BRITISH GESTALT JOURNAL

Volume 26, No. 2, November 2017 ISSN 0961–771X

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British Gestalt Journal
2017, Vol. 26, No. 2, 3–4
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Editorial

This is the second issue of the 26th Volume, marking the achievements of the first quarter-century in the life of the *British Gestalt Journal*. We were honoured by a well-attended celebration Conference at the end of June, hosted by UKAGP, the European umbrella organisation for the British Gestalt community.

The Conference was constructed in an innovative and experimental way to reflect the process of the Journal itself. The focus was on writing, reading, discussing, exploring and formulating contemporary Gestalt practice. Rather than giving keynote presentations in the conventional way, the contributors were commissioned to present their ideas in the form of peer-reviewed papers, which were published in the previous issue of this Journal, and which were made available to Conference participants. This then opened up time and new spaces in the Conference for engagement with emergent themes. As with all experiments, the outcomes were unpredictable, and some parts worked better than others. There were those who found the process unsettling, some wanting more familiar structure, others feeling too controlled. Overall, there was a high level of participation and energetic engagement, and food for thought about what ideas might be adapted for future conference planning.

The contributors' brief also included the writing of a post-Conference paper, and you can read these papers, which include their thoughts and reflections on the experience, in this issue. We want to express again our thanks and appreciation to our five international and UK contributors for their generous commitment to this unique event. Our thanks also to all those who attended and participated, and whose voices have, in various ways, contributed to the field conditions from which these papers have emerged.

Gaie Houston's paper is a development of her thinking since writing her first piece on sociopolitical engagement. She provides some illustration in the light of experiences she has assimilated in the meantime, including those from the Conference itself.

Lynne Jacob clarifies and develops her ideas on enduring relational themes following discussions and feedback she received at the Conference. She also includes some interesting reflections following a discussion with Peter Philippson about apparent differences between what they each write and how they practise. She suggests that Anglo-American cultural characteristics ('niceness' and 'forthrightness') might filter people's perceptions of this. BGJ readers might like to share their thoughts about this in the form of letters to the Editor.

Joe Melnick comments forthrightly on his experience at the Conference and his paper continues to address his theme of social involvement, challenging us to find ways to speak out our differences within the therapy space as well as outside it. He also makes a plea for more integration between Gestalt therapists and those working for social change with larger systems and organisations.

Peter Philippson writes about the 'theoretical turbulence' he experienced at the Conference. Continuing his concern with training, he argues that this needs to be rigorous and theoretically coherent. Trainees need to be equipped with the tools to deeply understand and fully assimilate theoretical underpinnings that enable them to be comfortable with difference, diversity and constructive critique.

Margherita Spagnuolo Lobb develops her original paper by re-emphasising her shift in focus from the client to what she terms 'the dance between'. She illustrates this here by presenting an annotated transcript of her work.

Alongside the process of the celebration Conference this year, we have also continued with the regular work of the BGJ, in supporting, editing and publishing peer-reviewed papers on Gestalt theory and practice. Two of these are included in this issue. The first is a significant new paper by Gianni Francesetti from his body of work on understanding clinical suffering from a Gestalt theoretical perspective. This time he addresses obsessive–compulsive disorder, a phenomenon that all therapists are likely to encounter in their practice from time to time, and which can be challenging to work with. Francesetti writes with deep and compassionate understanding of this disorder, conveying to the reader the felt experience from the perspectives of both client and therapist, and at the same time relating it existentially to a Gestalt theoretical framework. He demonstrates from case material the importance of the affective presence of the therapist in developing the relational ground for the work of therapy. This paper merits sustained and careful reading as an antidote to other popular methods which rely more on manualised techniques for working with this disorder.

The second article is also a particularly Gestalt contribution to the literature on supervision practice. Marie-Anne Chidiac, Sally Denham-Vaughan and Lynda Osborne present their relational matrix model. This builds on existing models of supervision and develops a distinctly relational perspective which attends to the wider field as a frame for the supervision process.

We have a lively letters section in this issue, with correspondence from Peter Philippson and Madeleine Fogarty. This follows the EAGT/AAGT Gestalt Research Conference in Paris this year, where Fogarty presented material from her doctoral research on developing a Fidelity Scale for Gestalt therapy. This discussion is of interest in relation to the increasing attention being paid to research among Gestalt practitioners. A number of readers will have been involved in Fogarty's work. Readers may wish to respond to some of the issues raised in these letters. It is also a pleasure to include a letter from John Rowan, who makes some interesting connections between his own work and Gestalt theory of self.

Finally, we have two interesting reviews – one is by Katy Wakelin who has watched Bob Resnick's recently published videos of Gestalt therapy. Malcolm Parlett reviews *The Empty Chair*, a fascinating book by Norwegian Gestaltist Vikram Kolmannskog, shortly to be available in English.

I end with a sense of connection and gratitude to all those who support, work for, subscribe to, write for and continue to read the *British Gestalt Journal*. I know through the digital download records and the newsletter sign-ups that we are more internationally connected than ever. At a time of political turbulence and separation, it is reassuring to feel part of a robust worldwide Gestalt community. It is an honour that as a Journal, because of all of you, we continue to publish at the cutting edge of contemporary Gestalt thinking and practice.

Here's to the next 25 years of the BGJ!

Christine Stevens, PhD
Editor

British Gestalt Journal
2017, Vol. 26, No. 2, 5–20

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‘Suspended from shaky scaffolding, we secure ourselves with our fixations.’[1] A phenomenological and Gestalt exploration of obsessive–compulsive disorder

Gianni Francesetti

Received 11 May 2017

Abstract: This article presents an approach to obsessive–compulsive disorder based on Gestalt therapy theory, Gestalt psychology, and psychiatric phenomenology. After establishing a diagnostic framework, the experiences of clients are explored, starting from the experience of space and time, of the relationship between details and the whole, of boundaries, and of materiality. In the light of the Gestalt theory of perception, the obsessive–compulsive symptom is framed as a creative adjustment able to protect the client from much worse suffering, in a situation in which the bodily sensorial ground is permeated with terror. After describing how the obsessive–compulsive field is aesthetically actualised in therapy, a number of issues and passages are highlighted that can help therapists in their journey with the sufferers.

Keywords: obsessive–compulsive disorder, Gestalt therapy, phenomenology, Gestalt psychology, perception, psychopathology, psychopathological field, language, aesthetics.

The aim of this article is to propose an exploration of the experiences of those who suffer from obsessive–compulsive disorder (OCD), with a view to supporting clinical practitioners in providing therapy.[2] This exploration is based on direct clinical experience and the existing literature, and in particular makes conceptual reference to phenomenological methods (Moustakas, 1994; Spinelli, 2005; Ratcliffe, 2015; Gallagher and Zahavi, 2007) and phenomenological psychiatry (Borgna, 1989; Galimberti, 1979; Callieri, 2001), to the empirical methods of Gestalt psychology (Ash, 1995), and to the theory and practice of Gestalt therapy (Perls, Hefferline and Goodman, 1951 (hereafter PHG); Spagnuolo Lobb, 2013a; Robine, 2016; Bloom and O’Neill, 2014; Jacobs and Hycner, 2009; Francesetti, Gecele and Roubal, 2013; Vázquez Bandín, 2014). Through this approach, I hope to develop a structural[3] and relational understanding of such suffering, providing a framework that can give meaning to the various experiences that clients have and relate. A field perspective will also be used to underpin therapy work with sufferers from obsessions, offering an example of Gestalt therapy analysis in psychopathology and of how phenomenological psychiatry can support this journey, building on previous work (Francesetti, 2007; 2015a; Francesetti and Gecele, 2011; Francesetti and Spagnuolo Lobb, 2013). Not many works on a Gestalt therapy approach to OCD can be found in the literature (Morphy, 1980; Tárrega-Soler, 1997; Wheeler, 2002, p. 165; Dreitzel, 2010; Salonia, 2013). The most systematic is that of Salonia, which forms the starting point of this exploration of mine, which will then go on to propose a rather different understanding of how obsessions and compulsions take shape.

1. Some considerations on extrinsic diagnosis[4]

OCD[5] is a frequent[6] and serious disorder that can make life very difficult for its sufferers and the people close to them. It is characterised by two main symptoms: obsessions and compulsions. *Obsessions* are unwanted and intrusive thoughts, images, impulses or ideas that are experienced as threatening, repulsive, meaningless, obscene or blasphemous. Themes can vary and typically concern contamination, the responsibility associated with causing harm, sex, religion, violence, order, and symmetry. Three characteristics distinguish obsessions from other recurrent thoughts: they are not desired, they are incongruous with the person’s value system, and they elicit resistance in the person when attempting to eliminate them or tackle the consequences. *Compulsions* are motivated and intentional behaviours that the subject adopts in response to obsessions, in

an effort to limit the anxiety that they provoke and their catastrophic consequences. Compulsive rituals typically revolve around decontamination, control, repetition and mental acts.

Obsessive and compulsive symptoms can appear in various levels of functioning, including neurotic, borderline and psychotic functioning. Current diagnostic systems all distinguish OCD from psychotic experience, but although it is distinct, it is not all that separate or far from psychotic experience. According to some authors (Straus, 1948; Stanghellini and Ballerini, 1992), and in the model I present here, OCD can be considered close, albeit different, to psychosis; in some cases it is the bulwark that saves a person from psychotic experience. We can therefore say that OCD generally emerges at a neurotic level of organisation, but if the obsessive adjustment does not suffice to hold back the terror, we can have obsessive–compulsive symptoms in a psychotic experience. The diagnosis should also be distinguished from obsessive–compulsive personality disorder, which differs from OCD in that it is egosyntonic, i.e. the person is not troubled by his or her perfectionist, rigid, stubborn or order-seeking ways and does not seek help as a result. OCD may or may not be observed with obsessive–compulsive personality style.

2. A phenomenological analysis: the experience of the sufferer

Andrea is terrified that he might kill his two-year-old daughter or that somebody could do something awful to her. He is tormented by intrusive images of her being physically and sexually abused. He hides away all the knives and anything sharp in the house. He counts the seconds that it takes him to get to the garage and start the car after locking the door to the house – if they are not the right number, he will repeat the action until he gets it right. Then, if the licence plates he sees do not add up, using a complicated arithmetic, to a number within a certain range, he calculates a series of laborious mathematical operations to ward off the tragic consequences that could hurt his daughter.

Anna lives in a contaminated world and to protect herself she incessantly has to decontaminate her space. This means that everything that enters her home has to be washed according to specific procedures and kept in 'quarantine' for a certain amount of time – including herself. Her skin has become an ultra-thin sheath, increasingly exposed to contaminants. She lives in constant fear and desperation.

Cristina is no longer able to drive because the idea of running somebody over forces her constantly to stop and go back to check that she has not hit anybody. Even her job in a shop has become intolerable, as whenever somebody buys something small, Cristina is afraid that a child might swallow it and choke to death. These thoughts have become incessant, leading her to endlessly stop and check, which relieves her anxiety, but only temporarily.

Those who suffer from a major OCD begin each and every day with a superhuman task that they will never bring to term. The battle against disorder, contamination, filth, uncertainty, harm, risk or losing control takes up all their energy without respite or end, draining them to exhaustion. In the experience of these sufferers, the world is terrifying, constantly threatening impending tragedy and catastrophe. Compulsions are the antidote, talismans that temporarily ward off the worst (Straus, 1948; Ballerini and Callieri, 1996; Muscelli and Stanghellini, 2008; von Gebsattel, 1967; Stanghellini and Ballerini, 1992; Borgna, 1997). I will try to describe these experiences using four themes of particular significance in OCD: space and time; the relationship between details and the whole; the experience of boundary; and materiality.

2.1 Space and time

Space contracts. As in every experience of anxiety, it is oppressing (anxious, from the Latin *angere*, etymologically means 'to squeeze'). The world assails those with obsessive experience from all sides, and so the person restricts space to what can be controlled and kept uncontaminated. The greater the need to control and decontaminate, the more space is restricted. Etymologically, '*ob-session* derives from the Latin *obsidere*, meaning *to besiege*. Thus there is a spatial implication in the original meaning of obsession. A person who is obsessed is a person who is besieged, a person who feels space is lacking, who feels that things are getting too close' (Muscelli and Stanghellini, 2008, p. 280). The need and the strategies to achieve symmetry produce a feeling of control over space, of stopping its inexorable and chaotic closing in, of holding back the siege. Space is threatening not in the sense of it being a place where I find myself exposed to the world without protection, as in agoraphobia (Francesetti, 2007; 2013), but in the sense that it is a place where distance from things is lacking. The experience of lack of distance is the ground on which to understand the efforts of the sufferer of obsessions to create distance, as we shall see further on. The privileged use of vision, the most distancing and objectifying of all the senses, also responds to this need. Thus the subject finds himself fighting a battle of retreat, in a siege that is never brought to a conclusion, in a time that flows but without a surge, a peak and a pacification – it is a linear, uniform movement, time that flows inexorably but without reaching anything that can be punctuated by a sigh that finally puts an end to it all, allowing a new page to be turned. Time flows without becoming an *event*, generating a bodily tension that is never resolved in a

point of climax, a tension that only diminishes as the energy invested is exhausted, not because a destination at which to rest is reached. Time is not maturation, it is not a pause, and so there is no assimilation. Stopping means precipitating; there is no rest, no finishing point.

2.2 The relationship between details and the whole

Those who suffer from an obsessive disorder have nets capable of catching small fish, but which let the big fish escape. Details become figure; they are magnified and repeatedly analysed, without actually bringing any sense of accomplishment to the experience. The lack of distance leads the sufferer to magnify spatial details, which become so big as to be disgusting or dangerous.[7] What besieges us must be pushed away, and one way to do that is to objectify it visually, turning it into an object, but one which inevitably will stand too close and thus become disgusting or dangerous. Detail prevails and comes to the fore, but the figure is never completed satisfactorily. In such experiences, it is difficult to arrive at a final gestalt that is perceived as complete and comprehensive of all the significant elements. Figures are like windmills – as they are not rooted in a ground that supports them, they become necessarily repetitive and inconclusive; *what is not completed is repeated* (cf. PHG). The lack of experience of accomplishment helps us to understand the spasmodic searching for accomplishment, which can never be achieved. It is here that the sense, which is only apparently senseless, of perfectionism emerges – *perfecto*, in the Latin, etymologically means *accomplished, complete*. It is a continuous urge towards an experience of accomplishment – this is the thirst that drives sufferers of obsessions, without ever finding relief. *Perfecto* also means *dead*, and, significantly, the way in which OCD sufferers think of suicide is as a way of putting an end to an endless battle: 'Often, on the motorway, I think all it would take is not to turn the steering wheel on the bend. Everything would finally end, and everybody would think it was just an accident.'

2.3 The experience of boundary

Boundaries, areas, limits, thresholds, banks: these are recurring themes in the battle against closeness and contamination, in an effort to delimit degradation, putrefaction and threat. It is an endless battle against 'evil' in all its various forms: violence, destiny, the decay of the flesh, illness, germs and worms, danger, harm, malignant influences. But a characteristic of evil is that it cannot truly be confined. Processes of decay cannot be stopped. Germs can penetrate even the smallest cracks; violence and destiny can strike at any time. Evil is an effluvium – a fluid – that seeps through all barriers. The boundary thus needs to be stiffened, re-marked, reinforced and thickened, but it is always fragile and full of holes. Hands are washed to eliminate the stink of evil that surrounds them, but the skin becomes ever more fragile, the barrier weakens and requires more and more cleansing, in an infinite, vicious cycle. Keeping a close eye, an obsessive eye, on every barrier is not enough; they crack and crumble, and rot. They are corrupted by the inexorable flow of time, which devours, consumes and disintegrates everything. Disgust, which some authors (Straus, 1948) consider the central experience in obsession, arises from this close encounter with materiality, which cannot be pushed away. As we saw with Swift, the lack of a broad spatial dimension, being crushed by things, makes them disgusting. The impossibility of establishing a secure boundary between oneself and the uncertainty of what might happen at any time helps us understand the phenomenology of not being able to distance and reinforce barriers in a satisfactory way. This also enables us to understand hoarding practices. 'To eliminate' etymologically means to thrust outside a boundary (from the Latin *e-*: 'out' and *limen*: 'threshold'), but it is something that is both desired and impossible at the same time. Aggressiveness, which can sometimes lead to violence, is often an extreme attempt to raise a barrier where somebody has breached it, creating a threatening crack in the safety belt that the client is constantly building and monitoring. The fear of doing harm here does not come from a 'repressed desire' to harm. It is a real fear that expresses both the risk of extreme defence (when distance cannot be created and the boundary defended in any other way), and the risk of involuntarily losing control.

2.4 Materiality

In an obsessive world, things have a life. They move; they are uncontrollable and unpredictable. They are strongly characterised by what Gestalt psychologists have called 'physiognomic qualities' (Metzger, 1941/1971; Straus, 1948), which immediately evoke sensory and emotional experiences (see §3.1) that are usually disturbing, even to the point of being terrifying. Things are not at rest and so they elicit restlessness. Things, when you look closely at them, look at us. Things are creatures and so they, too, undergo a process of entropic decay. Matter is not a stable unit; it decays relentlessly. Things, in such experiences, are not over there, clearly separate and distanced from the onlooker, who stands in a more or less neutral position of observation. That position is coveted but never fully achieved, because things are always here; they are disturbing and cannot be pushed away. There is no clear and persistent boundary. Something is always elusive, excessive. A scratch down the side of the car, dust on the sideboard cleaned last night, a withered leaf among the geraniums, coins

handled that might have been swallowed: all vivid testimony of how much eludes our control, of an entropic battle without end, without respite, in which we can never prevail.

Sufferers of obsessions live under siege, exposed at every moment to possible harm, provoked by things or, involuntarily, by oneself. Besieged, they fight on without respite, without peace.

3. A Gestalt analysis of the experience: the meaning of obsessive–compulsive creative adjustments

The question I want to try to answer in this section is: 'How is obsessive experience structured?' The question is about pathogenesis, that is, how a certain type of suffering takes shape. On the basis of this analysis I hope to shed light on how this so utterly difficult way of living can nevertheless be a creative adjustment that is functional in certain situations.

3.1 Beyond the Pillars of Hercules: *Vorgestalten*, proto-self, emergent self and other chimeras

To answer this question I will base myself on a few theoretical and empirical references: to begin with, the work of Gestalt psychology on perception, following the analysis of Klaus Conrad[8] and, in particular, the work of Metzger (1941/1971). These thinkers provided empirical evidence showing that perception is a process which, in just fractions of a second, leads to a perceptive experience in which the subject perceives himself as separate from the object, where the subject is detached both spatially and emotionally and the object possesses a clear, definite outline. This outcome of perception, which Metzger called *Endgestalt* (final gestalt) is the result of a process that arises from a very different, original perceptive moment. The perceptive forms of that initial perceptive moment are called *Vorgestalten* (pre-gestalten). With *Vorgestalten*, the perceptive experience is diffuse, undifferentiated and global. The figure has yet to stand out separately from the background; something is there, but it is an unstable, confused and indefinite presence. It is an experience of non-rest, and hence of restlessness, before a subject is distinguished clearly from an object. In this first phase, *expressive physiognomic qualities* predominate – qualities that are affectively charged, which communicate something in an immediate, pre-reflexive way. They are experienced in a passive way, as though seizing the subject, giving rise to a sense of expectation of development, of a purpose that has yet to be defined here, and if that development is delayed, tension emerges and restlessness grows. When *Endgestalten* finally emerge, *structural–material qualities* are what predominate, characterised by a feeling of relief in perceiving a distinct figure which objectively stands out and from which the subject feels he is separate and in a position to observe with critical judgement and emotional detachment. The sensation of being passively drawn into something indistinct and disturbing ends. With *Vorgestalten*, at the origin of all perception, the experience is atmospheric and pre-dualistic, lying at the basis of our pathic life (Tellenbach, 1968/2013; Griffero, 2014; Böhme, 2010; 2017; Schmitz, 2011; Francesetti, 2015b).[9]

In this initial phase of perception, the boundaries and poles of subjectivity and objectivity are not definite and stable. This Gestalt analysis of perception is in line with the description of the emerging of the self developed by Antonio Damasio (2012).[10] According to this model, based on his neurological studies, in perception the self emerges progressively, in the space of a few fractions of a second, in stages: the proto-self, the subjective self, and the autobiographical self. In the original, initial stage, the proto-self is alerted to the presence of *something*, without it being clear who it belongs to. A state of rest becomes a restlessness that cannot be attributed to me as a subject yet, because the sense of being a separate subject will only emerge at a later moment. The concept of the *emergent self*, developed by Daniel Stern (1985), also embraces this initial datum of all experience. The emergent self characterises the first few months of life of infants. At this time of childhood development, there is no definite sense of self, nor is it distinct from the world; rather it is the *emergent process* of the self that is figure. In Stern's model, the stages we go through in development are present in every subsequent experience, in every moment for the rest of our lives. The phenomenological tradition also points to an original dimension of experience in which subject and object are yet to be differentiated, and describes the natural, naive attitude (Husserl, 1913/1931) that normally characterises perception as a product and not as an original experiential datum, although we normally pay no attention to it (Merleau-Ponty, 1945/2003; Alvim Botelho, 2016). The presence of this original experiential *momentum* is evidenced by the etymology of the words themselves: 'We see the vestiges of this process in the words *subject* and *object*: *sub-jectum* in the Latin means cast down below, *ob-jectum* means cast out there, thus bearing evidence of their not being original essences but the product of the act of being cast into two different regions of the world' (Francesetti, 2016a, p. 150). In a previous work, we called this moment the *pre-personal dimension* of experience (Francesetti and Spagnuolo Lobb, 2013) and took it as the cornerstone for understanding psychotic experience. In psychotic experience, the subject fails to emerge from the pre-personal dimension of *Vorgestalten*

and is left astray in a world without defined boundaries, a world that is restless and incommunicable, which engulfs him passively and from which he cannot break free. Delusion and hallucination are the creative adjustments used in this nightmare world to escape, not into a world that is shared, but at least into one that is definite.[11] We described this world as being *beyond the Pillars of Hercules*, a place that the Ancients believed to be beyond the known, effable world, beyond the *non plus ultra*, a world populated by monsters and chimeras, which the Pillars (in Greek rendered by the word for *boundaries*) protect us from. All of us, at the root of all of our experiences, emerge from this world. This perspective is in line with the concept of the emergent self that underpins the theory of Gestalt therapy (Philippson, 2009; Robine, 2016; Francesetti, 2016a; Spagnuolo Lobb, 2016; Alvim Botelho, 2016; Bloom, 2016; Staemmler, 2016), where the sense of self is a process that emerges in a situation, arising as the self of the situation (PHG; Robine, 2006). Recognising the pre-dualistic origin of subjectivity is especially important because it underpins a post-Cartesian perspective (or post-Democritean, according to Schmitz, 2011) which enables us to understand suffering and its treatment from the point of view of the field (or the relationship, the situation, or the intersubjective matrix, depending on the author) and not the individual, although it is the individual who feels and expresses that suffering and calls for its transformation. This analysis of the perception process is the basis, just on another timescale, of the sequence of contact developed in PHG. The undifferentiated pathic moment is the realm of the id function of the self, from where, and on the basis of previous assimilated contacts (personality function), we continuously emerge as subjects.

3.2 The structural genesis of obsession: ceaseless Herculean leaps

The literature features various models that attempt to give meaning to how obsessions arise. In particular, there are psychodynamic models (Gabbard, 1994), behavioural and cognitive models (Beck, 1976, and subsequent developments) and even Gestalt therapy models (see references above). In PHG, obsessions are seen as thoughts that serve to remove the anxiety of excitement. The analysis that I present here will seek to build on this statement, locating the disorder in particular in relation to the neurotic and psychotic levels of organisation and understanding it in the light of perceptive processes and the emergence of the self.

The hypothesis I present in this section is *pathogenetic*; that is, it attempts to explain how the experience emerges independently of its causes, which we will seek to address later on. So let us look at a Gestalt therapy analysis of obsessive experiences. If we correlate obsessive experience (see §2) with the genesis of perception (see §3.1), it immediately appears evident that sufferers of obsessions are *besieged in the world of Vorgestalten*, but at the same time *neither lost nor inexorably stuck there*. What we can observe is an ongoing battle to create distance, to close and conclude, to draw boundaries, raise barriers and separate. In psychotic experience, the person is stuck and lost in this world without differentiation, and acts out her drama through delusions, hallucinations, and withdrawal into the unspeakable. That does not happen here. Sufferers from obsessions fight back against the undifferentiated world by waging an endless battle to conquer a distanced, bordered and safe land. Every centimetre of ground is strenuously gained, only to be immediately and inevitably lost. Time is never a victory but an endless battle; it is not an event but an effort. In the words of a client, 'I am on a lifeboat stranded in the middle of the ocean, alone in the storm. I bail out the water, but the boat is leaky. I cannot stop. I do not sink, but for all my efforts the situation does not change. What will happen when I am too tired to continue?' While in psychotic experience the person is unable to leave behind the *Vorgestalten* and conquer a shared world, here the person makes a Herculean effort to trace out and hold on to *Endgestalten* that are clear, definite and certain – but without the *Vorgestaten* actually maturing into clear and definite figures and without being rooted in a ground. It is a leap from an immediate, pre-verbal and sensory world to a verbal, cognitive, logical/mathematical and reflexive one. Obsessions are none other than this: the capacity to create – and hold on to – definite figures which, as they are not rooted in the ground, need to be over-defined and endlessly repeated to be able to *ex-ist* (come out), *sub-sist* (remain out) and *per-sist* (endure over time). Seen in this light, the experiences and symptoms make sense, as perfectionism is an attempt to bring experience to term and reach a point of accomplishment, while bodily anaesthetisation is an attempt to push away the feeling of being seized by the atmospheric. The battle against contamination is a battle to create boundaries and define oneself. The search for symmetry, for things to add up, for order and control is an attempt to reduce the chaos of the indefinite, where anything can happen. The search for security is the search for a stable, predictable world in which to be without cares – etymologically, *secure* comes from the Latin *sine cura*, meaning 'without care' – i.e. without having to constantly work to make it subsist. Such efforts bring relief as *they are part of a battle which is not lost, although it can never be won*, like bailing out water from a leaky boat, and act out the drama the person is going through. This is a fundamental need in any psychopathological field,

because it is only by acting out suffering – actualising it in the here and now – that suffering can find a relational space in which to be transformed (Francesetti, 2015b). From this perspective, obsessive symptoms are not something to be eliminated, but the expression of a creative adjustment that saves the client from becoming lost in a psychotic world without boundaries. Here we can appreciate the contiguity, highlighted by other authors (Straus, 1948; Stanghellini and Ballerini, 1992), between obsessive and psychotic experiences. Such an approach is very different from one that considers obsessive thoughts as something wrong, as something to be confronted and overcome. Rather, such thoughts are how the client escapes from a sensorial ground that elicits only restlessness and terror. It is precisely this capacity to make the Herculean leap from the terror of the senses to, albeit temporarily, a reflexive, logical/mathematical world that can be controlled that saves the client from a much greater terror. It is, however, a leap that must be repeated at every instant: 'Suspended from shaky scaffolding, we secure ourselves with our fixations'.

