychotherapy in Britain, and maintain a register of psychotherapists. Many organizations conducting gestalt therapy training courses are members of this: Gestalt Centre London, GPTI, SPTI, Metanoia, and Scarborough Psychotherapy Training Institute. It is right to say that other gestalt therapy organizations are wary of participating in UKCP and in GPTI as a UKCP-linked umbrella body, believing that it will compromise their ability to teach the essence of gestalt therapy.

Polarizations

Gestalt therapy organizations in Britain and elsewhere have not been good at working with organizational polarities, even though that is one of the basic principles of gestalt therapy. The polarization relating to accreditation is one of these, but there are others, which I will look at in turn.

At the roots of the accreditation polarization are, as I see it, two questions: Is the teaching and learning of gestalt therapy mostly experiential, taking place in training groups where people work therapeutically with their own issues? Or is there, as UKCP-connected training programs would say, a need to engage cognitively with the theory as an equal partner with the experience in training (and with the support of a personal psychotherapy separate from the training group)? Furthermore, is gestalt therapy a part of the general field of psychotherapy and mental health provision, or is it a subject on its own, rejecting any connection with the "medical model"?

My view on these questions is that trainees need both experiential learning and theory teaching in a gestalt psychotherapy course, and that this is inherent in the nature of gestalt therapy itself. It is based on a sophisticated theory of field–relational self-formation, which supports a very free-flowing dialogic therapy (whereas some of the theoretical simplifications leave the therapeutic process much more complicated). These two elements, theory and practice, have a quite different "feel," even though one is based on the other. In the absence of theory teaching, it is very easy for the energy and drama to become figural, leading to the cathartic, "boom–boom–boom" (Yontef, 1993, p. 8) approach. In the absence of experiential work, it is difficult to get a "feel" for the practice, and the therapy becomes overcognitive.

It is also true that if we are calling what we do "psychotherapy," and taking money from people whose lives are difficult, there are times when we need to have the support of the wider health and social services. This is in line with the holism of the gestalt therapy approach: not everything is about "mental" functioning, but sometimes about physical/neurological problems or about social circumstances, as

Paul Goodman emphasized, "Instead of a dynamic unity of need and social convention, in which men discover themselves and one another and invent themselves and one another, we are forced to think of three warring abstractions: the mere animal, the harried individual self, and the social pressures" (Perls, Hefferline and Goodman, 1951/1994, p. 87). It is also true that gestalt therapy has a theory of neurosis, and thus joins in some ways with a "medical model," though the theory is not normative, being based on how (in terms of contact and awareness) a person comes to act, rather than what s/he does. This leads to a much more horizontal therapeutic relationship, where the therapist is not the arbiter of how to lead a better life.

A further, and in some ways, similar polarization has arisen within the gestalt therapy organizations belonging to the UKCP: whether to link with a university to offer a Masters program, or whether to offer a Masters-level program (as required by UKCP) without the bureaucracy involved in a university program. Currently, Metanoia, Sherwood, and the Gestalt Centre, London, offer Masters programs, while GPTI and Scarborough do not. In this case, my own preference is to steer clear of such linking and have more freedom to train and assess experientially, while incorporating what is good about university requirements: transparency in assessment, ongoing assessment, a clear understanding of methods of teaching and curriculum, and what it means to qualify or not to qualify.

There are also stylistic therapeutic differences between institutes. One difference that I noticed in the past was the therapeutic response to a group member saying "I think people won't like me if I …" The general response I saw in GPTI was "You could ask people," leading to the group member going round the group and asking. The general response I saw in workshops led by people trained in GTS was "What the hell does it matter what other people think of you? Do what is right for you."

I view this as unfruitful polarization. One side leads to a conservative overemphasizing of the social response; the other leads to an individualism at odds with the field – relational nature of the gestalt self. I think it could be an experiment in new possibilities – for some to do one and for some to do the other. In any case, I would be interested to enquire "And if you ask people, what will you do with their answers?" The point is that self, both emerging from field relationships and asserting powers of choice and will, can then act creatively (and destructively!) towards the field.

Interconnections

The other side of the coin is the extent to which gestalt therapists in Britain have co-operated with each other and with people from other therapies in forming larger bodies. Rather than closing off from therapists who have different viewpoints, gestalt therapists have remained committed to finding organizational support for connecting. GPTI training programs have always espoused a number of different approaches to the theory and practice of gestalt therapy. In the final assessment, the requirement is not to answer questions in ways with which the

examiner would necessarily agree, but for the candidate to be able to speak to his/her own viewpoint in a coherent way. Furthermore, there is an external examiner from another modality to check whether the candidate is a competent and ethical psychotherapist as well as knowing gestalt therapy.

GAUK and SGA similarly offered places for gestalt therapists from different trainings and traditions to meet, but that mantle has now fallen to UKAGP. UKAGP and GPTI both organize conferences that bring people from a number of different training programs. The development of UKAGP has the potential to be problematic. Recent developments in UKCP mean that graduates are no longer required to be members of their training organization. This graduate membership has provided a financial buffer for the organizations, allowing them to employ staff, run events, underwrite ethics procedures, research, events, and publications, and reduce the costs to trainees. The potential now is for graduates to leave the organizations they trained with, with all the financial implications this would have. The training organizations that will come out of this relatively unscathed are those that organize activities such as conferences and continuing professional development workshops, and networking activities such as web-based activities, e-mail discussion lists, and interest groups. Yet, these are precisely the activities that UKAGP, which has not got the outgoings that the training organizations have, is wanting to duplicate. In a time where money is more scarce for graduates, it could well be, in my view, that the success of UKAGP is at the expense of one or more training organizations.

Publications

The British gestalt therapy community has produced its share of written material, which is part of its maturation and self-discovery as a community in its own right.

Malcolm Parlett founded the *British Gestalt Journal* (www.britishgestaltjournal.com) in 1991, initially in conjunction with GPTI (though it is now independent with an international Editorial Board), and it has become a respected journal in the field. It is now edited by Christine Stevens. It has to be said, however, that it contains a minority of articles written by British gestalt therapists, though there are some whose writings appear a number of times: Des Kennedy, Paul Barber, Petruska Clarkson, John Bernard Harris, Neil Harris, Ken Evans, and me.

From his interest in the phenomenology of Maurice Merleau-Ponty (1964) as a philosophical basis for gestalt therapy (in particular, see Kennedy, 2003), Kennedy has contributed articles in the journal. He finds three central themes in common: immediacy, perception, and body-centeredness.

Barber writes on his interest in research, both as a theme in itself, looking at what gestalt theory may contribute to an approach to 'wholistic enquiry' (Barber, 2002), and through the medium of case studies exploring the development of a therapeutic relationship over three months (Barber, 1997a,b).

Clarkson's papers are on the changing nature of gestalt therapy, from the "excesses" of some of its beginnings to its present professionalism in many places, but clearly

based on the sophistication of its founding theory. She emphasizes the need to combine the experimental spirit with a professional approach to training and practice (Clarkson, 1991, 1997).

John Bernard Harris's interest is in groups, therapeutic, training, and team building. He writes on the use of silence in groups, looking at the vital place of silence at the center of group dynamics (Harris, J.B., 1996), proposes a gestalt theory of training based on considerations of contact and growth (Harris, J.B., 1999), and on the specific requirements of a gestalt approach to team building through a description of a two-day team-building session (Harris, 1994).

In addition, Harris and I (Philippson & Harris, 1992; Philippson, 2008; Harris, 2008) have developed the definition of a group to include groups where their members move about, or do not all meet together (e.g., the process of therapy groups between meetings, multi-site organizations and businesses), and have worked for some years with ongoing therapy groups where movement, using more than one space and subgrouping were encouraged. We view groups as any collection of people who have a perceived ability to communicate, making the fact of whether or not they do communicate part of the group process rather than a question of membership or non-membership.

Neil Harris brings his interest in child and family work and attachment theory in relation to gestalt therapy. He contributed a case study highlighting the difficult issues involved in establishing a verbal dialogue with a fifteen-year-old client (Harris, N., 1994) and an article on the implications of attachment theory, and how it relates to gestalt therapy practice and theory (Harris, N., 1996).

Evans has contributed mainly as a book reviewer, although there is also an article (Evans, 1999) about bringing a classical gestalt therapy approach, focused awareness, and experiments (including two-chair work) into brief therapy group-work and a transcript of his lecture "Living with dying" about his experiences of his wife Mairi's terminal illness (Evans, 2000). More recently, he has co-authored a book on supervision through exploration of relationships between therapist and client and between supervisor and therapist (Gilbert & Evans, 2000) and an introduction to integrative psychotherapy, based on a "developmental-relational" model of integration (Evans & Gilbert, 2004).

The grandparent of all British gestalt books is *The Red Book of Gestalt* (initially *The Relative-Sized Red Book of Gestalt!*) by Houston (1982). It is essentially a practical book of exercises, with little attention to theory or the development of the therapist–client relationship. Houston also wrote *The Red Book of Groups* (Houston, 1990a), *The Red Book of Supervision and Counselling* (Houston, 1990b), *Being and Belonging: Group, Intergroup and Gestalt* (Houston, 1993), a dramatized account of the processes of a therapy group, and *Brief Gestalt Therapy*, an exploration of the specific requirements of brief therapeutic work (Houston, 2003), and even a gestalt cookbook (Houston, 2000). In her 1993 book, she explored groups from a gestalt-psychoanalytic basis, looking at theoretical issues in groups, particularly how to balance belonging and individuality, from a number of different perspectives. She uses her ability as a playwright to set this book in a fictional therapy group.

Petruska Clarkson's (1989) book *Gestalt Counselling in Action* became a well-received and well-read standard book, paying fine attention to the detail of the development of the therapeutic relationship from its beginning to its ending. This set the scene for many British texts, helping the reader to be a psychotherapist, not just a gestaltist. These include Mackewn's (1997) book *Developing Gestalt Counselling*, Sills, Fish, and Lapworth's (1997) *Gestalt Counselling*, and Joyce and Sills' (2001) *Skills in Gestalt Counselling and Psychotherapy*.

Clarkson took the Cleveland Cycle of experience (Zinker, 1977) further by applying different interruptions – from a list larger than the Perls *et al.* (1951/1994) original – to contact at different stages of the cycle: desensitization at sensation, deflection at awareness, introjection at mobilization, projection at action, retroflection at final contact, and egotism at satisfaction. In this way, one could track how clients habitually block or interrupt the completion of a contact experience, and have a way to find the work needed to help them complete (undoing retroflection, reowning projection).

Fritz Perls (1993), by Clarkson and Mackewn (1993), is, I believe, one of the finest introductions to gestalt therapy ideas and their development that I have read. It puts Perls' contributions to theory and practice of psychotherapy in the context of his and Laura's influences, and also of subsequent criticism and debate.

Selwyn (1994) wrote *The Awakening Year*, an account of her first year of gestalt psychotherapy training, a book that in my experience is unique as an exploration of the process of being a gestalt psychotherapy trainee.

My books *The Emergent Self* (Philippson, 2009) and *Self in Relation* (Philippson, 2001a) are based on the gestalt therapy relational theory of self. I make a strong distinction between the boundary of organism and environment and that between self and other, which I see as an emergent and more complex co-creation at the organism–environment boundary. The books explore the self–other boundary formation process, both as a philosophy and in its clinical implications. I extend this in my chapter in Robine's *Contact and Relationship in a Field Perspective* (Philippson, 2001b), with a discussion of the "particle" and "wave" nature of self, both as an emergent process and as a player in the field.

Parlett (2000) developed an understanding of "five abilities" which support us in relating to and changing the "global field": responding, interrelating, self-recognizing, embodying, and experimenting. These abilities are all linked to central themes in gestalt therapy.

Stevens (2004) explored the use of sand-tray work in gestalt therapy. She emphasized a specifically gestalt therapy understanding of this work, as experimentation, but always embedded in the dialogic relating of therapist and client.

I have been relating the developmental theories of Stern (2004) and Schore (1994) to the Perls–Goodman theory of relational self, and specifically applied these to an understanding of long-term work with clients who experienced early neglect or trauma (Philippson, 2009).

Critique of the Literature

While there is a fair amount of British writing in gestalt therapy, both in books and in articles, there is, in my view, very little attempt to engage with the foundational theoretical writings of gestalt therapy, particularly *Gestalt Therapy: Excitement and Growth in the Human Personality* (Perls *et al*., 1951/1994). In fact, most people I have talked to, trainers and trainees, confirm that very few training courses have required students to read and discuss this work. This neglect leaves much of the writing on theory with the status of critiques of the original (e.g., Wheeler, 1991, Hycner & Jacobs, 1995). I would, therefore, see the significant contribution of most British writing on gestalt therapy to be in its detailed approach to gestalt therapy as a psychotherapy, and not as a body of theoretical understanding. In my view, only Clarkson and Mackewn's (1993) book on Fritz Perls, my book on the theory of self in gestalt therapy, and Des Kennedy's journal writings show significant engagement with the original theory of gestalt therapy. Partly, this is due to the fact that the books easily available to the first trainers were from sources that, in the main, proposed variants of the original Perls *et al*. (1951) theory; for example, the Gestalt Institute of Cleveland and Polster and Polster (1974). This is not a criticism of these writers; they have made their own interpretation of the theory. Rather, I am suggesting that many trainers were not aware of the variations in theory proposed by them, or the clinical significance of these variations. It seems to me that there is a tendency for much British thinking and writing in gestalt therapy to be caught on one pole of an argument (this time an American argument), rather than having the theoretical "teeth" to "chew on" the possibilities afforded by the different approaches.

Having said this, there is evidence that the situation is changing. British gestalt therapists are now much more likely to attend international conferences – for example, the Association for the Advancement of Gestalt Therapy (AAGT, www.aagt.org), the Gestalt International Study Centre (GISC, www.gisc.org), and the European Association for Gestalt Therapy (EAGT, www.eagt.org) – where we come across and debate different understandings. Many are being invited to teach in different countries where we can find our assumptions being questioned.

Research

There is some exciting research going on in the British gestalt therapy world, in a certain wide definition of "research." In terms of formal research using either quantitative or qualitative measures, there has been little until recently, when the growth of Masters and/or Doctoral courses in gestalt psychotherapy (at Metanoia Institute, the Gestalt Centre, London, and Sherwood Psychotherapy Training Institute) has meant an emphasis on the teaching of formal research skills, and a requirement that students complete a formal research project.

There was some formal research at Metanoia Institute exploring the use of the CORE questionnaire with clients before, during, and after therapy (Mellor-Clark,

Jenkins, Evans, Mothersole, & McInnes, 2009). This questionnaire evaluates psychological functioning and risk factors for people coming into the psychological therapies, and thus allows a comparison of the effectiveness of individual therapists and therapies. More recently, Jane Stringfellow, a gestalt psychotherapist in the north-west of England, obtained support to set up a large-scale project for gestalt therapists using CORE with their clients to build up a body of research in the gestalt therapy approach. That project is now run by Christine Stevens, and the results will be published in the *British Gestalt Journal*.

Three British gestalt therapists, Paul Barber, Christine Stevens, and I, are chapter authors (part of an international group of writers) in *The Handbook for Theory, Research, and Practice in Gestalt Therapy* (Brownell, 2008). The aims of this handbook are "an organized and systematic approach to the evaluation of gestalt therapy that includes theory and research as means by which warrant is achieved" (p. 4). Barber and Brownell (2008) write on qualitative research; Levine Bar-Yoseph, Philippson, O'Neill, and Brownell (2008) write on the training of gestalt therapists; Yontef and Philippson (2008) write on the need to base gestalt therapy research on a unified practice rather than on specific interventions; and Scheinberg, Johannson, Stevens, and Conway-Hicks (2008) write on research communities (specifically Stevens' involvement in the CORE project). Paul Barber (2006) has written his own book outlining gestalt therapy approaches to research as a methodology of wholistic enquiry, particularly within organizational settings.

The Future

There are several challenges for the gestalt therapy community in this country.

First of all, there is the curious situation around government regulation of psychotherapy and counseling in Britain. The assumption approximately four years ago was that the government along with UKCP, the British Association for Counselling and Psychotherapy (BACP), and the Confederation of Scottish Counselling Agencies (COSCA) were working towards statutory regulation of psychotherapy. However, a campaign against statutory regulation arose within UKCP, initially led by people on the psychoanalytic spectrum, but later with a much wider membership. The Jungian leader of that campaign, Andrew Samuels, was elected Chair of UKCP, and made it impossible for the process to continue. The government, with many other calls on its time and money, decided not to proceed at this time with statutory regulation.

Many gestalt therapists were involved on both sides of this question. For some, the movement away from government regulation was a relief. For others, especially those working in the Health Service, the loss of statutory regulation took away the possibility of official recognition of gestalt psychotherapy as an accepted approach, with all the implications for employment and pay grades. I incline to the second viewpoint, and would add that some of the wildly apocalyptic statements about how the government would force all psychotherapists to do the same thing and that nobody outside the profession could properly regulate us

will, in my view, have given people involved in the abortive regulation process on the government side a very poor view of the whole psychotherapy and counseling field. We do not know what will happen in the future.

The second challenge is whether the British gestalt therapy community can become a theory-literate community in its own right. My impression is, as I said above, that few (though a growing number of) British gestalt therapists are conversant with the original theory, either because of an ideological view that talking theory is un-gestalt, or by an idea that it is complicated and irrelevant. This has allowed an uncritical introjection of successive reworkings of the theory and practice of gestalt therapy – the Cleveland "cycle" (Zinker, 1977), dialogic therapy (Hycner & Jacobs, 1995), integration of self psychology and object relations, Hellinger's order of love (Hellinger, Weber, and Beaumont, 1998), Wheeler's (1991) *Gestalt Reconsidered* – without any of the theoretical "teeth" with which to compare them, either theoretically or clinically, with the original approach.

Some gestalt therapists who see "unfinished business" as a matter of the Cleveland "cycle" being blocked by a specific interruption to contact view the task of the therapist as being able to help the client undo that interruption and finish the unfinished business. The same people quote Wheeler's (1991) rewriting "interruptions to contact" as "styles of contact," making the point that they are not in themselves pathological, though their clinical understanding makes them precisely that. They further see their work as "dialogical," though their practice, identifying a blockage and working to unblock it, is a technical aid not dissimilar to plumbing, not a dialogue in any terms that Buber would recognize. They will even talk about "paradoxical theory of change," though the approach is not in the slightest paradoxical, and they are working as change agents.

A sign that this increased literacy is happening would be that more British gestalt therapists would be secure in writing articles or books with a significant theoretical base, critiquing or supporting the original theory on the basis of having solidly engaged with it. Trainees would be encouraged to read the theory by trainers who are familiar with it.

There is a link between these two challenges. Without a clear compass of theory as applied to both practice and training in gestalt therapy, there is no basis for digging our heels in with government and saying "this requirement is incompatible with our approach" (as both psychoanalysts and cognitive behavioral therapists have been able to do within UKCP).

A third challenge for British gestalt therapists, as elsewhere, is to assimilate the new neuropsychological and developmental understandings of Stern (2004), Damasio (1999), Schore (1994), and Ramachandran and Blakeslee (1998), among others. A difficulty is the relative lack of theoretical grounding in gestalt therapy as a basis on which to make the assimilation, to know what is being affirmed and what is not. This is particularly sad, since much of what is being discovered fits beautifully with the original gestalt theory of relational self. So, people who say the self-functions of "id," "ego," and "personality" are no longer useful concepts are happy to speak about the totally analogous Stern concepts of "emergent self," "core self," and "narrative self."

A fourth challenge is to face the loss of most of our early pioneers from the scene, some through death, some through retirement, and some in more conflictual circumstances. It is, I think, always difficult for a new generation to take over. A potential is always for a founder of an institute to pass on a proportion of his or her knowledge to trainees, who then become trainers and pass on a proportion of their knowledge, and so on, with an increasing dilution of what is known. Many of the new generation are involved in learning and teaching activities outside of our home institutes and are thus developing our knowledge base, while others have not been. It has also happened that the new leaders have continued the polarizations and inter-institute disconnections started by their forerunners.

Conclusion

By and large, the story of gestalt therapy in Britain is one of success and acceptance. We have our own training institutes, a journal, books, and conferences. While not all British gestalt therapists subscribe to it, we have a dominant cultural style, emphasizing our links to other mental health professionals, and with other therapeutic approaches – psychoanalysis in particular. We are to be found not only in private practice, but as valued members of mental health teams in hospitals, primary care, and social services settings. We have been influential in the development of the psychotherapy community and its overall professional standards.

We are now emerging into the wider field of dialogue with gestalt therapists from other parts of the world, attending conferences and workshops, and being invited to teach in other countries. Hopefully, this will lead to more willingness to read, write, and engage in the development of theory in gestalt therapy.

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7

History of Gestalt Therapy in Denmark

Jan Tønnesvang, Mikael Sonne, and James Hammink

Between 1970 and 1975, gestalt therapy was introduced in Denmark by gestalt therapists from the USA such as Natasha Mann, Barrie Simmons, Tony Horn, Walter Kempler, Michael Kriegsfield, and Martin Kirschenbaum. Their very impressive and somewhat frightening styles and techniques were often more like performances than therapy and resembled Perls in his Esalen period. The theoretical foundations for these "performances" were not prioritized, and therefore a gap arose between theory and practice. However, as in other countries, gestalt therapy came with much needed inspiration and challenges to the traditional psychotherapeutic community.

As a result of the fascination with these "free" therapists and their provocative techniques, together with a general spirit of renewal and experimentation, an anti-theoretical, anti-intellectual attitude became the norm. This has had unfortunate consequences. Danish therapists and trainers with little experience and insufficient theoretical understanding tried to imitate the visiting Americans, and while learning by doing did help many people, there were also many casualties. Over time, this has caused a generally negative attitude towards gestalt therapy in many circles, due to equating gestalt therapy with a set of techniques which are useful only with rather robust personalities.

Another discussion in the Danish gestalt therapy community has been to what degree the style and content of gestalt therapy, which was primarily developed in America, is influenced by the American way of understanding ultimate concerns in personal and relational matters. While still based on the theoretical foundation of gestalt therapy, it has been argued that we have to develop a style and content of the discipline that is more influenced by Danish than American culture and philosophy. For example, the early American trainers emphasized the existential value of individual freedom, which expresses itself in the fact that one can and,

Gestalt Therapy Around the World, First Edition. Edited by Eleanor O'Leary.

indeed, should do whatever one feels regardless of any limits. This is quite different from our national philosophical heritage, which includes the existential philosophy of Søren Kierkegaard (1813–1855) and the way he balances existentiality with transcendence leading to a more humble existential stance. It is also different from our cultural heritage of basic social responsibility, resulting in the development of the Scandinavian welfare state.

Both as a reaction to a need for a stronger theoretical base of understanding the social side of existence and as a manifestation of a more cooperative-social spirit that has characterized Danish society and culture, there has been a renewed focus on the social aspects of field theory. Some of the inspirational sources in that direction have come from Laura Perls (1978), Yontef (1999), Clarkson and Mackewn (1993), and those who have been exploring the relation between gestalt therapy and psychoanalytic self-psychology (e.g., Tobin, 1982; Bresgold & Zahm, 1992; Jacobs, 1992).

At the same time, many of those who, after the first wave of American therapists, have come to give training and workshops in Denmark have had a more relational orientation; among others, these include Erving and Miriam Polster, Joseph Zinker, Bob and Rita Resnick, Gary Yontef, Barrie Simmons, Joseph Melnick, Todd Burley, and Lynne Jacobs.

Theoretical Contributions with Overview

One of the earliest Danish publications was the introduction to Perls and gestalt therapy by Laursen (1980), which almost twenty years later was followed by Hostrup's (1999) book *Gestaltterapi* [*Gestalt Therapy*], presenting a more elaborate introduction to the theoretical foundations of gestalt therapy. Hostrup's book is organized in a three-part structure comprising a description of what is conceived as gestalt therapy's philosophical stance (phenomenological and existential thinking), its psychological theory (gestalt psychology), and its method (phenomenology). According to Hostrup, these positions and theories constitute the tenets of gestalt therapy. In addition, she elaborates on the concept of contact based on inspiration from Salonia (1992) and uses the understanding of development as represented by Stern (1985). She argues that forms of contact and contact disturbances develop in accordance with the developmental domains of self-experience and inter-subjectivity proposed by Stern. An elaborated and revised version of Hostrup's book was published in 2009 and subsequently translated into English (Hostrup, 2010). Besides, Hostrup (1987) published an article on gestalt-work with borderline-clients in which she highlighted the difference between gestalt-work with neurotic clients and borderline-clients. She also applied gestalt therapy principles to supervision (Hostrup, 2002), paying particular attention to the importance of boundaries and boundary work. In her book *Gestalt Therapy with Couples* (Hostrup, 2004), she further linked gestalt principles to gestalt-work with couples. She also published a journal article on ethics and morality in gestalt therapy (Hostrop, 2003).

Falk (1996) has written a practical book on communication and the paradoxical theory of change. This gives practical advice for consultation with people in crisis and points to the fact that little is needed to change a non-helpful or even harmful counseling situation into a positive experience. Falk's book particularly serves as a study book for nurses, counselors, priests, caretakers, and others in the helping profession in Denmark. He has also written the book *Kærlighedens Pris* [*The Price of Love*] (Falk, 1998) outlining important parallels between gestalt therapy and Christianity – examining the relationship between the concept of responsibility in gestalt therapy with the concept of guilt in Christianity. In his latest book (Falk, 2006) he continues the practical application of gestalt therapy with reference to the paradoxical theory of change in pastoral care, dealing with the ultimate concerns of human existence.

An early journal article by Sørensen and Jørgensen (1980) discussed the potential use of gestalt therapy with long-term "chronic" schizophrenic patients. It argued that gestalt therapy provides an obvious but hitherto ignored link between problem and method and suggested a required structuring of the therapeutic effort with schizophrenic patients. Another journal article by Tønnesvang (2001) (published under his former name Tønnes Hansen) took up the discussion of gestalt therapy as a relational approach in a dialogue between gestalt therapy and self-psychology. The two approaches can complement each other with respect to the processes (gestalt) and structures of the self (self-psychology). Furthermore, self-psychology can contribute to the gestalt understanding of how the therapist (as self-object) acquires significance for the client in therapy. The article also investigates the need for a more explicit gestalt conceptualization of an organismic intentionality along the lines of Merleau-Ponty (1945) as the organizing principle in human endeavor (such as the essence of the motivational directedness in the formation process of gestalt therapy which continuously is occurring at the contact boundaries with the natural accompaniment of growth).

There has also been a contribution by Nielsen (2005) on psychotherapy in Denmark. He posed the question as to whether the hot seat is still hot and answered with a yes – there is still a living gestalt therapy in Denmark. Haahr (1995) has written a minor piece on art therapy partly based on gestalt therapy, and Groth (1994) included gestalt inspirations in his work with dreams in a framework combining newer psychoanalytic (object-relational and self-psychological), Jungian, and gestalt principles. According to Groth, dream symbols are subjective phenomena that should be worked with through the client's experiences of their meaning in the dream. Correspondingly, dream-work can be considered as experimental awareness-work through dialogue and co-operation between contrasts in personality that leads to integration and growth. Further, Krüger and Rasmussen (1997) published a book on psychodrama containing gestalt therapeutic interpretations of transcripts from a series of one-week group sessions including psychodrama, dance, and zen techniques. Fog and Hem have included minor presentations of gestalt therapy in their substantial book on psychotherapy and insight (Fog & Hem, 2009) and in a chapter in the book *Main Directions in Psychotherapy* (Fog & Hem, 1998).

Sommer and Tønnesvang (2008) published an article on the relationship between gestalt therapy and cognitive therapy. The article argued that it will be beneficial for both approaches to be considered as complementarities instead of contrasts. In a revised and extended English version of the article, Tønnesvang, Sommer, Hammink, and Sonne (2010) elaborated and sharpened the discussion regarding gestalt therapy as an integrative theoretical and practical approach. The main concern of the article was that gestalt therapy has been underestimated in recent developments of psychotherapy, while at the same time some of the new approaches are using aspects from gestalt therapy without paying attention to where they stem from. For instance, in the new directions of cognitive therapy, which are working with mindfulness, there is no attention given to how mindfulness is a new variation of the awareness work that has always been part of gestalt therapy, and how the understanding of change in acceptance and commitment therapy is basically in line with the paradoxical theory of change. To establish a foundation for a research-based dialogue between gestalt therapy and cognitive therapy (and to a minor extent with narrative therapy) the article of Tønnesvang *et al.* (2010) showed how the concept of memory in the forms of procedural, semantic, and episodic memory can pave the way for understanding the differences in the approaches regarding what matters in therapy as complementarities instead of contrasts.

A line of development in gestalt theory and therapy in Denmark is integrative gestalt practice conducted by us, the authors of this chapter (Tønnesvang, 2009). This work is applying the so-called quadrant model designed by Ken Wilber (1995) to the development of a structure to systematize and operationalize field-theory and field-analysis. Of special interest is the way in which figures are produced/selected (in the course of the continuous gestalt formation processes) from the ground of mental and emotional organizing patterns and concrete phenomenological striving processes. This is in combination with an effort to develop an integrative approach to working with individual therapy and group therapy, as well as with supervision, coaching, and organizations. The result of these activities, so far, is the book *Integrativ Gestalt Praksis* [*Integrative Gestalt Practice*], which Sonne and Tønnesvang (2013) published recently. In this book the two authors fully elaborate the integrative potential of the gestalt approach. They scrutinize and redefine some of the basic concepts in gestalt, and show how the quadrant model can be used concretely.

In 2009, the Aarhus Research Group in Gestalt was formed as a co-operative effort between the Center for Integrative Gestalt Practice, Denmark, and Todd Burley, Los Angeles, to further promote this work.

A further line of development of gestalt therapy in Denmark is the recently translated test of individual differences in basic gestalt therapy processes related to organismic self-regulation, the so-called gestalt type indicator (GTI). The GTI was created by Stephan Blankertz (2004), who is associated with the Cologne Gestalt Institute, and it has been translated into Danish by Johnny Alsted.

Overview of Research Contributions

No empirical research directly based on gestalt therapy has been conducted to date in Danish research communities.

Training Initiatives

The first training institutes in Denmark were established in the late 1970s. Some of these were international psychotherapy training institutes (Natasha Mann, Barrie Simmons, and others), The Kempler Institute (Walter Kempler and Jesper Juul), and the Gestalt Institute of Scandinavia (John Porting). In the 1980s, Mikael Sonne (Aarhus Gestalt Institute) in Jutland and Hanne Hostrup in Copenhagen started training gestalt therapists; in 1987, Ole Ry Nielsen and Susanne Andrés started the Jarmsted Center. The Nordic Gestalt Institute was founded by Nina Camitz in 1993 and the Gestalt Therapeutic Institute by Bente Kirk in 1982, and the Jysk Gestalt Institute was established by Niels Hoffmeyer in 1986. Recently (2007), a group of gestalt therapy trainers started the Copenhagen Gestalt Institute. While most of the training centers are designed primarily for mental health professionals, Bent Falk has developed a gestalt-therapy-based training specifically for the clergy. Most of the training programs are three years in length, though many are now extended to four years as the result of requirements for joining the psychotherapist union. The specific curriculum requirements are different according to the therapeutic model upon which the training is based. The general requirements include a minimum of twenty-four days per year, three examinations during the course of study (two of these with external examiners), all teachers must be members of either the psychotherapist union or the psychologist union, and students must have a degree in a related field and must have had three years' professional experience. The program at the Aarhus Gestalt Institute (Mikael Sonne) is recognized by the Danish Psychological Association as a certified part of the postgraduate specialization for psychologists.

Gestalt Therapy Associations and Societies

As a result of an acute need for a setting to discuss and further develop gestalt therapy, in 1997, the Gestaltterapeutisk Forum (Gestalt Therapy Forum) was established. Membership is limited to psychologists, psychiatrists, or equivalent with a postgraduate training in gestalt therapy, while at the same time the forum acts as an umbrella organization for all the different training institutes and academies. Currently, there are approximately 150 members. The organization publishes a newsletter, supports an extensive website, and sponsors meetings and conferences. In 2003, the organization hosted the first biannual conference. Up until now, five conferences have been held; the first was held in the Danish language and the following four were in the English language and with international participation. The first conference was held

at the University of Copenhagen and was entitled Den Globale Grund – Den Lokale Figur (The Global Ground – The Local Figure). The next three were held at Aarhus University under the titles Creativity in Gestalt (2005), Gestalt in Contexts other than Therapy (2007), and The Integrative Theory and Practice of Gestalt Therapy (2009). The fifth conference was held in Copenhagen with the title The Now – On the Meaning of Time in Gestalt Therapy (2011) – see www.gfdk.dk. In May 2013 the sixth conference will be held at Aarhus University under the title Steps Toward a Future of Psychotherapy: Complexity and Integration – see www.gfdk.dl.

Future Challenges

One of the challenges the Danish gestalt community faces is the continuous need for a coherent and current understanding of what gestalt therapy actually is. This is true both amongst gestalt therapists and in regard to the broader group of professionals with whom dialogue and discussion are desirable if not necessary. The ability to compare and contrast gestalt therapy with other recognized and accepted therapy models is limited because of the generally inadequate and partly outdated theoretical understanding of, and therefore expression of, what gestalt theory and practice are in Denmark.

The general understanding of gestalt therapy in Denmark is still conceived by many as a set of techniques that can be used mainly to foster emotional catharsis and better boundary setting and which can be employed as supplemental tools in other contexts and other therapeutic schools rather than being seen as a complete therapeutic approach with a theoretical base. For the latter view to emerge, it will be necessary to clarify the broad complex of gestalt theoretical terminology, particularly in regard to the inclusion of relevant newer research (for example, from evolutionary psychology, neuroscience, cultural and clinical psychology, and developmental psychology). Inspired by a series of discussions with Todd Burley, we proposed that the term "contact" be specifically defined as the exchange of information between I-ness and otherness. The point with this definition of contact is that it makes it clear that contact is not just something that is going on between one person and another, or between a person and something else in the field (a chair, for instance). Contact refers also to the exchange of information in the organism that makes it possible for a person to experience a sensation in a body or create an experiential relation to an emotion. At the definitional level, the gestalt concept of contact does not differentiate between contact in physical, social, and psychological spheres. The benefits from such a definition are not just that it is in accordance with neurological knowledge as provided by for instance Damasio (1999), but also that it makes it possible to work with contact in the therapeutic relation (the social sphere) without dichotomizing the exchange of information in that relation from the exchange of information in the client's psychological sphere (Tønnesvang *et al*., 2010, p. 588).

Based on the above definition of contact, the next step could be to define awareness so that it would be in accordance with the definition of contact. Generally, awareness refers to the attentiveness that the individual can have towards what is going on, when it happens. It is a sort of knowing as one is doing. More strictly then, awareness can be defined as contact with difference and movement at a boundary, which not only establishes a consistent relationship

between awareness and contact, but also brings the phenomenon close to the way in which similar phenomena are conceived in modern neurobiology, as when core consciousness is defined by Damasio (1999) as a sense of being an organism in which something happens due to its relation to an object.

Our proposal for the future development of gestalt therapy will be that we as a community look at the definitions of all basic gestalt therapy concepts to review their degree of accordance with the vocabulary of the general scientific knowledge base in psychology. The result could then be a basis for developing a cogent theoretical foundation for gestalt therapy based on the fact of the gestalt formation process in the organism/environment field being the essential focus for gestalt theory and practice. Using an integrative framework may provide the necessary superstructure for such a theoretical revision/updating. Combined with clear definitions of the most central core concepts in gestalt therapy, this would give a basis for understanding why and how gestalt therapy is truly positioned in the middle of (or beneath) the kingdom of the cognitive, systemic, narrative, humanistic, and newer psychoanalytic approaches to psychotherapy. Obviously, this is not a challenge for the Danish gestalt therapy community alone.

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8

Gestalt Therapy in Finland

Walter Arnold

History

When returning to Finland from a year-long research trip in Turkey, Iran, Afghanistan, Pakistan, India, and Nepal, in 1975, I gave birth to the pregnant idea of establishing a gestalt therapy institute in Helsinki. In 1967, I had read what came to be my first therapy book, Viktor Frankl's (1965) logotherapy, *Man's Search for Meaning in Life*. I had also been practicing yoga since 1961, and in 1967 I was appointed as yoga teacher to a group of about 90 enthusiastic high-school pupils in the USA, who, at the time, had barely heard of the word. They knew that it originated in India and was introduced in Europe and California as a novel means of development. The road from yoga to gestalt therapy – besides the bridge provided by the logotherapy readings – originated in 1967 when the I watched a television documentary on Fritz Perls and his work. A bearded old man, sat at the edge of Esalen's hot-spring-heated swimming pool by one of the most magnificent spots in the middle of California's coastal slope which plunges into the Pacific Ocean, surrounded by mocking birds and flying pelicans, while floating otters, encircled by kelp, cracked abalone shells. From this paradise-like setting, he demonstrated and explained his way of working with people. What this old man was explaining made sense to me, and his philosophical approach corresponded with much of what I had been involved with. Following the program, I dedicated my time to learning more about gestalt therapy and exploring its benefit. The groups in those years, although called training workshops, typically consisted of learning by doing, and experiencing with the passing of occasional theoretical remarks and led in a charismatic style characteristic of Perls himself. Emerging gestalt therapists attempted to mimic Perls and play the "here and now game" almost as a sacrament.

Gestalt Therapy Around the World, First Edition. Edited by Eleanor O'Leary.

After my studies in philosophy, granite sculpture, film making, anthropology, sociology, social psychology, and psychology, in 1978, at Esalen, I participated in workshops run by Richard Price and Janet Lederman, who were the leading figures resuming Perls' legacy after he had left the first "growth center." Soon, thereafter, Perls died. Here, I refreshed my knowledge of gestalt therapy, which had lain dormant while I was absorbed in other interests.

In the early 1980s, I trained with Miriam and Erving Polster, James Simkin (Jim, who at that time separated from Esalen, ran training programs from a house next to the Esalen Institute until he died of leukaemia), and Gary Yontef from the Los Angeles Gestalt Institute (who also trained under Simkin). That gave me at least three further perspectives on how gestalt therapy was being taught by US trainers.

Like the USA, Finland was no exception to the fashionable workshops carrying the name of "gestalt" therapy run by non-professionals. In 1975, I started lecturing around Finland to inform professionals about gestalt therapy. A small gestalt therapy conference was held at the University of Helsinki in 2003. The topic of the lectures dealt with the basics of gestalt therapy's theory and practice.

Theoretical Contributions

Finland was the first Nordic country to publish a book on gestalt therapy's rich and varied range of approaches. The book entitled *Contact–Dialogue Experienced: On Gestalt Therapy*, written by me (Arnold, 1998a), is in the Finnish language. It outlines gestalt therapy's philosophy and its eco-psychological theory with its nuances in field theory, gestalt psychology, and the dialogical existence aspects. Personality theory at the contact-boundary is discussed, including a phenomenological personality theory and the concept of dialogical personality, contact systems, aggression in its various forms, modes of support, rhythms of the contact-withdrawal process, avoidances, and process interruptions. The methodology chapter considers the subjects of phenomenology and perception, the theory of awareness, the orchestration of experience, polarity, ambivalence, and dichotomy. The experiment section deals with the various forms of change, choreographies and developmental change, interventions ranging from techniques of identification and surrealism in the realm of imagination, to narratives and also movement.

An article entitled "The eclipse of reason: is dialogue meeting dialectics a myth?" (Arnold, 1999), deals with phenomenology, dialectics, and dialogue. It is a view on Max Horkheimer's "critical thinking" and some origins of gestalt therapy situated around the Frankfurt school, which influenced what was going on in the city where Perls lived at the time. A special appreciation for beings "in particular," instead of the Heideggerian (Heidegger, 1982) interest in "being as such," was Horkheimer's (1944/1972) existentialist style. In gestalt therapy we need to remember that dialogue as ideology is lacking in dialectical consideration; and as Polster (2002) said, it might reach overromantic dimensions as in Buber's I and Thou. Instead, dialogue can better serve us as a myth, which goes beyond

clarity and obscurity and beyond separation fears and lack of genuine interest in the other.

Another article of mine (Arnold, 1998b) reviews the 1997 book entitled *Living Legacy of Fritz Perls: Contemporary Case Studies*, a collection of case studies written by gestalt therapists and edited by Bud Feder and Ruth Ronall. The article reviews each chapter in addition to providing an overall review. The point of the book is to show that gestalt therapy is still very much alive in the practice of individual therapy, groups, family, and couples therapy. Arnold (1999) suggests that written accounts are a meager way to give credit to the process-oriented style of the gestalt therapy tradition which would benefit more from films showing the whole range of elements affecting what gestalt therapy is in practice. Nevertheless, the book is a remarkable report widening the possible interpretation of gestalt therapy and its practice. The review also criticizes an attempt to associate gestalt therapy with fashionable post-modern attitudes. Gestalt therapy is perhaps an avant-garde therapy counterbalancing its interest in form with content. We are not formalists like the post-modernists.

Research

There are no published research articles in Finland.

Training Initiatives

Arising out of an unrelenting search for a solid base of a sufficiently wide range of paradigms, the Finnish training program continuously develops, and trainees are expected to evolve accordingly. The program is basic and of three and a half years' duration and includes beginners and students more acquainted with gestalt therapy. If accepted, one can continue to a two and a half year long advanced training.

The Gestalt Therapy Association in Finland (Gestalt-Terapiayhdistys, in the Finnish non-Indo-European language, and Gestalt-Terapieföreningen in Swedish-Finland's second national language) was unofficially established in 1975 with the aim of developing a professional training program. As such, Finland differs from many of the other countries where the word "association" does not imply training and where, in professional gestalt therapy associations, it usually indicates the body which accredits the training program run by the training organizations. The Gestalt Therapy Association in Finland first became a registered association (National Board of Patents and Registration of Finland, NBPR) in 1984 after the training program began in 1981. The training program incorporates elements of theory, practice, and supervision. It is a three and a half year course, at the end of which trainees write a research paper on the field of gestalt therapy. This paper requires them to demonstrate their understanding of gestalt therapy's basic concepts and to investigate its various possible applications.

When the government's National Authority for Medicolegal Affairs introduced their psychotherapy licensing requirements (1994), the Gestalt Therapy Association had to work hard in order to establish and defend gestalt therapy as an equal therapy form to the other psychotherapies. The association's program achieved recognition in 1995. Indeed, all graduates of the program who have applied for a license have had their request upheld. In Finland, no therapy school is officially accepted or rejected. Each application for the national license in psychotherapy is screened by the National Authority for Medicolegal Affairs and evaluated individually. The association is still asked occasionally to provide information about the training program in order to maintain the national standard required in the psychotherapeutic profession.

In 2004, an extended two and a half year long advanced training program by the Gestalt Therapy Association was established. In addition to the basic structure of theory, practice, and supervision, this training program requires that the trainees investigate and practice dialogic existentialism, phenomenology, field theory, gestalt psychology, and anthropology. This is integrated via didactical mini-lectures, experiential work, literature readings, and essay writing. Visiting trainers to Finland to date have included Isadore From, George and Judith Brown, Joel Latner, Gary Yontef, Erving and Miriam Polster, Joseph Zinker, Michael Miller, Sylvia Crocker, Robert Resnick, Violet Oaklander, Philip Lichtenberg, and Edward Smith who gave his last gestalt workshop in Finland.

Psychologists Marianne Enebäck, Merja Stenius, Esa Hämäläinen, and Helena Numminen and psychiatrist Ilkka Härkönen were essential to the Finnish Gestalt Therapy Association in enhancing the process of making the training acceptable to the authorities such as the Medicolegal Authority and the Ministry of Education. They were also active in updating the requirements for the training while being on the board of the association, which also has a training committee and an ethical committee.

Associations

As a founding member of the International Gestalt Therapy Association (IGTA), I have been on the IGTA board since 2000 and chairman (2003–2006). I was chairman of IGTA's Journal Committee that established the *International Gestalt Journal* in 2001 with its first publication in 2002 presented at the Gestalt Therapy Conference in Montreal. I was at the founding meetings of the Association for the Advancement of Gestalt Therapy and acted in its Philosophy Committee with Gary Yontef and Sylvia Crocker.

Future Challenges

There was a new project established by the Ministry of Education in 2007 whereby the Finnish universities were due to train psychotherapists, exposing them to a sufficiently wide range of theoretical perspectives. It is hoped that gestalt therapy

will be represented in such a program, although such university training is not intended to supply all necessary psychotherapy training demand. This project has just started in 2012.

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9

Dawn of Gestalt Therapy in France

Serge Ginger[1]

In the beginning: the socio-cultural context gestalt therapy was introduced in France during the 1970s. At the time, the psychological field was dominated by traditional Freudian psychoanalysis. Moreno's (1946) psychodrama was published in French by Ancelin-Schutzenberger (1952), after which it was reworked and adapted by several psychoanalysts. Rogers' (1961) client-centered therapy was beginning to emerge, especially in the fields of education, including continuing professional adult education in the social services sector, as well as group dynamics work using Lewin's (1944) T-groups.

The Pioneers

Within this context, and that of the "cultural revolution" of May 1968 in France, Anne Ginger and I, having trained in gestalt therapy in the USA (mostly in the Gestalt Training Institute of San Francisco, Esalen Institute, and in Cleveland, Ohio), just after the death of Fritz Perls, introduced gestalt therapy little by little in our training groups at the Institut de Formation et d'Études Psychosociologiques et Pédagogiques (Institute of Training and Research in Psychosociology and Pedagogy), notably in a program called Développement personnel et sexualité (Personal growth and sexuality), a cycle they began in 1970. In 1973, I translated into French and circulated Levitsky and Perls' (1970) article entitled "The rules and games of gestalt therapy" (Les règles et les jeux de la gestalt-thérapie). In 1972, Jean-Michel Fourcade started the Centre de Développement du Potentiel Humain (Center of Growth of Human Potential) where he presented the new

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therapies. Beginning in 1974, Max Furlaud, an American living in Paris, was teaching seminars in gestalt therapy. That same year, Claude and Christine Allais returned to France from California and Jean Ambrosi returned from Boston, all three having been trained in gestalt therapy. By the mid 1970s, the background was put in place, but it was not until 1980–1981 that gestalt therapy emerged from the shadows and began to blossom officially.

Gestalt Associations, Institutes, and Schools

In September 1981, Anne Ginger and I organized a first-time get together for approximately thirty gestalt therapy practitioners. The participants were, at the time, unaware of the existence of each other in France. At the same time, we founded the Société Française de Gestalt (SFG – French Society for Gestalt Therapy). I became the first president for seven years, followed later by Jean-Marie Robine for five years. SFG is a professional gestalt therapy association and consists of 300 members, of which 50 are full members (who are certified and have been accredited by a commission of peers, after four years of training and three years of practice). It is affiliated with different federations: the Association Fédérative Française des Organismes de Psychothérapies Relationnelles et Psychanalytiques (AFFOP – French Association of Organizations for Relational and Psychoanalytical Psychotherapies), the Fédération Française de Psychothérapie et Psychanalyse (FF2P – French National Federation for Psychotherapy and Psychoanalysis), and the European Association for Gestalt Therapy (EAGT). The association was the first national gestalt therapy association established in the world. It organizes symposia and working conferences annually, publishes a scientific journal and a newsletter, and maintains a national accreditation committee.

The other national association is Collège Européen de Gestalt-Thérapie (CEGT – European College for Gestalt Therapy). CEGT is a professional association of gestalt therapists, founded in 1996 (after a split with SFG). It has some forty full members and organizes symposia and working conferences, publishes a scientific journal and a newsletter, and maintains a national committee of accreditation.

Training: Past and Present

The first gestalt therapy training in France was organized by the international antenna of the Centre Québécois de Gestalt (Gestalt Center of Quebec) created by Ernest Godin in Montreal (Canada) in 1979. During this time, in the French-speaking area of Belgium, Michel Katzeff, in partnership with the team from Cleveland (USA) had begun a 500-hour training program for gestalt therapists from 1976 to 1979. Jean-Marie Robine, a French psychologist, had trained there from 1977 to 1980.

During 1981, the first three French gestalt therapy training institutes were established, almost simultaneously: the École Parisienne de Gestalt (EPG – Paris

School of Gestalt) by Anne Ginger and me, the Institut de Gestalt de Bordeaux (IGB – Gestalt Institute of Bordeaux) by Jean-Marie Robine, and the Institut de Gestalt de Grenoble (IGG – Gestalt Institute of Grenoble) by Jean-Marie and Agnès Delacroix. These were followed a few months later by Institut de Nantes (Gestalt Institute of Nantes) by Jacques Blaize. The formation of these gestalt therapy institutes came after several brief training programs run in France by Canadian therapists: Ernest Godin, Noël Salathé, and Janine Corbeil. Unfortunately, these programs did not last long in France.

Since 1980–1981, there have been approximately ten training schools created and directed by French gestalt therapists. The total of trained practitioners is approximately 1500 (of which, two-thirds have graduated from EPG and the remainder from the other institutes). The training institutes are given below.

EPG, the first training institute in gestalt therapy in France, was founded in 1980–1981 by me and Anne Ginger. It is affiliated with SFG and FF2P and is an accredited European Accredited Psychotherapy Training Institute (EAPTI) by the European Association for Psychotherapy (EAP). EPG has several agencies in different cities in France (Paris, Montpellier, Lyon, Nîmes) and in nine foreign countries: Italy, Latvia, Mexico, Norway, Poland, Russia, Romania, USA, and Venezuela. Psychotherapists and coaches are trained (in France, coaches are counselors or consultants working in organizations, companies, administrations) in gestalt therapy. The executive directors are Gonzague Masquelier, Brigitte Martel, and Isabelle Le Peuch-Temperville. Between forty and fifty new students commence training each year (one group begins in January and another one in August). The whole training lasts five years.

