

Gestalt Psychotherapy Training – A Way of Being?

**An Exploration Of How Gestalt Psychotherapy Training Affects The
Therapist Outside Of The Therapy Room**

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Abstract

This dissertation is a phenomenological study with nine participants who are all practising Gestalt therapists. All participants have studied at recognised Gestalt training centres, eight in the United Kingdom and one in America. Participants are aged from 33 to 55+ years of age; three men and six women are interviewed. The minimum length of training has been three years, with ongoing continued professional development for those who have completed their training. The period of time since the participants were trained stretches from 30 years ago to fourth year trainees who will complete their training in August 2005. 'Training' encompassed the modules and group setting of the training group and the parallel obligations including personal therapy, supervision and clinical placements. Five of the therapists have trained in other psychotherapeutic models before Gestalt and there is a short investigation into what differences these participants are aware of in their 'way of being' following that training in the discussion section.

The literature review highlights many Gestalt therapy books in the 1970's that state the phrase a 'way of being'; during the 1980's and 1990's this phrase was not so evident. During the last five years this topic has been considered again in a number of articles and chapters in Gestalt literature. I was unable to find any specific research or literature on how the training affected the therapist's 'way of being' outside of the therapy room.

I used a semi-structured technique, which I felt was reflective of Gestalt, and the interviews took approximately an hour, the tape length was typically 40 minutes. I took

statements from the original transcripts and drew out statements and entered them into tables. Those that had a similar or comparable meaning were eliminated. I then found meanings of the remaining statements, drawing from the initial description. This was to create and discover what the hidden context was within the phenomenon. Then I organised clusters of themes from the meanings. These were then referred back to the original texts to validate them. There are four sections, the 'way of being' before the training, significant statements of the Gestalt psychotherapy training, what a 'way of being' was not, and finally the experience of the therapists as to their 'way of being' outside of the therapy room. From the clusters I formulated a comprehensive statement, this portrayal of the phenomenon is an explicit depiction as possible.

Each participant in this enquiry has an opinion on their 'way of being', the affect and impact the training has on their personal lives. No participant needed the phrase a 'way of being' explained to them. All participants have experienced significant shifts in their 'way of being' following Gestalt psychotherapy training. This investigation reveals what the 'way of being' is and how it has impacted on the lives of the therapists outside of the therapy room.

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Chapter One

Introduction

‘Gestalt therapy... is first a philosophy, a way of being.’

Kempler (1973, p273).

Gestalt psychotherapy is based on philosophy and creativity. Whilst having this philosophical history and seemingly esoteric practise, the solid structure of the Gestalt theory allows it to be both an art and a science.

‘Gestalt therapy is really permission to be creative’

Zinker, (1977, p18). My speculation was, whether this statement had been questioned and where was the exploration into a ‘way of being’. As a result other questions emerged for me, do all students find their ‘way of being’ has changed, if so how?

This study looks at how Gestalt psychotherapy training has changed trainees’ ‘way of being’ in their lives outside of the therapy room, and consider what impact this change had on trainees and their personal relationships.

My question is Gestalt Psychotherapy Training- A Way of Being?

When I found Gestalt therapy (Perls, F. et al, 1951) my own reaction was one of 'coming home'. The tenets of Gestalt therapy (Ellis and Leary-Joyce, 2003) seemed to be natural to me, and gave me the permission to be myself, which was to challenge, constructively criticise, or explore whilst accepting the differences of others.

My belief is if one is given the correct environmental factors, then full potential could be reached. Paradoxically to achieve this '*self actualisation*' (Perls, F. et al, 1951, p374) that would in turn lead to maturity is impossible. As we continually experience ongoing changes in our environment. A consequence of living with this and other paradoxes can be an existential dilemma. In my attempts to live in the here and now, and to stop 'rehearsing' the future, or to idealise the past or to try and relive it in reminiscing rather than experience the actuality of the now, has been personally difficult to achieve continually. This actuality, based on my previous knowledge, whilst not immersing myself in it, and getting stuck by it and expecting the experience to remain the same, contributes to me having a clearer, less cluttered approach to my life.

As the Gestalt model, is relational, emphasis is placed on self-other exploration, which can be challenging for trainees and clients. Understanding what a dialogic relationship is, has allowed me to integrate these skills within my therapeutic practice and within my personal life. There is an acceptance that to be contact-ful with others, I also need to

withdraw and take that seriously, (Buchholz, 1997) taking into account my needs first, rather than assuming what is either expected or wanted by others into account primarily, which is something I have done in the past. Gestalt therapy is reflective and therefore challenging to the therapist, on an ongoing basis. It is also educative and the approach is not just used as psychotherapy for individuals, it is used both in education and organisations, (Ronall and Feder, 1980).

Early American training, at Esalan, saw up to two hundred people experiencing Gestalt therapy in a group situation as clients or voyeurs. Esalan being one of the first Gestalt training centres. To be eligible it was necessary to have either a medical or a therapeutic background. Later as practicing Gestalt therapists they became knowledgeable about Gestalt theories.

Students of today are accepted for training on the basis of a non-related degree, to psychotherapy and an interest in the subject allows them to enrol on a course. In my own case, the academic training has changed my 'way of being' outside of the therapy room. My training has differed from the original style as it has been less experiential, nor was it 'preached' to me. I was taught in a non-oppressive system and to be vigilant on critiquing the texts and theories that were presented. As educational requirements ensured that from an early time in my training I was reading literature, textbooks and writing assignments. My reading of Gestalt psychotherapy literature has given me a broader understanding of the history of Gestalt. To avoid sounding fundamentalist, this inquiry is based on sound,

researched information that explores the how and what, a trainee's experience is of their 'way of being', after training and outside of the therapy room.

Before my literature review search, I expected to find some reference to the subject a 'way of being' in recent writing, how much I was unsure. I did not know what the outcome of my enquiries would be, although I did not expect to be the only person to have changed with the training. I anticipated based on my own change process that other therapists' 'way of being' could change, how and to what and extent would be established by my findings

In my penultimate study year, my dissertation subject became more relevant. I was working as an attachment therapist so this area was under consideration (Bowlby, 1969). I had held my passion for the topic of a 'way of being' for the duration of my training; it enthused and inspired me into reading and entering into discussions with my peers. When I invited participants to interview at the pilot stage and others showed enthusiasm for the topic too, this confirmed that my subject had potential.

I chose a qualitative methodology, phenomenological approach to my research, as this mirrored Gestalt Therapy and I felt comfortable in using it. The criterion for my participants was that they had trained in Gestalt psychotherapy. Five of my nine participants had also studied other forms of psychotherapy. I recognised that this variable

needed to be taken into account, as another model may have influenced their ‘way of being’.

I looked at the training as a whole; I did not dissect the elements, which are the training modules, the parallel obligations, which include clinical placements, supervision and personal therapy. This was to ensure that the study remained a manageable size and focussed on the chosen dissertation title:

Gestalt Psychotherapy Training – A ‘Way Of Being?’

An Exploration Of How Gestalt Psychotherapy Training Affects The Therapists’

‘Way of Being’ Outside Of The Therapy Room

Chapter Two

Literature Review

2.1 Introduction

2.2 A 'Way of Being'

2.3 Gestalt Psychotherapy Training

2.4 Gestalt Therapy as a Dialogical Approach

2.5 Phenomenology

2.6 Existentialism

2.7 Summary

2.1 Introduction

This review covers my investigation of the literature available on the 'way of being', in Gestalt psychotherapy. The phrase a 'way of being' features in the literature written in the 1970's, however later this phrase is not so evident. The second section is Gestalt psychotherapy training and the phrase a 'way of being', the third is the dialogical approach of Gestalt therapy, as I want to think about how this aspect of Gestalt training affects trainees in their relationships outside of the therapy room. My final sections will be phenomenology and existentialism as it is these philosophical bases that have consolidated my own experience and I believe they heavily influence my own 'way of being'.

I have used textbooks, professional journals and the Internet to access online journals and articles. My search encompassed both up to date literature and earlier writings. The majority of literature is from a Gestalt perspective and I have also included reviews of existential and phenomenological writers on a Gestalt attitude. I recognise that I am unable to access everything that has been written, however, the range of literature I have found has been wide, although in many cases, the phrase 'way of being' does seem to be implied, for example, Kogan, (1976,p738 describes it as,

'a philosophy of life' .

Shepherd, (1997, p43) as

'Gestalt as a way of living'

and Stevens, J. O. and Stevens B (1975, pii) as

'a personal practice'

2.2 A Way of Being

My initial excitement and interest in the subject stemmed from Kempler's statement, (1973, p237)

'Gestalt therapy, although formally presented as a specific type of psychotherapy, is based on principles considered to be a sound way of life. In other words, it is first a philosophy, a way of being.'

However, this statement is not extended as to what principles were lived out, or how they were experienced. Gestalt therapy does have philosophical underpinnings; therefore trainees develop 'ways of being', rather than techniques as they may be with non-humanistic approaches. Gestalt psychotherapy is described as a phenomenological-existential psychotherapy, which in turn is under the umbrella of humanistic therapies. McLeod (1996) describes five core concepts that are represented in the basic fundamental assumptions of the humanistic therapies; these are process, reflexivity, self, organism and experiencing. Each model will attribute their own description and beliefs to these as well

as their own theories. Education in existentialism, phenomenology, field theory and the dialogic process are at the core of Gestalt therapy.

Fritz Perls, (1975a) a co-founder of Gestalt therapy wrote several times that Gestalt is a philosophy; the only example I have found that he has written, that gives a possible insight into the 'way of being' that students may experience is,

'The basic philosophy of Gestalt therapy is that of nature-differentiation and integration'. (p7)

This was written in relation to the therapy and not to what will change or could change through Gestalt training. Personal therapy is a parallel obligation during training for Gestalt practitioners, therefore it would be highly influential.

Naranjo, (1970, p49) gives a nine-point list that he believes is central to the Gestalt philosophy, he continues (ibid, p50) to give a three-point summary to the principles of Gestalt therapy (see Appendix 4). Ironically I had used this as a structural basis within my interviews and offered it as a handout at the end of my interviews to each participant.

Marcus (1979, p4) refers to it as,

'The essentials of Gestalt philosophy are best conveyed in the brief and straightforward manner by Claudio Naranjo...these nine principles are neither unique nor original. In fact all can be found in ancient writings such as the Bible, Koran and Zen scriptures.'

Following Fritz Perls' death, in 1970, a wealth of books were published on the 'Fritz' experience. This was no doubt a sound commercial venture for some, as within twenty years Gestalt therapy had become the third most popular form of psychotherapy in America in the 1970's, psychoanalysis being the first, followed by behaviour modification (Simkin, 1976, p8). These books were often the author's experience of Fritz Perls as a therapist typically including transcripts or papers of Perls, for example, 'Gifts from Lake Cowichan, (Baumgardner, 1975), Legacy from Fritz', (Perls, F. 1975b) in this volume, two books are put together within one cover and no doubt sold due to the mass appeal that Perls evoked. Baumgardner writes of her training with Perls very infrequently within this book, as her main writing is regarding theory and how her work relates to that. It is only in, 'To The Reader', that Baumgardner refers to '*Living the Gestalt way*', (p8) how she does this is not shown.

In a biography of Fritz Perls, (Gaines, 1979) people are interviewed, many who were Perls' trainees, who bring a living memory to phases throughout Perls's life. Again, the majority tell of the enormous influence that Gestalt has had, none say what it has been specifically or how their life has changed due to the training, except from a professional point of view, to become Gestalt therapists. One book that is experiential, written in the first person, is by Stevens (1970) where she explores her integration of Gestalt training with Fritz Perls and describes her 'way of being'. Throughout the book, she also refers to other cultural and spiritual principles throughout the text.

