Reprinted with permission from The International Gestalt Journal

International Gestalt Journal 2003, 26/1, 9-13

Frank-M. Staemmler

The IGJ Transcript Project: An Introduction

The IGJ transcript project consists of this introductory paper and the following six other papers. In the first, a transcribed gestalt therapy session is presented. The next four papers are different comments on the transcript. One commentator regards the transcript as representing both an individual and a field-theoretical approach. Another commentator sees it as an example of the undoing of retroflection. The following commentator contemplates about "The Ecology of Psychotherapy," and the last commentator writes about "repetitive and recursive loops." The series of papers concludes with a response to each of the comments by the therapist, who provided the transcript. She finally raises the question "What is gestalt therapy and what is it not?"

In former years *The Gestalt Journal*, the predecessor of the *International Gestalt Journal*, served as a platform for many lively debates about various theoretical topics such as "The Future of Gestalt Therapy" (Perls et al., 1981), "The Self in Gestalt Therapy" (Tobin, 1982; Yontef, 1983; Tobin, 1983), "The Limitations of Gestalt Therapy" (Davidove et al., 1985), "The Training of Gestalt Therapists" (Harman et al., 1987), "Boundary Processes and Boundary States" (Swanson, 1988; Yontef, 1988; Smith, 1988; Brown, 1988; Davidove, 1988; Fleming Crocker, 1988; Swanson, 1989; Loggins, 1989), and "The Implications of Gestalt Therapy for Social and Political Change" (Brown et al., 1993). Whereas these debates were primarily theory oriented, others had a more practical focus, for instance "A Case Presentation in Gestalt Therapy" by Bauer et al. (1985), another one by Aylward et al. (1986), or "Transference Meets Dialogue," in which Lynne Jacobs presented a case (see Alexander et al., 1992).

In this issue of the *International Gestalt Journal* we will continue this inspiring tradition with the discussion of a transcribed piece of work, thereby predominantly focusing on practice again. However, as you will see the discussion also touches upon a number of important theoretical questions.

By publishing this transcript we are also picking up another tradition, which is typical for gestalt therapy and which goes back to Fritz Perls himself. Perls was among the first psychotherapists who would publish transcripts of their therapy sessions frequently (see Perls, 1969; 1973). When he started this tradition, therapeutic sessions generally were still surrounded by the aura of secrecy and, sometimes, even mystery. In his workshops Perls openly demonstrated how he worked and by doing so made his work and himself as a person available for both admiration and criticism.

In my view, it is essential for the quality of any psychotherapeutic practice that therapists open themselves up to feedback, criticism, and, of course, supervision. At least some — even relatively small — degree of publicity can make sure that what happens behind the closed doors of therapy rooms is the best that can be done for clients. Moreover, publicity is a powerful measure that helps to prevent any form of abuse. It goes without saying that confidentiality has to be maintained at all times.

Certainly the investigation of a *transcribed* therapy session has some disadvantages to it: The nonverbal material that plays a most significant part in gestalt therapy can be conveyed to only a minor degree. For obvious reasons this disadvantage cannot be overcome in a printed journal. As much as possible it must be compensated for by the hermeneutic skills of the readers. But there is also an important advantage to this medium: It provides the readers with the opportunity to follow the session at their own respective paces, to go back to previous sections and reread them, and to reflect on their impressions in the tranquility of their private studies.

Likewise, the therapists who are invited to comment on a transcript have the chance to take their time and to make up their minds about the session at their individual paces. This

makes it possible for them to bring in reflections on very different levels: They can reflect on praxis, theory, and even philosophy. Thus the discussion can gain a degree of depth that spontaneous reflections sometimes lack. As a result I think such a project, although primarily focusing on practice, can be of considerable theoretical value too.

Such were the background thoughts I had in mind when I solicited our transcript project, which is documented on the following pages. It includes the contributions of Sally Denham-Vaughan (England), Jacques Blaize (France), Marie-Claude Denis (Canada), Joel Latner (U. S. A.), Lynne Jacobs (U. S. A.) and, again, Sally Denham-Vaughan.

In November, 2001, I started to write to a number of gestalt therapists who work both as therapists and as trainers in different parts of the world. I introduced my idea of the project and asked them if they were willing to take part in it either as a therapist who provides the transcript of a session or as a commentator who discusses the transcript. Of course it was not that easy to find a therapist who was willing to expose her or his work to the international public; that I did expect. What I did not expect was how difficult it would be to find four or five competent commentators willing to participate. But, as you will see, I have found four commentators who have made a valuable contribution.

Courageous Sally Denham-Vaughan dared to provide the transcript. I gave it to the commentators anonymously to make sure that their comments were based only on their impressions of the work and not on any prejudices about the person of the therapist. Then I sent the comments to Sally — anonymously again to make sure that she was not preoccupied (or too impressed) by the ring of any names when she wrote her response to the comments. Only after everything was said and done were the participants in the project informed of each other's names. (This is reflected in the fact that some commentators attributed male gender to the therapist.)

Now that a year and a half since the beginning of this project have passed and about 150 emails have gone around the globe, I am happy to be able to present our readers with the

results: the transcript, the comments, and the therapist's response to the comments. I hope you enjoy reading it.

In the event you think that you have an interesting comment to make, please feel free to write a "letter to the editor," which we may well publish in one of our next issues.

