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Articles
- David Picó Vila
- Heather Anne Keyes
- Beatrice Valantin
- Frank M. Staemmler
- Peter Schultz
- Aureliano Cramer
- Margit Koemeda-Lutz
- Volker Tschuschke
- Agnes von Wyl

- Michelle Billies

In her own voice
- Christine Stevens

Letters
- Michelle Billies

Reviews
- Angela Barrows reviews The International Handbook of Black Community Mental Health.
- Dr Richard Majors, Karen Carberry, MSc, Dip.Psych
- Dr Theodore S. Ransaw
- Michael Vincent Miller reviews Enchantment and Gestalt Therapy: Partners in Exploring Life by Erving Polster
- Lynda Osborne reviews We Already Had Great Things and Dealing with Difference (videos) by Robert and Ria Resnick

Opinion
- Claire Asherson Bartram and Chris O'Malley

Reflections on the BGJ anti-racism seminar

Future imperfect

EDITOR: Christine Stevens PhD

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## CONTENTS

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Christine Stevens</strong></td>
<td>Editorial</td>
<td>2</td>
</tr>
<tr>
<td><strong>Articles</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>David Picó Vila</td>
<td>Internet-mediated Gestalt therapy: excitement and growth in an online field</td>
<td>3</td>
</tr>
<tr>
<td>Heather Anne Keyes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Béatrice Valantin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frank-M. Staemmler</td>
<td>There is no inside/outside: on the entanglement of bodily self and biosocial environment as a basis for connectedness and compassion in times of COVID-19</td>
<td>11</td>
</tr>
<tr>
<td>Peter Schulthess</td>
<td>Developing a manual for identifying interventions in psychotherapy to measure treatment adherence in research</td>
<td>19</td>
</tr>
<tr>
<td>Aureliano Crameri</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Margit Koemeda-Lutz</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volker Tschuschke</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agnes von Wyl</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michelle Billies</td>
<td>How can Gestalt therapy promote liberation from anti-Black racism?</td>
<td>31</td>
</tr>
<tr>
<td><strong>In her own voice</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christine Stevens</td>
<td>An interview with Carmen Joanne Ablack</td>
<td>39</td>
</tr>
<tr>
<td><strong>Letters</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michelle Billies</td>
<td>Reflections on the BGJ anti-racism seminar</td>
<td>45</td>
</tr>
<tr>
<td><strong>Reviews</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angela Barrows</td>
<td><em>The International Handbook of Black Community Mental Health.</em> Edited by Dr Richard Majors, Karen Carberry, MSc, Dip.Psych and Dr Theodore S. Ransaw</td>
<td>48</td>
</tr>
<tr>
<td>Michael Vincent Miller</td>
<td><em>Enchantment and Gestalt Therapy: Partners in Exploring Life</em> by Erving Polster</td>
<td>53</td>
</tr>
<tr>
<td>Lynda Osborne</td>
<td><em>We Already Had Great Things and Dealing with Difference</em> (videos) by Robert and Rita Resnick</td>
<td>55</td>
</tr>
<tr>
<td><strong>Opinion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claire Asherson Bartram and Chris O’malley</td>
<td>Future imperfect: conversation arising out of ‘Necessary Derangement’ with Steffi Bednarek</td>
<td>58</td>
</tr>
<tr>
<td><strong>Notices</strong></td>
<td></td>
<td>65</td>
</tr>
</tbody>
</table>
The pandemic, research and racism are the major themes of this issue. Between them, they encompass the concerns that have touched all of our lives over recent months.

Many of us had prior experience of connecting via online platforms, but most of us would never have envisaged that this would have become our main way of working with clients, relating to colleagues, meeting in conferences and giving and receiving training for over a year. David Picó Vila, Heather Anne Keyes and Béatrice Valantin in their article invite us to explore this medium in a way that is consistent with our Gestalt theory and practice. They challenge us to be open to novelty and to find ways to navigate these new digital environments in ways that are relational and inclusive.

This theme, which has preoccupied all of us in one way or another, is also addressed in Frank-M. Staemmler’s paper. He explores the concept of the boundary and suggests that it takes on new meaning at the time of global pandemic. He examines the ideas of inside and outside, of actual touch and virtual meeting, and thinks about how we can hold on to a sense of connectedness, compassion and caring.

The article by Peter Schulthess is a significant contribution to the expanding field of Gestalt therapy research. I first heard him present this at the EAGT research conference in Rome in 2014, and it has been published in German. In order to make the study more available internationally, he kindly agreed to write this new article in English to be published in the BGJ. This research goes some way to explaining the ‘Dodo’ effect, in which outcome studies tend to show all modalities to be similarly effective. It was found that the therapists in this study, according to independent raters, used interventions common across all modalities far more frequently than those specific to the modality they identified with.

Michelle Billies’ article challenges Gestalt therapists to be actively involved in undoing anti-Black racism through becoming more aware. Their paper is intended to be part of an ongoing conversation on this topic, a work-in-progress, in which the BGJ is committed to play its part. We also publish a letter by Billies which follows up and develops their responses to the BGJ Seminar day which they co-led in 2018.

Coming from a different angle, but touching on some related themes, is the candid interview with Carmen Joanne Ablack in our occasional ‘In their own voice’ series. As a senior Gestalt trainer and practitioner, and being involved in BAATN leadership, she draws on a rich fund of experience and wisdom. She talks about aspects of her upbringing and the particular influences that she integrates in her approach to psychotherapy. The conversation touches on the lived experience of aspects of difference and diversity.

Angela Barrows’ lively and personal review of The International Handbook of Black Community Health continues the anti-racist theme in this issue. Her review brought us editorially into the current debate about the capitalisation of Black when referring to race, which has now become accepted practice, but also confronted us on what to do about w/White. We discovered that this is currently unresolved, with differing views taken by publishers and media organisations. Editorially, we are tending towards the opinion that capitalising White challenges white people to see themselves as a racial group, not just as the default or neutral. However, this is contentious and not universally accepted. In this issue, we have used ‘white’ throughout Billies’ pieces, as they have a strong view on this, but capitalised it experimentally in Barrows’ review and elsewhere. We invite readers to experience this for themselves and to let us know your responses.

We also publish reviews by Michael Vincent Miller of Erving Polster’s new book, and Lynda Osborne’s review of Robert and Rita Resnick’s videos on couples therapy. The opinion piece is a dialogue between Claire Asherson Bartram and Chris O’Malley as they chew over their reactions to the 2020 BGJ Seminar Day.

This is a full and lively issue. You are invited to have your say on anything that engages you in the form of a Letter to the Editor. Our thanks and warm appreciation to all our reviewers and to the Editorial Team and staff who have worked hard to put this issue together.

Christine Stevens, PhD
Editor
Internet-mediated Gestalt therapy: excitement and growth in an online field

David Picó Vila, Heather Anne Keyes, Béatrice Valantin

Received 15 February 2021; revised 5 April 2021

Abstract: The practice of Gestalt psychotherapy online, accelerated by the current COVID-19 crisis, has raised questions around how Gestalt therapists adjust themselves to this ‘new’ modality. This article addresses: qualities of internet-mediated contact, the implications for our theoretical paradigms, issues around experimentation, and the experience of physical and technologically-enhanced bodies in therapy; from the collective years of experience of the authors in different countries and cultures.

Keywords: Gestalt online, telehealth, telementalhealth, internet-mediated psychotherapy, e-therapy, online therapy

Introduction

By the time this article comes to press, most of us will have become skilled in navigating the field of online psychotherapy. Many of us will have made up for the gaps in our training as psychotherapists, which most likely never addressed this kind of practice – its legalities, technicalities, ethics and aesthetics – by taking tutorials, watching YouTube videos, and by ‘doing the best we can’ with our clients and colleagues. The number of resources available to us has increased exponentially as COVID-19 has forced therapists around the world to adapt to distance from our places of practice, from our clients and from each other.

The practice of online psychotherapy is not without precedent – ‘telehealth’ was discussed via email, via phone and via the internet when video calls were speculative possibilities from the nineties onwards. Psychotherapists of different orientations have been legitimately practising telehealth in these modalities for years; though perhaps not entirely legally, as codification and legislation of telemental health practice is relatively new and varies greatly among countries. The variety of legal frameworks for clients’ data protection, regulated by the General Data Protection Regulation (GDPR) in the European Union, by the Health Insurance Portability and Accountability Act (HIPAA) in the USA, and by other regulations in other countries are just an example of parallel regulatory processes (Bodulovic et al., 2020). A challenge at this point is to develop a cohesive set of best-practice guidelines in line with other psychotherapies’ standards while respecting the freedom of individual practitioners’ styles, and to extend efficacy and treatment-fidelity studies on Gestalt therapy to online treatment.

The lockdowns and social distancing due to the COVID-19 pandemic in 2020 are too-obvious reasons for a surge in interest in developing an online practice, fueled in many cases more by the therapists’ need to continue to earn a living, than a clear intention to explore the possibilities of the online medium. Clearly, online psychotherapy can be useful and beneficial in a great number of situations, and can level part of the playing field marred by socioeconomic disparity which has kept many vulnerable clients out of the elite therapy rooms of many private-practice psychotherapists who have now turned to working online. Internet-mediated therapy makes it possible for many clients to access therapists with a wide range of rates, personal characteristics, sensitivities and in areas of expertise and languages that they would not be able to reach otherwise. Migrants of all types, people who cannot leave their homes due to illness, phobia or mobility issues, people controlled or isolated by partners or family members, people overburdened as care-givers or who cannot afford high therapy costs or manage transportation to in-person consultations have always needed access to professional psychotherapy services and will continue to do so far beyond the pandemic. As we consider how to shape the practice of Gestalt psychotherapy online into the future, we hope that factors beyond the immediate emergency figures will be considered.
Much of the same can be said about online Gestalt psychotherapy training: accessibility, diversity, and inclusivity can be multiplied exponentially and bring Gestalt to a much wider spectrum of trainees than the traditional, institutional ‘Mecca’ model. Not only does the ‘normal’ way require a privileged level of socioeconomic mobility and fluidity to access training centres, it also generates a significant carbon footprint for travelling students. The move to online training opens borders and generates a push to harmonize the criteria for professional credentials. It would also seem to support the mutual validation of training programmes through the creation of professional networks and organizing bodies on a scale never before seen.

Unfortunately, Gestalt training programmes seem to be falling short of the potential to diversify our featured voices, as a clear list of particular trending presenters can be seen on virtual events all over the world. There is still a much stronger tendency to feature English-speaking American or European presenters with translations to the language of the host institution than to promote more varied, cross-cultural meetings or to feature new voices. The globalization and commodification of online Gestalt training and the media-personality aspects of the online world are other factors of great interest; how can we use the medium to connect without losing ourselves and the essential features of our interpersonal contact process?

For the sake of clarity, the rest of this article will focus on the online practice of Gestalt psychotherapy and not on Gestalt training, though quality online psychotherapy requires that new skill sets be developed and taught by example via the internet. Online Gestalt therapy training must be congruent with the experiential, interpersonal, co-created pedagogy of Gestalt as we know it, and not be confused with passive-audience webinars with hundreds of participants.

When you ask Gestalt therapists about their opinion about therapy via the internet, one of the comments most often heard is that ‘it’s not the same’. We could not agree more. It is indeed not the same. However, just because it is not the same does not mean it is not valid, that it is not Gestalt, or that it is not psychotherapy. This recognition of difference and novelty implies that we cannot expect to do the same things and use the same tools in the same way as we do in our face-to-face practice. The change in the field and in the relationship between client and therapist require a series of creative adjustments. In staying with our discomfort in the face of novelty, as Fritz Perls suggests, if we are able to suspend our impulse towards comparison and judgement, being in the epoché, we can experience ourselves in relation in a new environment with different characteristics. However, we may need more time to submerge ourselves in the experience and learn from it:

There is a learning time for the clinician and the clinician must allow time to learn to be in this different environment. The theory of therapy does not change but the environment is different, so it takes some time to learn how to live in it. (Francesetti, 2020)

By Gestalt therapy’s own definition of neurosis, having a preconceived way of ‘doing things’ or ‘being with’ before a figure emerges in the present moment is the very definition of an anacronic behaviour or a ‘fixed gestalt’: the antithesis of spontaneous, authentic contact, discovery and presence. We need to be open to the fact that our difficulties in working online, at least in part, indicate our need to explore it in greater depth and to build a new skill set drawn from the areas of digital andragogy (online adult learning), interpersonal neurobiology, cinematography, multidisciplinary telehealth practices and from the field of digital communication itself.

In our opinion, if we want Gestalt therapy to remain a useful and widespread therapeutic modality in the years to come, it is necessary that we, as a Gestalt community, work together to find ways to integrate with this medium that are consistent with our sensibility, our principles and the theoretical foundations of our profession. This article is an invitation for us to share this exploration as Gestalt therapists.

A change of paradigm?

Our contention is that meeting online does not entail any fundamental change of paradigm for a relational, situational and embodied Gestalt therapy. Perls, Hefferline and Goodman explain in Gestalt Therapy: Excitement and Growth of the Human Personality that the psychotherapy they propose emphasizes, among other things, ‘concentrating on the structure of the actual situation’. (Perls et al., 1951/1990, p. 236). An online therapeutic meeting is a situation, understood as ‘the concept of the phenomenal, experienced field of a person and his world over a given interval of time’ (Wollants, 2012, p. 3). Online experiences are experiences. They constitute an increasingly greater part of people’s everyday life and their way of connecting to each other in meaningful ways. ‘Excitement and growth’ – two key concepts that are named in the very title of Perls et al. (1951/1990) – happen in online situations. Gestalt therapy cannot be divorced from that reality. We need to understand how internet-mediated relationships form the experience of our clients; how using WhatsApp, Skype, YouTube, LinkedIn, Facebook, Instagram, Tinder, Grindr, TikTok, e-mail, blogs, podcasts and other hundreds
of different communication channels is part of today’s being-in-the-world-with-others. We need to bracket our prejudices about online therapy, especially the ones that come from the frustration of trying to directly transfer our expertise in face-to-face therapeutic situations to internet-mediated ones. Otherwise, we are not open to the online encounter and cannot, as the founders of Gestalt therapy encourage us to do, ‘concentrate on its structure’, its specificity, its possibilities. Other contemporary authors hold similar positions to ours in this regard: ‘Online therapy is still a relational experience and therefore, from a paradigmatic point of view, nothing changes.’ (Francescetti, 2020).

In our combined review of diverse dimensions of Gestalt therapy as presented by different authors such as Perls et al. (1951/1990), Polster and Polster (1973), Ginger (2018), Robine (2013), Parlett (1991), and Yontef (1993), we have found no distinct element which cannot be plausibly translated into an internet-mediated practice. To imagine an internet-mediated Gestalt therapy, we can start by falling back on the older Gestalt psychology theories of holographic perception through which the human mind ‘fills in the blanks’ from our own ground of lived experience when presented with an incomplete figure, as our tendency is towards fulfilment and closure. If we have a person’s voice, eye contact, body movements, breathing, narratives and attention, we can fill in or be content to omit the missing elements and have a sense of whole presence while meeting online. The ableist idea of some that Gestalt therapy via videoconference is not possible because the sensory abilities of the therapist are limited is like saying that a blind therapist cannot practice Gestalt therapy because they cannot see their client, or that a client cannot do therapy in a language other than their mother tongue because their expressive abilities are limited.

Along with re-evaluating the issues of perception, it is also important to deconstruct the false equivalency of physical presence to emotional presence. Clients often report feeling emotionally unmet by someone in the same room and, in online work, people often report feeling emotionally met by someone halfway around the world with whom they may well never share a physical space. Given the long-standing tradition of empty-chair experiments in Gestalt therapy, we find it illogical to argue now that we need to be in physical presence in the same room as our client for them to have a meaningful experience!

The concept of presence is a concept that is never a concept of the subject alone, as my soloist friends say. It implies that there is someone who is present in a world in which someone else feels that he or she is present. Basically, the concept of presence is always a concept of interaction. (Amato et al., 2018, p.178) [The translation is ours.]

In the following paragraphs, we will explore some fundamental dimensions of Gestalt therapy and how they unfold, or can unfold, in the online encounter. For brevity, we will refer mainly to the encounter between client and therapist in individual therapy through video calls. The dimensions we will focus on are time and space, sensory perception and embodiment, experimentation and ethical and boundary issues.

**Time and space: the ‘here’ and ‘now’ of the online meeting**

Internet-mediated psychotherapy presents us with a new situation compared to face-to-face therapy: client and therapist share time together, but not physical space. The therapy session takes place simultaneously though often in different time zones, and in two different physical spaces in the same virtual ‘room’. Despite the plurality, there is synchrony: if I speak, you respond; if I move, you react to my movement in real time. We are together.

Our Gestalt conception of space and time is not that of physically measurable space or of clock time. The ‘here and now’ of Gestalt therapy refers to the immediacy of what happens between us: it does not refer to a geographical place but to the contact boundary, the ‘place’ where the psychic space of the client and the therapist meet. Psychologically, what interests us in therapy is not objective but subjective time and space. We are interested in people's felt perception of space and time, which changes continuously depending on the situation. Psychotherapy deals with the difference between chronos, quantitative time, and kairos, qualitative time. Time gets longer when we are depressed or bored and a minute seems like an eternity. Similarly, space expands and others seem distant when we feel emotionally disconnected. Sometimes we feel that someone next to us is in ‘another world’ and, sometimes, that a good friend who lives on the other side of the world is ‘by our side’. Psychological time and space do not always correlate with physical time and space.

One could understand the (online) space of the therapy encounter as a ‘transitional space’ or ‘intermediate area’; in the words of D.W. Winnicott, the space where experiencing and play are possible:

 [...] which expands into creative living and into the whole cultural life of man. This third area has been contrasted with inner or personal psychic reality and with the actual world in which the individual lives, which can be objectively perceived. (Winnicott, 1971, p. 102).

This area of playing is not inner psychic reality. It is outside the individual, but it is not the external world. (Winnicott, 1971, p. 51)
In online therapy, this transitional space is no longer the place unilaterally chosen by the therapist. It is a new, co-constructed, common space. Opening ourselves to this novelty as therapists and entering this new space of play can help take us out of our omnipotence and allow for more horizontality in the relationship as well as more autonomy and creativity on the client's side.

The perception of space is also conditioned by the perception of the bond between the people sharing it. If we look passively at a screen on which another person appears like watching a television, our perception of space is limited to our physical space: I am in my room, watching a monitor that emits images and sounds. The other person is in another universe that is distant and disconnected from mine. I am like classical theatre actors who act using the convention of the ‘fourth wall’, an invisible wall that separates them from the audience. However, if I allow myself to ‘pass through’ the screen as if looking through a window open to the other person's space, if I ‘enter’ with my attention into their room, I perceive what objects surround them, what the temperature is like, how the person occupies that space, I can ‘break the fourth wall’ and begin to feel that we share and even co-create an experiential space. David Picó Vila recalls:

In one session, as a client shared her childhood experiences of fear and loneliness in a hostile environment, we thought of building a tent to hide in together from the adults, so we each took a shawl and we ‘hid’ our backs, heads, cameras and computer screens under them. The feeling we created was of being inside the tent together in a shared space, which was surprisingly intimate and close, under a common ceiling made of two different fabrics in different rooms in different cities. This client and I have been doing therapy together for a long time and we both find it hard to believe that we live thousands of miles apart and have never met physically.

The shared space of the online meeting also allows for the client’s everyday life to be an actual part of the therapeutic space in a way that conventional in-person therapy cannot match – we are not restricted to ‘talking about’ our clients’ lifeworlds, objects and relationships in therapy, but they can invite us in to experience with them, immersively and vicariously. When our client’s session is interrupted by a family member, we see them, immersively and vicariously. When our client's session is interrupted by a family member, we see them interacting with the people we usually only get to imagine. This offers us a multitude of possibilities to work. It also requires us to accept a shift in our framework. Online, we can help a client to better protect their boundaries by asking them to lock their door, or decide to ask the client to turn off their camera if we feel we are being taken into too much intimacy, thereby setting and negotiating our own limits. We can also go very deeply into intimate situations, sometimes inviting babies, pets and loved ones passing by to become figural in the process. When working online, we create a ‘here and now and...’ because we have multiple physical locations, often different times of day or night and multiple contexts unfolding into and onto each other and creating a new in-between space for client and therapist.

This also brings to mind Delisle’s postulation of ‘four fields of the encounter in hermeneutic dialogue’ which touch on the transcendence of the therapeutic encounter into the clients’ lives beyond the therapeutic experience (Delisle, 1998).

The felt sense of time in internet-mediated encounters also deserves specific attention. One of the peculiar characteristics of the time flow in the online session is the abruptness of the beginning and the end of the session. In a face-to-face session there is a gradual process of appearing and disappearing in the therapy space. In contrast, online, there is an abruptness to arrival and departure that can challenge the perception of continuity of experience, and therefore of the continuity of the bond. The abruptness of the online encounter can trigger strong feelings of abandonment and distrust, as if I cannot count on the other being there in a stable way. As therapists, we have to be particularly attentive to the experiences of opening, closing and relational continuity of our clients. We may need to find a way to say goodbye to each other: breathing together, taking time to feel the separation, giving the client control of the ‘button’ to close the session in order to smooth this transition.

Body and sensation

A fundamental tenet of Gestalt therapy is that the human experience is embodied. Human experience, including cognition, is a bodily and sensory phenomenon. In Gestalt therapy we work on the basis of how the body moves at the contact boundary: how we breathe, what gestures we make, what tones our voice has, how we receive the support of the ground, what micro-movements appear in the encounter with the other. Diagnosis in Gestalt therapy is an ‘aesthetic diagnosis’ (Bloom, 2003), moment by moment, in which the therapist remains open to the aesthetic qualities of the encounter, to the qualities perceptible with the senses. It is not difficult to imagine, therefore, that a major concern of Gestalt therapists working through the internet is precisely how the body and sensory dimensions are affected. We are concerned that online sessions end up being a purely cognitive and verbal encounter between two talking heads. To do Gestalt therapy, we need to involve the body, to feel it, to feel the other’s body and its resonances. This leads to
a reflection on how our body interacts with technology and, ultimately, what a ‘body’ is.

As with in-person work, therapists need to be grounded and aware of their own bodies before they can be physically available in a session. Often, we are not aware of the ergonomics of our relationship with technology, leading to therapists and clients adopting positions that are too upright or stiff, with our heads immobile, gazes forced and fixed on the screen, disconnected from our awareness of the lower part of our body, with inadequate support in the chair, back and floor, and with constrained, high-chest breathing. This often indicates a lack of grounded awareness of our physical selves, and makes us substantially less available for meaningful contact with our clients.

Through small adaptations and minimal investment in proper tools, we can be comfortable, free and available in our sessions; screen size and placement shape our perception of the field and the tilt of our gaze. A quality camera serves as the eyes of our client and allows us to represent ourselves without distortion. Headphones are our digital ears, and wireless ones can grant us the possibility for free movement. Our chair and work space are the ground from which we meet our clients and they matter, even if they are not shared physical spaces.

The way in which we observe the other’s body and how it moves is also conditioned by the format of the video call, but we can find different ways to compensate for these limitations. We can stand up and ask the other person to stand up, we can use our whole bodies, we can walk, dance, we can play ‘tennis’ by passing around an imaginary energy ball and feel how our bodies move and coordinate. We can also ask questions. In online therapy, it can be extremely useful to become more explicit than in face-to-face therapy and to ask the other person about everything that we cannot easily perceive: ‘how are your feet on the ground, how are you breathing, are you leaning against the backrest, where are your eyes going?’, bringing our clients into their own physical awareness and inviting them to share that with us much as we do during in-person sessions. We can also be particularly attentive to our kinesthetic resonance (Frank, 2016), our ability to resonate to the multitude of micro-movements of the eyes, mouth, face, and from visible body tension even before a movement is made. We can read the intentions and shifts even without seeing a client’s whole body. Seeing what the person shows me of their upper body through the screen, I can imagine – or bodily resonate with – what happens in their lower body. It is also important that we are aware of the tones of our voice, what image we offer the person through the screen; whether we are closer, further, more relaxed, or more tense.

Extended bodies

From prenatal images and heartbeat monitors to the posthumous persistence of our digital addresses and traces, our body exists today in a state of continual electronic engagement with its surroundings. (Mitchell, 2003) [The translation is ours.]

Rather than forcibly adapting a technology that seems foreign and sometimes hostile to us, we can remember that human beings have always increased (or repaired) bodily capacities with tools and prostheses and, recently, with computer technology (Ihde, 1990). Our capacity to increase our impact on the world, thanks to our imagination and our ability to manifest in reality what is virtual – i.e. potentially there – by transforming an idea into a creation, an object, an action, is not new.