In the introduction of 'Gestalt is', Stevens, J O and Stevens B (1975, pii) again use the phrase, although they enlarge upon it, in saying that it is relational.

Gestalt is really more of a personal practice, a way of living, than it is a professional “therapy” or a “cure”. It is something that you do with others, not to them.’

Rhyne (1976, p479) however states that her own philosophy and Gestalt’s are difficult to distinguish, and healthy children are naturally Gestaltists, concentrating on the introjects (see p 73-74) that we accumulate during childhood that change this ‘way of being’.

Simkin, when interviewed by Kogan, (1976, p738) described how he sees Gestalt therapy as

‘a philosophy of life, ...way of living life in a very simple, direct and easier way’.

Later in the interview John Enright, (Kogan, 1976, p751) states that Gestalt as a philosophy has helped him to remain the same, whilst allowing him to change.

Yontef, (1993, p18) considers how the cultural changes that took place in the 1970’s that produced these personal insights, were no longer valid in the 1980’s. The popularity of the Gestalt movement had receded, and there was a need to establish Gestalt therapy as an academic and sophisticated psychotherapy confirmed by research with a more scientific approach to ensure that it remained recognised within the professional bodies. This meant a change in the experiential writings during the next decade where the Gestalt principles of theory were expanded upon such as dialogue, field theory (Lewin, 1952) and phenomenology.

Throughout the decade, initially in America, litigation became the norm. The need for the psychotherapeutic communities and practitioners to protect their practice and their profession, meant that certain structures became standard. This would include formal licensed training, with professional insurance. Evidence based, responsible, respectable practice with transparent training that was mainly academic based was the structure that formalised psychotherapy. Here too, in the United Kingdom, we have followed this organisation of training. Throughout the literature available from the 1980's I have been unable to find any articles or books that use the phrase, 'a way of being', either implicitly or explicitly as the works tends to be of an academic nature considering theories and adding to the Gestalt model and research based work as discussed earlier by Yontef.

In the 1990's the subject is in certain passages, however, it again tends to be mentioned and rarely enlarged upon. In Paul Goodman's biography, Stoehr, (1994, pp 288-304) in the final chapter titled, 'Neither Guru nor Sacred Text – the Gestalt Way', describes how Goodman, as one of the co-founders of Gestalt therapy, chose to stop working as a therapist and a Gestalt writer in the 1960's. Paul Goodman concentrated on his work, as a social commentator and writer, always maintained in his personal life a Gestalt attitude and unlike Fritz Perls, never changed his original theories of Gestalt therapy.

There are far fewer references to the phrase, 'way of being' although Shepherd (1997, p43) says,

'I can talk about a Gestalt philosophy of life, or Gestalt as a way of living. It's a way of living, a way of knowing, or it embodies a way of knowing; it embodies a responsibility-ethical system.'

Shepherd then relates how she personally moves her greater awareness to heighten her relationship with her clients.

In Kalen and Jessica Hammann's article, (1992, p235) who are a married couple they discuss how society expects that a professional 'way of being' should be different from a personal life giving an example of how a dentist may leave his specialised skills, behind in his dental practice. They state how, as Gestalt therapists who enjoy their work but also take it 'in', in spirit, contrasting with therapists from other models who leave their 'way of being' in the therapy room, they live the principles of Gestalt therapy. They discuss that if we take in the notion of field theory (Lewin 1952) and fragmentation, then to fragment this 'way of being' only to the therapy room would be contrary to their beliefs as Gestalt therapists. The article is based upon their personal experiences of training together and this facet is not commented upon further. It is worth noting that these two previous articles were both written in the 1970s, although in both cases they were published in volumes that were overviews of Gestalt practice in the 1990's.

In the 1990's the topic of a 'way of being' was discussed again. However, it is often from the Hamman's stance of field theory or the dialogic relationship. Within the Gestalt community, regular writing and researching was taking place with more practitioners

having a history and recognised pedigree after twenty or thirty years of psychotherapy practice. More training institutes were established and to meet the trainees' needs, new books were published; the subject begins to re appear in books again.

Houston (1995, p7) states,

'You are already living by Gestalt principles when you trust your own curiosity, and follow your own interests''

This book, as Houston declares, is for use as a manual for trainers, counsellors and for *'people with an interest in self-development rather than clinical applications.'*

Sas De Guiter, in her article titled, Ideas for Living: A Contribution to a "Gestaltist Attitude", (1997) cites Bateson often and his insights into the learning process rather than describing how these attitudes are integrated into a 'way of being' outside of the therapy room, as the title suggested. This I found in Naranjo's (2000) revision, and the additions to his earlier work (as cited previously on p9), where the title states *'attitude'*. However, the additions are the spiritual beliefs and systems and there is no further expansion on the original 9 points. Possibly, like Goodman before, these still hold true for the author and he feels no further elaboration is necessary.

As my literature search moved towards the new millennium, labelled by many as 'New Age' and 'The Age of Aquarius' or even 'The Human Potential Age' (Kumar, 2000), it is believed that this next 100 years will integrate the spiritual awareness of divine consciousness; a universal philosophy. The moving away from the mechanistic paradigm

to a holistic one, mirrors Gestalt philosophy, this is possibly why I was able to find further articles and books, which consider the 'way of being'.

Kennedy (1998, p97) summing up in his paper, says,

'Gestalt is not a therapy: it is a way of being in contact with the primordial sinews of my being.'

This paper discusses, 'the co-creative dialogue, temporality and horizontalism' and finishes with,

'The problem for us in Gestalt is to become increasingly embodied and not sell our souls for respectability.'

This seems to underline what many long term Gestaltists were expressing, that in ensuring professional accountability, by focussing on the academic and the scientific, the spirit of Gestalt, the 'way of being', was being eroded, or certainly ignored within the Gestalt culture. This in itself is contrary to one of the basic tenets of Gestalt, as a holistic practice that bases itself within the field.

In 2000; Parlett addresses this, (pp, 15-27). Parlett discusses five aspects of how we can address being in the world, from a personal viewpoint, how we can inform others from our Gestalt psychotherapeutic viewpoint and globally, by extending our concept of creative adjustments (see p73-74). Spinelli and Marshall (2001) who are respectively, an

existential psychotherapist and an integrative psychotherapist, brought eight contributors from different psychotherapeutic models to compare how their different theories channel and echo with the ways they understand themselves and be with others, their over arching question being how do the practitioners articulate their 'embodied theories'. In their concluding chapter they sum up, (p159)

'...the author sees the theories underlying the model as representing something akin to a philosophy of living; by definition they infuse all areas of experience. This seems to be particularly so for Alvin Mahler (Experiential psychotherapy) and Malcolm Parlett (Gestalt).' (Brackets inserted to explain their disciplines)

It is in later text that Parlett, (2003) begins by discussing, with a group of experienced practitioners, the recurring theme that had energised their decision to become Gestalt practitioners, (p51)

'It was a philosophy and a method to be lived'

Parlett uses five aspects of responding, interrelating, self-recognizing, embodying and experimenting as previously discussed in 2000, as *'the art of living well'* (p51). In this work he uses the creative-artistic world that each individual Gestalt therapist develops from their own style, to honour their clients' uniqueness and sense of being as an on going living experience to model this.

The concept of a 'way of being' is no doubt entrenched in a philosophical base and there have been many examples of where Gestalt has been particularly linked to Zen and to

Buddhism, (Ingersol & O'Neill, 2005, Greenberg, 1979) and their have been criticisms from within, and out of the Gestalt community in a alliance of this mysticism that we, as therapists, either implicitly or explicitly allude to. In response to Wolfert, (2000, pp77-86)) Crook, (2001, p40) replies, that whilst there may be numerous similarities, there are very subtle differences to Buddhist practice and Gestalt therapy, which can never be overlooked or changed to meet either philosophy in a complete way. Whilst Feder (2001, p44) concludes by responding,

'Our profound therapy already includes all the ingredients for growth, shallow or deep, (assuming we can discriminate) and the promotion of the notion of another 'dimension' called 'spirituality' is not accurate or to our advantage.'

Whilst Masson (1988, p252) cites Stevens, (1975) and his writing of Gestalt therapy philosophy and principles, when he implies that the practice of Gestalt practitioners with clients can take as little as fifteen minutes yet,

'much is claimed for it'

This 'mindset' has been criticised, by Heath, (2000, p17),

'There is a Gestalt psychotherapy mindset which believers are expected to adopt in order that the discourse can be trouble-free. I suspect that this Gestalt mindset is a zone free from critical reflexivity.'

Certainly with the links to spirituality, faith and a subjective experience, it is worthy of recognising that we, as therapists can 'add' an air of the un-known, therefore intangible

and irrefutable ‘truth’ by including mystical statements in a profession where so many have worked hard to move it from an unregulated, although often well paid vocation, into a world of professional accountability that is evidence based, to enhance our own professional status in hand with other scientific practitioners.

2.3 Gestalt Psychotherapy Training

In this section I shall be reviewing the literature, specifically relating to Gestalt psychotherapy training, and the notion that it can affect a trainee outside of the therapy room. This is to ensure that I stay focussed on my topic and within the limitations of this work. My intention is to work from a historical perspective towards the present day, as I have in the previous section. However, to set the scene, I wish to begin with my own Institute’s Guide to Training (The Sherwood Institute, 2004, p1) and their opening statement,

‘WARNING! Our courses could change your life.’

Within the first paragraph they balance the academic qualifications and the reported personal impact that many of their graduates and trainees experience, which includes ‘*an enhanced way of being.*’ (p1) Within the publication this is not enlarged upon. However, the fact that it is mentioned, demonstrates how large an aspect to the training, trainees can expect this issue to be.

One book where a practitioner does consider and look at the influence that many years of training has impacted upon, and how it changed his ‘way of being’, is In and Out the

Garbage Pail (Perls, F. 1969b). Whilst described as ‘the free floating autobiography’, this book was written within a three month period mainly at two training centres, Esalan and Lake Cowichan, ironically where people flocked to be trained by and to meet Fritz Perls, as a co-founder of Gestalt therapy.

Ronall (1980) describes her own experience, of various training workshops that lasted between one day to one week, comparing the intensity to a six week music festival, where she was ‘*immersed*’ (p179) She concludes by discussing her training as having, (p211)

‘enriched my practice and personal life’.

Again there are no details of how her personal life has been enriched or what aspect, except for the overarching statement.

Kepner, (1980, p14) has been the only author that I have found that describes the group process (in training) and ‘way of being’,

‘Phenomenological processes are occurring simultaneously on all three system levels: the intrapersonal, the interpersonal and the systems level. What I mean by the systems level process are the dynamic patterns of interaction that happen among people over time and create a way of being together’.

Clark, (1981) discusses her findings when studying a group in training that they went through certain developmental stages (or phases as they often overlapped) that finishes with, (p70)

'For these participants, personal development happened in concert with their evolving life patterns'

In Yontef's paper, *'Relationship and the Sense of Self in Gestalt Therapy Training'* (1997, pp17-48) the subject of shame within training is explored, nonetheless there is only the concluding paragraph which suggests that if a trainee is shamed within their training they too may in turn shame their clients at a later date. There are no references to how this may affect the trainee outside of the therapy room.

Clarkson, (1999, p161) at the end of her book, gives one sentence regarding my topic,

'Gestalt is not so much an approach to counselling and psychotherapy as a way of life'

This is within the context that trainees will be role models for clients and their transparency and disclosures will, when properly implemented, inform the clients and help the therapeutic relationship. Again the statement is made, yet not elaborated upon, to meet my question of how outside of the therapy room Gestalt training impacts a trainee's 'way of being'.