IFGT was founded in 1980–1981. It was originally chaired by Jean-Marie Robine, and now by Brigitte Lapeyronnie-Robine, and was affiliated to CEGT and AFFOP. The institute trains approximately fifteen new students every year and is of four years' duration.

IGB was founded in 1980–1981. IGB has been associated for many years with IGG constituting IFGT, with sessions alternatively in Bordeaux, Grenoble, and Paris. It is affiliated with CEGT and AFFOP. Twelve to fifteen new students commence a four-year training program each year. The director is Brigitte Lapeyronnie-Robine.

The Institut de Gestalt-Thérapie, Recherche, Formation (Institute for Gestalt Therapy, Research, and Training) is a transformation of IGG which severed their connection with IFGT in 2002. It is affiliated with SFG and AFFOP. The directors are Jean-Marie and Agnès Delacroix and Frédéric Brissaud. Approximately fifteen new students begin a four-year training program every year.

École de Formation de Psychothérapeutes en Gestalt-Thérapie Analytique (Savoir-Psy – Training School for Psychotherapists in Analytic Gestalt-Therapy) was founded in 1991. It is affiliated with the Syndicat National des Praticiens en Psychothérapie (SNPPsy – French National Union for Practitioners in Psychotherapy). It trains individuals in "Jungian analytic gestalt therapy." Every year, from fifteen to twenty new students begin a four-year training program. The directors are Pierre Coret, Elizabeth Leblanc, and Michèle Combeau.

École Rennaise et du Limousin de Gestalt (Gestalt +– Gestalt School of Rennes and Limoges) was founded in 1992. It is affiliated with SFG and AFFOP and is an accredited EAPTI. The directors are Yves Plu and Jean-Luc Vallejo. Every year, approximately eighteen to twenty-four students begin a four-year training program.

The Institut de Gestalt du Nord (Champ-G) – Gestalt Institute of the North (Field-G) – training institute is affiliated with SFG and AFFOP. The executive directors are Pierre Van Damme and Yves Mairesse. The institute was founded in 2001, and about fifteen to twenty new students are trained every year. The training is of four years' duration.

The Institut Français de Formation Psychocorporelle (French Institute of Body-Mind Training) was founded in 1992 by Ulla Bandelow. The training is of four years' duration.

École Humaniste de Gestalt (Institut de Formation Arnaud Sebal – Humanistic School of Gestalt) was founded in 1994 by Arnaud Sebal. It was affiliated to FF2P in Paris, Marseille, and Nantes. Approximately twenty new students undertake a four-year training program every year.

Coaching Gestaltiste organizes continuing education and publishes a directory of gestalt coaches. The website is www.coach-gestalt.org.

The Institut de Gestalt-Thérapie des Pyrénées et du Languedoc (Institute of the Pyrenees and Languedoc) trained gestalt therapists from 2003 to 2008. It was affiliated with SFG and AFFOP. The directors were Patrick Colin and Edith Blanquet. It is included in this chapter in the interests of accurate inclusion of gestalt therapy in France.

The Gestalt Institute of Nantes was founded by Jacques Blaize in 1981. This institute closed in 2009 and is included in this chapter in the interests of accurate inclusion of gestalt therapy in France.

Today's Training Program

These training institutes generally offer three cycles which cover from 1000 to 1400 hours (depending upon the school or institute). The training is conducted over a period from four to five years and consists of theory, methodology, and practice.

The first cycle offers an introduction including self experience in a group situation. The second cycle is mostly centered upon learning the basic theoretical notions (theory of the self, contact cycle, resistances, awareness, field theory, dream work, and psychopathology). This second cycle requires practical therapeutic sessions in individual and in group situations with all interventions directly supervised. The third cycle of mastery and/or specialty work consists of analysis of transference and counter-transference, case studies and supervision, child and/or adolescent therapy, couple and family therapy, and addictions. Certain institutes, for example the EPG, also offer a specialty in gestalt therapy applied to organizations and to companies (coaching). Most of these training centers also invite guest speakers or trainers, American or European; for example, Gilles Delisle, Ken Evans, Ruella Frank, Edoardo Giusti, James Kepner, Malcolm Parlett, Peter Philippson, Erving Polster, Margheritha Spanuolo-Lobb, Gordon Wheeler, Gary Yontef, and Joseph Zinker.

Certification

Until now, only two of the institutes, the EPG (chaired now by Gonzague Masquelier and Isabelle Le Peuch-Temperville) and Gestalt + (directed by Yves Plu and Jean-Luc Vallejo), have been recognized by EAP and accredited as an EAPTI, after a rigorous procedure conducted by a panel of international experts representing EAGT as well as other methods. This recognition allows students to apply directly for the European Certificate of Psychotherapy.

Each of these institutes issues a private certificate. As of today, there is no complete training program offered by the public university system in either gestalt therapy or any other psychotherapy or psychoanalysis. Occasionally, there are introductory seminars and continuing education courses. However, in January 2007, the Sigmund Freud University of Vienna created a Parisian extension with a training program offering a Master's degree and Doctor's degree (PhD) in psychotherapy.

Supervision

The French code of ethics of the FF2P and of the SNPPsy obliges practitioners of psychotherapy to maintain ongoing supervision during the entire time that they practice as psychotherapists.

Some institutes (EPG, IFGT) have put into place a specific training so that participants can become supervisors. This training, conducted over one or two years, is available only to certified professionals who have been in practice and have obtained regular supervision for five years, after their completion of a four- or five-year training. They receive additional theoretical training and have to prove themselves competent through several demonstrations of "hypervision" (supervision of supervisors).

Gestalt Therapy Settles into France

In summary, for the past thirty years, gestalt therapy has continued to progress in the following ways: several new training schools have been created in different cities, courses have been set up in certain universities, professional associations have taken root (SFG, CEGT), national or international symposia and conferences are organized each year in the major cities of France, and publications (books, chapters within books, and articles) have "exploded" (from 25 publications in French in 1981 to 1500 in 2009). It is not surprising that gestalt therapy has progressively taken second place (after psychoanalysis) amongst the psychotherapeutic methods (modalities) most practiced in France.

Theoretical Contributions

The French landscape with respect to theoretical contributions in gestalt therapy is marked by a healthy emulation between two schools – the EPG and the IFGT – that constitutes, in fact, the roots of two separate national associations of gestalt therapy practitioners: SFG and CEGT. Both these schools and associations organize

conferences/symposia and publish reviews and journals on a regular basis. The work of each has been oriented in complementary directions.

Among the areas explored by EPG are sexuality and gestalt therapy (Martel, 2004), gestalt therapy, neuroscience, and eye movement desensitization and reprocessing (Ginger, 2006), and gestalt therapy in organizations (Masquelier, 2001).

Apart from my book describing work in the pentagram (Ginger, 1987), Martel's (2004) book explores links between aggression and sexuality (both managed by the same testosterone and by the hypothalamus) and the importance of fantasies, while Masquelier-Savatier (2008) compares different schools of gestalt therapy in France and examines field theory. She concludes that some schools are more interested in individual intrapsychic problems while some others focus on the environment. Some of the areas explored by IFGT are the theory of the self by Robine (1998) and phenomenology by Blaize (2002).

A third trend in theoretical contribution has recently appeared, namely, *psychothérapie gestalt des relations d'objet* (PGRO), influenced by the Canadian gestalt therapist Gilles Delisle and his French alumni (P. Van Damme, E. Drault, and J.F. Gravouil). The main contribution from PGRO is Delisle's (1998) book, which deals with early internalized object relations.

Robine created his own publishing company called L'Exprimerie (email: edition@exprimerie.fr; website: www.exprimerie.com) which has published more than twenty specialized French and foreign books concerning gestalt therapy, as well as numerous brochures – for the most part, articles translated from English and German sources. In 1980, Marie Petit published the first French book on gestalt therapy entitled *La Gestalt, Thérapie de l'Ici et Maintenant* [*Gestalt: A Therapy of Here and Now*] (Petit, 1980). This first French book on gestalt therapy introduced this method to the public, with many examples. In total, in 2011 one could find in bookshops ninety-six books (or chapters within books) and 1500 articles in the French language on gestalt therapy – with approximately sixty each written by Robine and by Ginger and more than twenty each written by Blaize, Delacroix, Masquelier, Petit, and Vanoye. Some of these books are translated into fifteen different languages. However, only two books have been translated to date into English; namely, Ginger (2007) and Masquelier (2006).

My *Gestalt Therapy, The Art of Contact* (Ginger, 2007) is mostly written for a large public, in particular for patients/clients and beginners in gestalt therapy. In it, I present my pentagram, a symbol of the five main dimensions of human life: physical, emotional, cognitive, social, and spiritual. I mention the duty to be happy and propose a new cycle of contact, in five phases (forecontact, engagement, contact, disengagement, and withdrawal), a diagram of the main "resistances," and the concept of "socio-gestalt." I also summarize the links between neurosciences (brain) and gestalt therapy, ten approaches to dream work, a diagram of a personality profile (psychopathology), and conclude with twenty basic notions.

A second book, in collaboration with Anne, *A Practical Guide for the Humanistic Psychotherapist* (Ginger & Ginger, 2011), summarizes forty years of practice in

gestalt therapy, training, and supervision, with clinical vignettes and a chapter underlying the importance of neurosciences in the practice of gestalt therapy.

In his book *Gestalt Therapy: Living Creatively Today*, Masquelier (2006) insists on the existential aspect of gestalt therapy, considering the existential pressures of finality, solitude, responsibility, imperfection, search for meaning, and the different areas where gestalt therapy can be applied, such as individual and group therapy, training, consulting, and coaching.

An article I wrote (Ginger, 2004) elaborated many ideas of Ferenczi that have been developed during the twenty years since Perls' death. Ferenczi wrote on the importance of introjection in 1912 and on the experiencing of the process as well as the memories occurring in the here and now of the session in 1920. In 1926, he wrote on active technique and the direct involvement of the therapist. He underlined that knowledge is not enough since gestalt therapists need to have a real life experience of the process and that it is important for individuals to relive, feel, and experience traumatic events through real-life experiences as well as explaining them. A review of a videotape, *Singular Views on Gestalt Therapy* (Ginger, 2001), showed the richness of bodywork in the gestalt therapy approach as an original way of working with dreams, combining ten different approaches, in an eclectic way.

Symposia, Congresses, and Publishers

Since its foundation in 1981, the SFG has organized an annual symposium on thinking and research in gestalt therapy, as well as international congresses. The 1983 congress gathered 250 participants from nine countries; in 1987, there were 300 participants from twelve countries; and in 1992, there were 500 participants from twenty-two countries.

Twice a year, the SFG publishes the scientific review *Gestalt*, with over 200 pages per issue, combining approximately fifteen articles or studies centered on a specific aspect of gestalt therapy; for example, Perls, Goodman, children and adolescents, families, sources and contexts, the therapeutic relationship, the resistances, abuse, violence and trauma, existential psychotherapy, the body, East–West, spirituality and psychotherapy, the separations, regression, roots and transplants, the frame, societal implications, awareness, pain and suffering, addictions, the self disclosure of the psychotherapist, truth, supervision, desire, couple therapy.

In 1996, a split occurred within the SFG and another association, the CEGT was created parallel to the SFG. This association also organizes annual conferences and publishes a biannual review, *Les Cahiers de Gestalt-Thérapie* (email: cahiersGT@gestalt-ifgt.com). Some of the themes treated in the first twenty-four issues were conscious, non-conscious, unconscious, maliciousness, the Id, the group, the field, early bonds, shame, the incomplete and the open-ended, dreams, beginning and ending, pathologies in experience, emotions, violence, and psychopathology.

International Connections

French gestalt therapists are in constant contact with colleagues from all over the world. They participate in numerous symposia, congresses, and workshops, in Europe as well as in America. They invite, within their training cycles, foreign specialists to give workshops and lectures. They are also, in turn, invited to teach workshops or give lectures in gestalt therapy institutes in other countries. In this way, the Gingers, Robine, Masquelier, Brigitte Martel, Aline Dagut, Claudia Gaulé, Isabelle Le Peuch-Temperville, and Delacroix have taught in Belgium, China, Brazil, Italy, Ivory Coast, Japan, Latvia, Mexico, Norway, Poland, Romania, Russia, Spain, Switzerland, Ukraine, the UK, and the USA (the Gingers in twenty countries; Robine and Masquelier in nine countries each; Jean-Marie Delacroix, Brigitte Martel, and Aline Dagut in approximately six countries each; Claudia Gaulé and Isabelle Le Peuch-Temperville in three countries each).

In 1991, Serge Ginger founded the Fédération Internationale des Organismes de Formation à la Gestalt (FORGE – International Federation of Gestalt Training Organizations) in Paris. FORGE organizes an international meeting of directors in charge of gestalt therapy training institutes annually; thirty schools from twenty countries around the world participate in these meetings. They freely share their training programs, their concerns, and their developments. They encourage the exchange of documents, students, and trainers among themselves.

FORGE (Ginger, 1995) has published an international glossary of technical terms used in gestalt therapy, in eight languages. At EPG, Anne and I have taught an international five-day summer workshop for twelve years, in French and in English. These master classes for advanced training and research have assembled more than 300 psychotherapists from thirty countries.

In 2001, Robine, Director of IFGT, founded the Gestalt Therapy International Network, and for several years has coordinated and worked in association with well-known gestalt therapy trainers from America and Europe (Yontef, Spagnuolo-Lobb, Philippson, Michael Vincent Miller, Philip Lichtenberger, and Lilian Frazao).

Research

In 2006, an article I wrote considered the importance of recent research in neuroscience for gestalt therapy practice (Ginger, 2006). The modification of the neuronal network and the production of neurotransmitters were emphasized in allowing a lasting action. The conclusion was that psychotherapy is a kind of "chemotherapy" with modifications within the brain!

In France, gestalt therapy is not taught within public universities (only in private institutes), and there are no real researchers – mostly practitioners telling their experiences in short articles.

Ongoing Projects and the Future

Ongoing projects and the future will be considered under three headings: a consultative assembly of gestalt therapy in France and the status of psychotherapists and of gestalt coaching.

The two professional associations decided to organize together a consultative assembly of gestalt therapy, which took place in Paris in March 2008 with 500 participants from both national associations (SFG and CEGT). This assembly highlighted how well gestalt therapy is implanted in France (through consideration of a history of the different orientations, and how gestalt therapy is perceived in the press) and how coordinated training, research, and publishing are active in the field of psychotherapy. The detailed minutes of this important meeting were published in a book entitled *Polyphonie* (SFG & CEG-T, 2009) in January 2009. Since this congress, the governing boards of both associations meet regularly and try to find common actions (e.g., a common journal, full membership).

The need to assert and specify our competence in psychotherapy became urgent the moment that government policies questioned the legitimacy of psychotherapy. In August 2004, in France, a law was drafted and passed to regulate the right to practice psychotherapy. The parliamentary debates were long and tumultuous. A complementary law was voted and accepted in July 2009, demanding a previous training in psychiatry, psychology, or psychoanalysis, to be allowed to train in psychotherapy, and the Decree of Application was signed in May 2010. It is interesting to note that several gestalt therapists are leading the negotiations with the government and also occupy central roles within the different professional associations (FF2P, AFFOP) representing diverse modalities of psychotherapy. In addition, gestalt therapists (Serge Ginger, France; Ken Evans, UK; Peter Schulthess, Switzerland; Daan Van Baalen, Norway) are very active in the main committees of the EAP.

Parallel to the regular development of gestalt therapy in France, gestalt coaching in organizations or companies is beginning to spread progressively (public transport workers, hospital workers, banks, insurance companies, supermarket chain-stores), through the job functions of coach, consultant, or counselor – either from within the companies or from outside resources. EPG, under the leadership of its director, Gonzague Masquelier, has developed an advanced certified training program for this specialization (gestalt-oriented practitioners in organizations).

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10

Gestalt Therapy in Germany

Almut Ladisich-Raine[1]

"Gestalt" is a German word meaning "form" or "figure." The founders, Fritz and Laura Perls, were German Jews who left Hitler's Germany for good reasons.

Gestalt psychology, one of the theoretical roots of gestalt therapy, was developed and described by German-speaking psychologists such as Christian von Ehrenfels, Max Wertheimer, Wolfgang Köhler, and Kurt Lewin. The phenomenologist Edmund Husserl contributed important philosophical aspects. Other roots were based on the psychoanalysis of Freud and the philosophy of Buber and Friedlander. Martin Buber, philosopher, theologian, and Zionist thinker, whose ideas on human relation and dialogical attitude have provided an important background for gestalt therapists worldwide, received his education in Germany. Salomo Friedländer, the Prussian-Jewish "Charlie Chaplin" of philosophy as he is sometimes called, irritated serious German intellectuals with his subtle sense of humor and unusual anarchistic view of the world.

Gestalt therapy in Germany, therefore, is a highly charged issue, full of philosophical and academic tradition and background, stories of tragedy, injustice and loss, of emigrations and new beginnings, of high social and psychological awareness as a result of dangers overcome, of outrage, rebellion and brave resistance, of search for more honest, freer, carefree, and authentic lives in the

[1] I ask the forgiveness of all the accomplished gestalt therapists in Germany whom I did not mention in this chapter. I do not claim that this account is complete, and of course, I have my own foreground formations.

Coming back to the beginning, I am grateful and happy for this opportunity I have had to live my life in the company of so many great people, to be able to unfold and integrate in a free and open process. Now that I am past sixty, I am content and feel that my work as a gestalt therapist in this country has been worthwhile and very gratifying, and I see interesting and creative years ahead of me.

Gestalt Therapy Around the World, First Edition. Edited by Eleanor O'Leary.

New World. Its emergence is deeply imbedded in the political and sociological upheavals of the twentieth century, including world wars and the holocaust. It is a story about coming back to the roots, fresh with Californian vigor and irreverence, with East Coast academic creativity and zeal.

For those of us Germans who went for gestalt therapy training to California in the early 1970s, it may have been a kind of pilgrimage for lost pieces of our souls. I can certainly say this of myself. As a German, born at the end of the Second World War, my childhood was overshadowed by shame and guilt. It was, in fact, very unpleasant to have been born as an ugly German.

The experience of being encouraged and loved by my Jewish teachers, Jim Simkin and Erv and Miriam Polster, even though I was German, was deeply moving and healing. Gestalt therapy became much more than a psychotherapeutic method: for me it was a mission to take home, a chance for innocence to be regained, a matter of the heart. And this is what it still means to me today in 2010.

Healing emotions by honest and deeply felt human contact have always been the core of gestalt therapy. And this is what has survived all professional politics, narcissistic ego-trips, and attempts at academic justification which were part of the history of gestalt therapy in Germany over the years.

History

In the early 1970s, American trainers such as Jim Simkin came to perform workshops at places like Zentrum für Individual- und Sozialtherapie (ZIST) in Upper Bavaria. These workshops were initiated by Wolf Büntig and his wife, both medical doctors who had been to California and had experienced bioenergetics, gestalt therapy, encounter groups, and promoted these new group psychotherapies in Germany with great enthusiasm. ZIST, modeled after Esalen, was in fact a breeding place for a pioneer generation of German gestalt therapists. Old hands like Victor Chu, Heidelberg, accomplished therapist, teacher, and author, and me had our first initiations there and decided after such exposure to train in California.

Gestalt therapy emerged in Germany at a time of great social change, marked by civil disobedience and a great longing for the freeing of emotions and sexuality after the narrow-minded, petty, and guilt-ridden 1950s and 1960s. It spread among intellectuals and academics, as well as in the alternative professional field of addiction therapy, where experiments were allowed.

An example of pioneer work was that of Hilarion Petzold, theologian, who recognized the potential of gestalt therapy very early and who, after extensive self-study, offered workshops at psychotherapy conferences as an alternative to traditional methods. Petzold became one of the most eager and well-known writers on the theory and application of gestalt therapy in Germany. He founded a training institute in 1972, the Fritz-Perls-Institut (FPI), which became over many years the leading institution in the field and has produced many excellent gestalt therapists, including outstanding clinicians such as Lotte Hartmann-Kottek, Hildegund Heinl, and Kristine Schneider. He also developed a course for therapy education

which was widely respected. Later, he turned away from gestalt therapy and tried to establish an ambitious new approach – Integrative Therapie (integrative therapy), which was not well received by many.

While the FPI was growing and found many followers in Germany and Austria, Hans-Jörg Süss, one of the founders, and his partner Katrin Martin decided to separate from this group and start their own training institute together with Ulrich Schurrmann, Brigitte Rasmus, Victor Chu, Diane Schurrmann, myself, and others, the Institut für integrative Gestalttherapie Würzburg (IGW – Institute for Integrative Gestalt Therapy), which still exists today. All members of this initial IGW group were trained by the Californian pathfinders of gestalt therapy. Today, the institute, like in most other long-standing schools, is run by a team of former students, now accomplished therapists and trainers in their own right.

The FPI and IGW offered structured four-year training courses and laid out clear standards concerning time and content of self-experience, theory, and supervision, offering a sophisticated curriculum and ending with a graduation. In addition, there were several special curricula, including art therapy (Michael Raine), child therapy (Violet Oaklander and Felicia Carrol), and shorter training series on couples therapy (Joseph and Sandra Zinker) and dance and movement (Hoffmann Soto). A great attraction of the IGW became the yearly two-week-long summer Kompakttrainings (compact trainings), which took place in attractive places with star guests such as Daniel Rosenblatt, Joseph Zinker, Jim Kepner, Stephen Schoen, Betty Estelle, and Violet Oaklander.

At the same time, other psychologists, medical doctors, and sociologists found their way to California to study with Jim Simkin, Erving and Miriam Polster, and the Los Angeles and San Francisco Gestalt Institutes. Among these were Ruth Reinbod (Berlin), Martin Goldstein (Düsseldorf), Inga Schumann-Sorge, and Rainer Pieritz (Munich), who in turn started their own practices and training courses on their return from California. Others studied with Laura Perls and Isadore From in New York or at the Cleveland Institute. In addition, US trainers came regularly to Germany to conduct workshops. These included Isadore From, who gave popular theory seminars, the Polsters, Ischa Bloomberg, Jim Simkin, Bob Resnick, and Gary Yontef. Jerry Kogan stayed in Germany and founded the Institut für Gestaltbildung (GENI) in Frankfurt together with his German wife Wiltrud Kraus-Kogan. Roger Dalton, together with his wife Aglaia and Ruth Reinbod, founded the Institut für Gestalttherapie und Gestaltpädagogik (IGG – Institute for Gestalt Therapy and Gestalt Education) in Berlin. Ischa Bloomberg, a pupil of Laura Perls, trained many people in a more unconventional way without a curriculum, more or less following the process of the group, which was organized in a loose way through year-long contracts between trainer and group-members (Gestalt Training Service, GTS). Besides these three schools, the FPI, the IGW, and the GTS, there were many other influences of American gestalt therapy in Germany, such as John Brinley, Paul Rebillot, Werner Arnet, and Hunter Beaumont who had their own followers, often interested psychotherapists of the conventional schools who wanted to extend their skills.

In 1987, Rolf Merten, an FPI graduate, started an initiative called Münchner Gestalttage (Munich gestalt days), a two-yearly conference in Munich. Each conference had a certain theme which consisted of very lively and interesting events with lectures, workshops, and fantastic parties. Willi Butollo, professor of clinical psychology at the University of Munich, became involved, as well as other outstanding members of the academic world. The idea spread to Berlin, Frankfurt, Basel, and Vienna, where regular "Gestalttage" (gestalt days) take place and are carried on in bigger gestalt therapy events such as the Laura Perls conference in Munich (2005) and the big Conference on Aggression, Self Assertion and Civil Courage which took place in 2006 in Fulda. Munich is still a center of gestalt therapy in Germany due to these activities. At Butollo's psychological institute, gestalt therapy is part of clinical training – a rare phenomenon.

Thus, in the 1980s and the early 1990s, the gestalt therapy scene in Germany was dynamic, varied, and very alive. Workshops and training courses were abundant and general interest was great. Gestalt therapists were welcome in many clinical and counseling institutions; for example, The Psychosomatic Clinic in Bad Grönenbach and its chief psychologist and gestalt therapist Achim Votsmeier, who published several highly interesting articles on the treatment of patients with early disturbances and personality disorders. At the same time, there were extreme differences in quality and rivalry between the various schools and a great skepticism in adjusting to the general norms of the professional field.

Enthusiasm and fascination with experiential work were high, and as a result a somewhat exaggerated self-confidence, which kept German gestalt therapists from producing studies of effectiveness and from advancing theoretical and clinical cognition, had grave consequences. Gestalt therapy missed the connection to mainstream psychotherapy in Germany and maneuvered itself into a marginal position. The diversity of the scene combined with certain unpleasant concomitants of anarchy led eventually to a popular need among experienced gestalt practitioners for a common identity and standards.

In order to give classical gestalt therapy in Germany professional weight, an umbrella organization was founded in 1986, the Deutsche Gesellschaft für Gestalttherapie (DVG – German Association of Gestalt Therapy) with Laura Perls, Isadore From, and the Polsters as honorary members. This was initiated by Jerry and Wiltrud Kraus-Kogan in Frankfurt and consisted of at first five, later eight, and now ten institutes plus individual members (see below). The goals were to rein in the scattered scene and, in this way, to provide a clear image to the outside professional world in the struggle for recognition, to provide a place for common debate and dialogue on questions of research, to encourage further development, and to explore innovative ideas in the form of yearly symposiums. Guidelines for curricula were formulated and an ethics committee was founded. One highly committed leading member of the early DVG was Heik Portele, now deceased, former professor of sociology of the University of Hamburg, who wrote many essays on the subject.

Thus, in the 1980s, four major areas were involved in gestalt therapy training in Germany. This consisted of: (i) the FPI and the Deutsche Gesellschaft für

Gestalttherapie und Kreativitätsförderung (DGGK), (ii) the DVG with its institutes (Arbeitskreis Kritische Gestalttherapie (AKG), Munich; Daeumling-Institut, Siegburg; GENI, Frankfurt; Gestaltinstitut Rheinland, Hattingen, Rheinland; Gestaltzentrum Berlin, Berlin; Institut für Gestalttherapie, Duesseldorf; IGG, Berlin; Institut für Gestalttherapie, Weiterbildung und Supervision, Konstanz; IGW, Würzburg; Hamburger Institut für Gestaltorientierte Weiterbildung, Hamburg), (iii) institutes which had joined other umbrella organizations such as the European Association of Gestalt Therapy (EAGT) and (iv) institutes that stayed independent.

In the following years, the DGGK and the DVG took great efforts in seeking professional status with the goal of official recognition in the health care system. However, this failed in 1998, when a new governmental psychotherapy law was established in Germany leading to the registration of psychotherapists. This law only accepted psychoanalysis, a so-called depth-psychology-oriented therapy (a short form of psychoanalysis, which also included Jungian and Adlerian therapy), and behavior therapy as fit for coverage by the health care system. All other psychotherapies, such as person-centered, gestalt, family therapy, psychodrama, body therapies, and systemic therapies, were excluded. It meant that non-medical or psychological practitioners would never have a chance to work within the health care system. For clinical psychologists and doctors this means that they can only acquire an official license (approbation) for practicing psychotherapy by undertaking one of the above state-approved trainings.

The 1998 law meant a lot of energy had been wasted over the years and a kind of immobilizing depression followed. Many clinical gestalt therapists took the chance to acquire an official state license by attending crash courses in accepted methods, thereby saving their private practices, but at the cost of an identity loss. Following this new law, most institutes lost participants, some had to close down, and others were greatly reduced, because gestalt therapy had lost its official justification for clinical training. In addition, the general decline of the economy in Germany started to show consequences: people did not want to invest so much in their personal growth any more if it was not rewarded by an economic gratification.

While the DVG had gone the path of legal recognition in public health care in vain, other institutes (who had never joined) had secured their clientele from different sources: theologians, teachers, innovative academics, personnel trainers, social workers, paramedics, and ordinary interested people.

Present Situation

Twelve years have passed since the psychotherapy law was established. A new generation of German psychology students has not even heard of the term gestalt therapy. Apart from Butollo's clinical psychological school in Munich, exposure to gestalt therapy does not occur in the training of young psychologists. However, gestalt methods have infiltrated mainstream psychotherapies. Gestalt self-experience

courses in behavior-therapy training curricula, as well as in the psychoanalytically oriented schools, do exist. The value of authentic contact and work in the here and now has been widely recognized by all psychotherapies, while the concept of awareness has become more and more popular. Strangely enough, gestalt therapy as the source is hardly ever mentioned when clinicians write about trauma therapy, modern approaches in psychoanalysis, or behavior therapy and describe traditional gestalt therapy tools such as working with the empty chair and inner dialogue. Rather, they present the material as their own invention and give the method a new name; for example, psychoanalysts' use of resource-oriented therapy and behavior therapy's use of schema therapy.

As gestalt therapists in Germany, we have to ask ourselves why we did not succeed in giving gestalt therapy a better gestalt in this country. Over the border in Austria, participants are plentiful in gestalt therapy training thanks to a liberal psychotherapy law. In spite of this precarious situation, gestalt therapy in Germany is alive. The scene has changed, but there are still interesting developments. There are a variety of professional people that come to gestalt therapy training because of the warm, contactful, and authentic atmosphere and for the chance to learn from experienced teachers about the nature of human beings and life in general in a tough, cool, and very insecure world. Gestalt therapy with its concepts of awareness and creative adjustment seems to provide excellent survival skills in a rapidly changing society. The organizational development work of Edwin Nevis of the Gestalt Institute of Cleveland has attracted an international group of corporate consultants, supervisors, and personnel developers who are interested in the systemic use of gestalt therapy. In Germany, the Institut für gestaltorientierte Organisationsentwicklung founded by Juergen and Eva Ferchland in Frankfurt represents this approach. Other gestalt institutes offer curricula in gestalt coaching. Creative young therapists, who are not easily fooled by the seductions of modern society, are offering structured self-experience groups based on gestalt therapy, such as *The Journey of the Hero* based on the work of Paul Rebillot (Institut für Gestalt und Erfahrung – Institute for Gestalt and Experience, Amelang) and run by Torsten Zilcher and Franz Mittermair.

German trainers, initiated by Peter Toebe in the early 1990s, are teaching in Croatia (IGW), spreading the word to eastern Europe. There is now a very lively gestalt therapy scene in that country. In December 2009 I conducted a first seminar with Bosnian professionals, still war-traumatized yet curious and excited about this work, while they are setting up trauma centers and psychotherapeutic practices. In 2006, I was invited by the University in La Paz, Bolivia, to give a one-week seminar and lecture at the University of La Paz, where an ex-trainee of the IGW, Colette Estermann, is a guest professor for advanced clinical-psychological training. This was an extraordinary experience. There were twenty-five participants, mainly indigenous Bolivians, who joined with great interest and intensity. The seminar was particularly charged with self-empowerment, since it took place during the electoral battle of Evo Morales, who became the first indigenous president of Bolivia. Since 2006, one IGW trainer teaches the gestalt therapy course in La Paz each year. Another exciting pioneer event is happening in China.

In the fall of 2009, the IGW started a training course at the University of Nanjing near Shanghai – initiated by Gill. There is great interest and the news is spreading to other universities.

Lotte Hartmann-Kottek, medical doctor and psychologist, former medical director of a psychosomatic clinic, applied (spring 2011) for the recognition of gestalt therapy in the health care system. Unfortunately, this has come to a halt due to recent developments in the economy that led to drastic savings in health care.

Theoretical Contributions

Generally speaking, the theoretical and clinical discussion among German gestalt therapists has gained great impetus in recent years.

An important job was carried out by the Cologne (later Bergisch-Gladbach)-based publishing company EHP (Edition Humanistische Psychologie – Humanistic Psychology) of Milan and Anna Sreckovic, which has produced many basic foreign and German books on gestalt therapy, as well as the DVG's magazine *Gestalttherapie*. The company was later taken over by Andreas Kohlhage. Fuhr, together with Milan Sreckovic and his wife Martina Gremmler-Fuhr, also put together a comprehensive handbook *Handbuch der Gestaltherapie* (*Handbook of Gestalt Therapy*) in 1999 which was reprinted in 2001 (Fuhr, Sreckovic, & Gremmler-Fuhr, 2001). This handbook gives an overview of approximately 1200 pages of selected chapters on different issues, such as the founding years, gestalt psychological roots, basic concepts of gestalt therapy, methods and techniques, developmental psychology and gestalt, clinical gestalt therapy, organizational development, and many more fields in which gestalt therapy is successfully applied. All of the authors are gestalt therapists, and the book gives an extensive bibliography.

In one chapter, Fuhr (2001) claims that, in the beginning, people in their existential context and in contact with their environment were of central interest to gestalt therapists. The biographical past, pathological backgrounds, and disturbances were not focused on much. Since then, however, the need for a developmental theory has come more into the foreground. In this article, Fuhr gives a short overview of the general developmental psychological theories as they are discussed today. He then suggests the use of Wilber's (1995) model of evolutionary theory as a framework for a gestalt therapeutic developmental theory, finds correspondences with gestalt theory, and discusses the consequences for theoretical and practical use.

Hans-Peter Dreitzel, formerly professor of sociology at the Free University of Berlin and a practitioner of gestalt therapy since the 1970s, published a book entitled *Reflexive Sinnlichkeit I: emotionales Gewahrsein* (*Reflexive Sensuality I: Emotional Awareness*) in 1998. A revised version that appeared in 2007 was an important theoretical contribution in two ways (Dreitzel, 2007). The first part of this work is a precise elaboration of the Perls–Goodman model of the process of contact – first outlined in the last chapters of the founding text *Gestalt Therapy,*

Excitement and Growth in the Human Personality by Perls, Goodman, and Hefferline (1951) – also known as the cycle of contact or the contact wave, as the basic theoretical model which should guide the practice of gestalt therapy. He elaborates on the four phases of the contact process: pre-contact (becoming aware of a need or wish), taking up contact (orientating and reshaping), full contact (integrating, surrendering, experiencing pleasure) and post-contact (confirming). These four states of the contact process build on each other and are founded in each other. If one state is left out, needs as stimuli remain unclear, unfulfilled, and unassimilated. The second part of the book contains a phenomenology of human emotions in relation to gestalt therapy, which formerly did not exist in gestalt therapy literature. These two parts are embedded in a historical and sociological analysis of the problematic nature of our present socio-cultural environment to which gestalt therapy responds and in which it is rooted.

A book by Dreitzel (2004) attempted for the first time to develop an approach to diagnosis consistent with gestalt therapy theory, since it focused on the deformations of the contacting process between human beings and their environment rather than on the neurotic deficiencies of the personality. For instance, in Dreitzel`s view, narcissism or a narcissistic personality does not exist, but there are narcissistic processes mainly consisting of observable retroflections during the stage of full contact in the contacting process. Dreitzel refers to his book as a field guide for practitioners of gestalt therapy because this approach – which is illustrated by many tables and clinical examples – helps psychotherapists to orient themselves in the jungle of neuroses and focus their work on the specific points in the contact process where the patient experiences neurotic anxiety.

Other regular publications came from DGIK – *Gestalt und Integration* (*Gestalt and Integration*), the Centre for Gestalt Therapy Würzburg, Frank Staemmler and Werner Bock's Gestalt-Publikationen (Gestalt Publications), and the Gestalt Institute Cologne (Gestalt-critique). Frank Staemmler has several publications on gestalt theory and is chief editor of the American-based *Gestalt Journal*. Staemmler and Bock have also published several books, such as *Was ist eigentlich Gestalttherapie?* (*What Exactly is Gestalt Therapy?*) (Staemmler, 2009), which was an introduction to gestalt therapy and Staemmler and Doubrawa's (2003) *Heilende Beziehung: Dialogische Gestalttherapie* (*Healing Relationship: Dialogic Gestalt Therapy*). Authors who contributed to this latter book are Gary Yontef, Rich Hycner, Lynne Jacobs, Frank-M. Staemmler, Stephen Schoen, Renate Becker, Erhard Doubrawa, Heik Portele, and Erving and Miriam Polster. The articles all deal with the importance of the therapeutic relationship, the authenticity of contact, and the dialogical principle in gestalt therapeutic work based on the philosophy of Martin Buber. Another book by Staemmler and Bock (1991) was *Neuentwurf der Gestalttherapie* (*A New Outline of Gestalt Therapy*) in which the authors elaborate on Perls' concept of impasse and the five layers of neuroses.

One interesting development began through an encounter with Leslie Greenberg, professor of psychology at York University Toronto, author of "Emotion focused therapy" (Greenberg, 2006) who was invited to a conference by the IGW in 2003. Greenberg has carried out extensive studies on the effectiveness of classical gestalt

therapy tools such as the inner dialogue and work with the empty chair. Gegenfurtner and Fresser-Kuby (2006) published a book on the debate between gestalt therapy and Greenberg's approach, called 'Emotionen im Fokus' (Emotions in Focus). In this book, 13 different authors – Struempfel, Votsmeier-Röhr, Wulf, Greenberg, Rice, Elliot, Stauss, Boeckh, Winter, Mehrgardt, Schurrmann, Wolf, and Wiltschko – and the editors contributed their examination of the emotion-focused approach in contrast to gestalt therapy. They focused on different aspects, such as theory, research, epistemology, or practical issues. Most of the authors came to the conclusion that the Gegenfurtner and Fresser-Kuby approach presents a lot of interesting and inspiring overlappings that could be enriching to gestalt therapeutic theory. Greenberg's studies showed that enhancing gestalt therapeutic techniques with two chairs is very helpful in the therapeutic process of emotional change and healing. These techniques included the inner dialogue, where the client explores two aspects of inner impulses by changing chairs, or the conclusion of "open business" with an emotionally significant other by imagining the other person sitting in the other chair, and other experiments frequently used by gestalt therapists. He gives markers as to when to use which technique and so contributes to more structure in the therapeutic work. In his own school of psychotherapy, he draws from elements of client-centered therapy, gestalt therapy, and behavior therapy.

A very heart-warming book on gestalt therapy and spirituality is one by Pernter (2008). As a Catholic theologian and psychotherapist, he succeeds in describing gestalt therapy as a path to a very earthbound spiritual life. He describes an understanding of spirituality for modern man, which is based on contact and relatedness in the context of social responsibility of the individual and his environment. In his approach, he does not need to borrow from special spiritual or esoteric schools but concentrates on questions of responsibility, meaning, identity, experiences of amazement, concern, suffering, and connectedness. In the central chapters of the book, he describes gestalt therapy as a school for the art of life. Based on gestalt therapeutic concepts, the author analyzes spirituality as described by Erich Fromm and shows aspects of a successful passionate spirituality. Georg is Italian, but has published in Germany.

In the same year, a reader by Anger (Austrian) and Schulthess (German) was published (Anger & Schulthess, 2008). The authors of the chapters are from all three German-speaking countries. These included Wirth, Jossen, Ladisich-Raine, Bezić, Jansen-Estermann, Kerner, Anger, Schön, Holzinger, and Wimmer. Many German publications are a result of such cross-border team work. The book conveys the state of the art of gestalt therapeutic work with traumatized people examining the basic theory, methods, and practice of trauma therapy. Topics discussed are war traumatization, poverty and trauma, after-effects and symptoms of traumatization through sexual and physical abuse, dissociative fugue, trauma treatment with children, nightmares, and gender perspectives. Anja Jossen, for example, describes in a very intense way the therapy of a Bosnian woman. After her family was killed before her eyes, this woman and other young women were locked in a house by Serbian soldiers. She had to endure multiple rape and abuses.

When, finally, the whole group was killed, she survived just by chance and managed to escape to Switzerland, where she found her therapist through a social organization. Jossen describes the two-year gestalt-therapeutic process, and shows in a humble way how gestalt therapy through healing contact can help to overcome inhuman experiences.

Another English-language publication is a book by Bocian (2010). Using Fritz Perls as an example, this book recalls the representatives of an urban avant-garde culture who were driven out of Europe and found a new home in the USA. As mentioned above, the special cultural background and historical turbulences led Fritz Perls and many of his Jewish contemporaries to a socio-critical attitude that influenced humanistic psychology and especially gestalt therapy in the post-war era, in that the socioeconomic background and "zeitgeist-issues" (the field) in addition to the already existing innerpsychic themes have been considered important in psychotherapeutic work.

Two particular contributions to gestalt therapy and research are Petzold, Schigl, and Fischer's (2004) *Supervision auf dem Prüfstand* (*Supervision Re-examined*), in which he discusses the importance of a dialogical approach to supervision, and Hildegund Heinl and her son Peter's *Körperschmerz-Seelenschmerz, Psychosomatik des Bewegungsapparates, ein Leitfaden* (*Body Pain, Pain of the Soul, Psychosomatic Aspects of the Movement System, a Manual*) (Heinl & Heinl, 2008). Hildegund and Peter were orthopedic medical doctors and contributed important aspects to the gestalt therapeutic treatment of psychosomatic disorders. They focused on how certain body postures that lead to degenerative or painful orthopedic conditions have their origin in traumatic childhood experiences and give examples of therapeutic interventions based on heightened body awareness. For example, they describe typical postures of physically abused children, who tend to bend their spine and neck and look up at "authorities" from below, head down, or whose shoulders are pulled up in a posture of self-protection.

Research

As the pioneers are gradually aging and withdrawing, there are committed academics and practitioners (e.g., Uwe Strümpfel, Willi Butollo, and Hartmann-Kottek) carrying out research on the effects of gestalt therapy, and thus preparing the ground for academic approval.

Based on the latest findings in research, Struempfel (2006a) documents systematically the treasure that the experience of gestalt therapy is. He has gathered all relevant research results concerning therapeutic processes and impacts and also presents a fine selection of case studies and analysis. This way his book is not only interesting for researchers, but also offers relevant information for practitioners looking for literature on specific topics. He has not focused on German research, but describes worldwide studies.

In 2006, Struempfel published an English-language article "Research on gestalt therapy" (Struempfel, 2006b). This article presented an overview of process and

evaluation research in gestalt therapy. The author's starting point was the question: What does research show about the practice of gestalt therapy in relation to microscopic aspects of processes and macrocosmic dimensions? He also developed paradigms relating therapeutic processes to long-term effects of therapy. Finally, he discussed the differential effects of gestalt therapy from clinical evaluation studies, including comparisons with other psychotherapeutic treatments.

Struempfel's (2004) findings demonstrated that the effects of gestalt therapy are comparable to other forms of therapy or even better. This proved to be true also in terms of long-time effects. A series of efficiency studies showed that depressive symptoms were diminished and personality development was improved after completion of treatment. Furthermore, follow-up studies after four years confirmed these results. Psychiatric patients showed significant improvement in personality dysfunctions, self-esteem, and interpersonal relations. They also found the therapy to be very helpful. Finally, he found that gestalt therapy and gestalt-based forms of process-experiential therapy have proven to be highly effective methods, especially in the treatment of emotional disturbances in different stages of severity of psychopathological disorders.

A study on dream work by Gegenfurtner (2006) examined thirty therapy sessions of seventeen gestalt therapists. She focused on how gestalt therapists today work on dreams in comparison with the original founders. For instance, she showed that telling the dreams in the present is a technique that the founders used and which is still used by practitioners today in order to intensify the experience in the here and now. Identification was also used in most of the actual sessions of the study, though in a selective way, which means that today's therapists used less identifications, mostly one or two, but explored them more intensively, while the founders often let the patients identify with many or all aspects of the dream. In earlier dream work by the founders the patients were often asked to retell the dream from the perspective of the identification, which is no longer standard these days. In today's sessions, clients are more often asked to explore the projective part of the dream.

One part of Gegenfurtner's (2006) study was to examine gestalt therapeutic theory on dreams. She found that the dream often mirrors constellations of relationships with significant others and cannot merely be understood intrapsychically, the way Fritz Perls saw it. Although the use of interpretations was denounced by Perls in order to support self-exploration, interpretations were sometimes given as possibilities even by Perls. She further found that the dream sometimes showed aspects of the therapist–client relationship.

Using case studies, Butollo, Krüsmann, Hagl, and Maragkos (1998) did extensive work on trauma therapy. Their book presents trauma treatment as a combination of gestalt therapy and behaviour therapy. It also gives research data on its effectiveness. Butollo and Maragkos found that gestalt therapy appeared to be very effective in the psychotherapeutic treatment of trauma, especially in a combination with behavior therapeutic methods.

Hartmann-Kottek (2004) published a very interesting, systematic book on gestalt therapy and theory. She gives basic information on philosophy, definition,

and therapeutic effects, as well as on methods, skills, and experiments. She gives an overview of settings of applicability and proofs of efficiency. For example, she found that the positive effects of gestalt therapy in affective disturbances are twenty-five to seventy-three per cent (dependent on the scale) higher than in client-centered therapy. She also describes the political situation in Germany and training institutes.

Future Challenges

The major challenge is for gestalt therapists to obtain scientific acknowledgement under the German governmental psychotherapy law. An application has been filed. In the case of acceptance, gestalt therapy would certainly gain in status and, consequently, might draw more students to the training institutes. Institutes are asked to observe the standards of the EAGT so that trainings will be comparable, and students can get accreditation across the borders of Europe. An eminent challenge is to stay true to the original creativity, liveliness, and authenticity that makes gestalt therapy so special, and, at the same time, to obey the scientific, ethical, and didactic standards that have to be expected of a modern school of psychotherapy.

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11

Gestalt Therapy in Greece

Despina Balliou, Katia Hatzilakou, Antonia Konstantinidou, and Yianna Yiamarelou

Brief History

Traditionally, psychiatrists, social workers, nurses, and occupational therapists worked in the area of mental health in Greece. It was only in the early 1990s that the first psychology departments were created and established in state universities. Prior to this there were some psychologists and psychotherapists – all of whom were trained abroad – working in Greece (mainly in Athens and Thessaloniki). The mental health profession in Greece started to change dramatically as psychology and psychological thinking entered the field of the helping professions.

In the beginning, interest in the gestalt therapy approach was not great since psychoanalysis was already strongly established in Greek society. Gestalt therapy was introduced very late in Greece and developed in conjunction with psychology and psychotherapy. The first pioneers who were trained and educated in Europe and the USA (Despina Koveou and later Toula Vlachoutsikou) "imported" gestalt therapy through workshops and lectures in the late 1970s. For approximately ten years gestalt therapy seemed to be an individual choice for people and was practiced mainly in the private offices of some psychotherapists. But there were also many cases of health professionals (doctors, psychiatrists, psychologists) who were actually familiar with gestalt therapy in an experiential way (as well as with individuals who were undertaking it for their personal growth or who were working on the topic in state hospitals).

The picture started to change in the 1990s when training programs were established and their leaders started to offer systematic training according to the training and ethical standards of the European Association of Gestalt Therapy (EAGT). The preference of many graduate psychologists and other mental health

Gestalt Therapy Around the World, First Edition. Edited by Eleanor O'Leary.

professionals to undertake training in gestalt therapy changed its status in the "field." The focus on high-quality training gave a solid base for the expansion of this approach and its application. From a not so well-known and respected approach, it became well represented in terms of quality and competence, in no small part due to the training criteria that resulted in mental health professionals choosing to train in gestalt therapy.

After approximately ten years of systematic training, there are now many gestalt therapy practitioners throughout Greek society, in different settings such as mental health hospitals and centers, public counseling services, schools, and social organizations in many cities. Many Greek gestalt therapists offer professional and/or voluntary services in new areas and, thus, slowly open ways for innovative professional activity. Most mental health professionals know something about gestalt therapy irrespective of their approval or disapproval of the therapy itself. More and more people and organizations have begun to speak of gestalt therapy and its applications.

A number of initiatives have led to the greater visibility of gestalt therapy. In the early 1990s, Eleanor O'Leary began teaching gestalt therapy and conducting workshops with trainee clinical psychologists at the University of Crete. In 2006, an experiential workshop aimed at sensitizing educators on matters of conflict resolution in school grounds based on human rights according to gestalt therapy principles was held under the auspices of the Hellenic National Commission for UNESCO, in Athens and Thessaloniki. In 2007, the Ninth European Conference of Gestalt Therapy: Exploring Human Conflict was organized under the auspices of EAGT, the Hellenic National Commission for UNESCO (Athens, Greece), the Hellenic Ministry of Culture, and the support of the Greek Association for Gestalt Therapy. This conference of over 500 participants had a strong impact on Greek psychologists and played a significant role in the promotion of gestalt therapy in Greece. From 2003 to the present, there have been presentations in conferences by trainees and trainers of the Gestalt Foundation, Psychotherapy & Training Centre (henceforth referred to as the Gestalt Foundation) which is based both in Athens and Thessaloniki, Greece, and the Greek Association of Alzheimer Disease and Relative Disorders. From 2005 to the present, there have been various presentations in conferences of the Greek Multiple Sclerosis Society relating to gestalt therapy with patients, care-givers, and volunteers in the field of multiple sclerosis. In 2006–2007, at the Tenth and Eleventh Hellenic Conference of Psychosocial Oncology in Athens, there was a group presentation on the subjects supporting quality of life after cancer by the Volunteers Gestalt Training Programme for Cancer Patients – Friends & Doctors Association of Athens and Psychological Support Groups Meaning Making and Quality of Life Path. The above-mentioned presentations corroborate the assumption that gestalt therapy is indeed effective in the field of mental health, and they also reinforce the status of the gestalt approach within the academic and therapeutic society.