It would be a serious mistake to think that the externalization by man of his capacities in external objects would be the only goal [...] It is to be able to reinstall them a second time in himself, after various transformations facilitated by this process of externalization have made them more easily assimilable and usable. (Tisseron, 2018) [The translation is ours.]

Currently, we meet and receive cyborgs in our offices every day. The cyborg has a fundamentally hybrid character defined by the connection established, permanently or occasionally, between a particular part of the body and a machine – the artificial arm and the amputated limb, the cell phone and the ear, the ear and a cochlear implant. The term cyborg is a compound word – cyber-organism – to describe a reality that is itself an alloy: the coupling between an artificial form and a natural form, between a cybernetic form and an organic form. We all have cell phones through which we are connected to the internet. Our telephones and our computers contain a part of our memory that we have externalized mechanically, and connect us to an infinite external source of information. They allow us to connect whenever and wherever we are to others. Video-call sessions are cyber extensions of our practices and an extension of our being as therapists.

We speak of ‘vicariance’ to explain how our brain compensates for the deprivation of some of our senses by developing new abilities. In human physiopathology, vicarious organs are those whose entry into action, in a situation of biological deficit, allow us to compensate for a risk of functional insufficiency: ‘This connection is accomplished, on the neurological level, thanks to the plasticity of the brain and brain functions.’ (Calais, 2019) [The translation is ours.]

In online therapy work, we are simply integrating vicarious technological organs to compensate for the sensory limitations brought about by distance.
Luna Dolezal (2009) talks about the appropriation/assimilation of the object and, through this, the extension of the self: 'The body schema not only regulates and controls the body's posture and motility, but also how the body interacts with the objects and environment that constitute its immediate milieu.' (Dolezal, 2009, p. 215).

This author illustrates this idea of integration with Merleau-Ponty's example of a blind man who uses a walking stick and for whom, once the stick 'has become a familiar instrument, the world of feel-able things recedes and now begins, not at the outer skin of the hand, but at the end of the stick.' (Merleau-Ponty, 1945/2002, p. 175).

Don Ihre provides examples of other artifacts such as glasses and hearing aids, and describes how these items become background if the technology is good, and how the juncture of the 'I-artifact' world is bridged when we integrate them. 'I-artifact-world' becomes '(I-artifact)-world' (Ihde, 1990, pp. 73-74). Laura Perls might say that thus, we transform environmental supports into integrated self-support.

The use of new technologies, whatever their purpose, transforms us. Our body schema must necessarily change to integrate technology as part of the body itself, with the creation of a new cerebral mapping of our 'cyborg body' over time – think, for example, of the syndrome of phantom cell-phone vibrations. Clients and therapists all have phones, which are now integrated as an extension of themselves. Now, videoconferencing technology has gone from being an 'other', to becoming an extension of our being a therapist and of our practice; we have it so well-integrated, we feel it as part of our selves.

Thus, vicariance, hybridization, subjective appropriation: this process of assimilation leads to the emergence of a new 'psychic' self; the 'cyborg-self'.

However, the success of this hybridization, not only in terms of technical performance but also at the personality level, implies a subjective appropriation of the device, and a psychic work of reshaping personal identity: following the example of the process necessary for the success of a tissue or organ transplant, there is a subjective process of assimilation of prosthetic technologies which can be rejected by the person, just as the graft can be rejected by the organism. (Calais, 2019). [The translation is ours.]

The assimilation processes of technological tools, and of the new 'techniques' we must learn to be in the world with others using technology, also includes a place for our grief. We can mourn the known ways of being in our therapy rooms and accept those losses in order to experience novelty. In-keeping with Gestalt, we can assimilate the new and transform ourselves in the spirit of creative adjustment.

Experimenting

Something that characterizes Gestalt therapy is the use of experimentation. Therapists propose experiments to clients to help them become aware in the here and now of different aspects of their experience: behaviour patterns, relationships with others, body sensitivity, etc. There are 'classic' experiments such as working with the empty chair, and a huge range of other possibilities: drawing, sculpture, movement, writing, directed visualisations, etc., any of which can emerge from the therapy situation.

When it comes to considering our work via video call, the support of what is known, of the materials that are 'normally' within reach of clients in our offices, disappear, and this can cause uncertainty.

This is an area where online therapy requires more creativity and courage. The fact that we cannot use our experimental proposals in the same way does not mean that we cannot adapt them or create new ones.

Many clients, for example, have found their own hands on screen to be representative of polarities which can dialogue, and parts of their own bodies which can experience touch from other parts without the need for another person to enter their space. The difference with online work is that we can actually participate in real-time modifications of the clients' 'lifeworlds'. David Picó Vila recalls:

I witnessed the transformation in one client when he opened a window and flooded his previously closed, dark space with natural light, changing the composition of his world and his felt experience.

Béatrice Valantin recalls:

A client, with a turn of her chair, was able to shift her attention from the living room where her family was in a real-time crisis, to her garden outside the window, ripe with sown seeds waiting for the spring.

Ethical and boundary issues

At the time of writing, many entities related to psychotherapy, including the European Association of Gestalt Therapy (EAGT), are engaged in developing specific ethical codes for online therapy. Our opinion is that the ethical foundations of internet-mediated therapy are essentially the same as those of therapy in other formats. Therapists need to honestly assess the viability of the therapeutic relationship, professional competency, and the ability to work with each individual client.

We would propose that as is common in European schools of public health, that mid-level bioethical principles of non-maleficence, beneficence, health maximisation, efficiency, respect for autonomy, justice, and proportionality be our guides (Schröder-Bäck et
al., 2014) on overarching issues of ethics. We see no cause to say that internet-mediated therapy, like any other element of comprehensive, holistic healthcare, is in fundamental conflict with any of those principles. In fact, by virtue of its accessibility, internet-mediated psychotherapy may be better suited to providing a just and proportional service to both clients and trainees as it has the potential to level many socioeconomic divides which have historically made psychotherapy more of a luxury item than a widely socialized process.

The obstacles to telehealth practice are more pragmatic and centred around licensure and insurance issues, rather than the ethics of online practice itself. Therefore, in the absence of internationally coherent legislation on ethics, it is the responsibility of individual therapists to turn to the health authorities and professional institutions (associations, institutes, professional bodies, insurance providers, etc.) to know the current local frameworks – constantly evolving during the COVID-19 crisis – and the limitations on our practice.

In pragmatic, codified terms, it is still important to review many issues that arise in the internet encounter that we take for granted or go unnoticed in face-to-face therapy. Digital meetings create the need to wonder how to explicitly discuss and consider the ethical and legal implications of online sessions being recorded or stored, for example. It is also very important to take into account issues of confidentiality and client privacy. Do our online clients have a private place from which to connect? Is there a danger that other people will listen to their conversations? If we do group therapy, are there people outside the group who may be inadvertently listening to what is said in the session? Béatrice Valantin recalls:

I see a young man online whose mother told me when she called to schedule his next session that she likes to listen to her son’s therapy session and claimed to believe that she will ‘understand him better’ if she listens. I felt very powerless and frustrated being physically unable to oppose this intrusion. I began to exchange emails about privacy and working conditions with my client, and I realised how affected I was. Describing my feelings to my client did him a lot of good: he was no longer alone in feeling the invasive pressure of his mother’s presence.

The question of liability and responsibility is different online, too. If our client has a health problem in the middle of an online session (e.g. vomiting, fainting or having a heart attack), do we have any way of getting them immediate help as we would in a shared physical space? Are we responsible if they injure themselves in session? Are we liable? If a person outside our jurisdiction reveals abuse or intent to harm themselves or others, what are our obligations to disclose and are we able to do so in immediate, practical terms? What are we legally liable for as therapists under our own licensing and within the territory our client resides in? Is the content of our session protected on both sides, or may it even be illegal to speak about certain social or political issues in certain countries? Are we potentially exposing ourselves or our clients to persecution or danger? And as our work online reaches across borders, we must also ask ourselves if we are culturally competent enough to at least recognize our own prejudices, biases and tendencies to discriminate as we potentially come into meetings with people from all over the world.

Are we aware of issues of power and privilege, class, gender and race and committed to dealing with their practicalities and ethics in the emerging therapeutic situations? These ethical questions of competency come up during in-person training groups as well, but with the range of connectivity that the internet can offer, the concerns are heightened. We believe that we have the fundamental professional obligation to address all of these issues in training and continuing education if we are to maintain our standing in the psychotherapeutic community.

Furthermore, some online clients may behave in a way that would be unimaginable in a traditional practice, such as joining a session while driving: ‘I asked my client to at least pull over to talk to me. We were able to talk about his limits, the value of his life, and my limits,’ shared one colleague. Our clients have unconsciously integrated many of the implicit rules of in-person psychotherapy yet online therapy sometimes meets the norms of everyday life in unexpected ways, like when food and drink – even a glass of wine – show up in sessions. We can deal with this novelty when we understand it as part of the meeting of lifeworlds.

Conclusions

As points of consideration for the researchers among us, there is a broad agreement that Gestalt needs to provide evidence-based research in order to have empirical bases to be able to engage with other psychotherapeutic modalities (Béja, 2020). Currently, we have the opportunity to apply a vast number of instruments to therapists, clients and, potentially, to recorded sessions to delve in to our treatment fidelity, our efficacy, our viability, our efficiency, and to prove our empirical ‘worth’.

In the midst of a transformational boom in online therapy, however, what appears obvious to us is the need to adapt to and integrate novelty like never before. Together, in the Gestalt community, we need to develop new forms of remote work which are compatible with our experiential vision of the therapy process and which make full use of our powerful
understanding of the phenomenal interpersonal relational field. It is important to train Gestalt therapists to move comfortably and creatively in internet-mediated environments, and to support them to integrate technology and establish relationships in new and meaningful ways. Hopefully, we can bracket our prejudices, transcend our ‘I-it’ boundaries with technology, and meet this deep human need to relate in an ethical and inclusive way. Let’s get to work.

References


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There is no inside/outside: on the entanglement of bodily self and biosocial environment as a basis for connectedness and compassion in times of COVID-19

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Abstract: The emergence of COVID-19 has confronted the world with new challenges that ask for creative adjustments. This is also the case in the therapeutic world, including how Gestalt therapy is practised under pandemic conditions. In this paper I discuss several experiences and reflections that occurred to me in the first half of 2020. For instance, I point out that the Gestalt therapy concept of the boundary appears insufficient to adequately understand the entanglement of world and person. I also report on some therapeutic situations and how my clients and I tried to cope creatively with the given circumstances.

Keywords: as-if body loop, atmosphere, boundary, compassion, connection, core affect, COVID-19, coronavirus, creative adjustment, fantasy, internal/external, lived body, object constancy, touch

Introduction

I didn't want to do it but I got too lonely / I had to call you up in the middle of the night / I know it's awful hard to try to make love long distance / But I really needed stimulation / Though it was only my imagination / It's just a fantasy / It's not the real thing / … / But sometimes a fantasy / Is all you need.

(Billy Joel, Sometimes a Fantasy)

New situations call for new ideas or – to use a traditional Gestalt therapy term – ‘creative adjustments’: ‘Given the novelty and indefinite variety of the environment, no adjustment would be possible by the conservative inherited self-regulation alone; contact must be a creative transformation’ (Perls, Hefferline and Goodman, 1951, p. 406). For me there is no doubt that the current medical, social, political and financial conditions spawned by the emergence of COVID-19 are asking for creative transformations of most people all over the world, including Gestalt therapists.

As therapists we are impacted by these new conditions not only as ordinary human beings, but also as facilitators of the transformations of our clients. Moreover, since we are responsible for the design of the therapeutic situation, we are also obliged to adjust our working conditions to the changes in the environment. As a result, new practical and theoretical questions come up that wait to be answered. Many of us find it necessary to modify the therapeutic setting in one way or another: some establish a larger physical distance between themselves and their clients and/or wear masks; some work outdoors, and many work online.

In what follows, I would like to share some of the experiences and reflections that occurred to me in the first half of 2020. I will present my thoughts in a somewhat piecemeal fashion. Nevertheless, there is a thread that runs through all of them: the question of what takes place ‘inside’ or ‘outside’ of the person. With these considerations, I hope to contribute to the development of creative adjustments of Gestalt therapists in times of the pandemic.

Boundary – which boundary?

Before COVID-19, the Gestalt worldview still seemed to be in the right order. Back then, many colleagues would still believe in a ‘boundary’ where, according to our theory, contact between the organism and its environment takes place. Many of us formerly did not realise that the existence of viruses (or, for instance, radioactivity) has challenged our concept of the boundary for a long time. Perls et al. (1951) and many of their followers believed that they could factually and precisely locate this boundary, namely at ‘the skin surface and the other organs of sensory and motor response’ (p. 227).

However, it suddenly became clear: the virus does
not stay outside; it does not care about our cherished boundaries. Doing what evolution has programmed it to do in order to survive, it creeps into our bodies – unnoticed by our sensory organs – through the air we breathe, makes itself comfortable inside our throats and lung tissues and replicates cheerfully at our expense. Yet we had marked the boundary so clearly with that neat slash between the organism and the environment!

The virus does not care about our supposed boundary: no, for the virus this boundary simply does not exist. Mikela Gonzi’s (2020) belief that we could ‘maintain a fluid permeable boundary that blocks or eliminates the unhealthy, toxic and the overwhelming’ (p. 8) must sound naive under these circumstances. As one of the anonymous reviewers of the present paper put it: ‘the boundary is a metaphor’, this cannot be a clear demarcation, the environment is constantly within us, through breath, through our pores, and psychologically as we interact and take in’ (italics added).

Fortunately, most German politicians quickly understood this and imposed so-called ‘contact restrictions’ to control the spread of the virus. We should keep our distance and interact with each other and not touch anymore. To regard our skin as a reliable boundary between outside and inside no longer made sense; it offered no protection.

Our idea of the boundary had proved to be pointless, if it ever had been otherwise. In any case, it could only be maintained to a certain extent by providing additional protection with the help of a no-man’s-land between people: an empty area that created a greater distance so that the virus could not get too close to our skin and – at the same time! – our internal organs. At the boundary, where we had learned that contact takes place, contact was now forbidden, with few exceptions.

Multiple fears

Most of us probably did not look at these events from the point of view of our confusing concept of the boundary (see Staemmler, 1996; 2002) but were initially frightened. People experienced:

- fear of a dangerous disease
- fear of an invisible danger
- fear of an unpredictable course of the disease
- fear of not being able to protect themselves effectively enough against an infection or of not being adequately cared for in case of an illness
- fear of infecting other people and perhaps even putting their lives in danger
- ultimately, some form of mortal fear

In addition to these fears of the pandemic, there were also the fears triggered by the countermeasures:

- fears of ‘social distancing’, as the recommendation to keep at a physical distance was called
- fears of isolation
- fears of loss of jobs and income
- fears of impoverishment
- fears of losing one’s social status

In addition, through the state orders many people also developed:

- fear for their liberty
- fear for their civil rights
- fear of losing possibilities for autonomy and self-determination
- fear of no longer being able to care adequately for loved ones, e.g. elderly parents

This is only a partial list of the concerns my clients have told me about. But of course, it did not stop there. As therapists, we are not surprised that situations of uncertainty and fear often trigger and reactivate all kinds of problematic memories, emotional patterns or traumas. The affected persons have to struggle not only with the current difficult circumstances in the so-called external world, but they also struggle with difficult processes in their so-called internal world.

Connections

From a psychological perspective, however, the connection between outside and inside has at least two levels. I have already mentioned the first one, which is common knowledge; you could call it the ‘associative’ level. It is based on individualistic psychology, especially the associative-psychological law of similarity, that already Plato described in his Phaedo (Plato and Bluck, 1966). When I encounter something new that looks similar to something I already know, I will probably link (‘associate’) the new with the already known.

An arrangement of stars then becomes the ‘Great Bear’, and if a dog has bitten me once, I will remember it again as soon as I meet another dog. The current event feels similar to the previous one. And the stronger the memories are negatively loaded, the more negatively the current external event is experienced. Inside and outside become associated in this way.

The second level is not so easy to describe and is therefore often not mentioned. But in my impression it has played a big part, especially in the last year, when we were trying to cope with the pandemic. I would like to call it the ‘atmospheric’ level. On this level, individualistic psychology is no longer sufficient. I am thinking of the numerous situations in which one could sense, more or less subliminally, how much uncertainty can be found anywhere.

The politicians had to deal with a completely new set
of problems. Even worse, they could not rely on science entirely, because the virologists and epidemiologists themselves were faced with unexplored questions and only gradually began to gain a clearer picture of the situation. This is why many ‘ordinary’ people as well as some ‘intellectuals’ were also disoriented, as they still hoped for some sort of solid ‘truth’ delivered by science. Instead, to their surprise and frustration, they were only provided with the latest errors – which is what science is actually about anyway and on which we nevertheless have to rely, if we do not want to dispose of our sanity and reason.

Those who did not simply take refuge in familiar emotional patterns such as depression or panic attacks, or in the pseudo-security of conspiracy myths, or sheer denial, did not really know how to behave because they were confronted with different, sometimes even contradictory, guidelines. In short, there was a general atmosphere of insecurity, the causes of which were not detectable by our sense organs and the effects of which did not stop at the surface of our skins and did not remain ‘outside’. The uncertainty rather got ‘under our skins’ – just like the virus – and spread internally – or more precisely: it became somehow palpable on the level of our lived bodies.

**Atmospheres**

I deliberately say, ‘somehow palpable’, because atmospheres are not concretely identifiable. There is something diffuse about them. Often one cannot say exactly what one perceived that led to an atmospheric impression, since ‘atmospheres are inter-subjective and holistic feelings [pour] out into a certain [lived] environment. As a real affective in-between, an atmospheric feeling precedes any analytic activity and influences the emotional situation of the perceiver from the outset’ (Griffero, 2019, p. 6).

In such cases, what is perceived often cannot even be assigned to any one of the five senses but has a *synesthetic* character. An atmosphere is not a clearly defined object with definable material properties that you can see, touch or measure. It is rather similar to the air *surrounding* you – ‘like air on a thick, humid day, this atmosphere soaks the whole of experience with an inescapable weight that permeates all that we see or feel’ (Welton, 2004, p. 9). And because it surrounds you inescapably, you cannot simply get out of its way: you are *exposed* to it so that it colours your entire way of being – although at times with the subtlety of a background sallowness that can make it difficult for you to become aware of it in the first place.

Moreover, atmospheres cannot be objectified and studied with the usual scientific methods. This makes them suspect for some colleagues who regard the study of these phenomena as hocus-pocus and do not want to have anything to do with it. But to take atmospheres seriously, you do not have to be a dubious esotericist.

It is enough to look around at the phenomenologists. They speak of a ‘pathic’ form of perception, of a pre-reflexive sensation that one is ‘undergoing’. The word *pathic* refers to what we feel immediately and passively. We are seized by the pathic; we do not choose it, we are moved by it … it is something *to which* we are subject (rather than *of which* we are subject)’ (Francesetti, 2019, pp. 40f. – original italics). This does not mean that the things that happen to you in this way must always be unpleasant or even painful; doubtlessly, there are also beautiful and pleasant atmospheres.

Whether they are pleasant or not, you always experience them as something that *captures or absorbs* you. Sometimes you even voluntarily* submit* yourself to certain situations expecting a certain atmosphere that you want to be engrossed by, for instance when you take a walk in the quietness of the woods or when you join a joyous group of people dancing to the sounds of exhilarating music.

The experience of atmospheres shows, in a special way, that we are part of the world that on the one hand surrounds us but on the other hand goes ‘through us’: we cannot simply distance ourselves from it. This has nothing to do with confluence, by the way, because this term means the dissolution of previously existing boundaries. With respect to atmospheres, on the contrary, we are confronted with the fact that although there is a differentiation between the world and ourselves, there are no exact definable boundaries. We belong to the ‘flesh of the world’ (Merleau-Ponty, 1968, p. 248).

**Core affect**

In other words, we are not only connected to the world in an external sense, like when you tie a small boat to a big ship with a rope and undo it again if necessary. Rather, we are also connected to the world in the sense that we experience the world directly: what we locate outside of us by a trick of our perception is immediately noticeable in the way we experience ourselves in the given situation. The example of atmospheres makes it particularly clear that inside and outside are *entangled* and that ‘to perceive the world is to co-perceive oneself’ (Gibson, 1986, p. 141) – and *vice versa*.

This is why Waldenfels (1976) says, ‘as a bodily being I am not at all purely myself, so I am also never purely with myself in pure self-awareness’ (p. 120). Nevertheless, one can describe how atmospheres become noticeable in self-awareness, namely first and foremost as a ‘perceptible atmosphere of one’s own
body’ (Hermann Schmitz, 1985, p. 80 – italics added). The emotion psychologists who advocate the so-called ‘dimensional’ approach have developed the concept of the ‘core affect’ for this purpose (see Russell and Barrett, 2009); core affect, by the way, also shows itself in what observers perceive as the ‘radiation’ of a person.

The core affect is that fundamental and predominantly bodily perceptible feeling that arises under the given conditions of a situation. It is the perceived basis of everything that can develop into differentiated emotions when additional, more cognitive processing of the situation is added. Because the core affect first becomes noticeable – just like the atmospheres that correspond to it – in pre-reflexive awareness (i.e. not yet in consciousness), it cannot easily be grasped and comprehended, even if it is already clearly sensed.

Two dimensions are essential for what can be felt at the level of the core affect. The first dimension concerns the intensity of the resulting physical arousal; the bandwidth of arousal ranging from tired or subdued on the one hand to excited or alarmed on the other. The second dimension has been called ‘valence’ since Kurt Lewin (1951): this is about whether the situation in which one finds oneself feels pleasant, neutral or unpleasant – lustful, neutral or desirous to run away. In sum, the core affect is ‘a simple, nonreflective feeling that is an integral blend of hedonic (pleasure/displeasure) and arousal (sleepy/activated) values’ (Russell, 2003, p. 147).

Intertwined

Atmospheres and core affects are connected and intertwined; they are the two sides of the same coin. It is precisely in this interwoven way that the bond between the world and people has manifested distinctly over the past year. On the one hand, there were the atmospheres of fear, insecurity and disorientation, the lack of understanding of the epidemiological and social situation, and the lack of clear strategies for action.

On the other hand, these atmospheres were intertwined with the subjectively perceived core affects, which were characterized by a negative valence and an increased excitation level. The more people feel this way, the more this has a reciprocal effect on the general atmosphere. In colloquial speech you might say, ‘There’s something weird in the air’. This is of course fertile ground for all kinds of fears, up to states of panic. Many people can get into this, even if – despite extensive self-exploration – they cannot trace these emotions back to any previous negative experiences on the direct, associative path.

However, for those, for whom both the associative and the atmospheric factors are effective and add up to each other, things are getting all the more severe. This is exactly what I have observed with many of my clients. Nevertheless, they themselves have usually interpreted the actualization of their problems only in terms of the associative factor and then accused themselves of a ‘relapse’, failure or the like, without taking the atmospheric factor into account sufficiently.

This is understandable, because the concept of atmospheres is not well established in Western popular psychology, and atmospheric perceptions are not as easy to grasp as memories of past experiences that have already been processed. But the individualist-dualist interpretation does not do justice to the overall situation and that unfortunately leads to unfavourable self-attributions, which I have tried to counter, among other things, by sharing with my clients my own atmospheric impressions and my corresponding moods.

Magic of touch

Kurt Lewin (1936/2014) once said, ‘doubtless, just these general properties of the social atmosphere are of the greatest significance for man’s behavior’ (p. 38). It is no surprise that the uncertainties caused by distressing atmospheres have a particularly strong effect on people who cannot fall back on a secure bond in the sense of John Bowlby (1969, 1973). Uncertain attachment patterns are often not – or at least not only – the result of any drastic single event, but are the result of experiencing chronically negative atmospheres or the lack of beneficial attention and care.

The absence of something you have never known is obviously much harder to grasp and name than a concrete, negative experience. But lasting experienced atmospheres of ambiguity, unreliability, neglect, as well as the lack of resonance and recognition or the absence of touching that conveys a sense of security, containment and consolation can have serious, lifelong consequences.