References

Alexander, R., Brickman, B., Jacobs, L., Trop, J., & Yontef, G. (1992). Transference meets dialogue. *The Gestalt Journal 15/2*, 61-108.

Aylward, J., Bauer, R., Harman, R., Freedman, H., & Perls, L. (1986). A case presentation in gestalt therapy. *The Gestalt Journal 9/1*, 16-35.

Bauer, R., Latner, J., Mintz, E., Polster, E., & Tobin, S. (1985). A case presentation in gestalt therapy. *The Gestalt Journal 8/2*, 27-48.

Brown, G. I. (1988). Response to "Boundary Processes and Boundary States." *The Gestalt Journal 11/2*, 59-60.

Brown, J., Lichtenberg, P., Lukensmeyer, C., Miller, M. V., & Polster, E. (1993). The implications of gestalt therapy for social and political change. *The Gestalt Journal 16/1*, 7-54.

Davidove, D. M. (1988). Exhibitionism in disarray. *The Gestalt Journal 11/2*, 61-79.

Davidove, D., Latner, J., Miller, M. V., Nevis, S., & Tobin, S. (1985). A symposium on the limitations of gestalt therapy. *The Gestalt Journal 8/1*, 50-77.

Fleming Crocker, S. (1988). Boundary processes, states and the self. *The Gestalt Journal 11/2*, 81-124.

Harman, R., Brown, G., Mintz, E., Nevis, S. M., & Smith, E. W. L. (1987). The training of gestalt therapists: A symposium. *The Gestalt Journal 10/2*, 73-106.

Loggins, J. H. (1989). Background for the boundary: A response to Swanson. *The Gestalt Journal 12/1*, 81-94.

Perls, F. S. (1969). *Gestalt therapy verbatim*. Moab, UT: Real People Press.

Perls, F. S. (1973). *The gestalt approach & Eye witness to therapy*. Palo Alto, CA: Science & Behavior Books.

Perls, L., Polster, M., Yontef, G. M., & Zinker, J. C. (1981). The future of gestalt therapy: A symposium. *The Gestalt Journal 4/1*, 3-18.

Smith, E. W. L. (1988). Self-interruption in the rhythm of contact and withdrawal. *The Gestalt Journal 11/2*, 37-57.

Swanson, J. L. (1988). Boundary processes and boundary states. *The Gestalt Journal 11/2*, 5-24.

Swanson, J. L. (1989). In response: Another look at revising gestalt boundary theory. *The Gestalt Journal 12/1*, 69-80.

Tobin, S. A. (1982). Self-disorders, gestalt therapy and self psychology. *The Gestalt Journal 5/2*, 3-44.
Tobin, S. (1983). Gestalt therapy and the self: Reply to Yontef. The Gestalt Journal 6/1, 71-90.
Yontef, G. (1983). The self in gestalt therapy: Reply to Tobin. *The Gestalt Journal 6/1*, 55-70.
Yontef, G. (1988). Comments on "Boundary Processes and Boundary States." *The Gestalt Journal 11/2*, 25-35.

Author

Frank-M. Staemmler, Dipl.-Psych., lives in Würzburg, Germany. He finished his studies in psychology at university with a diploma. He has been working as a gestalt therapist in private practice since 1976, and as a supervisor and trainer since 1981. He has written about fifty articles and book chapters and three books and has edited four other books. He is editor of the *International Gestalt Journal*.

Address for correspondence

Zentrum für Gestalttherapie
Kardinal-Döpfner-Platz 1
D–97070 Würzburg, Germany

International Gestalt Journal 2003, 26/1, 14-20

Sally Denham-Vaughn

First or Nowhere?

To avoid criticism, do nothing, say nothing, be nothing.
(Elbert Hubbard)

What follows is a transcript of a part of a session, (approximately fifteen minutes), that took place in the summer of 2002.

Background

Briefly, Louisa has been in therapy with me for some three and a half years now and we have had 143 weekly sessions. I first met her following admission to a psychiatric hospital, where she had been sectioned, (an involuntary patient), for treatment of her mental health problems and especially suicidal behaviour. She had been in hospital for some three months, and upon being discharged it was agreed that she should be referred for psychotherapy. Her formal diagnosis is of Borderline Personality Disorder, with Co-Morbid Axis 1 Disorders including severe bulimia and severe Depressive Disorder. In terms of her Personality Disorder, she fulfils all the DSM IV features for a diagnosis of BPD and I have assessed her using the SIDP IV. Within this classificatory system, she can also be described as having avoidant and dependent traits.

In terms of personal history, Louisa is the second born of twins conceived on a honeymoon night. She believes that the pregnancy was unplanned, that her parents were ill prepared for children and especially, that her mother and father had a preference for boys.

The first-born twin, Michael, she describes as having always been “first, quicker, louder, more positive and more creative.” She has great difficulty owning and accepting her identity, feeling that neither her birthday nor even her name

truly belonged to her. (If she had been a boy she would have been called Louis.)

Over time in therapy we have covered a wide range of areas, including attempting to manage her active suicidal behaviors, which include serious self-harm and severe bulimic difficulties. Both of these problems have been formulated as reflecting a fundamental feeling that she should not exist, but that if she is on this planet then she should make only a positive contribution to others and have no needs of her own. Just being aware of her wants and desires triggers tremendous self-criticism.