Gestalt therapy has gradually started to attract professionals and other individuals who are highly motivated to work experientially in a way that gives emphasis to direct experience, here and now, awareness, active experimentation,

catharsis, and other similar concepts that are exciting and shocking to a conservative well-established psychotherapeutic environment. Nowadays, there are many competent gestalt therapy practitioners who advertise their services in self-awareness activities (lectures, workshops, seminars, individual and group therapy) through the press and internet. New psychotherapeutic centers are named in their door labels and professional cards by words such as figure–ground, creative interaction, contact, organismic self-regulation. This has resulted in gestalt therapy terms becoming familiar in the Greek language. Gestalt therapy terms, phrases, and books are starting to be used in newspapers, magazines, and television shows.

Theoretical Contributions

The first ever translated gestalt therapy book in the Greek language was the *Gestalt Approach: Eye Witness to Therapy* by Fritz Perls (1973). Translated in 1989, it was published as two separate books: *Eye Witness to Therapy* and *The Gestalt Approach*. The translation of these books emerged from the need to introduce gestalt therapy to the Greek community since up to then gestalt therapy had been barely known in Greece. Both books emphasized covering the existing "gap" in the Greek field of psychotherapy. The translator of both books was George Diplas, one of the five basic co-trainers of the Gestalt Foundation. In 1995, O'Leary's (1992) book *Gestalt Therapy: Theory, Practice and Research* was translated into the Greek language by Joannis Nestoros and Nikitas Polemikos. The main gestalt therapy bibliography in the Greek language for the past years consisted of the three above-mentioned books.

Since November 2004, the center (Gestalt Foundation) has published a semiannual newsletter (in April and November) entitled *Gestalt Foundation News* with theoretical texts, opinions, interviews, book reviews, and news of the center. Hatzilakou (2003) reviewed Roos's (2002) book *Chronic Sorrow in the Gestalt Review*. Chronic sorrow, as defined by the author, is "a natural grief reaction to losses that are not final, but continue to be present in the life of the griever and is neither clinical depression nor chronic grief" (pp.171–173). Roos also describes this feeling of endless loss as a "living loss" that persists until the person with the chronic condition has died. The book *Chronic Sorrow* is an invitation and a challenge to the reader to "peel the onion," as Perls used to say, and it offers a unique opportunity for contact with a process of acceptance, personal growth, and change – the acceptance that Buber (1951) describes as faith in the process.

Hatzilakou (2005) wrote the chapter "The meaning of 'presence' – gestalt therapy and dementia" in the book *Dementia: A Medical and Social Challenge*. This chapter emphasized the therapeutic power of the here and now, presence, dialogue, the acceptance of differences and human contact, and how the principles of gestalt therapy can be applied to patients who face unfinished business issues from the past, loss of control, unresolved conflicts, spirituality, and even life's review. The chapter is a written presentation of working in a group with people

who suffered from Alzheimer's disease by using the gestalt therapy approach, and was a project organized by the Gestalt Foundation and the Greek Association of Alzheimer Disease and Relative Disorders.

In 2007, Nevis's (2000) book *Gestalt Therapy: Perspectives and Applications* was translated into the Greek language under the editorship of Yiamarelou Yianna. The book analyzes the basic principles of gestalt therapy theory and also presents the dialogue that has developed over the past years on the relationship between gestalt theory and therapy. It brings into focus the diagnosis of mental health problems according to gestalt therapy, as well as issues and difficulties that occur in different phases of the therapeutic process. There are also applied examples of the use of gestalt therapy with alcoholics, psychotics, children, and couples. Finally, the book considers the application of the gestalt therapy approach to the therapeutic community field, by distinguishing possibilities that are offered, not just with individuals but also with groups.

The next steps for the members of the Gestalt Foundation, as far as new publications are concerned, include the editorship and the translation of other important gestalt books, including the first Greek book about gestalt therapy.

In recent years, Greek publications on gestalt therapy have constantly been enriched. Examples include Evans, R. and Gilbert (2003), Evans and Gilbert (2006), Bucay (2007, 2008, 2009), Bucay and Salina (2009) and Spinelli (2009). Evans and Gilbert's (2003) *Supervision in the Helping Professions* provides clear guidelines for effective clinical supervision from an integrative perspective, while describing and illustrating how the supervisor monitors, instructs, models, consults, and supports the supervisee, all within a context of respect and empathy.

Evans and Gilbert's (2006) book entitled *Introduction to Integrative Psychotherapy* supplies the reader with a framework of integrative principles and concepts; a framework based on a relational flexible model for a creative and authentic life. The meaning of the "I–Thou" relationship is also highlighted, which is a vital point in the healthy development of self-realization.

Since Bucay's (2007) *Stories for Thought* was published in Greek, a wider group of readers, a new public we might say, became familiar with gestalt therapy through the allegorical stories of the author. It was the first time that a Greek gestalt therapy edition was addressed to more than health professionals, such as gestalt therapists, psychologists, social workers, and psychiatrists, and it had a great impact on Greek readers. *Stories for Thought* was followed by *Count on Me* (Bucay, 2008), *The Road of Self-Dependence* (Bucay, 2009a) and, the latest, *Loving Oneself with Open Eyes* (Bucay, 2009b). Almost all of these books became best sellers in the Greek market and widened and promoted the gestalt therapy approach to a new group of everyday people.

Spinelli's (2009) *Interpreting the World: Phenomenology in Existentialism and Psychology* is a classic introduction to phenomenological psychology. By making it easy to understand through avoiding any exaggerated expressions, the author traces the philosophical roots of the theory of phenomenology and presents the phenomenological approach applied to basic psychology matters, such as concept,

social understanding, and self. The author also formulates the rules of phenomenological research and their application to the therapeutic process.

Research

Although the field of research in gestalt therapy is quite "young" in Greece, there are two significant research projects that have been completed.

A research study by Hatzilakou *et al.* (2009) investigated how gestalt therapy principles and methods affected the members of a therapeutic group (eight members at the beginning and seven afterwards) who were caregivers of patients with dementia or Alzheimer's disease. The group consisted of four men and three women. The group program was composed of twenty-three sessions (2008–2009), which were held within the structures of the Greek Association for Alzheimer's Disease and Related Disorders. The group coordinator was a gestalt therapist and the researchers (all graduates and/or trainees of the Gestalt Foundation) were divided into two separate groups. The task of the first group, which consisted of three observers and five analysts, was to conduct qualitative research with the aid of a voice recorder which recorded all sessions. The task of the other group, which comprised two researchers, was to conduct quantitative research. All the participants completed the Zarit Burden interview – short form (Bédard *et al.*, 2001) and a customized group satisfaction questionnaire by Giaglis and Makridou (2009), the two researchers of the second group, once before the end of the group and once five months later. The latter questionnaire can be handed out in any public service. Hatzilakou and Finlay were the two supervisors who were responsible for the coordination of the investigators and the results.

Thematic analysis of the sessions' transcripts yielded three major themes: being trapped in responsibility and duty towards the person with dementia and neglecting their self and needs; suppression of feelings; and denying their own needs and neglecting their bodily senses. Evidence for the first theme was apparent in that members used the first person plural ("we" instead of "I") when referring to events and feelings of the past or present that had to do with the person with dementia. They referred to their spouse or mother as "the person I am responsible for," not by name or relationship. When experiencing negative feelings, the members suggested that, "of course it is not the person that says it, it is her/his disease."

The intervention consisted of directions to speak in the first person singular ("I" instead of "we") and focus on how a certain fact was perceived personally by the members so that they would start taking responsibility for their own feelings and needs. Results showed that although the tendency of the group members to use the first person plural continued throughout all of the sessions, members followed instructions and were fascinated with the freedom to speak about their own needs and feelings.

With respect to the second theme, suppression of feelings, all members constantly suppressed their feelings either because they did not want to upset their spouses or they were convinced that their spouses had no responsibility over their

attitudes and behaviors, or because they did not want to upset the rest of the family, in particular their children's lives. The intervention consisted of directions to acknowledge their own feelings, connect them with bodily reactions, accept their authenticity, and share them with other group members. Results indicated that normalization and acceptance of feelings can help or lead to diminishment of feelings of loneliness.

With respect to the third theme, denying their own needs and neglecting their bodily senses, games and relaxation techniques followed by specific instructions to increase sensitivity of senses, such as touching the body, breathing, and feeling of pain, were employed. Results indicated that members had feelings of increased control over their behavior and deep understanding that in order to care for others it is important to care for themselves. All members started immediately, dedicating several minutes each day to practicing some exercises. Some practiced together with their spouse. Members became more aware of their own pains and more connected with their own feelings, which helped in the acceptance and/or denial of their physical needs.

The research demonstrated that a gestalt psychotherapy support group was perceived as satisfactory, effective, and flexible by the participants and carers of Alzheimer patients. It focused on self-care and reconnection with bodily senses and their own feelings.

Alexaki *et al*. (2010) investigated clients' and therapists' perceptions of discussing sexual issues in gestalt therapy. Since sexual activity is considered to be an essential form of human expression, an integral facet of a person's identity, and a reliable indicator of physical and mental health, the authors held that discussing sexual issues should also have a discrete place in gestalt therapy in spite of cultural or other barriers that traditionally hinder open sharing of sexual experiences. They explored therapists' and their clients' experiences of discussing sexual issues in gestalt therapy. Eighty-seven therapeutic dyads participated in the study. The therapists were all certified gestalt therapists with at least three years of experience Each therapist had no more than five clients and there was no limit regarding the phase of the therapy in which the clients were. The clients' ages varied between twenty and fifty-seven and their presenting problems ranged from depression and anxiety to personal loss, or need for personal development. The participants (a total of 174 persons) were administered a questionnaire with two discrete parts, one for those who had discussed and explored their experience of sexual issues in therapy and one for those who had not, but had explored possible barriers.

The results indicated that the sixty-one clients who had discussed sexual issues felt understood and accepted by their therapists and perceived them as non-judgmental and at ease in discussing sexual issues. Overall, clients acknowledged that the discussion(s) were very helpful and they received valuable support, especially by processing their feelings in relation to their sexual behavior. The twenty-six clients that had not discussed sexual issues gave priority to working with other issues which felt more important and claimed that working with those issues helped them indirectly with their sexual life. They also felt that the therapists would be open and non-judgmental in discussing these issues in the future. The

only barrier that marginally stood out was shame. In other words, some clients (approximately thirty per cent of the twenty-six) identified shame as a factor that stopped them from sharing their sexual difficulties in therapy. None of the therapists' personal characteristics (age, gender, sexual orientation, or family status) seemed to influence clients' decisions in bringing sexual issues to therapy. In terms of the agreement between clients and therapists, there were only a few items where clients' and therapists' answers varied significantly. Examination of those differences revealed that, in comparison with the perception of their clients, therapists either overestimated the power of barriers (e.g., shame, feeling on edge, being judged) or underestimated the degree of support and acceptance shown to their clients. In terms of future research, more thorough investigations should be carried out to explore the process in which gestalt therapists integrate discussion of sexual issues in therapy and, in terms of clinical practice and training, it is important to understand and analyze the therapists' possible lack of confidence when they discuss sexual issues in gestalt therapy.

Training Initiatives in Greece: Past and Present

Training in gestalt therapy was started in Greece by Despina Koveou (the first delegate from Greece in the early stages of EAGT) at the beginning of the 1970s and later by Toula Vlachoutsikou in the 1980s with lectures and two-day workshops aimed at giving an opportunity to individuals who were keen to "work" experientially and, at the same time, to become familiar with gestalt therapy.

During the 1980s there was only one center of gestalt therapy, the Gestalt Training Centre, founded by Toula Vlachoutsikou, who had been trained in Germany and in the USA by the Polsters. This center started ongoing experiential workshops, in the form of weekends or marathons, aimed at the training of gestalt therapists. Trainers and therapists – mainly from Germany – were invited for this purpose. There were no specific training criteria or screening. Learning and training depended mostly upon experiential "work" – hours of experiential "work" beyond belief. On the other hand, theoretical instruction was very poor. This was not surprising given the dearth of books and articles.

At the time of its foundation in 1998, the basic suggested bibliography of the Gestalt Foundation training program was in English and, among others, included the books *Gestalt Therapy: Theory, Practice and Research* by O'Leary (1992), *Gestalt Approaches in Counseling* by Passons (1975), *Gestalt Therapy: Excitement and Growth in the Human Personality* by Perls, Hefferline, and Goodman (1951), *Gestalt Therapy Integrated* by Polster and Polster (1973), and *Creative Process in Gestalt Therapy* by Zinker (1977). Nowadays, this list is constantly updated and enriched by European and international publications following the standards of EAGT.

Therapists who have been trained in this "old" way have the philosophy and the essence of gestalt therapy written on their skin since gestalt therapy is an experiential approach. Learning derives from experience, and knowledge is created through experience's transformation (Kolb, 1984). Trainees were encouraged to

bring their personal experiences to the group, and through awareness and contact acquire knowledge of the therapeutic process. But the question emerges: how can trainees learn how to operate in the therapeutic process with their client simply by getting in contact with their issues, by observing and expressing their thoughts, their senses, their feelings? Obviously they cannot. That is why the need for more organized and structured training with specific criteria arose in Greece as in other countries in Europe.

The last ten years of training in gestalt therapy were provided according to EAGT criteria. The Gestalt Foundation offers well-organized training programs aimed at providing a deep knowledge of the theory and methodology of gestalt therapy and implementing this knowledge in trainee's professional practice so as to develop a personal style of work. Apart from professional skills, an important part of the training involves personal growth. There are selection criteria for the trainee's entry into the training group (i.e., BA in the field of mental health professions). The Gestalt Foundation is the only training institute accredited by EAGT that offers gestalt therapy training in Greece.

There are four separate training years and the training groups remain closed until the end of the training. Training is and remains experiential, but the goal is the trainee's training and not the trainee's therapy. Each training year has to cover specific topics in gestalt theory according to EAGT's core curriculum (i.e., roots of gestalt therapy, awareness, contact, interruptions to contact, phenomenology, field theory, theory of self, experiment, dreams, and diagnosis). In addition, seminars are held concerning diagnosis, psychopathology, personality disorders, and concepts which were taboo in the "old" gestalt therapy. Trainees are also obliged to do assignments, written and oral presentations, and case studies, as well as submit their thesis at the end of their training. There is also ongoing student evaluation.

As far as training methodology is concerned, there is a decreased use of stereotypic techniques, an increased emphasis on phenomenological dialogic methodology, and an increased use of group process. Furthermore, the Gestalt Foundation has developed a voluntary community work as part of the clinical practice of its trainees. Voluntary work is part of the Gestalt Foundation's goal concerning society involvement. This gives the possibility to trainees of working with different populations. In this manner, trainees become socially responsible.

Gestalt Therapy Associations and Societies

The Greek Association of Gestalt Psychotherapists (a scientific and non-profit organization) was founded in June 2002 in Thessaloniki. The association sought to answer the need to bring together individual gestalt psychotherapists, gestalt educational centers, and gestalt organizations that have been active in Greece for many years. The Greek Association of Gestalt Psychotherapists is the only official Greek representation of gestalt therapy in the EAGT and has the legal form of a union; that is, it is a scientific and non-profit organization.

Even though the Greek Association of Gestalt Psychotherapists was founded in 2002, certain training institutes were the first official societies that supported and promoted gestalt therapy in Greece from the late 1980s until the late 1990s. Starting from the late 1980s and early 1990s, Toula Vlahoutsikou was the first gestalt therapist who tried to establish a full training program and trained many of the pioneers in gestalt therapy. The first training institute, the Greek Gestalt Psychology and Training Centre, became the first pool where many of the later therapists and trainers encountered gestalt therapy. In the late 1990s, this center ceased to exist and two new training institutes emerged. The Greek Gestalt Centre on Training and Methodology founded in 1998 by Toula Vlahoutsikou operated until 2006, while the Gestalt Foundation, founded in 1998 by the new generation of gestalt therapists and trainers (Yianna Yiamarelou, Despina Balliou, Katia Hatzilakou, and Antonia Konstantinidou), still operates as a fully recognized institute by the EAGT and both the European Association for Psychotherapy (EAP) and the National Organization of Psychotherapy in Greece. Until 2002, the training institutes functioned as poles of interaction, education, personal growth, and practice in new settings.

The growing number of gestalt therapists created the need for an institution that would represent and unite all Greek gestalt practitioners. In 2002, the Greek Association for Gestalt Therapy was founded by the following experienced therapists: Agapi Athanasiadou, Despina Balliou, Maria Farmaki, Demetra Georgosopoulou, Adam Harvatis, Katia Hatzilakou, Ksenia Kanavitsa, Lena Karanassou, Irene Kiletsi, Antonia Konstantinidou, Richard Lompa, Katerina Manolaki, Sonia Neroliatsou, Antigone Orfanou, Sofia Retsiani,† Harm Siemens, Margherita Spagnuolo-Lobb, Yianna Yiamarelou, and Mersina Zografou, all of whom decided to follow EAGT training and ethical standards. Ever since, the association has gathered and connected gestalt therapists from all over Greece in order to co-create and promote the identity of gestalt therapists in the here and now of Greek society.

Nowadays, there are some private centers in counseling and psychotherapy with two to four gestalt therapists who share common goals and programs, as well as other private practices on gestalt therapy. The above-mentioned centers are Figure and Ground, Thessaloniki (founded and operated by Kiletsi Erini, Triantafillou Kerasia, Triariko Mariangela, and Zografou Mersina and now directed by Triantafillou Kerasia and Zografou Mersina), the Counselling and Psychotherapy Centre, Thessaloniki (directed by Siampani Katerina and Zioga Demetra), the Gestalt Institute for Therapy, Thessaloniki (directed by Ioannidou Maria and Triariko Mariangela), and the Gestalt Approach – Psychotherapy and Training Centre, Athens (directed by Papadopoulou Evrope). There are also a few public services where mental health professionals practice gestalt therapy. Moreover, there is frequent co-operation among gestalt therapists based on personal relationships and a common training background, mainly in Athens and Thessaloniki. Finally, there are many centers that promote a "holistic" approach and include, in one way or another, the gestalt therapy approach.

Future Challenges

Gestalt therapy has dramatically developed in the last ten years in Greece, through the establishment of training, supervision and continuing education. There are many competent gestalt therapists who follow the ethical guidelines of EAGT (European Association of Gestalt Therapy), GAGT (Greek Association of Gestalt Therapy) and EAP, and many pioneers who expand the gestalt therapy approach beyond psychotherapy, in schools, hospitals, social centers, community services, and mental health settings.

Gestalt therapy has been very warmly accepted by the majority of Greek people who encounter this approach. Their feedback shows by the enthusiasm of their response in recent years that they have found this approach familiar and meaningful to their temperament. Since gestalt therapy exists in so many different settings and organizations, there is a further need for enrichment through special training, continuing education and supervision, and exchange among practitioners. In this way, Greek gestalt therapists can keep their creativity and spontaneity alive while remaining, at the same time, competent and responsible in their working for the welfare of clients and adapting to future challenges.

The foci of future plans regarding the development of gestalt therapy in Greece could be directed towards the fields of research, academic recognition, publications, and professional status. In all fields in which gestalt therapy is applicable, assessment, diagnosis, effective treatment outcome, and demands for brief, focused interventions are prerequisites for the social establishment of gestalt therapy in schools, hospitals, and mental health centers. Although there are some typical examples of research on the application of gestalt therapy in case studies (with people suffering from illnesses such as Alzheimer's, borderline personalities, post-traumatic stress disorder, or panic disorder), qualitative research needs to be undertaken on the psychological effect of psychological sibling abuse on adult survivors and the application of gestalt psychotherapy on people diagnosed with schizophrenia in psycho-traumatic settings. Gestalt therapy needs to be supported through more research and effective co-operation with universities and scientific communities in Greece in order to enhance its academic recognition. Publications and Greek translations need to be increased in order to inform Greek people of the efficacy of gestalt therapeutic interventions in a variety of settings. The professional status of gestalt therapists in every possible social setting and organization needs to be continued in order to create a strong professional community.

All of these plans are possible in Greece since training standards are very high and Greek gestalt therapists are considered overqualified and competent in many fields, such as psychiatric settings, mental health centers, private practice, social settings, and institutes. Nevertheless, much still remains to be done. For example, there is a research project in progress endorsed by the Association for Advancement of Gestalt Therapy referring to the effectiveness of gestalt therapy. Gestalt therapy has been introduced to Greece under optimal conditions, which include the experiential quality of Greek culture, professionals' needs for exploration of other

approaches apart from psychoanalysis and behaviorism, and the establishment of the psychotherapeutic profession. The challenge is to expand in the best possible way. The spirit of a European and universal orientation opens a window to this future expansion and growth of gestalt therapy.

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12

Gestalt Therapy in the Republic of Ireland

Eleanor O'Leary

Ireland has had many names. The Romans knew Eire, its official Irish name, as Hibernia. The Emerald Isle, a romantic epithet for what was then a United Ireland, first appeared in a ballad by William Drennan of the Belfast United Irishmen in 1795. On returning to Ireland from a visit to arid places such as Arizona or Egypt, a person would appreciate the *Forty shades of green* about which Johnny Cash sang in 1961.

The country, which sits on the western edge of Europe, has a population of slightly more than four and a half million (Central Statistics Office, 2012). An astute Minister of Education, Donogh O'Malley (1966–1968), instituted free secondary education, which significantly increased participation in education. This was accompanied in the late 1960s–early 1970s by educational experiment and reforms, particularly through the establishment of community and comprehensive schools and the broadening of subject choice in all secondary schools. To support these developments, the role of career guidance teacher (subsequently formalized as guidance counselor) was created in schools. Postgraduate training in guidance counseling was established for teachers. Such training stimulated an interest among academic staff and guidance counselors in different counseling approaches and eventually led to a first step in training in gestalt therapy in the 1980s.

The Beginning of Training

From the beginning, the training focus in Ireland was on personal growth, theory, skills development, and clinical practice. During the early to mid 1980s, under the leadership of Maria Huss, Joan O'Leary, and Hank O'Mahony, as well as me, training courses were conducted in Cork and Dublin. Two training programs

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were initiated in Cork, one at the Cork Counselling Centre by Maria Huss and the other at the Counselling and Health Studies Unit (CHSU) of the Department of Applied Psychology, University College Cork (UCC), by me. The Irish Gestalt Centre in Howth, Dublin, offered training programs led by Joan O'Leary and Hank O'Mahony. During the 1970s, the Gestalt Institute of Los Angeles conducted workshops in Europe that were attended by Irish counselors.

In 1985, the Cork Counselling Institute was founded by Maria Huss, who had trained with the Fritz Perls Institute for Integrative Humanistic Gestalt Therapy in Dusseldorf, Germany, and with Erving and Miriam Polster at the Gestalt Institute of San Diego. A two-year training program was offered in the core concepts of integrative humanistic gestalt therapy. The training consisted of weekly meetings of three hours' duration and residential workshops. Theory, skills, and personal development were covered as part of the course. The training course in gestalt therapy ceased in the late 1980s.

For a period of almost twenty years (beginning in 1985) the staff in CHSU offered a year-long Certificate in Personal Development based on gestalt therapy theory and practice. This certificate was followed by what was initially a two-year Diploma in Gestalt Therapy and then became a postgraduate (Higher) Diploma of the National University of Ireland (NUI), Cork, in 1993. In the same year, the Diploma in Counselling became a postgraduate (Higher) Diploma in Counselling. Entry to all courses was based on interviews, references, and experience and the courses were founded on gestalt therapy principles which informed the theoretical approach, practical skills training, experiential group work, and clinical work. I was the Course Director of these initiatives, and the main Course Organizer for both courses for a considerable number of years was Kevin O'Connor (both gestalt therapists). Other key contributors in the founding years included Mary Slattery, Kathleen Fitzgerald, and Elizabeth Behan.

Two hundred and thirty-four students received the postgraduate (Higher) Diploma in Counselling during the period from 1995 to 2006, while thirty students obtained the postgraduate (Higher) Diploma in Gestalt Therapy between 1995 and 2004. The disparity in numbers is not surprising, in that a foundation course was a compulsory part of the latter, resulting in at least three years of training, whereas a foundation course was optional in the case of the former. Successful diplomates had the option of proceeding further to a Masters in Gestalt Therapy or a Masters in Counselling.

An interesting development undertaken in 1992 was an approach by the Amani Centre, Nairobi, to the Department of Applied Psychology, UCC to have their Diploma in Counselling recognized by the university. The Amani Centre is a well-established and highly respected counseling training center. As Director of CHSU, I went on a fact-finding visit regarding the proposed initiative to ensure that the existing diploma at the Amani Centre could meet the requirements of UCC. Subsequently, the Amani Centre adopted and ran the postgraduate Higher Diploma course following the same program and assessment protocols as the students in Cork. The diploma had two parallel groups of students: one based at CHSU at UCC and the other at the Amani Centre, Nairobi. The first Director of

Training in Amani was Leonie Boland, while Director of the Centre was Margaret Meck, who had a PhD from the University of Heidelberg. Over the subsequent thirteen-year period, one of three members of staff attached to CHSU (Kevin O'Connor, Anne Prendergast, and me) went yearly to Nairobi, during which time they reassessed work already marked by staff of the Amani team. This work was subsequently reviewed by the external examiner in Cork before the students obtained an NUI postgraduate (Higher) Diploma at UCC.

In 1994, I invited gestalt therapist and supervisor at CHSU, Deirdre O'Shea, to take up an appointment for three months at the Amani Centre to teach students facilitation in gestalt therapy. The importance of Deirdre's work lay in the fact that no such training initiative in gestalt therapy had occurred before her arrival in East Africa.

Kevin O'Connor commented that the students at the Amani Centre "were well organized, quickly adapted to the experiential approach in training and consequently, explored the resources which they possessed as persons. In addition, many returned to their local districts to provide much needed counselling services within their own communities. The experiential nature of the diploma courses was appropriate as it satisfied the Kenyan's counselling development need for a recognised university ratified qualification and the traditional view that a person's suitability within the community is based upon their personal qualities, skills and knowledge" (K. O'Connor, personal communication, June 5, 2011). Subsequent to graduation, the students at the Amani Centre later founded the Kenyan Association of Counselling.

Parallel in time to the work in Kenya was my involvement as the only gestalt therapist in the training team of the European Diploma in Psychological Therapies of the European Institute of Psychotherapy. The principal beneficiaries were students in the Masters in Clinical Psychology program at the University of Crete who participated in multiple five-day gestalt therapy workshops. These workshops included the theory of gestalt therapy and inferential group work. Some students from the University of Jyskyla (Finland) also attended. As part of the European Erasmus program, I taught and conducted gestalt therapy workshops at the University of Salamanca for a number of years. An interesting feature was the inclusion of students from South America, which provided an added-value dimension in the exposure of the Spanish students to their South American counterparts. In 2010, as part of the Diploma in Integrative Psychotherapy of the European Institute of Integrative Psychotherapy, I conducted gestalt therapy workshops at the University of Crete (Athens) and Cyprus.

The creators of the Diploma in Gestalt Therapy based in the west of Ireland were Kathleen FitzGerald (a clinical and counseling psychologist and gestalt therapist) and Josephine Hanrahan (a counseling psychologist and gestalt therapist). Both obtained their postgraduate qualifications from NUI (Cork). In addition, they trained with the Gestalt Associates of Los Angeles, while Kathleen also completed advanced training with Erving and Miriam Polster in the Gestalt Center, San Diego, California, in 1993.

The diploma operated under the aegis of Pro-Consult, Institute of Professional Counselling and Psychotherapy, Galway. The three-year program started in 1999

and finished in 2002. Entrants to the program had completed prior training in counseling or psychotherapy. The training involved in-depth gestalt theory and skills training, including the supervision of actual clinical work over time, and extensive personal development. Clinical placements were supervised by qualified gestalt therapists. Additional workshops on specialized topics were presented by external trainers who were gestalt therapists. The external examiner to the course was Kevin O'Connor (CHSU).

A Diploma in Counselling was offered at Kerry Counselling and Training Institute until 2011. This diploma was previously run by Kerry Counselling Centre. The diploma had a clear gestalt therapy approach in its experiential group work, skills practice, client work, and teaching of the theory of gestalt therapy. All core trainers had qualifications in gestalt therapy training, having graduated with the postgraduate (Higher) Diploma in Gestalt Therapy (UCC). The three-year diploma commenced in 1997. The Director of Training was Anne Kelliher PhD (Psychology). Members of the training team were Mary Murray, Carmel O'Donovan, and Anne Kelliher.

Present Training

The Irish Gestalt Centre was established by Joan O'Leary and Hank O'Mahony in Dublin. The center evolved through the years, graduating over 180 therapists.

In keeping with their vision, courses were designed to deliver experiential training in gestalt therapy within a mixed, residential learning community where equal emphasis was given to the development of the person of the therapist, the dialogical relationship with the client, and the theoretical ideas and concepts underpinning gestalt therapy. This balance of key elements of gestalt therapy training and the contextualization of experiential learning within a learning community continue to be cornerstones of the Irish Gestalt Centre's training programs.

The residential aspect of the programs combined with the integration of students, who are at different stages of their development and at different levels of training, is fundamental. This allows more inexperienced students to learn alongside more experienced ones. The cross-fertilization of ideas, support, and challenge has, over the years, proved an effective, holistic, and rigorous training forum. The program is accredited by the Irish Association of Counselling and Psychotherapy. It has also developed a residential personal development program over nineteen days which operates in three blocks over one year. This program is designed for those wanting to explore their own development through gestalt therapy and is popular with practicing therapists as well as those new to therapy. The Personal Development program is a prerequisite foundation year for entry into the training program. The center provides training in group facilitation and clinical supervision and short workshops on specific issues, accesses internationally renowned facilitators and has a thriving postgraduate community. Currently, participants in the center consist of those doing the Diploma program, the Personal Development program and the Post-Practicum program for recent

graduates. In its entirety, training in the Irish Gestalt Centre continues for seven years on a part-time basis.

The Dublin Gestalt Centre was founded in 1993 by Kay Ferriter and Judy O'Hanlon. Claire Counihan joined them in 1994. Kay, Judy, and Claire trained with Vincent Humphreys and Marvin and Netta Kaplan of Nof Yam, Israel. The Dublin Institute of Gestalt Therapy was founded in 1992 by Vincent and, in the same year, the Kaplans and Vincent gave the first intensive training in relational gestalt therapy in Dublin.

The main theoretical contributions the center has made to gestalt therapy in Ireland have been consolidating the spread of the Kaplan approach (Kaplan & Kaplan, 1994) to gestalt therapy with therapists trained in more classical gestalt and other humanistic therapies and continuing to develop and deepen a relational approach to gestalt therapy. Since 2005, the center has been developing a gestalt therapy approach to supervision emphasizing the self-organizational experience of the supervisees in the supervision relationship as they talk about their work. Courses consist of small groups with a maximum of twelve people.

The South West Counselling Centre, Killarney (formerly Killarney Counselling Centre, founded in 2004 by Niall O'Connell), offers couples training with Geraldine Sheedy as Director and Bob and Rita Resnick as trainers. Under the direction of Geraldine Sheedy, the training has also evolved into an ongoing training/supervision program in Ireland for couples therapists. Workshops include theory presentation and live clinical work with real couples – an approach that helps to make the theory and practice more meaningful.

A one-year program in gestalt therapy was offered by Mike O'Halloran in Dublin during the second half of the 1990s. This program was open to members of the public who had an interest in gestalt therapy, as well as to counselors and psychotherapists. It attracted several hundred participants in the greater Dublin area over a period of approximately five years. A one-year training program in gestalt therapy for qualified psychotherapists and counselors was offered in 1992. This program commenced in Dublin, but has been run in Galway since 2002.

The Irish Gestalt Society

The Irish Gestalt Society (IGS) was established in 1995. Twenty-five people, from the Republic of Ireland and Northern Ireland, attended the foundation meeting at CHSU, UCC. I was elected chairperson. The first National Executive consisted of Mary Murray (Secretary), Deirdre O'Shea (Treasurer – who completed her first training at UCC with subsequent training with the Polsters in San Diego and with the Resnicks in Prague) and Eileen McSweeney (National Executive Member – who trained at UCC and San Diego). Sadly, Deirdre O'Shea died in 2008.

The IGS has been considerably influenced by the Psychological Therapies Forum Ireland (PTF) in recent years. The PTF is the umbrella body set up by therapy and counseling associations to facilitate movement towards the attainment of governmental registration for psychotherapists and counselors. It is comprised

of both a psychotherapy group and a counseling group. IGS is an independent member association of the psychotherapies group. The PTF is comprised of representatives from the different professional societies.

One of the developments of the forum in 2010 was the agreement by its membership that training bodies should be separate from professional associations since they have separate functions and that the PTF should only allow professional associations as members. A further criterion for membership which was reaffirmed by the forum was that all member associations must be committed to implementing the accreditation criteria drawn up by the PTF and submitted to government by the PTF in 2008.

I was a founding member of the board of the International Gestalt Therapy Association (IGTA) – a membership organization in good standing with the state of Delaware – on July 14, 1997. Subsequently, in 2000 in Montreal, I became a member of the first board of IGTA. The other eight members were Myriam Sas Guiter (Argentina), Lilian Frazao (Brazil), Ole Nielsen (Denmark), Walter Arnold (Finland), Giuliana Ratti (Italy), Shraga Serok (Israel), Daan van Baalen (Norway), and Gary Yontef (USA). A big step was taken in the establishment of *The International Gestalt Journal* (IGJ) – an IGTA creation. The first edition of the journal was presented at the First International Gestalt Conference in Montreal in 2002.

Theoretical Contributions

In Ireland, new theoretical developments in gestalt integrative approaches are those of gestalt reminiscence therapy and person-centered gestalt therapy. O'Leary and Barry's (1998, 2006) gestalt reminiscence therapy holds that growth continues until death in the emotional, social, and spiritual dimensions of life. This growth is contextually influenced. The focus of the approach is the attainment of subjective quality of life and well-being. To this end, attention is directed towards living in the present moment, supporting oneself in as many ways as possible while, at the same time, welcoming interdependence and being involved in ways that increase self-esteem (including the sharing of stories).

Person-centered gestalt therapy (O'Leary, 1997a, 2006a) is an approach that integrates gestalt therapy and person-centered therapy. The well-known core conditions of empathy, authenticity, and unconditionality (Rogers, 1961; Barrett-Lennard, 1976) are combined with eight task-outcomes, aptly named given their task and outcome components. These are the ability to center and ground oneself, to increase in self-responsibility, to develop an awareness of bodily experiencing, to share stories, to develop the capacity to express and accept feelings, to establish a holistic awareness of experiences, to grow towards interdependence, and to resolve feelings relating to unfinished business. In his review in *PsycCRITIQUES*, Stricker (2007) considered that this integration represented a major addition to the literature on psychotherapy integration.

A new meta-structure for working integratively with clients was developed by O'Leary and Murphy (2006). We viewed the internal integration of clients as

based on four main areas; namely, feelings, bodily sensations, behavior, and cognitions. The importance of understanding the world of individuals through establishing their primary modality and responding based on the acquisition of this knowledge was outlined. From the beginning of therapy, frameworks, for the most part, rested on precise identification of what psychotherapists do rather than on precise knowledge of how clients change. The approach centers on "the internal integration of clients, the therapeutic relationship and the matching of therapist responding with the primary modality of clients" (O'Leary & Murphy, 2006, p. 23). In addition, the client is seen in the context of their external environment, including family, emotional and social relationships, and culture. Stricker (2007) stated that the model "goes beyond most cognitive-behavioural approaches in its integration of the affective and bodily sensations and can be differentiated from traditional psychodynamic work by not placing historical work at its centre" (O'Leary & O'Shea, 2009, p.304)

I published two articles which deal with empathy. The first study (O'Leary, 1993) compared empathy as illustrated in the person-centered approach with empathy as outlined in gestalt therapy. Five different elements based on Rogers (1961, 1980) were outlined and their occurrence in gestalt therapy identified. The closeness of the approaches in relation to empathy was evident in all five elements. The conceptual framework that figure–ground provides for empathy was recognized and the role of boundary and confluence considered. Attention to the person's non-verbal behavior enhances empathy. I concluded that empathy is enhanced by inclusion of the wisdom of both approaches, and that fundamental differences between them do not exist in relation to empathy.

My second article on empathy (O'Leary, 1997b) dealt with its relationship to confluence. Previously, Latner (1986) had observed that "Much of what we call empathy is confluence in the background … even though our foreground is filled with our contacting, the awareness of difference" (p. 23). Latner's use of background/foreground brought new thinking in relation to empathy into gestalt therapy. However, I considered that "the phenomenal world of the other is figure, the central item of concern in the relationship, while the realisation of difference with the other is background" (O'Leary, 1997b, p.147). In this manner, the debate regarding empathy as a shared emotion (Mehrabian & Epstein, 1972; Eisenberg, 1986; Omdahl, 1995) or shared perspective (Hogan, 1969; Weinstein, 1969) is resolved. Foreground confluence includes the shared emotion with the other, while background confluence involves the perspective of the client.

I explored the role of breathing and awareness in working with cardiac patients in O'Leary (2006b). These patients participated in a group and several excerpts are provided from their work in the group setting. One such excerpt illustrates how John, a cardiac patient, struggles to identify the emotion of love in his body. Through the use of breathing exercises, he was enabled to do this. I concluded that "enhanced breathing can reduce stress and result in peace of mind" (p. 165).

The integration of the personal and professional development of therapists was considered in O'Leary & Sheedy (2006). We held that feedback from others through the Johari window (Luft & Ingram, 1955) can be of benefit in assisting

therapists to become aware of aspects of themselves which were previously outside of their awareness. Reasons why some therapists do not consider engaging in personal therapy themselves as a necessary part of becoming a therapist are outlined by a number of authors. Deutsch (1985) found that not undertaking therapy themselves was due to a belief that to do so would indicate weakness. Kottler (1993) considered that not to do so was hypocrisy since it indicated that they considered involvement in therapy as assisting clients but not themselves. Norcross and Guy (1989) held that "psychotherapists who do not consider therapy to be a prerequisite to being a therapist are … those who report not having therapy themselves" (p.171). To be in another's world, according to Spurling and Dryden (1989), assumes that individuals have been there themselves. In O'Leary and Sheedy (2006), we stated that "Through ongoing internal processing, therapists come to clarify their awareness of themselves, thus enhancing their own therapeutic practice. The development of this awareness is a lifelong endeavour" (p.174). Hence, therapists who engage in personal development work can better understand the concerns of clients and are more empathic and authentic. We concluded, "Their personal journeys allow therapists to integrate their personal and professional development, just as Yeats's (1928/1989) dancer and dance became one" (p. 174).

Research

Research in Ireland on gestalt therapy has focused on gestalt therapy and the two new integrations of person-centered gestalt therapy (O'Leary, 1997a, 2006a) and gestalt reminiscence therapy of O'Leary and Barry, (1998, 2006). Two contexts of inquiry, confirmatory and exploratory, have been used in research. These are outlined in Table 12.1, along with the names of the research authors and the types of therapy.

An outcome study of a gestalt therapy group with Roman Catholic seminarians was undertaken by Ryan (1999) in the Southeastern United States and partly published in Ryan and O'Leary (2000). The age range for the sample of twenty participants was eighteen to thirty-seven years with a mean of twenty-five years. The groups were randomized into a gestalt therapy treatment group and a non-treatment group. The treatment group participated in twenty hours of gestalt group therapy comprising ten weeks of two hours per week.

Assessment occurred at baseline, after five weeks of therapy, at the conclusion of therapy, and at seven months after the conclusion of the intervention. Analysis of covariance (ANCOVA) found that, after five weeks of therapy, the older the seminarians, the greater was their self-acceptance and acceptance of others in comparison with the non-treatment group. Ryan (1999) pointed out that "Simkin (1990) stated that the development of awareness led to the acceptance of what one is rather than what one should be. As the person becomes more aware, acceptable and unacceptable parts of the personality are integrated and the person becomes whole. Accordingly, gestalt therapy with its focus on awareness provided the older seminarians with an opportunity to develop self-acceptance" (p. 326).

Table 12.1 Authors, type of therapy and type of analysis

Authors	*Type of therapy*	*Type of analysis*
Ryan (1999)	Gestalt therapy group	Confirmatory and exploratory
O'Leary, Sheedy, O'Sullivan, & Thoresen (2003)	Gestalt therapy group	Confirmatory and exploratory
O'Leary *et al.* (1998)	Person-centered gestalt therapy group	Confirmatory and exploratory
O'Leary & Sheedy (1999)	Person-centered gestalt therapy group	Confirmatory
Prendergast, O'Leary, & O'Sullivan (2001)	Person-centered gestalt therapy group	Confirmatory and exploratory
O'Leary, Verling, & O'Sullivan (2001)	Person-centered gestalt therapy group	Confirmatory
O'Leary & Nieuwstraten (1999, 2001a,b)	Gestalt reminiscence therapy group	Exploratory

The increase in self-acceptance of older students is "of particular importance since students are now older on entering seminaries (Gibeau, 1993 and Unsworth, 1994)" (Ryan, 1999, p.328). An increase in acceptance of others by older seminarians indicated that they were able to expand beyond self-interest to the inclusion of others. This is particularly important for possible future seminarians who will more than likely spend most of their future lives as Catholic priests working with their parishioners. If, as I postulated in O'Leary (2003), psychological well-being is a balance between the amount of attention given to oneself, to other individuals, and to one's environment, the findings showed that the older seminarians were making progress in their psychological well-being.

At the conclusion of therapy, those seminarians who were more aggressive at the beginning had profited most, as illustrated by a decrease in aggression. Thus, it would appear that the emphasis on awareness, which is a feature of gestalt therapy groups, helped to make treatment participants more aware of their aggression and that such awareness resulted in its decrease.

Those who articulated best at the outset of therapy improved most in this ability. The significance of specific exercises relating to language use was outlined in *Gestalt therapy* (Perls, Hefferline, & Goodman, 1951). Miller (1996) held that clear speech is an indicator of health. Clear articulation is particularly important for future Roman Catholic priests, whose work will include performing for most of their working life in addressing people through sermons, rituals, and administration.

Seven months after the conclusion of therapy, the older the seminarians, the greater was their level of self-support. This confirms Rosenfeld's (1996) view that assimilation of therapy over time and outside therapy sessions is very much part of gestalt theory. Simkin (1990) held that, with increasing awareness, splits in the personality can be reintegrated, resulting in enhanced self-support.

Qualitative analysis identified that participants became aware and engaged in interpersonal contact. The goal of gestalt therapy, according to Cole (1994), is not change but awareness. Awareness and choice are closely related; as pointed out by Simkin (1990), "awareness is a tool, and if you are aware, then you have choices" (p.41). This is particularly important for seminarians since the very purpose of the seminary is not only to train as seminarians but also to explore their suitability for the priesthood. With respect to interpersonal contact, Friedman (1990) emphasized that an individual becomes a self with others. It is through interpersonal contact and the meeting between selves that the self emerges and develops.

Members of the gestalt therapy group learnt to use "I" statements. Ryan (1999) stated, "No research evidence until now has been provided for this theoretical position. An example of 'I' statements in the responses were 'At first I did not enjoy it, but as time went on I did'" (p.332). The link between such statements and the development of responsibility has been outlined by Polster and Polster (1974) and O'Leary (1996).

The Ryan (1999) study offers a significant contribution to the gestalt therapy field since it provided the first exploratory research evidence for what until now was the theoretical use of "I" statements in practice. It is also the first research study of gestalt therapy group with Roman Catholic seminarians. It used randomization and a seven-month follow-up assessment and was representative in that it used all available students and, as stated already, it used both quantitative (ANCOVA, *t*-tests) and qualitative (content analysis) methods.

The outcome of a study on the effects of gestalt therapy groups with older adults was explored by O'Leary *et al.* (2003). Forty-three older adults, sixty-five years or older, were randomized into a gestalt therapy group of twenty-two and a non-treatment group of twenty-one. At the conclusion of the intervention, quantitative analysis found that gestalt therapy group participants showed less control of and manifested their anger more readily than the non-treatment group did. Perls *et al.* (1951) considered that exploring angry feelings was essential since such feelings are related to the annihilation of a frustrating barrier. Hoarded anger can be freed, thus ensuring a conclusion to unfinished business. At the conclusion of the intervention, gestalt therapy group participants were also significantly more agreeable and clear-headed and less hostile and confused. Younger members of the gestalt therapy group were significantly calmer and less anxious than the younger members of the non-treatment group. Hence, participation in the group enabled them to relax. Qualitative analysis yielded an awareness of cognition, emotion, behavior, and intentions. Being members of the group resulted in older adults experiencing friendship, social support, and an enhancement of self-care.

The outcomes of a person-centered gestalt therapy group with graduate trainee therapists were explored in four studies by O'Leary *et al.* (1998, 2001), O'Leary and Sheedy (1999), and Prendergast *et al.* (2001). In two studies by O'Leary *et al.* (1998), the outcomes of person-centered gestalt therapy group with graduate trainee therapists were examined. Study 1 compared twelve graduate trainee therapists with an equal number of graduates who served as a non-treatment

group. Barrett-Lennard's (1976) four core conditions (empathy, unconditionality, congruence, and level of regard) were higher in the person-centered gestalt therapy group than in the non-treatment group at the conclusion of therapy. Study 2 was a comparison of seven graduate trainee therapists (person-centered therapy group) with ten graduate students (non-treatment group). Acceptance of others increased significantly for those who had participated in the group in comparison with the non-treatment group. Using qualitative analysis, trust was the greatest reported change experienced by the person-centered gestalt group members, particularly trust in themselves in a group setting. A further outcome was an awareness of feelings and an awareness of others. A development in awareness in the group participants was testified to by the reports of spouses/partners/best friends. The lack of replication of an increase in the core conditions may be due to the greater amount of exercises including fantasy and art used in Study 2. Overall, the two studies lend credence to person-centered gestalt therapy as portrayed by O'Leary (2006a). A further study comparing the effects of structured exercises on outcome is indicated.

In the following year, further support was obtained for person-centered gestalt therapy groups by O'Leary and Sheedy (1999). The study explored attitude changes in seven counseling students who participated in a person-centered gestalt group and seven who formed the non-treatment group. The facilitator was a counseling psychologist who was also a skilled person-centered gestalt therapist. There were an equal number of females and males in both groups. A semantic differential scale (Osgood, Suci, & Tannenbaum, 1957) was used to assess the outcomes of the group. Results indicated that participants of the person-centered gestalt therapy group became more positively disposed in their attitude to love and the future than the non-treatment group did.

A study of the outcomes of a person-centered gestalt therapy group involving adolescent second-level students was conducted by Prendergast *et al.* (2001). A pre–post follow-up (three months later) random control design was used. Thirteen students participated in a treatment group and a further thirteen in a non-treatment group. The mean age of participants was sixteen years. Group participation consisted of nine sessions of one and a half hours' duration.

The person-centered gestalt therapy group demonstrated a significantly more favorable attitude than the control group did towards the concept of anger at the follow-up stage. This indicated that they viewed anger in a more positive way, which is in accordance with the importance of emotion in gestalt therapy. The adolescents were afforded an opportunity to express their anger and work through it. There were significant increases between pre- and post-testing for unconditionality and fear for the person-centered gestalt therapy group. An increase in unconditionality indicated that the group sessions had a person-centered orientation. Owning their fears and re-examining them in the present rather than avoiding them may have contributed to the positive change in attitude towards fear.

Qualitative analysis revealed that differences between pre and post measures were more pronounced in the intervention group, who emphasized feelings more,

whereas the non-treatment group stressed cognition. This category was maintained by the intervention group at follow-up as exemplified by the statement "Getting to understand one's feelings and emotions." It is clear that feelings and their understanding had been integrated as an important part of their experiencing for the person-centered gestalt therapy group. At follow-up, the category "Other related changes" was used by those who had participated in the group. This category included "expressing yourself in front of others." This change was not a surprising one since participants had been asked to address each other directly in front of each other. Hence, the interpersonal dimension of their lives had been increased, as reflected in the above statements. The results were consistent with person-centered gestalt group practice.

A study by O'Leary *et al.* (2001) investigated the effects of a person-centered gestalt group on students' attitudes and feelings. All second-year university students taking a life-span development module were invited to participate in the study. Twenty-three responded and were randomly assigned – twelve to the person-centered gestalt group and eleven to the non-treatment group. The person-centered gestalt group consisted of two weekend sessions. Results indicated that the person-centered gestalt group evaluated the present as more important at the end of the sessions than did the non-treatment group. Of those who had lower scores on acceptance of others at pre-intervention, those who participated in the intervention scored higher at its conclusion than those who did not participate. The importance given to the present and the increase in acceptance of others for those who had initial difficulty in accepting others indicated that the group had both person-centered and gestalt elements.

Support for gestalt reminiscence therapy was given by three studies by O'Leary and Nieuwstraten (1999, 2001a, 2001b). All of the older adult participants in the three studies were part of an ongoing reminiscence therapy group. The transcripts of these sessions were analyzed using the discourse analytic method. The first study, in 1999, examined the identification and exploration of unfinished business in five older adults participating in a gestalt reminiscence therapy group. The transcripts exemplified gestalt reminiscence therapy in action with two of the participants exploring the story of their unfinished business with the other members acting as a Greek chorus. An example is that of the first participant who, in recounting her story, shared that her son makes use of his family. She acknowledged her hurt and identified it by pointing to her chest. The study illustrated the value of brief story-telling and the working through of the feeling through its acknowledgment and its strengthening through the use of non-verbal behavior.