Parlett, (2000) in response to questions posed by the editors of the book, writes in the present, interweaving his ongoing experiences with the theory of Gestalt, whilst reflecting upon and answering the questions that are the basis of this work. The description of his life outside of the therapy room, in a living in the here and now, and how he relates his lifestyle and relationships whilst embracing the Gestalt model, flows throughout the chapter (p45).

'even beginning trainees are called upon to begin embodying what they are learning. It has to be personally applied-often at a life changing level-or it is hardly known at all.'

Karter (2002), a psychodynamic, integrative psychotherapist devotes a whole chapter in his book to the changes that trainees could experience. Statements from trainees and his personal account of the transformation he experienced confirm this. It concludes by discussing the parallel obligation of personal therapy and the philosophical viewpoint of change. The issue of a 'way of being' is not scrutinised, awareness of oneself and others are the main topics and there is consideration given to the negativity and anxiety that many trainees experience when they leave their training establishments and groups.

Joyce and Sills, (2003) whilst covering a multitude of topics within their book for the trainee and the practitioner to consider, do not mention at all, a 'way of being' or how the training may shape or concern the practitioner outside of the therapy room.

Psychotherapeutic training has its critics, Masson (1992, p17) lists many disadvantages to clients who are in therapy when their therapists have any form of training, describing the training process as,

'the practitioner was 'well trained'? (As if anyone would admit to poor training)...

'kindness? Can such matters ever be taught?...without it is not therapy dangerous?...

'A guild protects it's members...and needs to feed upon itself to survive, hence the cult-like atmosphere evidenced in all training institutes. There is a reverence for a founder around whom legends accrue.'

In response to this criticism, for I too have considered if we are ‘swallowing’ the Gestalt training, without chewing it over, and we as trainees are being brain washed or if Gestalt therapy could be considered a cult.

In response to this, I refer to Parlett, (2001, p46)

‘Gestalt therapy is not an orthodoxy: it is (or at least was intended to be) a wide ranging, inventive, flexible approach’.

Kepner too, (1980, p12) in relation to groups and training uses this reasoning for Gestalt being used in groups to ensure that,

‘As a faculty we had moved away from individually-orientated model...(as this) reinforces the ‘cult of the individual’.

In relation to Gestalt with a co-founder who was such an outgoing and often outrageous showman and a self admitting guru as Fritz Perls, Yalom (1970, p450) recognises that it is a paradox for every leader to be engaging enough for the client (or trainee) to connect, whilst not taking responsibility for the client, and that it is the therapist’s (or trainer’s) dilemma to only give enough support as necessary, until the client or trainee becomes response-able. (see section 2.6 Existentialism)

2.4 Gestalt Therapy as a Dialogical Approach

Gestalt Therapy is a relational approach and the work of Buber, (1958; 1995) has always been central to the tenets of Gestalt therapy. Laura Perls, as a student of Buber at the University of Frankfurt was highly influenced and her beliefs have in turn influenced Gestalt therapy (1992, p2). Buber as a philosopher and writer, of I-Thou (1958:1995) is integral to the matrix that is summarised as the dialogical approach. Buber's work is centred on the theme that no man can know another as he knows an object, 'I-It' and to meet another one needs to employ empathy, openness and participation, the 'I-Thou'.

'real encounter and genuine mutuality' (p50)

To ensure that there are no overlaps with phenomenology or existentialism, as they too could be as part of the field, due to the inter-relatedness (Lewin, 1952) within Gestalt therapy, I shall be focussing on this topic from a relational-dialogic approach and later separately review the two previously mentioned topics (2.5 & 2.6).

Perls, F. et al (1951, pxi) declare,

'The therapeutic situation is more than a statistical event of doctor plus a patient. It is a meeting of doctor and patient.' (Under lined to indicate original italics)

In 1970 (p140-149), Levitsky and Perls, F. summarise the relational approach which bases itself on the 'I and Thou' and the 'Here and Now'. In another core text, the Polsters

(1973, p20-21) discuss how the psychotherapist can fully engage in the relationship with their clients. Zinker, (1977, p4) considers it as an art form, and

'as a loving encounter.'

Latner, (1973, p66-68) discusses the dialogic relationship within the field (Lewin, 1952) and The 'I-Thou' relationship, whilst relating it to the on going process that continually flows towards maturation.

It is later in a paper by Friedman, a philosopher, (1985, p7-40) where he declares that in practising such behaviours will not induce a horizontal relationship automatically, as the

therapist cannot expect his client to practise either inclusion or mutuality. He cites examples where the clients are ever beyond modelling and integrating these behaviours.

The mysticism of 'the in between' that psychotherapists, psychoanalysts and other professionals speak of when they declare the 'I- Thou' relationship he believes, is

available, however not all clients chose to access it.

Yontef, (1987) considers how Gestalt therapy at this time approached and was able to 'creatively adjust', to working with the dialogic and relational attitude that began to be more apparent in Gestalt therapy. Hycner, (1990) responds by outlining the polarities, a fundamental tenet in Gestalt theory, to how the dialogic relationship is in keeping with the core texts and allowing Gestalt therapists to move forward with this way of working.

Hycner concludes that a dialogic relationship is, (p9)

'Ultimately this is a radical paradigm shift'

The hypothesis of this change, in line with the Gestalt theory that what enters the field inevitably changes it forever, has meant that this phrase, dialogic, has become part of the language of Gestalt therapy. Whilst recognising that it is relational and contact-ful, it now stands alone as a tenet of Gestalt theory. He encapsulates the theory of the dialogical as (pp8-12)

‘an openness to expanded awareness...all dialogue is contact, not all contact is dialogue...to be in the service of the dialogue...an interexistence...’

Hycner, (1993) enlarges upon the topic, the roots and the conflicts are considered, also the work of others such as Jacobs, Yontef, as well as Buber, Friedman and many others are clearly defined and acknowledged.

Yontef, (1993, p201) states that Gestalt has always been dialogic and it is only a new term that has been used and in theory the work has always been present, it was the theoretical explanation that was missing. He raises the topic that as Gestaltists, the term dialogic can be without words, agreeing with Hycner (1990). He also lists five characteristics of contacting in the Gestalt therapy I-Thou dialogic relationship, (p218–234) these being inclusion, presence, commitment to dialogue, non-exploitation and living the relationship.

Heard, (1993) outlines in his work, the discomfort of the dialogical approach, (p155) to the therapist, as allowing oneself to be open, allows vulnerability and risks. However, he does state that this ‘way of being’ has allowed him significant changes within his practice, including the inevitability that he cannot cure all of his clients.

Hycner and Jacobs (1995) in summarising the Gestalt approach to the dialogic ground,
they say, (p4)

'The dialogical is the exploration of the inbetween'

They state that it is a *'heartfelt approach rather than a theory'* (ibid) and discuss the rhythmic flow between the I-Thou and I-It (Buber, 1958; 1985) as experienced by both the practitioner and the client, that all contact and awareness is within the dialogic context as outlined by Polster, E & M (1973, p102-103).

Ciornai, (1995) reflects upon the diversities of cultures that as Gestalt therapists we need to be mindful of, and how, as well as our known I-Thou, and I-It, within many cultures a third party of I-We, could be significant to our clients. She concludes by discussing how, in using experiments in art, dance or theatre within the dialogic framework it could enhance our 'way of being' with our clients and also recommends incorporating Personal Mythology.

Zahm (1998) in discussing self-disclosure by the therapist declares that this practice not only helps towards horizontalization, it furthers the dialogue. In 1999, Suurmond, (1999) writes how Gestalt therapists could consider the work of Levinas, a philosopher, rather than the I-Thou and the I-It philosophy of Buber (1958;1995) Suurmond deliberates that it is impossible to bracket off , therefore Levinas, who uses the Thou-I rather than the I-Thou, is more in keeping with Gestalt therapy when considering the response-ability factor as discussed by Perls, F. et al, (1951) Suurmond also brings in the complementary

metaphors of food, that is also within the core texts of Gestalt therapy by Perls,

F.(1947;1969a, 1951),

Joyce and Sills, (2001, p44) describe the dialogic attitude as having the intention to be fully present, understanding, validating and being authentic with clients. They state that it comprises of four elements, presence, confirmation, inclusion and willingness for open communication.

Stern, (2004, p157) depicts mis-steps within the dance of the therapeutic relationship that he calls '*intentional fuzziness*'. Due to our own not knowing fully our ideas or thoughts as we dialogue, the difficulty in transmitting them to another with clarity, and in turn the possibility of the other, reading them correctly, can lead to this '*intentional fuzziness*'.

When this is then added to the unpredictability, the variables and to the moving on process in therapy, he calls the process '*sloppiness*' (ibid). This he portrays as the co-creation of the relationship, that he believes adds to the affiliation.

Stern (2004, p172) describes the I-Thou, or the moment of meeting as,

'shared feeling voyage'

He continues in describing how this may be only for a few moments, however as it has been lived through together, it has expanded their inter-subjective field and allows new possibilities of ways of being with one another.

2.5 Phenomenology

‘Three principles define Gestalt Therapy...Principle One: Gestalt Therapy is phenomenological; its only goal is Awareness and its methodology is the methodology of Awareness.’

Yontef , (1993, p200).

Gestalt therapy has based phenomenology as its philosophical approach as outlined by Clarkson (1999) on the works of such philosophers as Satre (1948), Husserl (1970), and Merleau-Ponty (1973). Clarkson’s definition of phenomenology is, (1999, p15)

‘Phenomenology seeks the truth or source of knowledge by concentrating on immediate experience, shorn of assumptions or presuppositions.’

In Perls’, F. first book, Ego Hunger and Aggression, (1947: 1969a) part three is titled, Concentration Therapy. Though not directly called phenomenology, the basis of this text is phenomenology. Shepard, (1975, p63) tells of how Fritz Perls wished to call his new therapy, initially ‘Concentration therapy’, then to his co-authors annoyance changed it to

‘Gestalt therapy’, Laura Perls objected to this too, as she felt it would conflict with Gestalt psychology, which she had studied in Germany. Ralph Hefferline had wished to call it ‘integrative therapy’, Paul Goodman agreed with Fritz Perls it is believed, (Perls, L, 1992, p6) and the therapy was called from that day, Gestalt therapy.

‘The two legs of Gestalt therapy are how and now’

Perls, F. (1969c, p47). When using a phenomenological approach, awareness is concentrated on how the client experiences, in the present moment, recognising that the present moment is continually changing. This '*awareness continuum*', (Levitsky & Perls, F. 1970) as awareness is forever moving, as does the present moment, it is both enmeshed and part of the Gestalt therapy matrix, that encompasses the Gestalt perspective of field theory and existentialism.

Polster, E & M has a chapter on awareness (1973, pp 207-232) and says, (p230)

'Is a unifying activity...including much of the individual's previous living and his reactions to it.'

Two years earlier, (1971) in a book by J O Stevens, was devoted to Awareness and he summarised three zones, awareness of the outside world, the inside world and the fantasy world which included all mental activity beyond present awareness of on-going experience (p5). Simkin, (1976) states that,

'Awareness means I have the possibility to change'

Paradoxical Theory of Change, Beisser (1970, p77) is central to Gestalt therapy.

'change occurs when one becomes what he is, not when he becomes what he is not.'

It is worth noting here although most people associate Beisser with the Paradoxical Theory of Change he enlarged upon this original statement that Fritz Perls wrote earlier, (1969c, p193)

'If you go deeper into what you are, if you accept what is there, then a change automatically occurs by itself. This is the paradox of change.'