Louisa is single, but lives near her parents. She is thirty-five years of age, does not have a partner, and has never been married. She has very few friends or indeed, even acquaintances, and does describe herself as being profoundly lonely. She lives in a small house with a range of animals, which are her "substitute family," including two dogs, two cats, a range of hens and geese. She also has two horses.

This transcript comes after approximately twenty minutes of the session. Louisa has come into the session extremely upset having had the experience of reversing her car, hitting an object, and getting out only to discover that she had run over her new kitten. The kitten was killed by this incident and Louisa has been blaming and berating herself for the animal's death. I have been trying to facilitate her staying in contact with herself and me without dissociating or having a "panic-attack." (Both these phenomena have occurred in previous sessions). The main themes so far have been repetitive statements to the effect that this whole incident is certainly her fault, and proof that she shouldn't exist.

Transcript

Every act of creation is first of all an act of destruction.
(Pablo Picasso)

Client (00:00): It just feels that I shouldn't be here . . . and that I shouldn't even bring that up.

Therapist (00:12): Do you believe that I think you shouldn't bring that up?

C (00:21): I don’t know, I feel so awful, always harping back to the past. Why was I born; I just feel so awful. You’ll think I’m so awful, bringing it all up again.

T (00:39): Sounds like the past has spontaneously arrived here; rather than you having gone looking for it.

C (00:43): No.

T (00:46): It’s rather that it’s come and found you.

C (00:49): It feels like it’s a "come-back" you see that I can’t just forget it. It’s like it keeps on repeating itself, and it’s just going to keep on repeating itself. The memories keep coming back, and it keeps on happening. Something will happen, sooner or later, and the pattern is there . . . all the same.

T (01:21): What is the pattern; what does it look like?

C (01:29): (angrily, hopelessly) I don’t know.

T (01:43): I’m wondering then . . . what’s the connection; what is repeating.

(Pause)

C (02:08): That I should just keep out . . . that there is nothing I can create or get right.

T (02:21): So that’s what’s being repeated? That’s the connection. That’s what it means to you.

C (02:27): Well, everything I try to do, I get it wrong. Not just get it wrong . . . I kill things. I do it . . .

(Pause)

T (02:53): So there is the connection . . . then this is the pattern you come down to.

C (02:55): Oh God; it’s so awful.

(Pause)

T (03:15): (reflectively) I imagine a spiral, a vortex; I wonder how it seems to you.

C (03:20): It’s all down to me being here.

T (03:25): What’s the feeling that goes with that . . . that it’s all down to you being here?

C (03:31): Horrible, hateful; . . . that it’s all down to me . . . my mistakes. What is the point of me being here? I’ve always said that I haven’t got a function in life; but at least if I haven’t got a function, if I don’t get things wrong . . . no-one gets hurt.

T (03:50): Sounds like you've got back to that very early decision that "I shouldn't be here;" and if I am here, I should have no needs, make no waves and definitely get nothing wrong.

C (04:06): Well at least then I'm not doing any harm by being here. But as soon as I start taking part . . . Oh.

T (04:20): You look in such pain, physical pain when you say that.

C (04:30): Well, I just can't bear me. I've just had all these things happen to me . . . it's just like something's trying to get rid of me; but it doesn't quite happen.

T (05:05): (beginning to feel anxious that she is dissociating) Can you try and make a bit of contact with me.

C (05:15): Sorry, sorry.

T (05:17): I wasn't meaning to criticise you . . . I was just concerned you were disappearing, hating, and punishing yourself.

C (05:28): Self-pity.

T (05:30): No . . . not self-pity . . . self-hatred, that's what I see.

C (05:35): Mmmmmm.

T (05:41): Do you remember when we talked about the early decision; that "I just shouldn't be here"?

C (05:52): Well, it feels like it keeps coming back. Its here right now . . . I shouldn't be here. That's true.

T (06:01): So you think that's the truth . . . and that the pattern you are seeing reflects the truth, which is at the heart of that decision.

C (06:13): Are you saying that I'm wrong?

T (06:18): What I'm trying to say is that this decision is your interpretation of a set of events but I think you know that I believe something different . . . that your existence is important.

C (06:31): (slowly and with emphasis) Maybe I'd believe that if I'd been born a single person. But it's like, when there's twins, it's like a repeat one has been made. Like an afterthought; so in effect, my brother's the one that was meant to be born. You know, he's the one who can create, and I'm the . . . oh . . . I can't explain it . . . a by-product. . . . A repeat, with

nothing to make me separate, important. He's the one who was meant to be born; He's the one who is making a contribution, being useful to life, making a difference to life and its like I'm looking on.

T (07:56): I notice I feel really sad when you say that.

C (08:01): Well, what is the point to my life? I've just always been there to create problems, to be surplus.

T (08:23): I'm wondering what it's like for you to say that here, with me . . . to say that to me.

C (08:31): Well, I think it's your experience. That I'm just one more . . . there are plenty of clients, I'm just one more, a problem. Not even getting better, just killing things.

T (08:50): Do you know; that is absolutely not my experience of being here with you . . . now . . . or over time.

(Pause)

But I feel very sad when I hear you say that; and I understand and feel . . . I feel it here in my body as well as in my emotions; . . . that that's what you believe. I notice I have a sort of choking; almost like I shouldn't be even breathing . . . and I'm wondering if that is telling me something about how strongly you believe you shouldn't exist.