Another study by O'Leary and Nieuwstraten (2001a) focused on identifying emerging psychological issues when seven older adults talked about death and dying in a gestalt reminiscence therapy group. Discourse analysis revealed that two psychological issues which were of concern to older people were the fear of being forgotten and depression in relation to death and dying. The retelling of the death and funeral of a group member the previous week allowed the group members to discuss their fear of being forgotten. The only male member of the group felt

anxious that he had done nothing to be remembered by and felt able to share the fact that he had seen death as an RAF gunner in the Second World War. This sharing resulted in another member reframing that anxiety, resulting ultimately in him confirming her statement that the best that they could do for themselves was to pray. The use of song, prayer, humor, and deflection by older adults emerged as coping mechanisms. A further example is that of a prayer entitled "Just for today" that one of the participants used to cope with death. By sharing this prayer with the other group members, living in the present, so advocated by Perls as one of his key concepts, became her daily source for coping with death. Support for Kübler-Ross's (1969) theory relating to death and dying was evident in attitudes of denial, acceptance, and feelings of depression in facing death.

The memories of five older adult participants in a gestalt reminiscence group were explored in O'Leary and Nieuwstraten (2001b). This topic was investigated since, according to us, "memories are the raw material of gestalt reminiscence therapy" (p.178). Qualitative analysis found that memories were related to locations and people, objects, past achievements, personal events, sensitive issues, and historical occasions, a finding that gives valuable information when working with stories in gestalt reminiscence therapy. An interpersonal bond was developed between group participants. Through remembering past achievements, older adults were empowered as personal experts of their past, while self-esteem was enhanced. An interesting finding of the study was that a new category, "historical events," was found which hitherto had not been part of Watt and Wong's (1991) taxonomy of reminiscence and may relate to the fact that the participants were all older adults. In a systematic review of counseling older adults, this study, together with that of O'Leary *et al.* (2003), were among forty-seven selected by Hill and Brettle (2005) as meeting the prescribed criteria for counseling research with older adults from an original 2646 studies.

Summary of Research

To summarize, in relation to gestalt therapy groups, confirmatory results emerging from Ryan's (1999) study on gestalt therapy found that ten hours of a gestalt therapy group with Roman Catholic seminarians led to an increase in self-acceptance and acceptance of others. After twenty hours' involvement in the gestalt therapy group, the more aggressive participants at the outset had decreased most in aggression, while those who articulated best at the beginning of the group had increased even further in this ability. At a seven-month follow-up, the older gestalt therapy group participants had a greater level of self-support. Exploratory analysis revealed that awareness and interpersonal contact were important to participants who also learnt to use "I" statements. In the O'Leary *et al.* (2003) study, gestalt therapy group participants showed less control and manifested their anger more readily than the non-treatment group did. They were also significantly more agreeable and clear-headed and less hostile and confused. Younger members of the gestalt therapy group were calmer and less anxious than the younger members of the non-treatment group.

Intrapersonal developments included self-care and the development of friendship and self-support. The awareness of four areas by the participants – namely, cognition, emotion, behavior, and intentions – pointed to the gestalt therapy nature of the group. Overall, the results indicate that a gestalt therapy group was indeed used in the two studies.

In relation to person-centered gestalt therapy groups, in Study 1 by O'Leary *et al.* (1998) an increase in empathy, congruence, unconditionality, and level of regard occurred. In Study 2, an increase in acceptance of others occurred for participants in the person-centered gestalt therapy group. Study 1 gave support for the person-centered nature of person-centered gestalt therapy. The finding is striking, in that it is the first study to my knowledge that obtained significant increases in all of the core conditions of person-centered therapy as outlined by Barrett-Lennard (1959). It indicates the person-centered nature of the person-centered gestalt therapy group. Study 2 also gave support for the person-centered nature of person-centered gestalt therapy groups, while a development in awareness indicated the gestalt dimension of person-centred gestalt therapy groups. The O'Leary and Sheedy (1999) study found that the counseling students who participated in the person-centered gestalt therapy group viewed gestalt, love, and the future more positively. The study of Prendergast *et al.* (2001) found that adolescent students, who participated in a person-centered gestalt therapy group, viewed anger more favorably at follow-up than did non-treatment participants. Furthermore, the adolescent students increased in unconditionality and had a more positive attitude towards fear at the conclusion of the intervention. The positive attitude towards feelings indicated the gestalt therapy nature of a person-centered gestalt therapy group and the increase in unconditionality lends support to the gestalt therapy nature of the person-centered gestalt therapy group. The O'Leary *et al.* (2001) study found that, at the end of a twenty-four-hour intervention, the university students who participated in the person-centered gestalt therapy group considered gestalt therapy and the present to be more important than did the non-treatment group. The study pointed to the potential of the person-centered gestalt therapy group and is worthy of further investigation.

In relation to gestalt reminiscence therapy groups, the three studies explored by O'Leary and Nieuwstraten (1999, 2001a,b) dealt with unfinished business, memories, and death and dying. The study relating to unfinished business clearly showed that stories lead to unfinished business, while the working through of the unfinished business was illustrated in the excerpts. In the study on death and dying, living in the present emerged as the principal means that older adults used in dealing with death and dying, as was apparent in their gestalt reminiscence group. Exploring memories identified many aspects of the reminiscence component of a gestalt reminiscence therapy group, while the link of these memories to unfinished business indicated the gestalt dimension of the group. Overall, the findings from the three studies indicate that exploratory research in gestalt reminiscence therapy has been promising and that research should now move into the confirmatory phase.

Future Challenges

With a gradual move by the Irish Government towards statutory registration of psychotherapists and counselors, the IGS's continuing membership of the PTF is of prime importance, as it ensures that it is involved in what is likely to be the most significant development by government in the next decade in the field of therapy.

The CHSU of the Department of Applied Psychology, UCC closed in February 2009 upon my early retirement, but I continue to maintain my client and supervision practice as well as provide lectures, workshops, facilitation, and training at home and abroad. I concur with C.Rogers (personal communication, La Jolla, CA, July 1985), who believed that any psychotherapeutic approach would only survive as long as it was being taught to students in universities. It is likely that there will be less exposure of young students to gestalt therapy with the closure of the major university-based center in gestalt therapy in Ireland. However, it is likely that, in Masters' and postgraduate practitioner programs, gestalt therapy will still be taught. There is a need for a joint collaborative training program in gestalt therapy involving a third-level educational institution and a training center which would ensure the production of research publications and peer-reviewed articles. It is also important that the continuation of the gestalt therapy centers is safeguarded beyond the involvement of their founders.

More worrying is the likely reduction in theoretical writing and research given the closure of CHSU, which was the major center for these activities in gestalt therapy. This is not to say that fine articles are not written by gestalt therapists on practice and theory; yet, there is a crying need for a peer-reviewed journal in the general area of psychotherapy in Ireland since the peer-review process brings with it a rigor and development of authors that is hard to replace. Two non-peer-reviewed Irish journals on counseling and psychotherapy do exist: namely, *Eisteach*, produced by the Irish Association of Counselling and Psychotherapy, and *Inside Out*, produced by the Irish Association of Humanistic and Integrative Psychotherapy.

What is particularly important is that gestalt therapists in Ireland work in a variety of settings as directors, trainers, or practitioners of gestalt therapy in gestalt centers or in private practice. Within the centers, they provide supervision and therapy for clients in one-to-one and group settings. With one of the requirements for accreditation of the IGS being at least a Masters-level qualification, there is a possibility that the close liaison in training which existed at UCC between practitioners based in centers and academic practitioners may find a parallel base elsewhere.

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13

Gestalt Therapy in Italy

Margherita Spagnuolo Lobb

Premise

I am aware that the story that I tell in this chapter is partial and could be told in many different ways by my Italian colleagues. I feel the responsibility of my limits, and at the same time I trust that this story will bring us to better ones, if we are animated by curiosity and contact.

Brief History

While in the post-war period psychotherapy was practically unknown in Italy as a medical orientation, it predominated in university environments (D'Amore, 2000). In the decade from 1975 to 1985, Italy witnessed a great increase in centers that offered training in all of the modalities then existing in psychotherapy. At that time, "training" meant any formative experience which went from a two-day workshop to well-structured programs.

The first graduates in psychology (1974–1975) and the first psychologists who were hired by the National Health Service needed training in psychotherapy. Furthermore, the cultural atmosphere of expansion to the left that dominated the Italian panorama in those years constituted the ground on which this great demand was based. These were the years in which Italy hosted a large number of foreign leaders of psychotherapeutic modalities, as well as original thinkers and clinicians.

In the 1970s, an American linked to the late Perls, Barrie Simmons, arrived in Italy and began a private individual and group practice in the capital. At almost the same time two university professors from the Salesian Pontifical University in

Gestalt Therapy Around the World, First Edition. Edited by Eleanor O'Leary.

Rome, Herbert Franta and Pio Scilligo, were training in gestalt therapy, with the Polsters and Jim Simkin respectively; they were beginning to make the approach known in academic style and in an academic context. I was a student of Herbert Franta and, having immediately fallen in love with gestalt therapy, went to specialize in the USA, first with the Polsters and then with Isadore From. Together with Giovanni Salonia, we founded the Istituto di Gestalt HCC (Human Communication Center) and initiated a fruitful exchange with the gestalt therapy world in the USA (at that time decidedly more authoritative), introducing in Italy the writings and clinical work of the most important gestalt therapists. In 1979, the first gestalt therapy training program was founded by our institute and considered the development of the group to be a basic element of growth. The program was of four years' duration. On another front, often linked with workshops run by Barrie Simmons, Italian therapists were developing a Latin "brotherhood" with Claudio Naranjo, a Chilean who had studied with Perls in his last years, and a supporter of the gestalt therapy movement in the Latin American countries and in Spain.

Thus, on the one hand, Italy became a fruitful place of international exchange on the theoretical and clinical developments which, since the 1980s, have characterized the presence of our approach in humanistic scientific research and, on the other hand, a "sister" of Spain in the development of a "Californian" gestalt therapy which seems to take on board those aspects of the Californian Perls most closely linked to the demands of the New Age culture that made it famous.

From the 1980s onwards, interest in the treatment of serious disorders emerged overwhelmingly, as seen, above all, in family therapy and in the fervor of the new psychiatric trends (the Italian anti-psychiatry movement started by Basaglia (Spagnuolo Lobb, 2001c). This interest brought back into prominence the importance of diagnosis. If previously humanistic therapies were fully identified with Jaspers's (1913) criticism of any understanding of the other except Erlebnis (direct experience), now the reference to diagnostic criteria became fundamental, precisely in order to better understand the experience of the various kinds of patients. Of course, over thirty years, society had seen several changes in the individual/community relationship (Spagnuolo-Lobb, Salonia, & Sichera, 1996), and the fervor to support individual experience against social rules needed to be replaced by an interest in the new clinical evidence, which showed more serious disturbances. "Atheoretical gestalt therapy" took on an "uncomfortable" image in psychiatric and university circles, maintaining a critical (and at that point naive) stance against diagnosis. This image survived in those geographical areas where institutes practiced and propagated a gestalt therapy linked to "guru" personalities. For all the liberating effect this style may have had on those dependent personalities that the 1950s culture found itself cultivating, it sadly fell into disrepute in the 1980s. Moreover, an individualistic attitude among institutes made them insensitive to mutual curiosity and knowledge.

In 1996, I was elected President of the European Association for Gestalt Therapy (EAGT). The election lasts for three years, and in 1999 I was re-elected until 2002. My "ecumenical" work in Europe also gave a push to the exchange

among institutes in Italy. Many Italian institutes joined the EAGT conferences and started to know other realities in Europe. When I left the EAGT presidency, all Italian institutes knew of a larger reality in which to find novelty, excitement, and growth. Soon after, I was elected chair of the association of all psychotherapy methods in Italy, the Federazione Italiana delle Associazioni di Psicoterapia, and I started to create various occasions for meetings among Italian psychotherapists, where gestalt therapy could be known better and find encouragement to develop.

A few books are an outcome of this development. My book *L'Implicito e l'Esplicito in Psicoterapia. Atti del Secondo Congresso della Psicoterapia Italiana* (Spagnuolo Lobb, 2006) includes the proceedings of the Second Congress of Italian Psychotherapy, where important names in contemporary psychotherapy, like Daniel Stern, have dialogued with the main Italian representatives of all methods on the common question: is the aim of psychotherapy to make explicit what is implicit, or is it something that refers to other relational dimensions? The book includes a DVD of the main speeches of the conference.

There are many other books which gather together the different perspectives of various modalities on one theme, such as Loriedo and Acri's (2009) *Il Setting in Psicoterapia. Lo Scenario dell'Incontro Terapeutico nei Differenti Modelli Clinici di Intervento*, which deepens the concept of setting (Spagnolo Lobb, 2009b) or Petrini and Zucconi's (2007) *La Relazione che Cura*, which presents a brief description of the concept of therapeutic relationship from various approaches (Spagnuolo Lobb, 2007a).

All Italian dictionaries of social sciences and psychotherapy today include the gestalt therapy approach (Spagnuolo Lobb, 2007b, 2008a). Many psychotherapy journals, even of other modalities, include gestalt therapy contributions (Spagnuolo Lobb, 2008b,c, 2009a).

Today, all the directors of training institutes hope that Italian gestalt therapists can sort out their work with more mutual knowledge and trust in differences.

Theoretical Contributions

One year after the death of Perls, in 1971, the Italian edition of *Gestalt Therapy* was published; the original edition (Perls, Hefferline, & Goodman, 1951), as is well known, had been published twenty years previously in the USA. In the following years, information about gestalt therapy began to appear ever more frequently in – often translated – writings introducing the new psychotherapies. From 1977 onwards, most of the classical literature on the approach was translated into Italian, mainly under the author's editorship: Perls' (1942) *Ego, Hunger and Aggression* (translated in 1985), Zinker's (1977) *Creative Process; The Polsters' Gestalt Therapy Integrated* (translated in 1986), Polster's (1987) *Every Person's Life is Worth a Novel* (translated in 1987), Kepner's (1987) *Body Process* (translated in 1997), Frank's (2001) *Body of Awareness* (translated in 2005), and Oaklander's (1978) *Windows to our children* (translated in 1999). In 1992, Giusti edited the Italian translation of Wheeler's (1991) *Gestalt*

Reconsidered and a description of gestalt therapy by Ginger (1990). In 1997, I edited a new Italian edition of *Gestalt Therapy* in which the theoretical part was moved to the first volume, and together with Salonia and Sichera I wrote a post-word to the book for Italian readers.

Besides the translation of basic books from international literature, it is even more interesting to mention a few works of Italian writers. Melucci's (1984, 1991, 1994) books link phenomenological gestalt therapy to the scientific context of sociology. The Istituto di Gestalt HCC (Human Communication Center) has been publishing on gestalt therapy and theory and practice for the last thirty years and the group of trainers has written on various issues. My edited book (Spagnuolo Lobb, 2001a) summarizes some of the basic theoretical reflections of research work, especially the reconsideration of the theory of self (Spagnuolo Lobb, 2001a,b, 2005b) in the light of Isadore From's teaching the experience of contact within the frame of time (Salonia, 1992) and the development of the gestalt therapy model as a model for psychotherapy in the third millennium. The book has been translated into Spanish (Spagnuolo Lobb, 2002) and French (Spagnuolo Lobb, 2005a), with more focus on the treatment of seriously disturbed clients. A book I co-edited with Amendt-Lyon revises the gestalt therapy basic concepts of creativity and creative adjustment, with contributions from gestalt therapists around the world in twenty-two chapters (Spagnuolo Lobb & Amendt-Lyon, 2003). In this work, the concept of creative adjustment is revisited in the light of new cultural trends and new clinical evidence. Stern *et al.* (2003) in the second chapter bring the attention of gestalt therapists to implicit and explicit relational knowledge and challenge them to work on processes rather than on verbally explicit knowledge. In the same book, the supposed creativity of psychosis is seen as anxiety which makes it impossible to be with the other with senses open, in full awareness (Sampognaro, 2003; Spagnuolo Lobb, 2003a,b). The way to approach the cure of psychosis is seen as calming the ground instead of developing the figure, as happens with neurotic disturbances. If the need is that of developing one's own potentialities (as was the case of society in the 1970s), then it is correct and useful to work in order to develop the figure (how the person would like to be more autonomous in relationships for instance). If the need is that of finding an orientation in a turbulent experiential ground, then the cure has to focus on calming the anxiety which makes the ground turbulent (support the person to breathe when s/he feels strong emotions for instance).

Cavaleri (2003, 2007) has written on the phenomenological basis of gestalt therapy, developing the theoretical concept of the depth that can be found in the surface of the here-and-now contact between client and therapist, with eloquent theoretical schemas and clear clinical examples. Sichera (1995, 2003) has developed the concepts of diagnosis and dream work in the frame of reference of Gadamer's theory (Gadamer, 1960). Symptoms are seen as part of a literary text that is in continuous dialogue (hermeneutic dialogue) with the reader (alias the therapist). A new view on psychopathology is being developed, both in international training activities for gestalt psychotherapists and in writings such as in the books on panic attacks by Francesetti (2005) and depressive experiences

by Francesetti and Gecele (2011). In these two books, psychopathology is seen in the light of post-modern society. If decades ago psychopathology was more linked to a need for autonomy in meaningful relationships, then today relational discomfort is linked to a need for relational bonds. The handbook entitled *The Now-for-Next in Psychotherapy: Gestalt Therapy Recounted in the Post-Modern Society* (Spagnuolo Lobb, 2011) starts from an analysis of contemporary social life and develops the epistemological principles of gestalt therapy, proposing an updated methodology for individuals, couples, families, groups, and training settings. Techniques such as the empty chair, work on dreams, and individual work in groups are remodulated according to a more relational perspective, in line with the original principles of contact-boundary and field perspective.

In Spagnuolo Lobb and Narzisi (2010) we started from the Losanne Trialogue Play (LTP), which includes father, mother, and child – the well-known research situation founded by Fivaz-Deupersinge and Corboz-Warnery (1998) – and proposed gestalt therapy dimensions (we considered "ground" and "figure" dimensions of the experience of triadic contact, measured through items such as glance, body orientation, voice, smile) to observe the triadic interaction at the contact boundary, how excitement relating to contact is welcomed at the contact boundary between mother and child, father and child, and mother and father, and how the presence of the third person influences the actual interaction of dyads. In other words, we observed the same research situation from the point of view of the phenomenological field (how the third person influences the dyadic interaction) and how excitement develops at the contact boundary (instead of looking for the alliances which are studied by the founders of the LTP).

Sampognaro (2008) founded a model of creative writing to be applied both to individual psychotherapy and to groups. Its essence is the use of writing in psychotherapy as a support to contact sequence. A further application of this model is in the technique of psychoportrait (Sampognaro, 2003), a creative way to describe oneself with pieces of newspapers and other materials. This technique is used in psychiatric settings and in groups. Both techniques represent a useful tool for gestalt psychotherapists who can refer to a coherent method when they use writing or other creative means as a way to support contact capacities of the client. Cavaleri and Lombardo (2001) have published an application of gestalt therapy principles to contact and field perspective in communication skills in school. I have published a model to train body and contact skills in women (and couples) who are going to give birth (Spagnuolo Lobb, 1988, 2004b; Spagnuolo Lobb & Fancello, 2010). The model is essentially a way to explore contact dimensions such as the ability to contain excitement, to perceive one's own contact boundaries, and to trust environment. Iaculo (2002) has published a model to understand and support gay people coming out, presenting interruptions in coming out and specific support for each interruption.

Menditto's work focused on women's power (Menditto, 2004) and self-esteem (Menditto, 2006) in humanistic terms; she explains how to cope with traumas and difficulties in life through internal resources and creative adjustment. Zerbetto's (1998) writings summarize the basic theory of gestalt therapy together

with an appreciation of Perls' personality and contribution to psychiatry. He supports the a-theoretical stance of Naranjo, considering it as the only way to support the clients' existential power.

The edited book entitled *Gestalt Voices* (Ferrara & Spagnuolo Lobb, 2008) includes directors from all the Italian institutes and presents the developments in their groups. It is evident how all the Italian institutes are developing their theories and clinical methods both in the direction of the relational stance and of the theory of self (which in the past was neglected by some of them). Starting from the contribution of Naranjo (2008) (representing the "Californian" approach) and Bloom (2008) (representing the New York Institute for Gestalt Therapy approach), the book presents, among others, the phenomenological perspective of Fabbrini (2008) on responsibility, embodied mind, new pathologies, and "depth." Bonelli *et al*. (2008) present their integrated model where Jungian theory is the ground and the gestalt approach is the figure. Menditto (2008) explores concepts of self-realization in the light of relational identity, while Pizzimenti (2008) presents his reflections on phenomenology, being sympathetic and retroflective.

Just before the birth of Ferrara and Spagnuolo Lobb's (2008) book, Spagnuolo Lobb and Zerbetto (2007) had written a "four hands" chapter on gestalt therapy in a psychotherapy book. The peculiar contribution of this work is the fact that gestalt therapy is described by representatives of two opposite currents: the "New Yorker" and the "Californian." Even if it was difficult to write it, since we did not agree either in the narrative of the history or the basic theory of our approach (we solved the problem by distinguishing the contents under our individual names), the chapter represents a start in our dialogue. Basically, Zerbetto asserts that core concepts of gestalt therapy are self-realization, responsibility, and authenticity. He underlines the values of authenticity brought by Perls (1942) to the realm of psychiatry. I assert, on the other hand, that the core principles of gestalt therapy are those of contact boundary, the co-creation of self in the between space of the contact making, the sequence of contact making, which includes a development of energy of self-in-contact, and interruptions of this energy, which creates a lack of spontaneity in contacting the other.

Two other edited books, by Menditto (2011) and Francesetti, Gecele, Gnudi, and Pizzimenti (2011), have outlined the dialogue among Italian gestalt therapy institutes. Menditto gathers the works presented at the FISIG conference held in February 2008 in Rome, while Francesetti *et al*. include papers presented at the second conference of SIPG (The Italian Association for Gestalt Therapy), held in Turin in October 2008. Among the many contributions of the first book is one by Pizzimenti (2011), where the author analyzes the concepts of figure–ground and contact boundary, and affirms that the boundary is between figure and ground, rather than between figure and figure. Among the contributions to the second book, Conte (2011) presents various perspectives on gestalt therapy models in working with couples and families.

As regards Italian journals, *Quaderni di Gestalt* (www.gestalt.it) first appeared in 1985 and remains today the main gestalt therapy journal published in Italy. It has been the basic tool of knowledge of Italian gestalt students, with translations

of the works or fresh interviews with international gestalt therapists, such as the Polsters (Spagnuolo Lobb, 1985; Polster, Polster, & Spagnuolo Lobb, 1989), Isadore From (1985, 1987), and Joseph Zinker and Sonia Nevis (1987). Three major articles were written by Italians in this journal. An article I wrote described the specific therapeutic support for each interruption of contact (Spagnuolo Lobb, 1989); for example, a projective experience can be supported by having the person perceive the strength that comes from sensing her body. An article by Cavaleri (1996) compared the concept of contact-boundary with the phenomenological concept of "depth" that can be found in "surface." He explored the concept of "depth" in the light of a phenomenological perspective, as different from an analytical perspective. Finally, an article by me and Salonia (Spagnuolo Lobb and Salonia, 1986) showed how the feelings of therapists and clients create a phenomenological field which is the "given" therapeutic situation to be worked through. In this last paper, a model of co-therapy based on the concept of contact boundary was presented from the feelings emerging from triadic interactions to the therapists' work undoing blocks to contacts which have started in the primary triad of the client. Today, the board of directors of the journal is made up of almost all the directors of Italian gestalt therapy institutes.

From 1992 to 1998, I edited the international English-language journal *Studies in Gestalt Therapy*, in which original articles from Italian researchers appeared and were subsequently translated into other languages. Among the main articles was one on how the concept of dental aggression in gestalt therapy changes the traditional method of training (Spagnuolo Lobb, 1992). The support given to the aggression of students in group dynamics is seen as a support to the individuation of each student. An article by Mueller (1993) on the theory of From outlined the main points of his theory, such as his well-known work on dreams (which considers dreams told to the therapist as a trial to undo retroflections), the treatment of narcissism (which he considers as a retroflective structure of experience), and finally his idea that a connection exists between contact interruptions and the sequence of contact.

From 2007, this journal was re-founded as *Studies in Gestalt Therapy. Dialogical Bridges* (www.studies-in-gestalt.org), edited by Bloom (New York), me (Italy), and Staemmler (Germany), and aimed at creating bridges between gestalt therapy and other approaches and supports the development of gestalt therapy – and psychotherapy in general – through dialogical bridges among modalities and across the divide of different terminologies. Among the many articles published in this journal, it is worthwhile mentioning the article by Mahoney, Spagnuolo Lobb, Clemmens, and Marquis (2007), which is the transcription of an experiment: a session led by Michael Mahoney and me with one client, which demonstrates how to work at the contact boundary is very effective even if the therapists are from different methods. This international journal came to an end after three years of exciting work by the editors, whose lives were too busy to continue this very challenging job.

The gestalt therapy insight into the significant creative contribution of the aggressive power of the organism to human relationships has maintained, in Italy,

a theoretical climate marked, at times, by a rebellion that is an end in itself. This has seriously threatened adherence to those paradigms whose originality was characteristic of the foundations of the approach. If, on the one hand, this has offered to gestalt therapists a wealth deriving from the continual confrontation with divergencies, on the other hand it has not guaranteed the clearly defined differentiation of gestalt therapy from other approaches. The consequences have ultimately served the development of various trends within gestalt therapy, often with little connection between each other.

There is a marked division between the two Italian trends. The approach that identifies the birth of gestalt therapy with the New York period, and its epistemological foundations in the book *Gestalt Therapy* by Perls *et al.* (1951), has for years been engaging in hermeneutical research on this text which will enable consistent developments, while at the same time being committed to a comparative study with other contemporary theories (e.g., intersubjective theories, object relations theory, and Stern's theory of change). The Istituto di Gestalt HCC (Human Communication Center) organized the first Italian Congress of Gestalt Therapy in Rome in 1984, with Isadore From as guest of honor, and the second one in Rome in 1985, with Erving and Miriam Polster as guests. Both conferences were a place of dialogue between different Italian gestalt schools, often published in the journal *Quaderni di Gestalt*. The Latin trend continues meanwhile to affirm humanistic values, such as individual liberty, the cult of differences, and personal integrity and is mainly bound to Latin American culture. As previously mentioned, there is a trend to dialogue in recent years, which makes the situation more hopeful than a few years ago, as reported in the *International Journal of Psychotherapy* (Spagnuolo Lobb, 2004a).

Overview of Research Contributions in Italy

Research I undertook investigated the effects of the gestalt therapy model on personal satisfaction and the integration of the experience of delivery in women prepared to give birth (Spagnuolo Lobb, 1988). Two hundred and fifty women were divided into three research groups: one hundred women received gestalt therapy group training to prepare them for giving birth, a further one hundred received other training methods, while fifty women received no preparation for giving birth. Four dimensions were tested in all women: duration of labor and delivery and how the delivery happened (Caesarian cut, spontaneous), perception of labor and delivery one month after the delivery, the trust of the women in their own parental function, their partner, and the hospital or delivery staff members, and the perception of the women of the utility of being trained in psychological competencies as an aid to giving birth. Results showed significantly better integration of the experience of delivery and higher satisfaction in being a mother in women preparing to give birth using the gestalt therapy model.

A research study on panic attacks and loss of ego functions was conducted by Cannavò (2010). Ninety persons, sixty females and thirty males, who had

all been diagnosed as affected by panic attacks disturbance, were compared with a ninety-person control group. Results found a high correlation between harm avoidance (measured with Cloninger test, temperament and character inventory; Cloninger, 1987) and introjective and projective styles of contact and between self-directness and retroflective and confluent styles of contact. This research was the first time that personality traits of the biosocial theory of personality (Cloninger, 1987) were compared with interruptions of contact in subjects who suffered from panic attacks. The personality dimension of harm avoidance (inhibition, passive avoidance, fears of unknown) correlates with projection and retroflection as interruptions of contact in people who suffer from panic attacks.

Many other research studies have been completed or are in progress in Italian schools of gestalt therapy; for example, Parmeggiani ande Stanzani (2011) have conducted research on connections between skin diseases and the gestalt concept of contact boundary. The research was conducted at the Department of Dermatology "I.R.C.C.S. Galeazzi" in Milan with fifty patients suffering from psoriasis. The SCL-90-R (symptom checklist) test, consisting of ninety items that evaluate the degree of psychological suffering according to nine psychopathological dimensions, was used. Results showed that there is no correlation between the objective state of illness and the emotional state of the patient.

Training Initiatives: Past and Present

Currently, thirteen gestalt-therapy-based training institutes and centers are operating in Italy (all of them members of the federation described in the next section). These, taken together, reflect the various theoretical and clinical tendencies that exist in the broader international gestalt therapy community. The oldest of them, the Istituto di Gestalt HCC, founded in 1979 by me and Salonia, is living the legacy of a very alive and productive teaching/learning community of about forty trainers, all trained by the founders and still operating all over Italy and even abroad. This institute split in 2008 into two institutes: the Istituto di Gestalt HCC Italy directed by me and based in Siracuse and the Istituto di Gestalt Therapy HCC Kairos based in Ragusa directed by Giovanni Salonia and Valeria Conte. The former pupils of Barrie Simmons can be found in two schools: one in Florence, the Istituto Gestalt Firenze founded (in 1988) and directed by Paolo Quattrini and Anna Rita Ravenna; the other in Siena and Milan, founded in 1982, and directed by Riccardo Zerbetto. Two students of the Florence group, Paolo Baiocchi and Alexander Lommatsch, have now opened a further two institutes, one in Trieste and the other in Bari, approved by the Minister in 2004.

The Italian Gestalt Foundation in Rome, directed by Maria Menditto, who trained first under me and Salonia and then under the Polsters in the early 1980s, went on to follow her own path, with "psycho-social gestalt." The School of Integrated Psychotherapy (SIPI) in Naples, founded in the 1990s and recognized by the Minister in 1998, is directed by Giovanni Ariano, who integrates his personal perspective with client-centered therapy, family therapy, gestalt therapy,

and body therapy. The ASPIC group in Rome (Community Psychotherapy), founded in 1988 and directed by Giusti, follows a policy of integration of gestalt therapy techniques and other approaches and organizes numerous training opportunities. The ALIA center in Milan, founded in 1979, trained in gestalt therapy by Ambrosi and directed by Alberto Melucci (now dead) and Anna Fabbrini, has been a serious research and training center; sadly, it closed after Melucci's death. The Italian Analytic Gestalt Association in Rome, directed by Stefano Crispino, 2000, marries gestalt therapy to Jungian therapy. The Institute of Gestalt and Transactional Analysis in Naples, recognized in 2001 and directed by Ferrara, is currently the one which most faithfully endorses the presence of Naranjo in Italy. The school directed by Mariano Pizzimenti, the Scuola Gestalt di Torino, was founded in 1981 and recognized in 2002, originally trained by Bloomberg in Tuscany, has now integrated concepts from Perl *et al.*'s (1951) book and works for integration of existing currents in Italy basing on mutual respect. Lastly, the SIPGI, an institute of integrated psychotherapy directed by Bonvissuto, has joined the group in 2007.

There is reason to hope that gestalt therapy in Italy will be increasingly practiced and researched with a shared ground among these groups, as is perhaps the case all over the world, and that this trend will bring a more vital presence to formal institutions in our country. There are many training and clinical activities, and many students involved in various programs. The most important of these are the four-year training programs (2000 hours minimum) run by the above training institutes, which are all now approved by the Italian Minister for the Universities as postgraduate programs. In order to enter a training program, students must already have a degree in psychology or medicine. When they finish the program, if they are successful, they are licensed to practice psychotherapy. In comparison with other modalities, gestalt therapy has a high percentage of schools with ministerial approval.

Besides the psychotherapy programs approved by the Minister for the Universities, there are many shorter programs for counselors and many other activities which bring the basic values of the gestalt therapy approach into everyday relationships.

In academic settings, gestalt therapy is now increasingly present, and dialogue with other important approaches, such as psychoanalysis, behaviorism, and family therapy, is daily becoming more feasible.

Gestalt Therapy Associations and Societies: Their Foundation and Development

The first gestalt therapy association in Italy was the Società Italiana Gestalt (Italian Gestalt Society), founded in 1985 and renamed in 1987 as Società Italiana Psicoterapia Gestalt (SIPG – Italian Association for Gestalt Therapy). Over the years it has gathered together therapists of various schools and set up numerous contacts abroad. The SIPG has recently started to organize national conferences

where all Italian institutes and individual psychotherapists can dialogue and present their approaches.

In 1992, in order to provide an official image of oneness for ministerial recognition, nine of the Italian training institutes listed in the preceding section joined together in the Italian Federation of Gestalt Schools and Institutes (FISIG). Ministerial recognition was duly achieved, whereas the attempts at scientific exchange within the federation have unfortunately led to premature individualistic closure.

The two associations that are still the most important today in Italy are the FISIG, which assembles the training institutes, and the SIPG, which organizes the individual psychotherapists. SIPG is the Italian national organization which represents Italian gestalt therapists in the EAGT and in the European Association of Psychotherapy. This association is the place where a scientific exchange among different currents in Italy is happening. It organizes conferences every three years in different cities of Italy, and the various trainers take part as individuals for dialogical purposes. The first congress of SIPG was held in Siracuse in December 2007, the second in Turin in October 2008, and the third in Palermo, in December 2011, the first under my presidency, the second and third under the presidency of Gianni Francesetti.

Future Challenges

Two important challenges emerge in the future of Italian gestalt therapy. One is to run the risk of losing one's own boundaries in order to listen to the others and see what works for the others. With this risk, the possibility of identifying oneself with the "Italian group" emerges. Therefore, one great challenge is to develop a feeling of belonging to the "Italian group" rather than to one or other international current.

The other challenge is to take part in the international scientific dialogue on psychotherapy and its development. With inborn rejection of fixed schemas in gestalt therapy, theories can be viewed in a more flexible way, and with emphasis on processes an important contribution can be made to the field of psychotherapy.

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The Middle East

14

Gestalt Therapy in Israel

Nurith Levi and Shraga Serok

History

Gestalt therapy was introduced in Israel in the mid 1970s by Gideon Shwartz, Amia Lieblich, and Shraga Serok, Israeli pioneers who were trained in the USA. Its development is best understood when considered against the background of the evolution of what was a young country at the time. It was at first greeted with suspicion by the local professional community, whose aim was to establish therapy through conservative approaches. Gestalt therapy presented many problems in a country that was oriented more towards "doing" (fighting for its survival, building up an oasis in the desert, founding social institutions) than towards "being" (coping with traumas, loss, and bereavement). Similarly, it was met with skepticism and unconcealed reservation by the academic establishment, and the first efforts to introduce it into the curriculum were bluntly declined. Even when Perls' (1969) *Gestalt Therapy Verbatim* was published in Hebrew in 1978, its reception was far from encouraging.

The first experiential gestalt therapy workshops were eventually accepted as part of the curriculum in the Department of Psychology at the Hebrew University in Jerusalem in 1970, and were conducted until 1977. These were led by Amiya Lieblich, a student of Simkin, and by Gideon Shwartz, a student of Perls.

In 1975, Shraga Serok returned to Israel after completing a postgraduate program at the Cleveland Gestalt Institute. He began conducting gestalt therapy workshops in the first psychotherapy program at Tel Aviv University Medical School as well as in his own private clinic. It took much persistence before Serok was able, in 1978, to open a one-year training program as part of the continuing education studies at the School of Social Work at Tel-Aviv University, after which gestalt therapy was finally more accepted by the academic community.

Gestalt Therapy Around the World, First Edition. Edited by Eleanor O'Leary.

In the 1980s, Marvin Kaplan, together with his wife Neta Kaplan, began visiting Israel on a regular basis and eventually settled in Nof-Yam, where they began to teach gestalt therapy, run training workshops, and treat patients. At about the same time, Daphna Amram studied gestalt therapy in Canada, returned to Israel, and established clinics both in Jerusalem and in Tel-Aviv, where she began to treat patients, teach, and lead workshops. In 1982, as a consequence of the growing demand, and thanks to a generous contribution by Albert Ratner of Cleveland, Ohio, in memory of his late wife, Faye Ratner, a two-year gestalt therapy training program was established by Serok at Tel-Aviv University through which fifteen to twenty experienced professionals were trained annually. Leaders of the gestalt therapy community, such as Zinker, the Polsters, and Yontef, were invited to lead workshops that served to strengthen and support the program. To this day, it remains the only training program for gestalt therapy conducted in an academic setting in Israel. Serok has also introduced gestalt therapy courses and workshops at the Be'er Sheva University School of Social Work and at the annual conferences of the Israeli Clinical Psychological Association. Serok directed the program for twenty years, and upon his retirement Gallia Rabinovitz took over the directorship and concluded her term in 2010.

During the 1980s and early 1990s, professionals from abroad visited Israel, among whom Robert and Rita Resnik and Todd Burley were frequent guests. They reached out to a heterogeneous group of professionals and intellectuals introducing the gestalt therapy model to a large number of interested people, including but not limited to therapists.

Since 1993, Les Wyman of the Cleveland Institute has directed a modular training program. Lenny Ravitz has spent many years training, running workshops, and lecturing all over the country with teachers and non-professionals. Tali Levine Bar-Yosef, formerly of the Metanoia Institute in London, has taught and supervised a small group of gestalt therapists in Jerusalem.

Gestalt therapy in Israel has made unique contributions in two major areas, both characteristic of the country's special context. The first involves using gestalt therapy to work with people suffering from post-traumatic stress disorder (PTSD) – especially with soldiers and civilians, and also with hospital, police, and other rescue personnel. The other considers the absorption process of new immigrants into Israeli society.

Books and Articles

The Hebrew-speaking community of gestalt therapists is rather small, and this may be the reason why few contributions have been written in Hebrew. Most of the books and papers concerning gestalt therapy that were written by Israelis were published in English in international journals. These papers and research in gestalt therapy theory and practice cover a wide range of topics, as do oral presentations of the contribution of gestalt therapy.

A number of Hebrew books are particularly well known. The first is entitled *Tin soldiers on Jerusalem beach* (Lieblich, 1982), in which Lieblich presents her reflections, feelings, and thoughts while working with an experiential group of Israeli students. As can be expected in such a group, they dealt with, among other issues, those typical of the population of Israel: second-generation Holocaust survivors, PTSD, the Jewish–Arabic conflict, Jewish identity in Israel and the Diaspora. The book moves elegantly between vignettes and theoretical remarks and is written in a style accessible to professionals and lay-people alike.

Serok, together with Rabinowitz, published a Hebrew textbook introducing basic gestalt therapy terminology, principles, and theory (Serok & Rabinowitz, 1983). Each chapter of the book is devoted to a specific developmental life-cycle stage, illuminating its unique behavioral style and its existential meaning from a gestalt therapy perspective. The book is written in a style accessible to professionals and laypeople alike.

Bar-Yosef (2005) edited *The Bridge: Dialogues Across Cultures*, which consists of a collection of papers by a group of eminent gestalt therapists who have investigated cultural differences and the ills that exist between societies. The writers offer their ideas, experiences, and examples of their own attempts to heal the turbulent environment by applying a unique gestalt therapy approach. They adopt a multicultural focus by developing a dialogue across the globe, and by using humor and cross-communication, thereby enhancing contact and co-existence among the divided.

Amram's (1983) *Gestalt Therapy, Theory and Practice* is a short textbook in which she reviews some of the basic concepts of gestalt therapy. Ravitz published two books in Hebrew, *Eternal Optimism* (Ravitz, 2000) and *On this Happy Note* (Ravitz, 2002), focusing on the role and use of humor employed in gestalt therapy as an existential power of life.

Research

Serok, together with a small group of students, applied gestalt therapy methods in research with various populations. He developed empirical research projects, some of which are to be found in his book *Innovative Applications of Gestalt Therapy* (Serok, 2000). The main theoretical orientation of the book is based on gestalt therapy and existentialism. Each of the chapters starts with a theoretical overview of the topic and moves on to the operational application of gestalt-therapy-based interventions with different populations, such as schizophrenic patients, prison inmates, PTSD patients, adolescents, and older adults. In some of the chapters, Serok extended gestalt theory to social psychology with an eye to some current issues, such as the Palestinian–Israeli conflict and absorption of new immigrants. Others deal with issues such as reduction of blood pressure, reduction of anxiety in test-situations, clinical supervision, and the concept of unfinished business. Two of these empirical studies are now presented.

In a pilot study, Serok (2000) investigated the effects of a gestalt therapy program to decrease high blood pressure, which included the physical, emotional, and intellectual components of human behavior. Hospital staff identified four male volunteers between thirty-two and forty-five years, who were skilled professionals, to participate in the program. These volunteers took part in ten two-hour sessions. Their blood pressure was taken before and after each session. Elements of the sessions included awareness of physical, emotional, and intellectual senses, medical information on hypertension, the assumptions and causes of hypertension, individual problems, a guided fantasy, and relaxation breathing. Serok (2000) concluded that "the combination of physical relaxation exercises, therapeutically working on personal issues, and bringing up and expressing individual fears, while a the same time increasing awareness and maintaining the present orientation, appear to be effective in the reduction of high blood pressure" (p. 87).

A further study by Serok (2000) considered the effects of group therapy with multiple sclerosis patients. Eight outpatients at a neurological clinic with a mean age of 36.8 years (range 24–50 years) participated. A pre–post design was used. The goals were to reduce anxiety, increase awareness, and change the emotional attitude toward disability and body image. Intervention consisted of weekly meetings for eight weeks – each of 90 minutes' duration. Group sessions dealt with introductions, fear and guilt, expectations, frustration, human factors, lies and depression, and contact. Results showed a significant decrease in anxiety. Serok (2000) stated that "engaging in group processes, enhancing awareness, and working with polarities, were the forces that contributed to better contact with the disability, decreasing anxiety on the one hand, and focusing awareness on the realistic limitations in bodily functioning on the other" (p. 100).

Nurith Levi's (2002) PhD dissertation dealt with the implementation of gestalt therapy principles to enhance the social integration of new immigrants in Israel. The research used a model of group work with over 300 young people in various educational settings. The results showed a well-grounded, meaningful, actual change in the level of mutual tolerance, acceptance, and readiness for close contact among participants of gestalt therapy groups. The research offers a contribution to extending gestalt therapy principles to social psychology.

Training Initiatives: Past and Present

In former years, Gestalt training programs, as well as various schools such as cognitive-behavioral therapy, Jungian analysis, and psychoanalysis, have enjoyed prosperity and attracted sufficient candidates to establish new groups each year. Besides the Fay Ratner Program at Tel-Aviv University that offered two years of gestalt therapy training designed for graduates from the clinical helping professions, there was also the branch of the Cleveland Institute, represented by Les Wyman, who together with Yona Weiss, Tali Mirkin, Arie Burnstein, and Yacov Keizer offered a modular program of six-day-long sessions twice a year,

open to beginners, advanced therapists, and non-professionals. At present, both programs struggle for trainees and look for the more attractive model of training.

However, a modest development can be seen with the integration of gestalt therapy workshops and/or a theoretical course in the regular curriculum of some academic institutions. Since 1982, Serok has offered a course and experiential workshop at the School of Social Work, Ben Gurion University in Be'er Sheva, to graduate students from a range of departments. Arie Cohen and Claudia Avdan, of the Department of Education at Bar-Ilan University, are running a workshop in a postgraduate program for school counselors. David Rozenfelder at the School of Advance Studies in Welfare Services, Haifa University, and Yona Weiss at the School of Social Work at Zefad College have each been running gestalt therapy workshops for some years. Nurith Levi teaches and leads workshops in a training program for clinical supervisors and for educators at the Beit Berl College. Other members of the local gestalt community who have recently been invited to teach gestalt therapy courses in academic institutions are Zvi Toren, Idit Levi, Eti Ben-Ziv, and Avi Hadari. It is possible that such initiatives may lead to more intensive, systematic training.

Anticipating future developments, the Israeli Gestalt Therapy Association (ISGTA) developed an advanced training program in gestalt therapy supervision, with the purpose that the graduates would be available to supervise those looking for accreditation according to European Association of Gestalt Therapists (EAGT) criteria.

Associations and Societies

The ISGTA was founded in 1988. It was during a workshop at the Fay Ratner Program that the idea, already being considered for some time, became figural and was transformed into action. A group of therapists who participated in that workshop volunteered to become the organizing committee, some of whom are still on the board today. The president of the ISGTA is Nurith Levi.

The association was formed to be a professional support and reference group offering a setting for ongoing training and professional development for those interested in enhancing their knowledge and expertise in gestalt theory and therapy. Another aim was to offer the interested public the knowledge accumulated by the association. The association is striving to fulfill expectations for ongoing training. The various local activities and the annual conference offer opportunities for learning, training, facilitating, and providing treatment.

In order to keep abreast of developments in gestalt therapy worldwide, and to join other existing organizations, ISGTA applied for membership in 2004 and was accepted in 2009 as a full member of the EAGT, having met all the required criteria. Our first introduction to European versions of our field was made possible through the work of Margarita Spagnuolo-Lobb from Italy, Tula Vlachoutsikou from Greece, Dick Lompa and Harm Siemens from Holland, and Les Wyman from the USA. The Israeli professional community enjoyed the

interesting new vistas they provided. Nancy Amendt-Lyon and Ken Evans contributed their expertise to the members of the association by teaching and leading experiential workshops and theoretical seminars.

The chairperson of ISGTA is representing the association on the board of EAGT and is an active member of two of its committees. For a term of three years, she was also on the board of the Israeli Association for Psychotherapy, where she succeeded in putting gestalt therapy on the map as one of the main modalities in psychotherapy. Both authors of this chapter are among the founding members of the International Gestalt Therapy Association (IGTA), and Shraga Serok was one of the nine executive board members of IGTA until 2006.

In September 2005, ISGTA hosted participants from various European countries at an experiential seminar held in Turkey entitled "On Difference and Similarity." It was a turning point in terms of expanding boundaries and inviting therapists from various cultures to take part in an Israeli venture. Encouraged by the success of the endeavor, a further seminar was planned to take place in Jerusalem in September 2006. The seminar's title was "Gestalt Meets: Conflicting Realities" and dealt with gestalt therapy's potential contributions to conflict management and resolution in the EAGT community. This seminar was held on a smaller scale than planned, due to the political conditions that created tension and some danger to participants from abroad.

Future Challenges

The most immediate task for ISGTA is to enhance the process of accrediting members and to establish a substantial body of accredited gestalt therapists and supervisors. This will secure the standards of professional qualitative therapy without which there exists a risk that gestalt therapy will be perceived as yet another panacea, and that irresponsible practitioners will damage the reputation of serious, dedicated professionals.

A committee has been nominated to adjust the guidelines for accreditation, including criteria in terms of curriculum, practicum, and required methods of training and supervision for certification according to those approved by EAGT. Not everyone is interested in the establishment of accreditation guidelines. Some claim that introducing formality into the world of gestalt therapy is counter to its spirit and the initial intention of its founders. However, since the reality is that our community consists of a mixture of professionals who have graduated from formal, structured training programs and many others who were only occasionally exposed to gestalt therapy, we need to bring some order into the field by defining fundamental requirements of theoretical learning and supervised practice in order to maintain gestalt therapy's reputation. It is our belief that the public as well as practitioners would benefit from a strong professional group operating in consensus.

Overall, gestalt therapy in Israel is in a process of constant development and growth. At times there are existential issues hindering this process, but the figure of gestalt therapy has become clearly prominent against the background of the

various caring professions. The professional community exhibits considerable interest in gestalt therapy. Members of our organization are frequently invited for workshops and seminars in various public organizations, such as the Ministry of Health, the Ministry of Education, the social services of the police, and the rehabilitation department of the Ministry of Defense. Some of these participants may choose to seek further gestalt therapy training in the future.

The second task is to establish a full training program that would meet the standards of training according to the EAGT and provide basic and advanced training as well as supplemental courses, seminars, workshops, and supervised practicum for members who have to complete their training. We are looking for academic auspices that will recognize the potential and invest for the future of psychotherapy.

One more task that is actually more of a challenge is to get more potential members active in our endeavors to enhance the awareness of the public to what gestalt therapy has to offer in terms of personal, family, and community therapy. We hope to extend gestalt therapy to serve people in need in the entire community. Like other gestalt therapy communities around the world, we have internal conflicts regarding professional and personal beliefs. Nevertheless, gestalt therapists in Israel are becoming a community that cannot be overlooked.

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Asia

15

Gestalt Therapy in Japan

Yoshiya Kurato

Brief History

Prior to the inception of gestalt therapy in Japan, theories in gestalt psychology by people such as Wertheimer (1912), Köhler (1929), and Koffka (1935) were known in the field of experimental psychology. In particular, Goldstein's "actualizing tendency" and Lewin's "field theory" were familiar among psychology students.

The attractiveness of gestalt psychology lay in its concept of cognition, "Pragnantz" tendency, and wholeness. This attractiveness was the background from whence the understanding of gestalt therapy was introduced to Japan by me in 1972, on my return from the USA where I had studied. As a result of the efforts of Franz Hoffmann and Claudio Naranjo (who had set up the Instituto de Antropología Médica within the Medical School of the Universidad de Chile), there was considerable interest and experimentation in the use of psychedelic drugs such as harmaline, ibogaine, LSD, and substituted amphetamines as an adjunct to psychotherapy and a powerful means of self exploration. All of this was based on the tradition of the shamanic procedures of native American medicine men. It soon became apparent that the altered states of consciousness achieved with these adjuncts were somewhat compatible and easily dealt with the gestalt therapy style of working with clients. Their use enhanced the therapeutic process and promised to be a powerful tool for their patients and therapists alike. Such experimentation was terminated abruptly in 1973 with the advent of the military dictatorship.