Some of my clients with such a biography only gradually begin to enter into personal contact with others when they repeatedly experience a loving touch. This ‘is not a touching of the body as something third, but a relational event that includes the emotional participation of the therapist’ (Geuter, 2015, p. 69 – original italics) and which is embedded in an experimental and experiential therapeutic procedure (see L. Perls, 1992; Yontef, 1993), as opposed to a ‘reparenting’ approach. This is not so easy when you have to keep a distance of 1.5 meters from face to face, but with a little creativity a useful solution can be found even then.

In a dialogue with one of my clients, a nice idea recently emerged about how we could make a virtue out of this misery: we sat on the floor with our legs stretched out, took off our socks and ‘hugged’ each
imagining the real

In online sessions, one is not confronted with the same tension, since it is obvious that physical touch is impossible from the outset. Yet, there is a similar tension. On the one hand there is the longing for a physical distance and have to suppress your respective impulses. Once these forms of physical contact have become normal and feel ‘natural’ you can only stop yourself from practising them by the use of restrictive self-control. Then the state of tension resulting from the contradiction between spontaneity and self-control adds to the feeling of uncertainty and at times also to an experienced lack of self-efficacy (see Bandura, 1997).

Attachment security

People who were able to experience connecting touches in the course of their development, with sufficient frequency and beneficial quality, have had the chance to develop a secure bond. It enables them to deal with unpredictable situations and unclear atmospheres with...
confidence and optimism. They feel sovereign: ‘being sovereign means … to stand above things, but not in such a way that they do not concern you, but that you know how to handle them’ (Böhme, 2008, p. 108 - original italics).

This sovereignty becomes possible for those who can rely on a relatively unshakable basic trust. It gives them the feeling that in the end things will turn out well and that they have sufficient resources of their own and enough support in their relationships with others to be able to cope with the challenges of life that may arise – this is called ‘resilience’.

It includes a certainty that psychoanalysts used to call ‘object constancy’ (see Akhtar, 1994), when they still would call other people ‘objects’. This refers to the ability to feel connected with important people continuously and without doubt, even under difficult conditions – e.g. when they are somewhere else, at an unreachable distance, so that no real contact is possible. I have written much more about this in my book about Contact and Connection (see Staemmler, 2017).

The basic trust necessary for this can only develop in reliable and loving atmospheres. People who were lucky enough to grow up under such conditions can count on their feeling of connectedness with loved ones as reliable and lasting, even lasting beyond their death (see Bonanno, 2009). This can have a spiritual dimension. Furthermore, research shows that ‘attachment security provides a foundation for care-oriented feelings and caregiving behaviors’ (Mikulincer et al., 2005, p. 817; see also Gillath, Shaver and Mikulincer, 2005).

Incidentally, primal trust has at least two things in common with spirituality. First, both provide people who have access to them with a basic feeling of being taken care of in the world. And secondly, they enable them to meet other people with an I-Thou attitude that permits a strong sense of connection. Here we find once again the entanglement of inside and outside, which can also be described as follows: basic trust develops from the experience that others have met me in an I-Thou attitude, have ‘seen’ me and have resonated with me. Conversely, my awareness of my connection with others causes me to face them with compassion and a caring commitment in an I-Thou attitude. For, as the Buddhist teacher Pema Chödrön says, ‘true compassion does not come from wanting to help out those less fortunate than ourselves, but from realizing our kinship with all beings’ (2004, p. xi).

If this is a matter of the heart for me, that because of this kinship all sentient beings, including myself, may thrive and be as well as possible, ethical behaviour – also and especially in times of the pandemic – is not a question of complacent do-gooderism. The care for others, which is expressed, for example, in the wearing of breathing protection, then follows just as soberly and consistently from the comprehensive interpersonal bond and the solidarity with others. ‘Solidarity … refers to the welfare of comrades who are siblings in an intersubjectively shared form of life … and thus also in the preservation of the integrity of this form of life itself’ (Habermas, 1986, p. 311).

Out of this attitude I then voluntarily, and with pleasure, contribute both to the possible protection against infections and to a social atmosphere of compassion – which has beneficial repercussions on myself, too. So for me, keeping at a reasonable physical distance or wearing breathing protection (which serves primarily as a shelter for others) is not a submission to governmental regulations, but a measure that I am happy to follow in the general interest; just as I wait in front of red lights, of course, even when there is no cross traffic in sight.

Conclusion
‘There is nothing shameful about having a human body subject to all the vicissitudes of time, age, weakness and illness [and the risk of injury]’, Martha Nussbaum (2001, pp. 424f.) says. We are all vulnerable because of our physical existence, even if people like Mr. Trump or Mr. Bolsonaro in their arrogance consider themselves invulnerable and show no compassion for the vulnerability of others. However, ‘the way in which a society cares for its dependent members, whether infants or the elderly or the physically or mentally handicapped [or for those, whose health and life is in jeopardy], communicates to all citizens a view about human weakness and its relation to human dignity’ (ibid.).

For these reasons, it appears desirable to me that we do what we can, both internally and externally, to contribute to atmospheres of connectedness, compassion and caring.

Notes
1. In German, we have a word I prefer to ‘masks’: we speak of ‘mouth-nose-breath-protectors’.
2. Gonzi’s statement is one example among many others, in which Gestalt therapists unfortunately use technical terms such as ‘boundary’ in a way I would call ‘ideological’ rather than ‘theoretical’: the congruence of the term with the reality it is made to describe is not scrutinized, the term is simply imposed on reality. As Wittgenstein (1986) would have it: ‘a picture held up to measure the congruence of the term with the reality it is meant to describe (see Lewis and Maitland Schilling, 1978).
3. In my view, this spatial metaphor brings about more disadvantages than advantages. It abets the danger of reifying the temporal process of discriminating that the boundary is meant to describe (see Lewis and Maitland Schilling, 1978).
4. Some of my British friends wrote to me suggesting we should swap governments. Had I not been too powerless to implement their proposal anyway, I would have faced a terrible dilemma.

5. To a large extent, this confusion is based on a lack of differentiation between the physical (‘organismic’) and the psychological (personal) aspects of the human being. Here is not the place to discuss this assertion in more detail, I would only like to make the following remark: in the respectable attempt at overcoming Cartesian dualism, Perls confused holism with a levelling of differences. He subsumed psychological aspects under physical categories (see, for instance, his notion of ‘mental metabolism’ – 1947, pp. 107ff.) instead of demonstrating how the different aspects can form one integrated whole. Jean-Paul Sartre (1970) once ironically characterized this sort of thinking as a ‘digestive philosophy’ (p. 4). In Perls’s case it produced many misleading results. One of them was his concept of an ‘instinct cycle’ (1947, pp. 55, 70), later also called the ‘process of contact’ (Perls et al., 1951, pp. 403f.) or the ‘cycle of experience’ (Zinker, 1977) that depicts the interaction with the environment (including human contemporaries) in a unidirectional manner as if it was always related to some sort of external physical object such as food which can be incorporated, chewed upon, and assimilated. Obviously, this cannot be an adequate psychological model for contact between human beings. Hence, I fully agree with Gordon Wheeler’s (2003) lament: ‘Unfortunately, little or nothing of [the] … social, relational ground of our being is evident in our familiar Gestalt Cycle models… Such a sharply individualistic bias distorts and constricts our understanding of human process in the social field in general’ (2003, pp. 165f.).

6. This is not a contradiction, but an exception to Francesetti’s correct observation, that usually we do not choose pathetic experiences, since even if we voluntarily submit ourselves to a certain atmosphere, we can only experience it as such, if we then let ourselves be engrossed by it. There are many parallels to Gadamer’s (1989) characterization of play: ‘We have seen that play does not have its being in the player’s consciousness or attitude, but on the contrary play draws him into its dominion and fills him with its spirit. The player experiences the game as a reality that surpasses him’ (p. 109).

7. I recommend Bowlby’s books to Gestalt therapists who want to make sure that their understanding of human relationships is not ‘imprisoned in the present’ (Polster, 1985).

8. With this quote I intend to allude to the ethical dimension of touch in psychotherapy, one aspect of which is the fact ‘that the absence or withholding of touch can have intense meaning’ (Hunter and Struve, 1998, p. 102) – a much-neglected aspect in the discourse on touch in psychotherapy.

9. It is beyond the scope of this paper to explain why I think that touch in psychotherapy (as well as its absence) should not be tabooed but thoroughly explored and investigated in all of its helpful and problematic aspects.

References


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Developing a manual for identifying interventions in psychotherapy to measure treatment adherence in research

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Abstract: This article describes the process of developing a manual of therapeutic interventions of ten different modalities. With this manual, independent raters can identify the therapeutic interventions occurring in a therapy session. In research, this is called the control of treatment adherence. The article also presents some results shown by using this manual. A surprising finding was that treatment fidelity was rather low in all treatment modalities. Therapists in all modalities were identified as using between 4.7% and 32.5% of interventions specific to their school of psychotherapy. Nonspecific interventions ranged between 51.4% and 73.2% of all interventions identified. Between 14.8% and 24.8% were identified as interventions from other treatment modalities.

Keywords: psychotherapy research, naturalistic design, treatment adherence, Manual of therapeutic interventions, Gestalt therapy, specific and non-specific interventions

Introduction

The Swiss Charter for Psychotherapy, a chamber of the Association of Swiss Psychotherapists (ASP) is an umbrella organisation of training institutes in different psychotherapy modalities in Switzerland. Together with the University for Applied Sciences Zurich (Switzerland), the University of Cologne (Germany) and the scientific Committee of the Charter, we designed a process-outcome study under naturalistic conditions. In this study, ten different treatment modalities were investigated. In order to identify the nature of therapists’ interventions, a special interventions Manual was developed, allowing interventions to be rated from specific treatment concepts as well as nonspecific therapeutic interventions. As a practising Gestalt therapist and a member of the Swiss Association of Gestalt therapy (SVG), I (Peter Schulthess) was involved in this project. As Chair of the Swiss Charter for Psychotherapy, I was part of the steering Committee and the coordinator of the project. Members of the Swiss Charter for Psychotherapy are obliged to be involved in research. This was how we came to undertake this study using a design developed with representatives of different modalities and the two universities involved: The University for Applied Sciences Zurich (Switzerland) and the University of Cologne (Germany).

This project was a major naturalistic process-outcome study which took place throughout Switzerland. Of the twenty-two Swiss Charter members organisations representing different modalities, ten participated at the study. The cooperation between training institutes and the two universities helped to bridge the often reported gap between research and practice. We, the authors and participating institutes, prefer naturalistic studies, because we are convinced that RCT (Randomized Controlled Trials) studies cannot mirror the complexity of psychotherapy reality and are not suitable at all to explain what happens when and why for in a psychotherapeutic process (Tschuschke et al., 2010; Tschuschke and Freyberger, 2015). Although the outcomes of this study have been published elsewhere (Berglar et al., 2016; Koemeda et al., 2016; Tschuschke et al., 2010, 2015, 2016, 2018, 2020; von Wyl et al., 2016, 2016 a), I am sharing the results specifically with the Gestalt community in the English language as a contribution to the current debate on research in Gestalt therapy.

Participating Therapy Modalities

Table 1 shows the ten modalities included in this study. Unfortunately we did not manage to include Cognitive Behavioral Therapy, Systemic Therapy or the Person-centered Approach. They declined the invitation to join, because the design was already
agreed when we invited them and because they did not want to participate in financing the study. Some also commented that they do not need further studies to support their scientific reputation.

The research study therefore had four variations representing psychodynamic therapy, two representing body-oriented therapy and four representing humanistic approaches.

### Design of the study

The design of the study may be described for better understanding briefly as follows (Figure 1):

The figure shows a timeline for when the different measurements were taken. The outcome measurements are described below. OQ-45 is a symptoms-scale that we used every fifth session for process measurements. We
A manual to measure treatment adherence

used a measurement (Helping Alliance Questionnaire) from the perspective of the therapist and the client. Therapists also filled in the intervention lists of their modality and of general interventions used in every session.

Outcome measurements made by an external group of assessors

An external assessment was carried out with specially trained assessors at the beginning, end and one year after therapy. The outcome instruments were:

- SKID I and II (structural clinical interview in accordance with DSM-IV; Wittchen et al., 1997) (effort: SKID I 70 minutes; SKID II about 35 minutes).
- Beck’s Depression Inventory (BDI-II) (Hautzinger, Keller, and Kühner, 2006). This is a self-rating questionnaire with 21 questions regarding depressive symptoms (effort: 5 minutes).
- BSI (Brief Symptom Inventory; Franke, 2000). A self-rating questionnaire consisting of 53 items to rate subjectively experienced handicaps due to physical and psychological symptoms on 9 scales: somatization, compulsivity, insecurity in social contacting, depression, anxiety, aggression, phobic fear, paranoid thinking and psychoticism (effort: 12-15 minutes).

Process measurement taken by therapist

- List of sessions by date
- HAQ-F every fifth session: therapist-version of HAQ
- List of interventions after each session: a set of approach-specific interventions and general interventions in the form of a ten-point rating scale was developed in cooperation with the participating institutes or professional organisations. We created a manual with definitions and examples for these interventions (Tschuschke et al., 2014). The therapist rated their interventions by using this scale after each session (see Figure 2). Tapes of three-to-four randomised selected sessions were rated by completely independent, external raters who did not know the therapists’ theoretical orientation.

Other data collected

- Basic documentation of the client, including dates of entry and discharge, age, sex, marital status, profession, capability to work, medication, how the therapy was funded, prior psychotherapeutic treatments etc. Basic documentation was completed at the beginning and end of the therapy by the therapist.
- Basic documentation about therapist, such as age, sex, professional education(s), professional experience etc.

Figure 1: Study Design
Developing a manual for technical interventions

Most studies comparing different treatment modalities do not control what the therapists actually do in the therapy session. Such studies trust that therapists comply with the primary treatment modality they trained in. Such research led to the myth that cognitive-behavioral treatment modalities (CBT) are considered to be superior compared to other treatment modalities because they have been studied more than others. But nearly all studies do not control for treatment adherence since they are designed as randomised-controlled trials (RCT) without controlling for process-outcome relationships. Such shortcomings in psychotherapy research lead to results which appear to identify some modalities (mostly CBT) as being more effective than others. Without analysis of the actual interventions, this is an unsafe assumption. At the time we started our study, there was no instrument available to control the treatment adherence in different modalities. We decided to develop one ourselves to be able to identify the very technical interventions that therapists use during treatment sessions. We think that it is essential in such studies, not only to know in which modality therapists are trained, but also to check what they actually do in therapy sessions.

Our question was: Can an independent assessor, external to the therapy and without knowing the modality of the therapist, recognise the technical interventions recorded in the sessions? Based on the blind ratings of the assessors, we could relate the results with the therapists' coded ID and get a picture of what kind of technical interventions are used by therapists from each modality.

In terms of Gestalt therapy, we developed the list of recognisable interventions as follows:

We had a few formulations of typical Gestalt interventions available from an unfinished German study led by Bernd Fliegener, which were added to a questionnaire developed by Klaus Grawe (Grawe and Braun, 1994). I (Peter Schulthess) took responsibility to develop from that material a scale with eight-to-twelve typical interventions in Gestalt therapy. I expanded this from my teaching experience and knowledge of Gestalt theory. The draft of this intervention list was then sent to ten experienced Gestalt teachers in different institutes in Switzerland, Germany and Austria. They were invited to give their opinion on this list, to add what they thought was missing and delete what they thought was not typical. They were also asked to prioritise what they thought was the most important intervention as a typical intervention. Based on this feedback, I revised the list. Most of the participating Gestalt teachers were cooperative, only one refused and responded with a critique of the whole project. The criticism was that this kind of research is unsuitable for Gestalt therapy, as Gestalt concepts cannot be reduced to interventions. This can be seen as a critique of empirical research in general, and for Gestalt therapy in particular. I dispute this point of view. Of course, Gestalt therapy cannot be reduced to a list of interventions, but on the other hand all therapy approaches have and teach ways of intervening according to their modality. It is an observable fact that these interventions can be described as variables that are recognisable in audio-recorded sessions. Of course, this procedure to develop a list of typical interventions is debatable, but I think we identified some core interventions for the Gestalt approach. Figure 2 shows the ten Gestalt interventions selected and used in our study. In this form we gave them to the therapists to rate after each session, if and how often they used such interventions.

Comparing the self-ratings of the therapists with the ratings of the 'blind' external raters, it showed that therapists themselves rated their treatment fidelity much higher than was observed by non-biased external raters.

A similar procedure was carried out with the other treatment modalities. The final list of interventions was forwarded to three experts of the research steering committee (Tschuschke, Koemeda and Schlegel) who invited the representatives of the modalities involved to explain what we meant by some terms and what this intervention might look like in practice. This scrutiny resulted in minor changes being made to some interventions. In some instances, it showed that the interventions were not so unique as the modalities thought. As a result, some interventions from different modalities were combined. (This is visible in the publication of the Manual). If more than three modalities used a similar intervention, they were included under non-specific interventions. As an example, I mention ‘empathy’ as an intervention. This is used in most modalities and is not unique to any one of them, although it was first conceptualised by Carl Rogers for the Person-centred approach. Other examples are ‘using humour’, ‘working on behavioural patterns and convictions’, ‘biographical work’, ‘clarifying’ and several others. We also asked experts from Systemic, Person-centred and CBT approaches to define eight-to-twelve typical interventions, as they are current modalities but were not participating in the study. From this we created a list of ‘general’ or ‘non-specific’ interventions that are used in all modalities. A scientific conference with the institutes of the Swiss Charter for Psychotherapy created a list with proposals. We also screened relevant literature to identify such interventions. Figure 3 shows the list of ‘general’ interventions.
### Method specific list of interventions for Gestalt Therapists

In the actual session I have used with my client the following Gestalt-typical interventions (please mark):

<table>
<thead>
<tr>
<th>No</th>
<th>Very often / very intensively</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Therapist supports the awareness of senses and emotions and/or gives exercises to pay more attention to the continuum of awareness in the three zones: sensory awareness of the outside world (environment); sensory awareness in the own body, emotions; fantasy, thoughts, images.</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>2. Therapist takes up his/her phenomenological observation of congruence and/or incongruence of nonverbal, paraverbal and verbal communication.</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
</tbody>
</table>
| 3. Therapist leads the attention and awareness of the patient to actual emotions and impulses in the here and now:  
  – related to the interaction between therapist and patient  
  – related to the actual described biographical incident  
He/she supports the expression of emotions and takes up interactions of the contact in the here and now. | 0 1 2 3 4 5 6 7 8 9 10 | |
| 4. Therapist leads the attention of the patient to their verbal expression in the communication. He/she proposes to say I instead of the generalized one or we; he/she proposes to use verbs instead of nouns, proposes active formulations instead of passive ones, to speak personally instead of generalizing. | 0 1 2 3 4 5 6 7 8 9 10 | |
| 5. Therapist initiates a roleplaying or a figurative representation of a social situation e.g. by using an empty chair for exploring conflicts and/or projections; supports dialogues with absent (living or dead persons) in representing them by a figure, cushion, or empty chair; represents a social situation in using figures, things, empty chairs or in letting the client draw or paint. | 0 1 2 3 4 5 6 7 8 9 10 | |
| 6. Therapist explores the function of a certain pattern of behavior in a social system (couple, family, peer group, team). He/she pays attention to the background on which a certain phenomenon appears and works that out. (Explores the field conditions). | 0 1 2 3 4 5 6 7 8 9 10 | |
| 7. Therapist proposes client identify with other persons, things or parts of their own body or proposes working with dreams or paintings with the different parts. | 0 1 2 3 4 5 6 7 8 9 10 | |
| 8. Therapist encourages experimenting with new behavior and communicating in the protected space of the therapy room to explore new ways to deal with life situations. | 0 1 2 3 4 5 6 7 8 9 10 | |
| 9. The therapist works with the patient on fixed patterns and emotion-based ‘survival conclusions’ in formulating questions like: ‘How do you do this?’, ‘What is this good for?’, ‘How can you change this?’ | 0 1 2 3 4 5 6 7 8 9 10 | |
| 10. The therapist on purpose does not behave in the way the patient expects and offered as a way of creating a pattern of behaviour (‘skillful frustration’). | 0 1 2 3 4 5 6 7 8 9 10 | |
| 30. With this patient I believe I have worked today in ______ % Gestalt therapy – typical. | | |
| 31. I think my Gestalt approach is for this patient unsuitable not very suitable neither nor suitable very suitable | 1 2 3 4 5 | |
### Figure 3: List of General Interventions

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Very often / very intensively</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Working with humour</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>2. Giving a task</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>3. Supporting insight to change behaviour</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>4. Empathy</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>5. Raise awareness of emotions</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>6. Setting boundaries</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>7. Holding/supporting</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>8. Giving information</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>9. Speaking about need or effects of psychochemicals</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>10. Activating resources of the client</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>11. Speaking about symptoms</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>12. Changing subject</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>13. Speaking about the goals of the therapy</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>14. Working with fixed patterns and convictions</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>15. Biographical work</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>16. Clarifying</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>17. Including materials</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>18. Dialogue about the understanding of a human being</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>19. Clarifying reality</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>20. Problem solving</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>21. Anamnestic survey</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>22. Feedback-oriented working</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>23. Focus on self-acceptance</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>24. Focus on distorted perception</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
</tbody>
</table>
In the end we had 100 interventions from 13 modalities to be listed in our Manual.

All these interventions had to be operationalized. The authors of the Manual defined and structured the interventions as illustrated in Figure 4: definition; operational (what the therapist is doing exactly); discrimination (from other similar interventions) and anchor examples of interventions. Figure 4 shows an example of an intervention description.

The next step was to train psychology students in Germany to reliably identify these 100 interventions and differentiate them from others that look similar. We wanted external raters in another country, to reduce the risk that they might identify the therapist or patient in the audio-recorded sessions. They were required to sign a contract for ethical reasons and professional confidentiality. As German Germans do usually not understand Swiss German, we had to organize courses to teach them Swiss German. We found a professional Swiss translator living in Germany, who did a good job. We reached an average interrater reliability between the raters of 0.61 (Cohen’s Kappa), which is an acceptable value. There was also a rater group in Switzerland that rated 137 sessions for a special sub-study which reached an interrater reliability of 0.68 using Cohens’ Kappa. Full details on the statistical parameters and all 100 interventions are given in the published research Manual (Tschuschke et al., 2014), which is available for free download.

Results and how we used this instrument

Almost all the therapies were audio recorded. A few therapists or clients refused to record sessions. From the audio-recorded sessions, we randomly chose

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**60. Confrontation (Psychoanalysis)**

**Definition**

Therapist: *confronts (directively)* patient with recurring (stereotyped) dysfunctional patterns in relationships or with – presumably neurotic – *behavioural inconsistencies*.

**Operational**

Therapist:

1. addresses patient’s *behavioural inconsistencies*
2. addresses recurrent problems in patient’s relationships
3. points out instances of *incongruence* on different levels of expression

**Discrimination**

1) Confronting defence or resistance:

Therapist addresses *distorted perceptions (defence) and specimen of resistance*

27) Interpretation:

Making a *connection* or pointing out a relationship *between previously unconscious aspects*

30) Insight towards to be changed behaviour:

Motivation for *gaining insight*

51) Fostering the process of individuation:

Therapist addresses *discrepancies or disruptions between desires and reality, not in a confronting way*

55) Clarifying:

Therapist stays on a factual level, inquires, *without drawing conclusions*

**Examples**

1. Th: You seem to repeatedly slither into such situations.
2. Th: This is something you experience quite often, don’t you?
3. Th: This doesn’t fit with what you said before at all!
4. Th: You seem to be more popular than you believe you are.
5. Th: Every time someone approaches you, you pretend being in a hurry. Acting like this will prevent you from ever getting closer to anyone!

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*Figure 4: Example of an intervention description*
Figure 5 illustrates how the proportions of using specific and non-specific modalities, or interventions from other modalities, vary.

About 7.7% of Gestalt therapists’ interventions were identified as Gestalt-specific intervention categories. Besides nonspecific interventions (approx. 70%), Gestalt therapists used mostly psychoanalytic interventions (12.1% – confrontation) from other schools, followed by 4.4% interventions from Person-centered therapy (PCT – verbalization of emotional experience) and Systemic approach (reframing).

The most-used intervention techniques by all modalities in the study were psychodynamic intervention techniques (‘interpretation’ and ‘confrontation’) followed by ‘verbalization of emotional experience’ (PCT).

As we see, in all modalities the highest number of interventions used by the therapists were non-specific interventions, followed by interventions from other modalities. The use of modality-specific interventions was low in all investigated treatments.