C (09:14): Well, when you've always been with someone who's so . . . oh, . . . everything that your'e not; but he even looks the same; . . . well there comes a time when you just think . . . it's not even that I'm second; I just shouldn't be at all. It's a feeling that just comes up. You know, something happens and it'll bring me back to it.

(Pause)

T (09:50): So, what is it like for you, that I'm here with you now . . . different from you . . . and with such a different belief about you, and a different experience of you too? I'm just wondering if that makes you feel apart from me?

C (10:23): No, . . . I really want to believe you, to be *with* you.

T (10:30): I feel really moved and pleased when you say that. I'm glad you *want* to believe me. So let's start with that. I'm wondering if you think I'm being genuine, real with you now. If I'm saying my truth or if I'm just trying to reassure you.

C (10:53): I know you wouldn't lie to me; but, I know you couldn't agree with me; that's not your role, to agree with me about that.

T (11:09): Well, I neither agree nor disagree. I have a response, a reaction; I have a truth that is based on my own understandings, and my experience of being with you.

C (11:20): (looking confused) What?

T (11:27): For example, if I think of being with you. I can recall many times and memories of both good and bad times: successes and failures. So there is contrast and difference. It is not all the same . . . all problems . . . all sad. My view of the pattern does not lead me to your conclusion; I do see and believe there is purpose in your life. I just believe that life, including your life, is purposeful. There are not "mistakes" or afterthoughts.

(Pause)

C (12:21): I'm just thinking of one of my little dogs. He was born last and almost died. But you know, I really really wanted him to live . . . almost more than the others. And when they got old enough to go to homes, he was the one I kept.

T (12:36): So you chose him.

C (12:41): Oh yes . . . (Pause) I suppose I identified with him. Coming last; being a nuisance . . . he wouldn't eat or feed properly so I bottle-fed him for a while.

T (12:58): So why did you choose him if he was such a nuisance?

C (13:07): Well, I loved him: I know he reminded me of me; but I just thought it wasn't his fault, being small. And do you know, he really fought for life . . . and he's grown up; and he's a lovely little dog.

T (13:25): So, is he really a nuisance?

C (13:31): No; not now; and not then really; he just needed a lot . . . well; a bit more than the others; but he was worth it. I mean he had the chance to go either way didn't he; he could easily have died either before he was born, or at birth, or even later . . . but he didn't.

T (14:02): So he really fought for life?

C (14:10): Oh yes.

T (14:15): With a purpose . . . a sense of purpose.

C (14:17): (smiles) Well he's a real fighter, even now.

(Pause)

T (14:31): (feeling moved) I'm not surprised you identify with this little dog. So much in common. I'm thinking that even while part of you has found it so hard to take your life; and accept you are alive and have needs; part of you has really fought to stay alive. (Pause) I was just really appreciating the fighter in you. Thinking about the struggles you've had . . . the struggles we've had; and I just had a really warm, pleased sense of your aliveness.

(Pause)

C (15:15): It's still a struggle.

T (15:23): I do know that Louisa, I see that; I really see your struggle; and I've seen and felt it today especially with what happened to your kitten.

C (15:32): I don't know how to cope with that.

T (15:39): Of course not; how could you know . . . it's an awful experience. And: I see you struggling to cope; as I've seen you struggling with many things; and I trust that struggle will bring you through.

The session moves on to a new figure focussing on Louisa thinking about and considering things she might do to support herself at this time. I felt that we had touched a very dark place in her, and one that lies at the centre of her issues. I felt relieved that we had come through with a strong contact being maintained for most of the session. This felt different from previous sessions discussing difficult events.

Author and address for correspondence

See page 58.

International Gestalt Journal 2003, 26/1, 21-25

Jacques Blaize

Comment 1: An Individualistic or Field-Oriented Point of View?

First, I would like to thank the unknown therapist for taking such a risk, in accepting to publish this transcript, and being willing to be criticized. So, I am pleased to accept this opportunity to try to open some tracks of reflection, and not to say what the therapist should have done or not, which would be too simplistic, on account of the context: a few minutes of therapy, isolated from the whole of the therapy.

Possible Effects of the Diagnosis

My first comment is about the influence of the diagnosis on the therapeutic situation: It seems to me that the therapist is sometimes very careful, and, maybe, anxious? (he says himself that he feels "anxious that she is dissociating"), and I cannot help thinking that the diagnosis of "Borderline Personality Disorder, with Co-Morbid Axis 1 Disorders," is a determinant factor in the therapist's field organization.

This question is, for me more general than the present case. A plausible hypothesis would be that the knowledge of such a diagnosis itself contributed to the increase in the therapist's anxiety, and that this anxiety itself raised the patient's feelings of insecurity. Also, it is possible to argue that the prior information about a risk of dissociation could increase the probability of such dissociation. This is not to say that the therapist was too careful! Nor do I say that it would have been better not to know the diagnosis. I only want to underline that knowing the diagnosis structures the field in a particular way; not knowing it would structure the field in another, different, particular way.

So, the title "First or Nowhere," could apply not only to the patient's problem, but also to the ongoing therapeutic situation:

Is it possible to work only with a pure "here and now," or, as therapists, have we necessarily to cope with some "first," always present? Here, the "first," or, better, the "before" would be the knowledge of the so-called diagnosis.

*An Oscillating Attitude: Sometim*es *Individualistic*, *Sometimes Field-Oriented*

My second remark is about the therapist's attitude . It seems to me that he very often oscillates between a field attitude and an individualistic one.