In 1972, Barry Stevens, who had worked with Fritz Perls in Esalen and later in Cowichan, spent five months in Chile, invited by Schnake. She brought with her several documentary films of Perls working with clients in the Esalen setting. These films were seen by a large number of psychology students, therapists, and psychiatrists from the two big universities (Universidad de Chile and Universidad

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Catolica), none of whom had ever heard of gestalt therapy. The films were accompanied by the comments of Barry Stevens and were very influential in showing the power and effectiveness of gestalt therapy in the hands of a master. During her stay, Barry was also very active in leading gestalt therapy.

I received a doctorate in counseling from the University of Massachusetts and unknowingly encountered gestalt therapy when I consulted with my supervisor about one of my dreams. The approach was so informative that I became interested in gestalt therapy. My dream work was on my broken tennis racket on the bed. In response to the invitation to do so by the supervisor, I became the racket and obtained a meaningful existential message, namely that I was near to a state of brokenness due to the hard work my study demanded. Through becoming the bed I realized that I was comforted by nobody but myself. I then decided to attend a ten-day workshop by Barry Stevens and John Stevens at Moab, Nevada.

While being affiliated with San Francisco State University as a lecturer and student counselor, I became intensively involved in gestalt therapy and conducted some clinical cases under the supervision of Sue France. Upon graduation from the University of Massachusetts, I underwent intensive training with Erving and Miriam Polster in 1976 at their Gestalt Training Center in San Diego, California, and received a Diploma in Gestalt Therapy in 1978.

On my return to Japan, I presented a paper on dream work (Kurato, 1978a) at a local psychological conference, and reported cases concerning gestalt therapy at meetings of professional bodies (Kurato, 1979, 1980, 1986, 1987, 1988). Initially, the approach was not easily accepted in the professional world of psychotherapy and counseling in Japan, as gestalt therapy seemed to be too articulate in directly confronting clients. At that time, Rogers' empathic understanding was popular among professionals.

When Perls, in the film on *Three Approaches To Psychotherapy* (Shostrum, 1965), was introduced to a Japanese audience for the first time, his abrupt style shocked them, and it took a while before it was accepted among professionals. This acceptance was largely due to my constant and energetic involvement in therapy sessions with clients and my reporting of cases to conferences and meetings in clinical psychology. It was I who conveyed to the professional Japanese world that gestalt therapy was a well-established, powerful psychotherapy with an existential philosophy and phenomenological methodology.

Gestalt therapy was known to a limited audience in Japan prior to its introduction by me. For instance, a brief article introducing gestalt therapy appeared in an educational journal by Shinzato (1977) and a demonstration of gestalt therapy was given by guest speakers at the International Conference on Psychology held in Tokyo in 1970.

Theoretical Contributions

I served as the chief translator into Japanese of Perls' books *Gestalt Therapy Verbatim* (Perls, 1969) and *The Gestalt Approach & Eye Witness to Therapy* (Perls, 1973) and Miriam Polster's (1990) *Gestalt Therapy: A Report from The Second International*

Convention on Evolution of Psychotherapies. I edited a 199-page-long publication entitled *Gestalt Therapy* as a special issue in commemoration of the twentieth anniversary of the journal *L'Esprit d'Aujourd'hui* (Kurato, 1998). The book involved twenty contributors and consisted of eight chapters which dealt with the following topics: (1) the origins of gestalt therapy in Japan, (2) a roundtable discussion on gestalt therapy, (3) concepts and theories, (4) implications for medicine, (5) clinical cases, (6) implications for education, (7) spirituality and gestalt therapy, and (8) the nature of training. The publication helped to expose professionals to gestalt therapy. It was widely read and received good feedback (Ishida, 1998a; Ishikawa, 1999) as readers understood it to be a here-and-now therapy which was clear-cut and powerful, based on the concepts of gestalt psychology and was existentially well grounded. The fact that the emphasis was on awareness rather than interpretation, and also on what is obvious and present-centered, was highly valued, as it presented a new approach to Japanese professionals. The book was sold out soon after being published, and comments through the internet were generally favorable.

In a roundtable discussion of Chapter 4 of the book, physician-authors such as Yamada, Takada, and Tsuchimoto (1998) observed how painful it was when HIV patients faced themselves in the empty chair, and expressed their fear and anxiety of the disease. However, they were soon encouraged to live with the disease and try to survive as long as they could. The physicians concluded that the empty chair could serve as a helping technique for HIV patients.

In Chapter 6 of the book, school teachers talked about difficulties in relating to their pupils. Among them, Shiota, Nishimura, and Nakano (1998) wrote that they experienced a generation gap. Sadly, they said that the feeling of provocation when cheated, or depression when disregarded, was almost the only way that enabled them to share with their pupils. Thus, these feelings provided a common base of communication. When it came to conversation, they felt it was almost impossible to share with pupils. Gestalt therapy highly values feelings, and the teachers were glad that feelings were important in training in gestalt therapy.

In Chapter 7, one of the Buddhist monks who attended the gestalt therapy workshop and was aware of the spiritual aspect of gestalt therapy regretted that the spiritual bond among people had disappeared. However, participants found that they were moved greatly by the workshop and were inspired to apply gestalt therapy in their temple and shrine communities. Consequently, gestalt therapy became their favorite practical base for communicating with people (Ishida, 1998a,b).

Further articles of mine appeared in a series on psychotherapy (Kurato, 1989a–e). These articles on gestalt therapy included case reports which were widely read, and contributed to helping gestalt therapy become known to professionals as the therapy was firmly grounded both theoretically and practically. My article "Frailty, thy name is schizophrenia: a gestalt view" first appeared in Japanese as an article in the *Japanese Journal of Humanistic Psychology* (2003). The article proposed that when people with schizophrenia were viewed from a different angle they would be seen differently. I met with a person with schizophrenia who had been hospitalized for more than fifty years and whose hard and miserable

life was beyond imagination. More than once he was treated with electric shock therapy and kept in an iron-surrounded room for a long time. However, he was a man of patience. The title of the article was borrowed from Shakespeare's *Hamlet*, "Frailty, thy name is woman." Since it is the system that makes women weak in a male-dominated society, it has similarly made people with schizophrenia weak since it tends to value only those who are successful in a competitive environment. This view was a 180-degree turn or a Copernican change for both those who only value the winner in a competitive society and those who are the so-called losers. What was thought to be the weak was the strong, and the strong was the weak, as illustrated in the example given above. Thus, this study hoped to alter the perspective not only of the patient with schizophrenic symptoms, but also of others who are viewed as the so-called weak.

The nature and function of dream and imagery work in gestalt therapy have been described in a number of my articles (Kurato, 1978b, 1979, 1980, 1994). For example, the first article was a case study of a client who visualized herself as a dog. She found that in her visualization she saw herself as an ordinary dog rather than a pedigreed one. It was disappointing for her at first, but the experience afforded her the opportunity to become independent as she realized that she was now a grown woman. This article, which utilized imagery, showed gestalt therapy to be a unique therapy in terms of living the imagery in the here and now, and functioned well with powerful intervention techniques. Clinical cases reported in these four articles informed the professional audience in Japan that gestalt therapy was a well-integrated psychotherapy adept at working with dreams and imagery.

Overview of Research Contributions

A number of outcome studies were conducted by Yukiko Kurato. The article "When the woman stands tall; a workshop model for consciousness raising and its feedback study" (Kurato, Yukiko, 2001) reported on the usefulness of a workshop organized by Yukiko Kurato for the Japanese Association for Humanistic Psychology. The workshop was designed for women in Japan who were not accustomed to developing their self-esteem and "standing tall." The workshop model is outlined in Figure 15.1.

On a five-point evaluation scale ranging from Very informative to Not informative, nineteen of the twenty-one participants reported that the workshop was "very informative," while the remaining two rated it as "quite informative."

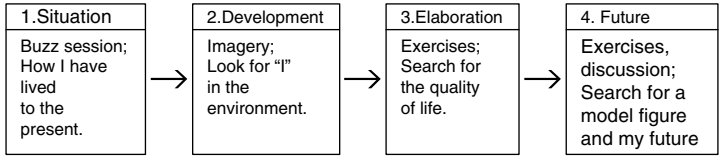

Figure 15.1 Diagram from Yukiko Kurato (2000): how to stand tall in a complicated society; a search for quality of life for women

A follow-up study was carried out one year later to assess if the workshop influenced the participants in their home situation. Twelve of the twenty-one participants responded to the interview. All twelve were in favor of the workshop and were satisfied with the experiences they had. The learning, resulting from the experiences in which they engaged, influenced their daily lives in their home situations. They reported that they became somewhat assertive in verbalizing what they wanted to say to their husbands and children, and even to their mothers-in-law. Hence, their self-esteem became greater as was expected.

These studies showed that gestalt therapy techniques and exercises, when applied to college students and adult women, were meaningful and effective in promoting awareness and raising women's consciousness. A similar study by Yukiko Kurato (2002), carried out with clinical psychology graduate students in a teachers' college, found similar results.

I conducted and reported on a study on stress among teachers (Kurato, 1986, 1987, 1988, 1990a,b, 1991). I created a model for stress management and applied it to eighteen teachers at a two-day workshop sponsored by a local private school system. The model consisted of three stages: recognition stage, contact stage, and insight stage. The first stage was to recognize the intensity of stress through answering questionnaires and through imagery. The questionnaires employed were Maslach's MBI (Maslach, 1982) and Stress Profile for Teachers (Wilson, 1979). The second stage was to contact the stressful experience or events by verbalization, clarification, imagery, and body relaxation. The third stage was to develop insight through time management, responsibility reduction (e.g., to disengage from informal activities such as coach for a boys' baseball team or a manager for the company golf club), discovery of meanings, and development of coping ability. When asked to evaluate how useful the model was for them on a five-point scale ranging from "very helpful" to "not helpful," sixteen of them circled "very helpful" and two circled "helpful."

I published articles on human ecology (Kurato, 2000, 2002) as I became aware of how an ecological-minded way of relating is powerful in helping the client. This involves helping clients to recognize that the natural environment, including animals and plants, can also support them. For example, a college female student who was about to graduate brought the down of a dandelion to a session. The therapist had asked her to bring something that was symbolic for her. The down of the dandelion personified her feeling at the end of college life. It was just like her, she said, standing at the edge of a turning point in her life, not knowing where to go. She was encouraged to become the down of the dandelion in her imagery and to say anything that came to mind. Then she disclosed about her anxiety in departing into the world as a grown-up female. She thought she was not ready yet. However, once she floated in the air like the down, she began to enjoy floating. She began to believe in her own ability to do her own thing no matter where she would go. In this manner, through working as the down of the dandelion, she became ready to face her emerging new life.

Hidaka (1979), a counselor in the local school system in Kyoto, compared psychotherapies such as person-centered therapy, psychoanalysis, analytical

psychology, behavior therapy, and gestalt therapy from the standpoint of "awareness." His study consisted of comparing a case study that appeared in each professional journal. All of the case studies were categorized in relation to their use of "awareness." He found that gestalt therapy emphasized "awareness" most as the key to therapy. The client became alive since he discovered what his immediate need was and how to satisfy it. His study was valuable, in that he showed that the awareness continuum that was emphasized in gestalt therapy was effective in the outcome of the therapy.

Inoue (1980), a student counselor, reported a case study in which the client together with the therapist took a journey of discovering self. The client, a college student who was absent from the college for two years, came to see Inoue as the therapist in order to talk about his problem of apathy, stating that he did not feel like doing anything. Inoue, a gestalt-oriented therapist, introduced imagery through asking the client to imagine himself and talk to himself in imagery using an empty-chair technique. In the imagery, he saw himself as nothing but miserable and said, "It was you who did not know what to do. If you are a college student, work harder and find your way." Thus, imagery and the empty-chair technique gradually helped him to begin searching for what was missing in himself. He discovered that his father was so dominant that he did not allow him to talk back to him. In one session, with the help of the therapist, he said, "You are the one who made me feel so inferior. You are responsible for what I am now. You disappear!" When he became able to verbalize how he felt about his father, he became more assertive not only with his father, but also with others. He also faced a problem with females which consisted of becoming passive in relation to them. As he became more assertive, he gradually became accustomed to talking to females more freely. As to his apathy, he began feeling empowered since he was not withdrawing from people any more. In all, he went through forty-four sessions and concluded therapy knowing what he really wanted to do.

Atsukawa (1995) conducted a case report of a nine-year-old female client who refused to go to school. According to the client's mother, she had been quiet from her early childhood, not active, and unwilling to go to kindergarten or school. Eventually, at the beginning of her second semester in the third grade of elementary school, she stopped going. She was treated by gestalt-oriented play therapy for thirty sessions. In these sessions, the therapy was mainly developed through the therapeutic invitations of the therapist and the client's response. According to the characteristics displayed by the client during play, the process of the therapy was divided into five stages. In the first stage, the therapist concentrated on building rapport with the client, while in the second stage the client disclosed herself through bodily expressions. In the third stage, the therapist introduced a written conversation method in which both the therapist and the client communicated with each other by filling in the blank circle of cartoons with their comments. Through this written conversation, the client expressed her feelings to the therapist and a meaningful relationship was established between them. In the fourth and final stage, the client expressed herself through using toy blocks to make models of home and town. Outside of the therapy sessions, she gradually began to express

her feelings and to become more assertive. The most impressive development was when she said to her friend, "I hate school." Using this style of therapy, the client's inability to adjust to school life gradually improved. The process showed that gestalt therapy was applicable and in fact helpful in play therapy with children.

Haraguchi (1998) has been interested in the body in relation to gestalt therapy. According to Haraguchi, body in Japanese is written as "kara-da" (= empty), meaning that it is "empty" when we are born. As they develop, individuals develop their own traits which are visible in their bodies and are influenced by parents through discipline or the stimuli of the outer world. Haraguchi considered that this is how character is developed – an opinion influenced by the work of Reich (1961). As a clinical psychologist working in a hospital, he investigated handicapped children in the hospital through observation of their behavior. He observed how the children behaved in the playroom and found that they tended to show their inner drives in their bodies. They screamed rather than used words when they felt frustrated in their play. His finding indicated that the body expresses a lot, sometimes more than the words.

Nakanishi (1998) summarized what Perls' (1993) wrote in his book *The Gestalt Approach & Eye Witness to Therapy*. He selected key concepts such as figure and ground, here and now, homeostasis, five layers, contact, wholeness, introjection, projection, retroflection, and confluence and examined them in relation to gestalt psychology.

Taira (1998), a physician who is interested in gestalt therapy, reported some cases of psychosomatic illness that were treated by gestalt therapy. She introduced an empty-chair technique to the patients who visited her in the hospital. In the case of a male patient in his thirties suffering from trigeminal neuralgia, she invited him to talk back as the "pain" that came from the disease. The "pain" said to him, "You are too lazy. I had to warn you and protect you from the problems you face every day but not knowing what to do." Then, the patient spoke back to the pain saying, "You are controlling me. You intimidate me a lot." In saying the above, the patient noticed that the "pain" was just like his uncle in his angry attitude towards himself. Bravely verbalizing what he discovered about himself in relation to his uncle was a turning point for him. He became aware that his pain was rooted in his withdrawn attitude which had been influenced by his uncle. He was gradually able to get rid of his pain. The study has implications for psychosomatic medicine.

With the exception of Taira, who is an MD who specialized in psychosomatics, the authors are all licensed clinical psychologists in Japan who trained at the Gestalt Institute of Japan. They are active in using gestalt therapy within their work situation.

Training Initiatives: Past and Present

Training in gestalt therapy in Japan started in 1978, when I returned to Japan and established the Gestalt Institute of Japan in Konan University. The institute has moved from university to university in line with my academic career, but training

has continued in each location. The training consists of three categories. The first has two parts: an open three-night and four-day intensive workshop, and a one-night and two-day workshop, although the latter has not been held for more than a decade. The second is a training program, and the third is a 125-hour supervised training program. More than 1000 participants have attended the workshops, and around 300 participants completed the training program. A diploma was awarded to those who finished the supervised training, which is limited to those who are licensed clinical psychologists, MDs, and practicing counselors. The two-day workshop was frequently organized by professional associations such as the Association of Japanese Clinical Psychology, the Japanese Association for Humanistic Psychology, the Japanese Counseling Association, and others, including local public school systems, resulting in the institute delegating responsibility for the workshop to these associations.

The Gestalt Institute of Japan often had guest trainers from overseas, including Marty Fromm (USA) and Eva Reich (USA). The Andersons, known as practitioners in confluent education, from the University of Chicago, Illinois, came to study how confluent education – a gestalt approach to education – was applicable to pupils in elementary school. With the institute's assistance, the Andersons conducted experiments in confluent education in several schools. Lee Jacobs (USA), Serge Ginger (France), and Susan Gregory (USA) were short-term visitors to the institute, and they exchanged views on gestalt therapy with its members.

Apart from the Gestalt Institute of Japan, three institutes were founded, including the Tokyo Gestalt Institute by Rickey Wolf in 1982, who offered short-term and long-term training. However, the institute was closed in 2005 when she returned to Canada. Nagoya Gestalt Institute was founded by Yasushi Kimura in 1982 (Kimura, 1998). Kimura ran a two-day and three-night workshop once a year for sixteen years until the institute closed in 1998. In the following year, The Kyoto Gestalt Institute, founded by Masahiro Hidaka in 1980, also closed (Hidaka, 1979).

The Kansai Counseling Center in Osaka (founded in 1965 by Yukio Kokindo) has often organized a three-day workshop with therapists at the Gestalt Institute of Japan. The center holds a seminar on gestalt therapy for their advanced class program each year. More than 140 counselor candidates had participated by the year 2009. Psychiatrists and physicians often form part of the workshops and training. Any medical consultation, examination, or treatment conducted by the physician earns medical remuneration points from the Medical Remuneration Bureau supported by the Ministry of Health according to what the physician does in the practice. For instance, a Rorschach test, if it is administered by the physician, is given 450 points. Physicians are also eligible for points if they practice gestalt therapy. One hundred points are given for each person receiving treatment. Physicians receive remuneration from health insurance societies in accordance with the points they have accumulated. This remuneration is pooled as money for maintenance and expenses in the hospital, including payment for medical staff. It is practiced at any psychiatric hospital as well as the department of psychiatry in general hospitals in Japan.

Gestalt therapy in Japan has lately attracted considerable attention from those interested in brief or crisis intervention, as well as those interested in phenomenological or existential psychotherapies. This is mostly due to the here-and-now approach of gestalt therapy, which is clear cut and powerful and offers training which deals with how to help therapists to relate to people in crisis.

Gestalt Therapy Societies

To my knowledge the Gestalt Institute of Japan seems to be the only institute still functioning in the area of gestalt therapy. The institute was founded by me in 1978 together with my three colleagues Yukiko Kurato, Masahiro Hidaka, and Fumihiko Inoue, all licensed clinical psychologists and university professors. They were the so-called "first generation" of gestalt therapists in Japan who together with other participants were trained by me and obtained diplomas. As staff of the institute, their function has been to organize training and to educate therapists in gestalt therapy. In addition, large numbers of people have been interested in participating in workshops and seminars. However, as the staff became busy in their profession as university professors, they could not attend full time to the duties and functions of therapists, with the result that the training has been postponed until such time as the staff can conduct it. However, when the 2009 Koyasan gestalt therapy workshop was held at Mt. Koyasan, the reopening of the 125-hour training in 2010 was discussed, and it was decided to offer it in the autumn of that year. Another function of the staff of the institute is to read papers of their clinical cases at professional conventions or meetings and write articles for books. Osamu Yamada, an MD and an associate at the institute, has been engaged in employing gestalt therapy with HIV patients (Yamada, 1998). Hiroshi Takada and Kaoru Tsuchimoto have also been empowering HIV patients through gestalt therapy (Yamada *et al*., 1998).

Empty-chair techniques have been used widely in Japan. In the educational field, Mamiko Shiota, a school nurse, used the empty-chair technique with pupils who had been abused (Shiota *et al*., 1998). Through this technique, pupils became aware of how stressed they were and were able to regain their strength to "talk back" to the abusers. Yoshikazu Nishimura and Masaki Nakano, high school teachers, were interested in applying gestalt therapy techniques in classrooms and in pupil guidance and counseling (Shiota *et al*., 1998). They used the empty-chair technique with individuals so that they could understand themselves through becoming characters in a novel. Thus, former trainees of the institute have been active, and the institute has grown to the extent that many professionals are aware of its existence and activities.

There were other movements in gestalt therapy in Japan. The Sanno Institute of Psychology in Tokyo ran a one-day seminar on gestalt therapy at which I was a speaker in 1989.

Future Challenges

It is the goal of the staff at the Gestalt Institue of Japan to attempt in the near future to present their way of doing gestalt therapy in either film or book form as they think it is worthwhile to enable clients to conceptualize what has been achieved in therapy. In other words, it is useful for them to look back at the end of therapy and to see what their problems were and their associated feelings and to understand how the progress that they have made occurred. I apply a psychodrama-like intervention technique to look at what was done through using chairs to represent, for instance, mother, father, brothers, or teachers, and at the psychological distance that was portrayed. Thus, I enable clients to conceptualize what the problem was, what was troubling them about the problem, and where they were in relation to it. Such an approach helps clients to understand their situation and regain their power.

Another challenge is the provision of training. Since there are professionals on the waiting list, I would like to reopen the 125-hour training program. Yet another challenge would be to arrange gestalt therapy, if possible, in a form of brief psychotherapy as a training model for therapists as well as for individual psychotherapy. There is a tendency for people in Japan to dislike any psychotherapy that takes too long. People prefer a brief psychotherapy. Nonetheless, I believe that gestalt therapy can survive and function well in today's Japan.

The people who may well develop gestalt therapy further will be the professionals who trained with me and sometimes do workshops with me. Together, they have presented papers at professional associations in clinical psychology. At present, there are nine professionals who obtained diplomas having finished both a 125-hour training with another 125 hours of supervised training.

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Australasia

16

Gestalt Therapy in Australia

Brian O'Neill

There is a view that gestalt therapy is a way of life, similar to Buddhism, and not solely a psychotherapy modality. It is from this perspective that Perls saw himself as the re-finder of gestalt therapy and not the founder (Perls, 1973; Kirchner, 2000). In the same vein, gestalt therapy in some form existed as a "lived reality" in Australia within Aboriginal culture over many thousands of years. In Aboriginal life there is a way of being in the world which is in harmony with the principles of gestalt therapy.

The Aboriginal sense of oneness with the land is an example of the lived reality of the organism/environment field as discussed by Perls, Hefferline, and Goodman (1951/1984), who described such living as "the original, undistorted, natural approach to life" (p. viii). This was further described by Smuts (1926/1999), whose definition of the field describes the Aboriginal connection with the land, "The Field is the source of the grand Ecology of the universe. It is the environment, the Society – vital, friendly, educative, creative – of all wholes and all souls. It is not a mere figure of speech or figment of the imagination, but a reality" (p. 369).

This experience of the land prefigures and precedes the arrival of gestalt therapy as a psychotherapy in Australia. Gestalt therapy in its current form was introduced to Australia in the late 1970s by pioneers such as James Oldham (Melbourne), Yaro Starak (Brisbane), Barry Blicharski (Sydney), and Don Diespecker (Illawarra), who were influenced by the gestalt therapy movement overseas before returning to Australia and establishing gestalt therapy training centers.

Gestalt Therapy Around the World, First Edition. Edited by Eleanor O'Leary.

Gestalt Therapy Training Centers: 1970s and 1980s

In 1976, Don Diespecker began teaching gestalt therapy as part of a university psychology program at the University of Wollongong, New South Wales, and in 1980 he established the Wollongong Gestalt Centre. When he left in 1984, to live in the Bellingen valley, Brian and Jenny O'Neill developed the Illawarra Gestalt Centre to continue the training in the region.

The Gestalt Institute of Melbourne was formed in 1979 when a group of therapists such as James Oldham began offering therapy and training. In 1979, Yaro Starak moved to Brisbane from Toronto, Canada, and began teaching social work at Queensland University. Together with psychiatrist Barry Blicharski, Peter Mulholland, and Eileen Wright, they established the Brisbane Gestalt Centre. At the same time, groups were forming elsewhere in other states of Australia.

In Newcastle (New South Wales), a series of training workshops was established by Dick and Marion Armstrong, Bruce Chenoweth, and Bruce Furner. In Sydney, in 1981, Barry Blicharski established a twelve-week introductory course on gestalt therapy and from this the Sydney Gestalt Centre began offering a practice in Balmain, in a picturesque terrace house on a corner opposite a park.

In 1981, in Western Australia, an inaugural group including James Oldham developed the Gestalt Institute of Perth. Early graduates, such as Zish Ziembinski and Richard Hester (Perth), joined the institute as trainers in 1984 and were later joined by Claudia Rosenbach-Ziembinski.

Thus, in the late 1970s and the early 1980s there were already a significant range of people teaching and providing therapy and workshops in Queensland, New South Wales, Victoria, and Western Australia.

Expansion and Connection: The 1990s

The growth of these centers continued, and in 1995 the magazine *Psychotherapy In Australia* ran a profile of the training centers in Australia and New Zealand. There were two centers each in Sydney and Brisbane. Each was formed by the "splitting" of people for the purpose of developing another. The Sydney Centre split into two centers in the early 1990s when Anna Bernet established the Gestalt Training Institute of Sydney in 1993 to "further her own approach to gestalt training … to complete her synthesis of a psycho-spiritual approach in gestalt therapy" (Starak, Bernet, & Maclean, 1994, p. 132).

A second center to the Brisbane Gestalt Centre was formed when the "originator" of the first center, Yaro Starak, developed the Brisbane Gestalt Institute. Maria Vogt from Berlin joined the Brisbane Institute in 1994 and became the co-director. Subsequently, the two centers merged in 2008, to create Gestalt Therapy Brisbane, directed by Maria Vogt and Greer White. Sadly, Maria died of cancer in 2010. However, she left a legacy of passion for gestalt therapy and training.

The original training center in Melbourne, the Gestalt Institute of Melbourne, was initiated by Ruth Dunn with a faculty of ten trainers and sixty students,

which made it one of the largest centers in Australia in the 1990s. Subsequently, in 1993, Gestalt Therapy Australia was founded under the influence of Gabe Phillips and Clare Taubert who had originally worked as part of the Gestalt Institute of Melbourne.

Rural and Remote Education in Gestalt Therapy

The only center that was not situated in a capital city by the early 1990s was the Illawarra Gestalt Centre (founded in 1984), which is an hour's drive south of Sydney. A hallmark of this program is the training model, which accommodates students from rural and remote areas through a residential weekend format. This outreach to rural and remote areas expanded in 1994, when Vinay Gunther founded the Northern Rivers Gestalt Institute in Lismore. The center holds that gestalt therapy is primarily an approach to living and secondarily a form of therapy. This is reflected in the description of the training model, which is defined as primarily oriented to the development of authenticity while recognizing the importance of theory.

The New Millennium: 2000 and Beyond

With the retirement of Barry Blicharski, Phillip Oldfield and Rhonda Gibson-Long redeveloped the Sydney Gestalt Centre in 1997 under the same name. Today, the center has a thriving community of trainees in a course that is "rich in experiential work, encouraging supportive relational connections, honouring the intellectual, physical, emotional and spiritual dimensions of our co-created field, intertwined with coherent theoretical approaches" (http://www.gestaltsydney.com/).

The Sydney Centre, Northern Rivers Gestalt Institute, and the Illawarra Gestalt Centre joined together in 2000 to create a network of training which provides a Graduate Diploma in Gestalt Therapy, accredited by the New South Wales Department of Education and with strong links to the University of Wollongong. They named the collective endeavor the East Coast Gestalt Institute.

In New South Wales, the Gestalt Training Institute of Sydney, founded by Anna Burnet, ceased operation in 2000, while one of the first centers, the Gestalt Institute of Melbourne, finally closed its doors in 2005. It is to be applauded for its enduring pioneering work and commitment to gestalt therapy training and professional development. The institute was responsible for bringing to Australia a wide range of trainers and facilitators from Europe and the USA, and was instrumental in promoting gestalt therapy to the wider psychotherapeutic community.

While these two institutes closed, others opened, such as the Gestalt Practitioners Training Sydney in 2003. This institute was primarily founded by former faculty members and/or graduates of the Illawarra Gestalt Centre, under the direction of Michael Reed and Judy Leung (www.gestaltpractitioners.com.au). In 2009, the new directors became Ashleigh Woolridge and Maria Dolenc.

The newest center, founded in 2006, is called the Terrigal Gestalt Institute, situated in New South Wales. It was initiated by a graduate of the Brisbane Institute, Tanya Field, and directed by Yaro Starak, who left the Brisbane center. Dinah Buchanan is the current director (www.terrigalgestalt.com.au).

International Training Involvement

Australian gestalt therapists have been extending their influence as trainers to bring their presence to bear in community gatherings and training initiatives around the globe. The pioneer was Yaro Starak, who, in the 1980s and 1990s, went to Germany and Spain with the Gestalt Education Network International and to Hong Kong working with social workers. Zish and Claudia Rosenbach Ziembinski have been faculty members at the European Summer Training Programme with Robert and Rita Resnick and the faculty of Gestalt Associates Training, Los Angeles. Similarly, Brian and Jenny O'Neill have presented training workshops as visiting faculty with the Indianapolis Gestalt Institute and the Texas Gestalt Institute, along with numerous workshops and presentations at the Association for the Advancement of Gestalt Therapy (AAGT). They were the program co-chairs for the Seventh International Conference of AAGT in Florida, and both remain active members of AAGT. Brian was president for the period 2004–2006, while Jenny was Regional Contact Person for Australasia. They have also presented workshops in Vancouver, Amsterdam, Rome and for the Leaders Conference on the island of Spestes.

More recently, Steve (Vinay) Gunther has worked to establish reciprocal training visits within Europe, the USA, and Mexico.

Theoretical Contributions through Books and Articles

The literature in gestalt therapy by Australians was at first minimal, though it is now developing. The first text to appear, *Risking Being Alive* (Oldham, Key, & Starak, 1978) presents a picture of gestalt therapy very similar to Perls' (1973) book *The Gestalt Approach & Eye Witness to Therapy*. This first Australian text includes numerous experiments and offers gestalt therapy as a way of life. As the authors state in the introduction, gestalt therapy is more about changing our lives than working as therapists, and in this way the text supports the statement of the Polsters that "therapy is too good to be limited to the sick" (Polster and Polster, 1974). It remains popular today with students and clients.

The major contribution of this early text was that it made gestalt therapy available and understandable to a wide range of people, and it introduced people to the application of gestalt therapy in life through experiments. It was followed up by two more volumes, *Grounds for Gestalt* (Starak, Burnet, & Maclean, 1994) and *More Grounds for Gestalt* (Starak, Burnet, & Maclean, 1996). These books were an anthology of writing from various Australian and New Zealand authors and presented the gestalt approach to this region of the world.

The first Australian journal, *The Australian Gestalt Journal*, was established by Bruno Just (1997) (one of the first students of Don Diespecker). He wrote to the gestalt training centers asking for their support, and noted that the journal would be inclusive of an Australian context and would stand as a journal of international reputation. In 2004, however, the Council of Australia and New Zealand, Gestalt Australia and New Zealand (GANZ) decided to develop its own journal, titled *The Gestalt Journal of Australia and New Zealand*, with a focus on local content. At that point, the publication of the *Australian Gestalt Journal* ceased.

The new GANZ journal, under the inaugural co-editorship of Leanne O'Shea (Australia) and Anne MacLean (New Zealand), published a range of articles from local writers. More recently, it has become international in its range of contributing writers, which raises an interesting question as to the premise for national-based writing in the current global context. Several of the notable and novel contributions to the literature in these two journals are now considered.

In her article entitled "The greening of psychotherapy: rethinking our professional practice in the age of climate change," Russell (2009) writes as a social and environmental activist, Earth educator, and gestalt therapist. She presents how, in field theory terms, the language of gestalt therapy, which is relational, can be configured to include the wider biosphere and our relationship to that. She challenges gestalt therapists to become aware of their own environment. Greater contact with the natural processes of life is encouraged from vegetable gardens to composting toilets, and she uses this as an example of how body waste nourishes fruit and vegetables and in this cycle returns to her. She notes how eco-psychology is implicitly moral and locates within the dimensions of philosophy, spirituality, and psychotherapy, and how gestalt therapy can benefit from a wider field perspective which expands beyond the problem-focused dimension of therapy into a wider field perspective, including connection to the Earth's system of growth and decay and our role as a species in threatening it.

Along a similar vein, Kirby (2010) writes about gestalt equine psychotherapy and the role of horses as a therapeutic modality to enhance gestalt therapy work with some clients. She notes that there appear to be only two such practices in the world: the Gestalt Equine Institute of the Rockies and Gestalt Equine Psychotherapy Australia. The article presents the author's initial personal experience with horses and then broadens this into the process and role of the therapist and horse in gestalt equine psychotherapy and links this to case studies. In brief, gestalt equine psychotherapy is a human–horse–human encounter that offers the opportunity to shift the traditional therapeutic experience to an animal in a reconnection with the natural world (as distinct from human), or, as she states, "The therapist, the client and the horses together create a unique opportunity for deepening self understanding and contact … the inter-species work fosters respect and re-connection for a 'civilised' population in need of a deep connection to the natural world" (Kirby, 2010, p. 63).

In a brief yet notable article, Blicharski (2000) considers three avoidances that he believes earlier writers (Perl *et al.* (1951) and Polster and Polster (1974)

specifically) "avoided." Beginning with transference, he argues that Perls *et al.* move away from this concept to a focus on the liveliness of immediate experience, while the Polsters suggest that the "transference explanation" is an avoidance of the here-and-now situation and make contact central, giving primacy to experience over interpretation. Blicharski argues that these early writers were probably exhausted by the already extensive discussion and description of transference and did not also need to re-enter this arena and instead left it off the list of avoidances. Blicharski then notes how polarization is described in gestalt literature as a process to work with, yet it is not viewed for its quality of avoiding contact. He states that, in attending to two areas that are opposites, the wider field is ignored or even avoided. Working with polarization as an avoidance involves inviting the client to view the wider field at the same time as the polarizing experience in order to open up awareness of the impact of polarization in this field. Finally, he considers objectifying as worthy of inclusion as an avoidance and that he himself has treated "the avoidances" as if they were nouns when in fact they are processes. He connects this process of needing a world of objects to control (including people) to the similar position described by Martin Buber. By becoming open to the subjective world, we must of necessity relinquish some of our control of people as objects and connect with them as subjects like ourselves wherein, as he states, "my relating to you becomes subjective rather than objective" (Blicharski, 2000, p. 27).

Australian gestalt therapists have also contributed to the literature on gestalt therapy through a presence on editorial boards and through publications in journals such as the *Gestalt Review*, the *British Gestalt Journal*, and *Studies in Gestalt – Dialogical Bridges*.

Alan Meara has published several times in international journals, including an article in the *Gestalt Review* with Brenda Levien (Meara & Levien, 2005) in which they present their experience as presidents of GANZ. They discuss the challenges faced in teaching gestalt therapy in a socio-political environment which is becoming increasingly regulatory. The first of these is the grounding of theory in coherent practice, and they state, "The original formulation of gestalt therapy by Perls *et al.* (1951/1984) is a notoriously difficult read and various expansions and developments of theory and practice have been selectively adopted by various centres throughout the world" (p. 314).

The above-mentioned authors also list a number of challenges. The first challenge is to translate those rather rarified terms into therapeutic interactions so that students learn why they are doing what they do. A second challenge is the assessment of practice competence in which, they argue, there are no agreed-upon formal standards. Third is the implementation of the time frame for training programs, in which they mention the GANZ standard of 600 hours' training over four years as an agreed standard in Australia. Another challenge is the articulation of academic requirements for higher education with several centers gaining higher education accreditation, and the tension between the experiential learning in gestalt therapy and the "neat boxes" of academic regulators. This ties in with the emerging need to meet employers' demands which require more evidence-based practice and time-limited interventions.

Another writer (originally English, but now living in Australia) is Leanne O'Shea. She has published several articles, one of which deals with sexuality. In that article in the *Gestalt Review* (O'Shea, 2000), she highlights the apparent absence of sexuality in the literature and discussion of gestalt therapy and in the training of therapists. She notes the degree to which the discussion of sexuality and its relationship to therapeutic practice have been absent both in the literature and in training programs. She hypothesizes that this is due to the way sexuality is understood, the history of sexual misconduct in psychotherapy, the place of sexuality in the founding of gestalt therapy, and the impact of shame for individuals. She advocates that there is a clear need to make sexuality a vital component in training in order to undo factors such as shame and silence and. furthermore. to enable the place of sexuality in gestalt theory and practice to better emerge.

In the organizational field, another English ex-patriot, now living in Australia, Trevor Bentley (2006, personal communication) has published on the gestalt approach in organizational work in several editions of journals as well as making presentations at conferences. He has developed "The Space Between Australia Pty Ltd" (stands for Proprietary Limited), an organizational consultancy company, as a vehicle for developing relational awareness in the organizational context. He writes of the importance of Australians in this context, "At the recent conference – the Evolution of Gestalt – in Esalen, California, it was clear that the impact of Gestalt in the organizational world is growing and we feel the work we are doing in the UK and Australia is a major contributing factor" (Bentley, personal communication, 2006).

Finally, the Illawarra Gestalt Centre has made contributions to the theory, practice, and training of gestalt therapists through articles, commentaries, book chapters, and books. This has occurred in several interrelated fields, specifically in couple and family therapy, supervision and training, field theory, and the development of community in gestalt therapy.

In the area of couples and family therapy, faculty at the Illawarra Gestalt Centre have written on supervision and training in working with couples from a gestalt therapy perspective (Devlin & O'Neill, 2004; O'Neill, 2010, 2011) and have further developed this in conjunction with their contributions to field theory. O'Neill and O'Neill (2008) culminated many years of teaching couples therapy in a chapter which explicates a view of the couple attuned to the original view of the organism/environment field (Perls *et al*., 1951/1984).

As Lee (2008) writes, "they (O'Neill & O'Neill) present their intuitively bright conceptualization of a couple as a 'oneness' which allows a deeper appreciation of couples' experience and development." Thereupon, it is the movement between the individuals and the oneness of the couples system which adds to both theory and practice. This has contributed to field theory in gestalt therapy in various ways, including the following: the integration of gestalt field and quantum physics (O'Neill, 2008); connecting field theory with the work of Buber (O'Neill, 2011); and in providing an integrative framework for the field perspectives of Perls *et al*. with that of Lewin (O'Neill & Gaffney, 2008). O'Neill and Gaffney (2008) have developed a terminology which encompasses the divergent perspectives of the

field (ontological and epistemological) into a cohesive field perspective which they translate into a theory of practice.

The theoretical development in couples and family systems and field theory has been of value in training gestalt therapists (O'Neill & O'Neill, 2008a). It leads to the eventual development of a community approach to training from a gestalt therapy perspective. After more than twenty-five years of training groups of therapists, it became apparent that it was the ground of the training community itself which was the core base from which the rest flows, and this is described theoretically and practically in a chapter called "The use of group in training" (O'Neill & O'Neill, 2008b). This chapter provides one of the few in-depth descriptions of the process and elements of training gestalt therapists and correlates the elements of the curriculum to the stages and development of the group, and as with couples, the use of the "group as a oneness" as a medium to support learning in community.

This work has engendered further theory development on community in a pioneering work in conjunction with Erving Polster and Malcolm Parlett which details the history, theory, and practice of living in community from a gestalt therapy perspective. The publication of *Community, Psychotherapy and Life Focus* (O'Neill, 2009) brings together the current writing by Malcolm Parlett on gestalt therapy in the world of the twenty-first century and the pioneering work of Erving Polster describing life focus groups as the next giant step in psychotherapy. The writers in *Community, Psychotherapy and Life Focus* come from around the globe and provide for the first time a voice for people's stories in how they have experienced gestalt therapy as a community endeavor, from New York (Bloom, 2009), Philadelphia (Lichtenberg, 2009), and Esalen (Wheeler, 2009) to Britain (Stevens, 2009), Greece (Levine Bar-Yosef, 2009), and even the internet (Brownell, 2009).

A unique contribution to the gestalt therapy field has been using developments in audio visual means to present gestalt therapy. Australia has offered a range of multimedia educational material through Tom Cavdarovski, who has produced and developed a number of video productions of gestalt therapy. The most notable of these is an interview with Robert Resnick together with a companion video of gestalt couples therapy in which Robert and Rita Resnick demonstrate live couples work. Liv Estrup traveled to Australia especially to produce her video *What is behind the Empty Chair* at Wollongong University with Cavdarovski (Estrup, 2003).

Gestalt Therapy Associations and Societies

Until the mid-1990s, there were numerous small communities of gestalt therapists formed in localities around the continent, often in isolation from each other or with limited contact.

The first large national conference for experiential psychotherapies, entitled "Crossing Boundaries," was held at Queensland University in 1988. The conference was attended by several hundred practitioners from around the

country, many of whom were gestalt therapists. There were movements from this conference to establish ongoing professional bodies, such as an association of art therapists; however, connecting gestalt therapists as an association was to take another decade.

Yet, as Reed (1997) wrote, it was the very lack of knowledge relating to center that led to the first meeting in Sydney of all centers from Australia and New Zealand in 1996. His initial contact as faculty of the Illawarra Gestalt Centre with Melbourne and Perth institutes was well supported, and in 1996 he invited all the gestalt therapy institutes to a meeting in Sydney. A second meeting was held in Melbourne, co-facilitated by Michael Reed and Brenda Levien, and a third in Brisbane in 1998.

The Melbourne meeting developed the initial mission of this newly formed association which was to advance the philosophy, teaching, training, application, and research of gestalt therapy throughout the Australian and New Zealand region. By 1998, the first conference was held in Perth. The association held formal elections of officers to the council, and the first president elected was Michael Reed (Australia), later followed by Brenda Levien (New Zealand) for two terms of office. In this manner, the formation of what has become the main representative association of gestalt therapy in Australia – GANZ – occurred.

Research Contribution

It was not until the 1990s and the establishment of the accredited training centers that the notion of research emerged as viable for a gestalt therapist in Australia. Some factors influencing this have been financial and vocational, such as a lack of willingness on the part of the statutory bodies to provide health fund payments for treatment interventions which were not "evidence-based practice."

This was at a time when gestalt therapy training was becoming standardized and accredited through GANZ. This created an ethos of measurable standards (competencies) in training therapists with the expectation that this should lead to measurable standards of efficacy. It was further encouraged by several institutes seeking state government accreditation for Graduate Diploma or Masters level courses, and the linking of programs to universities.

Some writers clearly take the view that gestalt therapy is beyond traditional research or any notion of research at all. Others seem to be ambivalent about this, while others see a place for some research and not others. As Meara (2005) stated in the introduction to the first *Gestalt Journal of Australia and New Zealand*, "I am cautious about and want to challenge the movement towards so called evidence based practice. As a researcher, I know that 'evidence' can be in many forms, and believe that human experience and Gestalt process can not be captured through positivistic approaches" (Meara, 2005, p. 4).

However, current research and potential for the future for gestalt therapy in Australia is as O'Leary described it for the rest of the world in 1992, "Research in gestalt therapy is still in its infancy. An exposure to investigative methods and

research analysis as part of gestalt therapy training is both desirable and long overdue. This would probably result in new research endeavours" (O'Leary, 1992, p. 120).

The *Australian Gestalt Journal* did publish research papers such as Prosnick *et al*.'s (1998) empirical validation of resistances or contact styles using the Gestalt Contact Styles Questionnaire, Reynolds' (2005) analysis of the relationship of the gestalt contact-making functions and the divorce adjustment of children; and Prosnick, Jasmine, and Wagner's (1996) empirical analysis of major axis 1 clinical symptoms in translation to a taxonomy of gestalt resistance processes. However, each of these research articles was written by non-Australians and none appeared from Australia and New Zealand in the *Australian Gestalt Journal*.

The development of courses which were accredited by higher education bodies as either Graduate Diploma or Master level (Brisbane Gestalt Centre, Northern Rivers Gestalt Centre, Sydney Gestalt Centre, Illawarra Gestalt Centre, and Gestalt Therapy Australia) paved the way for research of a qualitative and (rarely) quantitative nature to develop, mostly as unpublished projects. Three of these have become published in journals and are described below along with a major research project on adolescents.

The first major research project was by Glenda Devlin (2004) (a Masters thesis at La Trobe University) and was published as an article in the *British Gestalt Journal* (Devlin & O'Neill, 2004). Her study used a phenomenological approach to explore gestalt couple therapists' experience of working with clients. She generated data from nine participants to clarify commonalities and variations within a gestalt couples therapy (GCT) approach. Her results highlighted the potential contribution of GCT to the wider field of couples therapy. It integrated important elements such as the helpfulness of a contextual, relational approach that recognized the interconnection between therapist and client; the importance of facilitating the client's active involvement in determining the focus of work, and working directly with couples in exploring and experimenting with ways of making contact.

The results also suggest seven common themes or elements within GCT: preparing for the couple interview, experiencing the connected field, developing a dynamic triadic relationship, working with the emerging figure, exploring couple patterns of contact, offering experiments, and ending a couple interview. Devlin (2004) concludes that while further research can be important for arguing for the effectiveness of the gestalt approach to couples therapy, it can also help clinicians make decisions about what to do with particular clients at particular points in time over the course of therapy. One of the benefits she raises about this "experience-near" research is that it reflects the realities of practice.

In a study by Reed (2005), a call for a relational/field perspective for adolescent and family resilience was proposed. He had completed his PhD dissertation at the Faculty of Medicine, University of Sydney on adolescent mental health and family relationships. He extended this work into a paper in the GANZ journal which reported on his doctoral thesis from a field perspective, making comparisons between families presenting with physical health issues (asthma) and mental

health issues (severe mental disorder). In particular, this paper focused on the aspect of the work which considered parents' perceptions of family relationships and reporting of their child's mental health status. The particular mental disorders were not specified. The study made comparisons between scores of two questionnaires, the Family Assessment Device, which is a self-report of family functioning, and the Child Behavior Check List, which is a self-administered questionnaire recording behavior problems and competencies of adolescents (both in Achenbach & Edelbrock, 1983).

The study excerpt on mental health found that while parents are in general agreement as to the level of competence they attribute to their children, mothers and fathers did not share the same level of agreement when problem behaviors were involved. However, Reed (2005) notes that "much of the variability in scores over the research groups remains to be explained" (p. 56). He concludes that, "findings of this study suggest that working with the family of an adolescent provides a opportunity to effectively address family struggles and conflicts which may impede adolescent development and healthy family functioning" (p. 57).

Devlin (2004) notes that there are challenges in advancing a relational/field perspective in health research. However, it is not clear from this paper what is meant by a relational/field perspective, and it would have enhanced the work to have given a greater elucidation of gestalt theory, principles, and practices. The inclusion of gestalt therapy in the work is principally that "Gestalt therapy promotes awareness of the organism/environment contact (Perls *et al*., 1951/1984) as central to a person's development and wellbeing" (p. 46). They further stated that "Mental health is the outcome of dynamic organism–environment transactions" (p. 57) and reference to Kempler's notion that each family member affects and is affected by the total family configuration.

The challenge of linking gestalt therapy to research methodology can also lead to new forms of doing research and specifically those which are informed by a gestalt therapy perspective. An example of this is the paper by Brooks and Howie (2008); based on the work of Clark Moustakas and grounded in phenomenology, it explicitly acknowledges the researcher's lived experience as central to the study which involves an intense, abiding personal interest in the phenomenon under study. Hence, while phenomenological research such as that of Devlin (2004) requires two or more co-researchers, heuristic enquiry can use the therapist as researcher and participant. As described by the authors, it draws on a study of spoken language within a therapist–client relationship using the gestalt therapy approach which illustrates the philosophy and methods of heuristic enquiry, demonstrates the relevance of this approach in researching the therapeutic relationship, describes the stages involved in the methodology, and considers limitations and opportunities for further research.

The most recent research presented by Stratford, Lai, and Meara (2009) heuristically sets forth to assess neurophysiological correlates during therapeutic alliance between therapist and client. Therapeutic alliance was measured using the validated Working Alliance Inventory and through an immediate correlate with skin conductance resonance. In reporting the results of this research, the authors at times use language which is definitive: "The

study has identified that there are specific sites in the brain that become active when there is a strong connection between therapist and client; especially indicated by increased activation of the parietal cortex during moments of TA" (p. 19). At other times, Stratford *et al.* are more qualifying and tentative in their language, which in essence better suits any attempt to draw conclusions from a small sample of five: "From these results it would appear that different parts of the brain are either switched on or off during therapy moments of high TA" (p. 32). The authors acknowledged that it was a limited client sample of people experiencing symptomatic anxiety, and confounded by perhaps length of therapy and therapeutic models. It suggests, therefore, that further studies look at long-term therapy and investigate larger numbers in each therapy model.

Despite these limitations, this is a fascinating study which is ground breaking in striving to provide quantitative and qualitative indicators of links between the neurophysiological dimension of functioning and the psychological and interpersonal.

Future Challenges

There are several contemporary changes in the wider field of psychotherapy and counseling in Australia which affect gestalt therapy. The three most significant are the changes in funding models for mental health services, the changes in the couples and family therapy sector, and the market forces shaping psychotherapy training and accreditation.

Mental Health and Substance Abuse

The last decade has seen increasing emphasis by the federal and state governments in addressing mental illness by means of a significant funding boost. This funding has focused on general practitioners, as well as the psychologists and related workers who work alongside and support general practitioners. Funding is no longer solely focused on serious mental illness, such as schizophrenia and affective disorders. It has been extended to more widespread disorders, such as anxiety, depression, substance abuse, and dual diagnosis.