Kepner and Brien (1970) regard the Gestalt therapy approach to phenomenology as being able to work in the present, observing behaviours and patterns, rather than asking 'why' questions that could bring about shame or justifying by clients. This can then lead to the client having a deeper awareness and therefore giving them the choice to change their

behaviours. It is in this text that I have found Gestaltists using the term

'phenomenological', as it had tended to be awareness, as it was in the 1970's. By the mid-eighties as I previously observed, Gestalt literature was not for self-help or consumer use, but for an academic or professional audience. The term awareness was only used in

connection with experiential work or applying it to the client's process, and

phenomenology was used when discussing the theory of Gestalt therapy. Kennedy,

(2003, p78) also believes that we could use the word 'perception' as Merleau-Ponty does,

(1986)

Zahm (1998) discusses the therapist's ability to '*bracket off*', (Polster, E & M, 1973, p43)

to ensure that the clients '*live - world*' Husserl, (1960) is not contaminated, by the

therapist's own perceptions. Therefore, when this is practiced to inform the client and not

to meet the need of the therapist, it confirms the client, gives validation, adding to the

intersubjectivity, (*the in between*) and allows the therapeutic relationship to be enhanced

and move forward.

Spinelli (1989), in his work as an existential psychotherapist, gives an overview of both phenomenology and existentialism. In discussing the method, he outlines three steps, (p 17) the rule of epoche, to bracket off as previously discussed by Polster, E & M, the rule of description, (ibid) *'Describe don't explain'*. (Kepner & Brian, 1970) and the step of horizontalization, where no one item is more significant than another. This he concludes brings the unique experience of each individual, by their constructs, rather than a reality. Friedman's (1985) view on horizontalization has already been considered in 2.4, Gestalt therapy as a dialogical approach.

Staemler, (2002) considers how the original phrase, 'here and now' from the core texts have been misinterpreted throughout the years. He covers a variety of subjects in this article including recent work on how long is now? This is the core of Stern's recent book (2004) in which he investigates the 'now'. Stern draws on the works of Husserl, Merleau-Ponty and others to formulate four levels of how we experience the present, (p141). These are, the rolling revision, concurring with Husserl's three-part present, revision after the fact, where language changes how we present the now, conceptual revision, where something from the past shapes what we are experiencing and finally the integration of the many layers to feel what the present moment feels like.

In 2003, Kennedy writes, (p76)

'it is only in the 'here and now' that I am realised – that I become real – and that realisation of me is my lived body'. (under lining to indicate author's italics)

Kennedy's work discusses Merleau-Ponty, and his paradigm shifting works in which he challenges the duality that we within a western society worked until the 1970's. Kennedy re-iterates that Merleau-Ponty is '*congenial*' (p77) to Gestalt therapy as it is '*a body centred therapy*' and the philosophy of Merleau-Ponty is a '*body-centred philosophy*'. (ibid.) Kennedy discusses how the work of Merleau-Ponty and Perls, F. et al (1951) harmonize, and in depth discusses the phenomenal field and concludes with the moment of '*primordial contact*'. Again as with many of the works cited in this section, it is difficult to decide which belongs within which section, as this paper shows the interconnectedness of the field, phenomenology and existentialism.

(Fleming Crocker and Philippson, 2005) In this work by Fleming Crocker, where Philippson is the Dialogue Respondent, she investigates the work of Spinelli (1989) they debate if the Gestalt basis is from Kant and Goodman, as Fleming Crocker believes or Husserl's as Philippson deems. They agree that working with a phenomenological method can either bring the client's world (or 'way of being') into the therapy room, or this can be left outside and only the process that the client is experiencing within therapy, is what the therapeutic work will embrace. Philippson concludes the therapeutic aim is to find a way for the client to bring this 'way of being' into the therapy room.

2.6 Existentialism

'to become real, to learn to take a stand, to develop one's center, to understand the basis of existential-ism: a rose is a rose is a rose'.

Perls, F. (1969c, p4)

Perls outlines the importance of existentialism in his introduction, later (p17) he challenges the traditional existential writers, when he discusses how Gestalt therapy owns the fact that he and others, in using this method, do borrow the concepts from others, as he believes they have to. He also claims that Gestalt therapy is one of only three therapies that use existentialism, Frankl's logotherapy and Binswanger's daisens therapy, being the other (p16). In a later publication, Perls, F. (1970,p16) emphasises how we differ from the two other psychotherapies, as it is not the usual practice as Gestaltists to ask 'why', or to go back to the causal, unlike Frankl and Binswanger.

There is little doubt that the existential source came from Laura Perls, who studied Husserl, met with Buber and later Tillich, (Clarkson and Mackewn, 1993, p8). Further to my earlier review of the naming of Gestalt therapy, Laura Perls had wished to call it 'existential therapy', this was discounted as the cultural view at that time was of a '*a certain nihilistic attitude*' towards (Perls, L. 1992, p6). In summarising Gestalt therapy she says, (p.156)

'Gestalt therapy, ...existential, experiential and experimental'.

Polster, E describing how as Gestaltists we use the existential mode, states, (1968, p12)

'looks less for essences and tries to deal more with each individual actuality as it occurs'.

Van Dusen (1968) too, discusses in his paper how existentialism fits with the Gestalt phenomenological approach. Polster E & M (1973, p316) when defining theoretical

influences in Gestalt therapy concludes with existentialism. Zinker, (1977, pp269-270) compares the existential-phenomenal principles with Gestalt Therapy.

There are however many principles of existentialism that are employed both by the existential psychotherapists and Gestalt therapists. Van Deurzen, (2003, pp331-336, as the founder of the society for existential analysis, outlines the current existential psychotherapy model, as working with the paradoxes that challenge each individual, confronting confictions and ambiguities. Whilst clients are respected, they are not mollycoddled, as they are made aware of their own strengths to cope, whilst assisted to make their implicit assumptions explicit. Upon engaging with their difficulties, which is accepted as part of their lives, clients move on to face their lives (and therefore death) with a vital, artful inspiration, as they have created and clarified a meaningful world. This psychotherapeutic model is described in greater detail in her earlier book, (van Duerzen-Smith, 1988). Yalom, an existential psychotherapist, encapsulates existential psychotherapy as,

' a dynamic therapeutic approach that focuses on concerns rooted in existence.'

(2001, pxvi)

Tatelbaum, (1983), in her introduction describes how the existential approach in Gestalt therapy helped her accommodate her brother's death. She became a Gestalt therapist herself, and write her book on grief. She believes her experience, was far more difficult as she previously had no belief system. This new philosophical approach, her new 'way

of being', gave her both the strength and the willingness to move on and enjoy her life,
whilst celebrating her brother's too.

Yontef (1984, p 55) measures Satre's summary of existentialism '*existence precedes essence*' and reminds Gestaltists that it is in centering oneself on our existence, as experienced, then judge the theories of our essence against that experience. This is echoed by Spinelli, (1997, p96), an existential psychotherapist,

'all reflections upon our lived experience reveal that existence is relationally derived.'

In an earlier text, Spinelli, (1989, p123) outlines his definition of existential phenomenology as, to face up to our potential for being, we must accept that it is our choice of how we make our own meaning, when recognising this, we will experience angst, (anxiety) and recognising and experiencing this fully, will give a freedom to live,
in turn, more fully.

Existential counselling believes that it is imperative for their clients to recognise that it their own responsibility for themselves, (van Deurzen-Smith, 1988,p2, pp 106-107). Gestalt therapy concurs with this principle, in taking responsibility for one's 'way of being', (Perls, F. 1973, p78) and it is upon owning that responsibility that a client becomes response-able. In accepting responsibility for the actual, it embraces The Paradoxical Theory of Change, (Beisser, 1970) (see p29)

Perls, F. (1969c, p71) also outlines how as existentialists, Gestalt therapists will work
with,

'the total existence of a person. This existence, and the problems of existence, in my opinion are mostly very clearly indicated in dreams.'

This again reflects the holistic approach of Gestalt therapy, taking the whole person, and the theory by integrating the missing parts, or 'holes', (ibid, p40) can lead closer to maturation. Maturation can never be achieved, as we continually have new experiences that need to be integrated, therefore it is an on going process.

This deep philosophical basis of existentialism that underpins Gestalt therapy is both integral and yet only part of the 'whole-ness' of the 'way of being' that I reviewed in the first section. It runs parallel with the phenomenological approach as discussed in the earlier section and is implicit in the dialogic relationship as studied in section 2.4.

2.7 Summary

In this literature review, I recognise that my study is limited. The framework limits it; regarding how much or how little I could write. The amount I could search on my own, and the publications that were available to me. It is limited by my own biases and what I chose to include and not to include. My own ability to stay focussed and ask continually what and how is the 'way of being' whilst exploring the literature has limited my findings and me. In realising that this piece of work is of value to me, and may not have the same significance to others, is limiting too.

In my first section, A 'Way of Being', I have concentrated on the Gestalt perspective of this. However, it is worth noting that the majority, if not all of the psychotherapy models that are labelled, 'humanistic' are likely to embrace a similar philosophy, for example, in the opening sentences to book on Transactional Analysis, Woollams & Brown (1978, p1)

'TA is many things. First, it is a philosophy – a point of view about people. Second it is a theory' (underlined to denote authors original italics.)

Whilst Thorne (1998, p18) a person centred theorist, declares that the person centred therapist can choose to either make it a 'way of being' and wholly embrace and give an extra dimension to their client work, or choose to accept person centred therapy as only a psychotherapeutic model to meet the medical model and give a scientific approach only.

The literature that I have read confirms, and expanded my previous knowledge, of how training has moved on throughout the last fifty years, where Goodman and others (Stoehr, 1994) sat informally and discussed the model, to the well publicised groups of Esalan and Lake Cowichan to the more formalised training of today. The move from it being highly experiential and the theoretical work following, to the mix we have today as outlined in Feder and Ronall (1980) where theory places a more significant and explicit role in initial training to meet cultural and professional needs. It has been only Kepner (1980, p14) that

I have found any reference to the group process of being integral and influencing an individual's 'way of being'.

The questions and criticisms regarding training being a cult has been raised in the literature and this has informed me that this question should be raised within my research to the participants.

I realise that it is not only Gestalt therapy that uses the dialogic relationship. However it is possibly placed of a greater therapeutic value, than in other humanistic models, and the belief that it can be without words is primarily Gestalt. In consideration, I reflect upon the Hammann's belief (see p13) that once we are aware, how can we bracket off using a dialogic relationship, outside of the therapy room?

I believe that this would be highly significant to our 'way of being'. I can apply the same belief to the phenomenological and existentialist approach as discussed in the final two sections. When I have trained and worked in such a way, and have experienced it to be so influential, I choose not to bracket it off, nor would I wish to, in my own 'way of being'. I will be interested to see if this theme emerges from my inquiry and the inter relatedness to field theory that I have experienced.

Chapter Three

Methodology

Research Question

My research question was ‘How does Gestalt psychotherapy training affect the therapist’s ‘way of being’ outside of the therapy room?’

I chose this as my overarching question as I felt that it was the core to the whole of this research and have used this since I first began this project. At the beginning of each interview I spoke for several minutes on how my curiosity had been raised by reading Kempler, (1973, p273) and then invited my participants if they had found that Gestalt had been a ‘way of being’ for them outside of the therapy room, and how they felt about the statement.

My sub questions were ‘what impact has the training had on your personal life’ and ‘how has the Gestalt training effected your personal relationships? I had my own typed copy of Naranjo’s (1970, p49) nine principles, and his three overarching statements (see Appendix 4), which I referred to, using this only as a prompt if I felt it was necessary, as I wished to stay open and as non-directive as possible throughout the interview. I asked if they considered if Gestalt was a cult or enhanced their spirituality in any way. To the five of my nine Gestalt trained participants that had experienced formal training in another psychotherapeutic modalities, I asked if their ‘way of being’ had changed, due to that training too, outside of the therapy room. I did recognise that this could not be rigorously examined, as not all of my participants had this experience. However, I was curious and so chose to ask the question.