We tried to interpret these results in the light of the historical development of modern psychotherapeutic concepts. Gestalt therapy – like other major humanistic approaches such as Bioenergetic Analysis, Transaction Analysis, or Client-centred Therapy – have their roots in Psychoanalysis (Tschuschke et al., 2016). Humanistic approaches have developed their own theoretical concepts as revisions of psychoanalytic perspectives. Gestalt therapy has also a common ground with field theory which in turn establishes the ground for systemic thinking. This shared history is no doubt relevant to our findings, that the three most preferred interventions from other modalities by Gestalt therapists are those which are compatible with the Gestalt approach. On the other hand, we find several Gestalt interventions in other modalities, for example, Process-oriented Therapy, Bioenergetic Analysis and Psychotherapy, Psychoanalysis and Transactional Analysis.

Therapists themselves rated to a much higher degree that they adhered more closely to their identified treatment modality. It seems that therapists integrate over time many techniques from other approaches as well as nonspecific intervention techniques. This is obviously true for all treatment approaches we have studied (Tschuschke et al., 2015, 2016).

Having integrated such interventions, they believe that their interventions are grounded in Gestalt therapy, that they are modality-specific and do not recognize that these are interventions they have assimilated from elsewhere. Take for example the concept of ‘empathy’ as an intervention. Many colleagues mentioned when we were constructing our list of specific interventions, that ‘empathy’ is a Gestalt-specific intervention. However, Carl Rogers was the first to conceptualize empathy as an intervention. In fact, we found that empathy is probably used in all approaches. So it is a general intervention, but of course in a relational Gestalt approach it may be used frequently.
Treatment adherence alone is not a relevant factor for the outcome in psychotherapy. Figure 6 shows the relationships between therapists’ degree of specificity (adherence), patients’ severity of psychological problems, their benefits during treatment, and the quality of the therapeutic alliance from the patient’s perspective (only Gestalt therapies).

All results must be taken very cautiously because they are based on small data sets. Results should be seen as preliminary hypotheses which should be tested in studies with larger samples.

Gestalt therapists seem to use more nonspecific interventions with patients with the highest severity of psychological problems (OQ pre) (group 1). These patients have less treatment success compared to Group 3 and 4. Group 2 has the lowest treatment success (OQ-Difference pre-post). For the other two groups (groups 3 and 4) it seems that the more specifically the therapists work, the better the therapeutic relationship (HAQ) and the higher the psychological burden (OQ pre), the better the treatment outcomes (OQ-Difference pre-post). Success is related to a combination of psychological burden, therapeutic relation and specific interventions. Such relationships – if verified with larger therapist and client samples – are highly relevant for therapeutic practice and theory development and can be detected via process-outcome research only.

**Discussion**

These results show how important it is to investigate what therapists really are doing in the sessions. Only very detailed process studies allow us to identify that therapists are integrating a wide range of interventions in their personal style. Maybe the so-called ‘Dodo verdict’ can be explained with our results: what is therapeutic seems not to be so different between different treatment modalities. General interventions and common factors – such as the personal style of a therapist, their attitude, relational skills and ability to tune into the language and world of the patient – are more important. This is in line with findings of other research results and the contextual model (Wampold and Imel, 2016). However, the so-called Dodo verdict (all modalities have more or less the same results) is only valid for those who participate in the race. Only if Gestalt therapy participates in comparative psychotherapy research can we show that our approach to working with clients can have an effect very similar to that of therapists from other modalities.
An instrument for measuring treatment adherence, also called treatment fidelity, is essential. Madelene Fogarty and her colleagues have developed a Fidelity Scale (GTFS) for this purpose (Fogarty et al., 2019, Fogarty, 2019). Some persons have been critical of her efforts (Hosemans, 2019; Hosemans and Philippson, 2019). In my opinion, the GTFS can serve as a research tool; to establish a research tradition that secures that the therapy investigated is a Gestalt approach. The GTFS is different from our Manual, as it had another purpose. We wanted to compare Gestalt therapies with other modalities. Our tool can measure what else Gestalt therapists do besides just using Gestalt-specific interventions. The Fidelity Scale does not address this; it is designed to determine whether Gestalt interventions have been used or not. Another difference is that the GTFS used senior Gestalt practitioners for rating the sessions, while we used external, independent and blind raters that were not biased towards the modality. However, scales are developed for specific purposes. I do not think there is a danger that the GTFS will define what Gestalt therapy is and favour some orientations in Gestalt therapy and marginalize others. The Manual developed for our study will not do that either. Both of these instruments give a contribution to the development of research of Gestalt therapy. They were both developed independently of each other, with neither party knowing about the research work of the other.

The common difficulty in such projects is that you really cannot reduce therapy to a set of interventions. That would mean falling back to the medical (pharmaceutical) model in contrast to the contextual model (Wampold et al., 2016), where therapy is seen as a drug and the therapist as an independent variable, which is an issue not worth investigating.

Reducing complexity, however, is something that we all need to do in daily life and in research. Otherwise, one gets lost in complexity. In qualitative research, reports, and the process of forming figure and ground, there is always a process of the reduction of complexity. The scales or lists of interventions we use for this can always be revised, if needed.

Experiences of using the scales in teaching
I (Peter Schulthess) have given seminars in several countries on research and experimented also in a playful way with research practice. I introduced the GTFS, the Gestalt interventions according to our Manual and the list of general interventions. Three groups volunteered, choosing which interventions list they wanted to use. I gave a demonstration in working with a protagonist in the group. The three groups observing used the intervention lists and marked off the interventions they could identify. They did this with great interest. Afterwards they presented their findings. This led to discussions about my style of intervening. They asked questions about when, what and if I used a general or specific intervention, or an intervention from another modality intentionally during the process. I received feedback that this was recognized as a Gestalt session, measured with the GTFS, and questions reflecting on the work demonstrated as observed with our scales. I explained that in therapy it is not necessary to use only specific Gestalt interventions and as many of them as possible. It is more important to follow a process of getting in touch with each other and to show a real interest in investigating together what is happening in the relational process. This is a co-created work and the therapist uses their capacity for all kinds of interventions that support the relational and emotional process. The clients also bring a whole set of competences to the therapeutic meeting and both together contribute as to how the process will go. This is how therapy becomes an art and not just a set of technical interventions.

Reflections
What do the results of this study mean? Should we stop calling ourselves Gestalt therapists, as we use more general interventions and interventions borrowed from other modalities than Gestalt-specific technical interventions? What is the use of different approaches in psychotherapy? Are we on the way to a general psychotherapy or an integrative psychotherapy that loses what gave us identity?

In a way it is indeed true that differences between modalities are getting smaller. Thanks to comparative research, different approaches learn from each other and assimilate this knowledge. On the other hand, there are still differences that should not be diluted.

The authors of this study reflected on this topic in a separate article (Tschuschke et al., 2016). We are convinced that learning a specific approach to psychotherapy still has a value. Some researchers or psychotherapy teachers might see this differently and prefer an integration of different modalities in their educational program. If there is a theory of integration behind it, I could agree, but not as a bazaar, where anything can be combined. Gestalt therapy has a philosophical, theoretical framework and a whole set of techniques that we see as relevant and compatible to our approach. There is a Metatheory, a Therapy theory and a Practice theory. This gives a trainee orientation and identity in becoming a psychotherapist. It gives them a language. On the basis of what they learn as a Gestalt therapist, they will integrate more and more suitable techniques from other modalities that they come into contact with. They will develop competency to decide what they can assimilate into their personal style of Gestalt therapy in their own growth as
a therapist and what not, because it contradicts some core principles they value. 'There is no end of integration,' Laura Perls once said. She also said, ‘There are as many Gestalt therapies as there are Gestalt therapists (Perls, 1992) because each one develops their own style. Gestalt therapy was from the very beginning an integrative conception. Its founders looked at the wider field of therapy and philosophical conceptions of their time and appropriated what helped them to develop a new approach that was unique and different from psychoanalysis. These are the roots of Gestalt therapy and it has developed since then. Today, there is a wide variety of different Gestalt schools. It would be worthwhile to do an overview of research on the development of these various approaches and define them in terms of differences in Metatheory, Therapy theory and Practice theory. Differentiation is a normal process of different personalities assimilating different ideas and concepts from the field of psychotherapy, philosophy, neuroscience and so on. As a clinical approach we should not stop participating in process-outcome studies. There is an intrinsic motivation for research: does my practising psychotherapy really have the effect that I think it has? Where should I focus on developing more competencies? And there is an extrinsic motivation to prove to the stakeholders in the mental-health field that Gestalt therapy works and has equal results to other modalities. The EAP has recently published a position paper on research (EAP, 2021). It pleas for a variety of research methods, qualitative and empirical and combinations.

So, let’s go on building a tradition in Gestalt-therapy research. This, not only in the field of psychotherapy, but also in the field of counselling and Gestalt practitioners in organisations. But, in my opinion, the focus of future research should not be on which modality is superior to the other, but we should focus on the person of the therapist: what supports me in becoming a successful therapist? What competencies do we develop during our training? We need more process-outcome studies on our training programmes.

More detailed results of our study as it related to Gestalt therapy can be found in Schulthess et al., 2016. We update the website psychotherapieforschung.ch with all publications concerning our study.

References


We update the website psychotherapieforschung.ch


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How can Gestalt therapy promote liberation from anti-Black racism?

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Abstract: Anti-Black racism is an interruption of contact that often takes place out of awareness, and is continuously enacted through innumerable fixed gestalts at every level of human experience. Gestalt therapy as a movement does not leverage its great potential for undoing fixed gestalts of anti-Black racism, or supporting fluid gestalts of racial liberation; this article explores GT theories and practices that do so. I first discuss how concepts of the field, ground, awareness, consciousness, and contact can be informed by ideas such as intersectionality and double consciousness from Black liberation history as well as theorists such as Crenshaw, DuBois, Fanon, Freire, and the Black Lives Matter movement. I then offer a case example and explore how socialization into whiteness can lead to everyday forms of anti-Black dehumanization by white therapists. I conclude with questions toward furthering this work in our movement.

Keywords: race, racism, anti-Black, Black, oppression, privilege, intersectionality, awareness, consciousness, field

This article is a response to relentless anti-Black racism in the U.S. and globally. For many years, I have been putting anti-racism into action in a daily way as a white person, professor, therapist, and parent. Here I express some ideas about how Gestalt-therapy theory and practice can be used in service to racial liberation.

I also write following the 2018 British Gestalt Journal seminar talk I gave addressing anti-Black racism and Gestalt therapy. Yet my talk, and this paper, are not about the phenomenon of anti-Black racism itself, they are about whether and how Gestalt therapy can be a means for liberation from anti-Black racism.

While Gestalt therapy can be understood as fundamentally oriented toward anti-oppression given our historical and theoretical roots, it does not currently integrate collective liberation practices across our movement. Gestalt therapists across the globe have initiated crucial anti-oppression interventions such as LGBTQ+ mental-health organisations, war-zone therapist trainings, migrant support, and political activist accompaniment work. Though they periodically publish, present and offer trainings, the anti-oppression knowledge and practices of these projects is kept at a distance, not fully disowned but not fully integrated by Gestalt therapy more broadly.

More specifically, I assert that Gestalt therapy does not regularly use explicit theories and practices for interrupting fixed gestalts of anti-Black racism. Further, by leaving its racialised theories and practices unaware, the Gestalt-therapy movement perpetuates anti-Black racism at all levels of human experience.

In this article, I call on Gestalt therapy to take advantage of its potential to transform collective dynamics of anti-Black racism. I inform a number of foundational concepts in Gestalt therapy, including field, ground, awareness, consciousness, and contact, with ideas such as intersectionality and double consciousness from theorists such as Crenshaw, DuBois, Fanon, Freire, and the Black Lives Matter movement. I then offer a case example and explore how socialisation into whiteness can lead to everyday forms of anti-Black dehumanization by white therapists. I conclude with questions toward furthering this work in our movement. Together, these form a theoretical and practice background for making sense of how anti-Black racism occurs in Gestalt therapy and how the continual fixing of its gestalts may be undone.

Field Theory

\[ b = f(P,E) \]

Behavior is a function of the Person/Environment field

- Kurt Lewin

Kurt Lewin’s (2008/1946) field theory offers an important foundation for addressing anti-Black racism in Gestalt therapy because it proposes that human behaviour emerges from the complex of conditions,
forces, and limitations of a given situation (see Billies, 2005). While the concept of ‘the field’ is defined by others in a variety of ways, I return to Lewin because his model considers the material environment as well as forces in the environment. (‘Material environment’ is not the most accurate term. I use it loosely to refer to what is.)

While most psychologists and clinicians focus on the psychological field, that is, how the environment is perceived by the client, Lewin’s (2008/1946) field concept is based on the existence of conditions and material elements that the person perceives (p. 338). In terms of racism, the realities of discrimination, oppression, and culture building must be considered as fundamental for understanding how people of colour perceive and experience those realities. The realities of anti-Black racism unfold in a particular form of elements and forces in the field.

As a social psychologist and social worker who has always thought about the relationship between the individual and society as mutually constitutive, ‘the field’ for me has always included socio-cultural dynamics. The ‘environment’ has always been material in my mind; I imagine physical geography – rooms, parks, prisons – as well as the ways bodies are allowed or forced to move. My understanding of the field also includes relations of power: racism, sexism, and ableism etc., which entail the use of force.

It took me a while to figure out that the concept of ‘the field’ more commonly refers to behaviours in relation to the psychological environment of the family, the therapeutic relationship, or situation at hand, without regard for broader sociocultural forces. The more familiar approaches to the field emerge from white, male, European (WME) philosophical efforts to understand human experience based on an unraced individual, or the WME. However, creating and analyzing such a figure misses a great deal of information, including the ways racism shapes individual experience and perception.

This orientation plays out in traditional, clinical training which educates therapists to see sociocultural dynamics as distant from the normal scope of therapy. Culture is often limited to the client’s cultural identity as an individual, and history is often limited to individual and family history. Beyond that, oppression and liberation become a specialty, a particular therapist’s interest. However, Gestalt therapy is well-positioned to consider socio-cultural relations of power as elements and forces in the field as a foundation for anti-oppression therapeutic practice.

Gestalt therapist and scholar Gianni Francesetti (2019) draws on philosophy’s understanding of the ‘phenomenal’ field, which ‘is affected not just by what can be perceived by the five senses, but also by past memories and future expectations.’ The phenomenal field ‘is the unique synthesis of the histories of the client and the therapist, and the situation that brings them together’ (Francesetti, 2019). As Lynne Jacobs (2016) states, ‘Dialogue…is between two historically-locally-located human beings.’ (p.148). Francesetti (2019) helps illuminate the related question I ask, that is, which sociocultural and historical realities are relevant in a therapist/client field? ‘(T)he phenomenal field is generated by all that is relevant and extends into space and time as far as it can produce a difference in experience…these are its boundaries’ (emphasis mine). If the therapist, or client, or both consider the extent to which anti-Black racism, white supremacy, and white privilege over time are relevant in the field in which they explore contact, it can become part of the fertile ground for making sense of what they experience.

**Ground**

The focus on ‘anti-Black racism’

In this section, I make anti-Black racism aware, not only as a figure, but also as ground. Anti-Black racism is a phenomenon in the global background of human experience. This perspective is crucial for making it figural in Gestalt therapy.

Since the moment queer Black women in the U.S. initiated the Black Lives Matter movement in 2013, there has been an increasing focus on ‘anti-Black’ racism in the U.S. and globally (Black Lives Matter, no date). This not an exclusionary or ranking tactic. It is a strategy to expose the particular way anti-Black racism works. I define racism in the scholarly and activist tradition of transnational feminists, which refers to the system of laws, policies, and social practices that determine life chances for those deemed white and those deemed people of colour. The ‘ism’ indicates this phenomenon operates as a system, and does not refer here to an individual’s beliefs. Racism is the word used to name the racial oppression that is the engine of white supremacy. African American scholar Ruthie Wilson Gilmore (2007) defines racism as ‘the state-sanctioned or extralegal production and exploitation of group-differentiated vulnerability to premature death’ (p. 28). Focusing on anti-Black racism acknowledges the particular ways Blackness is used to fuel white supremacy, constrain life chances, and lead to premature death among those deemed Black.

Anti-Black racism also relates to other forms of racism in the ways it strengthens and knots with other forms of racial oppression and caste hierarchies. For example, anti-Blackness anchors dynamics of colourism in which lighter-brown-skinned people, as well as those with straighter hair and narrower noses, get access to better jobs, educations, health, and wealth,
both in white-dominant societies as well as within Black and Brown cultures.

Understanding anti-Black racism also requires the study of how different forms of oppression work together. Black women have long-discussed race, class, and gender together, to demonstrate that their lived experiences cannot be reduced to singular categories (Combahee River Collective, 1977; Davis, 1983). In 1989, legal scholar Kimberlé Crenshaw established the term *intersectionality* as a metaphor about traffic to explain the collision of racism, sexism, and economic oppression in Black women’s everyday lives. The nexus of compounding oppressions articulated by the concept of intersectionality has been expanded over the years to include sexuality, gender identity, disability, immigration status, religion, and age. This is not to say any and all identities can be ‘thrown into the mix’. Intersectionality is an analysis of power. It is used to analyze how systems of power dominate, dichotomize, favor, and harm categories of people such as men/women, white people/people of colour, non-disabled/disabled people at the level of society.

While social psychologists differentiate between personal identity and social group identity, feminist scholars elaborate a third way to conceptualize individual experience in the social world, called ‘social location’ (see Billies, 2005; Jacobs, 2016). Social location refers to the combination of societal discrimination and privilege enacted upon groups and individuals, shaping access to resources and the degree of harm people face. Social location describes how race, class, gender, sexuality, disability, citizenship status, etc. determine our life chances. Social location indicates the combination of labels society assigns us on a daily basis and the relative privilege and oppression we face. While being treated as a member of an oppressed group comes with serious obstacles and harm, such as being denied access to education, health, advancement and safety, being treated as someone in the dominant group comes with significant social perks and privileges such as preferential access to jobs and loans as well as insulation from state legal and extralegal persecution. It is a system of human possibility manipulated into a way of functioning that primarily benefits the few, with billions implicated.

Multiculturalism has become the predominant framework for making sense of diversity in a liberal society; however, its limitations make the framework of intersectionality a crucial antidote. Multiculturalism, as a liberal democratic ideal that pervades much white liberal therapy practice, imagines a tolerant, accepting society that supports and benefits from its diverse members. However, this ideal is flawed because it does not take relations of power into account (see also Jacobs, 2016, p. 148). Coupled with the economic forces of neoliberalism – which makes anything and everything a reflection of the economy (Harvey, 2007) – multiculturalism has become a brand to sell democracy as an inherently just form of governance (Clough and Willse, 2010). Its logic says, ‘If we all have a race and culture, and our society can learn to tolerate all races and cultures, we can live together in peace’. However, this designates intolerance as the driver of inequity, rather than racialized control over the means of production (Robinson, 1983) and the state use of force in society (Weber, 1919). In the process, multiculturalism becomes a cloak, rendering white supremacy and other forms of oppression invisible. I suggest Gestalt therapy rely on a more robust framework such as intersectionality to understand how oppression and privilege continually shape the therapeutic relationship, as well as the Gestalt therapy institutes and broader societies amidst which our clinical work unfolds.

**Awareness**

**Double consciousness**

In Gestalt therapy, awareness is a core method and goal; awareness alone can inspire spontaneous healing. Gestalt therapy leans heavily on late nineteenth-century and early twentieth-century phenomenologists to inform our perspectives and techniques of awareness: we understand that individual perception fundamentally shapes reality. We direct attention to the five senses to gather immediate data from experience, and set aside our assumptions to explore meaning. What is all but unknown is that fundamental perspectives on racial consciousness and racial embodiment were also developed in dialogue with phenomenologists in ways that advance understandings of consciousness and embodiment more generally. While the study of racism is often cast outside of a more ‘universal’ study of human nature, phenomenology not only informs, but is also critiqued and amended by these theories.

At Harvard University, W.E.B. DuBois studied with and was close to leading phenomenologist William James (SCUA, no date), whose thinking influenced Paul Goodman (Jacobs, 2014). DuBois was committed to improving the lives of Black people by humanizing and valorizing them. In his seminal set of essays, *The Souls of Blackfolk,* (1903) he developed the concept ‘double consciousness’ to describe Black people’s ability to perceive both how they see themselves and how white people see them. Double consciousness refers to a refined form of awareness shaped by the lived experience of racial oppression and informs how Black people orient themselves in the world and relate to others. Double consciousness reflects an advanced
awareness of human relations, including dynamics of social hierarchy, forces of dominance and control, the human capacity for dehumanisation, as well as the socialisation, motivations, and emotional lives of white people.

White people, socialized into viewing Black people and other people of colour through stereotypes, do not develop a comparable, heightened awareness. DiAngelo (2018) suggests white people may demonstrate a ‘split consciousness’ to describe the inability (born of our refusal, in general) to see ourselves in racial terms (p. 111). Jacobs (2016) encourages white therapists to develop our racial awareness and practise living with double consciousness.

Historico-racial schema

Frantz Fanon studied with and critiqued Maurice Merleau-Ponty, a foundational influence in Gestalt therapy (Kennedy, 2013). As anti-colonial movements were emerging mid-twentieth century across the globe, Fanon described double consciousness as it formed among colonized Caribbean and Algerian peoples. Born in the French colony of Martinique, Fanon became the medical director of an Algerian psychiatric hospital treating French soldiers and Algerian torture victims during the Algerian Revolution. He became concerned with how colonised people suffered from internalizing the gaze of the white coloniser. This was a crucial intervention, in which Fanon linked psychopathology to colonial subjugation, undermining the assumption in medicine that colonised people were inherently inferior. He describes his own experience of the dominating force of the white gaze as a Black man:

I am overdetermined from the outside... The white gaze, the only valid one, is already dissecting me. I am fixed. Once their microtomes are sharpened, the Whites objectively cut sections of my reality (Fanon, 2008, p. 95).

As Nielsen (2011) explains, ‘Fanon’s body... dissected, and pieced together out of white constructed meanings, takes on a life of its own’ (p. 369); whites relate to him not through his humanity, but through their malformed construction.

Fanon's analysis is rooted in the philosophical turn toward the body, led in part by Merleau-Ponty. Merleau-Ponty's concept of a 'corporeal schema', that is, of 'embodied being-in the world' (Nielsen, 2011, p. 367) worked to reconnect the mind and body that had been separated by Descartes, and intended to explain the freedom of bodily movement in the world as universal human experience. However, Fanon found this insufficient for understanding colonised peoples, asserting that embodied experience was contingent on history and race. Fanon, therefore, modified Merleau-Ponty’s concept by describing a 'historico-racial schema', which recognizes how race shapes the experience of embodiment, being-in-place, and mobility for colonised people (Nielsen, 2011, p. 368).

Critical consciousness

A third form of consciousness based in marginalised experience – 'critical consciousness' – was developed by Brazilian educator Paulo Freire. Rather than teach poor workers what and how the owning class thought they should learn, he invited them to put words to their experience of the oppressive conditions they lived in. He encouraged them to discuss what they knew as a group and to generate collective strategies to change them. He saw this praxis of education most useful to their survival. As he writes:

Functionally, oppression is domesticating. To no longer be prey to its force, one must emerge from it and turn upon it. This can be done only by means of the praxis: reflection and action upon the world in order to transform it. (Freire, 1970, p.51).

Knowledge of oppression can become a powerful tool of affirmation, analysis, and strategy. Knowledge built to liberate people also offers hope.

Individual and collective consciousness of oppression are the kinds of awareness building that I think Gestalt therapy can integrate in our theory and practice. These frameworks can illuminate awareness that is already in the field for the client or therapist, as well as to reach for and experiment with perceptions and experiences that may lie unaware. This is also where I think Gestaltists in white social locations can and should expand their awareness.

Inviting the unaware into awareness

The method of inviting the unaware into awareness is an opening move in Gestalt, a strategy that entices the hidden out into the open for safe enough exploration. Founder of phenomenology Edmund Husserl describes 'bracketing' as a necessary step in phenomenological awareness; that is, setting aside assumptions and preconceived meanings about what is being perceived. This is familiar in Gestalt practice: we set aside what we think a closed fist or sunken shoulders mean, asking clients what they notice and how it feels. We prompt them to explore their physical and emotional experiences, bring their attention to the five senses of their experience, and invite them to discover the rich information and messaging embedded in it. We encourage them to experiment with what is, to better understand the meaning it holds for them, while continuing to hold assumptions at bay.