3.3 Aesthetic excess: the devil is in the detail

This analysis also helps to shed light on the sense of distance that sufferers of obsessions feel from the senses and the body. The root of feeling, in such an existence, is in fact the source of an indefinable terror that is atmospheric, boundless and unpredictable. In the words of a client, 'I transform terror into fear every minute of every day. But my feet[12] are always immersed in terror.' The leap out of the *Vorgestalten* is a leap from the domain of aesthetic (pathic) feeling into the cognitive, logical/mathematical and linguistic domain, where the client is left hanging in the balance between two worlds, managing not to get lost beyond the Pillars of Hercules (thus saving himself from psychosis), but unable to remain stably in the differentiated and definite world. As it is a leap that always takes him to the same spot, and not a process that takes him forward, in order to remain permanently he would have to burn his bridges definitively with the sensorial world. But if he managed to do so, a more serious form of suffering might emerge, such as, for example, a form of sociopathy.[13] In sufferers from obsessions, desensitisation does not reach that point. What the client experiences and what generates his compulsions is a phenomenon that we can call *aesthetic excess*. Despite all her efforts, the obsessive person is not able to accomplish the leap beyond feeling, beyond an atmospheric feeling that can never fully be grasped, with which she remains in some way in contact. An atmosphere is never completely reducible to an object that can be pushed away; something always eludes us, like a fluid. Feeling can never be grasped completely or circumscribed by language. Language and sensory feeling are incommensurable (Mazzeo, 2013). In geometry, two magnitudes or figures are incommensurable when their ratio generates a remainder. Incommensurable does not mean inexpressible; it is expressible but with a remainder. That remainder leaves an inexhaustible margin for regeneration, like approximations of infinity, such as the value of pi, which is infinite and continually regenerated after the decimal point. Language expresses sensory feeling in an approximate way, that is, with a remainder. As Lynne Jacobs has stressed,[14] approximation is of value in therapy because it indicates a process of coming closer that releases people from performatively having to find the exact word and which continuously keeps the dialogue and conversation open. Language, with its subject–verb–object structure, is suited to expressing experience after subject–object separation has occurred. Universal grammar (Chomsky, 1957) serves to express *completely* the ingenuous, natural world of subjects and objects that are already separate – the world of Aristotelian logic. To express experience before that separation – beyond the Pillars of Hercules, in the world of *Vorgestalten* and the atmospheric – other languages are needed. Goodman suggests poetry (PHG, 1951; Vázquez Bandín, 2014). Or madness, the unfortunate stepsister of poetry (Clemens Brentano, quoted in Béguin, 1939). Vivid language, poetic language, which touches us and is capable of striking a bodily chord, approximates sensory experience while at the same time carrying the scent of that which remains to be said. It is a language that both hits and misses the mark, but what is missing also speaks loudly – indeed, it is what is missing that enables language to be alive, enchanted and enchanting, instead of dead and *perfecto* (Loewald, 1989; Mitchell, 2000). The atmospheric excess of sensory feeling, or aesthetic excess, is the demon that the obsessive person is unable to suppress – the things that do not add up (or leave a remainder!), the microbe that survives the antiseptic, the impulsive feeling that refuses to go away, the picture that does not hang straight, the speck of dust on the table … the devil of obsession lies in these details, which represent the unsuppressible and saves the obsessive person from the anaesthetic of sociopathy. Approximation is intolerable for sufferers from obsession because it is a process that leaves a remainder which refuses to go away, and by doing so it does not permit completion and distance to be accomplished. This gives us additional insight into compulsive rituals as attempts to reduce and extinguish the aesthetic excess which no mathematical or linguistic logic can ever – fortunately – reduce to zero. But they only bring temporary relief. With ritual, as opposed to games, where the outcome is uncertain, we know how things will end; it is predictable and gives

a sense of control. And ritual is a culturally accepted way of keeping the atmospheric in check, giving it shape and building memory. Think of how rituals support us in times of great atmospheric valency, when they give a socially-accepted shape to individual experience while ensuring relational connection – in the case of a death, for instance, an event of excess par excellence, in which time and space unravel,[15] ritual gives shape to individual experience while allowing us to remain in the shared social world. Obsessive people, however, use this adjustment without it being shared with others and hence without alleviating the solitude that underpins their terror – but without succeeding in extinguishing the aesthetic excess that ultimately ties them to the world of life.

4. In which kinds of existence does obsessive adjustment emerge?

In this section we enter epistemologically slippery ground, where the risk of reductionism is great and it must be remembered that all that we can formulate are hypotheses. Here we address the question of aetiology, or the causes of this suffering. In embarking on this road, it must be remembered that the causes of the disorder are not presently known, and this gap in our knowledge can be, paradoxically, a source of support for the therapist. Stepping into the gap with awareness helps the therapist to be open and curious and to seek a shared and unique narrative for the client which gives meaning to his suffering. Here, not knowing is the key to seeking and uniqueness.

It is always necessary, in psychopathology, to put aside the logic of simple and reductionist causality. What we generally know is that every case of suffering has its own complex and non-reducible roots. The position I take up within this complexity is based on two assumptions: first, that every case of suffering has a meaning (Borgna, 1989); and second, that suffering emerges in a relational field that is acted out in the therapeutic encounter (Francesetti, 2015b; 2016a; 2016b; Spagnuolo Lobb, 2013b).[16] In psychopathology, rather than focusing on causality, which tends to lead to reductionism and generalisation, greater support can be drawn from the concept of pathways, which ensures greater emphasis on singularity, uniqueness and context. Looking at such pathways, psychodynamics has implicated fixation in the anal stage and Oedipal conflicts in the development of OCD (Gabbard, 1994; Straus, 1948). A perspective that lies closer to our own is that of intersubjective psychoanalysis, which has explored the disorder in terms of intersubjective fields (Stolorow et al., 1999). The cognitivist approach has produced much literature (Beck, 1976; Frost and Steketee, 2002; Clark, 2004) which we often depart from as we do not agree with the perspective that obsessions are originally caused at a cognitive level; rather, from our point of view, the obsessive attachment to a thought is a creative adjustment to distance oneself from disturbing and terrifying sensory feeling.

To find our way among the pathways that lead to obsessive suffering, let us start from two phenomenal data that would appear to be evident. The first is that the emotional ground of sufferers from obsession is one of terror (Salonia, 2013; Stanghellini and Ballerini, 1992; Muscelli and Stanghellini, 2008; Calvi, 1996). The second emerges in therapy, where the client appears to be oblivious to the possibility that her terror can find relief in the relationship. She does not see relational comfort when she is afraid. Once again, Marcoaldi's insightful and terrifying poem expresses this element:

> What do you think? If I hold you real tight,
> will I have a better chance of escaping death's bite?
> (Marcoaldi, 2008)

This question can typically emerge in an obsessive field. Obviously, the answer is 'no': a hug will not fend off *death*. But those who ask such a question clearly do not realise that a hug can fend off *the fear of death*. Sufferers of obsessions are oblivious to the calming power of a hug, of bodily closeness, of relational comfort – etymologically, *comfort* means *strong together*. Here we find a central core of this experience: the solitude of terror. The obsessive client is alone, but in a certain sense he is unaware of it because he does not realise that it does not have to be that way, as he has no experience of reference for him to be nostalgic of the other and to call out for her. Rather, as we have seen, the structure of his experience drives him to seek relief in distance, but the space to feel distant is lacking, and hence the desire for closeness, which requires a sense of distance, cannot emerge. Moreover, his experience is one of emergency – it is very hard to let go of the shaky scaffolding that saves you from the abyss to grab hold of someone's hand. It is like someone who climbs a rock face and is suspended over the void, clinging to holds without a safety rope, being invited to let go and grasp another's hand (Salonia, 2013). In such an experience, the terror and diffidence that we face are so strong that we think the other person's hand has already betrayed us, that the other is already gone. It is easy to find stories in which the relational containment that comes from affective and bodily closeness has been lacking. In the words of another client:

> 'I grew up through childhood in a house without walls, exposed to storms of all kinds, where bursts of unpredictable anger violently shook the house and the cold paralysed everything. It was only my solitude, curled up in a hidden corner, that enabled me to breathe as I trembled. Only my solitude gave me

> comfort. I began to read through the house's immense library, one book after another, from the bottom left-hand corner onwards, in order. From general relativity to *The Charterhouse of Parma* and the works of the Marquis de Sade.'

Here we are outlining the possible narratives in which the other failed to provide containment when faced with terror and the uncertainty of life, but we will not go any further so as to avoid stereotyping and crystallising the experience. Instead let us stop at the two evident phenomena identified: terror and the difficulty of conceiving relational containment. These phenomena underscore an element of OCD that is rarely highlighted in the literature, which is the solitude of obsessive experiences.[17] To conclude, while we are able to describe the specific way this disorder takes shape (pathogenesis, see §3), we cannot and do not want to reduce OCD to specific causes. All we can do is give the hypothesis that this form of suffering is shaped by existential experiences marked by exposure to terror, without sufficient relational containment. This lack of containment remains as a memory of the impossibility of trusting and relying on the environment. Therapy will provide a new experience where containment and trust can be felt. I do not see it as a reparative experience, since what was missed cannot be replaced: in the therapeutic moment, the realisation of the possibility of containment emerges with the pain of what was missing and this pain remains forever (albeit in different forms). But a new experience of containment that provides new possibilities for breathing and being in the world is possible.[18]

5. The emergent obsessive–compulsive field in the here and now of the therapy session

When we encounter a person in therapy who suffers from obsessions, together we actualise a phenomenal field[19] that acts out the suffering. As I have described elsewhere, (Francesetti, 2016b; forthcoming), acting out does not imply anything artificial but specifically refers to the actualisation of a field between us and around us which is the ecstasy of the lived bodies in the present situation. What emerges is *something real* – the phenomenal field – and aesthetically perceptible as an atmosphere, an almost-entity, which is neither solely objective nor solely subjective. It is the coming out, the ex-istence, of a field that at the same time actualises the absences at the contact boundary (i.e. the suffering) and calls for presence (i.e. the potentiality for transformation and presence). The degree of presence and absence takes shape through how each of us stays at the contact boundary in the therapy session; it is the ecstasy of our bodies and of the situation. A psychopathological field holds the absences at the contact boundary which await the presence of the other so as to transform into pain and beauty (Francesetti, 2012).

What are the features of an obsessive field? Although different for every encounter, and hence for every client, every therapist and every session, we believe there are certain features which can be found in different ways (if it is true that all obsessive suffering has a common basis of experience). The experiences I describe are an expression of the themes that circulate in the field and can be felt at times more by the client, at other times more by the therapist. They are the effect of co-creation.

In such a field, in therapy, I might feel that I have to tread very cautiously, often feeling that I am on the verge of making some mistake without really understanding why, but with the sensation that I have to control what I do carefully. I learn that some words are forbidden – *terror*, for example. Or certain gestures, such as shaking the client's hand to greet him or, sometimes, getting too close, past a certain limit. In controlling itself, my body tenses up and stiffens, my breath shortens imperceptibly. Without realising it, I lift myself slightly off the chair, raising the barycentre of my body. Sensitivity is reduced and the air becomes sterile. Sometimes, before the session, I check that the room is tidy or that the armchairs are sufficiently spaced out. I have even felt, at times, that I wished the room were bigger or I feel that the client would prefer it. I feel less in touch with my body, a bit disembodied as such. Bodily presence can almost become something disreputable, or even superfluous –'What does the body have to do with things? We're talking about psychic suffering here, about irrepressible thoughts! I'm suspended over the void and you're telling me to breathe? Of course I'm breathing, that's not the point! How's that going to help?' Sometimes there is a sense of emergency that puts me with my back against the wall, with no way of escape, and I have the feeling that an answer is needed now, a definitive, resolute answer. At times like that space contracts and I cannot breathe. I feel under siege – what a relief it will be when the session is over! It can happen that I feel drawn to thought, to debate, to narration, to itemisation, to pure and formal logic. Time tends to flow at uniform speed, without reaching a crescendo that leads to somewhere, to some point at which I can say 'Today I've come this far!' with some sense of accomplishment. This can make bringing the therapy session to an end quite hard, as though something is missing and taking forever. The air tends to be cold and crisp, rarely ever moved by affective surges, absorbed as we are in the pursuit of something that we can never grab hold of. The clearing that every therapeutic encounter attempts to open up is never wide enough, or comfortable and

cosy, warm and substantial, hospitable and safe. It is not a resting place. What a surprise it is when I do find the space and audacity to give dignity to the stirring of my emotions, to being in touch with my soul, as it is warmed by the contact made with this person who suffers. (At this point I feel I should explain what I mean by 'soul', but this is probably the effect of the 'rising current' present in the obsessive field which as I write I am actualising.) The other may elude me – it is easy to be blinded by the details or by the urgency of the symptoms, but hard not to lose hold of the body that vibrates and suffers, that sounds out and touches the heart. At times it feels like the client is on the other side of an iron curtain; at others as though a misplaced word might pierce his soul, tearing apart the flesh. Sometimes I feel useless, even as a human being; I want to offer comfort, but it all seems too little – not because the client does not expect anything (as in a depressive field), but because I feel powerless before the reiteration of the symptom, before the urgency of the terror, before the radicalness of the questions. I try to make a difference, but often I cannot; I exhaust myself. At that point I feel a desire to step back, and maybe I do step back. And it is there that I can feel the precious value of a sentiment that slowly but surely emerges. I feel the warm pain of leaving the client alone and the client, at a certain point, can feel that the air is colder as I move away, and the terror greater. At that moment we are outside the obsessive field. Thanks to embodied presence, the terror attenuates, and we can let go, at least for an instant, the lonely, shaky scaffolding. The encounter is event, breath punctuation, the clearing a resting place.

6. Therapeutic approaches and directions

Therapy with OCD sufferers is generally difficult and frustrating for both the client and the therapist. But although the long-term outcomes can be uncertain, it is nevertheless useful. NICE provides the guidelines for the treatment of OCD.[20] The models of intervention most extensively reviewed, those based on behaviourist and cognitivist approaches (Abramovitz and Siqueland, 2013; Foa et al., 1999, Beck, 1976; Frost and Steketee, 2002; Clark, 2004) have been shown to help reduce the symptoms of OCD quite significantly, albeit often not definitively. The disorder, in fact, is frequently chronic in nature, alternating periods of well-being with periods when symptoms are more intense (Castonguay and Oltmanns, 2013). There is also evidence that the involvement of the family in psychoeducation or therapy can help considerably, as the mere adaptation of the surrounding environment to the ritual demanded by obsessions tends to worsen the situation. Taking our phenomenological and Gestalt exploration as a starting point, let us look at some of the directions that can help us in therapy work. In brief and general terms, the therapeutic approach focuses on being able to feel the emergent phenomenal field in the therapy session in full, which means being present for the absences that are actualised in the field, and on grasping one's own contribution to its co-creation. This is the threshold that opens the door to change. By modulating one's presence, rather than seeking to change the client (Francesetti, 2015b; Francesetti, forthcoming), the co-created field is changed, giving rise to a new experience and thus a new memory. In the therapeutic encounter, suffering is actualised and when it reaches the contact boundary, thanks to the presence of both the therapist and client, it transforms (Francesetti, 2012; Spagnuolo Lobb, 2013a). This is a Gestalt therapy perspective on the therapeutic process that is valid with every client, regardless of his suffering. For more insight on this, reference should be made to the works cited.

But what are the themes and steps to be focused on when we find ourselves in an obsessive–compulsive field?

6.1 From the *Körper to the Leib*:[21] keeping aesthetic sensitivity alive

The aesthetic dimension is the sensorial world, the root of feeling. In an obsessive field, the current present in the field constantly tends to drag us away from that dimension, and so it is important for the therapist to take care to remain in sensorial contact with her own lived body (the *Leib*). In an obsessive field, that contact can easily be lost, as the tension makes us tense up and become anaesthetised and we focus on thought. In this field the *Leib* easily becomes the *Körper*, the medicalised, anatomical and functional body, the body that does not feel and does not savour. In an emergency, the senses are roused to take in the dangers that are present; the eyes, ears and nose become alert to the environment and breathing stops in expectation of an attack. Focus is lost on aesthetic perception, on bodily, proprioceptive and atmospheric feeling, the very focus the therapist must be especially careful to maintain. It is important for breathing to remain fluid, which means keeping time and space in contact. Giving fullness to breath gives fullness to space and helps establish the right distance. Feeling the fullness of the breathing cycle as it is completed changes the uniform, linear motion of time, generating a rising and falling motion that brings a *perfecto* cycle to completion, to conclusion. Contact with one's own lived body also enables the therapist to gauge, instant by instant, the 'temperature' of contact and the actualisation of the atmospheres in the encounter. The capacity to stay in the indefinite that arises at the root of the senses, feeling

all that emerges without retreating from it, allows us to make contact with the experiences of terror which continuously fuel obsessions and keep the client and, in therapy, the therapist at a distance. Work is always, therefore, bodily, in the sense of being embodied and present in the awareness of the therapist. Sometimes, it is possible to bring this bodily work into figure, once the debasement that focusing on the body often implies is overcome and once a relationship of sufficient trust is built over time. When this is possible, the experience of bodily work is precious, as we experience the effects of distance/closeness and how it affects the experience of space, of boundaries, of their blurring and re-establishment, of the emotions that these movements elicit, and of temporality in exercises, such as the simple technique of grounding, in which the client feels fatigue and physical pain, and then relief, signalling the end (*perfecto*!) of the exercise.

6.2. From terror to containment through contact

Experiences of terror will gradually emerge in therapy – a terror for which no containment is conceived. A pure and boundless terror that can only be put in check by obsessions. A terror for which there is no concrete response. A child at around the age of two might ask her mother, 'Will you die?' The mother responds immediately by approaching the child with a smile and an embrace, and will usually say something about time, something like 'But I'm not old yet!' The child is calmed and turns her attention elsewhere. In this sequence, space is swept by a strong emotional resonance and by the body of the mother who brings the warmth of closeness; time is demarcated so as to create distance between a now that is close and a then, a then so far off that it cannot touch us (the boundary is here); the body is calmed in the arms of the mother;[22] breathing returns, and the sequence of the experience is completed. Attention is free to turn elsewhere. Before a sequence of this kind, i.e. of the *com-fort (strong together)* of contact (not necessarily through physical contact), can emerge in therapy, a lot needs to happen first. The therapist has to have been present in experiencing the obsessive field, without retreating from it and becoming anaesthetised, and without being overwhelmed, so as gradually to become visible for the client and reliable. The client comes to ask Marcoaldi's same question: 'If I hold you real tight, will I have a better chance of escaping death's bite?' But therapy work, as I have said and will say again, is not aimed at changing the client. The questions the therapist focuses on are: 'In the therapy session and in life, how do I deal with the existential terror provoked by the thought of my own death? And by the death of the people I love? What grounds have supported me, now and in the past, enabling me to continue breathing when faced with these possibilities? How is all this actualised when I encounter this client?' Asking these questions and authentically exploring one's own experience of these issues enables us not to lose touch with our bodily and affective presence in therapy and to be able to feel that the emergence of terror will not lead us to evade therapeutic contact. From this ground, answers will emerge to the pressing questions that the client poses to the therapist (Salonia, 2013) – answers that are founded not on reassurance but on the support afforded by truth;[23] not on showing a confidence that we do not have but on contemplating the limits of life and continuing to breathe. In the example given, it would not help for the therapist to assure the client that nothing will happen; indeed, this would undermine the relationship of trust because the therapist would be stating something he cannot know. Instead, what helps is to learn, when confronted by the unpredictability of life, to keep calm together, that thanks to our presences life is sufficiently hospitable – from *hospes* (host) and not *hostis* (enemy) (Salonia, 1999). The way this happens cannot be reproduced as a technique. It is a *phronēsis* that emerges only if the therapist's ground on these issues has been prepared (Sichera, 2001; Orange, Atwood and Stolorow, 1999; Francesetti, 2015b). An inter-corporeal relationship gradually will take the form of containment for the emergent anxiety.

6.3. From solitude to affective resonance

Being mindful of one's sensory feeling, and capable of gathering, supporting and sustaining terror, will enable a constituent dimension of obsessive experience to emerge, which is solitude. A terrified solitude, because it is exposed to the contraction of space, the breaking of boundaries, the degradation of materiality and the absence of accomplishment. For the client, the 'luxury' of feeling that solitude will only be possible in the nooks, initially rare, where respite can be found from the emergency. As long as the emergency continues, any closeness will threaten the unstable boundary and the need for distance, and will not address the immediate need of finding a solution to the reasons for the terror. Nevertheless, with time a certain closeness will begin to be appreciated and to have meaning. A kinaesthetic resonance will find, with uncertainty, its way (Frank, 2016) and the therapist's face will begin to be perceived vaguely as a healing otherness (Bloom, 2016). Quietly, almost stealthily, without being able to name it or bring it to the fore, a ground of affective presence will begin to make the difference. For this to happen, the therapist will have to call on her capacity to wait, without anticipating events and without diminishing the value of closeness – a strong pressure in the obsessive field. Even here, the therapist will ask herself, 'How has closeness been of comfort to me? What value am I able

to give it? What supports me in my solitude?' and it will be important to feel the sensations and sentiments that emerge from these questions. Every time the therapist brings this into the field, mostly implicitly (Stern, 2004), the field changes and will tend to help these experiences emerge in the client as well – experiences that open up an evolution in the client's experience can be experienced by the therapist first. Through this approach, the way of being in the world can undergo a relational refoundation and the existential experiences, unspeakable but lived, which enable us to breathe and be aware and present even when faced with the uncertainty of life, can be confronted. Until ultimately sufficient relational ground is felt to understand death on the horizon of life, a passage that is necessary for life to be temporalised, space to be consistent and for time to flow (Heidegger, 1927/1962).

6.4. Pharmacological support

Pharmacological support should always be taken into consideration for this disorder as it can significantly reduce the client's suffering. What is fundamental, however, is that it is treated as a way of reducing the intensity of the symptom and not as a way of reducing the meaning of suffering to a biochemical fluctuation, which would imply a belittlement of the client's experience and the invalidation of his point of view, with the risk of producing iatrogenic effects. Close collaboration is therefore needed between the psychiatrist who prescribes the therapy and the psychotherapist, along with mutual respect for their fields and boundaries. Clients who suffer from OCD sometimes refuse drug treatment, especially where issues concern contamination, as taking a drug may be seen as a violation of the boundary by an intrusive foreign body. This does not exclude psychiatric advice in which the client is clearly informed of the limitations and potential of pharmacological support, where such advice clarifies, distances, and gives definite form and dignity to the client's choice. Sometimes, before a drug is prescribed, trust in the psychotherapist needs to be built to ensure that the meaning of the client's suffering will not be lost, even if the drugs prove effective. Appropriate drugs include, first and foremost, antidepressants, especially serotonergics, but benzodiazepines and neuroleptic drugs can also be used in specific situations.

6.5. A brief clinical example

Now I will present two brief verbatim records that help connect what I have described to concrete clinical practice. Andrea is a forty-five-year-old man, head of administration for a large company, who has been married for some years and has a two-year-old daughter. He sought therapy for major obsessive–compulsive symptoms that heavily interfere with his life and for his terror over the possibility of harming his wife and daughter. His rituals are designed to predict and prevent accidents, misfortunes, illnesses, and possible bursts of violence. Every day, highly complicated combinatorial calculations compel him to repeat secret rituals over and over again until they all add up and the dangers are momentarily warded off. Shortly before starting therapy, he hid all the knives in the house in the cellar for fear that he could commit an irreparable act in a moment of rage. He appears extremely diffident and controlling to me, very intelligent and with an extraordinarily logical mind. His body is stiff, controlled, held back and upright. Later he would tell me that he suffers from muscle pain and tension headaches. He comes from an affluent family, with childhood experiences of abandonment and solitude, ongoing affective neglect, exposure to bursts of rage by his parents, and unpredictable departures by his mother. A cold, desolate house without walls, constantly weather-beaten and exposed to unforeseeable storms and earthquakes. The eldest son, he has a younger sister who has been diagnosed with schizophrenia, and a younger brother with addiction issues. My experience with him, especially at the start of therapy, was one of feeling tense and controlled in my actions, highly cautious and not free. I have to remind myself to keep breathing and to rest my weight on the armchair so as to be present, so as not to allow space to crumple up, as though sucked into a vacuum. The phenomenal field that we actualise is such as to make me feel powerless and cornered, with no moves possible, while he is left alone and exposed to the fear of uncontrollable events, to be managed without my support – it is an obsessive field. The key moments in therapy are moments of contact that change this co-created field. The new relational experience that is needed is one that any person with a sufficiently healthy history will obviously have in their ground: the experience of keeping calm in the face of uncertainty thanks to the presence of an affective and containing significant other.

Verbatim extract, after about eight months of therapy:

> *One day, Andrea described a scene to me in general terms, without going into the details, in which his two-year-old daughter is kidnapped, tortured and killed, evoking the cruel and terrible things that could happen to her without naming them. Although no specific scene is described, the atmosphere generated between us is blood-curdling.*
>
> *I say to him:*
>
> *Therapist: 'The way you talk about it, more than what you actually say, makes me think that one could be terrified by these thoughts.'*

Andrea: 'Yes, they're frightening.'

There is something in the way he says this that suggests a sort of side-stepping of my statement, a small movement of the head, perhaps, that gives me this impression, as though he was avoiding something. I also realise that he did not repeat the word terrifying. He seems to be evading it with the same circumspection of a feline that sniffs out and avoids a trap.

T: 'Hold on, Andrea. Are they frightening or terrifying?'
A: 'That's a word I never use.' [becoming tense and moving back]

The terror has become palpable between us. It is so strong that it weighs down on my chest; as though it were about to explode. I feel an urge to run away. I feel it is too much for both us, so I need to alleviate the tension a bit.

T: 'So you prefer the word "frightening"?' [the tension immediately relaxes a bit]
A: 'Yes, I prefer to talk about fears because they are controllable.'
T: 'Ah …' [relieved]

Now I feel something different between us, something pleasant, but indefinite, has emerged. Perhaps it is simply the fact of not having left him alone in that tension. Then he speaks with the speed and blast of a bullet:

A: 'Instead terror is something you can't control.'