This has resulted in the creation of large networks of medical and psychology practitioners funded by Medicare (federal government) attending to a wide range of disorders which gestalt therapists in private practice would have dealt with in the past. This is a significant economic advantage to private practice for psychologists, as both health rebates and subsidized health care make their services eminently more affordable than seeing gestalt therapists is. It offers several challenges or directions for gestalt therapists; for example, to join these networks with the same demonstrated efficacy of the evidence-based practices, to develop new "niche markets" for private practice, or to become marginalized and transform into something different.

Couples and Family Therapy Sector

In the area of couples and family therapy the new Family Law Amendments which came into being in July 2006 and July 2007 are linked to a large-scale funding program by the Attorney General's department. From 2006 to 2008 there were sixty-five multi-million-dollar family relationship centers established across Australia offering free mediation and advice for families and couples in the process of separation. The result is a massive swelling of the non-government sector in the provision of couples and family therapy.

For gestalt therapists in private practice this requires linking to these family relationship centers as a major source of referral for people traditionally seeking couples therapy. This can be in the form of collaborative practice or through the new employment opportunities within these sectors. The couples and family therapy sector has traditionally employed people from diverse counseling backgrounds, and this offers a greater opportunity for gestalt therapists to gain employment in the couples and family therapy sector.

Market Forces and Accreditation

These changes in funding models by the federal government for mental health and couples and family therapy create a challenge for gestalt therapy, especially in its ability to maintain its uniqueness and difference while attending to forces in the wider field. In particular, there is a challenge to demonstrate evidence-based practice. Linked to this is the current amalgamation of state registration bodies for professionals into a national registration body, connected to government subsidy and in which other psychotherapies, such as gestalt therapy, are not part of. As the Psychotherapy and Counselling Federation of Australia (PACFA) newsletter states:

> Draft regulations recently by the Minister for Health and Ageing, the Hon. Nicola Roxon neither include counsellors and psychotherapists in the current list of health and allied health professions, nor propose that these professions be included at a later date. This must be corrected before the regulations are approved in the Senate in May and we need to work towards a review of the Minister's decision (Benjamin, 2010, p. 2).

It would appear that unless GANZ and psychotherapy bodies such as PACFA can access such accreditation and government funding, then the market will ultimately direct people to services such as psychology instead. As the president of PACFA reported in 2010:

> Soon the Government will release the findings of the enquiries into the Better Access Initiative. We, as you probably remember, had input into the part that was being conducted by KPMG. During that meeting we were reminded that in order to become recognized, let alone achieve any funding we would have to show what it was we offered over and above that being provided by other Health and Allied

> Health professions already. That will require an enormous amount of research and having seen the work that the psychologists put in to justify their inclusion under the BAI I was both admiring and daunted (Johnston-Newell, 2010, p. 4).

Thus, it is a critical time for gestalt therapy in Australia, and one in which the future of private practice as psychotherapists may be severely challenged.

Conclusion

Much in the gestalt therapy approach is particularly effective and valid as a healing and therapy modality, as experienced by those involved with it. Its rich theory and breadth of philosophy, principles, and practices make it particularly suited to work in a wide range of areas. Furthermore, it is a therapy which has a wide lens through field to hold and integrate other modalities and be effective with a wide range of disorders. Yet, in the current climate of evidence-based practice, how do gestalt therapists provide testimony to this and do they want to?

It would seem clear that if gestalt therapy seeks to continue as psychotherapy practice in Australia, particularly with the support of the government funding being accessed by psychologists, it must either seek registration from government or promote its practice in other forms, such as working with couples and family systems and organizations. This may well end up being the case, albeit "daunting" as it may be at present.

Whatever the future of the gestalt therapy approach in the market place of counseling, it will hopefully maintain its essence as being a way of life similar to Buddhism and, through honoring the evident richness of the experience it brings to so many people, continue as a vital part of the Australian landscape.

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17

Gestalt Development in New Zealand
An Antipodean Approach

Anne Maclean

The Beginnings

In 1969, Walter Kempler (USA) visited New Zealand and presented the first taste of gestalt therapy to New Zealanders. Three years later, in 1972, Bert Potter visited California's Esalen Institute, where he experienced the work of Fritz and Laura Perls. Returning to New Zealand, he ran encounter groups based on gestalt therapy principles. Some of the people attending these groups had also been at Esalen, and out of their passion for the gestalt therapy method of working they wanted to establish its use in New Zealand. Formal qualifications were secondary to this main objective. The introduction of gestalt therapy to New Zealand was a challenge to the psychodynamic model that was the current orthodoxy.

In 1979, Don Kaperick, Peter McGeorge, and Lewis Lowry set up the Gestalt Associates in Dunedin – a group comprising of fifteen individuals. They established the first training in gestalt psychotherapy in New Zealand. This training was based on the Cleveland model since Don had spent two and a half years in training. The group met fortnightly, alternating a theory night with a therapy night. Trainees were encouraged to participate for their own personal growth rather than the motivation of a qualification. Keeping a journal, completing written assignments, and engaging in practical demonstrations with clients ultimately led to a certificate that was awarded on the basis of clinical competence. There were two graduates, Gill Caradoc-Davies and Liz McCabe. The following year there was a new intake of trainees.

Don was responsible for bringing trainers from overseas, primarily from the USA; as a result, Jim Simkin, Savine Wisemann, Les Wyman, and Fred Grosse presented gestalt therapy seminars and workshops in New Zealand. Fred Grosse first visited in 1982, returning regularly to present workshops over the next ten years.

Gestalt Therapy Around the World, First Edition. Edited by Eleanor O'Leary.

In due course, the three trainers moved away from Dunedin, and in 1986 the program ceased. Don ran a training program at the Southland Community College in 1980–1981.

In 1988, as a psychotherapist from Christchurch, I undertook the organization of Fred Grosse's time in New Zealand, and both of us began to discuss the possibility of establishing a training institute there. One of the original aims was to provide workshops at local level for people who were interested in learning about gestalt therapy, and who might consider training in the modality. Initially, gestalt therapy workshops were mostly held over a weekend with occasional three- or four-day courses. Most of these workshops were conducted by Fred Grosse, who twice yearly came and worked in the main centers. With the help of some people in local areas, workshops were held regularly in Auckland, Hamilton, Whakatane, Christchurch, and Dunedin and occasionally in Palmerston North, Ashburton, Greymouth, Timaru, and Oamaru. Later, individually and in conjunction with Fred, Gill Caradoc-Davies, Jan Illingsworth, Heather Robyn, and I also took part in facilitating these workshops. Since New Zealand is a compact country, these workshops were accessible to a wide group of participants.

There was, and still is, very little in the way of formal gestalt therapy courses in universities or colleges of education, although some social work programs and psychology departments do include a limited introduction to gestalt therapy concepts, and polytechnics teach short modules on gestalt therapy within their counseling courses. Over the past five years, a Gestalt Institute of New Zealand (GINZ) faculty member, Maria Bowden, has taught a gestalt therapy module at the Dunedin Polytechnic, Ranka Margetic-Sosa is a new gestalt therapy trainer on the counseling program at Wellington Technical Institute, Brigette Puls offers a two-year part-time gestalt module at the Psychotherapy and Applied Psychology Department, Auckland Institute of Technology, and Stephen Parkinson conducts gestalt therapy workshops at the University of Waikato on an invitation basis.

The year 1991 saw the establishment of GINZ and the Integrative Gestalt Centre, both in Christchurch, followed three years later by the New Zealand Academy for Integrative/Gestalt Therapy (NZAIT) in Auckland.

Training Initiatives: Past and Present

In 1989, Fred Grosse and I floated the idea of a national gestalt therapy training institute. We were joined by psychiatrist Gill Caradoc-Davies who had been a part of the Gestalt Associates. In 1991, we founded GINZ. Fred Grosse, Gill Caradoc-Davies, and Stephen Parkinson were the faculty members, and I was the administrator.

The aims stated in the founding document of GINZ were as follows: to promote development and awareness of gestalt therapy for any persons who might benefit there from; to promote and provide training in gestalt therapy to an international standard of excellence; to provide appropriate professional supervision for such training; to set and maintain standards and quality control over every

aspect of the work of the institute; to promote and make known the work of the institute throughout New Zealand and overseas; and to affiliate with any other appropriate organization in the field of psychotherapy.

GINZ faculty members have made contributions within the wider field of psychotherapy. In Dunedin, Margaret Bannister has chaired the supervisors' group of the New Zealand Association of Psychotherapists (NZAP), and Brenda Levien has been invited to join the supervisors' group in Christchurch and is currently on the NZAP Council. In Wellington, Virginia Edmonds is a member of the Wellington supervisory group.

Nationally, the institute is based in Christchurch with teaching centers in Dunedin and Wellington. The institute developed a part-time five-year training course of four to seven years' duration with four stages. The training emphasizes the students' personal, relational, and experiential development, and includes significant aspects of psychodynamics. The introductory stage focuses on interactive experiential development as well as personal and individual creativity and responsiveness. While continuing to develop personally, the second stage brings a focus on more clinical learning. Matters of professional practice are discussed, and major mental health disorders are introduced. In the third stage, a deepening understanding of gestalt therapy and its integration into practice is supported by dream work, field theory, working with splits, resistances, experiments, and an understanding of transference and counter-transference from a gestalt therapy perspective. Trainees nearing the end of stage three, along with a faculty member, co-facilitate the first- and second-year training workshops. Recognition is given to prior learning, and promotion through the stages is based on competence rather than on the completion of academic work.

Initially, there were three four-day workshops per year for all trainees, as well as local training groups fortnightly. Now, the workshops have extended to five days in length. Each year, individual psychotherapy and supervision must be undertaken by all trainees from the second stage onwards. There is also a requirement for written assignments on a wide range of psychotherapy-related topics. Trainees must engage in clinical work, and three transcribed tapes of such work are required each year. Knowledge of the interface between psychiatry and psychotherapy is a special requirement for all trainees before they complete their Diploma. This part of the course was developed by Gill Caradoc-Davies, and includes specific study of psychiatric conditions through a series of papers and tapes, and experience in a mental health facility for at least one week before graduating. Trainees are then required to take an oral examination with a small panel, one of whom is a psychiatrist.

The training workshops, particularly in the first stage, were to be open to interested individuals who did not intend to undertake formal training. Nowadays, non-trainees are only accepted into the first-stage workshops. From a simple beginning, development occurred. The first year began with thirty-eight trainees and twenty-six interested participants, some of whom subsequently enrolled in the full training program. There are currently eighty-four graduates in gestalt psychotherapy, and the Gestalt Institute continues to have fifty to sixty trainees nationwide in any one year. Graduating trainees are awarded with a Diploma in

Gestalt Psychotherapy, equivalent to a primary university degree. Furthermore, the training has been accredited by the New Zealand Qualifications Authority.

In 1998, the Diploma in Personal Professional Development (Dipl. PPD) was created by GINZ to provide training for people who did not wish to become psychotherapists, but who were using the gestalt therapy paradigm in their profession. Two people have graduated, one with a PPD Diploma and the other with a PPD Advanced Diploma. This latter qualification was discontinued in 2000 due to the heavy workload carried by the staff on the main program, and the logistics of providing professional support to this program alongside the existing Diploma.

The Integrative Gestalt Centre also began a training program in Christchurch in 1991. Gestalt therapists Rudolf Jarosewitsch (Germany), Sue Murray (Australia), and family therapist Herbert Wolpert (Germany) were the trainers. Around forty people took part in the training, and six completed the four-year program to graduate with a Diploma in Gestalt Therapy. At the end of 1995, after five years in operation, the Integrative Gestalt Centre ceased to offer a formal training program.

In 1994, Brigitte Puls and Bernd Struder, both of whom had trained in integrative gestalt therapy at the Fritz Perls Institute in Germany, established the NZAIT in Auckland. The academy offered training workshops in co-operation with the European Academy for Psychosocial Health (EAG), which evolved from the Fritz Perls Institute. Workshops were offered in 1994 and in 1995 in Auckland. Nowadays, apart from her work at the Auckland Institute of Technology, Brigitte Puls holds monthly NZAIT forum meetings in Birkenhead, Auckland, for those interested in gestalt therapy practice. The founder of the Fritz Perls Institute, Hilarion Petzold, who also conceptualized his own approach as integrative therapy, visited New Zealand in 1995 and presented workshops and talks to the academy in Auckland and Christchurch.

Until the establishment of a combined Australian and New Zealand association of gestalt therapy, most New Zealand gestalt psychotherapists became members of the New Zealand Association of Counsellors. Current figures indicate that just under two percent of the 2545 members are either gestalt therapy graduates or counselors who make use of gestalt therapy concepts in their work with clients.

Gestalt Australia and New Zealand (GANZ): An Association for Practitioners

From the outset, the nearest gestalt therapy connections for New Zealand were in Australia. The trainers who came from outside Australia to establish gestalt therapy there were then invited to New Zealand, particularly once GINZ was established. For instance, Yaro Starak from Brisbane, and Zish Ziembinski and Claudia Rosenbach-Ziebinski from Perth taught in New Zealand. In the reverse direction, Fred Grosse, Gill Caradoc-Davies, Brenda Levien, Stephen Parkinson, and I have on various occasions taught in Australia. Thus, an Australian–New Zealand

connection developed. Dissatisfied with poor links and limited communication between the training centers in Australia, Michael Reed boldly invited representatives of all the training centers, including those in New Zealand, to meet together. Thus, in 1996, meetings, co-facilitated by Michael Reed and Brenda Levien (New Zealand), were held between Australian and New Zealand gestalt therapy trainers and psychotherapists. These meetings continued regularly until 1998 when a joint association, Gestalt Australia and New Zealand (GANZ), was formally established at the first Australian and New Zealand conference held in Perth in September of that year. From 1998, members were accepted into the association. The Mission Statement declares:

> GANZ is an association of practitioners committed to advancing the development of the gestalt approach, through education, training, research and practice. Central to the work of the association is the care of members, the cultivation of a dynamic professional community and the governance of the organization through experiences and practices congruent with the philosophy of gestalt. Special attention is given to evolving the philosophy, theory and method of the approach and its specific application to counselling, psychotherapy and consulting contexts as well as its broader application to organizational, community, social and ecological issues.

The GANZ Council meets regularly (face to face, and through an interactive email program), to deal with the business of the association that is spread across a large continent and three small islands in the Pacific Ocean. There are eighteen members of the council, of which two are New Zealanders, representing the student body and the graduates. The appointment is held for two years, after which delegates may stand for a further term of office. A faculty member of GINZ, Brenda Levien, was the first secretary of GANZ and subsequently the second president for two terms (four years). She remained on the council as the representative of Directors of Training until September 2006.

GANZ hosts a biennial international conference, organized by the various training centers in turn, within the Australian states and New Zealand as a whole. The third conference was held in Christchurch in 2002 with the theme, "Manwaatia – Matters of the Heart," reflecting the bi-cultural nature of New Zealand. GANZ has established codes of ethics and standards of practice as well as complaint procedures for the training centers and practitioners. Members of the association receive regular newsletters and copies of the *Gestalt Journal of Australia and New Zealand*. (See below.)

Gestalt Club and Gestalt New Zealand

The first gathering of students and practitioners, outside the context of training programs, occurred when the Gestalt Club was formed in Christchurch. Meetings have also been held for gestalt therapy practitioners in Dunedin and Wellington. In Christchurch, the club offered a program to anybody in the region interested in using the concepts of gestalt therapy, be it in counseling, therapy, business, at

home, or at work. George Sweet and I started the club in 1994, seeing the group as a means of networking, exchanging ideas, meeting new people, and continually presenting different aspects of gestalt therapy and other active process therapies. The meetings began with a half hour for socializing followed by an hour's presentation. Included in the program were panel discussions and presentations on aspects of gestalt therapy, socio-drama, transpersonal dimensions of psychotherapy, children's therapy, adolescent issues, and work with couples. There was also a place for people to display information and material about their work. At the end of each year, graduating students presented their journeys in gestalt therapy. Attendance varied from a dozen to over thirty persons. After four years, in 1998, Sue Beesley, a graduate of the Integrative Gestalt Centre, and John Mander, a Hakomi therapist, took over the organization of the club's activities, which wound up after two more years.

Not long after the Gestalt Club had ceased to operate in 1999, Gestalt New Zealand (GNZ) came into being as an incorporated society. The original objective was to provide a professional body for gestalt therapy students, graduates, and people who use gestalt therapy concepts in other settings. This was superseded by GANZ becoming the professional organization. The future form of GNZ is emerging with the possibility of meeting regularly, both socially and professionally. Their newsletter, *Gestalt Allsorts*, is a means of keeping members informed of local and international gestalt matters.

An Overview of Theoretical Contributions to Books and Articles

There has been interest and growth in publishing, particularly since the establishment of the *Gestalt Journal of Australia and New Zealand* (GJANZ). Previously, there was little publishing activity within New Zealand, and books on gestalt therapy were thin on the ground, arriving in dribs and drabs, usually ordered from the UK or USA. As the number of trained gestalt therapists in New Zealand has grown, practitioners and students have begun to write, offering for publication the particular emphasis and differences in the practice of gestalt therapy in this part of the world.

Since 1995, there have been articles written by New Zealanders published in international journals other than GJANZ. These include Caradoc-Davies (1995, 1998), Jarosewitsch (1997), Parkinson (2000), Levien and Meara (2005), and Trusttum (2006). In GJANZ, the following New Zealanders have contributed articles: Hardie (2004), Parkinson (2004, 2005), Trusttum (2004), Maclean (2004, 2005), Miles (2005), Severn (2005), Turnbull (2005), Young (2005), de Leuw (2007), Pack (2007, 2009), Denham-Vaughan and Edmond (2010), Jamieson (2009), and Levien (2006). Following workshops in New Zealand, two interviews were included in GJANZ: Falconer (2009) and Churcher (2010). One book review was contributed by Buckett (2008). Two poems by Maclean (2006) and Todhunter (2006) were also included.

Prior to the GJANZ, New Zealanders and Australians contributed to two books of collected articles and one individual book published on supervision. The contributors are Starak (1994, 1996), Bradnam (1994), Bernet (1994), Falconer (1994), Maclean, A. (1994, 2002), Cole (1996), Jarosewitsch (1996), Neutze (1996), Mackenzie (1996), Doerschel (1996), McIvor (1996), and Janus (1996).

Before the establishment of GANZ, the nearest journal amenable to gestalt writers in New Zealand was the *Australian Gestalt Journal* edited by Bruno Just. Initially, this journal was purchased and distributed to GANZ members. As GANZ became more solid and the membership grew, there was a growing interest in finding a means of expressing the unique voices of the local gestalt therapy writers. In 2003, the council appointed me (New Zealand) to set up the necessary structures, documentation, and the appointment of the members of the Editorial Board and a peer-review panel in conjunction with the GANZ Council. In addition, they appointed Leanne O'Shea (Australia) to co-edit with me the twice-yearly publication of GJANZ. The council called for co-editors, one in New Zealand and one in Australia, thus giving both countries a stake in the project. Currently, the co-editor is Virginia Edmond in New Zealand with Associate Editors Richie Robertson and Dean Smith in Australia.

Theoretical Contributions

In the first issue of GJANZ, Trusttum (2004) wrote an article on death in which she says, "Gestalt has proved a rock from which I can venture with increasing confidence into the world of disability, previously kept at arm's length … finding a voice with which to express ideas and personal experience in the field of genetic impairment" (p. 66). Trusttum (2006) went on to publish an article on physical impairment in the *British Gestalt Journal*. As a gestalt therapy graduate, she opens up the field of how able-bodied people and psychotherapists, in particular, need greater awareness of disabilities and the processes for disabled clients. This challenge, while about a specific impairment, opens a doorway to field theory and how psychotherapists may include this in their work.

Severn (2005), a GINZ graduate, has been involved for a number of years with her clients through individual and group sessions for men and for women, exploring and teaching a particular area of the field feminine consciousness. Severn's work challenges field theory to include more when working with women, and also reveals a steady dedication to becoming more conscious about the feminine and the particular aspects every woman brings with her into therapy. Thus, Severn in her article pleads for a truly phenomenological view of this major element of context – menstruality – a word to cover the whole cycle for women, a word which the author developed in her work of exploring the complete field with women clients of all ages, which is not adequately attended to. There has been feedback from both male and female psychotherapists about the usefulness of her perspective in their own work and in their work with clients, as well as from their clients who read the article.

The article by Turnbull (2005) is unique, as it is written as a final student project prior to graduation. Turnbull, who was accompanied throughout her training by her "seeing-eye" dog, explores her journey and specifically the role her blindness has played as she has become a gestalt graduate. Moving from naming blindness as a disability, disadvantage or her Achilles' heel, she discovers her blindness is one of the tools she uses as a therapist.

Pack (2007) is a postgraduate researcher and has a background in coordinating a national postgraduate program for allied health professionals. She was for a time a gestalt therapy trainee. Her own doctoral studies explored sexual abuse therapists' responses to stress and trauma and the impact of this work on the therapists' significant others. In this article, the concept of hope is discussed in relation to the vicarious traumatization literature. She draws upon the underlying optimism and perseverance in gestalt therapy as the key to staying present and in the moment with the client.

Pack (2009) explores the underlying power dynamics and themes in the supervisory relationship. The more recent development in the discourse about clinical supervision is the relational emphasis, which Pack sees as enabling supervision to be considered as occurring in a liminal space or "creative void" (p. 72) The principles of contact, of figure and ground, and of the polarity of isolation and confluence underpin a body of information concerning clinical supervision in all its aspects.

Levien (2006) illustrates aspects of shame from a clinical perspective alongside her thinking on the limits of shame as a single focus when working as a gestalt therapist and trainer with sensitive people who are experiencing shame. She encourages the ongoing exploration of what underlies the shame.

Caradoc-Davies (1995), in her article, sets out to bring forward ideas that blend her psychiatric training with the theory and practice of gestalt therapy and to revitalize the concept of top dog/under dog, changing the language used and reintegrating the term with its analytical/object relational roots.

Parkinson (2005), an English-trained gestalt therapist, has also a comprehensive musical training. Both sit together well within his work. His article on the role of music in integrating a gestalt therapy experience explores guided imagery in both a group setting and individual sessions. The engagement is to explore the experience of the phenomenology of individuals during their listening to a particular piece of music. He also discusses the music that best serves when using this method.

My book *The Heart of Supervision* (Maclean, 2002) was the first book on gestalt therapy by a New Zealander. It deals with matters pertaining to supervision with a particular focus on the relationship between the supervisor and supervisee and the spiritual nature of the supervisory process.

Research Review

In 2004, Sarah Hardie investigated post-traumatic stress disorder (PTSD) and gestalt therapy. The study (Hardie, 2004) had the following three components: the place of gestalt therapy in social work, the diagnostic criteria for PTSD from

DSM IV-TR, followed by consideration of PTSD from a gestalt therapy perspective, and a literature review of the gestalt therapy treatment of PTSD. Later that year, Hardie's article was republished in GJANZ. It has proved a useful resource for practitioners when looking for written material on gestalt therapy and PTSD.

Three findings from her research were as follows:

- Social work and gestalt therapy meet each other happily as they have the whole person in mind, not merely an aspect of the person.
- Gestalt therapy also enjoys a wide breadth of possibilities for those who have experienced trauma and may experience the "unfinished business" of PTSD.
- Gestalt therapy has similar challenges to social work in the quest to provide the broad training base gestalt therapists use.

PTSD from a gestalt therapy perspective is understood by the gestalt therapist as "unfinished business." Perls, Hefferline, and Goodman derived this term in the 1950s from gestalt theory. Other contributions to PTSD include I–Thou dialogue, a phenomenological approach, and a focus on the here-and-now. A literature search of therapy for PTSD and/or trauma in general included one record of gestalt therapy (Isotupa, 2000). A search for the terms "unfinished business" and "gestalt" produced nineteen records, of which three had a research component. Concern to increase the profile of gestalt therapy contributions to the field of PTSD was offered as a challenge to practitioners.

This was the first research paper published in GJANZ, and to date it is the only piece of research by a New Zealand gestalt therapist. It is hoped that the establishment of GJANZ may encourage further research to be undertaken in New Zealand. As this is an Australian and New Zealand journal, the other research articles were written by Australians.

GANZ Activities

In 1998, the GANZ Council appointed Sharon Snir (Sydney) as the editor of the GANZ newsletter *Connections*, which since then has been distributed quarterly to all members as part of their subscription. This provided a new voice as contributions from the various training centers and individual practitioners convey the breadth of gestalt therapy work in New Zealand and Australia. The newsletter contains a wide variety of information, articles, and advertisements keeping members up to date with news in the gestalt therapy community, and offering them a place to express their own gestalt therapy-related interests and ideas. After Sharon resigned in 2004, Alan Meara took up the editorship, and in 2007 the council appointed three people who are jointly editing the newsletter: Fran Harris, Sharon Bloom, and Peter Holmes.

At the Third GANZ International Conference in Christchurch in 2002, there was great interest in setting up writers' groups both in Australia and New Zealand. A regular three-hour, bi-monthly group met in Christchurch over the past two and a half years and enjoyed sharing their writing, supporting each other, and encouraging members to offer material for publication.

Publications

Prior to the establishment of GJANZ, New Zealanders and Australians contributed to two edited books of collected articles: *Grounds for Gestalt* (Starak, Bernet, & Maclean, 1994) and *More Grounds for Gestalt* (Starak, Bernet, & Maclean, 1996). Contributors included Starak (1994a,b, 1996), Bradnam (1994), Bernet (1994), Falconer (1994), Maclean, A. (1994), Maclean, M. (1994), Cole (1996), Jarosewitsch (1996), Neutze (1996), Mackenzie (1996), Doerschel (1996), McIvor (1996), and Janus (1996). These collections provided a means for local writers, practitioners, and students to offer their ideas and explorations to a wider field of people. These collections became part of the background that led to the Gestalt in New Zealand, and, it may be argued, the decision to include a section in the journal for articles by students. In 1996, a Spanish translation of *Grounds for Gestalt* was published.

With the creation by Phil Brownell in 1997 of the on-line eJournal *Gestalt!* in the USA, another avenue opened up. I became an associate editor, and with Brenda Levien and Rudolf Jarosewitsch wrote in 1997 about the development of Gestalt "down under." Various gestalt centers in Australia and the GINZ were gathered together to present information about their training programs. Ultimately, both countries joined together in GANZ. In addition, Jarosewitsch (1997) contributed an article on healing in psychotherapy. The main theme of this article is to be found in the Maori word *Aroha*, which he translates as "unconditional love" and how as an immigrant from Germany he explored this concept as he established a gestalt therapy practice and then a training program here in New Zealand.

The *Gestalt Dialogue*, a newsletter publication, was first produced in 1994 by Jarosewitsch with two issues per year. In 1998, the title changed to *Integrative Dialogue*. From August 2001 onwards, Jarosewitsch, together with Mirjam Busch, has been producing an internet newsletter called *Partners in Dialogue*. Jarosewitsch has brought his years as a gestalt therapy practitioner and educator to this work. The theory underlying practical ideas and the realities of being aware provide the ground for this production.

Meara (Australia) and Levien (NZ) presented a paper, teaching gestalt therapy in a regulated environment, at the inaugural Psychotherapy & Counselling Federation of Australia (PACFA) conference in Melbourne in 2003. Here, a New Zealander and Australian, both Directors of Training of gestalt therapy programs, brought their wide experience together to look at ongoing themes for all training centres, particularly the increase of structure and practice registration that is being required within the gestalt therapy environment.

Using other ways of extending gestalt therapy within our community and engaging a wider audience lies in the use of more modern media, tapes, DVDs, Powerpoint presentations, and the web. In 2006, I was invited as a gestalt therapy elder to the Eighth International Conference of the Association for the Advancement of Gestalt Therapy (AAGT) in Vancouver. I was one of four elders

interviewed and filmed for a DVD: Erving Polster was interviewed by Eva Gold, Richard Kitzler by Jon Frew, Judith Brown by Ansel Woldt, and Anne Maclean by Seān Gaffney.

Future Challenges

New Zealand is a small country quite distant from the major centers of world population, with a rather recently developed gestalt therapy culture. The development and maintenance of good networks within this country and with gestalt therapy practitioners elsewhere is important. Organizations such as GNZ have an important role to play in improving internal cohesion, and GANZ is already a co-operative effort with our nearest neighbor.

In New Zealand, there are two founding cultures, the Maori and the European, and like most other countries in the twenty-first century, it is increasingly becoming the home to different ethnic groups with their own cultural traditions. Learning to improve our relevance to all cultures is vital so that gestalt therapy may be available to all, benefiting individuals and improving the mutual understanding of different ethnic groups.

Practitioners hold the responsibility to continue their own personal development through the traditional means of psychotherapy and supervision. Yet, alongside the interest in body, mind, and soul, the search for satisfactory spiritual expression and the quest for meaning and relevance in a universe beset by rapid changes and worldwide fear is a growing edge within our society. Today's challenge to the gestalt community is to attend to the "whole" by including the possibility that our very nature is spiritual, and to explore what this may mean in gestalt therapy terms.

Gestalt training in New Zealand has developed a strong foundation and is producing a steady flow of psychotherapists. There is a responsibility to maintain high standards in established teaching programs, and to consider other groups within our community who would benefit from training in gestalt therapy theory and practice. There exist opportunities to train people from the business world and organizations who could make use of gestalt therapy concepts and methods in their interpersonal relationships.

Connections with practitioners from other modalities are being fostered to spread the knowledge and benefits of gestalt therapy, both to facilitate the referral of clients to appropriate practitioners and consultants, when another modality is more appropriate, and when medical intervention needs consideration. This will need time and attention.

The encouragement of writers and researchers is important. The co-editorial team of GJANZ, with one editor in New Zealand and one in Australia, provides such support. With books and journals published worldwide and accessible on the internet, the exploration of gestalt therapy concepts, theory, and practical developments will remain healthy and alive. The challenge lies in continuing to provide this means of communication.

One of our tasks will be to keep the simplicity of Fritz and Laura Perls' basic concepts and use them alongside our growing knowledge and comprehension. The need to hold the simple intentions of the gestalt therapy framework within an increasingly complex universe will require a willingness to make changes and to develop that which has been gifted to us.

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Conversations with Gestalt Elders and Founders

Richard Kitzler interviewed by Jon Frew; Anne Maclean interviewed by Sean Gaffney; Judith Brown interviewed by Ansel Woldt; Erving Polster interviewed by Eva Gold. American Association for Gestalt Therapy Conference, Vancouver. August 2006, University of British Colombia. DVD.

The Americas

18

Gestalt Therapy in the Province of Quebec, Canada

From its Flourishing Days to its Phase of Questioning and its Perspective of Challenges for the Future[1]

Janine Corbeil

Brief History of Gestalt Therapy

The development of gestalt therapy in Quebec Province has been influenced by the history of the political and economic evolution of the province. Placing this development in its geo-political context, one could be reminded that the province of Quebec is the French-speaking enclave with a population of eight million while the total population of Canada is thirty-five million and that of North America three hundred and fifty million.

1950 and Before

For a good while, psychologists were vassals to the medical profession. Their role was limited to psycho-diagnosis while the practice of psychotherapy was monopolized by the medical profession, mostly assumed by medical students doing their internship in psychiatry.

1960–1975

In 1960, a new, more progressive and long-awaited liberal government was elected in the province, defeating the conservative party as well as its collusion of several decades with the ecclesiastical hierarchy. Embarking on a series of reforms, the

[1] Part of this chapter (history, past and present) is drawn from "A letter from Quebec" published in the *International Gestalt Journal*, 2004, vol. 27, no. 2.

Gestalt Therapy Around the World, First Edition. Edited by Eleanor O'Leary.

socio-cultural conditions of the province were substantially altered. New laws were promulgated and Departments of Health and Welfare as well as Education were created, finally overthrowing the invasive power of religious communities who had ruled these fields with a rather strong iron fist up until then. New jobs then became open to psychologists in schools, education, social services, and research. This gave rise to a bargaining power for psychologists who had until then been more or less captives of the medical profession. There was a massive exodus of psychologists from psychiatric institutional settings, which contributed to a general improvement in the quality of psychological practice in particular psychotherapy.

The professional lineage of gestalt therapy in Quebec has been existential psychology, which itself came from social psychology and not from the field of clinical psychology as one might have expected. Through their discovery of and training with Carl Rogers, who had a strong impact in Quebec in the 1950s, students in social psychology were exposed to humanistic/existential philosophy and psychology and its approach (Lebourgeois, 1999).

In the meantime (in the 1950s), a social research center linked to the Department of Psychology of the University of Montreal offered internships and provided laboratory facilities for students drawn to social psychology. In order to further their training, these students then traveled to the National Training Laboratory (NTL) in Bethel, Maine, as well as to Chicago where Carl Rogers was teaching.

In addition to this total social upheaval in the province (which was named by historians as the Quiet Revolution), the counter-culture of the anti-war movement, the rise of radical therapy, and feminist psychology that developed on the west coast of America also echoed loudly in Quebec.

All of this gave rise to a climate ripe for the human potential movement, and Quebec became a likely place for gestalt therapy to take root. The first introduction to gestalt therapy came in 1972 in the form of a workshop offered in Montreal by Joseph Zinker of the Gestalt Institute of Cleveland. In the months that followed, several members of this institute came to give sessions in Montreal. A number of psychologists from Quebec who were interested in the gestalt therapy approach traveled to California, Cleveland, and New York in order to train further.

Past Training Initiatives

Some of the participants (Maurice Clermont, Ernest Godin, Don Horne, John Kennedy, Susan Saros, and I) who had received their training in the USA returned to open their own training institutes in Montreal and Quebec City. Don Horne and Susan Saros opened the Gestalt Institute of Quebec in 1973. I opened the Centre de croissance et d'humanisme appliqué (CCHA) in 1974, and Ernest Godin and Louise Noiseux, the Centre québécois de Gestalt (CQG) in 1976. Those three training centers were in Montreal, whereas John Kennedy and Maurice Clermont operated Psycho-Québec (PQ) during those same years in the city of Quebec. The Centre d'intervention gestaltiste (CIG) was founded later (in 1981) by Gilles Delisle.

American gestalt therapists such as Laura Perls, Allen Darbonne, Elaine Kepner, James Kepner, Lyne Jacob, Lois Meredith, Micheal V. Miller, Miriam and Erving Polster, Stephan Tobin, Bill Warner, and Joseph Zinker contributed to the gestalt therapy training programs in the province of Quebec. Psychologists, social workers, and mental health professionals took advantage of those training programs during this first period. Those programs were offered on a private basis, outside of public institutions like universities and colleges. Indeed, it was a time when there were budgets for postgraduate training of professionals working in mental institutions, and this policy was contributing to help registration in those private training centers.

Some basic 300–350-hour programs spread over a period of three years were offered in those gestalt therapy training centers. Due to their bilingual capacities (French and English), the main gestalt therapy trainers from Quebec who had studied in the USA traveled to Belgium and France where they shared their knowledge. Sometimes these training sessions overseas were collaborative projects between an American institute and gestalt therapists from Quebec. It was a phase of great proliferation and creativity.

By 1976 and for a quite a few years afterwards, in addition to the gestalt therapy centers already mentioned above (GIQ, CCHA, and CQG in Montreal and PQ in Quebec city), there were also other training centers offering postgraduate training of humanistic orientation, including rudiments of gestalt therapy principles and practice. Gestalt therapy was popular, and its trainers were invited to those centers as guest trainers.

In the 1980s, however, a phase of rethinking was emerging. Gestalt therapists in Quebec were experiencing the need for more depth and were aware, in spite of miracles that appeared to be unfolding in front of their eyes during group experiments, of the necessity of a step-by-step approach for real psychological changes to occur. Over time, they realized that the theory of gestalt therapy had a rich background that was indispensable for students to know and that the careful application of gestalt practice assumed an in-depth knowledge of psychopathology. A need to return to that through which the founders had differentiated themselves was in the foreground: competencies relating to classic psychodynamic theories as well as the capacity of using the gestalt therapy approach with serious personality disorders.

From 1987 to 1992, as an extension of the 350-hour training program given by the CCHA, a post-gestalt study group was organized around theory seminars in order to analyze the thinking of a few authors. This has been a collaborative endeavor (Henriette Blais, Lise Bougard, Danielle Desbiens, Jean-Pierre Gagné, Jean Fréchette, Marie-Thérèse Leduc, Ginette Phaneuf, and Alfred Santerre have been active participants). A report that would be even remotely close to these meetings would take an entire book by itself. At the risk of a serious oversimplification, I will attempt to summarize some of the main points of view raised during those years.

The seminars were focused on integration/differentiation between gestalt therapy theory and certain earlier theories which had been part of formal graduate

training in universities in Quebec Province. The historical, philosophical, and methodological foundations of gestalt therapy theory were discussed with a view to ascertaining which foundations were in opposition to the phenomenological dialogical and existential-humanistic perspective and which ones appeared to be complementary. Some of the writings of Freud, Jung, Kohut, and Rogers were among the theories that were re-examined.

S. Freud, C.G. Jung, and F.S. Perls

Gestalt therapy theory came into existence in reaction to Freud's psychoanalysis, although it was initially meant by its founders as a complementary contribution to Freud's theory. Furthermore, Quebec has a strong psychoanalytical tradition, which led members of the study group to feel the need to articulate their own thinking in relation to certain principles resulting from Freudian theory. What follows are the main points of commonality between Freud, Jung, and Perls.

All three are psychogenic approaches in which neurosis is seen as a disorder in the development of the psyche as well as a defect of adjustment to the environment. Instincts and the unconscious play a much greater role in human function and governance than what had been thought of until now. Individuals are more determined by their instincts and emotions than by their reason.

However, the notion of an unconscious as totally split from the conscious life (Freud, 1950) is incompatible with the holistic theory of the human being that gestalt therapy theory presents. Perls (1969) wrote that the unconscious is located in the body, which forms a holistic whole with the mind and can be retraced through awareness, imagery, dreams, and body work. A human being must be seen, first and foremost, as a person and not as a series of structures separated from one another (Perls, 1969). Furthermore, the notion of the unconscious is rejected in gestalt therapy in favor of a phenomenological approach relying on the observation of clients' behaviors and their own experience rather than on interpretations coming from psychoanalysts (Yontef, 1993, p. 133). Jung's (1952) notion of the unconscious does not present the total split that Freud's concept does. In addition, it offers a much more positive vision. Thus, the Jungian unconscious is not just a source of fear or an indication of pathology, nor is it even dangerous without the forces of repression; on the contrary, it represents a form of intelligence that is both superior and archaic. It is a source of wisdom. Intuition constitutes an important function of the unconscious at the same time as a mode of self perception. The collective unconscious, through archetypes, is an inexhaustible source of psychic wealth and resources. Some of our dreams are peopled by them. In Jung's estimation, our dreams are the letters that our self writes us during sleep; they thus deliver messages that will need decoding in order to become accessible to the realm of consciousness. However, Jung presents a more dialogical approach and stresses that the decoding will only be done with the patient's cooperation, which differs from the Freudian method where all knowledge resides in the analyst's science (Jung, 1974). Jung's view of the unconscious and the dream universe was seen by the study group as more akin to

a holistic Perlsian gestalt therapy perspective, while offering an attractive complementary approach to individuals interested in the exploration of the dream world (Corbeil, 2006).

Carl Rogers and Heinz Kohut

Other differences/similarities were drawn from the approach of Carl Rogers and Heinz Kohut by the study group. The analyst's position, which is meant to be neutral and objective, clearly agrees with the scientific process of laboratory research, but is hardly compatible with a therapeutic approach that is built upon a human relationship, a dialogical stance as humanists' advocate. Both Rogers (1942) and Kohut (1971) insisted on the importance of empathy as one of the major therapeutic ingredients. Rogers (1967) proclaimed the priority of the person over the problems or diagnosis. He defined empathy as the ability "to sense the client's inner world of private personal meanings as if it were your own, without losing the as if quality" (Rogers, 1967, pp. 92–93). Kohut (1985) spoke of "persons who have devoted their life to helping others with the aid of insights obtained via the empathic immersion into their inner life" (p. 252).

Rogers (1942) saw human beings as having within themselves the resources to develop in the best possible manner. In gestalt therapy terminology, we would say that the human being is constantly searching for the best possible form. Rogers' therapeutic goal is psychological integration and growth of the person. His foreground is the human being, the person; his therapeutic stance is basically dialogical (Rogers, 1942). While remaining a psychoanalyst, Kohut (1971, 1977) rejected the Freudian instinct theory to adopt a vision of the development of self in the child. For him, it is the needs of the child to be seen, understood, and idealized that are innate and to which parents respond. From the outset, the child possesses a perfect core self and not an undifferentiated self as Freud (1950) believed or an autistic self as Mahler, Pine, and Bergman (1980) held.

With Kohut's view of a perfect core self together with Rogers' emphasis on the inner ability of the person to self-cure, one finds oneself in a relational and egalitarian theory of psychological development and practice that meshes with our adherence to a basic humanistic and dialogical stance. The attention and respect brought to the life experiences of the other, as opposed to a mode of knowledge that knows from the outside what is going on inside the other, is more phenomenological and conforms to our epistemology and gestalt therapy tradition. This perspective also sheds light on our role as psychotherapists, which, in Kohut's terminology, is that of the "Self Object" therapeutic parent for clients who suffer developmental disorders of the self (Kohut, 1971, 1985).

To summarize, this historical overview of a period of questioning that dates back over thirty years allowed our study group to come up with the following conclusion: gestalt therapy theory, our beloved approach, appears as an overendowed child, with its wonderful intuitions on the importance and use of body work, dream, and imaginary life, it is very successful also as a therapeutic approach; however, it needs to grow and develop.

Without straying into theories in direct contradiction with gestalt therapy theory and practice and seeking that which would respect its existential postulates and its phenomenological epistemology, it was necessary to develop its theory of psychic development of the human being. It needed a clearer understanding of the basic pathologies and a broader spectrum of respectful and appropriate therapeutic interventions, especially for individuals whose psychological development had been seriously impaired. The study group was also aware that these needs for more in-depth training entailed a set of risks for the future of gestalt therapy: How could it preserve its own identity and its immense creativity while the fields from which it would draw were, for the most part, of the mechanistic and/or reductionist type?

Furthermore, the training model in Quebec Province then tended to favor, via practicum and demonstrations, the short-term therapeutic style. It had become necessary for us as gestalt therapy trainers responsible for training programs to highlight the therapeutic process involved in long-term psychotherapy. This suggested some basic modifications in the training program, such as more individual psychotherapy and emphasis on the necessity of supervision.

The Present Situation

Nowadays, the number of centers which provide basic gestalt therapy training has diminished. However, as will be mentioned below, some complementary training is being offered. With the death of Susan Saros in Montreal in 2002, the Gestalt Training and Counseling Center founded by Don Horne and Susan in 1973, closed its doors. Gilles Delisle and Line Girard of the CIG do not present their training program as a gestalt therapy program anymore. Their program flyer states that some of the experiential methodology and emphasis on the neuro-dynamics of the here and now have been maintained, but their teaching is based on the British School of Object Relations; namely, that of W.R.D. Fairbain (Delisle, 2001).

Jorge Vasco has opened a new training institute, the Institut Québécois de Gestalt Thérapie (IQGT – The Quebec Institute of Gestalt Therapy), which started a basic gestalt therapy three-year training program in September 2010 of 350 hours' duration. This institute also offers various training sessions: I offer a training in group therapy, Gagnon a gestalt therapy approach with borderline personalities, and Louise Dubuc a training on therapeutic work with victims of sexual abuse or some other post-traumatic stress disorders. Robert and I provide training on the body dimension in gestalt therapy, presenting the historical and theoretical roots of gestalt therapy body work. The objective of the training is to revive a crucial and basic form of gestalt therapy, and, through experiments, to demonstrate the therapeutic power and vital importance of the body dimension in a therapeutic process (Corbeil, 1994, 1998). I also offer complementary training sessions on the theory and practice of dream work in gestalt therapy (Corbeil, 2006) as well as on the systemic perspective of gestalt therapy.

Gagnon (1993, 1999) developed and has been teaching a model that provides a coherent framework for gestalt therapy applied to severe personality disorders for a few decades, while Hamel (1993) and Hamel and Labrèche (2010) have developed a program on the training of therapists for the therapeutic use of art therapy. Hamel also teaches a gestalt/Jungian integrative approach to dreams in the context of psychotherapy.

In comparison with the first phase of the development of gestalt therapy theory and practice in Quebec in the 1970s when budgets were available for the post-university training of professionals, a much smaller population of mental health professionals can afford a three-year training. However, a pool of resources now exists to support those involved in continuing gestalt therapy training. After thirty years in existence, there are experienced gestalt therapists and supervisors who can meet the needs of those who undertake training, supervision, or therapy. A few universities in the province offer gestalt psychotherapy, among other approaches in their counseling services. Some introductory courses on gestalt therapy theory are also offered in some graduate programs. Since we already know (Strümpfel, 2004) that research on the effects of gestalt therapy for a great variety of clinical problems and symptoms is very efficient, it is to be hoped that the universities in Quebec Province will fall into step with this promising trend of research.

The Gestalt Therapy Association

In June 1988, The *Gestalt Journal*'s conference celebrated the tenth anniversary of its foundation in Montreal. The title of the conference was "Theory and Practice of Gestalt Therapy." There were two panel presentations. One was given by gestalt therapy trainers of the province on the topic of therapy in Quebec with presenters Gilles Delisle, Ernest Godin, John Kennedy, Oscar Hamel, and with me. The other panel on the theory and practice of gestalt therapy had as discussants the members of the Editorial Board of the *Gestalt Journal*: George I. Brown, Isadore From, Joel Latner, Micheal Vincent Miller, Erving Polster, Miriam Polster, Molly Rawle, Joe Wysong, Gary Yontef, and Joseph Zinker. Although there is no printed version of these two panels, a recording is available from the Gestalt Journal Press.

Following this conference, the Association Québécoise de Gestalt (AQG – Quebec Gestalt Association) was founded. A group of gestalt therapy trainers and students were already interested in establishing some kind of association, and the Gestalt Journal Conference is likely to have given an impetus to this event. The objective of the association is to offer professional and personal support to its members. The association organizes an annual conference, dinners with invited speakers, and seminars. Since 1992, it has been publishing a quarterly newsletter (*Émergence*) as well as a journal, the *Revue Québécoise de Gestalt* (RQG, *Gestalt Journal of Quebec*). The *Quebec Journal of Psychology* (RQP), sponsored by universities of the Province and the Quebec Order of Psychologists, is published

three times a year. In 2000, the AQG established a "think tank" committee whose aim was to promote the theoretical development of gestalt therapy.

Throughout its history, the AQG has hosted many roundtable and panel discussions on gestalt therapy, covering topics such as its advantages, limitations, challenges, and social function. One of the first themes for discussion dates back to 1991, when the AQG organized a roundtable discussion on the evolution of gestalt therapy. At this event it was asserted that gestalt therapy needed to define more clearly its underpinnings in terms of psycho-affective development and to establish a more detailed understanding of intra-psychic structures. The challenge of relatedness and differentiation was raised, consisting of acknowledging the limits of gestalt therapy in drawing from other theories, while respecting its phenomenological nature, its field dimension, and dialogic approach. It was also noted that gestalt therapy must respond to the challenge of developing a gestalt-based praxis appropriate for severe personality disorders. Gagnon (1999) has developed some thinking and writings and teaching on this issue.

The Gestalt Journal has held some of its annual conferences in Montreal, and this has been a major source of stimulation for members of the AQG. Its tenth anniversary conference was held in June 1988. Major contributors of the editorial board were invited to participate by the editor and publisher, Joe Wysong (*The Gestalt Journal*, Spring 1987). In 1993, *The Gestalt Journal*, celebrating its Fifteenth Annual Conference, invited presenters from Quebec to form a panel on Long-Term Psychotherapy and Gestalt Therapy. It was organized and sponsored by both the AQG and Joe Wysong, president of The Gestalt Conference. The content of this presentation by presenters Delisle, Denis, Gagnier, Gagnon, Miron, and me was published in *The Gestalt Journal* (Fall 1994). A brief summary of some of their conclusions is given below.

- I reminded people that gestalt therapy had been characterized by ingenuity and the powerful ways in which it has brought about changes within a limited space of time (Yontef, 1981). However, Laura Perls (1992), through her use of the movie *The Woman of the Dunes*, reminds us of the need for minutely detailed work and a step-by-step approach, as well as long-term commitment. I then spoke of a client whose life has been a long history of losses, departures, separations, and deaths, for whom the therapist is the stable figure of her life … The relationship between a client and his/her therapist is a long-term history which may last longer than the therapeutic phase.
- Gagnon held that in the continuity that offers long-term gestalt therapy, clients are in the process of transformation. This form-taking always involves all the persons with whom clients have and have had significant relationships, and their transformation will imply a differentiation from these persons so that they find their own unique way of being in the world. This process is painful and demanding not only for the client, but also for the therapist.
- In situations involving (early) abuse, the precious self, with all its powers, emotions, and needs is mainly hidden by shame … Gagnier (1993) held that therapists must document more deeply the developmental process of self and

context at different stages of life … (In long-term therapy) "they are like photographers who have to observe wild animals in the desert. They have to approach with caution, paying attention to the smallest movements, changes or shadows that are projected onto the other … It implies adjusting our presence, inclusion, respect in regard also to time and space" (pp. 53–54).

- Denis held that long-term therapy can also be called transformational therapy. It assesses individuals with respect to their essentials. In this regard, it tests the (gestalt) basic concepts' capacity to account for and explain the global functioning of personality.

The association organized other panels, roundtables, and further discussions in 1996 and 1998, where the need to protect some key features of gestalt therapy was revisited: its holistic view of the human being, the active aspect of resistances, responsibility and awareness of choices, the importance of concepts that have a connotation of process. It was also suggested that the reading of authors not familiar with gestalt therapy be followed in an effort at integration/differentiation by those who were studying those authors: how the perspective of these authors could be complementary while at the same time in opposition to gestalt therapy in some aspects.