I wanted to focus the question down to the effects on their ‘way of being’ in the world, rather than other changes, that the training may have had in the therapy room. Silverman, (2000, p.102) reiterates,

“...my favourite research maxim, ‘make a lot out of a little.’”

I needed to ensure that I remained centred with the question, whilst allowing what became figural for the participants to emerge.

Research Aim

To investigate what, a ‘way of being’ is after experiencing Gestalt training, if any. How this affects a trainee outside of the therapy room and what has changed for them.

I saw the research being of possible interest to several parties. These could be individuals who are considering Gestalt psychotherapy training or Gestalt therapy, and those that have already studied Gestalt psychotherapy. Another group are supervisors and peer supervisees. It will inform me, and institutions offering training in psychotherapy. One more audience could be agencies referring clients or potential trainees to various models of counselling and therapy, to inform their choice.

Rationale

I have chosen to use a qualitative methodology, after considering a qualitative or a quantitative approach. Qualitative research as defined by McLeod, (2001, p.2),

“The primary aim of qualitative research is to develop an understanding of how the world is constructed”.

This fits with Gestalt therapy as Barber, (2002, p80) says,

“Qualitative research originally grew from the tradition of naturalistic research...In sharp contrast to positivist research, Naturalistic inquiry encourages hypotheses, focus and research design all to emerge from experience within the research field...

Naturalistic inquiry supports Gestalt's search for experiential wisdom-born with engagement of real world events. (Underlined to indicate author's own italics.)

The choice of qualitative research mirrors my investigation during my literature review, in reviewing both phenomenology and existentialism. The shifting paradigm that has occurred over the past 30 years from a Newtonian mechanical, Cartesian dualistic approach to research and the social sciences overall. Therefore, this qualitative approach both reflects Gestalt therapy and the culture in which we live today. This has been apparent particularly in the field of research in psychotherapy overall, where the majority of researchers in Doctoral or Master's degrees do use a qualitative approach. (McLeod, 2001, p127)

I used a phenomenological approach, which is described by McLeod (2001, p.37) as

*'Phenomenology strives to describe the **essence** of everyday experience'.*

As I reviewed in the previous chapter phenomenology, is central to Gestalt therapy as we as therapists recognise how we immerse ourselves in our client's world, whilst bracketing off our own beliefs and realities, during contact and withdrawal with the client / participants. The bracketing off within research practice is called '*epoche*' McLeod, (2001, p.51). As in Gestalt practice, phenomenological research mirrors the practice of critical reflectivity, McLeod, (2001, p199) in recognising that my presence and attitude must in some form shape or alter the study.

Method

'Ultimate research goal: To elucidate the essence of the phenomenon being studied, as it exists in the participants' concrete experience.'

McLeod, (2001, p41)

In using a phenomenological method, I followed McLeod's (ibid.) six steps, which he calls 'The Duquense school of empirical phenomenology' and also Moustakas, (1994, p120) and Cresswell's table of Data Analysis and Representation, (1998, p148) to underpin this.

I collected taped interviews, describing the participants' experience, listened to them afterwards and transcribed them, which gave me a sense of the whole initially. This I recognised, was similar to my practice in Gestalt therapy where I listen to my client tapes to re-immense myself into their world and to get a sense of the whole. Significant statements were then taken out, removing repeated accounts, or those that were not on the topic of the phenomena. I then looked to find central themes, or implicit meanings, and then integrated these into a single text,

'A Composite Description of the meaning and essences of the experience, representing the group as a whole.'

Moustakas (1994, p121).

During this process I endeavoured to bracket off assumptions, '*phenomenological reduction*', (McLeod, 2001, p41) whilst remaining open to the unfolding phenomena.

One way of doing this was to ensure that I placed no more meaning to one person's experience than I did, another's, the principle of horizontality as discussed by Moustakas (1994). I had to enquire into each unit, and explore if they were part of the phenomena, removing those that were not and in doing so, immersing myself into the participants' reality of their situation. It was at this stage I had the personal difficulty of staying with this, the slowing down and the total focussing and honing in on every detail that was given, to give a full and rich experience. It was at this stage that I would feel confused at times, and want to relate one experience to either my own or another participants before it was time to engage upon making one meaning, or revealing the essence.

Design and Data Collection

I initially wrote to eight prospective participants, (Appendix 1), enclosing an overview of my topic and a stamped addressed envelope to return their response. Five agreed to participate from that initial invitation, and then I spoke to another six potential participants who all agreed to take part. We arranged a mutually convenient location for the interview to take place; it was at this stage one other was unable to make an interview due to their holiday arrangements. I interviewed ten people, five who were about to complete their training from my peer group, and another five who had completed their training. When transcribed, one tape was inaudible and had to be discounted. I discussed

this on the telephone with the participant and we it agreed the possibility of another interview was too difficult to arrange due to time limitations and other factors. The variables were already apparent as I had three men and six women. The time when they trained varied, from the 1970's until the present time. I recognised that five from the group of nine, had experienced formal training in other models of psychotherapy, and therefore these other models could possibly influence and change their 'way of being' too. This I felt needed to be included as a comparison to the Gestalt model, when applicable.

I used a semi-structured technique, which I felt was reflective of Gestalt, and the interviews took approximately an hour, the tape length was typically 40 minutes. Whilst I set up the taping equipment, the consent form was signed (Appendix 2) and an optional questionnaire was completed, (Appendix 3). I offered each participant a copy of the transcript and / or the final document. Only one participant asked for the transcript, and at their request this was edited twice. Two participants asked for the complete dissertation to be sent to them, after submission. The remaining seven all said they would like to read my study at a later date, but did not require their own copy. Throughout the interviews Gestalt language was used, and many references to Gestalt principles and theories.

There was an approximate 15 minutes debriefing session followed each interview. I offered each participant a copy of Naranjo's nine principles (Appendix 4) and all but one accepted. I asked whether they had found any part of the interview disturbing – none had.

Each were given my contact details in case they wanted to discuss anything further post interview.

The pilot study completed nine months earlier was invaluable in highlighting possible issues that may arise during the research interviewing. During the pilot study I had strayed from the focus when my participant almost 'took the words out of mouth', regarding the 'next question', and remembering that each question is relevant, whilst honouring what was becoming figural.

The feedback from the single participant of the pilot study, had a conflict regarding the structure I had used. The participant had found it reassuring, as it left 'space' for their views, as I had simply stated an interest. This assured them they had been heard, aroused their own curiosity and an awareness that they wanted to debate or argue with me around the subject. They said that paradoxically, they recognised my beliefs would have made the experience different.

The participant questioned if I had drifted into a heuristic method, rather than remaining faithful to a phenomenological approach. McLeod (2001, p59) discusses how it is possible for these two methods to be used as one, whilst not causing twice the amount of work. During the following few weeks, I investigated this and considered the possibility of using that approach. My decision was to stay with the original phenomenological approach, based on the reasons previously given.

The pilot was crucial as the results gave me direction how to approach the interview to use in this study.

Ethical Considerations

At the proposal stage, before any work was undertaken, it was necessary for my pilot study to be assessed by my tutors at The Sherwood Institute. I considered the benefits to various individuals and communities, also the disadvantages if any including the potential of an emotional cost or inconvenience to participants. I believed that as my participants are practising Gestalt therapists I would need to assure them of anonymity.

They were offered copies of the transcripts and/or the completed dissertation, and a debriefing session, if required. It was explained that the interview would not proceed if they had any doubts or ask for their contribution to be withdrawn at any stage prior to the agreed date as in my initial letter (Appendix 1). I have always believed that this subject would be non-traumatising, however this was checked out with each participant and I was aware that I needed to ensure that no one felt shamed by my questioning or research.

At all times throughout my independent studies year I was in constant contact with tutors at The Sherwood Institute, my clinical supervisor and my own therapist guiding me in an ethical and supportive manner. Within the letter of invitation (Appendix 1) was my name, address and naming The Sherwood Institute to whom they could make a complaint if

necessary. I was clear regarding the aims of the study, that it is part of my M.Sc. with information about the procedures and what will be expected of them.

I informed all participants of the measures I have taken to ensure confidentiality, for example by using codes so they cannot be identified. The codes and their contact details are kept separately, both under a double 'locked key' situation. It was my participants' choice on the location where the interview took place, although I ensured that I too, felt 'safe'.

I followed the ethical considerations as discussed by Jenkins, et al (2002, p56) and others, Cresswell, (1998, p132), Moustakas, (1994, p109) and McLeod, (2001, p15 & p92). It is McLeod (2003, p175) that reminded me of the,

'social responsibility of the researcher'.

My aim was as outlined by McLeod (2003, p167) was of,

'beneficence...nonmaleficence...autonomy...and fidelity'.

Which reflects Gestalt philosophy as well as the phenomenological – existential approach.

Data Analysis

The tapes were transcribed and double checked by myself, over a period of 60 hours. The method I chose, was every time I had listened to the tape and I felt a theme arose I would use a post it note and scribble the theme or my ideas down. I then placed each post it note onto a transparent file. I printed off two copies of each transcript, and read each interview again, the second copy I cut out the relevant quote and placed it within the transparent file. Clearly a number of themes were becoming evident. I looked at the themes from various angles and measured it against the idea of 'triangulation' as described by McLeod, 2003, p18 and p88.

I created tables to check out the variables, gender, age, when they had trained, if they had trained in the UK, their country of birth, sexual orientation, their family situation and their training history. To recognise each participant's individuality was important to me, using a reflective practise to mirror the Gestalt model of using field theory. I was also aware with these variables the need to practice verification and authenticity with rigour, the paradox being that each participants narrative is unique to them and I felt deserved a voice, I wished to, in the Gestalt tradition honour the other and the differences. From this information I assessed the data, which has not been included in this document as a measure to retain confidentiality.

Limitations

As discussed before, this project is small and may be of value to a limited number of people who are within or interested in the psychotherapy community. It will have more relevance to Gestalt practitioners than the psychotherapy community as a whole. The study is how my participants felt during the time of the interview and their views may change in due time. Balancing the variables of experience, of age, experiences and histories to engage in a thick description whilst ensuring that my topic is being conducted with rigour. I have disclosed my own bias, in the introduction and the literature review, which is within my current awareness. I recognise some may be outside of my awareness and I have concentrated upon this over a period of time in my ongoing clinical supervision and personal therapy.

I recognised the difficulty as I could not remain totally '*distant and removed*' as qualitative research was described by LeHain (2002) from the research question. I did react and relate to the responses from the participants during the interviews, therefore I shall be considering the input that this gives to the field (Lewin, 1952). McLeod, 2001, p195 discusses the problems that many researchers face with this '*development of critical reflexivity*'. As such, I was 'aware' and be bracketing off my bias and my expectation

whilst involved in this inquiry. Cultural aspects will change the field and my impact upon the participants may have influenced them, albeit unknowingly.

My choices throughout this research will limit it. Who I invited to be participants, my selection of literature, my review of the literature, how I have chosen to gather and analyse the data, and finally how I present my findings will all impact upon this research and limit it. These limitations are often what I have missed, either in or out of my own awareness. I have, when it is within my awareness declared it throughout this work. One limitation is my own curiosity with the topic therefore my engagement with the subject may be influential, whilst wishing for it to remain grounded and not esoteric or magical in any way.

My personal limitations of my academic abilities, the time frame I have to complete this work and my own processes, all influence and limit this document.

Chapter Four

Findings

I have paginated the transcripts and each response of the participant, therefore when the reference is p82IE6, it refers to page 82, Interview E, response 6 in the transcript of interviews.