The sensation I have becomes clearer. For the first time, between the two of us, he has been able to say the word and bear it; the space between us is clear and sustaining, not sterile. There is a knowing look in his eye – he knows he has said the forbidden word and that he was able to say it thanks to the fact that he is here, and he knows that I know he knows. In that pause we savour our feeling. I feel I am with him and that we have reached somewhere.

It is a moment of special, intense contact, to be cherished, even without naming it. An understanding that changes the actualised field between us, which we both know, without saying it, we will remember – for me an experience of not feeling powerless, pressed up with my back against the wall, and for him of not being left alone with a terror sterilised of all presence. A small, shared affective journey (Stern, 2010), a grain of betweenness in a boundless solitude.

After about a year-and-a-half of therapy:

A: 'I'm sick and tired of all these controls, sums, rituals and more sums; they're growing. And what's worse is that they're an insult to my intelligence – they're such stupid things and take up loads of energy.'
T: 'They don't make sense to you?'
A: 'I'm not convinced.'
T: 'What do you mean?'
A: 'You pointed out to me that they grow when I'm afraid for the people I'm attached to, so they express my bond, perhaps even my love for them.'
T: 'Yes …'
A: 'Reason makes me doubt all that. In the end, maybe it's all just extreme selfishness. I keep a check on everyone; I put everyone in a cage so as to set my mind at rest, but all I'm worried about is my own mind, so I'm just being selfish.'

I feel the space between us is sterile. We could discuss and debate it at length, but I feel there is no feeling at all between us.

T: 'Your reason doubts … but what do you feel? Are you doing it for yourself or for Lisa?'
A: 'Um … I'm not sure I can trust what I feel … but yes, … I'd say it's for Lisa.'

The way he says 'Lisa' sparks in me, and at the same time in him, an intense and unexpected surge of emotion; something like a sob takes us by surprise. We realise the surprise and emotion is mutual, and we are caught off guard and embarrassed by what is happening. All of a sudden, I feel his and my own existential weariness – I am well aware of the way bonds and love tie us to the pain of a loved one's loss. In this shared feeling I grasp the beauty of a new and intense contact between us, unexpected like a gift. After a brief silence I say:

T: 'I realise the great lengths you've gone to over the years to protect Lisa, the endless effort to take care of her.'
A: 'Yes …'

Andrea looks at me, overcome with emotion. He looks away and clears his throat. There is a pause. The air is pregnant with vibration, at the limit of what is bearable for both of us. I make myself more comfortable and get a hold of my breath.

T: 'What's happening, Andrea?'
A: 'Um … you know how I told you that some sessions are watersheds, and others are about consolidation … well, this one's a watershed.'
T: 'I think so, too.'

We stay for an instant in that moment, a moment in which something has happened. We stop to savour it and feel its effects. We feel how it transforms our relationship and how we feel.

7. Conclusion

Our journey has taken us along the road of phenomenological and Gestalt analysis, covering: the identification of the field of investigation using extrinsic diagnosis; a phenomenological analysis of experiences; a Gestalt therapy analysis of the experience giving meaning to the creative adjustment of obsession–compulsion; the positioning of that adjustment within possible biographical and existential backgrounds; the features of an emergent obsessive–compulsive field in therapy; and finally, some elements for therapy. Along this journey I have sought to highlight how obsessive–compulsive adjustments are a specific creative approach

to dealing with terror when terror cannot dissipate in the presence of the other and how they can spare the sufferer from even greater suffering. It is my hope that this exploration of mine might support another journey, that of the therapist and the client, towards a place which our poet, once again, has captured so well:

> That's right, I can't help but think:
> first we fly and then we fall—
> soaring high and then worn out,
> exhausted we return to reality.
> Only then will we be ready
> to praise the infinite
> realm of immanence
> and to accept, perhaps, the immanence
> of death—like the natural lot
> of a fruit that ripens, then falls.
> (Marcoaldi, 2015, p. 44)

Notes

1. 'Suspended from shaky scaffolding,/we secure ourselves with our/fixations. To distract/our gaze from the looming/abyss, we take refuge/in chilling automatisms,/in pathetic obsessions. / We know the burden of iniquity/that we carry on our shoulders, but/sloth, compulsion and laziness/are dull and comforting rewards/that are much more reassuring/than the dazzling and alien lights/of a world that offers no guarantees' (Marcoaldi, 2015, p. 36).
2. In order to understand this paper better, it would be useful to read my previous article 'From individual symptoms to psychopathological fields' (2015b), and 'The Field Perspective in Gestalt Therapy' (forthcoming). The present study is based on the perspective on psychopathology discussed in those works. I thank the peer referees for making me aware of how propaedeutic it can be for the reader to refer to those papers.
3. That is, an analysis that takes lived experience as its starting point to describe how a certain psychopathological experience takes shape and develops, focusing on how suffering emerges, rather than its causes (cf. Borgna, 1989).
4. For a more in-depth look at diagnosis in Gestalt therapy, and the difference between intrinsic and extrinsic diagnosis, see Francesetti and Gecele (2009); Francesetti, Gecele and Roubal (2013).
5. The DSM 5 (APA, 2013) diagnostic criteria for OCD are: a) Presence of obsessions, compulsions or both; b) The obsessions or compulsions are time-consuming or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning; c) The obsessive–compulsive symptoms are not attributable to the physiological effects of a substance or another medical condition; d) The disturbance is not better explained by the symptoms of another mental disorder. The ICD classification is not significantly different (see ICD 10, Obsessive Compulsive Disorder, F.42). In order to widen the discussion of psychiatric nosography, and intrinsic and extrinsic diagnosis in Gestalt therapy, see Francesetti and Gecele (2009).
6. Around 2–3% of the adult population suffers from this disorder (Abramowitz and Siqueland, 2013, p. 194), for which the number of sufferers around the world is estimated at over 100 million people.
7. Straus (1948) highlights how the writer Jonathan Swift, who suffered from obsessions, created a character in *Gulliver's Travels* who has an inevitably large and close experience with reality, in a way that disgusts him: '[these maids of honour] would strip themselves to the skin, and put on their smocks in my presence, while I was placed on their toilet, before their naked bodies, which I am sure to me was very far from being a tempting sight, or from giving me any other emotions than those of horror and disgust' (Swift, quoted in Straus, 1948, p. 99; Italian trans. 2006).
8. Conrad was the first to define and use a method of investigation in psychopathology which he called 'Gestalt analysis' (Conrad, 1958).
9. *Pathic* means felt in the lived body and suffered. We are immediately and passively seized by the pathic, we are moved by suffering and passion; it is something *to which* we are subject (rather than *of which* we are subject). In the atmospheric, figure and background are not yet defined, but form an affectively charged tone that is diffuse in space, immediate and without clear boundaries, from which subject and object will emerge, impregnating and colouring the nascent experience, which encompasses subjects and objects in a reciprocal, circular making.
10. Cf. <https://www.youtube.com/watch?v=8LD13O7dkHc>
11. The first to use Metzger's work to understand psychotic experience was Klaus Conrad (1958), who laid the bases for the study of psychopathology through what he called 'Gestalt analysis'. Unfortunately, his work was not explored by later thinkers in all its potential, although today it is being reappraised by a number of authors (Alessandrini and Di Giannantonio, 2013).
12. The reference to feet is not coincidental. To 'have cold feet' is a way of saying that someone is afraid, and children, when they are frightened and do not receive bodily containment, curl up, raising their feet off the ground or holding them in their arms.
13. In this case, his desensitisation would not permit him to feel his terror and his pain any longer, and he would need the body of another person to act out the drama, the experience of another person, a victim, to make the suffering that he cannot feel emerge (Francesetti, 2012). In this way, we can understand the words of a client of mine, a person who could be dangerously violent at times, who in a moment of intense emotion said, 'I can be an angel of light or an angel of darkness. If I detach myself from my feelings, I can do anything at all and feel righteous in doing it. Nothing could stop me, except a return to my feelings and pain.'
14. Oral communication, AAGT Conference, Asilomar (CA, USA), 5th September, 2014.
15. 'The air around the deceased was irregular / with wear and tear in the net / that firmly links the here with the now' (Gualtieri, 2010, p. 50).
16. Let us clear the field of all biological aetiology. The fact that treatment using serotonergic antidepressants can alleviate the symptoms of obsession does not imply that a lack of serotonin is a cause of the disorder; if anything it may be associated with pathogenesis. Thus we are in a pathogenetic field, not an aetiological one. Drug therapy is important in clinical practice if it can alleviate symptoms, providing that it does not stop there and efforts are made to give meaning to suffering. It cannot be excluded that there may be genetic or epigenetic elements involved (Bottaccioli, 2014; Spagnuolo Lobb and Francesetti, 2015; Spector, 2012), or, more generally, biological factors at the origin of the disorder, as no clear data exists (Castonguay and Oltmanns, 2013), but in any case, the presence of biological components does not nullify the search for meaning.
17. In this respect, it is interesting to look at an observation that comes from pharmacology in clinical practice. The people who respond best to antidepressants are those who suffer from depression, panic attacks and obsessive–compulsive disorder.

From a phenomenological and Gestalt therapy point of view, the ground of these sufferers is marked by the experience of solitude (which is different in each type of suffering, see Francesetti, 2007; 2013; 2015a; Francesetti and Gecele, 2011). My suggestion is that the effect of this category of drugs is to lessen the need for the other, thus proving most effective in disorders rooted in the absence of the other. This would also help make sense of the growing consumption of antidepressants in our society, a growth that is almost exponential (Whitaker, 2010). A society that denies the legitimacy of the need for the other will inevitably give rise to disorders rooted in solitude and produce therapies that anaesthetise that need.

18. Other authors go further and maintain that compulsion and ritual are caused by the expulsion of something felt or done which ought not to have been felt or done (Salonia, 2013), or conceive the disorder as the result of introjects that compel the client to act according to a perfectionist ideal (Dreitzel, 2010; 2013). These are certainly all possibilities that we encounter in clinical practice, but from the analysis I have presented, I do not believe they constitute a structural element that can provide a common denominator for experiences of obsession.
19. For the definitions of phenomenal, phenomenological and psychopathological field, see Francesetti (forthcoming).
20. <https://www.nice.org.uk/guidance/CG31/chapter/1-Guidance#steps-35-treatment-options-for-people-with-ocd-or-bdd>
21. 'In the Cartesian world view, the body is reduced to a machine, separate from the world and from the psyche—it is the *Koerper*, as German thinkers have called it, the anatomical-functioning body of medicine (or the athletic or cosmetic body of the consumer society). The lived body (or felt body)—the *Leib* in German (sharing the same etymological root as love and life)—is the body that we experience in being alive and in contact with the world. The *Koerper* is an entity, the *Leib* is an almost-entity' (Francesetti, 2015b; p. 9).
22. On this topic, Salonia (2013) rightly cites Grossman's splendid short story *The Hug* (2013).
23. I refer here to the relational and existential truth that is dialogically found by the therapist and client together.

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British Gestalt Journal
2017, Vol. 26, No. 2, 21–30

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The relational matrix model of supervision: context, framing and inter-connection

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Received 21 October 2016

Abstract: This article proposes a matrix model applicable to a wide range of supervisory relationships and settings; therapeutic and organisational. The emphasis is upon a 'relational' approach, where the term 'relational' is used to refer to two key interrelated concepts. First, supervisory issues arise as a *direct product of* situations. Second, the quality of the supervisory relationship is therefore *preconfigured by, and in itself preconfigures,* the content, process and output of the session/meeting. For these reasons we see the context of supervision as being of fundamental importance in framing both the 'what and how' of the supervision session. This article describes these proposals and the relational matrix model in more detail and discusses some implications for supervision that arise.

Keywords: supervision, relational, relational matrix model, situation, other, self.

> All entities in the natural world, including us, are thoroughly relational beings, of great complexity, who are both composed of and nested within contextual networks of dynamic and reciprocal relationships. (Spretnak, 2011, p. 4)

Introduction

The very word 'supervision' holds connotations of assessment and being overseen or managed; power is implied and notions of control evoked. And yet, the supervisory relationship is intended as a *support* for best quality work and necessary continuing professional development (CPD). For many organisational practitioners, psychotherapists, counsellors, managers, or coaches, the supervisory context is therefore unique in the sense that it brings together a multitude of roles and functions.

At the most foundational level, the supervisor acts as the ethical and legal gatekeeper to ensure professional standards and governance frameworks are adhered to. Very often, however, the supervisor's role is also one of mentoring and training and, invariably, a successful supervisory relationship is principally one of support that enables the supervisee to work at their best. The functions of this relationship are therefore both complex and intricate, especially when the supervisor may have a degree of clinical, managerial, or contractual responsibility for the work. Together with Ellis (2010), therefore, we believe that one vital element that makes this delicate balancing possible is a solid working relationship between all parties.

However, beyond the importance of the supervisory relationship itself, supervision must also pay attention to the multitude of connections and relationships it attends to and which form the context (or ground) that frame the supervisory process. Kurt Lewin (1951), in his seminal work on field theory, showed that our behaviour at any one time is a function of a multitude of influences in our lives, past and present. He called this intricate web of social, situational and psychological influences the 'life space'.

In supervision, the supervisee and supervisor each bring their own 'life spaces', their connection to others (particularly the client), and the contexts and situations in which they are all embedded. The influences and impact of each of these connections is alive in the room and needs acknowledgement and exploration at different times. Indeed, these connective dimensions have been previously well articulated in Hawkins and Shohet's (1989) 'process model' and are recognised as forming an elaborate matrix of influences that configure supervisory processes and affect outcomes.

Our own experience as supervisors, however, gathered across many years and a wide range of contexts, including coaching, psychotherapy, counselling, consulting, management, and training, has been that of foundational importance is the *context* within which the supervision is occurring. Indeed, this variable was recognised by Hawkins and Shohet in 2006 when they

included the environment in their expanded '7-eyed' model.

Our wish in this paper is to further define and nuance these contextual/situational factors and, indeed, to elevate them to the status of processes that *preconfigure* what is possible in the supervisory space. In other words, we will propose that the influence of context is so strong that it frames, defines, forms and indeed limits what is possible. We will argue that this is true irrespective of the skills of the supervisor/supervisee, the quality of their working alliance, or the field of praxis in which they are working, whether organisational or therapeutic. In arguing this, we will therefore be leaning on a deeply contextual, or 'relational' approach, proposing that we are '*of* the field/context' (as in a gestalt formulation), rather than working *within* a field (as in a systemic or 7-eyed formulation).

This article thus provides a way of viewing, exploring and working with these multiple dimensions in a supervisory context. It starts with defining more rigorously what we mean by relational and then provides an outline of a guiding model of supervision that arises from our work as relational training supervisors. In particular, the impact of the situation, culture and context in framing what occurs within sessions is highlighted. Each individual element of the model will be briefly illustrated with examples from our work in a way that helps bring the model alive and illuminates its use in supervision. Our primary intent, however, is to emphasise the interconnectedness of these elements and to flesh out and elevate the importance of situation/context in all forms of supervision.

What is relational?

The word 'relational' is becoming increasingly important and widely used in Organisational Development (OD), psychotherapy, coaching, leadership and in everyday conversation. Relational for us transcends the usually polarised view of attending to the other's need/being of service to others versus seeing the other as a resource to satisfy one's own relational needs. Rather, as described by Denham-Vaughan and Chidiac (2013), it is based on a key postmodern concept: the idea that rather than individual things or people being the main, sometimes only, focus of attention, it is the relationships existing between or amongst them that offer maximum possibility for change.

This can be viewed in supervision as a move away from only addressing client pathology or the supervisee's skill base to focusing on the relationships they have, both with others and between them, and the context in which these connections arise. Indeed, it was this focus on relational process and not pure content that initially defined Hawkins and Shohet's (1989) model. Brooks (2011), states:

> People don't develop first and create relationships. People are born into relationships – with parents, with ancestors – and those relationships create people. (p. 43)

In other words, the quality of our relationships powerfully *defines and shapes* the 'quality' of us as individuals, be that individual people, teams, organisations or communities. Indeed, neurobiological research (e.g. Siegel, 2007) reveals that our developing brains, although genetically informed, are very heavily influenced by our relationships with others throughout our lives. Similarly, it is well documented that these foundational webs of relationships and interactions within an organisation determine the emerging sense of culture and identity, and have a profound impact on resulting productivity and performance (e.g. Kotter and Heskett, 1992; Truskie, 1999; Alvesson, 2002).

At Relational Change we captured this relational paradigm in our SOS model (Denham-Vaughan and

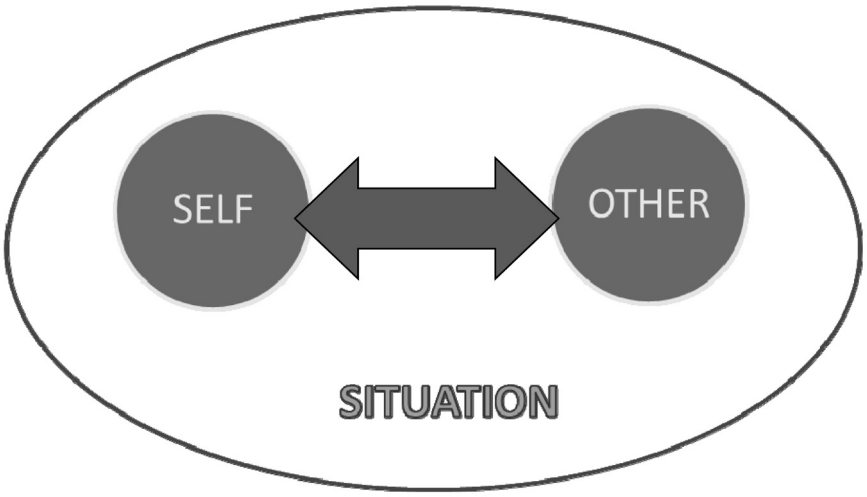

Figure 1: SOS model

Chidiac, 2013) and proposed that a relational stance is one that finds a 'situationally appropriate balance' between the three interrelated elements illustrated in Figure 1:

- Self; which can be seen as either the individual, group, community or organisation principally conducting and 'owning' the inquiry.
- Other; as the 'other' in the relationship at any given moment; when reflecting, this can be the 'other within the self' (for example, the internalised supervisor).
- Situation; here referring to the overall context/culture in which the issues are embedded.

Importantly, we believe that when the three processes of Self, Other and Situation are all operating in ways that respond to the demand qualities of the context, then we are most 'present'; able to access our fullest potential in accordance with our most deeply held values. At this point SOS becomes not just a placeholder for three separate components, but also (utilising its status as a globally recognised distress call) a metaphorical reminder that we are all interconnected, vulnerable and in need of help/support.

As with all ideas, the relational perspective relies on key philosophical and ethical assumptions. Essentially, it is a refuting of modernity and its reliance on the irrefutable foundations of reason and a leaning instead towards a postmodern philosophical stance where knowledge and reality are a co-construction which evolves in relationship. In today's world, where individualism and self-interest still largely dominate the politics at the social, organisational or individual levels, the relational position is still counter-cultural. The SOS model therefore holds ethical and practical assumptions that we are intricately and inescapably linked to each other and our environment. This recognition is fundamental and alters our perceptions of who we are, what resources we really need, and that an ethical future is based on our ability to collaborate, compromise and act together.

We would therefore propose a relational perspective as an ethical state of mind to cultivate when working on either 'side' of the supervisory relationship: whether we are in the role that identifies with potentially more power/control or less.

A relational matrix

By combining the SOS model and the dimensions of client, supervisee and supervisor, we naturally come to a matrix of possibilities to explore and be curious about. Figure 2 shows the Relational Supervision Matrix which results from such an amalgamation.

Each element of the matrix provides a specific lens for exploration in supervision. The advantage of the matrix is that it spans the individual (Self) and the systemic/contextual (Situation) whilst retaining the focus on our connection to others (Other). The matrix model also illuminates how all three components (Self, Other and Situation) configure our perception and subsequent behaviours.

Reading across the matrix, the naïve and/or inexperienced supervisee might focus on the first column (Client) and come full of detail about their client's narrative, history and presentation, unaware of their own essential role in how the therapy or coaching process, for example, is unfolding. At the other polarity lie supervision sessions that focus solely on the supervisee's process and context and thus implicitly place the responsibility of what is, or is not, happening in the relationship at the feet of the supervisee alone (middle column: Supervisee). Lastly, the supervisor's own responses, their countertransference reactions and wider contextual/governance issues are a key aspect of supervision, affecting what is brought to supervision, how it is discussed and what actions are taken (last column: Supervisor). Importantly, however, these would rarely be the primary figure of the work, or both supervisee and client issues would be missed and important relational tones effaced.

Considering the rows, we can see that solely attending to row 1 (Self – whether of client, supervisee or supervisor), takes a highly individualistic stance, wherein responsibility for both problem and solution are laid at the feet of one or possibly two individuals. In our experience, when this row is overly focused on, relational ruptures can easily explode, with individuals feeling blamed and shamed for identified issues. At the other polarity is row 2 (Other/Relational Field – whether of the client, between client and supervisee, or between supervisee and supervisor). While exploration of each of these relationships is crucial to supervision and a sense of support, solely focusing on these dimensions can avoid identification/ownership of crucial actions and a corresponding lack of personal responsibility or accountability for actions. With reference to row 3 (Situation – the client's living conditions/culture, legal/ethical/governance codes affecting the work, contracting issues and power hierarchies) these are the situational/contextual issues from which rows 1 and 2 emerge. In our model they are therefore foundational and of vital importance in framing and shaping the supervisory work.

In teaching this model, we have found it helpful to distinguish two parts within the model which can be loosely viewed as typically the 'ground' and 'figure' of supervision. In the 'L' shape formed by the Situation row (row 3) together with the other two boxes in column one (Client and Other), these five boxes (see

Figure 2, the shaded area formed by cells 1, 2, 3, 6 and 9) can be viewed as shaping the ground from which the supervision figures emerge. We suggest therefore that what is often figural in supervision (which can often feel like the 'real work') occurs in cells 4, 5, 7 and 8. We have found that this distinction supports the supervisor in being more aware of where they spend most of their time in supervision and the need to work in awareness of the relationship between figure and ground, respecting our existential embeddedness in situations, contexts and cultures.

The remainder of this paper will briefly address each individual cell of the matrix in turn and illustrate it with examples relevant to supervisory work. We recognise, however, that excellent, detailed and lengthy descriptions of the cells/lenses exist in other texts and would suggest that interested readers consider Casement (1985), Hawkins and Shohet (2006), and Carroll and Gilbert (2011) as starting points for further exploration.

Cell 1: The client in focus

This first cell focuses on the psychotherapy/counselling client, direct report or coachee themselves; how they present, what are their issues and narratives? The aim here is to support the supervisee to pay more attention to their client's *process* and the totality of the client's life/work situation.

With some client presentations, it is often too easy to focus on the 'content' of the issue, be it a conflict with a manager, a relationship difficulty or another complex ongoing situation. The issue itself becomes so figural, the story so broad and encompassing, that we do not gain a sense of the client as a whole situated in their life space. Instead, we listen to the details of the story which eclipses the wider field.

As supervisors, at times like these, we often struggle to bring the whole of the client into focus as there is insufficient ground; we have only seen their 'issue'. As relational practitioners we recognise that 'every person's life is worth a novel' (Polster, 1987), whilst also acknowledging that each story can be described in many ways. In other words, there are infinite different grounds for what appears to be the same figure.

As we know, the lens through which we look at people and situations is a subjective one which influences our interventions, the meanings that we make and the fascinations we choose to follow. We will each have a differing perspective on one client presenting with low mood following her mother's death two months ago and another client presenting similarly whose history includes severe trauma and having been actively suicidal on several previous occasions. Likewise, the coachee who describes an aggressive manager who shouted at them in a team meeting contrasted with a coachee who presents with repeated claims of 'bullying

	CLIENT	SUPERVISEE (THERAPIST/COACH, etc)	SUPERVISOR
SELF	• Focus on the client, their narrative, presenting issue and self support. 1	• Focus on the supervisee, their experiences and self support. 4	• Focus on the supervisor, their experiences and self support. 7
OTHER (Relational field)	• Focus on client relationships (key relational supports in varying contexts). • Focus on relationship of coaching client with organisation. 2	• Focus on the relationship between the supervisee and client. • Focus on strategies and interventions used by supervisee in their work. 5	• Focus on supervisory relationship incl. Parallel processes, co-transference, etc. 8
SITUATION (Wider relational context)	• Wider client field context and culture. • Wider organisational context and culture (e.g. in coaching case). 3	• Focus on supervisee and client field, incl. contracting, professional & ethical codes, cultural and situational context. • Focus on relationship of supervisee with client's organisation (if relevant). 6	• Focus on supervisory field generally, incl. contracting, professional & ethical codes, cultural and situational context. • Focus on supervisor links with client context e.g. 3rd party contract (if applicable). 9

Figure 2: Relational Supervision Matrix

at work' and has left at least one previous employment for that same reason.

In these cases, asking for a detailed phenomenological assessment of the client encourages a supervisee to pay attention to their client's process; their appearance, posture, breathing, the way they sit in their chair, etc. These details all support a move towards an appreciation of process that includes an examination of ground and available supports/resources that may not have been in awareness. Indeed, Joyce and Sills (2014) devote a chapter to considering available resources and the client's willingness/ability to draw on them as necessary to provide a fuller perspective.

Cell 2: The client's key relational supports

This lens focuses on the client's key relationships both past and present. It involves exploring the nature of the client's experience of relational support – or the lack of it – in differing contexts. The nature of the relationship between the coach or client and their relevant organisation/situation is specifically considered in this cell. We are here 'mining the field' to locate key relationships with others, be they parents, teachers, managers, etc., that can be explored to assess both the ability to access relational support and the current availability of it. In this cell, we acknowledge the foundational work of Heinz Kohut in developing the notion of Self-Object transferences and classifying these as developmentally needed relationships that are vital to confidence and comfort in the world (see, for example, Kohut, 1984, 1996, for more details). These notions have been developed by two of the authors into a framework for assessing the quality of presence and performance at work (Denham-Vaughan and Chidiac, 2009).

Exploring and understanding key relational patterns of clients is an important aspect of supervision. For example, supporting a supervisee to notice that his coaching client was interpreting the absence of praise and appreciation from his manager as criticism, effacement, and evidence of not being valued, was central to working with this client. This was formulated as a lack of 'mirroring' for competence in Kohutian theory (the coachee had been insufficiently rewarded for competence as a child) and absence of confirmation in dialogic terms. Practically, this coachee needed more explicit appreciation from their manager and a sense that what they were achieving and doing well was both seen and recognised. A simple request to the manager for more positive feedback delivered a substantial change in the coachee's confidence and motivation.