Thus, at the very beginning of the transcript, when the patient says, "I shouldn't bring that up," the therapist answers: "Do you believe that I think you shouldn't bring that up?" (00:12) This is, for me, a field posture: The therapist here makes the hypothesis that the feeling of the patient belongs not to her as a separate person, but that this feeling is the result of the therapeutic field's organization, and therefore that he has, as therapist, contributed to it. But, immediately after, and even though the patient continues addressing him directly ("You'll think I'm so awful . . ." — 00:21), the therapist seems to withdraw, sending back the patient to herself and to her past, contributing so to an individualistic position ("Sounds like the past has spontaneously arrived here . . ." — 00:39).

Another example can be found when the therapist asks the patient to try making a bit of contact with him (05:05). The patient says "sorry," and then the therapist answers that he was not meaning to criticize her. For me it is an individualistic position, referring to therapist and patient as isolated persons. A field position would be to look at the emergence of this theme of criticizing in the therapeutic situation.

For me these examples raise the question: What is the meaning of this oscillation between the individualistic and the field-oriented attitudes? Maybe, when the therapist leaves the field's posture, he is, out of awareness, avoiding the contact with his patient, protecting himself. Maybe also, he chooses this deliberately, considering for instance that continuing the contact would be too unbearable for the patient. Maybe, maybe . . .

Here, only the wider context of the whole of the therapy, or the comments of the therapist himself could help us to opt for one or another of these hypotheses.

Suggesting Possibilities or Intending to Change the Patient?

My third question involves the nature of the therapeutic project: The therapist opens the possibility of different truths(06:18). And it seems to me that it is an important moment, creating a stronger contact between the therapist and the patient. My question is: Is the therapist's aim only to open the field of possibilities, or also to lead the patient to change her negative image of herself, to try to convince her she is wrong?

Sometimes it seems clear that the therapist searches only to open the field of possibilities, for instance when he says: "Well, I neither agree nor disagree. I have a response, a reaction. I have a truth that is based on my own understandings . . . " (11:09). But sometimes also it seems that the therapist tries to influence the patient, especially when he tells her his feelings. So, when he says, "I notice I feel really sad when you say that" (07:56), or "but I feel very sad . . . almost like I shouldn't be even breathing" (08:50), it is as if he was asking her patient to change and to protect him. And, a few minutes later, when the patient says "I really want to believe you, to be *with* you" (10:23), the therapist answers "I feel really moved and pleased when you say that. I'm glad you *want* to believe me" (10:30). Here also it is as if the aim of the therapist was to lead the patient to another, better, image of herself.

Of course, I am aware that my formulations are excessive, and I imagine that the intentions of the therapist were not so clear, not so obvious. But it is to open the significance of the therapist's self-disclosure. Telling his feelings is a possible way toward the exploration of the field; it can also be a means to influence the patient.

Implicit Retroflected Demand?

Another question is about the function of retroflection: If the therapist comes to develop many efforts and arguments to

change the patient, it is probably because the patient, through retroflection, and quite massive retroflection, as seems to be the case here, is effectively asking him to try and convince her that she is not so awful! So the therapist has to choose: He can accept such an implicit demand, and it seems that this is the choice of the therapist in our present transcript; he could also work to bring to light the function of retroflection and how it strongly contributes to the field's organization. It is a matter of the therapist's strategies and beliefs.

Supporting the Patient or the Ongoing Experience?

My last comment will be about the little dog the patient evokes, near the end of the transcript. She says: "He was born last and almost died. But you know, I really really wanted him to live . . . almost more than the others" (12:21). And a few minutes later: "Well he's a real fighter, even now" (14:17). Here, the therapist seems to refer the patient to her own struggle for life, saying, "I was just really appreciating the fighter in you. Thinking about the struggles you've had . . ." (14:31). It could be, once more, an individualistic position, the patient being invited to become conscious of her fighting capacities.

But the therapist adds, ". . . the struggles we've had!" Saying that, he includes himself in the process, he assumes with his patient the role that she has assumed with the little dog, the role of a desiring human being. If the dog has survived, it is not only because of her own efforts, it is above all because of the desire of the patient that this dog should live. And, if the patient, sometimes, exhibited suicidal behaviors, I guess it may be connected to a lack of other people's desire for her to be alive, maybe especially from her parents.

So, it's possible to imagine that the therapy session here related is, fundamentally, an attempt to supply an archaic loss of attention and desire, which could explain that most of the time the therapist seems concerned with giving support to his patient, more than with giving support to the ongoing experience, including the exploration of the here and now process of organization/disorganization of the therapeutic field.

Author

Jacques Blaize, holder of the aggregation of philosophy (Ph.D.) is a gestalt therapist in Nantes (France). He is Director of the "Institut Nantais de Gestalt-thérapie," and an international trainer in gestalt therapy. He has published many articles about gestalt therapy, the most important of which have been published in 2001 in a book entitled *Ne plus savoir* (*No more knowing.* Bordeaux: L'Exprimerie). He is also director of publishing of the "Cahiers de Gestalt-thérapie", the journal of the "Collège Européen de Gestalt-thérapie de langue française."