I took statements from the original transcripts and drew out statements and entered them into tables, (1.1-1.4). There is no significance to the order of entry. Those that had a similar or comparable meaning were eliminated. I then found meanings of the remaining statements, drawing from the initial description. This was to create and discover what the hidden context was within the phenomenon. Then I organised clusters of themes from the meanings (Tables 2.1-2.4). These were then referred back to the original texts to validate them. This highlighted, either accounts that were not in the original, or what had been missed from the initial transcripts. It was here that discrepancies became apparent, this might be because of their contradictory manner, or be unrelated to another. This I

believed was due to the existential principle, which is honoured in Gestalt psychotherapy. It was real and valid to the participant and upheld the Gestalt theory that there are paradoxes to all things, the need to integrate all polarities and the existential struggle to find the zero ground.

From the clusters I formulated a comprehensive statement, this portrayal of the phenomenon is an explicit depiction as possible, The Exhaustive Statement (3.1).

To look at the process of what the 'way of being' is now; I have begun with the trainees' experience of what their 'way of being' was, before training.

Table 1.1 A 'Way of Being' Significant Statements: What it was

- | | |
|---|---------------|
| • I would suit my behaviour to suit others | p43IB42 |
| • Attach it to status or money | p45IB52 |
| • Christianity was and still is to some extent | p166IH1 |
| • Not knowing what was safe, or what was toxic | p29IA147 |
| • I didn't know how to bring myself in | p160IG104 |
| • I tended to think everything is my fault | p31IA157 |
| • I would have taken my anger away and sulked | p47IB69 |
| • A reality would go on...tomorrow... in a year | p124IF104-106 |

- I wanted to hide myself p7IA37
- A challenge to look p167IH9
- Put the blame in someone else's corner p69IC12
- (unable to) distinguish between those (introjects) and my own thoughts
p97IE100
- Felt more fearsome about the future p27IA143

- Vulnerable to their (families) opinion p113IF34
- There was a lot of merging... confluence p49IB78
- There wasn't any relating p49IB78
- Inauthentic person with them (friends) p68IC8
- This was just a routine (friendship) p83IE9
- Just socialising, just being friendly and happy p114IF41
- No, I am not important p184IH115
- I filled all the spaces in my life p143IG3
- Exaggerate...screaming for attention p131IF159
- I had been fighting against being a grey flat boring person p74IC30

- Prescriptive p18IA98
- It was wise to submit p15IA81
- I tended to feel if somebody else feels strongly, that was the truth p3IA6

For this table ‘Training’ encompasses the modules and group setting of the training group and the individual parallel obligations including personal therapy, supervision and clinical placements.

Table 1.2 Gestalt Psychotherapy Training Significant Statements

- The emphasis was on the doing (underlined as original) p224IK6
- Difficult and exposing place to go to p5IA18
- Not giving up on myself p45IB58
- Being able to look at in relationship p69IC13
- I am as I am and I like how I am p59IB135
- Set me more in contact with my spirituality p127IF125

- I've become aware of what language means p137IF202
- Training was a by-product of (being in therapy) p92IE71
- Taken serious within my job p67IC4
- It's easier for me, to be in touch with somebody...outside of therapy p90IE59
- Close contact-ful relationships with 20 people in my group p86IE35
- The opportunity to search for who I really am p108IF2
- I'm more in charge of them, (projections) than I was before p117IF59

- To know the moment p198IG94
- A lot more aware of my gut feeling p128IF135
- Incredibly powerful impact p231IK26
- I have been affirmed p110IF12
- What's been dealt with is the fear p34IA170
- I felt liberated p58IB123
- We are fortunate...we can take time to discuss this p101IE123
- I was struggling... because it really challenged and pushed me p208IJ133

- For six years I hated therapy...it helped...shifted me p220IJ204-206
- It is so relevant to life p76IC38
- The group has been...beneficial p179IH79
- I wanted to know where my boundaries were p186IH126
- We are special p104IE141
- It was logical p73IC28
- It was very, very special p200IJ80
- A very dangerous self deception (hoax gestalt manner) p94IE81

- This feels amazing p207IJ123
- The most wonderful support system p163IG122
- We are paradoxical, human beings, the polarities p184IH112
- It just felt like the way I saw the world p188IJ4
- Contact boundary...filter...nourishing p2IA4
- I do take it with me p108IF2
- A way of being. They would all know what you meant p223IK3

- Just fitted for me p189IJ8
- Attracted and scared me p167IH7
- I would have missed a huge amount p5IA23
- I wanted something more p134IF177
- eating and chewing p2IA4
- You see it all playing out p75IC34
- You can't take someone something you haven't been yourself p159IG96
- Accelerated (my personal) therapy p85IE28

- We can take the time to discuss this p100IE123
- To repeat them, again and again, and again p109IF5
- I have a bit of a passion for it p73IC28
- I'm really joyful p20IA100
- The level of witnessing... your process p134IF178
- Slammed into me like a train p86IE33

- A complete experience for all p231IK29
- Isn't judging p133IF171
- A human being that can actually engage with me p33IA153
- Fundamental shift of being p231IK26
- Minimising my shame p133IF175
- In a real asserted purpose p101IE126
- Inevitability about it p57IB118
- Different closed communities p211IJ150
- An inside out process p151IG47

In looking at this from a Gestalt perspective I have looked at the polarity, what a 'way of being' is not, in table 1.3.

Table 1.3 A 'Way of Being' Significant Statements: What it is not

- | | |
|--|---------------|
| • I can not be the Gestalt, the Gestalt being | p93IE74 |
| • It can inform my being but it cannot change it | p95IE86 |
| • It doesn't translate very easy... to the outside world | p104IE142-143 |
| • It's not a belief system | p61IB145 |

- Gestalt is not my way of being, my way of being is mine p185IH122
- It's not like a cult p139IF214
- (Not) a cure-all p209IJ135
- Slavish p146IG19

The final step of this process, what the therapists' experience is of their 'way of being'.

Table 1.4 A 'Way of Being' Significant Statements: What it is

- A series of guidelines p65IB163
- In one's own terms, on one's own terms p83IE13
- Able to connect with the whole of the environment...world p149IG36
- Choice-ful-ness may be what it is all about p79IC49

- Giving an acceptance, being more acceptable, of who I am p139IF218
- Created a tension in me p148IG31
- Gestalt invited me to be who I really am p186IH125
- I can be present in the moment in my body p47IB67
- I notice changes in the season more clearly p175IH58
- I feel freer from the things that are blocking me p177 IH66
- I definitely feel more effective p67IC6
- Known my own self better p78IC47
- Other people am being more authentic and honest p174IH51
- Joyful...taking responsibility, for it, for myself p97IE99
- Taking full responsibility for myself is freedom p170IH26
- Empowering p17IA91
- Holding things in balance p18IA92

- It's embodying the approach p227IK17
- A culture clash p233IK35
- It's like opening more doors p230IK25
- I don't have to live up to your expectations p168IH11
- It has enhanced my relationship (with husband) p171IH34
- My life has turned upside down p172IH36

- Painful, ... I am aging, I will die p25IA132
- Now there is a contact (with close friends) p51IB87
- I'm more aware of what I want in meeting with others p115IF43
- Probably makes me more lonely p116IF53
- Friends ...who'd relate in a much less careful way...that's actually a relief at times p194IJ42
- I do strongly react when I feel that people aren't being authentic p121IF88
- I ...want to have more space p144IG4
- I deprive...the supporting, nurturing contact because I can't always be sure of getting that p144IG6-7
- There's a vividness to life p62IB149
- What I've noticed is, I get noticed p38IB12
- Walk up to barks and stroke them...I touch my environment p175IH55
- I'm not always noticed in a positive way...I quite like it actually p40IB20-21
- I'm much clearer, much more myself, much more defined p3IA9
- More real now p173IH42
- I have a better sense of focus, a sharper intuition p77IC42

- | | |
|----------------------------------|-----------|
| • Incredibly useful | p79IC51 |
| • The quality of relating | p228IK17 |
| • Satisfaction is very important | p63IB56 |
| • I found my creativity | p163IG125 |

- Almost a spiritual thing for me

The views and comments of all the participants have been examined for these four tables. From these tables I condensed the statements, using original words whilst not changing their context and placed them into clusters from my literature review. I am aware that I had to choose which cluster, the statements had to be placed. If there was any doubt, I considered the reference that the participants had used them. For example the key word is empowering, this is in relation to responsibility so it was placed in the 'Existential' cluster. This was to ensure that the initial phenomenon was not lost.

Table 2.1 Clusters: A 'Way of Being' was

<u>Dialogic Relationship</u>	Phenomenological	Existential
To suit others	A year	Status or money

<u>Dialogic Relationship</u>	Phenomenological	Existential
Christianity	Toxic	Routine
Didn't bring myself in		My fault
Vulnerable to opinions		Anger
Wasn't any relating		Hide myself
Inauthentic person		Challenge to look
		Blame
		My own thoughts
		Fearsome of the future
		Merging...confluence
		Socialising
		Not important
		All the spaces
		Screaming
		Grey flat boring

<u>Dialogic Relationship</u>	Phenomenological	Existential
		Prescriptive
		Submit
		Strong feelings is truth

Table 2.2 Clusters: Gestalt Psychotherapy Training

<u>Dialogic Relationship</u>	Phenomenological	Existential
In relationship	Not giving up on myself	Doing
Spirituality	Language	Difficult and exposing
By-product	The moment	I am
Serious	Gut feeling	Search
In touch	Liberated	Fear
My group	Therapy	Challenged
Powerful impact	Boundaries	Relevant
Affirmed	We are special	Logical
Fortunate	Self deception	Paradoxical...polarities
Beneficial	Amazing	Take it
Very special	The world	Fitted me
Filter...nourishing	A way of being	Attracted and scared
Haven't been yourself	A huge amount	Accelerated therapy
Take the time	Something more	Passion
Repeat...again and again	Eating and chewing	Real asserted purpose

<u>Dialogic Relationship</u>	Phenomenological	Existential
Level of witnessing	It all playing out	Inevitability
Isn't judging	Really joyful	
A human being	Slammed into me	
Minimising shame	A complete experience	
	Shift of being	
	Closed communities	
	Inside Out process	

Table 2.3 Clusters: A ‘Way of Being’ was not

<u>Dialogic Relationship</u>	Phenomenological	Existential
Translate	Inform my being	The Gestalt being
	My way of being is mine	Not a belief system
		Not a cult
		Not a cure-all
		Slavish

Table 2.4 Clusters: A ‘Way of Being’ is

<u>Dialogic Relationship</u>	Phenomenological	Existential
Whole of the environment	Guidelines	Own terms
Invited	Acceptance	Choice-ful-ness
More authentic and honest	My body	Tension
Embodying	Changes in the season	Joyful
Culture Clash	Blocking me	Freedom
Enhanced	Effective	Empowering
Contact	Known	Expectations
Meeting with others	Balance	Upside down
Relief	Opening	I will die
Strongly react	Space	Lonely
Deprive(d)...nurturing	Vividness	A sharper intuition
Not positively noticed	I get noticed	Satisfaction
Relating	Touch my environment	Almost spiritual
	Defined	

<u>Dialogic Relationship</u>	Phenomenological	Existential
	More real now	

<u>Dialogic Relationship</u>	Phenomenological	Existential
	Useful	
	Creativity	

3.1 The Exhaustive Statement of A 'Way of Being'

Before my training, I would adapt my behaviours so others accepted me. I would do this by allowing others to make choices for me, and I would not let myself be heard, this was because I did not feel important. I believed that others knew better than I did, and was unable to distinguish what I wanted, or needed.