In 2003, the AQG organized another discussion meeting on gestalt therapy and the social field, the outcome of which took the form of a manifesto which has been published in our journal, the RQG 2004. The major points are now summarized:

- While taking into account the necessary boundaries of an individual, the gestalt therapy perspective speaks of its correlates, which is the interdependence of each one of us and how every one of our actions resonates and impacts on others and ultimately on us (Denis).
- Gestalt therapy is a social field; gestalt therapists are influenced by it and it by them. In organizational consultation, Kurt Lewin's (1997) approach, which advocated the values of participatory change and the integration of individual needs into those of the firm, was dismissed by the need for profit; the founders of gestalt therapy were anarchists and it goes against gestalt therapy's values to help individuals conform to social norms to the detriment of their own integrity and creativity and every individual's therapeutic action has repercussions on the individual's environment and is, ultimately, of a political nature (Gagnon).
- Though too many young people nowadays advocate destruction as a means of changing something in an era of globalization where we feel increasingly powerless, change will come through the networks that are created (Depot).
- Chanel claimed that the meta-analyses of factors of therapeutic change speak of the importance of support networks for individual change to occur.
- The purpose of this forum on gestalt therapy's field theory was aimed at bringing to the foreground this basic concept in the hope of counterbalancing a strong individualist epistemological trend that keeps emerging in social environment (Corbeil).

- It is important as gestalt therapists to be more involved in the public arena where psychosocial problems of clients would benefit from the expertise provided by gestalt therapy (Poupard).

Overview of Theoretical Contributions in Terms of Books and Articles

Since it is beyond the bounds of this chapter to provide an exhaustive review of the theoretical contributions that the RQG published since its inception in 1992, it was decided to give an overview of the main themes from this fifteen-year project. These included:

- some philosophical/existential/humanistic bases of gestalt therapy;
- health, physical integrity, losses, and mourning;
- gestalt therapy in its body dimensions;
- gestalt therapy and its creative dimensions;
- a review of the theory of self inspired by clinical experience with borderline personalities;
- developments from gestalt theory;
- the complementary theoretical contribution that is intended especially for cases of severe pathology (programme gestalt de relation d'objet (PGRO) – gestalt program of object relationship);
- other contributions to the PGRO approach.

Some Philosophical/Existential/Humanist Bases of Gestalt

Five authors considered the philosophical/humanistic basis of gestalt therapy: Dubois (1994), Durand (1998), Corbeil (2000), Filiatrault (2005), and Gagnon (2006).

Temporal wholeness is dynamically related to the present according to Dubois (1994). It can be envisioned as a deployment, and thus as a fluid rather than a fixed form, which will then give its meaning to the event whose therapeutic symbolization takes place through a process of awareness in the present. Commitment, a concept that the existential philosophers spoke of, serves as a support in gestalt therapy with which it has a kinship, as the founders of gestalt therapy claimed in their writings (Durand, 1998). I considered that its roots led gestalt therapists to disassociate from the majority of classic psychodynamic theories with respect to the weight that they gave to determinism that conditions the human being (Corbeil, 2000). Individuals rely more on their abilities to create and to create themselves based on the ups and downs of life that is called destiny. An integrative framework of several fields of research (philosophy, social science, anthropology, biology) is proposed by Filiatrault (2005) in order to reframe the holistic components of gestalt therapy in all of the ecosystems. In collaboration with Denis, I presented an overview of the theory of gestalt therapy, its philosophical and psychological roots, its basic concepts, techniques, and various uses and

requirements for the training of therapists (Corbeil & Denis, 2006). Finally, Gagnon (2006) proposed a paradigm of complexity that takes into account recent scientific discoveries as developed by Edgar Morin (2005) that revolutionizes the thinking and epistemology in effect since Descartes, and finds affinities with the gestalt theory of Self as presented in Perls, Hefferline, and Goodman (1951).

Health, Physical Integrity, Losses, and Mourning Processes

The second theme, health, physical integrity, losses, and mourning processes was explored by Corbeil (1982, 1999), Denis (1992), Duval (1993), Gagnier (1993), and Drouin (2004).

I presented the diary of a psychotherapist who followed a young patient dying of cancer from the onset of her illness to the final stages of her life (Corbeil, 1982, 1983). The article reported the unnecessary stresses encountered by the dying patient and her family and their need for psychological support. They had to deal with a medical staff reluctant to consider psychological interventions and to giving this family and their young children (aged eleven and nine) the appropriate support required for this painful phase of their family life. Denis (1992) presented a gestalt therapy perspective on health, seen not as the absence of pathology, but as a lack of vitality at the level of the crucial phenomena that unfold at the contact boundary, the site of play and fantasy. Denis proposed the development of a health assessment grid (self-awareness, openness to the outside world, and quality of behavioral patterns) according to the gestalt therapy vision. Duval (1993) considered the basic challenges which mark out the process of a client suffering losses in both physical and motor autonomy. Gestalt therapy will act as a catalyst that energizes the constituent elements of the field by facilitating the integration of the alienated parts of oneself and the re-establishment of the Self's functions through the experience of contact.

Gagnier (1993) explored the dual challenge posed by an individual confronting a loss; namely, the need to preserve a certain continuity while including the change needed for adjustment. He drew attention to the fact that a loss often reactivates unfinished business and that gestalt therapy offers perspectives that allow one to address one's own limits, the esthetics of change, the extension of the concept of self, the settling of unfinished business (closure) and a shift from the individual level to family crisis. I explored the dimensions involved in what is called "compassion fatigue" or secondary stress disorders in therapists who have to deal with family and marital violence in their regular practice (Corbeil, 1999). Subsequently, Drouin (2004) spoke of the dual approach to death of being aware of it while at the same time denying it. He considered that the modern funeral rituals seem more serving of the narcissism of the departed than serving those who will need to mourn through these rituals.

Gestalt in its Body Dimensions

The third theme, namely gestalt therapy in its body dimensions, was outlined by Corbeil (1994, 1998), Robert (2000), Rinfret (2004, 2005), and Hamel (2008).

I explored how bio-energy and gestalt therapy are both related and different (Corbeil, 1994). Bio-energy is related to gestalt therapy insofar as these two approaches have a common influence in Wilhelm Reich. However, they present significant differences, bio-energy being more akin to a medical approach, focusing on the symptom which will be treated from the outside by the expert, whereas gestalt therapy has been influenced by Zen Eurhythmics whereby the client's inner experience will be at the center of the therapeutic process (Corbeil, 1994). Synergetic gestalt as developed by Rubenfeld (1978) allows for an integration of Alexander (1932) and Feldenkrais's (1972) body work methods. In addition, this integration offers a repertoire of body work including touching that allows for a greater awareness of tensions and of their psychic origins as well as a greater integration of the self (Corbeil, 1998).

Robert (2000) considered that the presentation of drawings of one's dream and of one's body was a revealing agent of body image and self-concept as well as being a therapeutic medium in psychotherapy. Rinfret (2004) considered what somatic therapy targets – what Laura Perls (1992) calls the internal and external support system. Through the attention paid to physiological habits and acquisitions, a re-education, through therapeutic support (external support), is possible. Subsequently, Rinfret (2005) considered that the continuum of attention is a unifying process and involves sensory, emotional, and cognitive aspects in a presence totally focused on the wholeness of the person. In the same year, Frenette, Duguay, and Gérin-Lajoie (2005) stated that the attention paid to physical sensation was the thread that allowed clients to find the lost memory of a traumatic event in their childhood; for example, focusing on specific sensations brought back one client to memories of similar sensations in her childhood. From that, emerged a specific traumatic event. Hamel (2008) subsequently wrote on the importance of taking into consideration therapeutic work addressing itself to the body and non-verbal dimensions where the developmental problems of very disturbed clients find their roots at the pre-verbal level of brain development.

Gestalt in its Creative Dimensions

The fourth theme, gestalt therapy in its creative dimensions, was explored by Hamel (1993), Hamel and Labrèche (2010), Villeneuve (1998, 2000), Denis and Préfontaine (1998), Leahey (2000), Poupard and Réhaume (2002), DeGrâce and Denis (2005), Corbeil (2006), and Plante and Drouin (2006).

It was proposed by Hamel (1993) that art therapy, which uses drawings of body representations particularly in the content of dreams, allows the dreamer/drawer to reclaim the parts of him/herself that have been alienated. Hamel and Labrèche (2010) proposed a further development on the topic of gestalt and art therapy using drawing, painting, sculpture, and music for a great variety of psychological and physical problems, such as parent–child relationships, victims of violence, and cancer patients. According to Villeneuve (1998), autobiographical writing allows for working on the wholeness of the experience while also encouraging the process of individuation. In the therapeutic context, it is a

profound relational tool, unifying for the client and invigorating for the therapist. Poupard and Réhaume (2002) considered that the family novel, a form of autobiographical narrative, has undergone a significant historical development: it is supported by narratives of life in the context of groups and aims at facilitating the expression of narratives in such a way as to guide a psycho-sociological analysis of individuals/society relationships. Denis and Préfontaine (1998) viewed music therapy as an instrument of contact. One of the vignettes included the case of a mute, hospitalized psychiatric patient who communicated through using a musical rhythm that she started and which was picked up and amplified by the therapist provoking an episode of visual contact, musical dialogue, and even words when the patient finally exclaimed about the beauty of the song.

Leahay (2000) considered that literary work offers not only support to contact, but also a means of understanding human beings in their complexity in a more holistic manner. He identified three ways to establish bridges between literature and psychotherapy: resonance to personal experience, structuring and confirmation of clinical or research hypotheses, and what is called the cognitive cap in gestalt therapy (Zinker, 1977) which promotes assimilation of both experience and theoretical notions. Villeneuve (2000) explored how to speak about psychological pathologies without moving into oversimplification and reductionism. Body language and the language of the heart were proposed by him as reflecting more accurately the person's whole phenomenological reality. According to DeGrâce and Denis (2005), similar to gestalt therapy, learning a musical instrument has a major physical aspect which requires harmonization of internal and external worlds and is carried out through the vital flow and acquisition of mechanisms of adaptation. In Corbeil (2006) I presented the theoretical links between the gestalt therapy view of dreams and the Jungian approach in their common and respective manner of seeing the dream as a source of both healing and creativity through psycho-motor and theatrical actualization and symbolization. Finally, Plante and Drouin (2006) used an art therapy experiment with children and their families – who come from stressful environments – as an inter-subjective game in a therapeutic process of parent–child relations. This activity allowed each individual to get to know him/herself better.

Developments Relating to Gestalt Therapy Theory

The sixth theme sought to establish developments relating to gestalt therapy theory. In continuity with the notion of self-disturbances as exposed by Perls *et al.* (1951), Gagnon (1994, 1999) has emphasized the necessity of paying attention to the rigid and, at the same time, fragile boundaries of borderline clients in the therapeutic process. Vasco (2003) considered that the interplay between client and therapist's origins and identities were at the heart of intercultural intervention. Ethnic, cultural, and social differences challenge Western therapeutic models. Green's (1982) work serves as groundwork for a discussion of ethno-sociocultural factors in minorities' experiences and for the development of future gestalt therapy strategies. For Duguay (2004), the concept

of the structural approach used in social work is linked to the gestalt therapy outlook with its organism/environment self-regulatory processes.

The Complementary Theoretical Contribution that is Intended Especially for Cases of Severe Pathology (PGRO)

Delisle's (1992) book considers personality disorders as contact boundary disturbances and examines treatment options grounded in different components of gestalt therapy. A further approach by Delisle (1998) articulates a model for an integrated approach between gestalt therapy and object relationship theories for the treatment of personality disorders. The system calls upon the therapist to maintain and uphold gestalt therapy's focus on the here and now experience, while attending to the hermeneutic of continuity in the creation of meaning

Other Contributions to the PGRO Approach, Somewhat Related to Gestalt Theapy

Six authors contributed under the above heading: Bourdage (2000), Bordeleau and Drouin (2006), Cyr (2006), Delbeke and Gérin-Lajoie (2006). Bourdage (2000) looked at the healing ingredients involved in a therapeutic relationship, explaining how the therapist serves as a repairing object for clients whose developmental psychological history suffered from damaged relationships. Bordeleau and Drouin (2006) explored the pertinence of using the concept of projective identification while maintaining an empathic posture with clients suffering from narcissistic personality disorders. Cyr (2006) proposed that the emerging self of very disturbed clients needs a mature (therapeutic) parental self in order to activate, through interactions with the physiological and emotional systems of these children, the process of mentalization which is required for the development of their ability to view their mental states and those of others as different from their own. A disturbance in these fields requires structuring parental attitudes on the part of the therapist. Delbeke and Gérin-Lajoie (2006) proposed Kernberg's (1989) theoretical grid on the levels of organization of personality as a means of shedding light on the different levels of borderline personality disorders, suggesting this may serve as a support system for the therapist through the understanding of people with respect to whom the counter-transference relation can be trying.

Research on Gestalt Therapy

Research on gestalt therapy has been conducted in universities of the province, either as a Master's degree (six) or as PhD dissertations (two). Their data are available through universities' libraries (six at UQÀM-University of Quebec at Montreal and two at the University of Montreal). Most are dated between 1975 and 1987; that is, before the gestalt journal of the province (RQG) existed, which

means that they have not been published. Articles have been published from three of these dissertations in various journals of psychology. These authors are Côté-Léger (1980), Robert (2000), and Plante and Drouin (2006).

Côté-Léger's (1980) article had sixty volunteers who were distributed into three groups of twenty each: an experimental group, a comparison group, and a control group. The selection criteria for the sixty subjects were aged between twenty-five and forty-five, of upper middle class status with high school education, active in the market place, and without previous psychotherapy.

Twenty (the therapeutic group) took part in a five-day residential gestalt therapy group led by three gestalt therapists where they followed a typical gestalt session which included awareness exercises, hot seat sessions, individual work concerning unfinished business, and empty chair work. The comparison group had a group experience without psychotherapeutic interventions. This "tourist group" went on a seven-day holiday trip to Haiti. They dwelled in a modest hostel, participated in various activities whose objectives were to inform them of the country's social situation, and had to stay in the group for the duration of the trip. The third group received the simple instructions to deal as usual with their normal life and activities. All of the sixty subjects were administered Shostrom's (1966) Personal Orientation Inventory (POI) and a few open questions administered to the three subgroups before and after the intervention.

Significant differences between pre-test and post-test were obtained between the gestalt therapy group and the other two groups on the POI for inner direction, self-actualization, sensitivity, spontaneity and existential values, synergy, anger acceptance, and ability for intimate contacts. In response to open questions, ninety percent of the gestalt therapy group felt a positive improvement as compared to twenty percent of the tourist group and five percent of the control one. Results were maintained by fifty percent of the gestalt therapy group four months later. On the other end, no significant differences were found for changes in the personality structure of the three groups.

Robert's (2000) study was conducted with one volunteer, a woman of forty-nine who was a student in psychology. The woman was required to lie down on a large piece of paper and to tell one of her dreams while the investigator traced the contours of her body on the sheet. While looking at the contours of her body, the woman was required to engage in drawing the different parts of her dream by placing them inside those contours. Those drawings were measured by the Biedma–D'Alfonso version of the Wartegg–Biedma scale (Biedma & D'Alfonso, 1980). Four independent judges were used: two trained in the use of Gendlin's (1968) measure of experiencing and two experts in the use of the Biedma and D'Alfonso version of the Wartegg–Biedma drawing scale. The four judges (certified psychologists) had access to the transcribed written verbatim of the woman which had already been recorded. Results indicated that higher levels of experiencing gave rise to a clearer understanding of one's personal history, the quality of drawings as evaluated by the independent judges improved, and the Biedma–Alonso version of the Wartegg–Biedma scale was proved valid for the scoring of the drawings.

In Plante and Drouin's (2006) study, three groups of dyads (parent–child) of poor and multiple-problem background participated. The first two groups consisted of four dyads each, while the third one had five dyads. All of the parent–child dyads were invited to communicate through drawings and other art-therapy media on a weekly basis for periods varying from six to ten weeks. The findings were based on interviews using Giorgi's descriptive phenomenological analysis questionnaire (this reference is not given in this PhD dissertation). Participants expressed great satisfaction with this new method of interpersonal communication. Parent–child relationships were reported by the dyads as being improved. At the end of the intervention, the dyads had discovered new patterns of relating which did not include the usual traps of their former ways of engaging with each other, and they also stated that they were more confident and hopeful for the future.

Future Challenges

After more than twenty years of questioning the theory and practice of gestalt therapy, gestalt therapists in Quebec Province remain convinced that their approach as humanistic-existential gestalt therapists offers vast richness, not only for clients but also for theorists and practitioners. However, if they want to preserve this wealth, they must face a few challenges.

Students in training programs can only appreciate the full relevance and richness that gestalt therapy offers if they have first acquired training in the classic psychodynamic theories as well as theoretical and practical knowledge of psychopathology.

The RQP published an issue in 1999 on humanistic-existential psychotherapy (including gestalt therapy) in Québec, with articles written by the main contributors to the field. The issue questioned the decline of the gestalt therapy trend, a victim in some way of its own success. The editors of the issue, Lecomte and Richard, stressed that, while humanistic psychology seems to have lost popularity, it has strongly inspired traditional theories where many elements come from the humanistic approach in general and gestalt therapy theory and practice in particular (Lecomte & Richard, 1999).

The future of gestalt therapy in Quebec Province is a function of the future of gestalt therapy in the world community. Its experiential approach and emphasis on the present is very much at the forefront in Daniel Stern's (2004) book. Stern, basing his work on Merleau-Ponty's (1962) contemporary phenomenologist philosophy, celebrated the therapeutic importance of the present moment and deplored the fact that psychoanalysis has a traditional approach that, by prioritizing a return to the past, operates on cognitive comprehension as opposed to the much more vital fact of living in a situation. Unfortunately, the author presented his topic "as a radically new outlook, the intimation throughout the book being that he is the first to propose something that we, as gestalt psychotherapists, have known and practised for the last fifty years" (Miller, 2006, pp. 142–143). This important "lapsus" coming from a notorious author might

suggest that, for its own survival, the gestalt therapy community, beyond its undeniable professional underpinnings, has a crucial task in the realm of image management, the adoption of which would be at the service of its own visibility and worth. Gestalt therapists have received confirmation of the therapeutic strength of their theoretical approach and techniques. These clinical intuitions have been scientifically confirmed by an impressive amount of research establishing the efficacy of gestalt therapy (Strümpfel, 2004). However, it would be desirable that more research on the therapeutic impact of gestalt therapy be conducted in Quebec Province and elsewhere. With gestalt therapy theory now being taught in some universities in Quebec, it is to be expected that government-funded research using clinical data will occur.

The study of neuroscience is the new fashionable trend, revered as the next great savior and holder of the TRUTH. This new field offered by the marvels of technology seems to be timely for a holistic perspective such as gestalt therapy. Indeed, an integrative neuro-physiological view on empathy, emotional atunement, human emotions, and functioning (Siegel, 2010) is likely to give a new scientific legitimacy to the gestalt therapy holistic approach. It could also be employed to explore the effectiveness of gestalt therapy through the examination of the effects of experiential processing on the sub-cortical elements of the limbic system, the center of emotions and pre-verbal experiences.

In the book called *Psychotherapy Relationships that Work*, Norcross (2002), under the instigation of the Division of Psychotherapy of the APA (American Psychological Association), edited the contributions from several experienced clinicians. The author sought to counterbalance extant technical guidelines based solely upon lists of empirically supported treatments and empirically supported relationships. The objective was to disseminate relationship guidelines that have been proven successful in psychotherapy. According to Norcross, the era of psychological interventions based on manuals has unduly been promoted and used. This, in spite of the fact that meta-analyses attribute only fifteen percent of therapeutic success to the interventions and techniques used, as compared with thirty percent attributed to what are admittedly called common factors in psychotherapy, such as the therapeutic alliance, communicative empathy, and attunement (American Psychological Association, 2002; Lambert & Barley, 2002). Invariably, these meta-analyses lead to the same results; namely, that among all the factors, it is the therapist–client relationship that is the healing factor that is most effective (Norcross).

For the last twenty-five years or so, the gestalt therapy approach has been promulgated as a basically relational approach (Hycner, 1985; Jacob, 1989; Yontef, 1993). However, it is becoming more and more obvious that with the managed care turn of mind which is more and more rampant, the dialogical humanistic view on psychotherapy is at great risk of a serious breach.

The emphasis on purely empirical data approaches to psychopathology has undeniably contributed to the fact that more and more qualified psychologists have left public mental institutions. From the approximately eight thousand certified psychologists practicing in the province, there are a maximum of two

thousand who practice in public institutions, including psychiatric hospitals, penitentiaries, schools, and other practice settings. Psychologists report that they are fleeing poor working conditions, low salaries, and other unsatisfying working conditions. Since the humanistic values of those who identify with the gestalt therapy approach are alien to the new trends, psychologists resort to private practice, centering their thinking and efforts on one-to-one interventions, depriving themselves of a desirable command of real mental pathologies and depriving in return those institutions of their precious contributions. Furthermore, with the important cuts in government funds for public establishments, the expansion of gestalt therapy knowledge and practice is at risk of being impoverished.

This raises another challenge for gestalt therapy. Indeed, one could argue that gestalt therapy is too good to be limited to individual psychotherapy. If we cogitate on its future, it might be inspiring to go back to the ingredients that made this approach so attractive some sixty years ago and to remind ourselves that it germinated so lavishly because the society was in serious need of this kind of renewal. It might be interesting to take a closer look at all the breaches that have affected our family structures, ways of thinking, and so many other areas of our life and see what gestalt therapy could offer in terms of renewed thinking and appraisal for these emerging social dilemmas (Corbeil, 2010).

Gestalt therapy is a structured and open system. The challenge remains to succeed in integrating other theories without slipping into what can become a confusing set of theories that often contradict one another. We talk here about integrative psychotherapy and trans-theoretical perspectives (Goldfried, 2005). This trend seems to be the most promising one in the field of psychotherapy, due to its theoretical assumptions as well as its practice repertoire. It is already known (Orlinsky, 2006) that the breadth of theoretical perspectives enables therapists to view patients from different angles, in a multiplicity of conceptual contexts while enhancing their adaptive flexibility and enriching their reflective processes. Without having to compromise itself on its basic existential phenomenological humanistic dialogical principles, the theory and practice of gestalt therapy is likely to be an important beneficiary of this new scientific trend and openness of mind in the area of research on psychology and psychotherapy.

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Gestalt Therapy in the United States of America

Joseph Melnick

Brief History

Although one might rightly argue that gestalt therapy was conceived by Fritz and Laura Perls during their stay in Europe and South Africa (Gaines, 1979; Clarkson & Mackewn, 1993), it first gained prominence in the USA. While *Ego, Hunger and Aggression* (Perls, 1947/1969a), written in South Africa, contained many of the seeds that were to become gestalt therapy, the gestalt approach as we know it today would have never blossomed if Fritz Perls and Paul Goodman had not met, engaged each other, and collaborated in the creation of the basic gestalt text, *Gestalt Therapy: Excitement and Growth in the Human Personality* (Perls, Hefferline, & Goodman, 1951).

Despite their personal charisma and their ability to spread the word and gather disciples, gestalt therapy might have remained a minor therapy were it not for the historical timing. Reciprocity was required on the part of American society to listen to these radical individuals with their sweeping formula for change. The cultural openness of the 1960s which resulted in a flattening of hierarchy, a more complex way of viewing power dynamics, and a more humanistic, relational way of looking at oneself and others led to the right cultural field conditions for the powerful theory to spread and grow.

Goodman and Perls in 1946 had much in common (Stoehr, 1994). Both were critics of traditional therapeutic approaches, especially psychoanalysis, and both were significantly influenced by Wilhelm Reich. Fritz had been in analysis with Reich, and Goodman with Reich's student, Lowen. In fact, they borrowed one of the central tenets of gestalt therapy, "organismic self regulation" from Reich (Bowman, 2005) (one may legitimately argue that this concept was creatively borrowed from Kurt Goldstein, for whom Fritz served as a research assistant).

Gestalt Therapy Around the World, First Edition. Edited by Eleanor O'Leary.

In addition, both had been rejected by important institutions: Fritz by the psychoanalytic movement and Goodman by the academic, literary establishment. Finally, both were provocateurs, and lived outside the mainstream of society; politically, sexually, and philosophically. The result of their partnership was the creation of a non-hierarchical, relational, improvisational, highly creative, anti-academic, and radical form of therapy.

Laura Perls, who was in South Africa at the time of the initial Perls–Goodman meetings, soon joined them. In fact, she was Goodman's therapist for a period of time and also created the first gestalt therapy supervision group (1950) consisting of Goodman and Paul Weisz. Soon afterwards, they were joined by Eliot Shapiro, Isadore From, Jim Simpkin, and others. Elements of Eastern thought, phenomenology, and political science were explored in these groups, eventually serving to broaden the theoretical base (Stoehr, 1994).

The theory spread through the proselytizing wanderings of Fritz, who traveled across the USA presenting his work, creating institutes, and gathering disciples. He went from city to city dazzling therapists, winning converts, and helping to stimulate institutional growth. He was followed, at least in the beginning, by his wife Laura, Paul Goodman, and Isadore From. They would follow him, often picking up the pieces, shoring up the learning, and soothing the often-bruised egos of the trainees.

Because Fritz was creating and developing the theory as he worked, he often taught different concepts at different times in different institutes. As a result, how gestalt therapy was practiced depended on time and place. For example, in New York, where gestalt therapy first developed, the New York Institute for Gestalt Therapy, which was founded in 1952 and parented by Isadore From and Laura Perls, remained loyal to the original, somewhat anarchic, theory and values. Even today, it is a place for study, not training, and has an anarchistic base. The institute has never owned a building, and the rules for meeting and dialogue are non-hierarchical (Bloom, 2004).

Perls first traveled to the Midwest, to Cleveland and Columbus, Ohio, then south to Miami, Florida, and eventually to California. Gestalt therapy quickly took root in Cleveland, and in 1954 the largest American gestalt therapy institute, The Gestalt Institute of Cleveland (GIC), was born. Unlike the New York Institute, GIC has focused primarily on training and expansion of theory. Less orthodox than New York, it has brought new and somewhat controversial ideas to the approach (Bowman, 2005). With a strong foundation in Lewin's field theory, it has pioneered the use of gestalt therapy with interpersonal systems such as couples, families, and organizations. Its members' commitment to writing has resulted in a number of influential books and articles. (See the section on theoretical contributions.)

A third form of gestalt therapy developed in the Los Angeles area, influenced largely by Jim Simpkin. After interning at the William Allison White Psychoanalytic Institute in New York, where he was supervised by Fritz Perls, Simpkin helped found The Gestalt Therapy Institute of Associates Training of Los Angeles (GATLA), which reflected his commitment to professionalism and theoretical and

academic rigor. It was originally a membership organization and also provided day and residential training. GATLA was selective in its criteria for trainees and offered rigorous certification. GATLA still remains a membership organization; however, the training faculty separated in the early 1990s into the Gestalt Training Associates of Los Angeles (GTALA) and the Pacific Gestalt Institute (PGI). Both institutes continue to provide training for professionals. GTALA has a strong bond with contemporary cognitive neuroscience research, influenced by Werthheimer of the Berlin School of gestalt psychology, Kurt Lewin, and Kurt Goldstein for whom Perls was a research assistant. PGI emphasizes a dialogical approach. GTALA continues to be highly selective in their criteria for trainees and offers rigorous certification. It also emphasizes dialogue and a relational form of gestalt therapy.

There was one more form of early gestalt therapy that was developed at Esalen Institute, California, the mecca of the human potential movement, which led to its tremendous popularization. While there, Fritz mingled with the giants of humanistic psychology, wrote many of the books that popularized gestalt therapy, such as *Gestalt Therapy Verbatim* (Perls, 1969b) and *In and Out of the Garbage Pail* (Perls, 1969c), created films (later transferred to videotapes), and gave live demonstrations. The form of gestalt therapy developed at Esalen was highly confrontational, action oriented, and provocative. Unfortunately for gestalt therapy, this style was emulated by many who did not fully grasp Perl's ability to make intense contact, however briefly.

As gestalt therapy has reached middle age, the original provocative and confrontational style has shifted to one of dialogue and more evocativeness. Many of the original insights pertaining to individual therapy have been incorporated into other theories, such as the inter-subjective psychoanalytic approach and the current interest in mindfulness. These include the emphasis on awareness, the role of contact and dialogue between therapist and patient, the use of experiment, and the importance of completing unfinished situation (unfinished business). Currently, there are over one hundred gestalt therapy institutes in the USA with a tremendous range in size and influence. The theoretical schisms between institutes and geographical areas have diminished. Current areas of learning and growth are with larger systems, such as couples, families, businesses, schools, and organizations, and reintegration with the more academic strands of gestalt psychology, whose roots reached back to the more academically oriented mentors of Fritz and Laura's early career, Wertheimer, Goldstein, and Lewin.

Theoretical Contributions in Terms of Books and Articles

Following the publication of *Gestalt Therapy: Excitement and Growth in the Human Personality* (Perls *et al.*, 1951), there was a dearth of American literature on gestalt therapy for a number of years. This was to a certain extent a result of the anti-intellectual values of the early gestalt therapists paired with the belief that the essence of gestalt therapy could not be readily conveyed by the written page.

Eighteen years went by before three significant books were published in America. *Gestalt Therapy Verbatim* (Perls, 1969b), documented Perls' live work with individuals and showcased his theory of dreams and dream work. At the same time, Lederman's (1969) *Anger and the Rocking Chair*, and Oaklander's (1969/1978) *Windows to our Children: A Gestalt Therapy Approach to Children and Adolescents* expanded the gestalt therapy approach to working with populations other than adults.

Other early important writings were Fagan and Shepherd's (1970) *Gestalt Therapy Now*, which contained Beisser's (1970) classic *The Paradoxical Theory of Change*, that articulated the gestalt therapy change process, and Stevens' (1971) book *Awareness: Exploring, Experimenting, Experiencing* that presented a wide array of exercises and experiments to increase awareness. This latter work found its way into classrooms where teachers were experimenting with more experiential forms of teaching.

Probably the most important book of this era was Erv and Miriam Polster's *Gestalt Therapy Integrated* (Polster & Polster, 1973), which represented the first significant departure from the original Perls *et al*. (1951) writings. It articulated a more interactional and positive view of the world, emphasizing fantasy, experiment, groups, couples, families, and community. It also presented the gestalt cycle of experience as an alternative to the original contact-withdrawal paradigm.

One last important book of this time, Joseph Zinker's (1977) *Creative Process in Gestalt Therapy*, emphasized the artistry and creativity of the gestalt therapy approach. He developed further the concept of experiment and presented his way of working with dreams.

In 1978, an important breakthrough occurred when Joe Wysong created the first American periodical, *The Gestalt Journal*, and soon thereafter began publishing books. The Gestalt Journal Press has published a number of classic books, such as Laura Perls' (1992) *Living at the Boundary* and Latner's (1973) *The Gestalt Therapy Book*, as well as a number of contemporary gestalt therapy writings, such as Yontef's (1993) *Awareness, Dialogue and Process: Essays on Gestalt Therapy* and Hycner's and Jacobs' (1995) *The Healing Relationship in Gestalt Therapy: A Dialogical Psychology Approach*. These writings helped position the dialogical-relational approach in the forefront of contemporary gestalt therapy.

In 1985, the Gestalt Institute of Cleveland established the GIC Press, first under Edwin Nevis and then Gordon Wheeler. In 1996, Nevis and I created the *Gestalt Review*, the first blind, peer-reviewed gestalt journal. One of the important publications of the GIC Press was Wheeler's (1991) *Gestalt Reconsidered: A New Approach to Contact and Resistance*, which expanded the notion of resistance into contact styles.

Gestalt therapy has continued to develop and expand. Seven important areas are discussed below.

Couple and Family Therapy

Since Kempler's (1974) classic, *Principles of Gestalt Family Therapy*, there has been substantial development of a gestalt therapy approach to working with couples

and families which emphasizes the interpersonal nature of contact and resistance. This approach grew out of the collaboration of Sonia Nevis and William Warner in the early 1970s, with the most well-known writings being those of the "Cape Cod Group" Joseph Zinker, Sonia Nevis, Stephanie Backman, and me. The approach was first presented in *In Search of Good Form* (Zinker, 1994), "Gestalt family therapy" (Melnick & Nevis, 1999), and *On Intimate Ground* (Wheeler & Backman, 1994). Since that time, the group has explored such concepts as strategy/intimacy (Nevis, Backman, & Nevis, 2003) and optimism, love, and commitment (Melnick & Nevis, 2005, 2006) as they relate to intimate systems. Others have also applied the gestalt therapy approach to couples and families, most notably Lynch and Lynch (2005).

Body Work

A second area of development has been in the area of body work or somatic therapy. Beginning with the work of Laura Perls, gestalt therapists have valued "working with the body" as a way of heightening awareness and creating change. Kepner's (1987) *Body Process: A Gestalt Approach to Working with the Body in Psychotherapy* developed the concept of embodiment and gave resistance a somatic voice. It is viewed as a disowned part of the body. A next important step was the work of Frank (2001) in which she utilized a gestalt therapy perspective to integrate somatic awareness and movement patterns. Resnick (2004), in her body work, has applied the gestalt approach to sexual functioning/dysfunction.

Dialogue

Although gestalt therapy always valued the therapist–client relationship and their authentic meeting, it was not very specific about the qualities of contact that led to change (Yontef & Fuhr, 2005). The dialogical relationship, with its benefits and disruptions, has been explored by a number of contemporary gestalt therapy writers. Among the most influential are Hycner and Jacobs' (1995) book *The Healing Relationship in Gestalt Therapy* and Yontef's (1993) *Awareness, Dialogue and Process: Essay on Gestalt Therapy*.

Groups

There has been considerable development of the gestalt therapy approach to groups, beginning with the classic *Beyond the Hot Seat* (Feder & Ronall, 1980). This book contains numerous articles that expand gestalt therapy group practice and theory; amongst them is the classic "Gestalt group process" article by Kepner (1980) in which she articulates a gestalt-based theory of group development. Building on Kepner's work, Huckabay (1992) integrated classical gestalt theory with general systems theory and group dynamics. Lastly, Fairfield (2004) more recently questioned the use of traditional patterns of group development presenting a field-based and phenomenologically grounded theory of groups.

Organizations

The gestalt therapy approach has been expanded to the organizational level as gestalt therapists work with larger, goal-oriented organizations in which awareness and contact are not a goal unto themselves, but are necessary for a more concrete outcome. Nevis has written on the differences between organizational consulting and psychotherapy, developing such concepts as presence and marginality. Among his writings is the classic *Organizational Consulting: A Gestalt Approach* (Nevis, 1987).

Social Change

From its early inception, most gestalt therapy practitioners have had an interest in social issues and social change. Lichtenberg (1994) has written extensively on the topic of oppression, and I have written on conflict (Melnick, 2007). And with Nevis I have recently edited a book of case studies of gestalt therapy practitioners from around the world dealing with such issues as AIDs reduction, trauma resulting from political conflict, poverty, aging, the demise of labor unions, religious conflict, and intervention from inside the UN (Melnick & Nevis, 2009).

Specific Populations

There have also been a number of books and articles that have been written dealing with specific issues and groups of people. Examples include the publications of Clemmens (1997) on alcoholism Papernow (1993) on step-families, and Kepner (1995) on sexual abuse.

Overview of Research Contributions

In the USA, there is an increased emphasis on "evidence-based treatment," also known as "empirically supported psychotherapy." The increased overview by insurance companies of the profession, along with tightening ethical standards, has resulted in an emphasis on treatment approaches that are backed by empirical evidence for their effectiveness.

Until recently, gestalt therapy practitioners in the USA have been only minimally interested in research, especially the type of research that is conceptualized and conducted within the traditional academic and scientific paradigms. This lack of interest has been a function of a number of variables. First, gestalt therapists are typically housed in institutes that focus on practice and theory development. Furthermore, gestalt therapy therapists in the USA most often receive their advanced degrees and complete research prior to training at gestalt institutes. They join institutes because their interest is largely on learning and "doing" as opposed to reflecting and thinking. Additionally, much empirically based research is reductionistic and mechanistic, focusing on symptom reduction and problems

that fall within a narrow range of complexity. The therapists in these studies are often beginners and the measured effects just short term. As a result, many gestalt therapists are hesitant to accept this type of research as a legitimate test of effectiveness of the gestalt approach (Strümpfel, 2004).

In recent years, there have been four publications, primarily American based, that have presented overviews of gestalt therapy research. The first was a review in 1994 by Greenberg, Elliot, and Lietaer, an effort that has recently been updated in Elliot, Greenberg, and Lietaer (2004). Strümpfel (2004) presented a comprehensive overview of gestalt therapy research, and Yontef and Jacobs (2008) have also devoted a substantial portion of an overview chapter to research.

In a comparative study, Beutler *et al.* (1991) found that gestalt therapy outperformed cognitive therapy in treating depressed persons. Effect size (measured in standard deviations such that an effect size of one means a change of one standard deviation) jumped from 1.18 after treatment to 1.87 at a ten-month follow-up. In comparison, a cognitive behavior therapy (CBT) group did not increase effect size at follow-up. This study represents a pattern found in others (cf. Elliot *et al.*, 2004) in which the effect size of patients receiving gestalt therapy seems to grow after therapy and generalize the effects of gestalt therapy in ways that other therapies do not.

Johnson and Smith (1997) compared gestalt empty chair dialogue with systematic desensitization in the treatment of a phobia. Empty chair and desensitization seemed to work equally well in contrast to a no-treatment control group (effect size: 2.55). In line with previous studies, gestalt subjects indicated a variety of benefits beyond the focus of therapy, such as increased self-awareness and intellectual understanding.

Strenger (in press) recruited subjects who exhibited a range of phobias, such as fear of criticism of performance, of injections and sharp objects, and of airplanes. He compared people who role-played the fear response (Response Role-Playing) with subjects who role-played the stimulus response (Stimulus Role-Playing), and those that role-played both (Full Treatment). He found that the Full Treatment and Stimulus Role-Playing approaches were more effective when compared with the Response Role-Playing.

Watson (2006) compared CBT and a manualized version of gestalt therapy called process experiential therapy (PET) in terms of emotional processing. Forty clients classified as either good outcome or poor outcome received either CBT or PET. As was expected, good responders to either therapeutic approach exhibited superior levels of emotional processing. However, overall, PET was shown to be superior to CBT.

Generally, when CBT and gestalt therapy approaches are compared, the two are either equivalent or gestalt is slightly superior. However, there seems to be a benefit to gestalt therapy that does not appear in other therapies. After therapy, gestalt therapy patients continue to improve rather than to simply maintain the progress that they have made. When qualitative assessments are done, gestalt therapy patients spontaneously report that, in addition to target symptom improvement, they have experienced positive improvements in other aspects of their lives and functioning.

During the last thirty years, Woldt (personal communication, 2011) has supervised a large number of doctoral dissertations (e.g., Byrnes, 1975; Kepner, 1982; Prosnick, 1996) at Kent State University that statistically examined and established the validity of the contact/resistance functions in the gestalt cycle of experience – sometimes referred to as contact styles. The primary goal of this research was to statistically investigate if these gestalt terms emerge as definable, measurable, valid, and reliable factors consistent with gestalt therapy theory and practice. If so, these factors could become scales comparable to other personality tests to be used clinically and in conducting gestalt-oriented research. Unfortunately, space limitations prohibit presentation of all the research conducted using these measures and will be limited to describing the general research purpose; namely, development of the primary gestalt instruments.

Byrnes' (1975) vanguard research used the Gestalt Q-Sort (GQS) that contained seventy-two Q-card items (thirty-six contactful and thirty-six interruptive behaviors representing confluence, introjection, projection, and retroflection) to see if they would discriminate fifteen psychologically healthy subjects from fifteen psychologically unhealthy subjects (identified with the Minnesota Multiphasic Personality Inventory – MMPI). Kepner (1982) was intent on creating a more refined, psychometrically sound, paper–pencil, self-report inventory using a five-point Likert-type scale to include the six best known gestalt resistances at the time. Using factor analysis and confirmatory correlation with data obtained on a 223-item instrument on a sample of 233 adults (F=131, M=103), he developed the seventy-six-item Gestalt Contact Styles Questionnaire (GCSQ) to validate scales that reliably measure confluence, projection, desensitization, introjection, and retroflection, plus a minor factor later identified as representing egotism. While deflection was included as a hypothesized scale, it did not emerge as a factor. These five scales correlated as predicted with the sixteen Personality Factor (16PF) questionnaire for a test of reliability.

Using data obtained from 517 adults (M=281, F=236), Woldt (1993) amplified the GCSQ with confirmatory factor analysis to include twenty-four additional items, adding a sixth factor representing deflection and robustness items to the introjection, projection, and confluence factors. Principle component analysis resulted in eight significant factors: awareness, action, desensitization, introjection, projection, retroflection, deflection, and confluence. Woldt and Kepner's (1986) hundred-item instrument is entitled Gestalt Contact Styles Questionnaire – Revised (GCSQ-R). Hoopingarner (1987), using data obtained from fifty-four adults, applied test–retest reliability analyses (administered two to four weeks apart), to discover an exceptional overall reliability coefficient of $R=0.83$ on the GCSQ-R.

The final research on the GCSQ-R by Prosnick (1996) began by adding fifty items to the instrument (GCSQ-R150), developing a scale to reliably measure egotism and its counter-pole contactful process. Factor analysis of data on 155 adult subjects (F=101, M=54) provided construct validity to confirm the predicted factor of Egotism and its counter-pole process called Transfluence. Prosnick (1998) continued factor analysis and confirmatory research on data

from 623 adults (444 females, 179 males) by removing overlapping items and reducing the instrument to sixty-three items, calling it the Gestalt Inventory of Resistance Loadings.

A major offshoot of the GCSQ-R research is development of the Gestalt Personal Homeostasis Inventory (Martinek, 1985) and Gestalt Personal Homeostasis Inventory – Revised (Woldt and Martinek, 1986; Stevens, 1987; Mraz, 1990). Other instruments derived from the GCSQ-R for research with various populations include the Gestalt Interpersonal Contact Survey (Frew, 1982), Gestalt Interruption and Contact Inventory (Hellgren, 1983), Gestalt Family Contact Styles Questionnaire (Greenbank, 1990), Gestalt Resistance Process Analysis Scales (Kiracofe, 1992), Gestalt Career Decision Process Inventory (Hartung, 1992), Gestalt Personal Contact Inventory (Woldt, 1993), and Children's Gestalt Personal Process Inventory (Reynolds, 1996). Being the most psychometrically sound extant measures of gestalt contact processes, the GCSQ-R and its derivative instruments have been used in approximately forty studies and, consequently, are too numerous to list here.

Currently, there is an increasing interest in qualitative research (Brown, 1996). One publication of note is a recent edited book devoted primarily to gestalt-based research by Brownell (2008). Samplings of chapters include ones on qualitative and quantitative research, dialogical relationships, field-theoretical strategies, and the phenomenological method.

There is a resurgence of interest in the study of basic concepts generated by gestalt therapy. At present, several dissertations are in progress that range from the application of chaos theory and nonlinear dynamics to field theory to the generation of operational definitions of health and the function of memory in the figure-ground process. There is a research section of the *Gestalt Review* website that lists and classifies research efforts.

Training Initiatives

Training opportunities in the USA are extensive and include a wide array of ongoing programs as well as residential opportunities. There are many introductory courses available. All programs have a mixture of didactic and experiential learning. Many of these are listed in websites by Woldt and Toman (2005). Below is a sampling.

The first comprehensive residential training program was developed at GIC. This two-month intensive program that began in 1970 was divided into one four-week module on the basics of gestalt therapy, one week of couples therapy, one week of group work, and two weeks of individual therapy. Graduation from this program permits entry into any of the advanced modules that included body therapies, group therapy, and intimate systems (couples and family therapy). Of comparable stature and international reputation is GIC's Organization and Systems Development (OSD) program for training consultants, trainers, and coaches which in 2005 celebrated its twenty-fifth year.

The Gestalt Center for Psychotherapy and Training (New York) was founded in 1967 and offers a three-year, part-time postgraduate training program. Upon graduation, one earns the designation of qualified gestalt therapist.

The GATLA offers a multiyear training program that encompasses six weekends per year. GATLA also provides extensive training in many other countries, including its European Gestalt Summer Residential Program which has been running continuously since 1972.

Gestalt Associates of Central Ohio offers a two-year basic program. Upon completion, there are postgraduate programs in adult psychotherapy, child psychotherapy, and organizational consulting.

Gestalt International Study Center (GISC), located in Wellfleet, Massachusetts, has a number of specialized training programs that deal with small and large systems. These include one dealing with couples and families that consists of two eight-day modules and one on leadership development. There are also advanced programs for both gestalt therapists and organizational consultants.

PGI (Los Angeles) provides a wide range of training in gestalt therapy, emphasizing a relational perspective. They offer both residential and weekend training programs as well as workshops, seminars, and supervision groups.

Unfortunately, little gestalt therapy training is conducted in universities. A few notable exceptions include New York University, Loma Linda University, Kent State University, Cleveland State University, University of Akron, Fielding Graduate Institute, Indiana University of Pennsylvania, Pacific University School of Professional Psychology, Pepperdine University, Sonoma State University, Southern Connecticut State University, and California Institute of Integral Studies.

Gestalt Therapy Associations

There are currently two American-founded associations in the USA, although both have an international base and are international in scope and mission. Both are membership organizations, open to all. However, their rules of governance are different. The first is The Association for the Advancement of Gestalt Therapy (AAGT) that was founded in 1990. Its process is collaborative and based on full inclusion of individuals. It produces an excellent quarterly newsletter and holds a large biannual meeting and a smaller meeting on alternate years. The annual meetings consist of plenary sessions and smaller workshop presentations selected through peer review. Although the first meetings were held in the USA (San Francisco, New Orleans, Cleveland, New York, Dallas, and St. Petersburg), it most recently met in Vancouver, Manchester, and Philadelphia, USA. Because of its increasing international focus, it recently voted to change its name to Association for the Advancement of Gestalt Therapy, an international community. It also sponsors regional meetings that meet according to schedule. The most developed is the Southwest region, which meets annually and is attended by many of the luminaries of the gestalt therapy world.

The second association is the GISC, founded in 1980 by Edwin and Sonia Nevis. Originally designed to promote research, writing, and teaching, it has most recently focused on training and on designing topical workshops that are conducted worldwide. Examples include the Gestalt Writers Conference, which has met yearly for seventeen years and has given rise to a number of other conferences for gestalt therapy writers, and the Roots of Gestalt Therapy Conference that focuses on the past, present, and the future of gestalt therapy in the world. Previous Roots Conferences have been in Paris (2003), Antwerp (2005), and Rome (2007). GISC also has membership meetings that invite presentations from members and nonmembers alike. A recent meeting whose theme was "Social change: Gestalt perspectives and practices" took place in Cape Town, South Africa, in 2006.

Future Challenges

Gestalt therapy has entered middle age in the USA. It faces the problems of being seen as old and out of style, of being overly linked with the Fritz Perls' form of confrontation and provocativeness, and of being non-relational and anti-intellectual. Although contemporary gestalt therapy is quite different from Fritz's caricature, many still believe that gestalt therapy has passed its prime.

Many of the groundbreaking insights of gestalt theory have been assimilated into other approaches. These include an emphasis on awareness and the dialogical relationship, use of metaphor, the treatment of the whole patient, somatic interventions, strength-based orientation, the impact of the wider field on the patient–therapist relationship, the use of experiment, and completing unfinished business. This assimilation means that gestalt therapy in its entirety is being overlooked in favor of more integrative or eclectic approaches.

Rather than obtaining their training in institutes, most therapists now complete their training at universities. This is, to a large extent, a function of licensure becoming mandatory in nearly all therapy domains and being dependent on an advanced degree from an accredited university. Thus, gestalt institutes face a challenge of attracting trainees, a task that is necessary not only for financial survival but also, more importantly, for developing the next generation of gestalt therapy practitioners.

This shift to university training has created a climate that tends to value short-term cognitive work that fits more easily into a traditional research paradigm. Gestalt therapy can be practiced on a brief basis (cf. Houston, 2003) and does support cognitive change (Fodor, 1998), but gestalt therapy practitioners have been lax in investigating and marketing their work. Since to be research oriented and teach research-supported- and evidence-validated-based approaches will increasingly become the standard by which all therapies are judged, it is imperative for gestalt therapists to begin producing research studies that validate their approach.

Another important challenge facing gestalt therapy in the USA involves transcending its traditional culture of insularity and institutional competitiveness. Americans must reach out in novel ways, beginning with increased contact and

support between institutes, so that new relationships, theories, and perspectives may emerge. Furthermore, gestalt therapy theory needs to be presented in more mainstream journals and conferences. American gestalt therapists must be open to learning from others. This involves developing relationships throughout the world, not only with practitioners from other theoretical orientations but also, more importantly, with other gestalt therapy communities. Gestalt therapy practitioners from other cultures need to be invited to teach Americans, and their gestalt writings need to be translated into English.

The gestalt therapy model in the USA, because it is process based, is increasingly being applied to larger systems and political situations, focusing on such issues as social change and conflict resolution. The gestalt therapy model is ideally suited to deal with issues of support, leadership, hierarchy, and power dynamics. As a result, it may be that the biggest challenge facing the American gestalt therapy community is to stay culturally responsive. In order to do so, American gestalt therapists will have to return to their original emphasis on helping to create not only a more socially aware, respectful and responsive individual, but also socially respectful and responsive systems, such as families, educational, and political institutions.