Address for correspondence

22 rue du Général De Gaulle
F–44230 St-Sébastien-sur-Loire, France

International Gestalt Journal 2003, 26/1, 26-29

Marie-Claude Denis

Comment 2: The Undoing of a Retroflection

> The retroflector abandons any attempt to influence his environment by becoming a separate and self-sufficient unit, reinvesting his energy back into an exclusively intrapersonal system and severely restricting the traffic between himself and the environment.
>
> (Polster & Polster, 1974, p. 71)

Louisa's therapy session, *First or Nowhere*, relates what must have been a most significant moment in the client's life. A dramatic event, the client killing one of her pet kitten, turned out to be her entry into the "real" world, thanks to the patient and skilful facilitation of her therapist.

I think this excerpt can be considered as a beautiful example of the undoing of a retroflection where the client (1) emerges into the "real" world, out of her self-arranged, closed-in world, (2) gains access to a fuller range of experience, involving her whole person (including physical sensations and affects) instead of returning to her stereotyped cognitive beliefs, (3) contacts the other as a separate and differentiated person instead of falling back to her opinion of the other, and (4) recognizes her identity. This session is very rich and dense in reporting the process of moving from a defensive retroflective position to a contactful experience.

The Retroflecting Louisa and Her "Transitional" Pets

> . . . in retroflection, the split often creates internal abrasion and considerable stress because it remains self-contained and does not move into the required action. Movement towards growth, therefore, would be to redirect energy so that the internal struggle is opened. Instead of operating only within the individual, energy becomes free to move towards a relationship with something outside oneself. The undoing of retroflection consists of the search for the appropriate other.
>
> (Polster & Polster, 1974, p. 85)

While being avoidant, engaging into self-destructive behavior and refraining from contactful action, Louisa can be said to be a retroflector. She cloisters herself in the belief that she shouldn't exist. She seems to have constructed a world for herself where her personal dilemma of being a twin is repeatedly reproduced with numerous pairs of pet animals. From the story reported, we understand these animals to be genuine transitional objects, as Winnicott and Winnicott (1982) conceived them, one of whom literally catapulted Louisa into "reality." Somehow petrified by the fear of "getting it wrong" if she did anything, she refrained from action. But that day, when she did happen to act inadvertently her most dreaded deed, killing one of her cherished pets, she has been projected through the phobic layer, right into the impasse leading to face the real her.

What or who did Louisa kill when she hit her kitten? Did the fact of being a twin have anything to do with Louisa's retroflective behavior? Did she unconsciously feel like killing her brother? When hurting herself was she retroflecting a smouldering anger towards him? Did she need her brother to feel whole? Or, on the contrary, did she feel he shouldn't exist in order for her to be?

Living Is Engaging Into Action

Only hypothesis can be drawn to answer these questions. One can only guess that a link may exist somewhere along that line. We can witness though that, killing her kitten, she broke the walls between herself and the outside world: the catastrophic idea she had of herself has been made real. As awful as the experience could be, it opened the way to genuine feelings that she has been able to express and to share with the therapist's help. It also led to recognize herself a right to exist, just like this little dog of hers who, like her, came last, had been a "nuisance," but whom she nurtured and loved.

This process of coming into the world couldn't have succeeded without the therapist's intervention. How did the therapist facilitate this happening?

The "Appropriate Other"

> . . . though the goal is for the individual to seek contact with otherness, the work-through of the inner struggle must frequently come first. In retroflection, since the impulse to do or be done to in contact with others is severely overshadowed, the interaction within the divided self must be re-energized with awareness. Close attention to the physical behavior of the individual is one way to identify where the battle is taking place . . .
>
> (Polster & Polster, 1974, p. 87)

Louisa's therapist must have been good for her since the therapy has been lasting for over three years. How has she been the "appropriate other" to help Louisa come out of her cognitive bound, closed in space? While Louisa was projected into reality by the accident of killing her kitten (one could say, by this accidental loss of one of her transitional objects), how did she help Louisa come to acknowledge her feelings and open up to a caring and loving space?

Some indications come out clear in the excerpt showing how the therapist worked through Louisa's emergence into a shared ("real") world, helped her to access a fuller range of experience and gain a sense of her identity. Deeply rooted in an I-Thou dialogue, the therapist asked for projections ("Do you believe that I think . . ."; "I'm wondering if you think I'm genuine"), specifications ("What's the connection? What's being repeated?") or feeling ("What's the feeling that goes with that?").

At all times, the therapist has been very present and empathic to the client ("You look in such pain"), pointing to retroflective behavior ("I was concerned you were disappearing, hating and punishing yourself"), specifying feelings or emotions ("not self-pity . . . self-hatred"). She opposed the client's belief with his own ("I believe something different . . . your existence is important"; "it's not my experience of being here with you"). She expressed personal feelings and physical sensations as a reverberation of the client's experience ("I feel sad when you say that"; "I notice I have a sort of choking, almost like I shouldn't even be breathing"). She pointed to the present moment and to the relation between the two of them ("I'm won-

dering what it's like for you to say that here, with me"), confronting the client on the difference ("I'm here with you now . . . different from you . . . and with such a different belief about you"). She made room for polarities and opposing situations, making for complete and differentiated experience ("I have a truth based on my understanding, and my experience of being with you"; "I recall many memories of both good and bad times: successes and failures"). This altogether opening the way to the expression of love ("I loved him"), understanding ("he reminded me of me"), acceptance of needs ("he just needed a lot") and recognition of worth ("he was worth it").

Underlying all of the techniques used, I trust that the therapist's capacity to be true and to share her thoughts and feelings have been capital in Louisa's therapeutic progress towards full and genuine contact.