In order to gain attention I would act in a manipulative manner, by exaggerating or refraining from stating what I wanted or needed. I would be left feeling angry and afraid. I did not take responsibility; this allowed me to either act in an irresponsible manner or not to take responsibility for my actions.

I permitted this to go on for a long time, and I was influenced by material and monetary gains. Status within my community was important to me; I kept to the rules and never questioned them, so that I did not stand out or asked to leave. I did have a faith, and that has remained, although since my training my perspective on it has changed.

In my training I experienced the opportunity to be in relationship with both individuals and my group as a whole. In being able to experience both my own and others processes,

I have learnt to recognise what is good for me. I no longer accept at face value what I am told and I will now explore core issues.

The experience of having others seeing me struggle; staying with me whilst I examined often repeatedly, my process has been positive and affirming. I have had the luxury of time to experiment and with support, not give up on myself. In witnessing others share their process is a complete experience for all, when it is non judgemental. I had known that something was missing; now I know how to search for it. I have experienced in being seen as a human being, being heard, making an impact, and receiving feedback on how others experience me.

It has not been easy, it is very exposing yet it has minimised my shame and fears that I arrived with. There were some parts that I hated; however I have found that they have helped me grow. I have felt that the holistic method has accelerated my learning; nevertheless it does take time to integrate this. The cyclical approach of being in a training group, having clients, being in personal therapy and clinical supervision layers my knowledge. Initially, the force was tremendous, as the training progressed it became a more gradual development and I recognised that there had been a shift of being. This experiential method has worked from the inside out and has permeated into the whole of my life.

Outside my work as a therapist I now can be who I am. I choose who to be in relationship with and how I choose to meet them. I know what I want and need. I make choices and take the responsibility for my choices. I can accept others and myself; I have found this has heightened my own ability to accept others too. I can accept the reality that I will die, that I am not responsible for others or their behaviours. I have the confidence to explore new areas and interests. I trust my instincts and I have gained respect from others that I never had in the past. I find that the work I did in training has relevance throughout all aspects of my life.

I am aware of the dangers of the special-ness of my group. There is a paradox that I feel really joyful of having this closeness and comfort of the group. The contradiction is that if I feel and act special then project this onto others, there is a possibility I could make myself seem 'better' than others. As a group we could become a closed community, with the potential to demonise others.

Throughout the world, anybody who has experienced Gestalt psychotherapy training would know what I meant by a 'way of being', however this does not translate easily to others who have not experienced Gestalt psychotherapy training. I realise that my training enlightens me, yet I do not wish to be confined by it. Gestalt therapy is not a belief system that cures all; it is not a cult, as my 'way of being' is mine.

Here and now, my 'way of being' enables me to connect with the whole world. Gestalt invited me to be authentic and honest. This gives me an opportunity to have contact with others and myself on a different level. Knowing this gives me relief from sustained or intense contact all of the time. I will choose to have relationships, which are less intense at certain times. I am conscious that I need space. When I do not receive this, I can recognise that I will deprive myself of the company of others if it is not supportive or nurturing. This means at times that I am lonely. I will also react quite strongly if others are being inauthentic now, this is a tension and I have to find the balance. This has impacted upon others as my life has been turned upside down, I appreciate the difficulties, the culture clash, that my 'way of being' is in the world, where evidence based procedures are sought and change is regarded with suspicion.

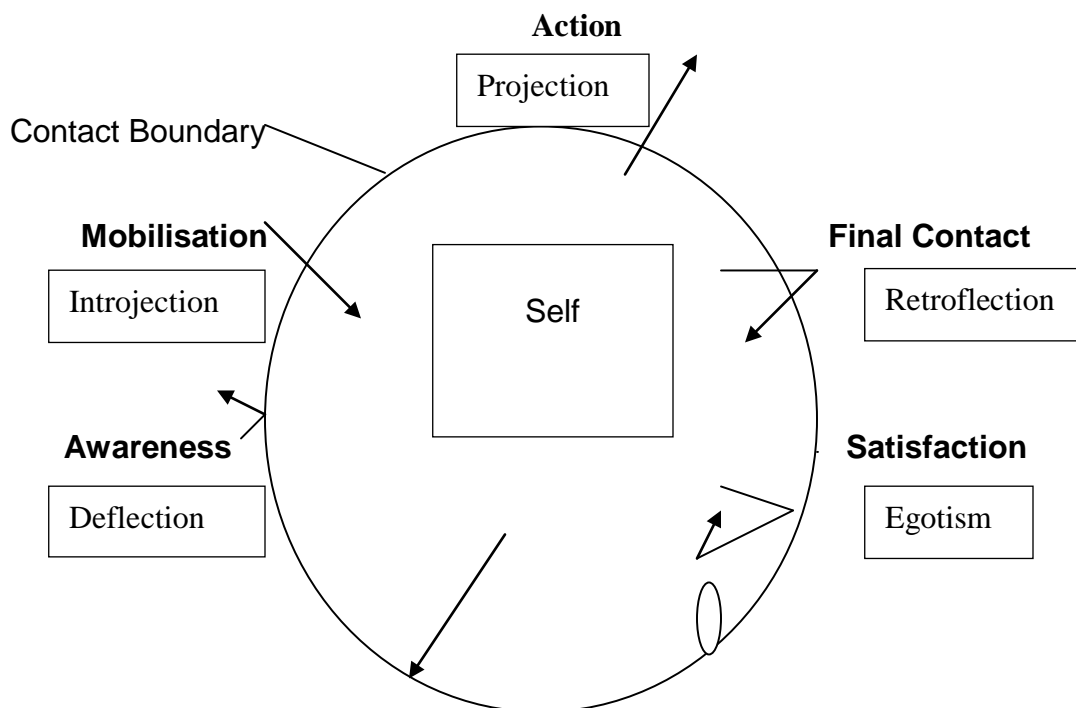
Others notice me more; I believe this is due to me being more aware of others, although this is not always in a positive way. I have a definition that I never had before; others have commented on my being real now. In being aware of what I 'block', and removing that blockage gives me an ability to feel more and feel what others are feeling. This quality of relating to others is almost spiritual for me.

I touch my environment, and it touches me. The vividness of colours and sounds enhance my life and I am empowered by the satisfaction I now have. I have given others permission and myself to have no expectations, this is freedom. I have a sense of joy in experiencing the world in one's own terms, on one's own terms. I allow others and

myself to be creative. Embodying the Gestalt approach is constructive and is like opening more doors, I am continually finding new experiences. By staying in the moment more of the time I am able to connect to myself and meet others with a sharper sense of perception. I am aware of my need to be satisfied and how it is nurturing and lasting for me. This series of guidelines that is the Gestalt approach permits me a choice-ful-ness and that may be what it is all about.

Discussion

The phenomenological examination resulted in the table 3.1 The Exhaustive Statement of a ‘Way of Being’. In the process of how the ‘way of being’ has progressed it began with ‘adapting behaviours’ or ‘*creative adjustments*’ Perls, F. et al (1951, p231). These are interruptions to contact in the cycle of Gestalt formation and destruction as shown below.



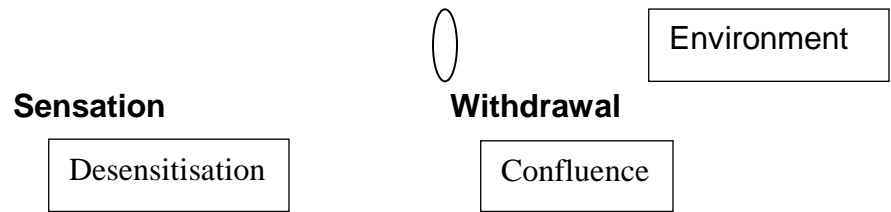


Figure 1. *‘Cycle of Gestalt formation and destruction with diagrammatic examples of boundary disturbances at each stage’*, Clarkson, (1999,p56)

These creative adjustments, or *‘boundary disturbances or interruptions’* Clarkson, (1999, p57) are often a necessary process to allow the self to live and have some form of comfort when the self is in a toxic environment and feels threatened. An adjustment to the self takes place in order to survive. The Gestalt premise is, that if there are no interruptions then the self within a healthy environment will mature. The fewer out of awareness boundary disturbances there are, leads to a fuller more contact-ful *‘way of being’*. The particular interruptions that are indicated in the beginning of the Exhaustive Statement are *‘confluence’* and *‘introjection’* MacKewn, (2000, p27).

‘Confluence occurs when two people or two parts of the field flow together with no sense of differentiation’.

‘(introjects)...Being ruled by internalised ‘shoulds’.

Clarkson, (1993, p58). As discussed in the literature review, responsibility is a core principle of Gestalt theory and the lack of responsibility that the trainee is willing to accept is indicative how immature adults can be, even resorting to 'manipulative' behaviours in order to survive and have some form of contact with others. In Gestalt psychotherapy training the trainee is taught to experiment and observe, then discover his/her own purposes through their own efforts. This behaviour is often out of awareness and it can be changed if the person wishes it to be. This could take place in therapy or within a healthy group situation where healthy modelling can also assist to concrete the learning. The Gestalt Paradoxical Theory of Change, (Beisser, 1970) as discussed in the literature review,(see p29) states how the person will have to be aware of how they are, in order to be responsible and make a choice if they wish to change their behaviours and responses to the environment.

In The Exhaustive Statement (3.1) the influence of status and money would be considered another disturbance to the contact boundary; in Gestalt therapy this is 'egotism',

'has something to say about everything, but the concentrating self feels empty, without need or interest.'

Perls, F. et al (1951, p463). It is often a necessary procedure for human beings to have these creative adjustments and interruptions, it is only when they become habitual or extreme that they would be considered neurotic or unhealthy to the organism. With the holistic approach of Gestalt it is theorised that the trainee would

progress from environmental support to self-support taking responsibility and becoming response-able. (Perls, F. 1969c, p30)

The relationship with colleagues during training was confirming and it was the impact of sharing that was healing and supportive. Buber (1958;1985, p86) writes, (underlined to indicate the author's original italics)

'The more direct contact with the Thou, the fuller is the sharing. The I is real in virtue of its sharing in reality. The fuller its sharing the more real it becomes.'

The dialogic experience as discussed in the literature review in section 2.4 was extremely important to all of the participants during the training and the shift in the clusters in Table 2.2 indicates this clearly. The statements are more evenly spread over each of the clusters in comparison to the earlier tables. However, it is to be expected that as Gestalt concentrates on awareness that the phenomenological cluster would be greater, as an increased awareness is a Gestalt psychotherapeutic goal. The dialogical approach that the trainees experienced was highly influential. The majority of participants in their interviews used the word, 'acceptance' to describe various aspects of their training experience. Some examples are, p19IA98, accepting of others and doing things differently, p60IB140, Gestalt therapy is accepting, p78IC78, others accepting the participant more, p110IF12, accepting that I'm OK, and p184IH114, accepting the polarities of themselves.

One other word, 'permission' was figural to the majority of participants in the dialogic relationship cluster in response to Gestalt psychotherapy training (1.2), they had used this in relation to a number of varying facets of their 'way of being'. Some examples are, p13IA66, permission to stay where they are, p16IA85, responsibility gives the trainee permission to be empowered and deal with issues themselves, p97IE99 agrees with the previous statement and adds to it by saying the permission of responsibility has given them joy. The final example, I will cite was echoed by others, p169IH21, they have received permission within the training to say that they were important.

There are references in The Exhaustive Statement (3.1) to the 'struggle' of the experience being 'not easy' even, 'some parts that I hated'. The words of Perls, F. (1969c, back cover) envelop this,

'To suffer one's death and be re-born is not easy.'

It is this existential principle that is central to Gestalt psychotherapy as reviewed earlier in section 2.6 of the literature review.