Anti-oppression Gestalt practice brings another set of tools for bracketing. As a white person, for example, I
of course bracket racial stereotypes about my clients (as best I can). I reach beyond those to bracket a ‘normal’ or ‘white’ lived experience as the standard. I set aside the assumption of colourblindness, and suspend another assumption that race does not matter if people of colour and indigenous clients do not raise it as an issue. I further set aside the presumptions that define clients of colour by what I think I know about their cultures or experiences of racial oppression. For white clients, bracketing means setting aside the assumption that whiteness is neutral or insignificant. It means bracketing the quiet assumptions that excuse the forms of racism they express, such as, ‘they didn’t really mean it’ or ‘they can’t be racist because they are liberal’. It means setting aside the presumption that they cannot or do not want to talk about race.

It is helpful to think about what is left after bracketing. If we are now freer to explore the client’s experience, how do we make sense of it? In general we use aesthetic criteria for recognizing fluid gestalts, but a lot of our work is examining the fixed ones. Gestalt therapists are often trained to use psychodynamic theory for making meaning of what is. If a polarity is identified and the client begins exploring their head which says ‘keep working’, and their back which says ‘I’m tired’, top dog is often understood as mother or father, underdog is often framed as the hurt child. Many Gestalt therapists focus instead on an intersubjective perspective, to look at the human relations emergent in exploring ‘what is’.

From an anti-oppression standpoint, I bring knowledge of race and racism, as well as oppression and privilege more generally, to inform how I explore ‘what is’. As I begin to bracket, I also begin to apply a heuristic lens of possible racialised experiences in the field. With clients of colour, I imagine the possibility of racial microaggressions and discrimination, as well as incidents of racial trauma in their lives. Top dog might be a racially offensive boss or aggressive campus security. Underdog in these cases is the adult who has faced racism, who may have a range of ways of creatively adjusting. I stay open to the ways racial and cultural communities may affirm and nurture the client, as well as issues of intersectionality. I stay curious about the client’s field experience of living as a member of a historically oppressed group as well as their group’s resistance, creativity, and excellence over time.

With white clients, I imagine a field in which the client may have committed racial microaggressions and discrimination, whether or not they ask to discuss them. I increase my sensitivity to passing indicators of racial anxiety – a laugh here, a racial descriptor there – and being prepared for racial stereotypes and projections about people of colour. I open my awareness to the client’s white racial experience and white privilege.

All of these racialised experiences emerge as possibilities in the field, in my mind, as potential points on a map to explore fixed and fluid gestalts. Bracketing from an anti-oppression standpoint, therefore, also means relating to what is left unbracketed with frameworks of oppression, privilege, and cultural perseverance.

Contact
Treason to Whiteness is Loyalty to Humanity (Race Traitor Journal, 1999).

White racial confluence
The social practices of anti-Black racism unfold as entwined interruptions of contact before, during and after the human encounter. Understood as a set of fixed gestalts, whiteness is a set of habits (Billies, 2005) that those who are perceived and treated as ‘white’ learn and enact, through socialisation and daily conferral of privilege. I describe white people’s unaware habits as white racial confluence with systems of racism and white privilege (see Billies, 2005), which insulates us from consciousness about our complicity. White racial confluence allows us to believe that goodwill and humanism are sufficient for engaging with people who white people are constantly trained to treat as different and less-than. White racial confluence takes place all day, everyday; a constant psychological distance from the reality of what we do and have done.

Anti-Black racism forms part of the bedrock of everyday white practices and orientations to space and others. Blackness – here as implicit bias – influences where white people habitually choose to live, who to befriend, who to suspect, who to protect, who to regulate, who to help, who to hire, and for what. White racial habits feel ‘normal’, a comfortable suit, a second skin. Whiteness feels like dreams and justifiable pursuits and logical decisions. It is expressed as a tone of voice, an entitlement, a sense of authority, a sense of victimhood, a gaze, a withdrawal, a performance, a front, an assurance. Whiteness is an assurance that assuages fear, that confirms birthright. It isn’t birthright but it feels like birthright.

For Black-identified therapists and clients, as well as those deemed Black regardless of how they personally identify, all of this is probably known or sensed. There may also be a set of habits that enact Blackness, but the criteria for understanding them are different. They are often not interruptions of contact. Black people creatively adjust constantly in a world of racial oppression. They practise habits of self-protection in the face of racism. They code switch. They help white people feel comfortable. They validate and nurture each other, often separately from white people. Liberation from
anti-Black racism in Black communities is an existing and creative set of habits of surviving and thriving, which include collective political action, but are far more elaborate than that. Liberation from daily racism are the habits of keeping your job, keeping your sanity, standing up for your rights, asserting your dignity, keeping your head down, grieving, stealing yourself, celebrating Black joy, enjoying Black culture, working twice as hard, distrusting white people, trusting white people up to a point, going to church, going to masjid, going to restaurants, toughening up, pursuing Black excellence, visiting family, keeping one’s hands on the driving wheel, making it home.

Building awareness of white racial confluence in the therapeutic relationship

I propose that there is no point of ‘pre’ whiteness that white people can return to or start from. At the same time, it is possible to interrupt the interruption. White people can become aware of the habits we are trained into, and develop new practices (see Jacobs, 2016, pp. 158-160). In my practice, whether or not I have mentioned race or racism, every white client I have ever had has discussed an experience where race was in the field. When race isn’t figural for a white client, it often comes up in the passing mention of the race of a person: a co-worker, a neighbor, someone on the bus, a descriptive element of the ‘main’ story they are telling. It has become jarring to me, the descriptor ‘Black’ often the only reference to race in the story. It might come in as code, such as discussing ‘good’ and ‘bad’ neighborhoods, or ‘unprofessional’ colleagues. It might be an obvious absence in a story until I ask, because I have become sensitised to notice a white client’s words becoming distorted and awkward in a particularly race-avoidant way. (I have come to hear these distortions as a signal to collude in white racial avoidance while exposing a wisp of something hidden.) Race comes in when they discuss sex partners who fulfill exotic fantasies, distinguished from the kind of person they would date. And all of this may be coded as well, in that, the only clue I have that racist fantasies are being enacted is when I ask about the race of the sex partner.

A former white, straight, female client went to twelve-step recovery meetings where there were more people of colour (based on neighborhood) to address her drug addiction. Over time, she explained that it was easier to go there, because she could not face people who ‘looked like her’ who were white. Is this racism? Of course! In order to insulate herself from shame, the client entered a space of people who she saw as already ‘less than’ under the guise of joining for ‘mutual’ aid. She periodically described the twelve-step members of colour as people she could not relate to. She sometimes ‘helped’ them financially, in a racial hierarchy of altruism. It also ‘worked’ for her in the sense that she got in and stayed in recovery. It took about ten years before she began going to twelve-step groups with more white people, and to see herself reflected in the eyes of others she could see herself in. Healed from some shame, she could better tolerate looking at herself. Still, she left therapy without recognizing her racism. She had developed deep intimacies with people of colour in recovery, but she never recognised or took responsibility for the way she projected her self-hatred onto them as racial others, nor the way this denigrated and dehumanised them.

I responded to this client with white racial collusion. While I helped her look at the lack of mirroring she felt in the meetings with more people of colour, I failed this client, myself, the people of colour in her life, and people of colour more generally, because I did almost nothing to bring the racism she was enacting into awareness. Looking back, I thought I was prioritising the client’s capacity for self-acceptance ‘before’ addressing her racism. I was insulating myself from looking at my shame as a white person, and consequently abdicated my responsibility to interrupt the racism we were colluding in. Instead of increasing the possibilities for contact, which I could have done by developing a clinical intervention into her racial othering or examining race-related shame in her phenomenal field, I withheld my shock and judgment from awareness, retreating into a hierarchical helper/helpee dynamic. Our respective gestalts of racism remained fixed.

I believe I was acting out of my training as a nice, white girl. I now identify as genderqueer, but my Catholic upbringing and the success I have in charming people with my girlish, white face is a habit I rely on when afraid or uncertain. With this client, I avoided being seen by her as the bad guy, the one to point out her racism, holding onto the fantasy that compassion and self-esteem would eventually lead her to choose to face her racism. In this way, I also avoided owning my similarity with her, the ways in which I have constantly interrupted contact with people of colour by othering them. I worked for many years with the magical thinking that white clients would automatically become less racist and become more interested in accountability as they healed, in service to their own humanity and others.

As a therapist, I now proactively identify race, racism, and white privilege in the field. When a white client mentions race in passing, before or after a piece of work around the issue being presented, I usually say something like, ‘I noticed when you were telling me that story, you mentioned the person’s race. I’m curious about how that is relevant for you.’ I then continue engaging in a conversation in which whiteness, race, and racism can become figural, towards creating a ground
in which talking about race and racism is possible and valuable in therapy. If the client tells stories that include racial microaggressions or racist beliefs that are out of their awareness, I might say, ‘I noticed a clutch in my chest when you said that. It feels related to racism or whiteness. Did you notice anything?’ and continue to discuss my experience in the field, as a way of naming it as part of the ground. I make my curiosity and genuine response explicit in the field, as an experiment that can invite the unaware into awareness. And, I do not let my reaction go if the client doesn’t agree or doesn’t sense something. They usually do, and are usually relieved to be talking about it. But, even when they aren’t, I hold onto my awareness with curiosity about it as an element of the field. I often share my perspective ‘as a white person’ and something similar I’ve done, and look at such moments of whiteness for their potential for healing and growth.

In my many years of stumbling, clients of colour have left my practice. I have caused harm with what I thought were my racially-enlightened interventions. I have been awkward, uncomfortable, too quiet, too nervously chatty. At the same time, I have developed skills and self-awareness. I am grateful to those with whom I have worked through mistakes and injuries. This journey is life-long.

Conclusion

My case example is not one of anti-Black racism, per se. It is also with a white client, rather than a client of colour or a Black-identified client. These are huge limitations in an article professing to address liberation from anti-Black racism. And, while I have been revising for months, I have reached British Gestalt Journal’s submission deadline. So, I am submitting this as is, toward ongoing conversation and learning.

The question of whether and how Gestalt therapy can promote liberation from anti-Black racism raises many more. Who defines ‘anti-Black racism’ and ‘liberation’? What does power mean in Gestalt therapy? Where does response-ability come from when white people behave in a white way, out of awareness? What does accountability look like? If race is an event, as preeminent Gestalt therapist Carl Hodges describes, how and when does it happen in Gestalt therapy? What do Gestaltists of colour need as colleagues, trainers and leaders? What changes are needed in Gestalt institutes? What are the implications for Gestalt therapy as a global movement? How can Gestalt therapy deepen its ongoing dialogue with liberation across the world?

This probably also means questioning the idea of humanism, especially since the notion of the ‘human’ in Western thought was founded by contrasting it with the inhuman and less-than-human (Wynter, 2003). Where do we ‘start’ when our very humanness is racially inscribed in the field?

Notes

1. These include, in no special order, the Institute for Human Identity in NYC, the Human Rights and Social Responsibility Committee of European Association of Gestalt Therapy, GT collaborations with Peace Brigades International, support work with migrants in crisis in Greece, interventions in Ukraine, the work and writing of Carl Hodges, Lynne Jacobs, Phil Lichtenberg, Juwaryiah Hassan, Zoleka Adams, Toni Gilligan, Eduardo Salvador, Ivana Vidakovic, Alison Gerg, Jennifer Jones, Sil Chen, and others.

2. Personal identity is ‘a sense of internal coherence and continuity over time and place’ (Kroger, 2017). Social group identity ‘reflects individuals’ subjectively internalized group memberships, which entails that they self-categorize as a member of that group’ (van Zomeren, 2017).

3. Fanon eventually left his director position, joined the anti-colonial revolution more fully, and was deported (Nielsen, 2011).

References


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*Billies uses the personal pronoun ‘they’.

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In her own voice

 Encounter with an other: a discussion between two women in the field. An interview with Carmen Joanne Ablack

Christine Stevens

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Carmen Joanne Ablack is a senior Gestalt trainer and practitioner, President of the European Association for Body Psychotherapy and a member of the Black, African and Asian Therapy Network Leadership Group. This discussion took place via online video call on 8 January 2021.

Carmen, you are a woman of considerable power, influence and formidable energy! Since graduating in psychology and sociology, you have amassed an impressive body of work in the field of mental health. You are particularly known in the Gestalt community through your work as a trainer and faculty member at the London Gestalt Centre, and you are an Integrative and Body Psychotherapist. As well as your own therapy practice, you have been very involved over a number of years working for UKCP. You are a leadership member of BAATN (Black, African and Asian Therapy Network) and you work as a trainer and consultant on a range of issues including diversity, inclusion, gender and conflict resolution. You have a long-established supervision practice and you are increasingly engaged in writing and publishing.

I would like to start our discussion by asking what you see as the most formative factors on the way your life has developed.

I come from a largish family – five children and an older half-sister. We had a very international upbringing and I was moved in and out of schools a lot, so by the time I was seven-and-a-half, I’d been born in England, moved to Trinidad, lived in Barbados and Canada. My father had come to study at Oxford University as a ‘scholarship boy’ from the Commonwealth and was recruited into the Special Operations Executive during World War II. He then became a BBC cricket commentator. He was a contemporary of John Arlott and they knew each other, I understand, quite well. People often comment on my voice; you can’t have a father that was a cricket commentator and not learn how to speak well. He knew all about cadence and annunciation – it just went with the territory of growing up in my family. Later, he was involved in diplomatic roles for the government of Trinidad and Tobago. Sometimes I would find myself as a little girl needing to be articulate and speaking to diplomats and quite senior people in the world.

From an early age I was asked to think from more than one perspective. I remember as a six-year-old being given the newspaper to read. Looking back, I think there were some things we were asked to do as children which went well beyond the scope of what was reasonable for a child. It was okay to argue in our family, in fact I think people would describe our family as quite argumentative. There was a real emphasis from both my parents on thinking for yourself. This was an important formative influence.

My mother was from Tobago, the ‘other island’, and she went to work at sixteen. Her heritage was partly African and is harder to trace, although I know her father was Barbadian. My father’s side of the family includes a mix of West-Indian, East-Indian subcontinent, indigenous Carib, African and the Scottish Highlands, via slavery, to name some. I describe myself as a Black woman of multiple Black heritages. I’m deliberately using this term, heritage, rather than multicultural. It’s more than culture. I believe we inherit the whole.

My mother moved with my father’s work to Washington DC, a year after Martin Luther King had been killed. I was aged about nine. It was my formative time of learning about discrimination, differences and inequity. My younger sister and I attended a local elementary school, her form teacher clearly having never heard of Trinidad and Tobago and assumed she didn’t speak English. She sent her to a special teacher to learn English, we discovered this when she came home with a painting she’d done with beautiful, scripted writing on it. My mother asked who had written her name? She said ‘Oh, my special teacher’. My mother was surprised, ‘You have a special teacher?’ and she said ‘Yes, she’s teaching me to speak English’. My mother just marched us back up to the school and gave them hell! It says something about the kind of insularity at the time, and huge assumptions people made.
Moving around so much when I was growing up meant I had to work hard to step over my fear and learn to fit into yet another new situation. Sometimes, especially as a preteen, I did this by making up stories, some of which were completely bizarre! Looking back now I feel such compassion for the young person I was.

It is so interesting to hear some of your early experiences. I’d like us to move on now to explore what has influenced and informed you in your work as a psychotherapist.

I am an Integrative Body and Gestalt Psychotherapist. I trained in Integrative Body Psychotherapy at the Chiron Centre, which included exploring and understanding Gestalt principles particularly from one of the founders, Rainer Pervöltz. I then studied in a post-qualifying group on contemporary field theory with Carl Hodges (from the New York Institute for Gestalt Therapy) when he visited the London Gestalt Centre. An understanding of field is very much part of the foundation of my work and the Gestalt teaching I do now. Also, with Carl I learnt a way to work with issues of difference, diversity and inclusion that was very different to what I was doing as a trainer at the Inner London Education Authority and the Greater London Council at the time and in my private work as a freelance consultant. He helped me towards an understanding of a Gestalt perspective on relationality. Michael Ellis invited me to be a visiting tutor on working with the body for the counselling training at the Gestalt Centre and I went on to teach psychotherapy there. It supported me to incorporate the language and understanding Gestalt into my thinking and my work. I always come back to field conditions. I heard George Wollants speak at the Gestalt Centre and I went on to teach psychotherapy there. It supported me to incorporate the language and deeper understanding of Gestalt into my thinking and my work. I always come back to field conditions. I heard George Wollants speak at the Gestalt Centre on this. Working with context and situation forms a big part of my thinking, working with the client in the room, supporting them to come into more awareness of context and situation, both in the moment and in the story and then how that is affecting them in the moment in the room with me.

And how do you integrate your Body Psychotherapy training into your Gestalt practice?

I think in reality I adjust depending on who the client is, so in that sense it really is an integrative practice. That includes adjusting when working with people who are specifically coming because they want to work in a Gestalt way. As far as I’m concerned, Gestalt is a body-based psychotherapy. I’ve always thought of Gestalt as a body-based psychotherapy but I’m also clear that Gestalt is not Body Psychotherapy; it is a very subtle difference.

I’m in a Think Tank at the European Association of Body Psychotherapy, where we have spent a very long time chewing over the idea of ‘What does it mean to be my body, a body, our bodies?’ I get very bemused looks from some Gestaltists when I say that! We know what body is biologically and physiologically but then there’s the whole issue of body-energetics, and I do think all these things are coming much closer together. When I trained and when I first studied Gestalt, there was much more separation between these ideas. So nowadays, I work with more than body awareness. I do invite clients into bodily-based experiments, and I did that as a Body Psychotherapist. That was part of the Body Psychotherapy training, that idea of experimentation. I think there’s a particular way of thinking about, setting up and talking about experimentation in Gestalt. In fact, the idea of using experimentation, in my experience, crosses over many therapies.

I think there is a level of attention to a depth of understanding of the meaning of awareness that is shared, but from a slightly different perspective, in a lot of Body Psychotherapies – I’m deliberately putting an ‘s’ on that – and different Gestalt ways of working. It’s sometimes complex, and the bottom line is whether I’m thinking from a perspective of somatic resonance – which is very much a word that comes from my Body Psychotherapy field – whether I’m working from my somatic resonance and also speaking from an embodied place with that, so that my somatic resonance informs not just what I’m saying but how I’m saying and hearing what I’m saying. That’s something that I spent a year practising doing as part of my Body Psychotherapy training. There’s an emphasis on all the different depths of non-verbal communication. All this is in my background and I bring it to the work I do.

I am thinking now of connections with the work of Ruella Frank and her Developmental Somatic approach.

Yes, I’ve done a couple of conference workshops with Ruella and read her books. I also did a lovely workshop with Michael Clements in Stockholm, working with the embodied relational. There are definite crossovers. Maybe it’s more how I think about my work and how I hold it in my various supervisions. I’m engaged in systemic and family supervision with someone who very much works with ideas of attachment in systemic thinking. I deliberately went to her as a supervisor because I found so much of her writing reflected something that I’d been discovering for years in my work and I wanted another language or way of holding it. I think I bring all of that into my work. There is a level of systemic understanding. It’s slightly different, what I’m doing in individual work and what I do in
An interview with Carmen Ablack

I was introduced to Yvonne Agazarian's work on systems and ideas about sub-grouping, which I was introduced to by Carl Hodges. I went on to study Agazarian and briefly did some work with her. I was introduced to by Carl Hodges. I went on to study
work on systems and ideas about sub-grouping, which in, from a Gestalt perspective, Yvonne Agazarian's group work, actually. In group work, I'm also bringing in, from a Gestalt perspective, Yvonne Agazarian's work on systems and ideas about sub-grouping, which I was introduced to by Carl Hodges. I went on to study Agazarian and briefly did some work with her.

I don't tend to frame what I do too rigidly, which is why I come back to field theory, because that allows me to hold all the different aspects without being or becoming interpretive.

I certainly see Gestalt as an integrative psychotherapy, and it's been interesting to tease out with you the ideas and influences you bring to your work. We could talk about this a lot more, but I would like to change tack slightly at this point. There has been increased heart-searching in the Gestalt community, as in all sectors of society particularly following the public death in America of George Floyd at the hands of the police on 25 May 2020, and the growth of the Black Lives Matter movement. You facilitated the GPTI conference with Sharon Beirne on race issues last year. I know that you're well placed to play a role in this in terms of where you're situated as a leader. I don't know where you would want to get into this in our discussion, whether it's the reaction from the conference or whether you have other thoughts...

I really appreciate the sensitivity and the carefulness you're showing. I want to start with two things. That heart-searching I think is actually a more holistic searching. There is a lot of looking into our hearts, and I found Sharon's talk at the conference very moving because she was incredibly honest about her own journey and the challenges of that, and really I would describe it as heart and soul searching. What she did was speak and then I interviewed her after the speech. We followed this with a dialogue and then opened it to the wider group and people took time to consider, then came back and put questions to us and we just talked.

There was something about my facilitation role, where I really got to see how permission-giving it is if people can step over the anxiety of admitting what they don't know and how they feel about this. I say this with a deep appreciation of what this takes. There is this lovely phrase that Isha McKenzie-Mavinga coined in her first book: 'recognition trauma' (2009). As a trainer, tutor and a facilitator around equality, diversity and inclusion, it's important to remember that people can go into a polyvagal state at some level when they recognise what they've actually been doing. You could say it's through no fault of their own, you could put in all these apologies but the reality is that I know what it's meant for me, in those moments where I catch myself doing something heteronormative and go 'What the hell are you doing?' to myself and have to do my self-talk and work it out, reflecting and thinking through with embodied awareness as I do these things. I've been doing this for decades because I've been teaching around this stuff for a long time. And I learn something new each time I fully attend to my own experiencing of my limitations.

I know, however, I sit with an advantage; I've spent many years doing this work and sometimes I'm dealing with colleagues and people in the wider Gestalt field who despite all the other types of work on awareness, somehow when it comes to these issues, they really struggle. I include LGBTQI+ issues here as well as disability, class, all the issues and identity process dynamics, and there's something about the way race is often placed in a bracket. I think of how brackets are drawn in writing, and I say to the students 'You may be bracketing, but remember it's still open at the top and the bottom for you to reach inside'. I think race has been in a bracket and sometimes it has been an almost-closed bracket and recently in some places and in some ways, we've been opening the bracket and reaching in. Really reaching in, looking at and experiencing what we have tried to avoid and/or remain in unawareness about. I'm noticing I am using a lot of images and metaphors because I think this can be so hard to talk about.

Our heart and soul searching needs to happen in discrete groups, as well as in facilitated discussion between groupings. It's not that we should leave the discrete groupings behind, but we have to learn how to move between them and their conversations. We need to do so with recognition that as we continue being the human race in the wider context of the living and dying world, the conversation is shifting. At the same time, there are places where it feels like it isn't, and I think those places are actually reactions against the shifting that is happening. There is a kind-of movement from the central to the marginal, and often back again. Being able to stay with and inhabit that movement is important.

Bringing in a Gestalt focus, for me it's about why we pay attention to sub-groupings in Gestalt group work and why we encourage sub-groups to speak to each other in front of those not in their sub-group. We then step back into dialogue about what those in the sub-group and those outside the sub-group have got insight into and have learnt from. It's being collectively reflective, whilst holding awareness of differentiation. We learn to sit with our understanding of how shame-provoking this work is and try to help people understand being with shame. Giving voice to shame is actually part of the process. Making a conscious choice about where and when I give voice to shame – that really has to be held quite carefully. This is such difficult territory; we very easily fall into wanting to tell each other how to do it, or that how you are doing it is not okay. I mean
in both ‘directions’. I often use my heterosexuality as a metaphor for talking about race so I can cross the oppression dynamic. For me, as a heterosexual Black woman, I notice how I may unintentionally make a demand of the LGBTQI+ community to inform me in some way, or to accept my limitation. I have learnt to understand that asking for the acceptance of that limitation can only be a temporary ask. I’m asking for acceptance at this moment, but I am not making a contract with you that you have to tolerate this limitation of mine forevermore because I am who I am. It’s about getting over the ‘I am who I am’ stuff – that comes forward as an ignorant avoidance of my response-ability for being who and how I am.

I think this takes a real staying with – of course, I fall off into my heteronormative bad habits – and I have practised for so long that I understand, most of the time, how to pull myself back from it. I think that’s what people are having to learn. And if you’ve not been doing this for most of your career as a practitioner, it is pretty frightening stuff. It’s a bit like when all the research stuff really came to the fore, Christine, and we know how much resistance there was from our fellow practitioners: ‘Oh god, do we have to talk about research again?’ and responding ‘Look, yes we do. Are you a professional or aren’t you? Are you wanting this to be taken seriously or are you not? Do you believe in what you’re doing?’