References

Polster, E., & Polster, M. (1974). *Gestalt therapy integrated.* New York: Vintage Books.

Winnicott, D. W., & Winnicott, C. (1982). *Playing and reality*. London: Routledge.

Author

Marie-Claude Denis is a clinical psychologist since 1968. She completed her gestalt therapy training at the Gestalt Institute of Houston (1976) and obtained a doctoral degree in psychology at the Université Louis-Pasteur in Strasbourg, France (1984). She is currently Head of the Department of Psychology at the Université du Québec à Trois-Rivières where she uses gestalt therapy in professional training. She is on the editorial board of *Revue Québécoise de Gestalt* since 1993. Being also a musician and involved in intercultural issues, she published various articles on gestalt therapy concepts, the use of expressive approaches in therapy and gestalt therapy in the African context.

Address for correspondence

Département de psychologie
Université du Québec à Trois-Rivières, C.P. 500
Trois-Rivières, Québec, G9A 5H7, Canada

International Gestalt Journal 2003, 26/1, 30-37

Joel Latner

Comment 3: The Ecology of Psychotherapy

Whenever I hear about a patient not my own, I look for something in the description, which brings the person and the situation alive to me. With my thus activated imagination, I can penetrate empathically into some part of their life and know who they are and what is important to them, to find my own truth and my version of theirs. This is in principle not different from what I do with my own patients when they talk about their friends and families. If the descriptions have a kernel of the independent life of the person who is being talked about, the person comes alive and the descriptions can inform my judgment of what I am hearing. In this way, I hear about the person who is talking to me (my patient, or, in this case, the therapist) and also the person who is being described.

So, I notice the descriptions each person gives: the patient's characterization of his or her life and its distinctive features, and the facts that they consider to be important. In this case, it includes what her therapist refers to as her "serious self harm," her feeling that she should not exist, and her self-criticism. Similarly, the therapist's description of Louisa's diagnosis, her admission to a hospital, her suicidal behavior, her "avoidant" and "dependent" traits. At the same time, I remain open to the possibilities which "coming alive" suggests: a unique life lived, distinct from the descriptions, not reported, not understood, not conceptualized.

I know that these stories of the therapist and the patient have their own descriptive and explanatory power, and I take note of the way these are used by each of them. Typically I find such descriptions and self-definitions mildly oppressive because they are evidently restrictive and categorical, and at the same time ("Holding Both!" — see Latner, 2001) in my mind

and my imagination I take them seriously and also retain my own ability to make my own judgments. So I start out with this tension between what I am given and knowing that we all are desperate to construct a coherent picture of who we are and of what our lives consist. We do this the best way we can, with what we are given: what we are told, what categories of understanding our culture gives us, and what serves to stitch together and hold together a picture of ourselves.

Coming Alive

So, I have my customary difficulty here until I found my footing in the actuality of the events which are reported in this transcript. The therapists says he has been ". . . trying to facilitate her staying in contact with herself and me . . .", and I wonder what she is doing to be out of contact (how she achieves this), what she is in contact with, and what contribution he makes to this situation. Asking myself these questions reminds me of my own perspective as I find what is transpiring in the session — in this case, how the therapist works — and also it helps bring these two people alive for me.

But then I read further in the transcript, and I see how the therapist does what he says he does: He insists on his presence and his questions, taking her seriously and asking her to be clearer for him and to engage him. He says, "What is the pattern, what does it look like?" (01:21) He is saying, in effect, "What are you talking about? I don't follow you; tell me so that I can understand you." And she answers him, finally, "Oh God, it's so awful" (02:55). This sounds like it could be something which is uttered from her visceral connection with her life as she knows it. But it is followed by a pause and the therapists "reflective" comment, he imagines a vortex. It strikes me that this image is perhaps designed to be a characterization of "Oh God, it's so awful," but he is too literal, he is trying to imagine what she means by "patterns," and it comes out as too abstractly. Not as the vortex she *is*, or the vortex she is *in*. He offers something mental, too abstract. She can only respond in the same way, abstractly, and in terms of how she thinks, by saying

how she thinks about this new incident — killing her kitten — is in the categorical realm of what she knows already, ". . . down to me being here."

The therapist tries again. He asks for what is missing (for him, and for me too), something direct and emotional (03:25) which embodies the self-loathing in the words she uses, "horrible, hateful . . . my mistakes;" to my eyes (and heart), he doesn't get what he asks for. I am sympathetic to his efforts, but he is asking for something she cannot deliver — not the way he is asking it. She does not know how to feel what she is talking about. (And the therapy is not focused on this, on her meaning what she says and on learning how to do this. It is difficult, isn't it, to mean what you say?)

Though he keeps looking indirectly for this, saying that she looks to be in such pain (04:20) when she says ". . . as soon as I start taking part . . . Oh" (04:06). Then he says she makes him more anxious (05:05), saying "I just can't bear me . . ." (04:30) and he reports that he believes she might be dissociating (05:05). I would agree with him that she is perhaps dissociating, but not more than before. Louisa seems persistently disconnected from what she is saying — though he acts as though she is making sense (!) — but at the same time, paradoxically, the power of what she is saying moves him, "you look in such pain . . ." (04.20).