Similarly, working with a high risk suicidal woman, another supervisee was able to recognise her client's relationship with her young goddaughter as an ongoing key relational support. At times, this child was an unofficial co-therapist with whom this client continued to learn and to hold hope.

Cell 3: The wider client field

Here the focus is on exploring the client's wider context including their culture; be this familial, the culture in which they currently live or the particular organisational culture in which they work. Our aim is to remain curious about the impact of this culture and its impact in forming and framing both the 'self' of the client and the presenting issue. We are therefore trying to notice our prejudices, preconceived ideas and fixed expectations which act to dampen our exploration and unhelpfully curb our intentional analysis of the impact on the client.

For example, a supervisee once brought a client struggling with the grief of a young child dying of cancer and difficulties in relating to his wife. The supervisee had not explored the client's cultural background and assumed he was middle-class and English. Given the client's unusual first name, the supervisor enquired and was told he was Jewish by the supervisee. As the work progressed, the work came to focus increasingly on the client's sense of isolation and inability to seek relational support from others. A while later, the client's father died and he travelled to an Arabic country and it transpired that this was the client's country and culture of origin. Living in the UK, married to an English woman, the client's cultural background was a predominant factor in his inability to feel understood or accepted despite years of living in the country; the relational resources and current cultural 'norms' did not support his particular way of expressing feelings or performing satisfactory rituals for marking death.

In organisational practice, this wider client field is an essential component in understanding the individual manager or indeed team behaviour. Organisational culture plays an essential role in defining what coaching or OD interventions might be successful or even worth attempting.

Cell 4: The supervisee in focus

Using this lens the supervisory process focuses on the supervisee; their professional development stage, their learning style, specific strengths and vulnerabilities, self-support and relevant theoretical understandings. All these factors, and many others, contribute to bringing the supervisee into clearer focus. Psychometric assessments, coaching tools and measures, organisational scoping and structural charts are all relevant. We wish to become intimately acquainted with the aims, presence and process of the supervisee.

For example, in a psychotherapy context, an experienced practitioner's very long-standing relationship with her previous supervisor both supported and challenged her when changing supervisors; how much difference could she welcome and tolerate? Conversely, a trainee, highly anxious to be seen to work well, arrived with prolific notes held in shaking hands.

In our experience, the supervisee's needs, hopes and fears as well as their habitual patterns walk in to supervision in the embodied presence of the supervisee, whether the supervisee is an organisation, team, manager/leader, coach or clinician. This places a specific importance on attending to checking-in at the start of supervision and thus making explicit any significant events or changes impacting the supervisee's self-support.

Cell 5: The supervisee and client relationship

This lens focuses on two distinct aspects of the supervisee and client relationship.

First, the focus is on the 'between' of the supervisee and the client. The quality and strength of the working alliance is considered and the co-created 'dance' of the relationship (Parlett, 1991) explored. When working in this cell, fundamental aspects of a co-emergent relational and dialogic stance are considered: mutual awareness raising, inclusion, attention to potential risks discussed, and repeating patterns reflected upon. Both the supervisee's and supervisor's understanding of the nature of transference, countertransference and co-transference are relevant here. In other words, what are we 'importing' or 'transferring' from one situation (the there-and-then) to the co-emerging relational space between us (the here and now)? Our experience is that an understanding and appreciation of the power of this phenomenon is at least as necessary in organisational consulting and coaching contexts as it is in counselling/psychotherapeutic ones.

For instance, a supervisee vividly described her experience at the end of a first session with a vitally attractive young woman of her own age. She had emerged from the session tired, moving slowly and with difficulty, feeling as though she was suddenly at least a decade older. Later it became clear that the client's mother, who had been absent at times in the client's childhood, was now in active competition with her attractive daughter, whom she introduced 'as if sisters'. The client's care had come from a loving but physically limited grandmother, who the supervisee had resonated with on an embodied level as she tried to connect with the client and care for her whilst building the working alliance.

In organisational work this cell may require more focused attention as the relationships between supervisee and client may be quite complex and an important aspect of the supervisee's effectiveness. If a supervisee coaching a team has, for example, a prior relationship with the team's leader, this will inevitably impact his or her effectiveness and working alliance with the remaining members of the team. Issues of trust and transparency are crucial in recognising sub-groupings and prior relationships between the supervisee and various parts of the client organisation.

Second, the focus in this cell is on the strategies and interventions that the supervisee has made. This includes exploring the effect of their interventions and exploring alternative choices. The supervisee's recognition of the balance of support and challenge with their client, consideration of future situations and possible alternative options is included in this lens. Here there is opportunity for creative supervision (Lahad, 2000), such as sculpting, constellations, sand tray work, playing with metaphors or images, empty chair work or any other form of experimentation that illumines the work. One coachee recently described how much she had learnt in supervision from 'embodying' her client and struggling to find words as she sat in her client's chair and took on her body posture, movements and breathing patterns.

Cell 6: The supervisee and client field

In this cell the focus is on the wider context or 'background field factors' that surround the supervisee and client figure. With reference to Figure 1 described earlier, this is the 'Situation' from which the supervisee/client work emerges. In our experience, this cell can be easily overlooked as it can be experienced as burdensome, restrictive or intrusive upon the supervisory figure. However, in our model, this cell is particularly important in shaping what is safely possible in the supervision itself.

Necessary work in this cell includes clarifying the details of the contract for the work both between client and supervisee, and with any other key stakeholders/involved parties such as the agency, training organisation, third-party contract holders, board, etc. The professional and ethical context of the work needs to be taken into account; for example, any particular ethical codes/guidelines, legal documents, operational policies, risk guidance. Particularly relevant here are issues of accountability and responsibility for work carried out between the supervisee and client, since in some professions, including psychotherapy and counselling, if the supervisee is not qualified, accountability for work done with the client rests, at least to some degree, with the supervisor.

Likewise, in coaching, issues of confidentiality, visibility of coaching work, reporting of outcomes, etc., will all be affected by who is the sponsor and contract holder for the work. Frequently, this is not the coachee,

but the third-party who has commissioned, and paid for, the work. As such, goals for sessions, expected outcomes, number and duration of sessions and even content of sessions can all be directly shaped by the wider field. This can create a delicate and complex boundary between the supervision figure and the wider field, which is essential to include in discussions when contracting and undertaking the work itself.

Similarly, in our experience, psychotherapy trainees beginning their clinical practice meet clients with dual diagnosis and fragile self-process more frequently than would have been the case twenty years ago. The need for relevant knowledge, grading of interventions and clear risk assessment is evident and places a demand upon the content of the supervision sessions. This 'demand' might reasonably be seen as restrictive by the supervisee but seen as 'essential' by the supervisor who has more experience of the wider field conditions and shares accountability for the work.

Cell 7: The supervisor in focus

As the previous example in cell 6 highlighted, supervisors have influence, accountability and sometimes direct responsibility for the work undertaken. Marie Adams (2014), in *The Myth of the Untroubled Therapist*, vividly describes how, at times, supervisors' personal lives bring concomitant challenges to the work which can be hard to acknowledge. In addition, having acknowledged these challenges, there remains the delicate issue of if and how to bring this to the supervisory process. Will it be helpful to the work to share our vulnerabilities, particular triggers or blind spots? Or is it necessary to 'bracket' these as best we can until, in our own supervision, we decide we can bracket no more or have to temporarily step back from work.

In psychotherapy/coaching supervision, our modality influences both our own approach and choices concerning these issues, as does our developmental stage as a supervisor. Our own 'internalised supervisor' (Casement, 1985), influenced by our experiences of significant supervisory relationships, also arrives in our supervisor's chair.

For example, during a process of long illness of a parent, a supervisor found herself working with three supervisees who were employed in hospice settings, including one junior psychotherapy trainee. Her coaches were also professionals working with a cancer care charity. In the midst of this, another organisational supervisee announced that she had a new contract to work with a social care agency providing home care for terminally ill people wishing to die at home. The supervisor's sense was of frequently being 'inauthentic' in supervisory sessions due to 'bracketing' feelings of sadness, loss and enhanced empathic resonance.

A constant theme in the supervisor's own supervision was if or how to share the situation regarding her own parent with supervisees and whether this would support their work. Interestingly, the decision with each supervisee was slightly different; some heard quite a lot of the supervisor's own situation while others heard nothing as her judgement was that it would be burdensome or intrusive. Of course, whether that would have been the case cannot be known, but the delicacy of this ethical relational boundary was highlighted for a period of months.

Cell 8: The supervisory relationship

In this cell, ongoing attention is given to the establishment and maintenance of the effective working alliance between supervisor and supervisee which underpins the work. This would, of course, be affected by how and whether the supervisor is chosen by the supervisee, is allocated or is selected for them.

Attending to this lens is important in ensuring that the relational contract is supportive and holding enough for the work to take place. And more than that, a focus on this cell can often be crucial in working through a parallel process emerging in supervision. A coaching supervisee may, for example, present in an unfamiliar way that reflects an aspect of their client's process, such as reluctance to present a client who wishes to remain unseen and unheard in meetings or whose history includes being consistently overlooked for promotion.

Working in awareness of the co-emergent relational stance means that both supervisor and supervisee must share an understanding of the importance of attending to this cell and of parallel process.

Cell 9: The supervisory field

In this cell the professional context, including ethical awareness, is fully considered. Clarity is needed both about the contract for the work and the context/field in which the work takes place.

Relevant here are, for example, issues of dual relationships where managers or more senior practitioners in an organisation may be routinely supervising the clinical or coaching work of other staff. We would describe all of these issues as ones of contracting, which relates to boundary issues such as when, where, how often, at what fee, confidentiality, visibility, etc. The three-, or sometimes four-handed contracts with the potential complexities of responsibility and communication need to be both as transparent as possible and explicitly agreed by all concerned.

Gilbert and Evans (2000, p. 37) stated clearly that 'contracts work best if they are specific and have well-defined outcomes'. We agree with this but would also emphasise the potential complexity of contracting

in many cases, so this cell highlights the need for renegotiating and recontracting in coaching/clinical work, organisational consultancy and supervision itself.

One crucial aspect of the supervisory relationship and integral to contracting is an agreed understanding of the nature of confidentiality. For example, when a supervisee discloses the severity of his depression, occasional suicidal ideation and wish to continue seeing clients, the ethical issue is apparent. An agreement of limited confidentiality can support both supervisor and supervisee to discuss choices of action.

The figure–ground dance within the relational matrix

Although each cell has been explored individually, most supervision sessions will touch upon several cells, following the figure of interest emerging from the dialogue between supervisor and supervisee and framed by client presentations as well as situational/contextual issues. The following example further illustrates the interplay between framing conditions and the figure of supervision.

A supervisee undertaking organisational consulting work with a large public sector organisation brings to supervision a serious rupture between him and his client. The supervisee hadn't been to supervision in over two months having cancelled his last 6-weekly appointment without re-scheduling.

Listening to the narrative of what has happened between the supervisee and his client, the supervisor becomes aware of feeling inadequate herself. Although she knows the client organisation, having undertaken some work there many years ago, she had not worked at a similar level of seniority as her supervisee. She became curious about her own self-support (cell 7) and decided to self-disclose. Her intervention supported the figure of supervision to shift from the narrative of the rupture (cell 1) to the supervisee's own lack of support and shame at having underperformed and let the client down (cell 4).

Upon exploration, the supervisor inquires further into the client presentation (Client column, cells 1, 2 and 3) and an intensely politicised and antagonistic client environment is slowly uncovered. There was little relational support to be found in a culture where 'reaching out' was seen as weakness. By exploring possible options for interventions (cell 5) against the backdrop of the client presentation, it became clearer that the supervisee had few possibilities for a 'successful' intervention. Furthermore, by exploring contractual elements between supervisee and client (cell 6), it was also evident that there was not enough buy-in from various members of the top team to the work being performed by the supervisee.

The figure of the supervisee's failure and feelings of inadequacy needed to be viewed as emerging from the ground of the client situation, context and culture. Shame and feelings of inadequacy were part of the client field and alive and well in the transferential field between supervisor and supervisee. Although naming these against the backdrop of the client was important, it felt equally important to the supervisor to end the session by discussing the gap in attending supervision (cell 9) and make sure that the supervisee felt supported enough to bring this difficult client to supervision. She wondered if the wider client culture of not reaching out also impacting the supervisory relationship. Renewing the supervisory contract was therefore helpful and supportive to both.

Summary

In summary, we hope we have shown that use of the Relational Supervision Matrix in a range of supervisory settings and practice applications reveals five key issues that we have listed below:

- The need for supervisory processes to move fluidly across the 9 cells and the dangers of dwelling too long, or avoiding, any cells comprising the matrix. Although these cells can be discussed individually, in practice they are interconnected. For supervisory processes to flow smoothly the possibility of access to all cells is required.
- In view of the interconnection of cells in the matrix there is a consequent need for supervisors of organisational, coaching or psychotherapeutic/counselling work to be both aware of and trained in working with the different cells.
- We recognise that different supervisors will have preferences for particular cells dependent on their style of supervision, modality, field of practice, etc. We believe further research is needed to see if in particular contexts some cells appeal more and which particular cells are more likely to be avoided.
- We have emphasised the importance of thoroughly exploring the 'situation' as outlined in Figure 1 (including key individuals/groups), as this is the ground/contextual and cultural conditions that frame what will emerge in sessions.
- Accordingly, we have proposed that there exists a relational dependence of the supervisory 'figure' (the predominant content of supervisory sessions – cells 4, 5, 7 and 8) on the framing cells (cells 1, 2, 3, 6 and 9). Our thesis is that the supervisory figure, which includes the quality of the supervisory relationship, is a direct product of these framing or ground conditions. As such, although they may seem 'peripheral' to the supervisory figure, they should be discussed explicitly early on in supervision as they are central to the process and, we propose, preconfigure what arises in supervision. As such, we argue that processes identified in cells 1, 2, 3, 6 and 9 form the relational frame or ground of supervision.

Conclusion

We hope the illustrations and descriptions of the relational matrix model we have provided here will explicitly support both supervisors and supervisees in anchoring their explorations in a relational frame that highlights the complexity of all forms of supervisory work.

We wish to acknowledge the pivotal role of Hawkins and Shohet (1989, 2006) in outlining relational processes operating between all members involved in a supervisory field/situation. We also wish to acknowledge their contribution in describing many of the individual aspects of the matrix. Likewise, we are grateful to and appreciative of Carroll and Gilbert's work (2011) in describing these aspects in ways that are especially helpful and enabling of supervisees, as well as supervisors.

What we hope we have added to the literature is a clearer definition of what is meant by a 'relational' model, a more nuanced definition of the supervisory 'environment' and clarity regarding the importance of the environment in framing, supporting or potentially limiting what is possible within supervision sessions.

In particular, we have proposed that supervisory issues arise as a *direct product of* situations: the supervisory figure emerges from the supervisory ground/frame and is *relationally dependent* on that frame. Consequently, the quality of the supervisory relationship is therefore *preconfigured by* the content, processes and context of the relational context.

Accordingly, our relational matrix model, which rests on the Relational Change SOS framework, and develops Hawkins and Shohet's (2006) '7-eyed' approach, places particular emphasis upon supervisors' abilities to attend to the frame/ground of supervision, as well as the relational process within sessions, since they are foundational to the subsequent process. We believe there are significant implications arising from this and, in particular, we find ourselves wondering if certain contexts/situations provide the necessary, let alone sufficiently 'good enough' framing conditions to support excellent work. In all too many situations with which we are familiar, supervisors, supervisees and clients are all seeming to have to battle with these framing conditions, trying to find spaces (physical and emotional) where good work can be carried out. We hope that our model makes explicit the risks and costs of attending to the supervision figure as if it were happening in an isolated bubble, without due cognisance of the relational interconnection to the wider field. We believe this raises important ethical issues relating to whether supervisors should intervene in the case of very toxic framing situations, if or how they might support requests for changes in framing conditions, and how they can help clients, supervisees and themselves avoid the potentially disastrous consequences of working in fragmented, blaming fields where relational interdependencies and connections between framing conditions and quality of work are effaced.

In this way, we hope we will contribute to further deconstruction of the individualistic myth that it is possible for people/clients to thrive in debilitating/dangerous field conditions and that therapy or a given organisational intervention is the sole mitigating factor to enable people to flourish. We find this issue often needs to be addressed directly in supervision and, in some cases, supervisors and/or supervisees encouraged to raise awareness of this view with others in the wider field. In this way, relational supervision becomes an aspect of promoting healthy field conditions and one of a suite of Organisational Development (OD) interventions.

In 1996, Carroll emphasised the need for supervisors to possess 'the ability to see problems and people in ever widening contexts …' (p. 85). The relational matrix model fleshes out more of these contexts in an explicit way and alerts supervisors to the very wide range of roles and responsibilities that impact on their task.

The model is evolving but has already been presented to a cohort of experienced practitioners in organisational and therapeutic work. Following their feedback, a second group is starting to use the model and take it out into a wider variety of contexts. We are also delighted that Jill Ashley-Jones has recently elected to use the model in her doctoral research exploring coaching supervision. Through her research we are keen to see how use of the model assists in coach development and achievement of coaching outcomes. We are also eager to see which particular cells of the model have most significance and attraction for coach supervisors. We hope to report on outcomes in due course.

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British Gestalt Journal
2017, Vol. 26, No. 2, 31–36

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The 2017 UKAGP Conference: Response-ability

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Received 23 August 2017

Abstract: The 2017 UKAGP Conference theme of our responses to the political field as we perceive it is expanded to describe interventions inside and outside the therapy room, by a Gestalt and another therapist in different countries. The theme of the first article under this heading – including the search for creative experiment in a technologically influenced field – is continued. A fanciful look at the political field creating and created by the Conference itself concludes.

Keywords: response-ability, creativity, experiment, passion, politics and therapy, media therapy.

Response-ability is the title of the first piece I wrote as part of the generous experimental liaison between this journal and the UKAGP. It was taken up in the wording of the theme the whole Conference was asked to consider, after a dizzying round of organised conversations titled the World Café. The question we were all asked to discuss was: 'How does our political field influence our response-ability in the therapy room and beyond?' Response-ability. The word echoes on for me as I write again.

This second article sets out to do two things. First it follows up the title theme in terms of my preoccupations, as set out before the Conference, with the changing responses needed both in therapy and in general, as communication methods shift and amplify, enhance and distort how humans interact. I will describe two interventions, one in Mexico and in the therapy room, the other in Australia, at the widest social and political level.

Last, it will look back at some aspects of the Conference itself, seen as a political microcosm. The Conference fulfilled many functions and purposes. Inevitably, it also serves as an example of what enhances and what constrains our abilities to respond.

Our fast-changing world

There are political implications resulting from the many technological changes in communication in recent years, just as there is a political field in which such changes are allowed to occur. Politics are in the cause and in the effect. First, I want to remind myself of the speed of change in which we live.

In less than a generation, vast numbers of people have begun to use social media, visual communication systems like Skype or Facetime, and mobile phones. For many, the mobile phone has been a remarkable life-enhancing technology, allowing even banking to be done safely from a remote village in Africa. The change in the sense of mastery, of being more in charge of your affairs, must be extraordinary for anyone who previously had to walk many miles, perhaps many days, to transact even small bits of business. This observation may seem to be outside the scope of an article about therapy. To me it is a reminder of the novel possibility, quite new in the history of the world, of contact between developing and developed countries, between haves and have-nots, and of the changes that come about as a consequence. Change must inevitably result from this.

Visual media in therapy

Experiment is often risky, but it is necessary to development and adaptation. All therapies that have survived must have shown their value by research and evidence, though that for long was not recorded. The evidence was reported from Granny to grandchild, or neighbour, and further experimentation happened. Perhaps over thousands of years many people had to endure horrible stomach aches from herbal remedies that were then discarded in favour of those that had better results. This was long-term evidence-gathering and clinical trialling.

Now we have apparently more stringent ways of measuring efficacy. Our so-called Western political field has made research and evidence-based intervention the only method allowed respectability.

But while physical medicines are amenable to testing and measuring, psychotherapeutic interventions are subject to so many variables that endorsement of one method over another is probably as much to do with politics as with clinical proof. As Gestalt practitioners we exist in this field, where the measurable often wins over the observable but immeasurable.

In the earlier article I spoke of my alarm at the use of visual and other media for therapy, from convenience rather than necessity. As I write now, I see a headline, 'Therapy by app is just as good as the human touch'. The ensuing article begins, 'Many people's relationship with their therapist is one of the most important in their life. Yet they might do just as well talking to a computer, an overview of research has concluded' (*The Times*, 22 August 2017, p. 22).

I now shall describe the value that may come from experiment, from creative responses to the new technologies. One striking example is in use in psychotherapy with traumatised children in Mexico. It concerns the question: 'How do you get children who're victims of emotional or physical abuse to open up about what's happened to them?'[1]

After talking to the psychotherapist, any child she or he considers might benefit from this approach is let into a room, alone, to watch an interactive cartoon figure, somewhat like an emoji, who is very friendly, and is speaking in fact via the therapist in the adjoining room. The cartoon figure, called Antennas on account of his antennae ears, is an alien from another planet who needs the world explained to it (it, not he or she) by the child. One very withdrawn little boy began to talk to Antennas, who asked where he lived. The boy replied that he lived with his parents and their driver.

'What is a driver?' asked Antennas.

'He is a man who drives the car and when he brings you from school he plays a game and you must never tell anyone.'

The cartoon figure replied that it was not anybody, it had come from space, so could be told anything. A story then unfolded of the child being sexually abused by this driver, who threatened to kill the child's mother if he reported to anyone what had happened. Thinking on her feet, the therapist caused Antennas to suggest that it could tell the therapist about this if the child agreed, as in this way it would not be the child who was telling stories against the driver. The child agreed eagerly, the parents were alerted, the driver waiting outside was sent away, and therapy continued successfully.

The success of the method in the therapy room spread to the courts in Mexico, where Antennas is used to talk to some child witnesses, rather than having children brought into court. The recording, unedited, is then submitted to the judge.

One court case involved a child who was almost silent after being present one night when his brother was killed. Some way into a halting conversation, Antennas asked if the child had 'a secret that was heavy on his heart'. The boy then told that it was his father who had come in and found that the now dead boy had wetted the bed. He had thrown him against the wall, then on the floor where he kicked him, while the witness lay quiet and terrified under the sheets. Until then the father had denied doing anything other than find the child dead. But the forensic evidence tallied precisely with the child's story and the father was convicted.

Different thinking in the use of this technique could be a high road to misinformation, disinformation or abuse. But here are instances of a benign use of the sort of friendly cartoon figure that litters the lives of many young children in our times. So far it is only in use in Mexico, where the psychotherapist who originated it wishes to amass more evidence before letting the technique move abroad. The current politics of psychotherapy suggest that it will be a long time until this method is in use in Britain.

Outside the therapy room

In my first article I sought news of interventions outside the therapy room, at a group as well as a personal level. Since then in Ireland I have met a modest Australian woman who, on the other side of the world, has done what I was seeking to hear about.

This is the story of remarkable enlightened persistence, of clear figure formation and creative action. It also has enormous social and political significance, as it concerns migration. Migration, whether resulting from climate change or political and economic drivers, looks set to become perhaps the greatest disrupter of the next fifty years, however much legislation and xenophobia attempt to stop the flood, the avalanche of hundreds of millions of displaced people who will be seeking shelter, probably in the temperate and developed zones of the world. Brexit threatens to limit immigration, while climate change, famine and repression drive ever more people to flee their homelands. I hope this story is an inspiration, and one we may well need in the future.

Lou Dingle is a magnificent example of this theme I first proposed, of intervention outside as well as in the therapy room. Lou's awareness was already at a higher level than many people's at the beginning of this story. She was not yet a Gestalt therapist, but she had been a Civil Aviation Safety Authority endorsed trainer of pilots and crew in air-sea emergency. She had also been an airline manager, and was trained in ocean survival.

The story begins in 2001, when she heard a lecture about the sinking of a boatload of asylum seekers, mostly women with their children, babies and toddlers,

coming from Sumatra towards Christmas Island. The background is that it is not illegal to seek asylum in Australia. But the then Government was strongly opposed to receiving immigrants.

This boatload was there because the Australian government had introduced a law preventing relatives of immigrants holding TPVs, Temporary Protection Visas, from flying to Australia to see them. Thus, illegal entry was their only alternative.

One hundred and forty-two women, one hundred and forty-six children and sixty-five men slowly drowned that day, separated from each other by thick diesel, and drowning in a mixture of that and sea water. This was a profoundly disturbing awareness-raising for Lou.

That same night she met a nun who invited her to visit sick refugee children where they were being treated while in transit, at a bleak compound encircled with razor wire. There she met and talked to many, among them a fourteen-year-old Afghani boy, Ali, suffering from affective blindness, in his words 'from seeing too much pain'. As a nine-year-old he had been forced to hold a rifle and shoot both his parents.

With Lou he put his hands, one on her seven-year-old son Davis's head, one on Lou's shoulder, and with tears streaming from his eyes, kept repeating 'Mother, son, mother, son'. She kept in contact with Ali, and quotes a letter from him written six months later from Nauru, in a tongue foreign to Ali, and somehow the more eloquent for that:

> … you are the one who gives me everything in the hell, and you are the one who gives me significant courage to be positive and strong, this is the courage which cheer me up from this disappointed way of life, optimistically one day everything will be broke down, then every single human being could move freely.

This is a small extract from a long letter of appreciation of Lou's presence in his blind and sleepless, painful life.

A later letter deserves even longer quotation than I give it here. Remember, it is from a traumatised fourteen-year-old on what was in effect a prison island, Nauru:

> During the pain knocking with sharp nail at my body, I think slowly it restrain the circulating blood from my body. Definitely these torture could vanished me at when, if still I bleed to be alive, this tuff critical state, I thank of those who is really lighted on my darkness and kept the blood circulating in my body.
>
> Even I haven't expected like you sympathetic person is also appearing among thousand selfish in this modern busy time. I am really appreciating your considerate thought… .
>
> When ever I receive your delight full letter. Letter is like tablet for the whole of my restless; you are the one who cheer me up from every negative thought, you are the one who hindered the agony to be not increase. Thankyou from warmest and regard. Ali.