In The Exhaustive Statement 3.1 when the participants looked their 'way of being' is, the shifts that had happened during the Gestalt psychotherapy training had stayed with them, many had experienced further embodiment of the approach as time went

on, (p1911J26). The recognition of toxic and nourishing relationships was recognised by all of the participants and the majority described how they now nurture and appreciate the healthy relationships and have chosen to terminate those they now recognise as toxic. This trust in organismic self-regulation is a one of the basic beliefs in Gestalt therapy, Perls, F. et al, 1951, p279

‘the theory of human nature is the order of “ healthy” self regulation.’

Self-regulation refers to being responsible for one’s self, and that growth will follow that ontological imperative.

*Many of the participants considered the question of elitism. During the interviewing they acknowledged they had undergone specialist training which was alien to their friends and family had created difficulties. They had specialist knowledge, learnt within a dedicated building with a group of people that they had intimate inter-psychic knowledge of. Leaving with a new language and understanding could complicate relationships. As shown in *The Exhaustive Statement (3.1)*, ‘dangers of the specialness’, there was a healthy reaction in staying aware of this; to ensure that the balance of acceptance of what is, that is they do have this experience and the positive aspects that it brought to long-term relationships outside of the therapy room. There is an awareness of the possibility of elitism and splits that can happen within various training organisations and individual models of psychotherapy. The requirement for this not to become either too comfortable or to be demonising was also discussed. All*

believed that Gestalt psychotherapy training was not a cult; some believed they needed to be vigilant to ensure that this did not happen.

In terminating toxic relationships there was an awareness of loneliness for the therapists. This was highlighted by their experience of the closeness of the training group. It was a considered decision to terminate the association and an acceptance that the isolation they experience was preferable to continuing in an unhealthy relationship. This is an existential Gestalt principle in the acceptance of their choiceful separation from others. Close relationships had changed. The therapists made a choice how much or how little of their new skills they utilised within these long-term relationships.

All participants mentioned the lucidity of being seen, seeing others more and having a sense of self-definition during the interviews. The Gestalt concept of figure and ground and the emerging figure gaining clarity as it arises, is central to healthy functioning. Allowing no interruptions to this (as shown in Figure 1. 'Cycle of Gestalt formation and destruction with diagrammatic examples of boundary disturbances at each stage', (Clarkson, 1999, p56), ensures that the gestalt cycle is complete and then the next figure can fully emerge leaving no unfinished business, or 'incomplete gestalten'.

When a need or a want becomes apparent, to satisfy that in a healthy way enables the next to become figural.

The consciousness that the ongoing process of being aware, recognising what creative adjustments are used and how this has enabled the Gestalt therapist to enjoy their environment more as stated in The Exhaustive Statement (3.1) ‘enhance my life’, freedom is gained, and acceptance of new experiences are welcomed. In embodying the holistic and flexible approach, the therapist has to accept the paradox of the responsibility and the choice-ful-ness they have.

Many of the participants had previous training in other models of psychotherapy. Each was asked how their ‘way of being’ had changed after that training and how it compared to their ‘way of being’ following Gestalt psychotherapy training. I believe that their responses are of interest and so I have done a shorter exercise to look at these two questions.

I have used the same method here, as in the findings, to look at the Gestalt therapists’ view of other models of training they have experienced and if this has affected their ‘way of being’. It is not my intention to examine the essence of the phenomena; this could be the basis of a further study. For convenience only, during this short exercise I have chosen to put their responses in alphabetical order.

Table 4.1 ‘Way of Being’ from Other Psychotherapy Training: Significant Statements

- **CBT... interesting ideas... doesn't work deeply enough into the system**
p22IA112
- **TA too bland to mention** p24IA127
- **Psychodynamic ...suited my fixed gestalts** p24IA127
- **Gestalt...more healing...more convincing** p24&27AI120&127
- **Person centred training...pretentious...how I was then** p38IB10-12
- **Gestalt ...very self aware and...of where I am in relation to others**
p39IB15-16
- **(Person centred training) there wasn't any awareness attached ...just a way of speaking** p39IB14
- **Rogarian...some affect on my own relationships** p156IG85
- **Gestalt has had more of an impact on my life** p157IG86
- **(TA) I got a lot of head knowledge** p180IH89



- (Gestalt) has affected me more profoundly and more than TA
p181IH97
- ‘Broadly’ Humanistic...a role and very separate p203IJ98
- Gestalt training was much more available p202IJ96

Table 4.2 Clusters of a ‘Way of Being’ In Other Models Of Psychotherapy Training.

<u>Dialogic Relationship</u>	Phenomenological	Existential
Just a way of speaking	Wasn’t any awareness	Interesting

<u>Dialogic Relationship</u>	Phenomenological	Existential
Pretentious		Doesn't work deeply
Some affect - relationship		Suited fixed gestalts
		A role...very separate
		Bland
		Head knowledge

Table 4.3 Clusters of Comparing Gestalt Psychotherapy Training a 'Way of Being' to Previous Training in Another Model.

<u>Dialogic Relationship</u>	Phenomenological	Existential
More healing	Self aware	More convincing
Much more available	In relation to others	More impact on my life
		Affected more profoundly

4.4 The Exhaustive Statement of a 'Way of Being' Comparing other Models of Psychotherapy Training with Gestalt Psychotherapy Training.

When I trained in another approach it was just a role, a way of speaking, I found that it was very separate to my life. It had some effect on my relationships as I gained a lot of knowledge; this was cognitive without any awareness. It was interesting, however it was bland, and I found that it did not work deeply enough, in many ways it suited me, although with hindsight I was pretentious as I believed I knew it all then.

My experience with Gestalt psychotherapy training has affected me profoundly and has had more impact on my life. I have found the theories more convincing and I can relate to others on a different level. Gestalt was more healing for me; I now have a greater awareness of myself and myself in relation to others that has changed my 'way of being'.

Conclusion

In conclusion my enquiry has been successful in looking at the 'way of being' outside the therapy room for a Gestalt psychotherapist. I have investigated their perception prior to their training, during their training and their 'way of being' outside of the therapy room in their personal lives. It has broadened my own knowledge and the holes that I found in the literature review where the statement was just accepted and not expanded upon. There may be a document or article that relates to the therapists' experience of how their 'way of being' has changed and how it affects them outside of the therapy room, I was unable to find it in my literature search.

I wanted this to be a grounded investigation and I believe that it has been. Participants did not question what a 'way of being' was, although there was a distinction between a 'way of being' and a 'way of life' for some participants. I am aware that in my literature review when I was unable to find the phrase 'way of being', when it seemed suitable I accepted 'way of life' and other similar phrases as pointed out in the introduction of the literature review. (2.1)

This is a small research document and I believe it is informative. However other questions may have risen during the investigation process. This is shown by the comparison of other models of psychotherapy training to Gestalt psychotherapy training in the discussion, (4.1 - 4.4). In my literature review the literature I consider that was the closest to this enquiry was 'Embodied Theories', Spinelli and Marshall, 2001. There are

marked differences between my enquiry and the book as it was one therapist's account and there was a comparison of seven other psychotherapeutic models.

I could have looked at further Gestalt concepts within the literature review, as core tenets such as field theory (Lewin, 1952) are so important to Gestalt theory. The limitation of the size of this enquiry has prevented me from doing so.

Gestalt theory was always structural to this work and I found that it fitted with my choice of a qualitative method and phenomenological approach. As the research question is based on perceptions of the therapist it was appropriate for this study. I was guided by Cresswell, (1998) and McLeod (2001 and 2003). At every phase of the study I reflected on how I would formulate the essence of my participants' narrative to reveal a 'way of being'. Throughout I ensured that I kept as close as possible to their original meanings not to contaminate the data or change the findings.

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Appendices

Appendix 1.

11 Riverside Cottage
Water Fold
Rosendale
Lancashire
BB4 9RE

30th January 2005

Dear xxx,

My 4th Year Gestalt research project focuses on how Gestalt training affects our way of being outside of the therapy room.

Gestalt – A Therapy or a Way of Being?

For the purpose of this research and to have an overall view I am inviting both current trainees and also psychotherapists who began their training some time ago to participate.

I wish to assure you that all contact will be treated with the strictest of confidence, whether you engage in the research or not. I have enclosed a stamped addressed envelope for you to return your reply.

Thank you

Karen F Burke

Gestalt – A Therapy or a Way of Being?

The research study will involve completing a consent form, a questionnaire then a taped interview that will take approximately an hour. A copy of this questionnaire, and an analysis of the information collected will appear in the final published research work. The data collected from the taped interview will be used to explore how trainees' lives are affected 'outside' of the therapy room.

Confidentiality is paramount to a study of this kind and every step will be taken to protect your identity throughout the study and the subsequent publication. Any material will be presented anonymously names and specific details will be changed so that you cannot be identified. You will keep one copy of the consent form and I will retain the other. You will have the right to withdraw from the study at any time up to the 31st of May 2005, after which point the manuscript will have gone to print and your removal from the study will not be possible.

As a trainee of The Sherwood Institute, I am bound by their guidelines to ethical considerations and professional practice, of which a copy is available to you at any time.

I am unable to participate in the research study

.....

I am able to participate in the research study

.....

Appendix 2

Gestalt – A Therapy or A Way of Being?’

I agree to participate in this research study into ‘Gestalt - A Therapy or A Way of Being?’

I understand the purpose and nature of the research and I am taking part voluntarily.

I agree to the audio taping of the interview and for the data from this to be used in the process of completing an MA in Gestalt Psychotherapy at The Sherwood Psychotherapy Institute. I understand that this includes a dissertation for the award of a

Master's degree and any subsequent publications that may arise from it.

I understand that I have the right to withdraw from the study at any time before or during the time before submission of the written dissertation including the right to withdraw when I have reviewed all the information I have provided.

I understand that brief details of each participant may be used in the publication of the data and this may include age, gender, race, professional status and therapeutic and training history. (i.e. years spent in training, reasons and time spent in therapy and reasons for entering therapy).

I understand that my anonymity will be protected at all stages of the research and give my permission for the details to be used.

Signature of the Research Participant

Date

Signature of Researcher

Date

Appendix 3

Questionnaire

Gestalt - Therapy or A Way of Being?

Gender

Age (range)

Have you trained in Gestalt Therapy?

When did you train (year)

To what level of training?

Did this involve personal therapy as a parallel obligation?

If so, length of time in therapy?

Have you trained in another model of counselling or psychotherapy?

If so when did you train?

To what level of training?

Did this involve personal therapy as a parallel obligation?

Page two

If so length of time in therapy?

Have you trained in a third or more models of psychotherapy or counselling?

Do you wish to add any other comments?

Appendix 4

Gestalt Therapy Now

Claudio Naranjo Present – centredness; Technique prescription and ideal p.49

- Live now. Be concerned with the present rather than the past or future
- Live here. Deal with what is present rather than what is absent
- Stop imagining. Experience the real.
- Stop unnecessary thinking. Rather, taste and see.
- Express rather than manipulate, explain, justify, or judge
- Give in to unpleasantness and pain just as to pleasure. Do not restrict your awareness.
- Accept no *should* or *ought* other than your own. Adore no graven image.
- Take full responsibility for your actions, feelings and thoughts.
- Surrender to being as you are.

p.50

I think that the specific injunctions of Gestalt therapy may in turn be subsumed under more general principles. I would propose the following three:

- 1 Valuation of actuality: temporal (present versus past or future)
- 2 Valuation of awareness and the acceptance of experience
- 3 Valuation of wholeness, or responsibility

None of the three broadband life-prescriptions of Gestalt therapy listed above is the direct opposite of any world philosophy that I am aware of.