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20

Gestalt Therapy in Argentina

Myriam Sas Guiter

Brief History

During the Second World War, distinguished scholars in psychoanalysis such as Angel Garma, Heinrick Racker, and Marie Langer came to live in Argentina, and an important school named the Psychoanalytic Association of Argentina was developed.

The first steps in gestalt therapy were taken in 1973. By that year, news had arrived of a novel perspective in psychotherapy which was being applied in Chile by Adriana Schnake and Francisco Hunneus. Schnake, a physician and psychiatrist with a background in existentialism and phenomenology, received her gestalt training from Claudio Naranjo who had worked with Fritz Perls in Esalen. An invitation to Buenos Aires for a seminar introducing gestalt therapy ensued in 1973. Colleagues spoke of "The Chileans" who were developing this very interesting modality for working with psychological conflicts. A great curiosity was born since, at that time, psychoanalysis was the predominant theory of psychotherapy.

The teachers from Chile, Adriana Schnake and Francisco Hunneus, came regularly to teach and lead laboratories for several years. By 1980, there was a group of gestalt therapy practitioners who, with Schnake's and Hunneus's initiative, founded the Asociation Gestáltica de Buenos Aires (Buenos Aires Gestalt Therapy Association), a non-profit association that continues today, thirty years later, with its membership still expanding and teaching gestalt therapy.

Gestalt therapy beginnings took place in a very hazardous context during the military process that began in 1976 and lasted until 1983 – times of persecution of cultural representatives, union leaders, and psychologists. As well as imparting

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knowledge of the new perspective, the gestalt therapy seminars provided a place for solidarity and friendship.

Therapy in Argentina is based on Fritz Perls' ideas as laid out in his books *Ego, Hunger and Aggression* (Perls, 1947), *Gestalt Therapy Verbatim* (Perls, 1969), and *The Gestalt Approach & Eye Witness to Therapy* (Perls, 1973), as well as articles in *Gestalt is* (Stevens, 1977). However, few people in the Argentinean gestalt therapy community read English well, and therefore, few had access to *Gestalt Therapy* by Perls, Hefferline, and Goodman (1951) until 2000, when a translation into Spanish by Vazquez Bandin and Cruz Enterria was printed in Spain. Two classical books, also translated into Spanish, are Joseph Zinker's (1977) *Creative Process in Gestalt Therapy* (Zinker, 1979) and Erving and Miriam Polster's *Gestalt Therapy Integrated* (Polster & Polster, 1974). From 1992 onwards, Argentinean gestalt therapists began to participate in international conferences in Spain, Italy, Mexico, Brazil, Argentina, and Canada. This exchange and diversity has been nutritious, especially dialogue with colleagues about experiences in social reality related to submission, violence, psychopathology, and education.

The Fourth World Congress on Psychotherapy was held in Buenos Aires in August 2005. It was organized by The World Council of Psychotherapy, and gestalt therapists were well represented.

At present, gestalt therapy is recognized by the Forum of Mental Health entities of Buenos Aires, which includes representatives from psychoanalytic, systemic, relational, and constructivism approaches and is recognized as well by hospitals and universities. All of these institutions include workshops and seminars offered by gestalt therapy practitioners who consider gestalt therapy as one of the well-grounded theories and professional approaches in Argentina.

Theoretical and Clinical Contributions in Terms of Books and Articles

A wide variety of themes in gestalt therapy has been studied in Argentina. Although few opportunities exist for gestalt therapists to publish their ideas, there are many valuable contributions that address general and local issues.

Levy (1993) has contributed to the concept of organismic self-regulation, a concept Perls (1973) considered essential to the theory of gestalt therapy through his conceptualization and investigation of self-acceptance and self-rejection. Levy focused on self-rejection as the motor impulse of organismic self-regulation. He held that there are two expressions of self-rejection: an efficient one, which transforms the rejected traits of oneself and which is manifested in homeostasis, and an inefficient rejection that produces harm without transformation. The latter is a primary cause for psychological suffering. He proposed a clinical design to outline the evidence for different forms of self-rejection in its damaging form, described the causes of inefficient rejection, and outlined the learning-therapeutic process needed to transform self-damaging rejection into change without damage so that improved self-assistance takes place.

In outlining connections between the work of Perls and that of Bateson, I stated, "Searching to understand, from our gestalt therapy model, difficulties that sometimes persist in spite of working deeply to recover emotions and to complete unfinished situations I found that Gregory Bateson's ideas are complementary to Perls's appreciation of human behaviour" (Sas Guiter, 1997, p. 45). In particular, I noted similarities in their epistemological ideas. Perls and Bateson lived the last part of their lives in similar cultural contexts. They both stressed the importance of authenticity as well as tacit knowledge in auto-regulation and growth. Gestalt theory and Batesonian ideas share the phenomenological and holistic approach in the explanation of emotions, thoughts, and meanings: "We need to include in assisting our clients as well as ourselves (therapists) the investigation of patterns, beliefs, ways through which we produce knowledge and errors in the appreciation of reality, that exist already in the patterns of our cultures" (Sas Guiter, 1997, p. 46). In the article "Exigencia y cambio" (Self-demanding and change) I elaborated on the dynamics of self-demanding and its relation to change (Sas Guiter, 1998). I observed that an exaggerated concern with some demands restricts a sufficiently free attitude to discriminate between new modes of behavior and thought. A self-demanding attitude may be linked to a relational conflict which is not clearly conscious that makes change difficult. Submissive relationships may exaggerate their demands in search of security, thus narrowing their view and creative adjustment to new situations.

Napolitano, Bianchi, Cleris, and Revuelta (2003) constitute the Phobos Group (an interdisciplinary group that applies gestalt therapy ideas to the psychopathological manifestations of anxiety). They developed a brief treatment program for use in overcoming the paralyzing and catastrophic dimensions of panic attacks and panic disorders, appearing with or without phobic symptoms. The program combines both gestalt therapy and a psychopharmacological treatment. Grounded in Perls' (1947) *Ego, Hunger and Aggression*, anguish is understood as a blocking of the normal rhythm of breath. Clients engage in a series of exercises that allow them to become aware of the fantasies they attach to the act of breathing. The concept of grounding is introduced in addition to guided fantasies which result in searching for deeper existential meanings of which anguish may be a signal.

Allerand (1993), in her book *Piedra Libre*, refers to the feminine and masculine energies inside us. Her theoretical contribution is that feminine energy, although not more important than masculine, is the basic one. Both should always be in contact; the masculine active part always asking the feminine sensitive part what it needs. This is supported by the idea that the feminine is the sensorial, receptive, sheltering part, intuitive and receiving from the universe what it needs to know at every moment. Thus, the active or action-focused masculine part has to listen to the feminine before acting. In this way, the action becomes wise and intelligent instead of irrelevant.

Gatti (1995) presented a model for experiencing the nervous system in an experiential way. The model was a first step in a holistic approach to health that Gatti continued to develop in his clinical practice and in teaching. The approach combines gestalt therapy work with anatomo-physiology and neuro-physiology, and their relation to organs and bodily functions. Experiential anatomo-physiology

has been an opportunity to discover the analogical characteristics of the organs, and this has contributed to an understanding of the causes of illnesses they express.

Recent Socio-Political Situations in Argentina

Social issues that stress recent situations in Argentina have been considered by three of the most appreciated gestalt therapists. Miguens (2001), gestalt practitioner and sociologist, wrote that people are living in a society that is destroyed due to so much maltreatment affecting personal dignity. Nevertheless, there are people – those she considers the most healthy in the country – who are orienting themselves to a more spiritual and transpersonal way of living. According to her transpersonal gestalt theory (Miguens, 1993), maturity will not be complete if awareness of interdependency and conjoint interactions are not intensified. Such awareness offers the possibility for going beyond the actual destructive tendency both within the individual and at community level. In her own words, spirituality "is a sacral feeling of belonging and interdependency of all the created" (p. 116). She elaborates on the resiliency concept from the point of view of transpersonal gestalt theory in the social crisis in Argentina in 2001. She identifies the so-called seven protective factors of resilience potentialities in relation to the gestalt therapy: self-esteem, moral, ethical and spiritual commitment, the ability to take action with independence and personal initiative, creativity, the ability to relate positively to others, the ability to engage in introspection, and a sense of humor.

Fischman Slemenson (1997) considered the question "How to deal with a wounded society and how to focus on the gestalt therapy this society needs?"(pp. 353–364). She developed an interesting concept called "chronified crisis." Distinct from the usual concept of CRISIS, which refers to a crucial turning point in the progress of a series of events (favorable or unfavorable) and whose beginning and end can be recognized clearly, chronified crisis produces changes which are difficult to identify specifically. An example is that of emerging from the Argentinean economic crisis, which provoked multiple and permanent accumulative effects. These effects included a lessening in opportunities to work and the development of one's potential with resulting experiences of humiliation and marginalization, resulting in every-day micro-trauma. Fischman Slemenson (1997, 1998, 2005) has written several papers in which she analyzed and related these phenomena with various topics such as resiliency, mental health, and values. In relation to resiliency as an antidote to crisis effects, she stresses the improvement of individual and group resiliency through offering education, which includes hope, relationship, play, learning, and contact with nature, and which is given by at least one significant and nourishing adult to children and adolescents. In relation to mental health, the question that emerges is related to the momentum in each country during a crisis and, with this as background, to include positive and negative situations that are taking place in order to understand more clearly what happens and what gives value to our own reactions in order to contribute professionally. Fischman Slemenson is of the view that the appraisal of values, so much lost nowadays, is fundamental.

Cohen (2001) explained her experience of community work in her own words: "Ay, mi alma país" (Oh! My soul's country), which is an interpersonal experience with which Cohen went around Argentina together with a team working in different regions, cities, and towns. The objective of the community work was to reconnect with the experience of belonging to a community of consciousness. It arose as a creative answer to the socio-political revolt in Argentina at the end of 2001, commonly known as "cacerolazo" (sound made when hitting saucepans). "Ay, mi alma país" forms the basis for an experiential workshop which may be divided into four successive stages and delivered in an hour and a half. It is based on valuing the art of presence as the development of a personal handicraft, the dynamics of polarities, the understanding of the processes of depression and its cure, and the staging of morphogenetic fields. It centers on magnified group healing that takes place with individual participation and with groups already in existence (co-operative groups/professional associations, parents' groups, native groups, or simply friends assembled for a common ideal) to recover a sense of community belonging. Participants have the opportunity of becoming aware of their connections of respect for and gratefulness to the land of their home country. This work was mainly carried out where the population was based on immigration, including Australia, Mexico, and Spain.

Other Theoretical Developments

Lanza and Ça (1994) have spent 20 years working with gestalt group psychotherapy. These groups comprise twenty-five people, heterogeneous with respect to sex, age, socioeconomic conditions, and psychopathological diagnosis. Sessions are four hours in duration spanning 12 weeks. Theatrical scenes are used in order to free physical, emotional, and mental blockages, as well as to stimulate the maturing process, its integration, and recognition. Through self-creating possibilities such as spontaneity, positive in-group solidarity, and increased confidentiality, the already outlined therapeutic goals have been fulfilled and low drop-out rates achieved.

Another group experience focused on empowerment is one developed by Benvenister (2010). Blind herself, she gathers together groups of six or seven blind people without a fixed leader to encourage a sense of autonomy, self-confidence, and inclusion through expressing the difficulties with which they live. This is an original experience, as Argentinean groups for blind people are usually facilitated by seeing people who may have difficulty in understanding the problems and motivations of the blind. She also runs an official radio program entitled *Different Capacities* on Sundays between three and four o'clock (http://www.radiodelaciudad.gov.ar).

Psychotherapy with children and adolescents was considered by C. Rios (2004, 2005). Based on her thirty years of research and clinical practice in psychotherapy with children and teenagers, she considered the philosophical and epistemological basis for the gestalt therapy approach to be of ultimate relevance. For example, when focusing on early development and related behaviors, she found

the cycle of experience, the gestalt phenomenological description of intra-psychic process (awareness, energy, contact, resolution, and withdrawal), to be an invaluable tool, similar to the concept of creative adjustment in relation to contact (the capacity to find harmony instead of submission, to include oneself in the world around). She held that the therapist–patient relationship in itself should be the outcome of a co-construction which becomes the basic ground for the investigation of interruptions in contact, and the emergence of different alternatives to deal with the existential questions in play.

Lalin (2006) explained that the adolescent and the family constitute a unique gestalt. From her clinical experience, as well as through her experience in supervision with gestalt therapists working on adolescent problems, she considered family interviews in adolescent therapeutic treatment to be of major importance. From a gestalt approach, she worked with a unified field at the contact boundary. The family interview allowed her to understand the codes and roles assigned to each family member, the style of their particular verbal and non-verbal communication, their values and prejudices, the expression of their affects, projections, and identifications, as well as their capacity for awareness.

Calvo and Reinoso (2003) discussed the application of the gestalt approach to social work practice. The gestalt therapy perspective has much to offer to sociotherapeutic work in Argentina, where, typically, very little is done to enable clients to use their own resources together with the help of community resources in solving problems. The main (and faulty) method of support in Argentina is the political strategy of providing and giving assistance to poor individuals with food, clothes, and household items on certain occasions, such as during the election campaign for a new president. Such support has poor results since it does not allow clients the opportunity to actively address their difficulties. In contrast, a social and educational approach from a gestalt therapy view is proposed for use in individual and family problems, occupational orientation, and community work. Such an approach promotes education and development so that individuals may become free from the "help" and consequent slavery of the politician currently in power.

Ermoli (2004), a gestalt therapist and psychologist, proposed that professionals who work with family violence should be taught to pay attention to the modes of communication that produce violent relationships (frequently learned at home) rather than to individual pathology. She proposed that a steady attitude be instilled in the victim, a never more attitude. She suggested that traditional inequality paradigms, such as gender, family organization, and power, be deconstructed with clients, thus allowing them an opportunity to consider their own position on such concepts. Her experience includes 3000 consultations with men and women in centers dedicated to addressing family violence. Ermoli was the founder of the first assistance groups in Latin America for violent men led by a female psychotherapist.

Gestalt Therapy and Education

Lema (1999, 2008) psychologist and educationalist, discussed gestalt therapy in Argentina and related the main gestalt themes to education. She elaborated on

which educational paradigms encouraged the continuity of introjects, and which methodologies challenged them. She applied gestalt therapy principles to her experience as an educator.

I dealt with the emotional recovery of teachers by applying gestalt theory and practice to groups of teachers who were interested in revising their methods and their classroom experiences (Sas Guiter, 1994). These groups comprised a maximum of fifteen participants working for six or seven sessions on activities for self-discovery that offer an experience of active personal learning of oneself and its relation to teaching.

Overview of Research Contributions

Unfortunately, there is not a formal tradition of research in gestalt therapy in Argentina due, to some extent, to the historical time in which gestalt therapy was founded in the country resulting in the need for clinical assistance over academic investigations. Nevertheless, this chapter will present two research endeavors.

A social work investigation involving field work took place during 1998 and 1999. The research was overseen by psychiatrist, Marite Puga, the overall leader of the program, which was funded by a grant from the Banco Mundial. The selection of participants was accomplished by social leaders in different neighborhoods where there was low or no sexual education. A group of 1200 young women between twelve and twenty-one years of age, living in very poor surroundings, either in the capital city or in the countryside, were selected. Community workshops for AIDS and HIV prevention were conducted.

In 1997, the process of selection had already been completed when Myriam Ruiz was asked to organize the psychological aspect of the project. This aspect of the study was presented at two conferences (Ruiz, 2002), Jornadas Gestálticas de Córdoba (Gestalt Cordoba Symposium) in Córdoba, Argentina (September 2002), and II Congresso Latino de Gestalt Terapia (The Second Latin Conference on Gestalt Therapy) in Maceio, Brazil (October 2004). Ruiz enlisted the help of two collaborators to lead the groups. These collaborators came from two different sources: one was a postgraduate student from the training program at the Gestalt Institute of Cordoba who was preparing for gestalt therapy practice; the other was young women from the neighborhood where the experience took place, and who knew the problems through their life experiences and had previously worked with Ruiz. There were thirty to sixty participants in each workshop led by Ruiz and by Ana Maria Tonellier, Regina D'Agliano, Tamara Castelluber, and two collaborators (students from the Gestalt Institute of Cordoba) who helped the leader in each group. Ruiz and the three psychologists led ten workshops each year, lasting fifteen hours each, using experiential gestalt therapy and phenomenological grounding. A survey questionnaire was given to the participants after each workshop as a method of education and prevention on sexual themes, and an opportunity for young girls to understand the risks of a sexual life without sufficient care, which is very common in poor neighborhoods in Argentina. The workshops

were an opportunity for personal growth and development and an opportunity to address difficulties in the prevention of HIV and AIDS.

Common themes were sexual situations experienced by people in poor neighborhoods, information given to girls by their families, parental expectations, the ideals for men and women, the extent of their knowledge about AIDS and HIV, and the reasons why this information is not always used for safe sex. The workshop leaders offered further training so that some of these women could become leaders and continue the prevention program. Experiential work to enhance oneself and others was used in order to increase self-esteem and mutual respect.

Baraldi (2010) provided an extended experience in the clinical assistance of imprisoned people, as well as of prison guards, taken as hostages by prisoners during insurrections in a prison setting. She observed power relationships and dynamics in relationships studying oppression as a relational event. For five years she investigated the experiences of thirty-five prison guards (male and female) who had been taken as hostages by imprisoned people during revolts organized by prisoners in a jail. The "jail hostage" constitutes a symptom of an autocratic institution that provokes and, at the same time, refuses to be responsible for this phenomenon. The work consists of an explorative study. The method is qualitative and uses in-depth interviews with the consultant, the prisoner's family, a spouse or partner about the relationship, and with another prison guard with whom the prisoner has worked recently.

The primary aim of the investigation was to determine the most effective interventions for preventing burn-out and maintaining a positive experience both for clients and therapists. The author identified sixty-six signs and symptoms in the hostages related to fiscal, psychic, familial, and social aspects. Among them were vulnerability, carelessness, loss of values that heretofore were important in their lives, feeling of rejection by society, and resentment and disappointment with the institution as they have no support from their superior chiefs. Because of living in the prison buildings, they lost the capacity to discriminate between in and out, and an alteration in time–space relation. In relation to the therapist, Baraldi (2010) remarks that to prevent the burn-out there is a need to increase their awareness, their internal and external supports, and a constant reflexion about their personal ideas related to violence, victims, and abusers.

Training Initiatives: Past and Present

Training in gestalt therapy in Argentina began with training groups conducted by Schnake in 1974. Each training session took the form of an intensive workshop lasting eight hours a day over the course of three days. These were held monthly in Buenos Aires. Later, in 1978, Marcela Miguens founded the first gestalt educational center, where she provided the essentials of gestalt therapy to teachers, medical doctors, and psychologists.

In 1982, the Buenos Aires Gestalt Therapy Association (AGBA) established a three-year postgraduate training program for four hours a day, three days a week. After some years, it was redesigned as nine monthly residential gatherings from Friday afternoon to Sunday afternoon. The program includes theory and practice, experiential bodywork, group dynamics, roles and theater, creativity, the gestalt attitude, groups without leaders, workshop construction, laboratories, child and adolescent gestalt therapy, personal biography and genogram, and dream work.

The program is 830 hours in duration. At the beginning of each year, the group of students participates in a workshop lasting a weekend. Trainees, who have completed the three years' training and a fourth year of practice and supervision, can join the community assistance service of AGBA, a service offering low-rate psychotherapy to those unable to pay standard fees. There is also an introduction to fundamental ideas in gestalt therapy through seminars offered by the AGBA in hospitals and universities. This is a way of spreading ideas relating to gestalt therapy; and often, some professionals who attend engage in further training. Other institutes, such as the Gestalt Institute of Córdoba, conduct a program very similar to the AGBA program, including a fourth year for active clinical practice.

In accordance with Argentinean law, only psychologists and physicians with a specialty in psychiatry are allowed to offer psychotherapy, and only these professionals are accepted for training as gestalt therapists. Other people who have completed college studies in humanistic disciplines and who are working with groups in non-therapeutic settings are trained as group leaders and community workers.

The Center for Gestalt Studies and Psychotherapeutic Techniques, located in Buenos Aires and founded by Allerand in 1982, also trains professionals in gestalt therapy. The training lasts for three and a half years, two years in theory and practice and one and a half years in supervision. There is also an introductory course which is available for non-professionals.

The Gestalt Institute of San Isidro, founded in 1998, and directed by Eduardo Carabelli, offers 500 hours of gestalt therapy training over three years and a postgraduate program of 160 hours.

Gestalten, founded in 1991, is a cooperative association in Cordoba which offers a gestalt therapy training program for postgraduate students with a view to enhancing the self-awareness of future gestalt therapists.

Few universities have accepted gestalt therapy ideas during the past years, since Argentinean professionals favor the psychoanalytic approach. Nevertheless, leading universities in the city of Buenos Aires have arranged with the Gestalt Association of Buenos Aires for their advanced psychology students to participate in introductory seminars and training programs run by the association. However, there is not yet a place in the universities' curriculums for a more concrete representation of the theory of gestalt therapy.

Other centers with different objectives, but nonetheless focused on maintaining high standards in gestalt therapy practice and training, are as follows: La casa de Floresta, led by Kita Cá and Elsa Lanza (founded in 1995) and Centro Gestáltico de Estudio y Meditación Gestalt, founded by Graciela Cohen in 1997.

Gestalt Therapy Associations and Societies

The Gestalt Association of Buenos Aires, the first created in the country and founded in 1980, is a non-profit association that has maintained from the beginning a training program and a responsibility to spread gestalt therapy through seminars in Buenos Aires and elsewhere in the country. Founded by twelve psychologists and physicians, it now numbers 130 members. The board of directors is elected by the members every two years. It organized international conferences in 1995 and 2007, as well as a local one in 1999. This association has a center in Rosario, one of the principal cities in Argentina.

Since 1997, the Colloquium of Gestalt in Buenos Aires has sought to enhance the evolution of gestalt therapy by inviting expert speakers to conduct seminars. The colloquium is not an institution, but a "space for meeting and knowledge" as defined by me, the coordinator of the program of speakers. Guest speakers have included Joseph Zinker, Theo Skolnik, and Phillip Lichtenberg from the USA, Margherita Spagnuolo Lobb from Italy, and Jean Clark Juliano from Brazil, some of whom have returned several times. A number of Argentinean speakers have also offered seminars.

Since gestalt therapy spread throughout Argentina, a main center was founded in 1989: the Gestalt Institute of Cordoba, which is a non-profit association dedicated to researching, enhancing, and spreading the gestalt approach in psychotherapy, health, and education. The institute runs a gestalt training program, and in September 2005 it hosted a gestalt therapy conference attended by many gestalt therapy practitioners and students.

Future Challenges

Nowadays, the challenge for gestalt therapy in Argentina is to continue strengthening its place internationally.

A goal for the near future is to place more importance and support on research and publication. The Gestalt Association of Buenos Aires is seriously considering these two themes. In 2010, a group of colleagues led by Blanca Lema obtained a grant to initiate an investigation on resilience in a vulnerable population of children and adolescents in Buenos Aires City. This investigation is in progress.

There is an increasing consensus that gestalt therapy has to transcend the private consulting rooms in order to become a community practice of psychology. There are already some attempts being made in this area that need to be developed further. For example, many professionals trained in gestalt therapy are applying their knowledge to community work, essentially through workshops for growth and preventive health issues, and are giving advice in many difficult situations. The idea of "re-ligare," to leave the place of power and empower the place of knowledge, is an aim for many gestalt therapists.

At the moment, different associations are having preliminary talks regarding the formation of a Latin American Federation of Gestalt Therapy institution.

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21

Gestalt Therapy in Chile

Francisco Huneeus

Brief History

Gestalt therapy first became known in Chile in the later part of the 1960s, when Claudio Naranjo started a gestalt therapy group with some of the staff of the Psychiatric Clinic of the University de Chile in 1968. Naranjo had read the classic *Gestalt Therapy* by Perls, Hefferline, and Goodman (1951) when an uncle of his (one of the founding representative members of the UN) handed this book and many others (received as courtesy at the UN) to his nephew, who had a medical degree and was at the time interested in psychiatry, psychology, and anthropology. Following this, Naranjo studied gestalt therapy with Fritz Perls at Esalen, California (1967–1969), before returning to Chile and starting the first gestalt therapy group. In 1970, Adriana Schnake's (Professor of Psychiatry Medical School of the Universidad de Chile) previous clinical training under Professor Ignacio Matte, psychoanalyst, had led her to adopt an existential and phenomenological approach towards psychotherapy. Her introduction and training in gestalt was basically with Claudio Naranjo in the group which was composed of several professors and psychiatrists in training. From those activities the first gestalt psychotherapists emerged.

As a result of the efforts of Franz Hoffmann and Claudio Naranjo (who had set up the Instituto de Antropología Médica within the Medical School of the Universidad de Chile) there was considerable interest and experimentation in the use of psychedelic drugs such as harmaline, ibogaine, LSD, and substituted amphetamines as an adjunct to psychotherapy and a powerful means of self exploration. All of this was based on the tradition of the shamanic procedures of Native American medicine men. It soon became apparent that the altered states of consciousness achieved with these adjuncts were somewhat compatible and easily

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dealt with the gestalt therapy style of working with clients. Their use enhanced the therapeutic process and promised to be a powerful tool for their patients and therapists alike. Such experimentation was terminated abruptly in 1973 with the advent of the military dictatorship.

In 1972, Barry Stevens, who had worked with Fritz Perls in Esalen and later in Cowichan, spent five months in Chile, invited by Schnake. She brought with her several documentary films of Perls working with clients in the Esalen setting. These films were seen by a large number of psychology students, therapists. and psychiatrists from the two big universities (Universidad de Chile and Universidad Catolica), none of whom had ever heard of gestalt therapy. The films were accompanied by the comments of Barry Stevens and were very influential in showing the power and effectiveness of gestalt therapy in the hands of a master. During her stay, Barry was also very active in leading and supervising therapy groups. She also provided books on gestalt therapy from her publishing house Real People Press, which she owned conjointly with her son John Stevens – with the outcome that some of them were translated into Spanish and published in Chile from 1974 onwards. After the abominable military coup of Pinochet (aided by the US Government under Nixon and Kissinger), Chile was very much isolated, and also morally and intellectually devastated. The opening of the publishing house Cuatro Vientos Editorial was important. From its beginning in 1974, its efforts were entirely devoted to the translation and publication of basic gestalt therapy ideas stemming from Fritz Perls' influence on the West Coast of the USA. At that time, there was no contact with gestalt therapy practitioners on the East Coast.

It merits mentioning that Barry and John set up a lifeline of books, tapes, and letters – having waived the payment of copyright due to them from Cuatro Vientos for many years. It was a luminous and endearing signal from a segment of the people from the USA, telling us that humanism and generosity still existed. The ideas contained in gestalt therapy were spread through the availability of books and through the establishment of groups and by word of mouth. The ideas that were published stemming from this joint venture were very important for the morals of the many Chileans, and also for the Argentineans and Uruguayans who were undergoing very analogous vicissitudes that are part of fascist military dictatorships. In the dark ages of military fascism, these ideas came as a breath of fresh air.

The first and most important book was Fritz Perls' (1974) *Gestalt Therapy Verbatim* (translated in 1974 into Spanish: *Sueños y Existencia*). In fact, it could not have been more adequate reading for the oppressed democratic citizens since most people had progressive ideas about human and social issues. This book was an instant best seller among psychological and psychiatric readers and less so with the rather scarce general reading public, as its message was clear and prophetic. Taking into account that, in general, there was a closedown of book shops together with public and private libraries plus occasional book burnings, the arrival of this book was a rare and salutary event. Perls in his self exile at Cowichan in British Columbia, Canada, had sniffed another fascist wave expanding in the USA with Nixon and Kissinger. The wave hit a significant part of Latin America: Brazil, Uruguay, Argentina, and Chile.

A few months after the military coup, the authorities, miraculously did not ban the book. But they did censor a few lines from the foreword – which, in fact, made it even more anti-fascist. It was obvious the censors did not understand the real message of what they were reading. People could see that the basic tenets of gestalt therapy were totally anti-fascist and that it was entirely grounded in self-determination and humanistic values. This socio-political aspect of gestalt was better appreciated in Argentina owing to that country's long tradition in social psychology in the school of Pichón Rivière and others.

In 1972, Schnake and I visited Buenos Aires (Argentina) periodically in order to offer weekend workshops on gestalt therapy to the more progressive psychoanalytical community there. We had been invited by Martha Atienza, a young Argentinean psychiatrist who had interned in the University Psychiatric Clinic under the supervision of Schnake. At first it was the psychoanalytic therapists who sent their patients to the workshops; then, somewhat surprised by the results, they themselves started to attend. In 1976, the first training groups in Buenos Aires began, and the Asociación Gestáltica de Buenos Aires (Gestalt Association of Buenos Aires) followed four years later. This was to become the first gestalt-therapy-centered professional association in the Spanish-speaking world. Gestalt therapy had a much better foundation in Argentina than in Chile, possibly due to the former's long tradition in psychotherapy with a strong Freudian psychoanalytical orientation.

In 1978, Schnake and I went for two weeks to Peru, Brazil, and Spain for the purpose of introducing gestalt therapy and promoting its use. We now had another book that turned out to be of great appeal, *Awareness* by John Stevens, published in Spanish in 1976 as *El Darse Cuenta*. It contained a very thoughtful listing of sensory awareness and imagination exercises that allowed people to start experimenting by themselves. This was followed by the publication in Spanish of *In and Out of the Garbage Pail* (Perls, 1978), the very appealing, eye opening, and informative autobiography of Perls. With the aid of the books, study groups were started in most of the places we visited; a few of these developed into training and treatment institutes.

In this very brief and personal view of the history of gestalt therapy in Chile, it is worth mentioning that, from the beginning, it is has been very much related to people with strong bonds to the medical profession, hence its focus on personal and body work. In Argentina, where it has been more widely spread and shared with psychologists, social workers, and psychotherapists, it has evolved partly in a community/social-based form of therapy and social action.

One of the most prolific teachers of gestalt therapy to psychology students as well as the initiator of Gestalt Organizational Development in 2002 has been Héctor Calás. In 1995, Rolando Pihan in Concepción instituted Gestalt Diplomas given at the Medical School of the Universidad de Concepción. At the same time at the educational level, Patricio Varas, a school teacher who had spent time at Esalen, had devoted his career to training teachers in basic gestalt therapy techniques and theory together with other humanistic approaches as a method of personal growth. In general, gestalt therapy is known by the psychotherapeutic

community, and its techniques are known to many therapists in view of the availability of books on gestalt therapy. In 2010, the Asociación Gremial de Psicoterapeutas Gestálticos de Chile (Chilean Association of Gestalt Therapists) was founded. Its president is José Gengler (psychiatrist and psychotherapist) and its manager is Tatiana Mechasqui.

At present, there is one formal gestalt training institute in Santiago – Centro de Psicoterapia Gestalt de Santiago (Santiago Centre of Gestalt Psychotherapy) – founded in 2005 and directed by Antonio Martínez Ribes.

Theoretical Contributions

An important theoretical contribution to gestalt therapy has been the body/symptom/character method called Enfoque Holístico de la Salud y la Enfermedad (Holistic Approach to Health and Disease) developed by Schnake and her associates, Marina Varas and Antonio Martínez, in 1985. As a specialty within gestalt therapy, it is being applied by therapists, psychologists, and physicians in Chile as well as in Argentina, Mexico, Brazil, and Spain.

Most dualistic approaches in dealing with organic symptoms and disease are based on the premise that there is a cause that can be found and treated in isolation. Modern medicine, for the most part, is based on this presupposition, as if symptoms and disease are "the enemy," objects apart from the person that have to be "beaten" or removed without consideration of or intervention by the subject. The holistic approach, in contrast, is based on the conviction that organismic self-regulation is the prime source of knowledge of our bodies.

The essential aspect of Schnake's approach is the advantage obtained when exploring personality traits and behaviors guided by the diseased organ in the body. Each organ of our body, as well as each system in our body, has a special and peculiar way of being in the world which has made itself figural either through a symptom or a disease. In this way, the organ provides a message regarding ongoing difficulties related to the denial or suppression of undesirable character traits. When these traits are acknowledged and accepted, they can be resolved and can retreat into the background. The process of understanding the message of the organ allows for affected individuals to become aware of the nature of conflict sustained within these organs and the avoidance of some characteristics or personality traits that until now were outside the reach of their awareness. They can actively work to overcome the difficulty. The technique used is basically a gestalt dialogue in which clients are asked not only to center their attention on the organ (for which they have been provided with sufficient anatomical and physiological information), but also that they become that organ in the most realistic possible way, using inner visualization, kinesthetic awareness, and dialogue.

Of great importance are the relationships uncovered with other organs, their functioning, and the conflict-producing traits. It has been found that almost everybody has certain exploitative or negligent attitudes with respect to parts

of their body, not limited to the symptomatic and diseased organs. Especially noticeable are the omnipotent characteristics in patients with or prone to develop cancerous tumors.

To date, four books have been published by Schnake, all in Spanish. The first (Schnake, 1987), *Sonia, Te envío los cuadernos café* (*Sonia, I sent you the brown notebooks*), is written in a personal and inviting style. It is a descriptive and theoretical confrontation of the ideas of Freud and those of Perls. She explains her reasons for her departure from psychoanalysis and existential psychiatry and her encounter with Perls. She became a gestalt therapist when the results obtained by her using gestalt techniques proved to be highly productive and effective in a group context, as compared with the psychoanalytical approach in group therapy.

The second book (Schnake, 1995), *Los diálogos del cuerpo* (*The dialogues of the body*), explains an approach that is a unique and original way of addressing the symptoms of all kinds of ailments. Through gestalt dialogues and conversations with patients and trainees, she reveals the wisdom she has gleaned in her many years dealing with and treating disease. The patient listens and talks to the afflicted organ, and ultimately reclaims the organ, resolves the conflict, and allows healing to begin. The method reveals symptoms to be messages from our bodies, for which the sick organ has become the only spokesperson. In the dramatized dialogues, the paradigmatic characteristics of that organ inevitably emerge as character traits of the patient in question. (There is a partial English translation in 2009 of this book, published for promotional purposes only, which is available at Editorial Cuatro Vientos.)

The third book (Schnake, 2001), *La Voz del Síntoma* (*The Voice of the Symptom*), is similar to her previous book, but provides many more clinical cases. There is an Italian translation of this book published in 2006. Her last book (Schnake, 2007) depicts all the organs in color plates together with their attributes and possible failings and character traits. It is based on the work of a group of students who for years have been testing and describing cases.

Research

There has been no empirical research in gestalt therapy in Chile to date.

Future Challenges

Even though gestalt therapy has been applied in Chile for more than thirty years, at present there are few training institutions. Since 2008, a Masters degree has been offered in Santiago at the Universidad Mayor directed by Antonio Martínez and Marina Varas (both clinical psychologists and gestalt therapists) in collaboration with the staff of the Centro de Psicoterapia Gestalt de Santiago. The degree requires 1873 hours of lectures and training activities

plus a thesis. Since 2006 in Valparaíso (the second largest city in Chile), a training course directed by Paula Ascorra and Patricio Medina, a clinical psychologist and an anthropologist respectively, has been avalable. They have worked with approximately twenty students on a two-year basis. They are currently on their third course. Since 1995, a training course and Diploma granted by the Medical School of the University of Concepción has been led by Rolando Pihán. Yearly courses conducted by Adriana Schnake starting in 2006 take place on the Island of Chiloé in her Centre Anchimalén, and with staff made up of former students – all of whom have professional degrees plus the Diplomate obtained at her center. Prior to that course in 1990, she started dictating short courses (five to ten days) on the Holistic Approach to Disease which slowly evolved toward the Diplomate.

In at least five universities where degrees in psychology are conferred, there are elective courses in gestalt therapy at an introductory level. The attendance is of the order of fifteen students per course and the duration is approximately eighty hours. Until now, all these courses have had their own curricula and are not standardized since there is no available information on them. With the very recent inauguration of the Chilean Association of Gestalt Therapists, there will soon be a clear picture of all the training institutions and courses, and their curricula. This is an endemic problem in all Latin American countries. As gestalt becomes more popular owing to its efficiency and relative low cost, the need for some standardization of requirements for practice has become very urgent.

Perhaps the greatest challenge facing gestalt therapy in Chile is one of organization and communication. There is not a single gestalt therapy journal in general circulation in Chile, nor in the whole of the Spanish-speaking world. There are no seminars or conventions of any sort where many people who have come in contact and studied gestalt therapy can convene.

Unfortunately, the lack of academic activities and publications by the gestalt community, both locally and in most countries of the Spanish-speaking world, has resulted in strong leaders who teach orally through lectures and demonstrations. The result is that there is great loyalty to a particular leader but little or no contact between different groups; yet, it leads to loyalty and vitality among the trainees. Unfortunately, it does not promote professional or scientific communication, which of course hampers the expansion and evolution of the discipline. Precisely due to this lack of experience in academic activities, with no publications to speak of, and hence no acquaintance with the frontiers of development of the discipline, strong leaders look upon the training groups of the "others" and institutions with suspicion, if not disdain.

Owing to the lack of professional publications in gestalt therapy, most gestalt practitioners are dependent on books for their continued education and progress. But books in general are not peer reviewed, and publishers, needless to say, necessarily do not have rigor and veracity as their main agenda. Together with the lack of access to the literature, its counterpart – research, qualitative or quantitative and its concomitant writing – is not encouraged, all of which has resulted in a relative conceptual stagnation.

This, together with the oral teaching administered by the training groups, gives rise to a special type of clustering of a very personalized fanatical style that revolves around a strong leader, and is impervious to outside influences. Although this happens in all Spanish-speaking countries, it is most noticeable of all in Mexico, where there are at least four clusters around their respective leaders with little or no interaction among them. It is also true that oral experiential training and the continued presence of the teacher or supervisor is probably the best pedagogy available, which is one of the reasons why gestalt therapy has remained so vital and well received in the Spanish-speaking world. However, it has also fostered the migration of the more intellectually or academically prone to other schools. Just recently, a few leaders and their institutes are becoming aware of the social/organizational and political potential of gestalt therapy.

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[1] Books are published by Cuatro Vientos Editorial in Spanish and made available to the Spanish-speaking world: www.cuatrovientos.cl.

Part Three

Reviewing the Past and Moving Onwards

22

The Present and Future of International Gestalt Therapy

Eleanor O'Leary

This chapter examines the major issues emerging in the book with a view to providing an overview of what has been achieved internationally and what still remains to be done. The exposure of gestalt therapy to individuals in all continents bodes well for its development. However, as has been referred to by more than one contributor, competition rather than co-operation has too often blighted this development.

An examination of nine major areas with respect to the contributing countries will be undertaken. These are the time frame of the development, commencement of training initiatives, progress in governmental recognition and accreditation, publications in the form of theoretical developments and research, organization and communication, combining the strengths of the institutes with the strengths of a university, openness to exploration, and collaboration among gestalt therapists.

Time Frame of Development

It is instructive to view in tabular form the first date or time period which the contributors of the seventeen countries gave for the advent of gestalt therapy in their particular country. (See Table 22.1.)

What is interesting is that approximately within a decade of Fritz Perls' death, all seventeen had established gestalt therapy activities, which attest to its popularity. This emergence was a spontaneous reaction to an approach that people viewed as helping them. This is in marked contrast to Freud and his early colleagues, who decided to conduct annual conferences to promote their psychoanalytical work.

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Table 22.1 The beginning of gestalt therapy in the 17 countries

Country	*Date*	*Country*	*Date*	*Country*	*Date*
USA	1951	UK	1972	Finland	1975
New Zealand	1969	Germany	1972	Australia	1976
Chile	1970	Japan	1972	Italy	1979
Israel	1970	Canada	1973	Greece	Late 1970s
France	1970	Argentina	1973	Ireland	Early 1980s
Austria	1971	Denmark	Early 1970s		

It is hard to imagine spontaneous acceptance of Freud's ideas in the 1890s, because of lack of education and Victorianism. However, he prepared the way for others.

Commencement of Training Initiatives

Within a short time, the early founders were providing training courses. In the early 1970s, such courses were available in the USA, Germany, Austria, Chile, Britain, Germany, and Greece, followed in the mid 1970s by Argentina and in the late 1970s by France, Australia, Denmark, New Zealand, Italy, Israel, and Japan, and in the early 1980s by Finland and Ireland.

The pattern of progress in the countries with respect to development shows a different picture to that of commencement.

Progress with Governmental Recognition and Accreditation

Of the seventeen countries, Austria, Italy, and Finland are to the forefront in relation to governmental recognition of gestalt therapy. Three training institutes in Austria (Integrative Gestalt Therapy, the Austrian Association for Gestalt Theoretical Psychotherapy, and the Institute for Integrative Psychotherapy Vienna) have been recognized in accordance with the Austrian Psychotherapy Act of 1990. In 1992, nine gestalt therapy training institutes in Italy obtained ministerial recognition, while the Finnish Gestalt Therapy Association achieved recognition from the government's National Authority for Medicolegal Affairs in 1995.

In Ireland, the Irish Gestalt Society is a full member of the Psychological Therapies Forum. Although not yet recognized by government, the professional associations constituting the forum have been working towards the implementation of the agreed criteria for statutory registration submitted to government by the forum in 2008 (Psychological Therapies Forum, 2008). As the forum progresses, mutual understanding between its member associations is increasing and indications are that the government is sufficiently interested in considering registration.

The difficulty in the USA in attaining governmental recognition is linked to the requirement that an advanced degree is necessary before licensure is granted.

Traditionally, gestalt therapy in the USA has been conducted in training institutes therefore putting them at a severe disadvantage with respect to licensure. With its forefront position in its many ways of promoting educational opportunities, it is conceivable that such a difficulty can be surmounted in the USA by collaborative programs between the training institutes and the universities to the mutual advantage of both. Such programs – albeit at Higher Diploma level – were implemented between University College Cork and the Amani Centre, Nairobi, in counseling.

Publications of Theoretical Developments and Research

Once training has been well established, publication of theoretical developments and research is another marker of progress in the field. Undoubtedly, there have been significant contributions in published books and articles in many of the contributing countries, such as the USA, Britain, Ireland, New Zealand, and Australia. In the case of articles, many of the contributions have been published in peer-reviewed gestalt journals such as the *Gestalt Review*, the *British Gestalt Journal*, and *The Gestalt Journal*. Laudable as this is, articles on gestalt therapy also need to be published in mainstream psychotherapy journals so that colleagues in other fields of expertise in psychotherapy can read and become familiar with the newest developments and issues in gestalt therapy. Books have also tended to be published by publishers who are gestalt therapists themselves. This is admirable and useful for increasing communication with each other and initiating desirable debate and critique. However, the reach of such books tends not to extend to the general public. Knowledge of gestalt therapy by the general public needs to be increased. It can be argued that "unfinished business," one of the central concepts of gestalt therapy, has become part of common parlance, which is welcome, in that anything that contributes to the development of individuals is to be encouraged. Yet it is often used and understood only as a "figure" phenomenon without an understanding of the background from which it emerged. This has consequences in that what could be of more assistance is curtailed.

In general, the field of gestalt therapy has been neglectful of research, although over thirty years ago Smith, Glasser, and Miller (1980), in a meta-analysis of 475 controlled studies of psychotherapy, found that eighteen therapy types, including gestalt therapy, were equally effective even though fewer studies were carried out in gestalt therapy. However, Smith *et al.* (1980) warned that, in all psychotherapy, clients are not randomly assigned to the different types of therapy. Over the decades, Leslie Greenberg has played a significant role in the research domain as it relates to gestalt therapy. (See Chapter 4.)

In this book, the major players in research on gestalt therapy among the contributors are myself in Ireland (Chapter 12), Kurato in Japan (Chapter 15), Struempfel in Germany (Chapter 10), and Holzinger in Austria (Chapter 5). The future of research in Greece is promising given the growing number of researchers investigating gestalt therapy in the last three years. Countries in which PhDs relating to gestalt therapy have been completed include the USA,

Canada, Ireland, Germany, and Israel. It is regrettable that these have not been published, apart from three articles in Quebec. Woldt has made a sizeable contribution in his supervision of PhD students, research which has resulted in questionnaires such as the Gestalt Contact Styles Questionnaire (GCSQ). Publication of unpublished doctoral theses should be viewed as a matter of urgency, as otherwise new information in the field of gestalt therapy will very likely be lost not only to gestalt therapists, but also to the general population. However, in the USA, it is inevitable that the requirement for an advanced degree for licensure will result in doctorates in gestalt therapy being not only completed but also published.

Organization and Communication

Organization and communication within and between the countries covered in this book vary considerably. From the data provided by the contributors, some Spanish-speaking countries are the least developed strategically, in that the emphasis is on strong leaders with offshoot groups. In such circumstances, national associations of gestalt therapists have not been established. Until such an association is established in a country, it is usually difficult to bring gestalt therapists together. Its establishment usually results in more energy among members and increased involvement in collaborative activities such as the organization of websites, conferences, newsletters, and journals.

Combining the Strengths of the Institutes with the Strengths of the Universities

Traditionally, the training offered by gestalt therapy institutes did not involve collaboration with the universities. In Fritz Perls' lifetime, this was not his emphasis. The considerable red tape that can occur with the establishment of collaborative training programs with universities would have been inconsistent with his free style. Consequently, some countries are only now beginning to consider implementing such collaboration. Foremost in this endeavor has been Ireland, where the Counselling and Health Studies Centre of University College Cork offered a wide range of courses in gestalt therapy from the mid 1980s onwards. The ongoing collaboration between gestalt therapy practitioners and the university was vital, in that many of the gestalt therapy practitioners worked as clinical supervisors and lecturers on the course. The work of the center ended in Spring 2009 when, as the Director, I decided that I wished to have more time to accept international and national invitations in gestalt therapy. What is important is that this activity, although now ended, provided training (including academic lectures, personal development, skills training, supervision, academic and practitioner papers focused on gestalt therapy, and research papers) and a template for how an academic-practitioner leader can initiate such a program if

the administration of a university is open to a similar possibility. Such a proposed collaboration in Austria was outlined in Chapter 5.

As a person-centered therapist, Carl Rogers once said to me that he was pleased to hear that, as well as being a practicing therapist, I worked within a university setting and had completed a PhD in the person-centered approach, as he felt that it was through teaching young students in universities and conducting research that the person-centered approach would survive (personal communication, Rogers' home, La Jolla, CA, 1985). Nowadays, the person-centered approach is frequently used within educational and academic settings and in private and public settings and appears in all textbooks. In this book, Greece, the USA, and Denmark stand out as places where both research and practice in gestalt therapy are occurring in a university setting.

Openness to Exploration

In a manner similar to a suggestion by Perls prior to the naming of his new approach – that what came to be known as gestalt therapy be called existential therapy – I began to realize that gestalt therapy is in and of itself an integrative psychotherapy. This led to my collaboration with Mike Murphy on our book *New approaches to integration in psychotherapy* (O'Leary & Murphy, 2006). It is my view that the all-encompassing nature of gestalt therapy is such that it allows for integration of the whole person – be it cognitive, affective, behavioral, or bodily.

Collaboration among Gestalt Therapists

Contact and dialogue between gestalt therapists could achieve considerable further development in gestalt therapy. It is desirable that there be a professional society in each country, not just to ensure the maintenance of professional standards, but also to provide a forum to inform the public of the nature of gestalt therapy, to provide lists of gestalt therapists available for therapy and supervision, to represent the society and its members at various events relevant to the profession, to establish annual general meetings of the society and to determine criteria for an extraordinary general meeting, to develop a constitution, code of ethics, and training document, to determine the criteria for course accreditation and re-accreditation of members, and to establish continuing development criteria. Once these key factors are implemented, a website should be established as well as an annual conference. It is salutary to remember that the use of an annual conference to advance psychoanalysis was the method decided upon by Freud and his colleagues to promote their approach. It is not necessary to evaluate if this approach was successful in becoming known internationally!

It has long been my belief that not all therapists can treat all clients. Part of laudatory practice is to ascertain at the beginning what the client wants to attain

from therapy. If it is not the particular area of specialty of the therapist, optimally the said therapist should recommend another therapist. Such an action builds up confidence between therapists.

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Conclusion

Eleanor O'Leary

Owing to his persistent optimism in the aftermath of the Second World War (1939–1945) and its tragedies such as the Holocaust, the firebombing of Dresden, and the use of the atom bomb, Fritz Perls (1893–1970) constructed gestalt therapy. His new gestalt influenced and was influenced by the cultural and social revolution of the 1960s and 1970s, and continues to develop. His core concepts of contact, wholeness, balance and organismic self-regulation, living in the present, and personal responsibility are tonics for a culture where human contacts are often reduced to phone numbers and where "friends" are frequently reduced to user-names in cyberspace. Organismic self-regulation and self-support are reduced to selecting medications and the latest technology. Fritz and Laura Perls did much to rescue human dignity and freedom from the many "isms" of the twentieth century. The further development of skilled practitioners, in addition to ongoing collaborative, confirmatory, and exploratory research, is crucial to the progression and enhancement of the true potential of gestalt therapy for the benefit of humankind in the twenty-first century.

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Appendix 1

Worldwide Gestalt Associations, Institutes, and Professional Societies

Denis O'Sullivan

I wish to acknowledge the contribution of Elizabeth Behan, BA, MCoun, HDip in Ed, DCG.

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International Federation of Gestalt Training Organizations (Fédération Internationale des Organismes de Formation à la Gestalt)
http://www.gestalt.lv/forge/
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