Nauru is a tiny island in Micronesia, north of Australia. Guano was once its major export. Now the place is referred to as a dumping ground for refugees to Australia, and the area where they are held is still plagued with the dust of dried bird droppings, which makes their eyes water and sting and become diseased. Refugee advocates have broken down telling senators about the experiences of people held on Manus Island and Nauru, citing suicide attempts, children banging their heads against walls, and detainees being called by number.[2]

As well as writing to Ali and others when they had been returned to the island, Lou visited mainland detention centres, and saw the way these migrants (who are, remember, not illegal entrants to Australia) were being treated. Her second visit to one centre, Marybyrnong, was just after the Prime Minister had been there. Boxes of yellow flowers that had been used to dress the set for this media liaison trip were being loaded into a truck. A small child put her hands through the wires and a truck driver snapped off some blooms and gave them to her, then took a whole box back to the entrance and indicated to the guard to let the child have them. A week later Lou was back and saw that the box of now wilted flowers lay where the driver had put it. She saw that as emblematic of the detention centre attitude to the refugees.

Another example among many: a Vietnamese lady visitor tried with the help of a translator to stop an aggressive female security officer from pouring soup into a container of spring rolls the lady had made as a treat for a refugee she was visiting. The officer told her that if she wanted to visit, she must pour the soup in. The attitude was punitive, in a way perhaps explicable in terms of group culture, where the government was against immigration, but it was acutely painful for Lou to witness all round her.

Her response was life-changing for herself as well as others. The clear figure was that she knew she wanted to represent the plight of asylum seekers. So she packed up her home, applied for leave without pay from her work, and took young Davis out of school to go with her. He was her great support. They moved interstate for her to attend Gestalt therapy training with Zish and Claudia Ziembinski in Perth, as she was sure that she needed the Gestalt skills they could teach to let her contact specially the refugee children at an emotional level.

She had also observed that many asylum seekers had very limited English, and pointed to their hearts and other parts of their bodies to show their distress. She was convinced that the Gestalt emphasis on mind–body process was what she needed as she visited

different detention centres and spent time with people detained there. Attachment Theory had taught her the distress of separation between children and parents, husbands and wives.

So far this is an account of Lou's immediate action in the world in response to new awareness. It is huge. But she did not rest. Alongside this concern with direct contact with refugees, she wrote and agitated to make public the many abuses she saw happening at official or semi-official level.

From her training she knew how maritime law was being evaded in her government's response to boat people. The law is that in maritime distress, you rescue first, and question second. This seemed often to be the reverse of what happened.

Lou went to the press and began to publicise this fact, along with others of high significance in rescue.

In the maritime code, every vessel must carry a beacon which self-activates as it hits the water, and sends out a signal. Since 2009 the beacon has been updated to 406 megahertz, and can have GPS or not. Before this time a much weaker beacon was standard. The new beacon with GPS has a 120-metre range accuracy, as opposed to the 5km accuracy of a beacon without GPS. That first horrific mass drowning was only located 22 hours after it began, and occurred in the era of the weaker beacon. However, Lou researched, and found that many people-smuggling vessels continued to carry the old beacon after 2009.

Publicity is a modern awareness-raiser that she once again engaged. In her words in an impassioned article a journalist asked her to submit to a national newspaper, she wrote:

> We cannot stop the boats from coming. Migration is the DNA of mankind. It has occurred constantly throughout millennia. If asylum seekers, triggered with the attachment response, can survive their ocean voyage intact by using a 406 GPS, they will be much better placed to handle the process of detention, and therefore integrate into Australian society more smoothly when finally released. This will in turn assist in reducing the [present] massive, long-term strain financially on our mental health system.[3]

The result was positive and the nation started talking about rescue equipment and response times. There was even a cartoon about beacons in a national newspaper.

Lou is not a journalist. But she knew she wanted action. She has spread awareness of maritime law back to Indonesia through the Refugee Action Collective. She is campaigning for the introduction of life jackets with built-in GPS. And on. Helping refugees has been her clear figure, relentlessly pursued, yet with such humanity, and, it turns out, with international political impact. This is a short extract from a letter she sent in 2012 to the cartoonist who had helped her:

> Bill, the boats have tripled in the last 8 weeks and after refugees sent the first distress call our PM was in Indonesia talking resolution. It is always the paradox of a situation that makes change. In this case making the seas safer created such change that now Indonesian troops for the first time have been invited to our military exercises. We are forging better bi-lateral relations on land from negotiating first on the water.

An Australian government report admits the obvious: '… issues arising from the movement of displaced people are unlikely to wane any time soon'.[4]

Perls spoke of there being two forms of self: self as image, and self as function (Perls et al., 1951, p. 377; and Houston, 2013, p. 38). Self as image stays with the impact of environment on the self and takes care of the self. At worst, it is a preoccupation with the self, an excess of narcissism, a sense of entitlement, of me-first.

Self as function is more like a fusion of what I need or want to do, with the actual doing. I imagine that as she sat and wrote her article, Lou had little sense of how she looked, of whether it was teatime, of whether her friends would approve of what she was doing. Self as function is, paradoxically, an ephemeral loss of much of the sense of self. It seems that this way of being has continued over years for Lou, as she has continued to fight on different battlefronts in the same cause. She has shown that someone with no network of political connections and no experience of agitating at national level can achieve a whole shift of public perception and of treatment of displaced people.

I sent this writing to Lou for her comment or emendation, and immediately had back a short message, including the sentence, 'I am in tears. After many years awareness is happening. Thankyou from my heart.'

Our political field and our Conference

It is the nature of conferences to be under the hegemony of the organisers. Many of us make a willing sacrifice of our anarchic aspirations to achieve two or three days of organised education and entertainment. Within this overarching ethos, there is generally room for some autonomy in the choice we make of what to attend and how to behave. Alongside this, I guess at a satisfaction in the Gestalt community in our various innovations, Home Groups being an example.

Years ago, Richard Tillett and Malcolm Parlett ran the first Gestalt conferences in the UK, beginning a tradition of innovative design and warm, even inspirational gatherings, and inventing those very Home or Process groups we still incorporate.

While politics are in the foreground, I thought it might be useful to look at ourselves in action, at us in our most recent meeting, from this perspective.

There has to be a background to the foreground of any conference. Here, it might tentatively be described as having other schools of therapy in it, as well as a claim to respectability, and alliances and competition within the Gestalt community itself.

The Conference which was the centre of these two issues of the *British Gestalt Journal* was hosted or shared by UKAGP to celebrate twenty-five years of the BGJ. This represents an intelligent alliance between two organisations which certainly need each other. The organisers made a bold decision to do away with the conventional format of a series of lectures plus questions taking up much of the time. Everyone attending was instead asked to read the articles five of us had been invited to contribute to one issue of the BGJ, before we arrived. Having three contributors from abroad was a great bonus, connected to the fact we now have a British head of the AAGT. This much we knew, whether or not we did as we were asked, and studied the pieces of writing.

After we arrived, something called the World Café was introduced, to let us discuss the articles in small groups. A designated host at each table of the café would note the thrust of our argument, and leave it to be used by unknown persons, who would later report to us our main interests and conclusions.

Some people were familiar with this method, particularly if they had been to the conference in Sicily in 2016. I had not, and was slightly bewildered by a rapid description of what was to happen, along with a sudden request that, first of all, each of us article-writers was to speak for fifteen minutes or less to convey the gist of what we had written. Five fifteen-minute explanations in an hour-and-a-half. I was reminded of a Monty Python sketch, a competition in seeing who could tell the whole of Proust's *A La Recherche Du Temps Perdu* in the shortest possible time. The political system we were in began to feel autocratic – a benevolent but somewhat exigeant dictatorship.

Perhaps because I had been asked to take in so much new information and act on it in a very short time, I found myself somewhat overwhelmed as we sat in a group for a time and engaged in intensive commentary, predominantly with strangers, then found ourselves in a totally new group trying to do the same, and so on again.

In this maelstrom of wisdom I tried to jot some notes as I went along, and they read fresh and puzzling now, as if written by someone else. This is a short unedited extract:

> *Ethical stance always there. Support sense of agency. Therapist has a hidden agenda. How to move to different client population?*
> *Brexit. Staying with your prejudice.*
> *A cacophony of voices and too many megaphones. (Eddie)*
> *Debate and dialogue – explosions that drive a combustion engine or volcano.*
> *How to get the courage to act in some way in society?*

It sounds fascinating, inspiring, confusing. The willing citizens seemed to be working their socks, or rather their hats, off, to produce their best thinking on prescribed topics. Goodman's anarchic promptings were nowhere. We were the feudal peasants, producing a crop of thoughts for our liege lords.

However, when we were asked to form one large group, it is arguable that anarchy was invited, as no hierarchy was imposed. My sense was of being catapulted from system to system, and staying compliant, trusting that there must be a master plan in the organisers' minds, as indeed there must have been. As I remember, that large group was subdued, whether from tiredness or other causes amenable to everyone's interpretation.

Overnight the notes from the World Café had been examined, and a sybilline statement had emerged, that our main interest was the sentence I quoted at the beginning of this article: 'How does our political field influence our response-ability in the therapy room and beyond?' Three of the articles that formed the basis of the Conference were about aspects of Gestalt theory or training. There was no hint of these topics in our one emerged question. Only two writers had grounds to feel recognised. Yet there was something, whether the speed of the Conference, agreement with the conclusion, or indifference, or other, that meant there was no overt protest at this excision of three-fifths of the Conference basis. It is arguable that we were behaving as if in a totalitarian state.

The next system into which we plunged was more overtly, though arguably an imposed, anarchy. We were told to form Interest Groups ready for the afternoon, by finding like-minded people. Chaos and self-responsibility were suddenly among us, along with a great deal of shouting, sticking paper on the wall and searching for pens. From this some groups emerged with the sober intention of furthering the theme proposed. Many other people invented themselves into Fun or other activity groups, and later reported, I judged somewhat defiantly, as having had a very good time. They had in several cases returned themselves to the pattern of many former conferences, which made Saturday afternoon a free space.

Much of Sunday morning was taken up with the bureaucratic aspects of democracy, in the AGM of the UKAGP, as well as various workshops. The last session on Sunday afternoon was seen by many as extremely successful. The four speakers remaining (I had been called away) sat in four corners of a large room, and

everyone else was left free to question or talk to them. Plato's Republic had arrived.

This Conference was an experiment, in the best traditions of Gestalt therapy. And I saw it as a success. If the World Café device is used again, I hope more of us will be familiar with it, and in a better position if necessary to question the conclusions that unknown powers make about what we want to go on discussing. And I hope that we shall notice the political system we inhabit at any moment, and speculate about the behaviours therefore being evoked in us, or even intervene to modify them.

The theme of the Conference and of this article has been our responses to the political system we perceive about us. Loss of face-to-face contact is a glaring and troubling aspect of the political system of our developed world. In my Interest Group I undertook to ask the South Bank Centre to introduce circular or horseshoe shape benches along the beach area next summer, to promote conversation and eye contact. A tiny innovation. A possibility of warmth and friendship. So far I have written, phoned, visited and emailed, but have had no response. Perhaps I need to follow the example of Lou Dingle, and persist.

Notes

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British Gestalt Journal
2017, Vol. 26, No. 2, 37–39

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Musings after an inspiring experience

Lynne Jacobs

Received 24 August 2017

Abstract: In this short essay I clarify the significance of meaningfulness in relation to enduring relational themes. I also discuss the difference between the cultures in which Peter Philippson and I write.

Keywords: Gestalt therapy, transference, enduring relational themes.

I returned from the 2017 UKAGP/BGJ Conference in high spirits, nourished by good conversation and friendly humour with faces familiar and new. I loved meeting so many folks who were brimming with their own ideas and enthusiasm. As was my response to the *New Gestalt Voices* journal, I was also heartened and moved by the new (to me) voices I heard in our various group discussions.

I am grateful that I was invited to participate. The echoes from the experience still reverberate and bring a sense of humility, warmth and delight.

I have a few musings that were stimulated by some comments I heard during the Conference. I want to clarify and expand on my ideas about enduring relational themes (ERTs), based on questions and ideas that were raised during different discussions. And then I will tell of an amusing and enlightening rapprochement that occurred between Peter Philippson and me – about the slant in our writings.

Another look at ERTs

Meaningfulness

'If I get hurt, I lash out.' Someone was describing an example of what she thought could be defined as an ERT. Her statement jarred me momentarily, and led me to wanting to clarify a bit further – for myself and others who are interested – my thoughts on ERTs. I wrote in my original article for the Conference that ERTs are embodied. They show up in habits and patterns of action, everything from one's style of walking and sitting, to action patterns that might be set in motion at a particular moment, in a particular situation, such as the description the attendee offered, 'If I get hurt, I lash out'.

What I want to suggest – at least at this point in my thinking – is that there is a difference between an action pattern and the *meaningfulness* of the theme that the action pattern enacts. For instance, in the sentence, 'If I get hurt, I lash out', there is an ERT *implied*, but not specified. An ERT can be inferred from the action, but the action merely expresses – or perhaps better stated, implies – that an ERT is operative, but is not the ERT itself. What if the speaker changed the sentence; 'If I get hurt, I then feel humiliated, and in danger of being annihilated, so I lash out'. That is, the lashing out is a habitual reaction to the evocation of the ERT, but it is not exactly the ERT itself.

This is a subtle distinction, but I find it useful for reminding us that our moment-by-moment bodying forth, while always meaningful, is quite often a style of moving, or a specific action pattern, that is a reaction to various ERTs, rather than a direct expression of such. Thus, in therapy we might explore this particular interactional event by backtracking from the action of lashing out, and unpacking the experiential process that occurred in the fraction of time between the moment of hurt and the moment of action. It is in that zone of time between the two overt events – the moment of action in which the hurt occurred, and the moment of action of lashing out – that we can find the operative ERT.

Often, clients are unaware that in these split-second moments, meaningfulness is guiding us. There are a few clinical advantages to unpacking meaning. One advantage is that a client may have the experience of feeling more deeply understood. Oftentimes, the experience of being deeply understood can lead to greater self-compassion and resilience regarding situations in which one normally feels fragile. Another advantage, especially true for clients who get triggered into traumatised states of mind, is that the deeper understanding can help them feel less crazy and less ashamed. Another advantage in making the link of specific meanings that tie together an event and one's automated reaction to the event, is that it opens the possibility for the client to reduce their reactivity,

gain greater self-reflective ability, and therefore broadens their range of choices for how to respond to challenging events.

Dialogue and ERTs

Another issue that arose in various conversations at the Conference was one about the relationship of the therapist's ERTs to the client's ERTs in the therapy process. Probably most of us can identify some ERTs that drew us to become therapists in the first place. Maybe one or two of those ERTs are facilitative, and support our work. And maybe some others are the more troublesome kind, and drew us to this work in some effort to overcome or argue against the troublesome meanings in those ERTs. For myself for instance, a facilitative ERT for me is a firmly embedded optimism and sense of nourishment that I derive from the aesthetics of intimate conversation. Did this ERT have its beginnings in the stimulating dinner table conversations of my childhood? I don't know, but I know this confidence guides much of my behaviour, and of course is a useful therapeutic orientation. A much more difficult ERT shows up in my unhelpful reactivity when my clients treat other people as mere objects. At those moments, I tend to identify with the people in my client's life and I lose my interest in the client's experience. Instead, I become judgemental. Having grown up in a family, and then later in a larger culture, in which women tended to be treated as objects of derision, objectifying others is a sore spot for me.

In some cases, there is a confluence between my client's ERTs and mine, and it may lead me to ignore some themes that would be useful to explore. At other times there may be a clash between an ERT of mine, and that of the client. The clashes are usually the more problematic for the therapy. It sometimes results in impasses that go beyond simple conflict, and can result in a painful termination of the treatment. When my client and I find ourselves in repeated conflict, I have found that I must first work with the ERTs of mine that keep being evoked. Doing so allows me to restore a dialogic attitude, one in which my client and I can together unpack the various meanings of our reactivity with each other. That dialogue increases our resilience with each other. It also tends to enhance the client's trust, and promotes exploration of the client's more sensitive vulnerabilities that the client has not been sure I would welcome.

A meeting of minds between Peter Philippson and myself

Probably many people who read the Gestalt therapy journals know that Peter and I have engaged each other's writing sometimes directly, sometimes indirectly. We share essentially the same epistemological positions regarding, for instance, selfhood as relationally emergent. We differ, however, in some of the clinical choices that we make and clinical emphases. In the first small group discussions that were set up immediately after the large group introduction, the five of us who had contributed the articles that were meant to stimulate discussion at the Conference huddled together in our own small group discussion. In the course of the discussion, Peter made a passing reference to his concern about a tendency towards 'niceness' that ignores the dialogic emphasis of GT, which includes the therapist's presence and a commitment to dialogue, even (and perhaps especially) difficult conversations. I laughed in response, and then I also said that I thought he interpreted my emphasis on empathic listening and attuned responses as 'namby-pamby', and I disagreed with that attribution. I described that when I teach in my psychoanalytic world sometimes my students are taken aback by my forthrightness with my clients, and that while Peter may see me as 'nice', my analytic colleagues might see me as too confrontational.

The response I got from Peter surprised me. He reminded me that he had seen me do several pieces of work (he was gracious enough to invite me to run a weekend workshop at his Institute in Manchester several years ago), and he did not find my work 'nice'. He said he was concerned; not so much about me, but about how my work was being read, perhaps especially in the UK. This surprised and intrigued me. So, he went on to tell me the story of what happened to Carl Rogers when he visited the UK many years ago. Apparently, by the end of his two weeks of teaching in various cities in the UK, Carl Rogers was frustrated. As Peter tells it, Carl said, 'I cannot teach you my approach because here in England you are too nice!'

Our delightful little conversation has given me food for thought, not only about my writing, but about Peter's as well. For I, too, have seen Peter work, and the style I witnessed did not readily match most of the clinical descriptions he uses in his writing. I was a participant in a group that he ran many years ago at an AAGT conference. His gentle (as I experienced) explorations surprised me because they did not match the clinical examples I had been reading. What I now wonder, is that perhaps Peter writes of the clinical moments in which a client's habitual expectations are disconfirmed – from my experience, somewhat abruptly – in ways that might increase the client's anxiety, because he is writing to a different audience than the one I have in mind when I am writing! We write in different cultures, and my experience with both the psychoanalytic and the Gestalt therapy culture in the US is that the rough, individualistic US culture permeated the development

of clinical practice in the US. So, in the past twenty-five years or so, a movement towards an empathically-oriented approach in the US has been a counterbalance to past confrontational approaches. And perhaps Peter's writing is a counterbalance to a tendency in the UK, or perhaps in England, to let 'niceness' win out even at times when a more forthright conversation could enrich the dialogue?

My hope is that folks who share the epistemology that Peter and I share will be able to draw guidance and inspiration from both of us as you move along in your own thinking, practice and writing.

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British Gestalt Journal
2017, Vol. 26, No. 2, 40–44

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How does our sociopolitical field impact the therapeutic hour?

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Received 3 September 2017

Abstract: Psychotherapists of all persuasions are having their beliefs and philosophy of professional conduct challenged daily by a world that is intruding on what has historically been a safe place, i.e. a supportive sanctuary from the outside, larger, non-intimate world. In this article, I argue that we must adjust to the changing times by learning to stretch our traditional roles as therapists, so that sociopolitical discourse becomes part of our ongoing conversation. I end by offering my reflections on the recent UKAGP/BGJ Conference, describing its impact on me personally and professionally.

Keywords: social change, sociopolitical field, self disclosure, Donald Trump, *British Gestalt Journal*, psychotherapy conference.

Introduction

What an exciting (would my British friends say 'brilliant'?) opportunity that Christine Stevens has presented to the four other writers and myself to write about our post-Conference reflections following the recent UKAGP Conference, Celebrating Our Community, marking twenty-five years of the BGJ.

Although a good portion of the Conference was spent focusing on social change (especially Brexit and Donald Trump), the conversations flowed in a surprising direction. Many of the participants I talked to had a different, more internal, focus in mind, i.e. how to deal with the increasing intrusion of the external, political and global world into the supposed sanctuary of the therapist office.

The current sociopolitical landscape has become more chaotic and less predictable. The divides (racial, political, ethical, economic and cultural) are becoming wider and more threatening. To imagine that these issues would not intrude upon the therapeutic hour would be naive. Depending upon the content, this subject matter could be personally offensive to the therapist or, at the very least, challenge the therapist's values and belief systems. I would like to offer two examples.

Prior to the Conference I met with a therapist, a black woman, whom I supervise. Born outside the US, she speaks with a clear, but noticeable accent. Her therapeutic orientation is cognitive behavioural therapy (CBT). She arrived troubled. A long-term client, who has debilitating anxiety, had just gone on a twenty-minute rant with her about how the 'niggers were taking over the United States'. She attempted to interrupt the diatribe, but he continued to speak over her. She eventually intervened, focusing on his anxiety. The session ended.

'He wasn't even aware that he was insulting me, a black woman,' she told me. 'Yet our contract was to work on his issue. I didn't know what to do! Whose needs would be met if I confronted him? Can I risk breaking the therapeutic alliance?'

During the Conference a small group of us talked about an issue that a supervisee had brought to me just after the US election. She talked of her response to a long-term client walking into her office and pronouncing loudly, 'I love Trump'. Like most Gestalt therapists, she was appalled by Trump, and she assumed, so were her clients. Shocked, the therapist changed the subject and left the session deeply troubled. She came to me to help her process her sense of betrayal and to decide how to deal with her client.

At the Conference, I asked some participants how they would respond to the 'I love Trump' pronouncement. One participant said, 'I would ask the client to tell me what they mean by *love*'. Another declared, 'I would ask, "Why are you choosing to say this to me now?"'. Yet a third suggested that the therapist say, 'Can you tell me what you imagine my response is to your telling me this?' Another one said that she would focus 'on the nonverbals'. I should note that, in all these suggested therapist responses, the therapist is not (at least verbally) disclosing anything personal.

There were also some in the group who said they

would judiciously share their internal experience (selective transparency), possibly of surprise, confusion, etc. All expressed the hope that their interventions would lead to more authentic contact and awareness.

Another response

All the above-mentioned possible foci and responses reflect the therapist's dilemma as to how to manage the larger sociopolitical field within the therapeutic relationship. Are we limited to traditional therapeutic theory? I am arguing that the times call for a different type of response that results in a different type of conversation, one that revisits the therapist/client relationship, hopefully resulting in a greater degree of relational flexibility. (Seasoned therapists need to assess which clients, and which relationships, will do well with this potential shift.) I might say:

> *'As a therapist and a person, I have many responses to you as you speak. As your therapist, I often bracket off responses, putting aside those that I believe might not be directly relevant to why you are here. Does this make sense to you? Does any of this surprise you?*
>
> *'So, if you are willing, and I mean this sincerely, I would like to talk to you in a different way. I want to move out of the role of therapist, and talk to you as if we knew each other in a more casual way, a way we might talk if we were having a cup of tea together. Are you still with me?'*

I might then suggest an experiment explaining that I would 'de-role' as therapist and sit in another chair where I would be more transparent. After first getting 'buy in' and then doing this experiment, we would process it, certainly talking about how we would deal with similar issues in the future. In essence, we would have expanded the therapeutic contract.

These situations are not unique. Therapists of all orientations are having their beliefs and philosophy of professional conduct challenged daily by a world that is intruding on what has historically been (at least in theory) a safe place, i.e. a supportive sanctuary where, with the help of a trustworthy therapist, individuals can explore their lives.

Let me give you another example. If you Google 'Donald Trump, psychiatric diagnosis' you will find a number of articles in which therapy professionals diagnose Trump as disagreeable, grandiose, sociopathic and, of course, narcissistic personality disorder. Yet, for most therapists (certainly American psychiatrists and psychologists) to offer a diagnosis unless a proper interview has been conducted is historically problematic. In fact, the American Psychiatric Association has warned psychiatrists that it is unethical to publicly give one's professional opinion. The boundary between our professional and personal actions has never been more confusing and poorly defined.

But we are constantly being challenged to speak. So, do we speak, and if we do, how do we do it? What is our role now? Or what should it be? What contribution should we be making in this chaotic world that has the potential for greater social change than just within the therapy hour? What should our response be as a therapist or as a concerned citizen? Do we stay quiet or speak up? And if you do speak, how do you do it? Let me give you an example.

Years ago, I was at a Gestalt conference when a troubled participant began talking about an experience with a New York cabbie who kept putting down Muslims. His cab was adorned with American flags. We discussed whether he should have approached the cabbie and, if so, how. One participant said she would have gently talked to him about the American flags and about his patriotism. Once some initial trust was established, she would have gently pointed out that Muslims were Americans and that being anti-Muslim was being unpatriotic. She would also have been aware of eliciting resistance and supporting his prideful patriotism.

Because our past experience and the culture during our training is so important in how we view and respond as therapists to change and conflict, I would like to present some personal background that will help you get a sense of my underlying beliefs and assumptions that inform my response.

Academic versus Gestalt training

In my formal academic training in a clinical psychology program in the late 1960s and early '70s, ethics and therapist/client boundaries were tightly defined. Relating to clients outside the office was forbidden within a specific time period. (I seem to remember that it was three years, but the formal time period has shifted over the years.) I was taught not to have any personal pictures in my office (I still do not have any), and to line my office walls with diplomas, certificates and licenses. (I have never been able to do this.) In fact, there were books written that strongly advised having two entrance doors in one's office so that incoming and outgoing clients would not have to encounter each other. And, of course, any form of self-promotion was discouraged. For example, ads in telephone directories were to be discreet. You get the picture.

But I was also being similarly trained clinically by more humanistically oriented therapists, many of them with a Gestalt orientation. I read Sidney Jourard's *The Transparent Self* (1964), and went to the Association of Humanistic Psychology Conferences that were filled with easy self-disclosures. I was taught to be

more relational, and at times, less hierarchical. Sexual attraction as well as other emotions were legitimate subject matter of the therapeutic work.

I still remember being in a supervision group in which one of the supervisees, seemingly out of the blue, turned to the supervisor and said, 'X, would you sleep with me?' He quickly apologised, but the supervisor asked him to sit back while she considered his request. After a brief period of time, she held her hands a foot apart and said, 'This much of me would like to sleep with you'. She then moved her hands a foot-and-a-half apart and said, 'This much of me would not'.

And then there was my Gestalt training. I remember being told stories about the sexual lives of Fritz and Laura Perls, not to mention Paul Goodman. Yet while we were learning to deal with the 'intimate in-between' in a respectful and non-harmful way, I don't remember learning how to deal with sociopolitical issues that emerged between client and therapist that could reflect competing world views. What I recall was learning to apply the traditional generic notions: be non-judgemental, be there for your clients, bracket off your personal beliefs, etc. As a result, and after all these years, I often still feel uncomfortable bringing the sociopolitical into the therapeutic experience and delving into these issues. And I am not alone.