It’s the same thing in some ways – will you allow yourself to believe in what you are doing, to challenge yourself and others.

**How do we find the support to do this necessary work?**

Oh, I think I’m going to give quite a difficult answer to that: being willing to suffer and getting over thinking it’s not going to be painful. It is. It always is. This work can be heartachingly difficult.

**So, we need to be courageous…**

It takes courage, it takes persistence, and it takes compassion. It’s like understanding ‘I am really hurt right now. I need to shut the hell up and go away and work on whatever it is that is hurting me’. But if I’m really hurting right now because something that’s being said is challenging me, I need to notice my reaction and pay attention to it, and to my temporary frailty in that moment.

**And to sit with our vulnerability…**

Yes, it’s absolutely about self-compassion and heart-searching, including allowing our heart to be part of what supports us while we search it, in the deepest of corners, into chambers we have avoided entering. It’s sitting in the heart of it, of experiencing all of one’s self. I used the word ‘frailty’ deliberately because I think it’s one of the things that gets missed in this work, and I sometimes have to remind people when I’m doing workshops around these issues – which is to help them understand they are going to come to not just a growing edge, but an edge of such intolerable pain of awareness, of ‘recognition trauma’ that they will literally feel frail for a little while.

I need to be able to learn how to be with my frailty, to take care of myself and do what I need to do to get support from the environment in a way that doesn’t look towards the gay person or the Black person to offer that support.

I would say what Black Lives Matter did for me and many of my colleagues, and we talked about this in the BAATN leadership group, was ‘in awareness’ to step back from transgenerational habits of taking care of White people’s pain, and instead of paying attention to the pain that speaking up was generating for us as communities. But also, the joy of finally giving voice to what has had to remain voiceless. I always try to talk beyond Black Lives Matter – that’s a big movement that’s supported multiculturally. What matters to me is staying engaged with this discussion about conferred authority. I think it brings in collective-field responsibility for how societally and globally there has been a conferring of authority to some people, but to the detriment of others.

So how do we work with this? We keep paying attention to our responses to conferred authority, to acknowledging what it means to have a conferred authority. There’s a paper that Ray Johnson et al. wrote recently based on research that they did with their colleagues, and they were researching microaggressions and the impact of them. It led me into looking into the polarity of micro-affirmation, which is being written about a lot in the LBGTQI+ and particularly the transgendered fields. That’s where my theoretical chewing on and embodying process is right at the moment. My tendency is to find particular concepts that pull me in and I just stay chewing on them for several months and thinking about them and looking for things that inspire me to find new things, perspectives and evaluations. Looking to the wider field, I might look at art or a piece of dance work by Akram Khan, who is one of my big inspirations. I might look at the Alvin Ailey company because I often find by widening my perspective I enrich my field enough that I can make something… I can find something novel that actually allows me to then speak out like I do.

I am thinking about the importance of meeting and being met. It can be very hard to stay in the
dialogue when it is painful. Like many people, I can find it easier to withdraw than stay in the difficult place to have the tricky conversation. I think of Philip Lichtenberg’s work here – how do you have a dialogue with people who hold opposing views? He has a model for deconstructing how to have difficult dialogues which I find inspiring.

I would add an element in there, in relation to what you were saying about staying in the painful place and your experience of yourself of wanting to move away from that painful place. I really make a difference between talking about difference and talking about diversity. I see difference as a noun, difference is a description for me, diversity is a process that happens between. It’s like both people in the dialogue need to be holding something of their awareness of themselves and the difference that exists, in order for the diversity between them to be addressed. That’s basically my ongoing theoretical position since I first wrote about it in about 2002. I think this is part of what’s missed and what we as therapists need to understand in these dialogues about our diversity. It’s a process event, not a noun.

To come back to what you were just saying in terms of Lichtenberg’s work, that staying in the painful place is also a part of conferred power and authority, because actually being in the painful place is the experience, and I don’t have a choice of being in it in some ways. If you like, it’s an ‘enduring relational theme’ (Jacobs 2017). There is ‘both/and’ about it, because I need to learn how to stay in the difficult conversation and both sides of the dialogue need to learn to give space for the stepping away, which isn’t an out-of-awareness withdrawal, but is a conscious withdrawal because actually I’m at my point of fragility and I need that to be respected, and somehow fostered and held.

If I bring this into the therapy room, I would say for at least three weeks – and it’s still ongoing because this remains a part of the field now – I was having to stay in those difficult conversations. And they were less difficult for me – I mean, that was part of it, as therapist, not just to my White, heterosexual clients, but also to my clients who were consciously bringing in how this was oscillating against their other identity processes, and their feelings of ‘How do I handle the fact that something is being triggered in me and I’m wanting actively to stay with my responsibility (as part of the majority) in the dialogue about race and culture and heritage?’

Supporting people to stay with the painfulness, the shame and the uncomfortableness of the both/and-ness of that – and we are all in this in some way – is about bringing it more into awareness.

A Gestalt approach can support awareness in a compassionate way, which allows me to get to a point of noticing I have choice, because it doesn’t feel like that when I’m shame bound. It doesn’t feel like that when I’ve deflected by paying attention to my guilt and wanting to talk about my guilt rather than talk about what it means to you to bring your guilt here with me as a Black woman therapist. That’s moving away from the deflection and bringing the focus back to the relational dialogic. It takes courage, practice and skills. We have to keep practising at doing this, and we will get it wrong. That’s where the compassion comes in.

I don’t think there’s any way of avoiding that this is complex, and I think much of the work we do is complex. I’m thinking of Leanne O’Shea’s work on avoidance of talking about erotic, enduring relational themes emerging between therapist and client, and the therapist going into ‘I mustn’t talk about this here in that way’, ‘I can’t disclose to the client that I find them attractive’ or whatever that might be (O’Shea, 2004). I think there are parallels in talking about race; all that learning I did around staying with the erotic transference really does help me to think about how to support someone to be able to say to me ‘I get that all this is happening in the world and there’s a part of me that really resents that I’m having to talk about race yet again’, and for it to be okay for them to say that; I can choose not to take it personally, but support them to stay with all the feelings and all the awarenesses that this has potential for. That, to me, is my work as a therapist.

At the same time, I can also be clear when I don’t have the capacity to do this, and I can be honest about it. There was a day where I said to one of my longest-term clients: ‘I heard about the death of another Black friend who works in the NHS today. I can’t go there today, I just can’t do it.’ And he was absolutely brilliant. He’s a therapist and he said, ‘Yeah I remember those days when yet another friend died from HIV and I was just like “I can’t talk about this anymore.”’ He said, ‘Let’s just talk about something else.’ And then we were able to talk about this at the next session. Transparency is an important part of the work. Of course, what I did straight after the session was call one of my peer supervisors who is another member of BAATN and say, ‘This is what happened, this is what I did, this is how I handled it;’ and hear him respond, ‘That sounds great, well done, how are you?’ and that’s all he did.

It is great support, and that peer supervision group, which is a group that I deliberately created, includes two other people, also people of colour, Black people, and it has been essential. I was clear it was essential to my mental health. I have to have a space where I don’t need to explain when I say, ‘This happened.’

So, I think that’s also part of it. I hope heart-searching people do so from a place of, ‘What I have been unaware of doing or how I have been unaware’,
and that they actually also learn. That’s the reason White people need to do this work together with each other. You can only make it work if you get to that transparency and you keep challenging each other and you keep challenging the habit to move away from the pain. And it’s hard – I’m really clear, it’s very hard.

I’ll just finish with a couple of thoughts. One of my sources of inspiration is bell hooks, and there’s a book she wrote, Black Looks, about race and representation, and in it she talks about something Shirley Chisholm said about radical Black female subjectivity. The key thing for me was this phrase: ‘The critical consciousness to help eradicate internalised racism.’ For me, what she’s saying is we need to keep fostering that critical consciousness to help ourselves as Black women to keep eradicating the internalised racism. You could change that into anyone from any oppression needing to continue to do that. That ability to continually critique oneself consciously – with full awareness, one’s whole self – and to pick up on words you used in the deconstruction, and proactively engage in the reconstruction. It’s about proactive engagement.

I think for me that is a life-long process.

Absolutely. I completely agree. When I hear people talk about eradicating racism – no, what you eradicate are the structures, what you eradicate are the steel poles, that’s what you deconstruct. You have to accept you are going to be deconstructing it, because it will get reconstructed in different ways, over and over again. The difference is, if there are more people engaged in deconstructing their own processes of microaggression and perpetuating the oppression, or becoming conscious of their conferred authority and power, the more that work is being done, the less there is a disproportionate effect on the other to have to continually deal with it. But you know, I am quite a pragmatic therapist, I don’t actually think issues of oppression are going to go away. I think they are part of the human experience. It’s what we do with it that matters. Toni Gilligan at The Gestalt Centre often reminds students that what matters is what they do next. And maybe that’s a good place to leave it for the moment.

Christine, this has been a joy. And I’m genuinely moved by the quality of the attention you’ve given this.

I feel very touched and a lot has been happening for me as we have been talking. Thank you for this meeting Carmen, which has felt rich and profound.

References


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Letter to the Editor

Reflections on the BGJ anti-racism seminar

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In November 2018, I presented at British Gestalt Journal’s annual seminar day. Having been invited by Adam Kincel, who knew of my focus on racial justice, I structured my talk around the question How/Can Gestalt Therapy Support Liberation from Anti-Black Racism? which I used for the title. This remains an alive question for me, and I think it is especially important in the context of the global Black Lives Matter movement, as well as for Gestalt institutes and practitioners who are engaging in anti-racism more actively these days.

There are also a number of Gestaltists who have been addressing these issues for decades: Lynne Jacobs, Phil Lichtenberg, Carl Hodges, as well as many others in isolation. This includes Gestaltists of colour, who often integrate issues of race in their Gestalt practice – with expertise based in lived experience often coupled with race-conscious theories and therapies – as well as white Gestaltists. I believe it is valuable to lift up all of this work and make connections across time and space towards undoing fixed gestalts of racism that pervade Gestalt therapy and our world.

In thinking about my question, I was imagining how to support a multiracial, predominantly white group at the seminar to discuss the compelling idea that Gestalt offers a means to liberate people from the fixed gestals of racism. However, a major obstacle to such dialogue were the ways the discussion itself was already warped. In particular, as a white person, I know we white folks often lack awareness of the realities of racism and white privilege. We often react defensively or guiltily when topics of race come up. Robin DiAngelo (2018) calls this ‘white fragility’: a kind of emotional immaturity that prevents us from hearing and taking in the experiences of people of color because we are too busy protecting ourselves from blame and shame. My presentation, therefore, focused on offering concepts and theories that could act as a set of working definitions, theories and facts, towards a foundation of dialogue. My plan was to offer an experiment in which small groups each discussed a few different kinds of privilege such as white privilege, male privilege, and citizenship privilege, among others. This was one way to break an intersectional analysis into pieces for teaching purposes, to allow for entry points across participants’ racial and ethnic backgrounds. Participants could then regroup at the end to explore differences and similarities, building collective awareness, as well as putting voice to dynamics that often went unacknowledged. This plan didn’t happen.

This letter is an effort to bring my perspective to the BGJ readership as context for, and in respectful dialogue with, those participants who published Opinion pieces in the Journal about their experiences that day (see Asherson Bartram, 2019; O’Malley, 2019). I hope to contribute to further ongoing discussion and have an article in this issue to do so.

In preparing for my talk in 2018, I wanted to know some of the history of anti-Black racism in England, to be able to make my work relevant to participants. I read up on the Brixton riots of 1981, extending knowledge I had gained from prior study. In my research, I found the New York Police Department and London’s Metropolitan Police Service had been exchanging information for decades about how to repress Black communities from across the African diaspora, including Black British, African immigrant, African American, and Caribbean communities (Belina and Helms, 2003; Rundle, 2011). As I considered the police murders of Stephen Lawrence and Smiley Culture, periodic anti-police protests and reform reports in Black British communities, the history of the Windrush generation, issues faced by BAME communities in England (KSS CRC, 2020), as well as the history of British colonialism more generally, I knew enough to assume anti-Black racism was relevant in the lives of Gestaltists in England.

At the BGJ seminar itself, after a loss of time settling in, I had an hour and fifteen minutes to engage with my more specific question for the day: ‘What happens when we try to create a community of accountability and love capable of interrupting fixed gestals of anti-Black racism in ninety minutes or less?’ While this was obviously impossible, I retained the question in my presentation slides in order to highlight the contradiction of undertaking social transformation in one- or two-hour bits.
At the same time, I have found there is no right way to hold these conversations. For the most part, communities and their members have wildly different comfort levels with, and expertise in, conversations about racism and white privilege. Bringing in working definitions of key terms and strong group facilitation skills towards improving group dialogue can be a good use of these tiny timeframes. And, since I regularly see real shifts happen in fifty-minute therapy sessions, I thought it was worth a try. An experiment.

In my experience as a white person, presenting on white privilege and anti-Black racism, white people get uncomfortable when exposed to information about white privilege, even if they are liberal or progressive. We get defensive. We cite the real suffering we have faced due to sexism or poverty or homophobia or anti-Semitism. We start offering information, intellectualising. We assert counter analyses well before the lesson is complete, interrupting the facilitator’s analysis at many turns. There is a subconscious protective ness that white people enact via elitist, dismissive, and defensive postures. White people also get quiet, not wanting to say something wrong or offend someone. We become paralysed with guilt. In the U.S. white women often cry. And some white people also want to learn. They practise tolerating the discomfort, stay open and contemplative, and articulate their fear, shame, and curiosity. At the BGJ seminar, from my perception, the white participants responded across this range of reactions and likely others.

One of the sticking points for white folks at the seminar was their desire to talk with people of colour. I have seen this happen often in Gestalt and other liberal, predominantly white spaces, where getting to know people ‘different’ from you is a tool considered key for something like racial understanding. It is based on the desire for or assumption of mutuality, but I think it is confusing ‘aspiration’ with ‘method’. What I have learned from many people of colour and other marginalised people is that such an encounter often comes at their expense. The interaction too often does not account for the historical imbalances inherent in coming together. Instead, racial justice movements I have been part of taught me that we white people should look at ourselves. The women-of-colour feminists of the eighties and nineties I read, for example, told white women to educate themselves. They were frustrated and exhausted from our constant questions and requests for them to teach us what we didn’t know about race and racism. They did not want to be our confessors, or comfort our tears.

In the LGBT conferences I went to in the late nineties, facilitators were setting up white and people-of-colour affinity groups to do work separately, to prepare us for coming back together. Taking up the charge, in 1998 I joined with other white lesbians and formed what I came later to recognise as a consciousness-raising group about our whiteness. We read articles about anti-racism together, disclosed shameful stories about our racist acts and thoughts, and held each other accountable. We met for two years, practising new ways of being. I was changed and less fearful. With my new abilities of perception I started to recognise the harm and empathic failures resulting from my white habits. I committed to a lifetime of openness to discomfort, self-reflective practice, awareness building, and skill development.

At the seminar, I held onto my agenda, even when I saw how little of it we would get to. I began skipping ahead through my slides to make what seemed to be the next useful point. When time began to run out, I suggested we skip to an experiment. I had planned four ‘fishbowls’ in which some people come to a centre circle and discuss a topic while others witness the discussion and observe themselves. I had planned to do them simultaneously, giving participants a choice between self-exploration of privilege as white people, men, legal citizens, non-disabled people, cisgender people or another the group might choose. Due to time constraints, I initiated one fishbowl with the entire group that I felt was most crucial for a conversation about anti-Black racism. I invited white people to the centre of the room to talk about their experience of white privilege. Seven or eight people came up, including myself. They shared their feelings, their present-centred experience, their levels of awareness of being white, their comfort and discomfort. I challenged them with questions as they spoke as an experiment towards increasing their awareness as they expressed themselves, and deepening their vulnerable self-disclosure, knowing that we white people rarely hold each other to account, especially in public.

When we reflected afterward in the large group, there were many reactions. Some people of color were angry about what they were hearing. They distrusted the white people who said they didn’t know about their own white privilege. Some were glad the white people were the ones exposing themselves and felt it was appropriate. Some white people were angry with the premise of the experiment; others shared their feelings of shame yet wanting to hold themselves to account.

The time was too short, the group too big, the whiteness too solidified for much to be explored. At the same time, for the most part, the participants seemed to hang in there. I think some had some valuable experiences with themselves and others. Some people felt strongly enough to talk with each other and publish
Opinion pieces in the BGJ (Asherson Bartram 2019; O’Malley, 2019). I appreciate those who published their reactions because I feel like they modelled crucial elements of undoing racism: white folks who self-reflect on their white privilege, who talk to other white people, and who are searchingly honest in public. In one, a person of colour published her thoughts in dialogue with another white person, generously expressing her truths.

My primary goal with white folks these days is to get us ready enough for dialogue with folks of colour, in such a way that increases our accountability and minimises the harm we commit. My goal with folks of colour is to support their work and their needs on their terms: to listen, to support spaces that support them in Gestalt therapy training and conferences, and to build frameworks useful to everyone who sees the potential in Gestalt therapy for liberation from anti-Black racism.

References


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Big, black, bad and dangerous

Angela Barrows

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*The International Handbook of Black Community Mental Health* was very timely. The book was published in June 2020. The Black Lives Matter movement had increased momentum following the death of George Floyd in America. Systemic racism that has invaded our lives for centuries was now being tested. Countries around the world were uniting to make a stand against the injustices Black people have been experiencing at every level on all continents across the globe. Our struggle and our cause had resonated and truly united people across the world. In particular the deniers and excusers who often sought to defend the indefensible and deny our experiences. The recording of George Floyd’s death and the words ‘I can’t breathe’ touched me as they touched the world.

As I think about George Floyd’s life being taken in full view of the world on millions of TV and mobile phone screens, one media report heading stayed with me. The report referred to him as ‘a gentle giant’, which can be juxtaposed with the title for this review. If he’d been in trouble with the police for some kind of illegal charges, would the world have responded in the same way? We’ll never know.

An email from a Black community group alerted me to the online launch of the book on 7 July 2020. There were around 100 people present from right across the world: UK, USA, Caribbean, Ghana and other parts of Africa. I watched in excitement and exhilaration as the contributing authors described their research. The chat box was consistently busy, praising the speakers, authors, and scholars, as well as participants connecting and networking.

After ordering the book online, I waited for its arrival with the eagerness of an expectant child at Christmas. Part of me wondered if it would live up to all my expectations. On a ‘race consciousness’ level, there is a belief within the Black UK community that Black people can’t do anything right or good. Yes, this is what happens after hundreds of years of mental enslavement, institutional racism and the subsequent harshness of imposing and judging each other. So a really big part of me was hoping it lived up to my anticipation and more.

When the package arrived, I noticed my surprise at the size of the book. I half expected it to be bigger. I’m not sure why. I guess having watched the launch and seeing the number of contributors, I imagined it would need to be large to get all the information condensed in. It was just slightly longer than A5. I carried it around carefully and gleefully like it was a new-born baby. It does feel like something new has been birthed at a most significant time, for myself and for Black people in the diaspora.

As I looked at the book sitting in my hands, I felt a sense of glowing pride and my whole body relaxed knowing that Black authors, those that would have a true understanding of my life experience, had collaborated to produce such an important body of work. I flicked through the 600 pages, then went straight to the list of chapters. As I read frantically up and down the list, I felt the excitement at the vast array of the content matter, some of which I will share later.

For the purpose of this review, I will use the term ‘Black’ and ‘people of colour’ as an inclusive word to include everyone non-white.

As a Black woman, born in the UK to immigrant parents from Jamaica, I always felt and was aware of being different as a young child. I was excruciatingly shy, with a sense of disconnection and wariness of some of my White counterparts. Only now as I reflect, I acknowledge that my secondary school was a slightly different and special experience. I had
a shared sense of belonging with lots of peers who looked like me, often spoke like me and shared an understanding and the experience of being Black.

Aged nineteen, I was diagnosed with depression by my family doctor (White female). She suggested a few options: medication, someone to talk to, or taking up yoga. I thought the yoga would be good, but I flatly refused the medication for fear about being over-medicated or becoming addicted. I wasn’t offered counselling or therapy; she simply told me to find someone to talk to. I imagined at the time she meant a close friend.

I was hesitant about talking to anyone about my depression because I knew the practitioners in the mental-health system didn’t look like me and felt they wouldn’t be able to relate, empathise or understand my experience. I was terrified at the thought of engaging with that process.

What I did not recognise or acknowledge at the time was that underlying my depression was trauma from childhood sexual abuse. I’d attached the depression to the fact my boyfriend at the time had cheated on me.

I suppressed my feelings and distracted my mind. I could not afford for information about the sexual abuse to get out under any circumstances and bring shame on my family. I did not want to be labelled as having a mental-health problem that might affect me staying in college or gaining employment. Around the same time, a boy I went to school with, who lived near to me, had been diagnosed with schizophrenia and was in a psychiatric hospital. I remember feeling upset for his mother and family, hoping that he’d get better quickly or else he’d be in for a very long time, dosed up with medication.

I eventually did go into therapy. My journey started when I began my psychotherapy training, aged forty.

The book addresses an extensive and wide-ranging number of difficulties Black people experience in a variety of institutions in relation to the mental-health system and services. The research and studies are widespread, covering children and young people, and the effects on education, mental well-being of young Black boys in school, racism in academia and transracial adoption. The twenty-nine chapters include the impact of forced marriage and systemic family therapy with transgenerational communities in the Caribbean, moving on to explore issues of older age groups as well. It also looks at issues of the elderly and their experience of dementia, in conjunction with in-depth research and meticulous attention to detail and information. It offers solutions to readdress those challenges, such as methodologies, frameworks and therapeutic models.

It’s laid out exceptionally well, clear, accessible, easy to navigate and thoroughly researched. There is a wonderful mix of British, American, South Asian and Caribbean contributors to the book. It has two well-respected individuals endorsing the book, namely, Oxford University lecturer Dr Alice Sawyerr, and a House of Lords representative, Lord Victor O. Adebowale CBE, Chief Executive of Turning Point.

In this moment, I am feeling the need to prove the credibility of these Black representatives as eligible individuals to endorse this book. That is an introject that many Black people will recognise. I was always reminded by my parents that I needed to work twice as hard, be more qualified or overqualified to be on an equal footing with White counterparts. This lifelong lesson has stayed with me to this day.

Lord Adebowale writes, ‘As far as I’m aware, this is the first publication of its kind on the experiences and provision of services to the BME community. This in itself is something of a sad statement to make in 2020; after many years of campaigning, analysis, research and policy interventions we have yet to produce a publication specifically on the issues pertaining to BME mental health.’ He goes on to say ‘The challenges within these pages are not only for members of the BME community to read, reflect and act. This book is essential reading for any mental-health practitioner who wishes to understand and practice in a system which is beneficial to all regardless of race’.

I totally agree with his sentiments. It boggles belief that pages and pages of reports, research and so on have been written for decades. There have been numerous court cases, suggested changes to practice and procedures, and still Black people are over-represented in mental-health and the judiciary system both here and in the USA. Actually, now I reflect, it was very unlikely that anyone other than Black people could have written this book. After all, we are the experts of our own experience.

I feel the need to mention Professor Joseph White from the USA, who was affectionately known as ‘The Father of Black Psychology’. He wrote the foreword to the book but sadly passed away before seeing its completion. However I am delighted to know his work and legacy will continue for generations of Black practitioners.

The book has been edited by two Black men from the USA, Dr Richard Majors and Dr Theodore S. Ransaw, and a Black woman from the UK, Karen Carberry, MSc, Dip. Psych. The prelude is written by the UK-based Eugene Ellis, founder of the Black African Asian Therapist Network (BAATN).

Majors writes a section titled ‘Black Mental Health and The New Millennium’, describing the historical and current perspective on cultural trauma and ‘everyday’ racism in White mental-health spaces, and its impact on the psychological well-being of Black mental health.
He writes that ‘the primary goal of the book was to “move beyond institutional racism as an inappropriate model/political non-accountable driven model of racism and begin to examine racism in mental health on a more personal level: everyday racism, implicit bias and micro-aggression, and the devastating impact it has on people’s lives.” The inequalities are glaringly obvious, and have been for decades, my question is why is this still an issue?’ It is a question I too have been asking for some time and sharing with other Black practitioners.

Majors writes about the National Health Service (NHS), giving them credit and showing gratitude for their courage and efforts during the COVID-19 pandemic. Behind this pandemic in the NHS is virulent discrimination, harassment, constant bullying and insulting micro-aggressions in the workplace and training institutions.