There is an often-cited quote from Laura Perls (or was it Goodman?) that all psychotherapy is a political act. I believe that what they might have meant is that when a person changes, becomes more aware, more in contact, etc., they are shifting the world.

Looking back at the Conference, I believe that what the participants were telling me was that rather than learning how to focus their sociopolitical energy outside their therapeutic work, they needed to learn how to bring it in, to make it more figural and less a part of the surround.

Reflections on the Conference

I would like to now respond to Stevens's invitation to feed back my experience of the Conference. I would then like to end by returning to the topic of social change.

As a way of starting, I would like you to know a few things about my connection to the *British Gestalt Journal* and about myself. I have known the founder of the BGJ, Malcolm Parlett, for many years. He helped advise me when I founded *Gestalt Review* in 1997 and is still a member of our editorial board. He accepted and rejected articles I submitted to the BGJ. We have sat side-by-side at conferences competing for subscriptions. Christine Stevens has taken our core GISC program at Cape Cod and stayed at our cottage in Maine. Specifically, regarding the publication, I am a big fan. I am always stimulated when I read it, not only by the content, but also by the care and elegance, and dare I say love, with which it is produced.

I need to say a few more things about me. I am American and have travelled to England often. Also, I generally hate going to conferences, have created many myself, and can be highly critical. Yet I was looking forward to this one and came with excitement and an open mind. After all, I had already published the article (Melnick, 2017) about a topic that I care about deeply, and rarely do I ever get direct responses to my writing. I looked forward to the opportunity to talk about my article, not only with other participants but also with Margherita Spagnuolo Lobb, Peter Philippson, Lynne Jacobs, and Gaie Houston, all people whom I like and respect. And I would also get a chance to talk about their papers!

Prior to the Conference, I was filled with positive projections. I envisioned modules focusing on the papers and maybe workshops on how to write for journals, and how to make the BGJ even better and more relevant (yes, in the sociopolitical field). I also thought that the Conference would be forward leaning, encouraging excitement for the future of the BGJ as well. And of course, I would be able to see old friends and toast the BGJ with people like Malcolm and Christine.

The beginning

In the planning stage, the four presenters (Gaie Houston was not part of the group yet) met with Christine and Liz Beauchamp, the top-notch director of operations, via the internet. Once we came up with a design for the opening of the Conference, the internet calls dropped off and soon stopped. I understood that we would be engaged in a lengthy interactive process with participants who had been given our papers in advance. This belief was reinforced by the pre-Conference announcements.

Just prior to the beginning of the gathering, the authors met with Christine and Liz. We were told that the opening design had been changed and that we were all going to speak for three minutes each. We were also told our presentations would be timed. We all did as we were told.

In hindsight, I am surprised at how quickly I, and the others, agreed to this revamped opening design. I believe that at this particular moment a part of me checked out, the part that usually would not only notice when things didn't make sense, but typically find a way to speak up. I am still trying to understand how quickly I lost my 'presence', how quickly I surrendered my autonomy and how these phenomena might impact resistance to social change. On a micro level, I had kept

silent rather than advocating for a fuller experience regarding the five papers.

In retrospect, I do know that towards the end of the Conference people began to speak out about the lack of focus on the papers which many had devoted much time to reading, analysing, and I assume were prepared for in-depth discussions. Consequently, change did occur on the last day when the authors were allotted one hour simultaneously in which participants could follow their interest and join discussion groups of their choice. It was during this abbreviated segment that my earliest hopes were met. People were informed, engaged and inquisitive. I realise that I am grateful to those who read our papers, spoke up and helped reshape the Conference, and also to the organisers who heard their concern and made the adaptations.

Earlier I said that I would have liked the Conference to be more forward leaning, with more focus on the papers and on the BGJ. I would have liked some excitement that built towards the future. What do I mean by that?

Although I know that this is not the focus of most conferences, what would have happened if we were asked to talk about a piece of writing in the BGJ that we loved or hated, or about shame and writing, or about a piece of writing that has transformed our lives? What if some of the scheduled workshops were more connected to the operations of the BGJ? Could there even have been some more business-focused workshops on how the BGJ could deal with potential challenges, widen its readership base, support new authors?

I would like to express one more hope for our Gestalt community. I noticed that a number of Gestaltists with an organisational focus who work in the UK were not present. Many did not even know of the Conference. Does their absence reflect a pattern that I have witnessed throughout the international Gestalt community? Do people who work with larger systems and especially in areas of social change need to be embraced more by the therapeutic community? I urge us to do so and include them further in future gatherings and conferences.

In conclusion

Looking back, I realise that I am writing this in response to the question framed by Stevens, 'How did the conference challenge you?' For me it boils down to this. Am I willing to speak up both within and outside the therapy frame? I believe that as psychotherapists we must do both to create and support social change.

In truth, we Gestaltists have always brought the beyond, as well as the here-and-now, into the therapy room, often with awareness, sometimes without. We have to be able to live with the lack of safety in the world. Was the sanctity of the therapist's office just an illusion? Of course not. It was just less safe than we had imagined.

In terms of ourselves, we need to assess what differences we avoid or reject. Concerning our professional work, we need to rethink how we wish to bring the outside sociopolitical world into our sessions. We need more elasticity in how we conceptualise therapy and how we do it.

But this is also true in our professional organisations and our professional conferences, for they are part of the sociopolitical field. For example, I believe that we need to make our conferences less predictable and more edgy.

I did find the Conference challenging. I learned a lot about myself. I learned how easy it is to give up my power and presence, to disassociate and disappear. I learned that I still have a large interest in writing, in mentoring writers and in workshop design.

I believe that we need to make the sociopolitical field as much a part of therapy as the intrapsychic and the intimately relational, and we have to be able to see the connection between all three. We have to walk the walk and acknowledge that if we are truly relational, we need to learn better how to integrate the realities of the vast world out there into our therapeutic settings.

After the September 11th bombings in the United States I was at a conference filled with disheartened Americans. Slowly they began to discuss ways that they were helping to support social change. Many had moved beyond the giving of money and going to rallies. Some invited neighbours to dinners. Others would confront any racism or religious bigotry, no matter when and who. Everyone spoke, and at the end we all felt better. I believe that this sense of well-being came from knowing that social compassion is one of our key values and that we were living it.

Not only do I hope that engagement in social change will have a positive impact on our own communities but also will enrich our lives and nourish our souls.

Acknowledgement

I would like to thank Gloria Melnick for her support as I grappled with many of the concepts expressed in this paper.

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British Gestalt Journal
2017, Vol. 26, No. 2, 45–49

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We live in turbulent Gestalt times. Thoughts after the UKAGP/BGJ Conference

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Received 3 August 2017

Abstract: This paper highlights some theoretical and clinical confusions that the author experienced in the discussions at the 2017 UKAGP/BGJ Conference, and elsewhere in the Gestalt community. He calls for a greater theoretical sophistication and diversity of approach in Gestalt Psychotherapy trainings, to support trainees and graduates to develop their own differentiated understanding of Gestalt theory and practice.

Keywords: difference or attunement, field theory, contact with the non-human world, Paradoxical Theory of Change, theoretical sophistication.

I came away from the Conference with a sense of pleasure, both at the personal encounters and the many discussions and experiences during the Conference. However, I also came away with a sense of a kind of disconnection in the discussions, as if two different attitudes were present at the same time, even spoken of with the same breath, without awareness of the differences. This was not because of a lack of interest and fluency in talking theoretically among the Conference members: I enjoyed the willingness of the participants to question me about the theory in my article during the Conference. Yet they were often putting forward ideas, presumably gathered from their training and reading, that contradicted themselves internally. I was left with some sense of 'theoretical turbulence', where ideas seemed to go in two opposite directions at the same time.

This has been a not infrequent experience for me in the Gestalt community. We have inherited from our founders' way of teaching a lack of intellectual 'teeth' with which to engage with theory, and to understand the clinical and philosophical implications of different ways to approach the ideas that make up our therapy. Much of the training consisted of experiential work in the group, which would have been based on implicit understandings which would not have been made explicit. I have often heard people repeat Laura Perls' statement, 'There are as many Gestalt Therapies as there are Gestalt Therapists', but to support that kind of assimilation requires a move in training from copying whichever trainer runs their course to having a number of clinical and theoretical models available, plus support to develop a cognitive basis to understand what the issues are in moving in one direction or another. While psychoanalysts would usually be able to explain fairly clearly the different theoretical and clinical strands in their spectrum (Classical Freudian, Kleinian, Self Psychology and the various strands of Object Relations schools), and Transactional Analysts can do the same with Classical, Redecision and Cathexis schools (and Behaviourists know the difference between classical conditioning and operant conditioning, as well as the assimilation of Rational-Emotive Therapy involved in the move to Cognitive Behaviour Therapy), it seems to be quite possible in Gestalt writings and practice to 'mix and match' different approaches that have quite different philosophical groundings, or to question or ignore basic terms (whether 'aggression' or 'projection' or 'the autonomous criterion') without feeling required by an informed community to question what is lost by doing so. So I want to go through four of those areas that came up in the Conference, point out the incoherence, and suggest ways to go forward from here.

1. To build a relationship on difference or attunement

One of the quotes on the tables in the World Café, and from the book introducing world cafés, set the following:

> Including diversity well is a survival skill these days, because there's no other way to get an accurate picture of any complex problem or system. We need many eyes and ears and hearts engaged in sharing perspectives. How can we create an accurate picture of the whole if we don't honor the fact that we each see something different because of who we are and where we sit in the system? Only when we have many

> different perspectives do we have enough information to make good decisions. And exploring our differing perspectives always brings us closer together. (Foreword by Margaret Wheatley, in Brown, 2005)

Yet implicit in many of the discussions about doing therapy was the idea that we made contact with clients best if we as therapists put aside our meanings and spontaneous responses and attune to the understandings of the client. For example, in Lynne Jacobs' paper for the Conference (Jacobs, 2017, p. 10): 'I have committed the occasional crime of deriving pleasure from our work together, which violates his sense of ownership of our process. A theme of mine that supports impetuousness on my part squelches my client's sense of having his own trajectory.' Implicitly this says that exploring our differences with the client puts us further apart rather than closer together. What is more, it holds out the idea that it is valid to say that one person can have *ownership of* rather than 'response-ability' (Houston, 2017) for 'our process'. As you can imagine, my sympathy is with the quote. Of course, there is a need to hold a position that the therapist is not entering the relationship as someone who knows better, even if the client actually asks for this. However, this is not the same as saying that the therapist has less place for their understanding than the client. In fact, the idea that clients will be made less able to change if the therapist allows their own authority in the relationship is itself an imposition of meaning onto the client, a meaning that makes the client fragile and the therapist protective (which is a manipulation of the client, even if benevolently meant), one that I have not found accurate in the majority of client situations I have encountered over the last thirty-plus years. The 'crime' seems to me more about sliding from the need to hold back at times in order to preserve the therapy into making the holding back the very stuff of therapy!

I would say that, in the centre of the fixed gestalten in their lives, clients (I am speaking of my experience both as client and therapist) actively stay away from contacts and awareness that could allow them to see the world in a frighteningly different way, and usually everybody else round them can see their situation more accurately than them in that area. This is implicit in the whole concept of gestalt-formation that we have assimilated from Gestalt Psychology. We pattern our perceptions and make background the potential perceptions that do not fit the pattern, so we see the circle in the dots while paying no attention to the spaces in between the dots. Clients will mostly not find their way through this impasse by themselves. This blind spot is, of course, also implicit in the idea of an attuning and supportive therapist, who challenges the client's view of him or herself as unworthy of support and shameful. However, this is a very unidirectional challenge (in the sense that the therapist usually feels kindly in taking this stance, while the client has to find a way to relate to it), but one where the therapist can avoid seeing their therapeutic stance as a challenge at all. It is necessary for the therapist to bring a possibility of a new perspective into the therapy, not as a better way of looking or living life, but as a different vantage point where new contact and awareness possibilities become available. This is the Gestalt experiment, and the 'safe emergency', where there is support to go into the relational areas that have been habitually avoided, with a sense that the client can survive, and that they are not on their own.

2. Field theory and 'getting it wrong'

> Psychopathology is not simply subjective suffering. Psychopathology is the suffering of the '*between*' – not *in the between* but *of the between*. The effects of the suffering of the *between* (of the contact boundary), of psychopathology, can be felt by anyone standing in the relationship: the other or a third party. (Francesetti and Gecele, 2009, p. 6; italics in original)

Another aspect of the Lynne Jacobs quote is how a field-relational stance such as that espoused by Francesetti and Gecele (as well as myself) relates to the idea of the therapist's response as a mistake, or an example of their own individual pathology, whether that is impulsiveness or callousness, or even malice or dismissiveness. This idea in itself individualises the therapist's pathology, rather than asking what is emerging in this interaction that brings out this response in the therapist. It is a simplification to say that what the therapist does causes the client to experience something, or vice versa. Are the 'enduring relational themes' (ERTs) that Jacobs is writing about 'held *in*' the client or held relationally? The former approach seems to be implicit in language such as 'Personality style is the embodiment of our ERTs … Our style signals how best we can be met … encouraging others to interact with us in ways that are most comfortable for us' (Jacobs, 2017, p. 12). And, of course, we can all appreciate that these things happen: our clients do this, and we also do this. But we do not do this in a vacuum, and our being that does this signalling and encouraging is field-emergent, not separate (for example, I find it quite difficult emotionally to critique Lynne Jacobs' writing because I like her so much and she is always so open towards me, yet I still have a choice to engage critically or not). Personality function operates in two different ways: to support deeper and ever-fuller contact by committing to relationships, values, interests, etc.; or to habitually and defensively avoid unfamiliar contacts by discouraging new awarenesses and relationships (Philippson, 2009, p. 21). It is only when we act from

the second type of personality functioning that we need to encourage others to keep us comfortable, and it seems clear to me that this second form is only sustainable when the other person is willing to be led, usually also to stay comfortable in the exchange. This has two implications: first that the maintenance of the fixed response relies on the other to play their part in the ongoing drama, so it cannot be just about the client; secondly, that the responses the therapist most easily finds are confluent with the client's fixed defensive personality style, and are part of the maintenance of that style. In other words, the divergent, yet contactful, therapist responses that are uncomfortable for both therapist and client are more likely to open the way to new possibilities than those more comfortable responses that the client's ERTs call for. This takes us back to the Wheatley quote above.

Philosophically, this contradiction shows in the recent Gestalt literature on 'dialogue', which references both Martin Buber and Heinz Kohut, two systems of understanding of relationship that are very different. This is shown very clearly in Buber's dialogue with Carl Rogers (Kirschenbaum and Henderson, eds., 1990) where Buber is very critical of Rogers in ways that would extend equally to the methodology of Kohut and his followers, saying that he did not see Rogers as offering a relationship, because a relationship meant that both people could surprise the other.

3. Contact with other people and with the non-human world

The Conference was very engaged with political and ecological perspectives. One of the papers presented at the Conference (Melnick, 2017) was on this theme and very much influenced the mood of the discussions. Melnick wrote: 'The threats of global warming and increased nuclear capabilities also bind us more with each other' (ibid., p. 17). And yet, in much of the recent Gestalt literature, the foundational Gestalt emphasis on us as an inseparable, embodied part of the physical field and its ecology is replaced by an overwhelming emphasis on intersubjective connections between human beings and the relatively individualised and quite disembodied 'phenomenal field'. I hear Gestaltists talk about 'my phenomenology' and 'your phenomenology'. Once more we are back in a disconnected hall of mirrors where 'I am my phenomenology and you are your phenomenology', and I wonder how we can talk about contact or love between us, let alone about being citizens and significant constituents of the physical world from which we evolved, while at the same time we are destroying our own ecological niche in it! (For more on the 'phenomenal field', see Philippson, 2017.)

What are the field factors that keep our Gestalt community's social and physical understanding disconnected from our therapeutic understanding, without being aware of the contradictions, even in an area which people at the Conference so obviously felt strongly about? I would say that part of this disconnection is our relatively high social status as psychotherapists, together with a relatively good income (at least in the world of those who attended the Conference and who in general read or write for journals), so that our vital contacts – the places where we might have problems – are with other people rather than with our physical context. It becomes an 'inevitable illusion' (to misquote PHG) that contacts with people are 'more important' than contacts with the physicality of our shared world. The 'lived-body' similarly becomes more significant than the fed-body or the warm-body, or the body not injured by a harsh environment, because we can mostly rely on being fed and warm in a comfortable environment. Yet even in the UK, I remember living in a relatively poor working-class community where we had to put aside things that divided us personally, and worked together to improve our conditions, whether it was housing, poverty, education, food, or access to those who made decisions about all these.

I have been lucky enough to share with other Gestalt communities who have shown me how they deal with a world that they cannot rely on to support them in their basic physical needs: therapists in Mexico who have been physically threatened by landowners because they were working in support of poor farmers; a Gestalt trainer in Ukraine who took a job washing-up at a restaurant to help pay for my flight to teach them shortly after independence; Gestaltists in the Philippines and Italy who assisted after natural disasters.

4. The Paradoxical Theory of Change and making things better

Every Gestalt therapist knows the Paradoxical Theory of Change (Beisser, 1970), and most see it as a lovely statement of a Gestalt attitude towards the change process. In his paper, Beisser questions the role of the Gestalt therapist as a change agent. Rather, '… change occurs when one becomes what he is, not when he tries to become what he is not' (ibid., p. 88). While I have questioned the universal applicability of the Theory (Philippson, 2012, pp. 159–166), in particular where clients allow themselves very limited sensory awareness and thus self-regulate to a fantasy world rather than one available to the senses, I find it an important counter to a sense that I must 'fix' things in the client.

Yet there was a strong movement in the Conference towards needing to do something to fix things that

were experienced as difficult, in particular the sense of fear and overwhelm that people were feeling as a response to their experiences at the Conference. And, of course, I have spoken earlier about the desire to prevent a client from feeling their agency overwhelmed by the therapist's agency. One of my favourite parts of the Conference was the group I offered in the slot for emergent activities, sitting with and speaking from our sense of fear and overwhelm without trying to change it. Out of this emerged some beautiful interactions, and I could mostly let go of any need to facilitate because we were all spontaneously engaging with the process. The key, as Beisser said, was to let go of any need to *do* anything.

I believe there is something in our field as helpers that supports the wish to be seen as doing something helpful. I know from my own experience and that of generations of trainees, that many of us, as children, have been required to take responsibility for parents and the operation of the family. Others have had to modulate the family dynamics in order to keep themselves safe. I know this happened for me after my father's death when I was in primary school. I got used to taking on roles that I was not ready for with very little support available for me. But I felt that I had to come up with some answer when someone was physically threatening my mother, or my grandmother had a heart attack. Sitting with the situation and facing it together did not seem an option.

Now we are faced with people who experience their lives as difficult in ways that they don't understand, but which have become familiar to them as certain patterns repeat in their relationships, work situations, patterns of ill-health and other ways. They will often have been recreating those patterns for longer than we have been therapists, and finding people who will help them to do that, and they have become their familiar ways of being themselves. They both want to lose the patterns and want to defend them from the therapist who might offer something different. The therapist who is coming from a helpful or managerial place with a client is entering quite dangerous territory. They are acting from an assumption that they know better than the client, and that the client will benefit from listening to someone who knows better – and all this in a situation where it is the client who will have to live with the consequences of any advice they accept. We could easily be repeating a childhood role of seeing our value as being in having answers, while hiding from ourselves the knowledge that those answers will not be likely to improve the situation, where much of the problem involves ways of accessing support that leaves the situation unimproved or made worse.

What can we do?

We need, as I said, to develop a more theoretically and clinically sophisticated community who can truly make their own coherent assimilation of Gestalt theory and practice. In order to do that, trainings need to treat trainees (who in Europe at least are generally required to be graduates) as adult professionals, encourage diversity of viewpoint and discussion and disagreement as part of professional growth. Ongoing and final assessment need to be on the basis of the trainee's own coherent assimilation rather than agreement with the examiner's views. Sadly, I have seen attitudes other than these in some trainings I have visited. In a parallel process to the therapeutic considerations which I discussed above, both trainers and trainees need to be supported to be comfortable with difference and diversity (confidently and robustly expressed) rather than protected by maximising attunement and sameness.

It seems to me likely that a side product of this attitude would be that more people would be willing to go towards qualification and become trainers, rather than the fearful attitude to the responsibility that is currently prevalent in parts of the British Gestalt community. I believe this fearfulness is fostered if an overprotective attitude is taught in training, and people are not encouraged to feel their courage and resilience, even when they are frightened.

It also seems important that the foundational texts (*Ego, Hunger* and *Aggression* and *Gestalt Therapy: Excitement and Growth in the Human Personality*) are read in the training. They are complex and have their shortcomings, and yet they were the texts that originally defined Gestalt Psychotherapy, and different Gestaltists will find different shortcomings and different strengths. Once again, there seems to me an attitude that trainees (and trainers) need to be protected from having to work through something complicated. The situation is the equivalent of psychoanalysts never being required to read Freud's basic writings. The implication is that people can write revisions of the theory, on the basis of what seems to me is often an inaccurate statement of the original (Philippson, 2012, pp. 113–133), and Gestaltists do not have the background to evaluate the revisions: is the original being misquoted, or what is lost in the revision? I am glad that various training institutes are offering face-to-face or online groups working through these texts together.

I can imagine a Gestalt conference of the future, with a similar structure to the one this paper follows on from, where the participants come primed from their training, reading and clinical experience, ready to tease out what is useful for them in the papers presented,

and what does not fit with their assimilation. I am left with a memory of the discussions on the last day, a real awareness that people wanted to do that. The excitement that they showed, and that I and the other presenters also feel, needs the development of a firmer grounding in our community.

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British Gestalt Journal
2017, Vol. 26, No. 2, 50–56

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Phenomenology and aesthetic recognition of the dance between psychotherapist and client: a clinical example

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Received 31 August 2017

Abstract: This article follows a first presentation of the 'dance steps' between therapist and client, which appeared in the Spring 2017 issue of this journal, and gives a clinical example of how this phenomenological and aesthetic observational tool works in practice. The research path of the tool is also sketched. This contribution is presented in the frame of reference of psychotherapists' political and social response-ability today. For the author, a main clinical problem today derives from the lack of recognition from the other, which makes bodily desensitisation evident in our clients. This brings Gestalt therapists to focus on the reciprocity of their interactions with clients, instead of on how the client makes contact, because there, in the actual dance between them, is the possibility of revitalising the contact boundary, where the self is co-created.

Keywords: therapist/client dance steps, phenomenology, aesthetics, observational tool, social response-ability, reciprocity, desensitisation.

What I have learnt from my experience at the UKAGP Conference in July 2017, when I presented the article 'From losses of ego functions to the dance steps between psychotherapist and client: Phenomenology and aesthetics of contact in the psychotherapeutic field' (Spagnuolo Lobb, 2017), is twofold. Firstly, concerning my specific topic, I felt supported to go on to operationalise the steps and validate them with research, and to describe therapeutic sessions with the dance steps grid. Secondly, I was impressed by the innovative methodology we were introduced to by the organisers: no main speakers (only main writers!) and a lot of group processes. There was a strong wish amongst participants to 'move the water' and let new forms emerge from the here and now of the actual meeting and I sensed an 'anti-narcissistic' and courageous process. Plenty of 'water' was moved during the conference, and I feel a responsibility now to continue with a contribution that can practically support the clinical application of the political focus which emerged.

During the 'World Café' experiments (an interesting application of process groups techniques), conference participants chose to approach this main focus: 'How does our political field influence our response-ability in the therapy room and beyond?' I was pleased to see how much practical interest there was in ensuring Gestalt therapy remains relevant in contemporary societal terms.

I see contemporary social life as marked by three strong and distressing experiences (see Spagnuolo Lobb, 2016): 'door to door' terrorism, migration flows, and climate change. The first of these gives a sense of powerlessness and existential distress: none of us has the certainty of returning home alive when we go out. The chance of dying has entered the sphere of daily life and the enemy does not have a clear identity: it could be a nice boy next door or an anonymous customer in a supermarket.

Equally, migration flows can make us feel uncertain and ambivalent: how much should we open the doors to foreigners? The sense of uncertainty that is in the DNA of postmodern society is embodied in the fear of losing home, work, land, and other things which already feel precarious.

Finally, climate change and natural disasters have become part of our everyday life, in a sort of dissociative detachment, which makes it hard to see the connection between the situation of the earth and political strategies of exploitation: unable to feel the pain of a population affected by an earthquake, we put it 'somewhere else', where it cannot affect us. Consequently, what seems to be widespread today is a fear of death (from an early age) and a need for rootedness. The clinical outcome that we see in our clients is a sort of anaesthesia, a dissociative state largely supported by the habit of staying with our smartphone, an inability to meet our neighbour or to help children to make sense of their lives.

Here I would like to remark that the aim of psychotherapy (and of Gestalt therapy) today is to solve a clinical problem which has moved beyond supporting the possibilities of the ego in the face of imposed social rules. The clinical problem today is – on the contrary – the need to build the sense-of-being-in-contact of the client with the therapist. The therapeutic relationship must therefore provide not so much the courage to break authoritarian pre-established rules, but rather a sense of security in the relationship and in the other, facilitating a clear perception/differentiation of a spontaneous and intentioned self, which emerges as an aware co-creation supported by the curiosity towards the other.

This actual need of our approach has urged me to work on relational tools that allow Gestalt therapists to focus on the between, rather than on the client. In my previous article, I proposed a theoretical and practical switch from an individualistic language and focus on the client to a language which comes from the reciprocity of the therapeutic contact, and I have presented a clinical tool to observe and experience the dance between therapist and client.

That article expresses my most recent description of how I work, especially about the switch from a focus on the client to a focus on the dance between us. I feel that this position is more coherent with both the actual needs of present society and with the phenomenological and aesthetic turn that our founders brought into the realm of psychotherapy. The nature of the original turn of our founders has brought me to study and assimilate in my practice the most recent studies of those researching infants (in particular, Stern, 2004; 2010), neuroscientists (Gallese et al., 2007; Gallese and Spagnuolo Lobb, 2012; van der Kolk et al., 2005; Damasio, 1999; Siegel, 1999; Porges, 2001; Panksepp, 1998), and main authors of phenomenology (Heidegger, 1927; Merleau-Ponty, 1945; Ricoeur, 2005; and others). Adjusting our principles to contemporary society has been an important learning for me. I am not alone among Gestalt therapists who have developed this focus: colleagues like Dan Bloom, Pietro A. Cavaleri, Gianni Francesetti, Ruella Frank, James Kepner, Julianne Appel-Opper, Peter Philippson, Miriam Taylor, and many others, have been trying to incorporate in their vision and practice of Gestalt therapy the work of these three main currents.

What I am trying to do in my recent work is to provide a tool to look at how to stay in the therapeutic setting, switching our focus to the reciprocity, to the dance that happens between therapist and client.

These are the basic aspects that I have taken into account to describe the dance between therapist and client:

- The dance is characterised by the caring role of the therapist and the role of 'asking for help' of the client; this aspect of the personality function of both (therapist and client) underpins all the movements in the setting. So, paradoxically, even the sentence of a borderline client, 'I will never trust you any more, you are a shit therapist', needs to be seen in the light of a request for help and an intention to open oneself to the therapist.
- The personality function of the situation is the ground for any movement of either party, which emerges from their particular contact style (a basic way of being in the world acquired in previous contacts) and from an undifferentiated 'feeling' of the situation (the id), animated by the client's desire or intentionality as it is shaped and co-created in the meeting with the therapist.
- The movements of both are always co-created in a dance, where the intentionality for contact is coherent with the therapeutic situation (caring and being cared for): reaching and being reached, recognising and being recognised, creating something together as a transcendent product of their meeting, relaxing the dance with the feeling that they have realised their intention and have acquired a new form.
- The Gestalt therapist needs to look at how he or she is dancing with that particular client (and vice versa), not only at what the client needs, or even at what he or she feels in front of the client. All the knowledge about psychopathology and development has to be used to better perform the dance. All that the therapist knows about him or herself has to be used to understand better his or her position with the client.

My first intuition on how to describe the dance came from my observation of mother/child interactions, a pure and clear example which can be seen as a paradigm of the therapeutic dance. Many other researchers have based their clinical works on this parallel situation; for nine years Daniel Stern was my inspiration.

In this second paper, I will first name the steps (please read the previous article for a description of them); then I will describe the research path to validate these as a Gestalt therapy observational tool; finally, I will present an experiment in implementing the dance steps: a phenomenological description of a session by the client and by me.

The dance steps

In my previous paper, I described the 'dance steps' as procedural spontaneous actions of contact between the therapist and the client:

> They ideally show a *sequence of contact*, but that does not mean that all the steps are always present in contact-making, nor that they always appear in the

same order. Each dance is unique; it might be a dance with no recognition of each other, or with no sense of reaching each other, but it is nonetheless a dance, that can be observed or lived. Here are the dance steps:

1. To intuit each other/resonate with each other.
2. To perceive each other.
3. To recognise each other.
4. To adjust to one another.
5. To take bold steps together.
6. To have fun.
7. To reach each other.
8. To let oneself go to the other/take care of the other. (Spagnuolo Lobb, 2017, p. 32, original italics)

The criteria that have led me to describe contact in this way are of an aesthetic and phenomenological nature: the spontaneity, sensitivity, vitality, grace and brilliance of the contact between therapist and client (see Perls et al., 1951/1994, p. 72; Bloom, 2003). The steps do not measure the caring function of the therapist (that is a given of the situation), but rather the fluidity of their co-creation; what they do well together.

The research path

The first action is to configure the steps in the light of caregiver/child interactions: which specific behaviours of the mother and of the child correspond to each step?

The second action is to validate the inner coherence of the steps, with the collaboration of a large group of expert Gestalt therapists.

The third action will be in two directions: (1) A clinical use of the steps for supervision; the supervisor can use the dance steps to supervise the therapeutic situation. A clinical tool will be developed for this purpose; (2) Use of the steps for research: a detailed description in behavioural terms of the steps will be developed using the methodology of research into infants. Then the researcher can use this tool to describe what happens between two or more people in a caregiver/child or therapist/client situation.

An experiment of applying the dance steps to a session

This part of the present work has been written thanks to the cooperation of Els De Gersem, a Belgian colleague, who has agreed both to recount her work with me and to be clearly identified.[1] I thank her very much for her spontaneous description and her courage and trust in our task to reveal an inner part of herself.

The context of the work is a Summer Program that I organise every year at the end of July in Syracuse, Italy: a five-day retreat for psychotherapists from all over the world, with the main aim of taking care of themselves whilst also receiving theoretical and clinical updates. The group was composed of twenty psychotherapists coming from many places in the globe, all motivated to work on themselves, and to gain some advancement in Gestalt therapy methods.

When I asked some of the group if they could transcribe a taped session for this purpose, Els came up with this brilliant idea: instead of transcribing a tape, she would describe what she remembered of the session, and then have me and the group add their perceptions. Due to the writing deadline for this paper there was not enough time for the perceptions of the group to be included, so here I present Els' recollection and my additions. The recollection is live and most of all it expresses the perception of the client and that of the therapist, in 'dance steps' terms. It is Gestalt therapy work on a dream, which we have called 'the wolf work'.

The wolf work

Friday

In the morning Margherita came to me and asked how I was. I got tears in my eyes. During the group exercise we did, where we walked around in the room and met each other, I came face to face with Margherita and I started sobbing. During the day, she looked at me from time to time, checking-in how I was holding up with all these emotions swirling around in me and coming more and more out of me.

To me it seems like this was already the first of the dance steps: she was resonating with me, with the work that 'wanted to be done'.

Margherita: I was resonating with Els' still undifferentiated involvement with me in a therapeutic function and was trying to provide a sure and welcoming ground for her emotional journey (first step).

Saturday: Els' personal work
M: You know what you want to work on?
E: Yes.
M: You are clear about that.
E: Yes.

It felt like Margherita was putting us on the same page. Almost literally 'recognising the intentionality of contact in the other'.

I don't remember the beginning of our session; I think it was about my family and about how I felt I was too much for them and I had to hold back.

What I do remember is that Margherita said to me:

M: I see how alive your eyes are. Maybe you have hidden your vitality but it didn't go away. It was always there. I can see it.

I remember how Margherita framed her eyes with her hands, in a rectangular way. More as if she mirrored

the window between me and the world. To me it was as if she saw me and my inner movement, the one where I'm whole and undamaged, only I'm hidden behind a fortification and I'm looking through these small rectangular holes. The living me, not the adapted, social me. By the fact that she saw me 'whole', I was now more able to perceive myself as 'whole' and 'vital', while before, this inner space was filled with a lot of self doubt. That was the first important support I felt. It made me come to the boundary, trust her.

Margherita: The perception from the therapist is always an obvious yet simultaneously deep perception, she sees what is usually unseen by others. This kind of accurate perception awakens the senses of the client, who comes to the contact boundary revitalised by the experience of being seen by an other.

I told my dream: Mira [daughter] and I were in a playground. Mira, smaller than she is now, was in a little wooden playhouse, and I was a bit further away on a bump in the grass. Suddenly there was a thunderous noise and all these cows and bulls were coming in our direction. It was a matter of seconds before they were on us. Mira was scared and came out of the house. I yelled with all the authority I could muster that she had to go back in the playhouse, right now. She obeyed. I took a small trampoline and put it up as a shield before me, and then all these cows and bulls were thundering past us, some of their sharp horns barely missing me. Then they were gone. The dust settled and I felt this relief that we had escaped a disaster. Then I looked out over the trampled playground and my heart froze. I froze. There was a massive, enormous wolf, a few meters off, looking in our direction, and I realised that the cows had run away from this wolf, that the real danger, the even more lethal danger was right before us.

M: How do you feel now that you have told me and the group this dream?
E: As if I can't make you feel enough how very scared I was.
M: Tell me *(with other words).*
E: I was so very, very scared, everything in me froze, the danger was too big, the outcome too deadly.

We talked a bit about the wolf and we talked about my cancer. I said that at the very moment that I felt more alive than ever, and I felt all this energy to start my private practice, I discovered a lump in my throat. It turned out to be cancer.

E: And I had cancer! I couldn't make any sense of that.
M: To me it doesn't make any sense either!

I remember Margherita's comment made me pause. It was important to me, because in a certain way it broke a spell. Somehow, I had connected being very much alive and desiring, going out in the world, with danger of death.

Margherita: Sometimes just to experience the presence of the other, even if she has the same feelings, provides *recognition* of the other, like in a mirror, a way to go out of oneself and find the same experience in an other.

I do remember that at one point we talked about sexuality. I didn't feel at ease with the subject. It was as if the oxygen went out of the room. I felt low in energy and ashamed. I tried to stay far away from the subject. I was happy that Margherita brought us back to the wolf.

Margherita: Els would have continued with the issue of sexuality, I could feel how good she is at adjusting to the other's demand, but I must have noticed her embarrassment and adjusted by proposing something else. We both 'adjusted to each other'.

She proposed an experiment: to be the wolf. Here we come to the dance steps of 'taking bold steps together' and 'having fun'.

Margherita: The bold step is something 'risky', exciting and new, that nevertheless the client is able to do. Playing the wolf was a perfect bold step!

M: Do you want to be the wolf?
E: Okay.
M: …
E: I'm afraid they will not like my long, lolling, smelly tongue.
M: Better that than cancer.

Silence

E: What do you do when people don't like your tongue?
M: I negotiate.

This word, this possibility: to negotiate, stays with me. This was a very important and constructive interaction. I don't know which dance step it is. Maybe the one 'to reach each other'. If I had to invent one it would be 'to deconstruct and construct with one another'.

Margherita: I confirm that this is the step of reaching each other. Els risks asking me an embarrassing and important question and I give her an answer that she feels therapeutically appropriate.

I felt conscious of the group while working with Margherita. I did feel embarrassed and ill at ease. Not really safe. I felt myself fixedly and stiffly leaning into Margherita's eyes. I felt the need to fix my eyes on her,

as if only there could I find enough safety to work. Next, Margherita invites me to look around at the group.

Margherita: I could see Els' clumsiness about the presence of the group, and I knew that she needed to experiment with her capacity to actively use her senses and free herself in front of the others. I supported her 'now for next', recognising her intentionality or desire, inviting her to take a bold step.

M: Look around. What do you see? Do you think they mind/like your tongue?

It felt a bit safer to be with the group when I looked around. But when Margherita invited me to stand up and continue looking at each and every one, it was only the fact that she was physically close, that she slid her arm around me, that made me feel safe enough to do just that. I remember that I surprised myself by putting my arm around her to go for even more support. The bond between us must really have felt secure. Increasingly so, since I squeezed her more and more against me. To me it feels like that has to do with the leaning in. In order for me to be able to let go in this experiment I needed to feel that she liked sharing this experiment with me. I felt like Margherita leaned in, that she gave herself willingly to this situation, to my sweaty arms and smelly tongue. She was in this with me, that's why this dance step is probably called 'taking bold steps together'.

Margherita: To me this is the reaching each other step; Els reached out to me, looking for what she needed and I was there, reachable and available to welcome and contain her need to be supported by me.

So, in the next half hour 'we' were looking at each and every one. Together. My wolf-assistant and I. I don't remember how the growling began, but I do remember there was a lot of it. I remember at first being shy, and then leaning more and more into the persons and the moment. Margherita's provocations definitely helped a lot to bring the wolf out.

It was Margherita who said to me, while I was eyeing up Lisa:

M: Mmm, doesn't she look tasty?

And it was that comment that brought my attention to my taste, my hunger, the possibility of going to the other and taking a bite.

E: Oh yes, she looks tender.

I could almost feel the softness of Lisa's arms and legs between my teeth.

It was also Margherita who saw Paulino moving and who said to me:

M: Look! There is one who's trying to get away!

A comment that made me act on my desire to dominate. Because, no! I didn't want Paulino to go away. I wanted him to stay right there. Which he did. And I'm grateful for it. To me it is symbolic of how the group supported me in this experiment. Veronique as well: she was afraid of and repulsed by what was happening but she gave priority to my personal work, above the need to save herself. I cannot stress enough how important that was and still is for me.

More than that finally it was the interactions with the group members that gave me the experience of being a wolf at the contact boundary. It slowly built up, with encouraging smiles, Annie's wolf coming out to play, the provocative interactions …

I do remember the fun. Margherita laughing! The shared joy.

And then there was Inna.
Suddenly I had a real wolf before me.
She growled.
She came out to meet me at full strength.
It was play but it was more. She made me grow. I could come out more and more and stronger and stronger. There were no limits to what was acceptable.
This experience of not needing to hold back is so dear to me. The freedom it created in my mind and my chest so vast …
Also: I could feel myself as a sexual being. It was not threatening to feel this. It was natural.

After this Margherita asked if I wanted to continue, and yes, I wanted to continue, to go on meeting all of you, but I had to ask this question:

E: Is that okay? I'm not taking up too much time?
M: No.
E: You would tell me if I did?
M: I would.
E: For sure?
M: Yes.

There I felt the fragility of the line between wanting so much sooooo much and the need and/or the limits of the other: my fear of overstepping, of being too much.

Margherita: This is the 'letting oneself go to the other and take care of the other' step. Trusting to be her wolf till the end, she is letting herself go to me and to the situation. I could experience and knew the fragility of the moment, and knew that I had to be steady in my position. My aim as therapist was to let her have a new experience at the contact boundary with the other: it's

possible to be contained by the other, even when she is a wolf. Moreover, I really was having a good time as wolf-assistant, the atmosphere in the group was light and joyful, and 'spicy' for Els' playing a 'real' wolf, beyond habitual limits. This feeling was my experience of the field, and I trusted her to continue.

But okay, with Margherita's reassurance I could hold on to my desire to be a wolf with you (the group) a little bit longer. I remember Valentina. And Max: 'Puppy!' I saw Max and I wanted to play. It makes me think now that my wolf has different ages. With Max I was young, a child really, and free and protected. There was a connection from the time before words. I just wanted to play with him.

Then, little by little, a sense of time was seeping in. I was tired and sated and even while I wanted to continue and meet all of you as a wolf, I could stop now.

Margherita and I went back to our chairs, back to a human form. I felt so free, so grateful, so full of love. There, on these chairs a very important integration happened. I was so full and I wanted to give. And Margherita could receive this. Here I see the dance step 'to let oneself go to the other and take care of the other'. The fact that I could caress Margherita with this enormous tenderness, and that Margherita let herself be touched by me, by all this, gave me again an experience of being okay as I am. Not being too much.

Margherita: Els is right, this is the 'letting oneself go to the other and take care of the other' step, when she is relaxing her energy and warmth to me. And it's also the 'reaching each other' step, when she finally reaches me fully as a new person and I can reach her fully with my acceptance.

Of crucial importance for me in all this process was that I did not feel a time pressure, so I did not have an experience of taking 'too much' time, which is one of the forms my worry about being 'too much' takes.

So, here we are. These are my first impressions.
Love, Els.

Margherita: Thank you, Els, and please thank the wolf from me. Without him it would have been difficult to explain the steps so clearly and vitally.

Conclusion

Our political and social field influences our response-ability as therapists in many ways. A main clinical problem today is the lack of recognition from the other, which makes bodily desensitisation evident in our clients. I think that one of our response-abilities as Gestalt therapists is to focus on the reciprocity of our interactions with clients, because there, in that contact function, is the possibility of revitalising the contact boundary, where the self is co-created.

This perspective has led me to develop a clinical tool to observe therapist/client contact, in a phenomenological and aesthetic way.

To see our work as a dance helps us to focus on our own perceptions and feelings in a field perspective, giving a contextual meaning to what is felt in the field. This phenomenological tool gives the therapist the possibility to see the depth of the surface that the client is bringing to the session and the beauty that she or he has concealed to adjust to difficult situations.

To revitalise the contact boundary means to give our clients the possibility to be oneself with spontaneity, sensitivity, vitality, grace and brilliance.

Notes

1. In the account of the session which follows, I have used the real names of colleagues, with the permission of each one of them.

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British Gestalt Journal
2017, Vol. 26, No. 2, 57–61

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Letters to the Editor

'What does a therapist do when s/he does Gestalt therapy?' From the Conference 'Exploring Practice-based Research in Gestalt Therapy', Paris, May 2017

Peter Philippson

Received 31 May 2017

Dear Editor,

This is based on my initial presentation to the panel on 'What does a therapist do when s/he does Gestalt therapy?' at the Conference 'Exploring Practice-based Research in Gestalt Therapy', Paris, 26–28 May, 2017. The panel were discussing the work by Madeleine Fogarty on developing a Gestalt Therapy Fidelity Scale (GTFS).

I am in a difficult position. I am very much in favour of developing research into the effectiveness of Gestalt therapy – not just to prove its effectiveness, but to allow the possibility of disproving it and moving on if necessary. I realise the importance of the question of whether the work being studied is Gestalt therapy, and was happy to contribute to the Delphi study that Madeleine was running (Fogarty et al., 2016).

Yet when I saw the final outcome, I was disturbed. It seemed, and seems, to me that it followed and promoted a paradigm of Gestalt therapy that I thought we were growing out of, a one-person psychology of attunement to the client as a given rather than an exploration of self, other and pathology emergent in our contacting.

To quote Daniel Stern (2004):

> We live surrounded by others' intentions, feelings and thoughts that interact with our own, so that what is ours and what belongs to others starts to break down … The idea of a one-person psychology or of purely intrapsychic phenomena are no longer tenable in this light … We used to think of intersubjectivity as a sort of epiphenomenon that arises occasionally when two separate and independent minds interact. Now we view the intersubjective matrix … as the overriding crucible in which interacting minds take on their current form. (pp. 77–78)

Compare this with the GTFS: 'The therapist follows the client'; 'The therapist responds non-judgmentally to the client'; 'The therapist enquires about the client's immediate experience'; 'The therapist makes observations and enquires about the client's embodiment' – I could go on. I count fourteen statements out of twenty that are about the therapist listening to the client or supporting the client to do something.[1]

Even where the relationship does get a look-in, it is based on the old 'separate and independent minds' sort of intersubjectivity, for example, 'The therapist co-creates a space in which the client and therapist explore how they are impacting each other'. The import of the words 'exploring' and 'awareness' in the statements are not actually about awareness – energetic formation of figures of interest – but rather about egotism – standing outside yourself and describing yourself as a fixed entity. These are again often confused in my experience.

Looking at the statements relating to 'Working with embodied awareness', it is startling to find that Gestalt therapy does not require the therapist to have any embodied awareness at all, only the client.

Maybe I could clarify these distinctions further by speaking about three levels I see in people becoming Gestalt therapists (Philippson, 2017). In the first level, they do the Rogerian thing, listening to the client, reflecting back, showing they care. It is a vital grounding, but people who stay at that level are not Gestalt therapists. Then they learn that they are supposed to pay attention to their own experience. Initially they don't know why, and they often become less effective at first through irrelevant or, worse, manipulative self-disclosures like 'I feel uncomfortable when you tell me you hate yourself'. The third stage is when they learn to focus on the level of who-am-I-with-you and who-are-you-with-me. Now they can focus on both the client's and their own experience as it helps this relational focus. I have been aware through my experiences teaching and supervising in many places that some people, including qualified people, have stayed on the first two levels, and certainly there is very little sign of the third level in the scale.

The scale could thus be a useful scale for Dialogic Behaviour Therapy or Person-Centred Therapy 'at relational depth', but is not what I would call modern intersubjective Gestalt therapy in the way that I, or (as I read them) Gianni Francesetti, Jan Roubal, and

others, would understand it. In fact, some of the work that seems to me most inherently Gestalt therapy would not count as Gestalt on the scale and would therefore be excluded from the research. (I have had people reassure me that nobody would say that I wasn't a Gestalt therapist, but of course there is an inherent bias involved, since my name is widely known, and it would be non-Gestaltists using the scale who would be more likely to exclude my work.)

Following the panel, I was approached by one of the people involved in the validation study who told me they had raised a concern with the authors of the scale, since the comparison non-Gestalt videos were all Cognitive Behaviour Therapy, and thus did not compare Gestalt therapists with the other therapies they most needed to distinguish in the validation process. I commented in the final plenary that this was like having a police identity parade where only the suspect is male and the rest are female.

I want to be clear that I am in no way criticising Madeleine's work: her careful study has pointed up what seems to me to be a problem for the Gestalt community. She has told me that she would personally have written some items differently, but that is not the intent of her work, which came out of the Delphi methodology, and which would lose its research validity if Madeleine unilaterally changed the scale.

Yet we still need to be able to delineate what constitutes Gestalt therapy.

I see no way to resolve this problem based on this study. Does that mean that research into Gestalt therapy is impractical? Rather than trying to adjust the scale and taking it away from the base in the Delphi study, I want to point to a different research basis: we are well-supported by research from outside the Gestalt world that supports the kind of Gestalt approach that I feel connected to. I have already mentioned Daniel Stern, but also Louis Cozolino in *The Neuroscience of Psychotherapy* (2002) writes that 'Gestalt therapy … is particularly relevant to the notion of neural integration' (p. 60). He focuses on the idea of the 'safe emergency' that links to the PHG model of therapy: 'to excite a safe emergency by concentrating on the actual situation' (1951/1994, p. 64). (Daniel Stern, op. cit., called these moments of safe emergency 'now moments'.) A recent workshop flyer by the neuroscientist Allan Schore described a workshop on 'The Growth-Promoting Role of Mutual Regression in Deep Psychotherapy' with the words 'In line with the current two-person relational trend in psychotherapy, Dr. Schore explains that such interpersonal neurobiological mechanisms occur in heightened affective moments of clinical regressions'. I propose this as a starting point for looking at what kind of Gestalt therapy is already supported by existing research – and it is not the approach implicit in the GTFS.

It is not surprising that the Gestalt approach comes well out of neuroscience research: after all, it was where we started, in Goldstein's research with brain-damaged soldiers, assisted by Fritz Perls, who used Goldstein's results in his formulation of what came to be Gestalt therapy. I think that is where we need to start our research. Unfortunately, it seems to me that Madeleine's study shows most of all that many in the Gestalt world are moving away from the Gestalt principles of theory and practice that are best supported by existing research. This will not help us look good!

Notes

1. See:<https://swinburnefhad.au1.qualtrics.com/CP/File.php?F=F_eXtVlwTEUU03ucZ>. Accessed 15 May 2017.

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The Gestalt Therapy Fidelity Scale: A reply to Philippson

Madeleine Fogarty

Received 4 September 2017

Dear Editor,

Thank you for the invitation to reply to Peter Philippson's letter, and thank you to Peter for his considered engagement on this important question of what distinguishes Gestalt therapy (GT) as a clinical practice.

The Gestalt Therapy Fidelity Scale (GTFS) is intended to provide a measure by which to assess the extent to which the therapy that a therapist is delivering is GT (Fogarty et al., 2015). The assessment of treatment fidelity is an essential component of psychotherapy trials and foundational for Evidence Based Practice (EBP) (ibid.). The GTFS was developed through a Delphi Study that established a consensus between over sixty GT experts (including Philippson himself (Fogarty et al., 2016)). The Delphi Study resulted in a 20-item scale that can be used by an independent rater to assess a 30-minute video of a clinical session.

While acknowledging the consensus basis of the GTFS, Philippson argues that it reflects an outdated paradigm of 'a one-person psychology of attunement to the client as a given', rather than a 'modern intersubjective Gestalt therapy', based on 'an exploration of self, other and pathology emergent in our contacting'. Philippson refers to his previous argument that there is a 'third stage' of GT training (which not all reach) in which therapists 'learn to focus on the level of who-am-I-with-you and who-are-you-with-me'. In his critique of the GTFS, he argues that it fails to capture this intersubjective, relational dimension of GT (Philippson, 2017a; 2017b, pp. 57–58).

However, like all fidelity scales, the GTFS is limited by the conventions that apply to fidelity scales (Perepletchikova, 2011; Waltz et al., 1993): if an interaction cannot be observed by an independent rater, then it cannot be included in a fidelity scale. The participants in the Delphi Study were asked whether the GTFS failed to capture any of the essential aspects of GT, and to suggest items for inclusion. None of those experts (including Philippson) were able to offer anything that represented the intersubjective dimension that Philippson argues is missing from the GTFS. Philippson has still not suggested such an item.

Why might this be the case? Perhaps Philippson and others are overcome by the obstacle that I faced when formulating the items for the GTFS: how does one operationalise the 'exploration of self, other and pathology emergent in our contacting' (Philippson, 2017b, p. 57)? It is difficult to do so within the limitation of observable therapist behaviours. The real question is whether, despite this limitation, the GTFS still captures the specific ways in which the 'intersubjective matrix' is co-created in a clinical session of Gestalt?

Philippson's felt sense is that the GTFS fails in this regard. However, he makes that claim without having participated in the validation study, and therefore without having any direct experience in assessing the extent to which the observable behaviours in GTFS do somehow account for the intersubjective dimension of GT. By contrast with Philippson, many of the participants in the validation studies reported that the items in the GTFS do capture the relational dynamic of a clinical session of GT. This may not be surprising, given that items 4, 15 and 17 in the scale are specifically intended to capture the relational dimension of GT:

4. The therapist draws on their relationship with the client as the ground for challenge and growth.
15. The therapist works with the client's interactional patterns as they emerge between client and therapist.
17. The therapist co-creates a space in which the client and therapist explore how they are impacting each other.

Philippson criticises these items as being based on 'the old "separate and independent minds" sort of intersubjectivity' (2017b, p. 57); but does not suggest any alternative items that avoid this problem. Instead, Philippson proposes an entirely different research basis for GT: neuroscience (but again, without making any concrete suggestions about the form or direction such research might take).

It is exciting and comforting that neuroscience may eventually confirm what GT has always claimed. However, to find neurological evidence for the intersubjective matrix that Daniel Stern and others recognise (along with GT practitioners) as the crucible for change in psychotherapy would require complex instruments for the measurement of pre- and post-testing for therapist and client, in session and between sessions. It would also require that many sessions with different clients and therapists be measured. Furthermore, in addition to being extremely expensive, neuroscience also works from the paradigm of fidelity scales. That is, before one can credit any particular neurological manifestation to the fact that the therapist is practising GT, one must first establish that the therapist was indeed practising GT. And the only way of establishing that is through a fidelity scale!

Or perhaps Philippson is suggesting that instead of a fidelity scale, neuroscience itself can be used to

distinguish GT from other modalities. What might such research look like? Perhaps the 'brain waves' of a Gestalt therapist and client would be measured before, during and after a clinical session; similar measurements would be taken in relation to therapists working in other experiential psychotherapy modalities; and these measurements would then be compared to see whether there was something distinctive about the brain wave patterns manifested in a clinical session of Gestalt therapy. If such a distinctive 'Gestalt' pattern was found, then that pattern could be used to determine whether a particular therapist was delivering Gestalt, by again measuring the brain waves of therapist and client before, during and after a clinical session and seeing whether they conformed to the Gestalt pattern. Perhaps, one day, this will be possible. In the meantime, or for those without access to the necessary equipment, the GTFS provides a simple, low-tech measure for determining treatment fidelity that is the standard requirement for establishing EBP.