I worked with a Black female client, who shared how she and two other nurses (African and Asian) were asked to work on one side of the ward where patients needed a lot of physical support including lifting because of mobility issues, whilst on the other side of the ward were three or four White nurses administering drugs and taking observations. She was angry about the fact that the Black nurses were always asked to work with the patients that needed the most physical and demanding support. They all felt powerless to question anything for fear of being ostracised. An Asian nurse shared how she had to leave the hospital she worked for due to bullying. She felt stressed, alone and angry, helpless to report it, unsupported by her managers to challenge it, and left without saying anything to anyone.

Majors goes on to talk about the over-representation of Black men in the criminal justice system and higher rates of them as patients in mental-health units, which reinforces the myth of Black men as being ‘big, bad and dangerous’. He writes about ‘everyday racism’; the everyday interactions and the small microaggressions that Black people and people of colour experience. He discusses the racializing and biased roots of schizophrenia, the roots of mistrust stemming from slavery, ‘cultural paranoia’ when around White people in organisations, racial and cultural trauma and how ‘cultural competency’ is a more constructive way to improve access to mental-health services for Black people.

It is important to know that there are subtle differences in understanding Black people’s experiences from those who originate from Africa, the Caribbean and America. It is not a case of one-size-fits-all. We are as diverse in our cultural development as we are in our skin tones and complexion.

A couple of chapters particularly resonated with me from the book which I will briefly discuss here.

Chapter 9

Cultural Competencies in Delivering Counselling and Psychotherapy Services to a Black Multicultural Population: Time for Change and Action by Nicholas Banks

This chapter looks at the need for Multicultural Competencies (MCC) in order to ‘deliver an ethical and effective service to a Black multicultural population’. Many reports have been written (all described and written about in the book) about lack of engagement with mental-health services by ethnic minorities. I understand this from my personal experience. My doctor didn’t offer me any psychological support. It was a personal and conscious decision to not seek therapy or counselling anyway, because I didn’t want anyone to find out about my sexual abuse and I knew that the counsellor definitely wouldn’t look like me, so how would they understand my experience?

The book mentions a randomised control trial that took place with forty African-Caribbean patients ethnically matched with a therapist using mentoring and advocacy achieved results, significantly reducing rates of depression after three months. I can certainly see the benefits of matching clients to the same ethnicity of the therapist if they so choose. There is a shared connection of lived experience on some basic level. However, within the Black and Asian community, some individuals would prefer to not see someone of the same ethnicity for fear of information getting out into the community.

Competent therapists and counsellors are practitioners who take the time to learn about their clients’ cultural backgrounds, to inform the way they work with that client. The book talks about the importance of the ‘therapists/counsellors’ skill in recognising how the interactions of their own culture and ethnicity impacted on their own behaviour and the client’s response and behaviour to therapy’.

From a practitioner’s point of view, I worked with refugees and asylum-seeker clients in the early part of my clinical work, all male clients from Afghanistan, Turkey, Iran, Iraq, Congo, Ivory Coast and Nigeria. I would invite my clients to share their culture as part of our process of me understanding them in the context of their homeland. My very first client was from Afghanistan. I remember not knowing very much about the country. As part of my learning, I researched current news, and watched films by an Afghanistani director.

As a client, my therapist was White and male. If I had a choice, I would have preferred a Black therapist. However, they were few and far between at that time. I interviewed about five different practitioners and went
on my instinct, which served me well. My therapist was approachable, open, honest, and authentic. He invited me to bring my whole self to the sessions. I felt safe, secure, relaxed, validated, and able to incorporate parts of me that I shut down. He embraced who I was, my Caribbean upbringing, and my hair (Black women and hair is significant!). He understood the dynamics of the Black community, family, Black men (in my relationships), and my spirituality. There was a strong therapeutic alliance that supported our five years of working together.

What I found interesting and new to me in this chapter was that 'counsellors are not always dealing with an individual client, but one who may be part of an influential family and social system'. I found this quite profound; this hadn’t registered with me until I read it and reflected. My experience of therapy has been positive and supportive. That in turn supported me to encourage other Black friends, colleagues and family to embrace the possibility of seeking counselling and therapy. What I had learned in my training and my therapy I discussed with and taught to my own children, helping them to understand their feelings and teaching them strategies to support their emotional well-being. They also felt enabled as they grew older to ask me about my own life experience and childhood. They wanted to understand me more, and I wanted to share with them how I was choosing to change and break the generational cycle of mental-health issues in my own family.

It must be noted that the neither writer, nor myself, is not suggesting that White counsellors and therapists are unable to be supportive in their clinical work with Black clients – clearly my own therapist was able to support me – but are more likely to be effective if they researched information to help with cultural differences and understanding.

Chapter 1

Systemic Racism: Big, Black, Mad and Dangerous in the Criminal Justice System by Sharon Walker

I am an only girl with four brothers and this chapter really spoke to me, just by the title alone. I have lived with this declaration, feeling worry and tension at times for my brothers, male friends and colleagues. I could never really understand growing up why Black men were so feared. Is it the way they have been portrayed in media such as art, films and music for centuries as crazy, wild, angry, thugs; mad, bad, subhuman and violent? These are just some of the stereotypes that depict Black men.

The brutality of George Floyd highlighted globally the restraint and force used to incapacitate Black men by the police both here in the UK and in America. The only small saving grace is that UK police are generally not armed. Black men are more likely to suffer mental-health difficulties with the level of discrimination and racism that exists in the UK.

There is an over-representation of Black males detained under the Mental Health Act. However, conversely, they are underrepresented in community treatment like therapy and counselling. Many Black male celebrities, such as Frank Bruno, have been brought into the public spotlight with their mental-health breakdown. The actor David Harewood spoke openly about having a psychotic episode in his twenties and being heavily medicated.

There is a widely held belief that Black people have a higher pain threshold than any other race. There are a number of well-known cases of men who have died in psychiatric hospitals and the criminal justice system due to force and restraint being used when they were unwell. This probably explains why Black men are over-medicated in the psychiatric hospitals and systems. Is that because the staff (mainly White) are frightened?

Walker writes in her chapter, 'When a Black man is dehumanised in the construction of the big, bad and dangerous stereotype, there is reticence by those in power to address the misdiagnosis or killing. Being perceived as superhuman and dangerous, the justification for being restrained and/or killed is to preserve the safety of others'. She goes further by saying that 'the unlawful killing as a result of restraint, may just as well be seen as the modern version of “lynching”'.

Walker shares her struggle to close her written chapter and goes on to share a personal emotive story about a young, Black male student in her classroom, a story only too familiar, heard from male friends, colleagues, the media and working with Black, male clients. The story she recounted stirred my feelings, the pain manifested by tears dropping onto the pages as I read. The thoughts and feelings that filled my mind and body moved me deeply.

As a mother to a son soon-to-be eighteen years old – an A-grade student – heightened fears and anger began to rise inside me. Knowing that in just a few months, he will be leaving home to go to university in a big city (London), just quietly praying that he will be safe. Knowing that a large part of the population in this country unwittingly, unconsciously, sometimes blatantly may label him as ‘big, Black and dangerous’. All my son wants, or any Black man wants, is for others to see him as a human being from a place of ‘equality’ and not to be discriminated against because of the colour of his skin.

Whilst the book covers an extensive list of mental-health issues affecting the Black community, one area
of work that I felt wasn’t included was the impact of sexual abuse.

This is a subject I have a keen interest in as a survivor of child sexual abuse. Whilst in personal therapy working through my inner pain, I wanted to find a women’s group to share my experiences. The only ones I could find at that time were run by White-led organisations. I was reluctant to consider this as an option. I felt my lived experience would be vastly different to that of White women. I silenced myself as a Black woman, not to succumb to the stereotype by White people who think that Black people are over-sexualised.

Melba Wilson (1993) describes it in the way that really resonated with me to my core:

Child sexual abuse is the misuse of power by an individual (usually male) against a child. Whether the child is Black or White, it does harm. If the child is Black, however, it does particular harm because of the added dimension of race. When a White child is sexually abused, they think they are bad and dirty. When a Black child, especially a girl child, is abused, she thinks she is bad, dirty and an affront to the race, both in sexual terms and in terms of being Black and female. She thinks too, of the message it will send to White society if she tells.

There is a strong tendency amongst abused Black girls/women not to tell and not to discuss it. The underlying reasons for this attitude have to do with feelings of vulnerability centred around race and sex. Why tell when there are so many negative stereotypes associated with being Black anyway? Why tell, because it’s just going to mean that we confirm their worst expectations of Black people as sexual animals? Why tell and bring shame on to the family, the community? Why tell when we may just as likely be accused of colluding with the act as not?

Writing this book review has been an emotional journey and a challenge for me. There were moments of intense anger, sadness, frustration, and self-doubt about my ability to write effectively. This work brought back excruciatingly painful experiences from my past. I felt pressure (my own) to do this book justice, at times wanting to give up and throw the towel in and retreat into myself.

I recognise that now is the time. This book could not have been better planned to be launched at this moment. The world is ready to listen. Conversations about race and White privilege are happening with White people in education, workplaces, online on platforms such as Facebook and LinkedIn. These conversations are not always respectful, but they are happening. Allies are coming together in support, and others are beginning to educate themselves about racism. This is particularly important in the therapeutic world as we are now more likely to be working with a diverse range of clientele.

This is a continuous journey of understanding and acceptance. As long as we stay on the path, and are open to learning, to doing and thinking about things differently, the next generation may have a different life experience.

This book is currently only available in hardback form and is expensive. However, it represents an extensive body of exhaustive work bringing together research and experience that represents a first in taking a collaborative group of practitioners, academics, and researchers to produce a detailed book that I believe will become a benchmark of change. The best recommendation that I can give it here is that it should become a reference book and benchmark for all therapists, counsellors, social workers, teachers, doctors, nurses, NHS hospitals, judiciary, and mental-health services, and for all those working with and on behalf of Black people and communities wherever they are across the diasporas.

A must-read, a must-have.

References


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The ordinary is the miracle

Michael Vincent Miller

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‘...but the ordinary is the miracle.
Ordinary love and ordinary death,
ordinary suffering and ordinary birth
the ordinary couplets of our breath,
ordinary heaven, ordinary earth.’
– from *Tiepolo's hound* by Derek Walcott

The American novelist Saul Bellow, whom I knew during the last years of his life, once told me that his greatest gift as a writer was that he had never lost touch with his childhood discovery of what he called 'the radiance of the details'. For Erving Polster, in this generous and important new book, there are many forces in modern society and culture that have cut people off from their awareness of this radiance and its possibilities. His approach to psychotherapy could be said to entail the rediscovery of the radiance of the details.

Polster is concerned not only with the details in themselves but also how they connect to form the larger shapes and meanings of our experience. He wants us to see how the elemental way in which one thing follows another in life – if you both allow it to unfold and go where it takes you – can bring about an enlargement of your existence and, where needed, a deep and satisfying new integration. Erving Polster is one of the most influential Gestalt therapists, a trainer of generations of Gestalt therapists (including yours truly nearly a half a century ago), and an author of several books. And here he is at age ninety-eight, having written a new book; a testimony to his own personal life force which is in evidence on almost every page. In Polster's view, the potential of what we can create if we attend to how one thing follows another is more than a basis for psychotherapy – it's a basis for a fulfilling life.

The human condition, Polster suggests, whatever else it is about, is also and almost always about connection. One facet of that is how the mind works; another is that we are pack, herd, or flock animals, like most living creatures. Connection for us operates in many channels, including the moment-to-moment perceptions and thoughts that build up one's life experience, the episodes of contact between people that make relationships, and the individual personal narratives that resonate with others close by in various group configurations, thus creating a sense of community. Indeed, Polster urges, if we give more focused, accepting attention to the particulars of our lives – especially if we do it in our contacts with the world and with others – then our attention becomes curiosity and fascination. And each seemingly ordinary moment can turn into what Polster calls 'a stepping stone to enchantment'.

What he means by enchantment does not have much to do with witches’ spells or magical potions. It is closer in spirit to the sociologist and social philosopher Max Weber when he worried about 'the disenchantment of the world'; a phrase he borrowed from Friedrich Schiller. The disenchantment for Weber was the negative effect of an over-rationalisation of modern society through its emphasis on technological progress and bureaucratisation of authority. The result, he concluded, was a tendency to deprive life of mystery and magic. Not that Weber wanted to undo the fruits of modernisation, but he felt that it was important to locate sources for potential re-enchantment. Weber, of course, was examining the whole of society. Polster, looking through the eyes of a psychotherapist at individuals and much smaller, more intimate groups, seems to me not at all at odds with Weber’s analysis. Polster’s emphasis moves pretty much in parallel to Weber’s, but on a different scale.

It is not as though Polster limits his conception of enchantment only to the clinician’s office. Enchantment, whether through story, myth, poetry and theatre, religion, music, or direct experience, calls for an audience; one that can vibrate in empathic attunement with what is being expressed. The smallest audience is just one other person, such as is the case in the usual therapeutic situation. But Polster recognised that the spread of enchantment affecting numbers of people simultaneously, that took place at communal gatherings both religious and secular, could open transformative possibilities beyond individual or even group psychotherapy. This perspective seemed too promising to restrict it to psychotherapy. Pathologizing people is mostly a habit that psychiatry and psychotherapy have directed at individuals – sometimes with good reason, sometimes not so convincingly. Fitting people into given categories of sickness, useful for some purposes, also tends to fix them in place, like the gaze of the Medusa that turns you to stone. When you move with therapeutic methods like Gestalt therapy to work with groups of people who have not assembled to be cured, you enter a realm better thought of as simply personal experience and its exploration. You might think of this as a kind-of secularising of therapy itself, freeing it from the religion of medicine. So Polster developed a workshop model, based on Gestalt therapy, that he took into
cafes, universities, conferences, and other venues where people came together in moods of relaxation or in the interest of learning. He called this design and method of working with large groups of people around personal issues ‘Life Focus Groups’ because he came to feel that paying close attention to what is happening is an innate capacity that we exercise, and it is one that guides us well in how we live our lives. Two of such groups that Polster has been leading have lasted for about twenty-five years.

In place of thing-like constructs, such as the superego, an unconscious, or a fixed notion of self, Polster brings into psychotherapy qualities like concentration, fascination, and curiosity. He reinvigorates the very conception of psychotherapy by conceiving it not so much as a cure or a return to normality, but a path to enchantment. Regarded in this light, psychotherapy, namely Gestalt therapy, resembles Buddhist meditation, which is also a path through close attention to ordinary moments, on the way to an ideal of enlightenment. Both Gestalt therapy and meditation then draw on our capacities for concentration. They make concentration a practice to enable us to inhabit more fully each present moment in its arising and passing on. Both disciplines can be understood as victories over distraction, as are achievements in sports, learning a musical instrument, or becoming fluent in a foreign language. In fact, becoming skilled at almost anything worthwhile demands a practice involving fully absorbed focus.

From its beginnings, Gestalt therapy has always paid attention to the particulars and details that arise in the moment-to-moment passing of time, especially the ones that go by unnoticed. It brings to this practice the kind of exploratory curiosity that we associate with works of art and their making. Henry James made a point similar to Saul Bellow’s when he claimed that the novelist is one upon whom nothing is lost. And another great writer, Marcel Proust, found that the tiniest of passing details, the taste of a madeleine cookie dipped in tea, opened his memory and set the tiniest of passing details, the taste of a madeleine cookie dipped in tea, opened his memory and set

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Difference: a source of support, tension or conflict?

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Having trained in the early eighties as a couples counsellor with what was then Marriage Guidance and, later, Relate, I was embedded in a more psychodynamic approach to couples work: investigating the significance of unconscious reproduction of past patterns of parenting in partnership relationships (Pincus, 1962). Some ten years later, I integrated my Gestalt training into my couples work and I continue to appreciate how Gestalt has contributed to locating the work in wider contexts: emphasising shared responsibility for the co-created relationship, and working phenomenologically and creatively to raise awareness.

Watching these two films, each of which is about an hour long, is to witness and appreciate the range, depth and experience that Dr. Rita Resnick and Dr. Robert Resnick demonstrate as they work with two couples. Setting the background, both examples are located during two different week-long training workshops in Slovenia and Poland, and other participants are there responding as they observe the work. There are subtitles which support understanding. However, I also found that the clients’ occasional reaching for language supported my experience of the genuineness and courage of the two couples willing to share and risk in this context.

The Resnicks demonstrate a model of couples work illustrated by two therapists working with a couple. The advantages of this, when the therapists can support the rhythm of the work and intervene with both partners, are made evident. The graceful ease with which they do this is both a pleasure and a learning experience. The potential to be triangulated as a single therapist is all too familiar. Clients are often fearful of a therapist alliance against them and the mutual balance and support offered by the Resnicks to their clients was well demonstrated.

What these films provide is an opportunity to see a masterclass in Gestalt couples work. Although these videos may not be intended as direct training in relevant skills or theory, it is easy to see how the viewers can draw from these examples and integrate learning in their own couple work or, perhaps, reflect on their own relationships. The work is with two couples presenting with differing themes, difficulties and resources. We can generalise from these examples but, as must be the case, other common presenting issues and recurring themes are obviously beyond the focus of these sessions. Whilst some couples work can be intensely dramatic, with strongly expressed emotions and extreme conflicts, what we observe here is the slow, unfolding process as the work moves towards clarifying underlying processes and familiar interactions. In both cases, what is made apparent is the recursive loop of repeating patterns which affect a couple’s ability for connection. The inclusion of brief written material focussing on difference is cogent and relevant both to this couple and more widely.

We Already Had Great Things

During this week-long summer training workshop, two sessions in the week are edited to under an hour. There is a familiar presenting theme for this couple – a man and a woman – whose connection has waned over their twenty-year relationship. At the beginning of the session, context is asked for, from both participants, asking them to name their wants and needs from the session. In both examples, the importance of respect, and an awareness of boundaries when engaging in this work, is named. This couple’s pattern of contact and withdrawal, and the repeating patterns which interrupt their connection, is brought into awareness and possible change processes are considered.

As the Resnicks observe, ‘two become one, then there are none: from a fusion model to a connection model’. The movement between potential isolation and potential confluence in partner relationships is well known. To what extent does any couple experience intimacy as being both connected and separate? The Resnicks’ model of the Circle of Relating (1997), which I met some years ago, demonstrates this very clearly. I experienced them working with this couple towards a sustained dialogue in which each partner could more fully experience the other in both their sameness and their difference. As Devlin and O’Neil (2004) attest, each relationship has a rhythm of ‘moving closer, connecting, being intimate and attached, and then moving apart and being more separate, autonomous, differentiated and individuated’ (p. 114).

Shame is named in the session. One partner’s sharing of vulnerability – which moves his partner – also locates the shame where it belongs, as well as offering support and understanding of how the ‘then’ is present in the ‘now’ of their relationship. Whilst couples are invited to make connections with how their earlier histories present in the now, as the Resnicks state ‘primary experience is the currency (and only currency) of contact’. This is demonstrated in their effective interventions with both couples; we see
the moment-by-moment exploration of heightening awareness of both partners’ processes and witness their shared, interlocking dynamics.

Dealing with Difference

In this film, we meet a couple, two women, who have been together for three years and are faced with dealing with difference. I wonder how many of us watching might recognise the familiarity of trying to deal with difference by trying to persuade the other into changing and doing it our way!

The topic of discussion between this couple is about going to watch football matches. However, as is made very clear, this is not primarily about football: it’s about who gets to decide their time together and what happens when they don’t agree. As one therapist names, ‘you both want to be together. The battle is when you want to do it differently’. Who holds the decision-making power is an obvious course of exploration. Who asserts and who acquiesces, whilst retroreflecting their own needs, is another dance familiar to many relationships.

Again, we are reminded when working with couples that it is often less the issue itself but how the couple perceive and manage it that is of primary importance. How does this couple stand together to consider this issue? It is acknowledged that compromise, whilst offering benefits, also often involves loss. As one therapist rather eloquently names, ‘I can taste your reluctance to let go of your way’.

In the second of the two examples working with this couple, the session focuses on sexuality. This is a familiar theme which presents in couples work when the sexual relationship no longer meets the need of one or both partners. We see the importance of clarifying intentionality here, exploring at times how an intention may be received, with the therapist noting on occasion: ‘You missed each other there’. At one point, the question, ‘Is it a game for you?’ invites both partners’ needs and concerns to be considered. Clarifying the difference for each around touching and sexuality illuminates each partner’s understanding. The emerging playfulfulness, fun and energy are a pleasure to watch as they are encouraged to find expression between them. The need for compromise is made apparent. Whilst both partners need to be an advocate for their own wants and needs, the fundamental importance of shared responsibility and consideration is named very clearly: ‘Each of you has to be a representative for both of you, rather than each of you for each of you.’

Reflections on their approach

Throughout these sessions, couples were encouraged to consider the language that they both use when speaking and responding to each other, and at times to speak directly to each other. Both partners were supported to say something simple and in a directly owned way. For example, I enjoyed the direct intervention when the therapist turned to the client and said ‘Look at her eyes not mine...What do you see?’ Partners were supported by language that was both owned and direct, and more likely to facilitate dialogue between them: ‘It’s different when you say the obvious and tell her what you want, not what she should do.’ Another intervention that I particularly liked was ‘“I don’t know” could be the end of the conversation or the beginning of an exploration’.

Both couples were supported to understand their meaning-making in their processes through clarification by the therapists. The Resnicks showed the importance of both clarifying the process and naming it. The importance of clarification was evident when the therapist asked ‘Are you saying no, or hearing no?’ As I watched, I noticed the times when I felt the pull towards one partner or the other, and reminded myself of the importance of balanced neutrality. Throughout the work, there were many examples where you could see each therapist confirm or acknowledge both partners with words, smiles and gestures. However, both therapists also challenged the client’s deflections, held the figure, and reminded the client of the question asked, demonstrating the importance of respectful dialogue. In support of a dialogic relationship, both partners were encouraged to pay attention to the importance of embodied process as well as to spoken language: to check in with their own process when their partner was speaking, so as to pay attention to both.

There were some enjoyable examples of Gestalt’s creative approach. The importance of grading and self-support, of both couple and therapists, was well demonstrated. Shared laughter, which was often present, was another support. As an invitation, ‘You don’t have to believe it, it’s an experiment’ supported the couple to practise new behaviours and to explore deeper awareness. We saw how identifying and deepening awareness of an experience could increase vitality. There was also a consideration of how this learning could be transferred to their lives outside the session.

Throughout their work, we see the Resnicks focus on content only to the extent that it illuminates process. The naming of process and the statement of the obvious is transparent and, evidently, effective. For example, when one partner had not wanted to come to therapy and had felt somewhat blackmailed into it, the therapist commented, ‘You came, so obviously you want something’. The Resnicks showed the importance of working phenomenologically, checking their understanding and inviting exploration rather than interpretation. They asked for specifics as in, ‘What’s
the “it” he takes for granted? We therefore can observe the times when tight therapeutic sequencing, to which Polster (2021) refers, supports the work. Furthermore, we can observe the places where softening supports a deepening of the work.

Malcolm Parlett (1991) refers to the meeting of a therapist and client as two dancers coming to the dance: a metaphor that has remained vivid for me and a useful lens through which to consider therapeutic work. In these examples of couples work, we can see how each partner contributes to the dance of the relationship, bringing both earlier dance steps and the nature of a co-created familiar dance in their current relationship.

As Gestalt therapists, we do not work as change agents: we can watch the Resnicks raising awareness of how these couples interact, helping the couples find possible ways of understanding for themselves and for each other, and offering them invitations to explore other potential ways of relating. As they state, ‘Without trying to change them, we use the interruptions to their contact as the currency of contact’.

Gilbert and Shmukler (1996) name the importance of goodwill for the relationship as being directly relevant to the potential outcome of therapy. In the second video, we meet one partner’s initial reluctance, but mostly all four clients appear to demonstrate both that significant goodwill, and an ability to draw on the support available to them to remain open to dialogue and to engage with the process. Other couples, as we know, present with deeply entrenched patterns and conflicts, holding firmly to their own position and perception of truth.

In both videos, although we know the location of the training, the nationality of the clients remains unknown. Whilst the focus of the work is on the interlocking dynamics between the couple in open-ended or ongoing work, the difference of culture and context for these couples would be interesting to consider. How might a couple of the same or different genders be differently supported according to their culture and where they now live? As we know, when we enter the field we change it. I wondered, what might have been the meaning of working with two internationally renowned American therapists and trainers for the couples? Or the meaning of being observed?