I am also concerned that Stern's use of the example of the 'safe emergency' from GT may result in psychotherapy extracting this technique from the holistic foundation of GT and using it in clinical practice, in the same way that the 'empty chair' was mined from GT and practised as a technique outside the framework of dialogic relating, in the here and now, phenomenologically, through embodied experience, with field sensitive practice towards contact, with an experimental attitude. If this mining of GT practices continues, then GT's holistic approach will remain outside the evidence-based practice of psychotherapy and psychology.

By contrast, the GTFS attempts to represent the clinical practice of GT holistically, and to preserve the experiential hermeneutic as an embodied, immediate and field-dependent system. Contemporary focus on the relational dyad endorses a central tenet of GT from PHG. But GT is a modality that embraces somatic, aesthetic and experimental practices that may not be included in other clinical practices that are also organised around the 'intersubjective matrix'. Focus on this central aspect of GT does not necessarily distinguish GT from other modalities, nor does it capture the holistic practice of GT.

The results of the validation studies currently underway indicate that raters in many different countries around the world are able to distinguish GT from non-GT and to recognise GT across the variance of practitioners demonstrating very different styles of therapy. Philippson has called for the GTFS to be contrasted to DBT and PCT as comparison groups. This is a wonderful research project that I would be happy to support.

For now, the GT community can be proud of the collaboration that resulted in the creation of the GTFS, and the results of the validation studies that have focused our attention on the common ground of our practice. In 2007, Malcolm Parlett commented on the diversity within the Gestalt community. He suggested that almost any Gestalt term, principle, idea or method could be investigated and dissected, revealing much theoretical difference and confusion. He felt that this wide range of disparity between Gestalt thinkers threatened the possibility of generating sufficient consensus and collective wisdom to secure the Gestalt 'brand' in the wider therapeutic community (Parlett, 2007).

Parlett's call for more accessible practice-based materials that describe Gestalt in the clinic has been answered to some extent by several subsequent publications (Francesetti et al., 2013; Francesetti, 2105a, 2015b; Joyce and Sills, 2009; Mann, 2010; Wheeler and Axelsson, 2015). Differences between these authors continue to emerge nonetheless (O'Leary, 2013). The GTFS represents an international Gestalt community consensus on what constitutes Gestalt in clinical practice.

The results of the validation studies will soon be published. Once this occurs, further research and development for GT will be enabled. This will provide an opportunity to further investigate the question of whether the 'intersubjective matrix' is represented by the GTFS. Research creates evidence. Critique raises questions that generate research. Again, I take this opportunity to thank Peter Philippson for his critique and his questions, the Editor for the opportunity to respond to that critique, and to all who have been involved in the development and validation of the GTFS for their collaboration in this research.

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Personal multiplicity: A response to Frank-M. Staemmler

John Rowan

Received 11 April 2017

Dear Editor,

Those who were interested in the article by Frank-M. Staemmler in the *BGJ* 24.2 issue (2015) may also be interested in my paper 'Existentialism and the Dialogical Self', in which I try to show that the idea of multiplicity of the self is compatible with existentialist philosophy (Rowan, 2017). I have always felt that Gestalt was an existentialist approach, and readers might therefore be interested in the fact that people like Kierkegaard accepted and used the idea that there is more than one person within the person. Equally early in accepting this idea was Nietzsche.

In recent years the advent of the idea of the dialogical self has remarkably extended the concept, and research studies have been carried out in various fields, many of which are to be found in the *Handbook of Dialogical Self Theory* (Hermans and Gieser, 2012). This is in fact a very well worked-out theory, which I think is compatible with the Gestalt approach and could indeed enhance it. It might even lead to a return to the free use of chairwork, which I think was too easily dismissed as too much Fritz Perls.

The theory says there is no self, no ego, no single identity – what we find is a number of I-positions which have no permanent existence. They come and go with the situation. In therapy, for example, I am a therapist who is new with each client. I am not the classic therapist solidly based in my theory – in fact, I don't pay much attention to theory at all. This makes for a very free use of chairwork.

The basic idea comes from Hubert Hermans, starting in the early 1990s. He and his colleagues, and collaborators in several countries, have been developing the theory which has now led to ten international conferences, the next of which is in Portugal next year. Much more material on this is also to be found in my 2010 book, which has a chapter on Gestalt, and is about the idea of multiplicity from all sorts of different angles, including the transpersonal. Of interest, too, perhaps, is my chapter in the 2012 *Handbook* edited by Hermans and Gieser.

It seems to me that is an interesting path for Gestalt to explore.

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Dr John Rowan has been writing about multiplicity in the person since the 1980s and his latest book is entitled *Personification* (2010). His best-known book is *Subpersonalities*, now in its third edition.

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British Gestalt Journal
2017, Vol. 26, No. 2, 62–67
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Reviews

Gloria expunged

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A review of **New Contemporary Gestalt Therapy Films** (2017) by Robert Resnick. Free 30-minute theory synopsis available at: www.vimeo.com/ondemand/gestaltfilms. With a 30% discount for Gestalt therapists, trainees and all students, the entire set of 8 films downloaded from Vimeo (or mailed as DVDs) costs $250 (£186 approx.) + p&p for the DVDs. Rates for institutions differ. Contact resnickfilms@gmail.com for online discount vouchers, DVDs, and further information. See Vimeo website for downloads.

Bob Resnick has released eight films (with subtitles available in seven languages, with more in the pipeline) of him working with therapists and trainees who attend his GATLA summer European training workshops. The films range over a number of summers from 2001 to 2015 and each is with a different client with the exception of one client who appears twice. In addition, there is a free 30-minute synopsis of Gestalt, in which Bob gives a succinct and wide-ranging summary of Gestalt theory.

This is a heart-warmingly generous set of films in two main ways: first, it is a generous teaching resource for our community, both the theory film, which would be an excellent introduction to Gestalt for therapists/psychologists from other modalities, and the client work. Second, many of the pieces of therapy are heart-warming: Bob brings his heart into his work and I-Thou moments regularly emerge and deepen.

In order to discuss the films with others and hear a range of opinions, I watched some of the films in groups with other Gestalt therapists (and popcorn) and I would like to thank them: Sarah Duncan, Kathryn Morris-Roberts, Brenda Luckock and Christine Stevens all took part. This review reflects the others' opinions indirectly through their impact on my own opinion and I have felt free to borrow words and phrases from others when I have found them appealing. Bob's work is so interesting and watchable; I watched all eight films although I had intended to only watch half of that. Each film comes with a short written synopsis and some have brief discussions at the end.

Starting with the theory film, Bob explains how he 'stumbled on' Gestalt therapy after his psychology training and 'found a home' with two main mentors, Jim Simkin and Fritz Perls. In 1969, Fritz asked him to go to Europe and introduce Gestalt therapy there, which turned out to be a 'terrific experience' and something he has been doing every summer since. He describes the pillars of Gestalt and goes on to discuss field theory, phenomenology, and dialogue in a straightforward, jargon-free way without losing complexity. He is critical of some early developments when Gestalt was associated with a license to do as you please after one weekend of Gestalt training.

A phrase he uses in his clinical work is to get 'access to the freshest fish', a lovely image and one that explains neatly how we look for a figure with energy behind it. As with any synopsis, parts will be left out and I would have liked more on existentialism, though that lack is made up for in clear insight into how change is up to the client – 'restoration of choice' is the aim of the Gestalt therapist through awareness. He also makes a lovely distinction between insight and awareness, with the latter more experience-near: contact with what I am doing when I do it (rather than something I think I know about myself). He explains experimentation (when you undertake something without knowing the outcome), and gives the example of asking a man afraid of commitment to drive his car without using reverse for a week. He will soon start avoiding some parking spaces, possible dead ends, etc., neatly showing that if we believe commitment is irreversible we will avoid it.

He explains how fixed 'character' becomes habitual and is anachronistic, and how, through attention to contact in the present, we can see how anything relevant from the past is palpable in the here and now. This is clear from his work when an intervention he frequently makes is a variation on 'what's typical for you about your reaction?' or 'what do you know about this?'. There is a clear match between Gestalt theory, as he outlines it, and how he practises. I also particularly liked the description of character as like a pollutant (a chemical in the wrong context), a pollutant of self-regulation. He also believes that the process orientation of Gestalt therapy makes it easily exportable to other countries.

It is worth describing the filming process briefly in order to explain when it works best. In most cases there are two cameras and the movement from one face to another has then been edited-in afterwards without leaving any of the interaction out. This is done well and is not distracting. In some cases, there is also the use of

a split screen so you can see both the face of Bob and the client at the same time. I found this particularly helpful and I think it allows the viewer to really identify with the work and the small phenomenological changes in both faces. One film, 'melting frames', has a different set-up, with only one camera that is side-on to the therapist and client (so you see each face in profile only), and set back so more of the room and many of the other participants are in shot. This is very distracting and I think it is not by chance that this was the piece of work we all found hardest to track and get into. The field conditions for the viewer are profoundly different in this case, making it hard to focus on the therapist and client. The dialogue is generally clear and there is the option of subtitles in case you have hearing difficulties.

Despite the performance pressure of giving a 'master class' and being filmed doing it, I do not experience Bob's approach as showy. He is not afraid to ask the obvious question: 'What are you afraid of?', nor does he shy away from being direct and contradicting the client (client: 'I don't know'; Bob: 'I don't believe you'), always in a gentle, warm style. Perhaps for me his standout characteristic as a therapist is his pacing. He often slows things down, gets the client to repeat, to breathe, to say it again looking at him. He also uses his own phenomenological response, feeding back his emotional experience regularly to the client. He is persistent, for instance at the start of 'a rose on the grave' when the client does not want to take part in check-in, Bob persists in telling her how he feels pushed back by her (this subsequently developed into a piece of work between them). We (the viewers) see the piece of work between client and therapist without knowing the context of their relationship (in some cases they have met over a number of years, certainly they have been in the workshop together over the days preceding and following the work). Occasionally this lack of context is detrimental. For instance, in this piece of work ('a rose on the grave'), at the start I was acutely aware of the power imbalance between the male, American, older, well-known therapist and the younger, female client. This was not directly addressed in the work, and I was interested to know if it had been over the course of the workshop.

Many of the pieces involve moments of intense I-Thou contact ('reclaiming liveliness and peace', 'coming home') where Bob is relaxed in letting the client see how impacted he is: 'I feel warmed by you and for you'. He is clearly working with a relational orientation: looking for how the 'interruptions can be interrupted' in the here-and-now relationship. These would be interesting films to show therapists from other modalities, who are perhaps familiar with Perls working with Gloria, and assume that challenge and frustration of the client is the dominant Gestalt approach. In the discussion after one of the films, a participant asks him about his use of humour with clients, and if this is necessary to maintain a career for forty years. In response, Bob says, 'you burn out if you don't use who you are', and 'be who you are in meeting the other person'; that burn out occurs if you are constantly supressing part of yourself or only using a particular side of yourself with clients. I think that is great advice and I have found it supportive since hearing this, to think, if I feel particularly tired one day, or with a certain client, is there some side of myself I am not allowing out? I have noticed that I have a tendency to suppress my playfulness and creativity and that when I do I feel more tired and my work feels heavier.

His work will be very helpful as a teaching tool as you see him often trying to find the 'freshest fish'. In 'coming home' he suggests an experiment with being superficial that the client clearly has no energy for and Bob lets the experiment go. The client then says he is 'frozen, lost' and Bob notices the client was not looking at him when he said this and suggested he try it again looking at Bob. It is this experiment that unlocks the client's feelings and proves to be the 'freshest fish'. While in many ways Bob's style is economical – what he says is often brief and to the point and cuts through layers that less experienced therapists might find themselves working through – this example also shows him working towards something. I think this will reassure trainees: we have our theory, we know what we are looking for, but we do not necessarily get there straight away. We try different things and see where the energy is exactly through a process of experimentation.

The biggest gift of watching these films for me is the way they have me questioning, reflecting, and re-evaluating my own practice. Though I may not be the target audience of trainees and graduate students, nevertheless as an experienced practitioner I enjoyed the adrenalin shot watching someone this talented and experienced gave me. I do not think the point is to agree with everything Bob does and to use his work as a template of how to be a good contemporary Gestalt therapist (and he clearly states that is not his intention), although in some cases he is inspirational. Rather, this viewing experience has set me thinking about how I can be a better Gestalt therapist; perhaps stripping away some bad habits I have built up over the years since my core training and going back to what really inspired me about Gestalt at the start. That reinvigoration is very valuable to me and I look forward to using these films as a teaching tool, as a basis for discussion, and as ambassadors to my non-Gestalt colleagues to show them how exciting and effective Gestalt can be.

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Chair stories

Malcolm Parlett

A review of **The Empty Chair: Tales from Gestalt Therapy** by Vikram Kolmannskog. Published by Karnac Books, London, January 2018, 208 pages (first published in Norwegian as *Den tomme stolen. Fortellinger fra gestaltterapi*, Flux, 2015, Oslo, Norway). Price: £25.99.

Vikram Kolmannskog's book is an exciting discovery – it's inspiring, informative, and a pleasure to read. His case studies are vivid and varied, like gripping short stories. Gestalt therapy calls for artistry and sensibility on the part of the practitioner, and sometimes sheer daring: so, equally, does writing about the work in a way that brings it alive. The author's double achievement – as a therapist and as a writer – is soon evident to the reader.

As a book originally published in Norwegian, it is especially welcome: much new writing in languages other than English never gets translated. *The Empty Chair* will remind English-speaking readers of the many Gestalt lineages now existing worldwide, and the breadth and depth of contemporary Gestalt therapy. At the vast 'family gathering' of a thousand Gestalt practitioners in Taormina in 2016, there were underpinning commonalities, yet also many reminders of our international diversity. As in any specialised field there are upholders of traditional ideas and practices, and others who question these and advance new variations; some of these differences are associated with national divides, institutes, and who-trained-whom traditions.

It was in Taormina that a number of us first encountered Vikram Kolmannskog. His workshop explored the impact of refugees and immigrants arriving in a settled community or town. He invited us to role-play members of the host population: as participants, we tried out various positions, either very pro the new arrivals, or very opposed, or resigned. The workshop dug deep, provoking thought and new realisations – not all of them comfortable ones. Having worked with refugees himself in Africa, it was obvious that Vikram brought acute sensitivity to the human issues raised, and reminded us how easily we can demonise or dehumanise marginalised groups.

Kolmannskog has a background as a human rights lawyer, and until recently taught in the Faculty of Law at the University of Oslo, including the sociology of law and human rights. He is a member of the faculty of the Norwegian Gestalt Institute and describes his current chief interests as 'Gestalt therapy, training and research, as well as in writing more generally'. I was struck by his interests and heritage – he is half Indian and half Norwegian and also, as a proudly gay man, he speaks from direct experience of being in minority groups. With all this as his background, I immediately wanted to read his book.

As I imagined it would be, I found *The Empty Chair* to be a highly engaging and lucid account that introduces Gestalt therapy to newcomers in a fluid and easy-to-read style. At the same time, Kolmannskog's book offers a mass of revealing insights into how he works with his clients that will appeal to more experienced readers.

Laura Perls, who features in the book's Gestalt introduction and history section – and refreshingly gets more than an equal billing with Fritz – suggests that it's inevitable that every practitioner will develop an individual style. In fact, she seems to say, it's advantageous that they do: each practitioner can achieve a personal and professional integration of Gestalt principles with pre-existing skills, experiences, and interests of their own (Perls, L., 1992).

In this book, Vikram Kolmannskog draws visibly upon his own integration and activist values, presenting a range of informative and moving case studies – eight in all. He is a gifted storyteller and the vivid portrayals – agreed with the clients in advance of publication – are notably diverse. He underlines his commitment to a dialogic, relational approach by writing the story of each therapy journey in the form of dialogue between the client and himself as therapist. This gives the reader the feeling of intimate access to the heart of each account, and to the therapist's unfolding experience.

Included in the series are accounts of his work with a stressed businessman, a woman who as a young girl had been raped by her uncle, several people with difficult or lost relationships, and a gay man who had been bullied. He also describes sessions of working with a group of transgender individuals, many of them mid-transition. In meeting the clients that he brings so colourfully alive, readers can easily imagine themselves in the room with Vikram, sharing in what unfolds, sometimes identifying with him, sometimes thinking of alternative ways of working.

One of the cases that made a deep impression on me was his work, inside a prison, with a man who starts off

in a highly defensive mode in which he puts up a wall of talk that keeps Vikram at bay. This lasts for a number of sessions. The prisoner, Jonny, has buried his sensations and feelings. At a certain point Vikram wakes up to how he himself has been 'yet another person who has tried to change Jonny…to break through his wall, sneak in without his permission, attempt to get him to talk less, sense and feel more'. Vikram wants to apologise, but sensibly stops himself – it's 'more my need than his. I continue to listen instead.' Jonny, who previously had been four months in solitary confinement, tells about walking 'through the corridor on the way out to the yard' and how he 'could hear crying and screaming from adult men in the neighbouring cells. Grown men, sobbing like children, Vikram.' Vikram notes: 'He says my name, and I'm here together with Jonny. I swallow.' A few moments later, Jonny repeats himself: 'Grown men sobbing like children, Vikram'. Vikram reflects at this point, 'There are some norms about the strong and self-controlled man, I think to myself. *Big boys don't cry*. Perhaps even more so here in prison.' A little later, after Jonny speaks of 'disappearing mentally', which Vikram confirms was 'a wonderful adaptation', they jointly recognise how Jonny had 'survived'. At this point, Vikram writes: 'It looks like he swallows. He blinks his eyes. Now bodily sensations and feelings are also surfacing, now that I've stopped trying to force it.'

Here, as throughout the case studies, Kolmannskog's openness, sensitivity, and compassion for his clients come through strongly. He is ready to expose his vulnerability and private thoughts and feelings, constantly to the reader and more sparingly – but still generously – to his clients. He appears to have no hesitation in showing us, the readers, his work including the difficult moments, disappointments, even mistakes. Instead of defensiveness and a surfeit of explanation, there's elegant simplicity, both in how he works with his clients and also in how he writes about them. His 'open book' approach is a gift: it offers other practitioners opportunity to compare and contrast their own way of working with his. Published reports of practice can sometimes seem remote from the live experience of Gestalt therapy: perhaps striving for professionalism and sophisticated theory may be increasing the distance. This book, however, contradicts the trend. As readers, we are close witnesses to the lived excitement of arresting encounters. Each account reveals Kolmannskog's deepening appreciation of the client's process and their growing edge, separately and jointly.

The structure of the book is that following each case, he presents a series of short reflections that help fill out the context for some of his interventions and suggestions. He introduces Gestalt concepts to those unfamiliar with them, mentions therapy practices in wide use, and lays out instructive material helpful to a Gestalt trainee. There is also some excellent referencing to contemporary scientific and medical research that is not widely known in the Gestalt community. He draws on his life experience too – for instance, his Indian heritage and his Buddhist practice and his knowledge of the LGBT community, and what it is like to be part of a misunderstood minority. At times, too, his background in human rights and legal work breaks through strongly. Thus, in the case of Jonny, he comments that using 'punishment to change behaviour' – the justification for imprisonment – is ineffective: 'criminological research since the mid-1900s has consistently shown that this change doesn't happen'; other changes occur instead: including 'prisonisation', in which prisoners 'create a defence against the afflicted pain and alienation from society'. Solitary confinement, in particular, 'can be very harmful to a person's physical and mental health… the most gruesome cases have been defined by courts as torture'.

These gatherings together of therapy thoughts and reflections complement the case studies themselves, and provide contrast and balance. They also serve as informative interludes before the next story begins – a pause before the reader embarks on entering another intimate world and following a new therapeutic journey.

The matter of empty chairs

Coming to the book as a coach, no longer as a psychotherapist, I was interested in the title: *The Empty Chair*. An organisation development consultant friend of mine says that in working with boards of major companies or government organisations, he will often import three empty chairs to add to those assembled for a board meeting: one to represent customers, one to represent investors, and the third employees. He then invites non-executive board members (directors without specific responsibilities) to sit in these seats and to listen to the strategy being discussed through the eyes and ears of the stakeholders they are representing. They find it provides great insight.

As a feature of all types of Gestalt inquiry, empty chairs have long had a place in practitioners' toolkits. However, they have a mixed reputation in the Gestalt world. At the outset, my one significant worry about the book was its title, and I did not like that Kolmannskog seemed sometimes to conflate 'chairwork' with Gestalt practice. This is one of those occasions when divergent traditions of thinking and practice are evident and can easily lead to practitioner disagreements.

A little history is relevant here. Drawing on an idea he took from Moreno's psychodrama (Stein and Callahan, 1982), Fritz Perls sometimes used empty chairs in his demonstrations to represent absent 'others'

or rejected qualities of self. Having two chairs and setting up an experiment in which the client moved between them – for instance, speaking as Top-dog and Bottom-dog – also proved an effective means of heightening awareness of their relationship and mutual dependence. However, those who attended Fritz Perls's workshops often had little understanding of Gestalt philosophy and sometimes little clinical or therapeutic background at all. As Resnick explains,

> Not understanding the principles they focused on copying techniques instead. In the mid and late 60's (Fritz) was doing a lot of empty chair (work) as this facilitated the demonstrations … the empty chair quickly gets many clients to open up… sometimes foregoing the relationship which would be so important, especially in ongoing therapy. Another phase he had was shuttling between polarities – two chairs – at those times he was a polarity sleuth. At other times he focused on bodily sensations, tensions, etc. and would find a way to ask the client to 'give a voice to your…'. Many of these things then became caricatures and clichés of Gestalt Therapy. Like the Gestalt Prayer, the figure was separated from its original ground – thereby changing the meaning. All of his techniques including experiments were in the service of facilitating awareness. Unfortunately, some, mostly who had limited contact with Fritz, mistook the techniques du jour for Gestalt Therapy – they got the figure but not the ground. They missed the existential base, the centrality of the field, the phenomenological method and the dialogic relationship. Just use an empty chair and you're doing Gestalt Therapy… (Resnick, R., personal communication).

In time, therapists from other traditions took up using an empty chair. The practice was widely copied, becoming ever more separated from its Gestalt (let alone psychodrama) origins. As Resnick notes, non-Gestalt therapists casually talked about 'doing' or 'using' Gestalt, as if using an empty chair represented the Gestalt approach in its entirety. Needless to say, this trivialisation was fiercely resented by those of us seeking to promote Gestalt therapy as a sophisticated, integrated form of inquiry with deep philosophical roots. We wanted Gestalt therapy to be respected for its rich, multi-dimensional, and highly flexible methodology, and for its phenomenological, dialogic, and field-theoretical underpinning. We were also increasingly favouring a dialogue between client and therapist in which clients' interpersonal difficulties were explored in the immediate relational field with a therapist (or trainer or coach), rather than with an imagined or spectral figure in an empty chair.

Several decades later, attitudes have shifted. Either the overuse or underuse – or total avoidance – of empty chairs is not generally an issue of dispute. A more relaxed position is typical: that there are times and contexts when work with chairs proves useful, other times not, and the method can be employed in versatile ways or not at all. While the book's title activated an old susceptibility on my part (and probably not only for me), Kolmannskog demonstrates a sensible approach in which empty chairs are gracefully incorporated within a bigger frame of dialogic inquiry and experimentation.

Kolmannskog – who points out that 'the overarching experiment is always the relationship' – is not averse to supporting his therapy work with a mixture of other experiential investigations, to which some 'Gestalt purists' might take exception. For example, he sometimes introduces guided fantasies to good effect, and sometimes invites his clients to meditate. However, in his work, I detect no signs that the empty chair or any other creative approach is likely to become a 'fixed technique', always to be used; nor that his relational sensitivity is put in jeopardy. Rather, he intelligently adapts his methods according to what the situation calls for, and sometimes introducing chairs is useful. To my mind, his flexibility is fully in the spirit of the international mainstream of Gestalt practice, even if particular Gestalt teachers, specialists, or training bodies might suggest otherwise.

Stimulated by reading the book, I wondered if it is not time for a re-think regarding 'work with chairs'? I suggest that we could even feel proud that early in our Gestalt history our predecessors took up the empty chair and pioneered its use, not realising that they were developing a *powerful field-based intervention* – well before field theory was widely understood in Gestalt therapy. Work with chairs is field-based in that individuals are invited to view their situation from different points of view – literally. They may physically move between chairs or locations (or may adopt contrasting body postures), and will usually register different sensations and feeling states in the two positions they are occupying and alternating between. They inhabit different fields, in other words: different constructions of their reality. (Practically, it seems important – and it is highly recommended – that people *physically* move between the two locations, underlining that exploring field differences is of a different order to merely switching between competing ideas.)

Differentiating positions in a more explicit manner opens possibilities for a fuller and richer integration between them. If two positions represent stark conflict, people can sample possible midway compromises. Polarities (Zinker, 1978) can be explored and projections made more apparent. In one case study in the book, a woman speaks resentfully to a man who mistreated her; she finds moving to another position facilitates her expressing appreciation.

In experiencing two contrasting perspectives (or more, with more chairs), clients discover how they can construct their phenomenal field or situation in more than one way – they learn that 'reality' is malleable, or more complex, and more interesting. The effects on the overall relational field between therapist and client can be included as well: nothing needs to be excluded. That is the point: using chairs is a versatile and flexible additional means of revealing some of the tensions and vectors (Lewin, 1952), operating in (or as) the client's experiential field.

Returning to the book, a point to emphasise: while varieties of empty chair and 'chair work' certainly feature in Kolmannskog's treatise and its title, they are not super-prominent. They are like, say, the woodwind instruments in an orchestra. In this collection of stories, one senses a whole Gestalt orchestra is playing together. The woodwind instruments contribute to generating some very fine music, but there are also the string instruments, the brass, and the percussion, and they all contribute to the orchestra's sound.

My summing up? Without hesitation I recommend the book as one that's worth buying and reading. It will reward readers in differing ways. For those not familiar with Gestalt, I imagine it will be a very tasty introduction, stimulating their appetite to partake more. ('What a wonderful way to learn Gestalt – by reading stories!', I can hear someone exclaim.) For peers and Gestalt practitioners, including coaches and consultants, there is first of all the interest of being let in to observe another professional at work. Kolmannskog's style and the reader's style may not be identical, but then – remembering Laura Perls – Gestalt practice benefits from individual integrations. There is enough here to stimulate thought regarding our own practice. The author reads widely – including from many sources online – and citations are way beyond the usual therapy range. There is serious fare for the serious thinker.

Above all, if 'every person's life is worth a novel' (Polster, E., 1987), Vikram Kolmannskog has dramatically shown that every therapeutic journey is deserving of a short story. Let's hope he writes some more, and that the arrival of this beautiful book will encourage others also to reach for their pens – or keyboard.

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