As the Resnicks write, in most cultures, difference has a difficult reputation. How couples deal with difference – rather than what the differences are – is at the root of almost all couple issues, which certainly finds resonance with my experience as a couples practitioner. This is clearly a fundamental aspect of partner relations. Also, in a changing and more mobile world, more couples bring a greater diversity of backgrounds to their relationship (Singh et al., 2020).

In their writing on dealing with difference, they name that collaboration ‘can only happen when there is parity/equal entitlement to needs and preferences’. This creates safety, recognising that a resolution that works for both parties may not always be found. Their balance of interest, warmth and engagement with these couples demonstrates the ongoing significance of this and the fundamental importance of balancing on the seesaw of a couple’s sometimes polarised or more confluent relationship.

I consider that when we work with a couple there are very real opportunities for creative change; for the individuals and families directly concerned, but also for the communities in which they are embedded. There are many approaches to couples work and in these videos two highly experienced practitioners demonstrate their way of working. Both personally and professionally, I resonate when the Resnicks (1997) teach that relationships are both hard work and that they are, hopefully, worth the effort. Reflecting on these videos I am left appreciative of the willingness of all involved to work towards better support and understanding of these significant relationships.

References


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Future imperfect: conversation arising out of ‘Necessary Derangement’ with Steffi Bednarek

Claire Asherson Bartram and Chris O’Malley
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Introduction

‘The Future is Dark as a Womb as much as a Grave…’
(Rebecca Solnit 2004, quoted by Steffi Bednarek)

This writing follows on from the British Gestalt Journal’s 2020 Seminar Day led by Steffi Bednarek. The day was held online due to lockdown measures.

We met in a Zoom breakout room which was part of the day’s exploration and found ourselves interested in what each other had to say. There were similarities in our responses to the day which were largely reactive. We decided to have a further Zoom meeting, to tease out the differences and similarities between us and to write a joint response.

Steffi Bednarek’s presentation ‘Necessary Derangement’ was a talk that brought in imagery, poetry and literary reference, Buddhist-influenced thought, exploration, and meditations. Little application was made of Gestalt theory in support of her thesis, but it was possible to understand from Steffi’s BGJ Papers over the last few years (2018; 2019) that she is advocating a stronger I-Thou relationship with the world than we currently have.

It was unclear how Steffi was using the word ‘derangement’ as this is generally connected with insanity. It seems that perhaps she used it to mean radical disruption. For example, regarding climate change, she expressed the view that ‘our old arrangements are not working anymore’ and called for a ‘necessary deconstruction and reconstruction’ to deal with the ‘emergency that we are facing’.

Steffi opened the presentation with a meditation framed by bell chimes, followed by the reading of poems by Mary Oliver and Rumi. She then painted a picture of a crisis in human affairs and critiqued psychotherapy in relation to this. She told us that this presentation had taken courage, that she was nervous to talk about love and had run through her presentation with a friend the night before.

In her exploration Steffi asked many questions such as ‘How can we invite a wider lens?’ and expressed the view that ‘people have learnt to live strategically in a traumatised field’. She suggested that we ‘offer ourselves and face our own [impending] disappearance’ and look to the Earth afresh to undo a toxic sense of separation from it. She said the ‘biggest part of soul lies in the world’ and talked of ‘The Great Turning’, implying a move from self-interest to something she called ‘interbeing’.

The message from Steffi was that we needed to ‘do something’, to ‘step up’, or take direct action to mobilise urgently. She criticized therapy as being ‘too interior’ and suggested that we have the erroneous belief that we can attain everything we need in human relationships.

Before the commentary that follows, we (Chris and Claire) will set our ground with short personal descriptions of the position and history that underlie our responses. We follow this with themes that arose during the day and our corresponding thoughts and comments.

Brief personal histories

Claire

I come from an academic background. My father was a research scientist and my mother a sociologist. They were Jewish, not particularly religious and they disliked anything that they saw as sugary, sentimental or magical. I have taken some of that on board in that I like arguments to be grounded and hang together. However, I would say that insisting truth and knowledge can only be found through logical, rational and objective thinking, devalues qualities such as self-expression, subjectivity, imagination and intuition. These are different ways of knowing which, while seemingly apart, are the polarities of a spectrum and on their own are incomplete. Integrated, they offer the possibility of creating lively, whole perspectives that are both grounded and able to fly.

I have had my own relationship with spirituality, which eventually led me to Gestalt. In my younger days, I spent ten years living in a centre with others
who followed a young teacher called at the time Guru Maharaj ji. I’d listen to him speak and the way to listen was to be open, let his words in, put aside any doubts or criticism, and allow him to affect me. This caused me to feel happy, loving and grateful; ‘blissful’ as we would say then. To reach this state I had to suspend my critical facility and to repress emotions such as jealousy, anger, hate and competition.

At the time I was meditating daily and feeling very inspired. I was also living in a difficult marriage and spent a lot of time feeling miserable and having screaming rows. I was unable to use the insights I was getting from Guru Maharaj ji to make my day-to-day life work better. I turned to Gestalt therapy to try and sort things out.

Gestalt took me in what seemed like the opposite direction. Instead of putting my emotional difficulties to one side, Gestalt focused my attention on, and welcomed, all that I had pushed away. It was like having a drink of water in the desert. I knew that was what I needed.

As I understood it, Guru Maharaj ji was concerned with a universal essence shared by all, while Gestalt focused on what I was feeling and how I was relating in the world. I found my spirituality and Gestalt therapy hard to reconcile, as if I had to choose one or the other. It no longer seems that way to me. I now recognise that I needed to focus on those darker aspects of myself. Doing this took me into a process of building a sense of self that integrated the spiritual and the worldly. With the spirituality alone, I couldn’t live well, relate or have a marriage. I had no ground.

To add, I have an aversion to being told how to think in order to be a member of any group I am part of; in this case, the group of Gestalt practitioners interested in this day.

Chris

I come from a non-academic background and my parents were recipients of a basic education. After WW2, my father emerged into civilian life very anti-religion and would take every opportunity to argue the non-existence of God with proselytising Jehovah’s Witnesses. Like him, I too like serious arguments and have my dad’s problem-solving mentality. From my mum I’ve inherited an intuitive, playful process and, from both parents, my love of music. There were regular outbursts and clashes of understanding, my dad intolerant of my mum’s ‘illogicality’ and my mum hurt by my dad’s emotional distance and lack of empathy. From this stand-off, I trace my need to integrate my attributes and experience, to be able to both think and feel in the service of feeling whole.

Music opened the doors of perception for me. Listening alone for hours to Beethoven and absorbing his unique integration of aggression and submission was deeply growthful and supportive. I started to find my version of ‘spiritual’ in the reconciliation of opposites in the world, the truth within paradox. This process underpinned my eventual coming-out as gay, my sense that I belonged despite the difference my sexuality implied.

In my forties, I found Buddhism and took refuge, practising daily for seven years and taking retreats. The goal of Tibetan Buddhism is to renounce this life and prepare for a better rebirth. Eventually I withdrew from active practice, realising that I was not fully living life due to shame and consequent fears of being seen and heard. I authentically wanted to grow into this life, take risks, fulfil myself. At first, I was terrified I’d thrown the baby out with the bathwater, but following initial counselling training, I found Gestalt. It felt like a homecoming and a place for further growth and integration.

I now call myself a recovering Buddhist; I say this in part to shock, but there’s truth to it. No spiritual paradigm is without its downside, I believe; field theory tells us this. For me, it supported avoiding and withdrawing. I needed therapy when I found Buddhism but couldn’t see that at the time.

It gives me pleasure now to notice my understanding of Beethoven’s music integrating with Gestalt theory, in particular with creative indifference and polarities. I’m enjoying exploring the world with regard to these theories, my current curiosity being about the relationship of certainty and uncertainty, knowing and unknowing. Opinion and conviction so often present as dominant forms of truth in our polarising world and I come to this writing curious about the place of these in the Gestalt paradigm and among the Gestalt community.

I’m fascinated by the troubled times we live in; how we respond, grow, and own what is ours without collapsing what ground we have in a scramble for ‘higher ground’. There’s nothing as useful as a good theory, as far as I’m concerned, and Gestalt has good ones in which I think we must keep faith.

Overall comments

The BGJ seminar day this year presented big problems for us both from the outset, partly because it was held online. While we were both interested in and impacted by the event, the Zoom medium, together with the presentation style, meant that by the end of the day we were left with some unfinished business, even some anger.

Chris: It feels like we went to a lecture, not a seminar. I’ve always had a resistance to being told what to
do or think, to having my autonomy of thought hijacked by a prescribed agenda and being asked to introject what I haven't had time to 'chew over'.

Claire: It was all too short. It was very impactful, but with inadequate processing time.

Chris: My difficulties started at once with the meditation aspect of the day. As a recovering Buddhist I didn't enjoy being surprised by rituals at the outset of a secular day, and I don't accept the ringing of a bell as a safe signal to do something or go somewhere.

Claire: My difficulties started when Steffi commented 'I don't imagine there are any Trump supporters here'. Whatever my own attitude to Trump is, I'd like to feel that there could be a place for a Trump supporter in the group; the sense of an ideological other with whom there could be no dialogue I find deeply disturbing. It almost makes me want to be a Trump supporter!

We both agreed, from our different starting points, that we were expected to accept the assumptions underpinning much of what was presented.

Chris: Yes! I felt that the lack of time supported making the presenter's case a shibboleth, a fait accompli. It was inevitable that the presenter was 'right' as the opportunity to bring in any oppositional element was lacking. I wanted a more dialectical event, more room to challenge and chew over.

Claire: I take your point about the spiritual aspects, although I enjoyed the meditative elements. None of the day was particularly secular; there were lots of Buddhist and Jungian references, with concepts of spirit and soul used. One of the exercises which I did get a sense of peace from was when we repeated 'What in your life do you find Holy?' 'Holy' isn't a word I ever use! However, in the main I liked her language. I thought Steffi spoke beautifully in her pace, thoughtfulness, and imagery.

Chris: My version would be that the language was seductive, and I could almost suck my thumb like a child and listen to it, but part of me was suspicious and resistant to being soothed.

I felt controlled and kept calm, brought 'down' all the time, whereas actually she was talking about bringing ourselves 'up' into some sort of mobilisation. There was a tension between a paradigm of reflection and one of action. I needed to be able to bring anger constructively into the event, which would have supported my mobilisation toward her invitation: 'How might you bring your voice into the world a little louder?'

In summary, we acknowledge Steffi’s passion as well as the intensity and gravity of the subject. We would have liked time to chew it over and a more recognisably Gestalt flavour to her presentation.

Discussion
Psychotherapy and self

Steffi's thinking on self and psychotherapy appeared to be influenced by the Jungians Hillman and Ventura (1992) who wrote a book titled: *We've Had a Hundred Years of Psychotherapy and the World's Getting Worse.*

Chris: Steffi was throwing in her own references without supporting a move from the known, as in Gestalt theory, to the unknown. She implied that as Gestalt therapists we collude with a destructive self-interest. She didn't acknowledge the radical interdependence that field theory explicates as a basis for political, environmental and social change. I see field theory as having much to offer in exploring our responses to global crises.

Steffi argued that we are experiencing a spiritual crisis in our society that is impinging on the global environment, and which is unaddressed by psychotherapy. According to her, we are living unfulfilled, unnatural lives. She described us as having 'killed off the bigger principle – which is unobtainable in human relations...[to live satisfyingly]', believed we carried a deep sense of grief, and have forgotten what we need. She said that 'hungry ghosts [a Buddhist concept] devour the world while psychotherapy focuses on interiority'.

Chris: I don't accept Steffi's idea that what we actually do in therapy is to 'spray psychological round-up'; that we try to eradicate pain – or shame – instead of allowing that 'people go to therapy to have what is broken blessed'.

She accused us as psychotherapists of not being interested in soul, but in self.

Claire: I don't know what soul is. I believe working with this belongs to transpersonal therapies. It's certainly nothing that I learnt in my Gestalt training.

I do recognise a hunger in human beings as Steffi suggests. I think she was saying that what we hunger for is the Garden of Eden, the pure and beautiful nature that we have lost. My understanding of what we hunger for is an inner connection with something that is both within us and beyond us. For me this is about my spirituality which I see as personal and actually quite private.
Chris: For me, the hunger is for the integration of inside and outside. The myth of the Garden of Eden and the Fall is about the split into polarities, the split into good and evil, self and world and everything else. Gestalt, though, has the theory of polarities, and the co-inhering of opposites, and I would have liked a mention made of this. ‘The world is wholly inside and I am wholly outside myself – inside and outside are inseparable’ as Merleau-Ponty taught (2002, p. 474). Field theory confirms that we are of, and in, the world rather than ‘other’ from it.

We are saying that we experienced Steffi talking in ways we could not readily connect with Gestalt theory.

Self-interest and change

Researching for this article, we found a Buddhist critique of psychotherapy written by an Icelandic priest (Tirado, 2008). He describes psychology as having a ‘narcissistic emphasis that can be addressed by Buddhism’ and states: ‘Buddhism argues that grasping onto the notion of a self is at the root of the most essential existential human problem’ (ibid, p.74).

Chris: Paradoxically there was a piece in The Times recently on how mindfulness and meditation can actually lead to ‘Narcissism and Spiritual Superiority’ (Blakely, 2020). In my experience as a Buddhist and a person, ‘spiritual materialism’ – an egotism based in self-admiration (ibid) – is a risk. Buddhism, too, can be misappropriated for self-interest.

We feel that Steffi was providing a view of self that is not upheld by Gestalt theory. Her view seemed linked to the negative concept of ‘selfishness’ as a root cause of global problems. In contrast, the Gestalt theory of self is of a contact process – creative, dynamic and always self-in-relation.

In the original book, Gestalt Therapy, Perls, Hefferline and Goodman (1951) describe the self as ‘the system of contacts at any moment and [that it] is flexibly various’ (p. 215). This view of the self as the contact boundary at work appears very different from the individualistic self-in-isolation that Steffi was implying we work towards as Gestalt therapists.

Claire: When it comes to self-interest, I don’t seem to be able to be anything other than self-interested, unless I have some sort of realisation; perhaps this is what Steffi meant by ‘waking up’. At this point in her talk, I thought ‘I can’t be told to change, but I can sometimes feel that I want to change, and then try and do something differently’, but until then I can’t.

Chris: There wasn’t that support to change for me; perhaps I could have felt shamed into changing but that doesn’t really work for me.

Steffi talked of moving from ‘self-interest’ to sacrifice, of ‘giving ourselves to the future’. It seems to us that her focus implies a move towards a more confluent way of living, away from the concerns to be authentic and true to ourselves that we both feel.

Interiority

Steffi drew us into inner contemplation as a basis for ‘reverence’ toward our ‘inner and outer landscapes’ and for undoing ‘conditioning’ regarding the objectifying of the world.

In our discussion for this piece, we had a small argument about interiority which led to us eventually meet in our differences.

Chris: I think there is a basic confusion in Steffi’s approach around interiority, which is something she condemned. Most of the activities of the day actually related to an interior pole rather than toward an exterior one (namely, the other person in the situation). We all meditated alone and considered the Holy in isolation, all reinforcing the very internal preoccupation she was concerned to overcome.

Claire: It’s interesting you saw it like that, my take was that her use of ‘interiority’ meant the preoccupations we could get into about developmental history and self-actualisation, whereas the activities of the day were at times internal meditations and at times in relationship. For example, we read our writing to each other, and when we contemplated holiness in our lives, it was with a witness.

Chris: I see what you’re saying, but the others were instructed not to comment and therefore that was not a relational exercise for me.

Claire: Hmm… but we could consider the witness as relational in that we are received, seen, and resonated with. Or not. I would say that what it wasn’t was dialogic, and perhaps that’s the difficulty. We missed much opportunity for dialogue.

Chris: Yes, the absence of the dialogic seems to be what we were both missing. This is the integrating process itself: self and world, inner and outer transcended.

Claire: I agree.

Our experience was that although we found the contemplations impactful to a degree, the contact we have subsequently had has been more effective toward us finding a common voice, as demonstrated in our conversation.
The nature of nature

We turned to consider how we are implicated as part of the natural world and the paradoxes and complexities that we are embroiled in.

Claire: Nature isn't all beauty and peace, and we can't separate out the bits that we like from the rest of it. As Tennyson (1850) said, nature is 'red in tooth and claw' and among our characteristics are those of being territorial and possessive. We are thriving exponentially and are ruthless in using the environment for our survival. The destructive things we do actually arise from the natural tendencies of the animals that we are.

Chris: I think this goes back to spiritual traditions, for example Shiva as the creatorestroyer. Nature/humankind, creates and destroys. Consider for example that COVID-19 is a part of the same nature as us. Relationally, the I-It relationship is an equally authentic position to I-Thou.

Claire: Yes, we are entwined in a complex whole of destruction and creation.

I experienced an example of how complicated the issues are when I was in Chile. I was deeply affected by a beautiful flamingo-frequented lake and discovered that it was shortly to be turned into a mine. The land contained lithium: a chemical needed for the batteries that charge the electric vehicles being promoted as part of our route towards a carbon-neutral economy. The land itself had been sold by poor, Indigenous people, so they could live comfortable lives like we do. The situation felt tragic to me.

Chris: Wow, lots in that example. From the perspective of those people who benefitted from the land sale, the mine could be seen as beautiful and welcome rather than a loss or anything tragic.

We felt that Steffi presented a curious approach for someone addressing a Gestalt audience and that she missed the radical view of the interconnection of all things that Gestalt offers. It was clearly implied that we can, as Gestalt therapists, do more. This brings to mind Bloom (2011) who has written on the 'shamanising' of therapy. He warns of the mixing of the 'sacred and the clinical' obliging the therapist to be a caring healer, concerned with the 'transpersonal and spiritual interiority of people's souls' (Levin, 2010; cited in Bloom, 2011, p.305). We see Steffi as advocating such 'mixing' and feel that this moves the role of psychotherapist towards that of a priest.

Conclusion

The need for dialogue and discussion

A presenter will necessarily have opinions, a point of view and some expertise to share. Our understanding of recent BGJ Seminar Days has been that some are offered by more 'core' Gestalt presenters such as Jan Roubal (BGJ Seminar Day 2017), and some by those outside the paradigm. BGJ Seminar Days have differed in how experiential or didactic they have been. This one was the first ever online and therefore an experiment. Despite the experiential exercises, to us it seemed mainly didactic because there was very limited opportunity for dialogue in which to chew over the ideas offered.

Chris: There wasn't time to think about how our theory supports or doesn't support Steffi's insistence on presenting a universal point of view on the state of the world. I needed the opportunity to engage more robustly, to bring my resistance into the event more openly.

Claire: Without dialogue and discussion, I felt that I could not comfortably explore an opposing view. I thought that I was being extolled to wake up, and that if I did then I would agree with Steffi. The approach reminds me of my early days with Gestalt in the eighties. When Perls urged us to: 'lose your mind and come to your senses'. In other words, just experience, don't think. It was the same message I received when I was involved with the Guru.

The problem of normative ethics and the importance of perspective

Unusual to this presentation were the field conditions of a global pandemic and state restrictions on personal freedoms; conditions which support anxiety and potentially extreme thinking and behaviours. In 2019, Steffi called for the British Gestalt Journal community to declare a 'climate emergency' (Bednarek, 2019, pp.11-12). This presentation developed her thinking and she seemed to be telling us how we 'should' be behaving and practising in these times.

Again, we would have liked the opportunity to explore Steffi's suggestions in more depth rather than swallow them wholesale. Bloom (2011) cautions us on the dangers of a normative ethics, as an imperative imposed on the 'other'. He quotes Bauman (1993) in describing a 'fine, fine line between indifference and oppression' and of 'imposing values' when we fail to recognise that our perspectives always arise from personal situations, and instead impose a prescription of what is right or good (ibid).

We recognise that the statements made here by us
are from a position of relative wealth, safety, and having the luxury of time to reflect. We have innumerable privileges, including internet, electricity, food and warmth, and we are not in countries currently being destroyed by war; most threats to us are distant rather than immediate.

As Gestalt psychotherapists we are in privileged positions and have responsibilities to the field as well as to our clients and ourselves. Our voices are being heard which is itself a privilege and there is a power imbalance with those who may be silenced by our exercising such privilege. Like Steffi, we feel the risk of exposing ourselves by making our voices heard here, but the worst that is likely to immediately befall us is shame as we realise more about our limitations, ignorance, prejudice and of course, people not liking our perspective.

Reality, perspective, care and support

There were things we both appreciated from Steffi’s presentation – the commitment, concern, and conviction she brought. We both noticed her huge sense of responsibility for a threatened world and thought that the question of ‘how to care effectively’ about this was at the heart of what she had to say.

**Chris:** Steffi was very certain about the reality she upheld. Ontology – the nature of reality – is a big issue for Gestalt at this time. Training institutes have been affected, and the issue of the ontic reality of racism for example has led to challenges to the adequacy of phenomenological theory to show care for societal issues.

**Claire:** These are not just issues for the Gestalt world. It seems to me part of the current global environment is that people are becoming polarised. We are increasingly tribal – racially, politically, ideologically and geographically. We look at another tribe and see them as ‘other’. The respect for difference, and the wish for true communication, is being lost.

This is taking place within our own Gestalt community, and I see this day as an example, hence my Trump comment. It bothers me.

**Chris:** I’m in favour of continuing to work to overcome polarising, including any obvious splitting of therapeutic activity from important issues in the wider world. Steffi was insistent that this was happening, but from my perspective I don’t recognise that in what I have been doing.

We both found the event supported us to consider actions we might choose to take; actions not necessarily located within our clinical practice as Gestalt therapists. As clinicians, our choices and emphases stem from personal perspectives, the integration of our lived experience forming the ground of our work.

We both care for the future of the species and the planet but recognise that we have limits to our caring, and have a need for support in implementing care and in making sense of the issues in our own ways.

**Chris:** I think it is important to consider the extent to which individuals can bear greater awareness of loss etc. I wouldn’t expect a client to immerse themselves in expanded awareness without support. That way re-traumatisation lies.

**Claire:** This is not only true for our clients. I cannot usually expand my own awareness without support.

**Chris:** Nor me. I care but I need to think too, to understand what’s being advocated, in order to be other than confluent. It takes a lot to stand up against pressure to subscribe to certain worldviews, to be able to form an authentic personal position. I feel I need more support with how to square political and global ‘imperatives’ with being an ‘ordinary’ psychotherapist.

**Claire:** Returning to Steffi’s argument, I think that the essence of what she was saying is that we need to include human and species extinction, and the threat to our planet, in our perspectives as therapists.

**Chris:** Yes. However, fundamentally, I don’t agree with Steffi’s conclusion that Gestalt therapists collude with ‘numbing from the rhythms of life’ as our modality is about contact, vitality. What I hear you and I advocating is that Gestalt continues to be recognised for its potential even in times of crisis, that it has power and relevance.

**Claire:** And it makes us feel very alive in the process.

Working together

This writing process has helped us both integrate the experience of the BGJ Seminar Day more, and to consider what we have taken from it and where it is leading us.

**Chris:** I was moved by Steffi’s phrase: ‘The future is dark as a womb as much as a grave’ and needed to hear this hope as a support. It made me think of ‘the fertile void’; something paradoxical and key to Gestalt.

**Claire:** She also said ‘What is the good you want to see in the world and are you willing to risk a little hopeful action regardless of outcome?’

**Chris:** As when I left Buddhism, I seem to spend my life trying not to throw the baby out with the bathwater, and I feel our contact over this has helped me be more confident about which is which!
I think this is hopeful, what we’ve done here. It’s crucial and ethical to own that we all see from a certain perspective; there’s no ‘view from nowhere’ as Nagel (1986) called it. I think the work is to continue to own, and find support for, our fears of change and loss when our privileges are threatened.

It has been an enjoyable and sometimes challenging task to write together. We have different writing styles and we have worked hard to integrate these, and to include each other’s differing perspectives in what we are saying. We have wanted the piece to be lively, to show our dialogue and to give Steffi’s presentation due consideration. We would like to thank the BGJ for the event and the opportunity to comment.

Notes

1. The Cambridge Online Dictionary (2020) states that derangement is a form of mental instability, ‘the state of being completely unable to think clearly or behave in a controlled way, especially because of mental illness’.

References


Blakely, R. (2020). Mindfulness and Meditation lead to ‘narcissism and spiritual superiority’. *The Times*, 29 December. Available at: <https://www.thetimes.co.uk/article/mindfulness-and-meditation-lead-to-narcissism-and-spiritual-superiority-3kdms7s6>


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