The therapist then asks for what is lacking, "Can you try and make a bit of contact with me" (05.05). This is a key moment, a key intervention. He is aware of the gap between how stirred up she is and how disconnected she is from herself and also from him. He asks her to come forth. She catches a part of his meaning very well, distorting it through the prism of her self-hate. He is suggesting that she should do something she is not doing, and she apologizes, and then asks if he is saying she is wrong (06:13).

Another way to think about what is occurring is that Louisa lives in a world of her ideas, disconnected from a good deal of the actuality of her life, including her therapist. He sees this and attempts to intervene, though there is not much in the transcript which indicates that this is — as it ought to be, for Louisa and

for her therapist — the central focus of her therapy. She needs to learn to be contactful, by which I mean open to contacting the other as fully as she does herself, and allowing the play of contact, within and without, to be free of her control. This is what we in gestalt therapy call spontaneity. Instead, she tends to being self-involved, contacting herself, imposing her preoccupations on her perceptions. How can she do what he is asking? It seems to me she does not know how.

She tries, doing it in her characteristic manner, turning it into what she knows ideas she characterizes as "self-pity" and her familiar thoughts about the patterns of her life mistakes. As I read the transcript, I think the therapist could perhaps have broken through her self-involved and self-defining awareness of him if he had said, instead, "When you look like you are in such pain, I feel so sad and worried about you. I don't mind feeling this way — please, I'm not blaming yourself for your reaction — but I want to help you, and I think if you saw my interest in you and my affection and concern for you, it would make a difference."

I know, of course, there is a potential in saying this that she will feel blamed by him — as she has already — but instead of asking her to do what she cannot do, and to do it without specific instructions. (What does "make a bit of contact with me" mean to someone like Louisa? She thinks she is making contact!) Saying what I have suggested creates a new situation: an immediate and compelling reality in which the therapist acts more like a human being, undefined and unique, not a "therapist," the familiar (and classic) role of a passive person who reflects at a remove and does not engage or react.

This role is one of our legacies from our heritage in psychoanalysis, where the analyst wishes to disappear in order to allow the patient's projections to be played out in the room. But it is anachronistic. We have learned that patients will project, no matter what we do (as will we), and we cannot utilize the actuality of the here and now if we do not attended to it. I think it is also a legacy of our fear of our founder and his putative bad behavior in therapy. We will be beyond reproach (by whom???)

but as we recede, we will also take no risks. This part of the transcript is an instance of the risk of taking no risks.

Sure enough, as the meeting continues (06:13-06:18) the therapist takes a more human stance in the therapy. He reflects her at 06:01, and she, asking for his engagement and reading him correctly says, "Are you saying I'm wrong?" (06:13) She says, in effect, Where do you stand?, And he says, in effect, without denying her beliefs, yes, I think you are not correct in how you see things; I see things from my perspective as well as yours, and ". . . I believe something different."

This is contactful, and he engages her vividly. She reiterates her ideas (are they convictions or just repetitive ideas?) and he strides forth into the room at 07:56, saying "I notice I feel really sad when you say that," only hedging his daring with "I notice." And he is bolder still at 08:50, "That is absolutely not my experience of being here with you . . . I notice I have a sort of choking . . . telling me how strongly you believe you shouldn't exist." This is the essential contact from the therapist, telling Louise how it is for another human, the one who has devoted these 143 hours of his professional life to her care, to be with her. He has brilliantly abandoned the safety of his obscurity, his clinical distance, and instead of asking her to meet him, he does it himself. (Who knows, if he continues in this direction, soon he will tell her about himself, his life, his loves, his family, his disappointments . . . and she will find the actuality of this world unavoidable!)

She responds, arriving in the room with him. He says, directly and engagingly, "What is it like . . . I'm here with you . . . and a different experience of you . . . I'm just wondering if that makes you feel apart from me?" (09.50) (Better: what is it like *for you*.) Louise replies, obliquely, "I really want to believe you . . ." and then, striding forward, ". . . to be *with* you" (10:23).

The next words from both of them circle around this meeting they have initiated. He backs off, "wondering,"(10:30), consulting his thought processes, but trying also to find again the pulsing vein he had touched. She tells him something important about the man she has known these four years, "I know you

wouldn't lie to me." (10:53). He gets didactic — backing off — and she responds with apparent confusion (11:20). The therapist's sentences at this point, explaining his ideology ("So there is contrast and difference. . . . I just believe that life, including your life, is purposeful" [11:27] show him stepping back from the vitality of their meeting — what is he afraid of? — into ideas and beliefs, reasserting the morass she and he were struggling in previously.

This is a critical moment, where it is clear that he can control the tone of the therapy and the "disease" of his patient. In fact, the form of his statements is not different than the ones he was hearing from her earlier. He says what he believes about life in general, and therefore her life; earlier in the transcript, she was telling him how she sees her life in general. Here he is encouraging a generalized present. At this point, it seems as though he has lost touch with what was important and lively about this encounter, and how he can make this occur. He is either not aware of the way he controls the extent of their intimacy, or he is afraid of it. He is again taking the distant and parental benign-teacher-therapist position, and telling her his good ideas, in contrast to her bad ones about patterns and self-hate.

But Louise is a straightforward person (and she seems to be healthier than we have been led to believe) and her response is refreshingly concrete: "I'm just thinking of one of my little dogs" (12:21). The topics she touches on as she continues, reminiscing about her dog are — not coincidentally — love, acceptance, and the struggle to grow (13:07). But the therapist insists on his teacherly posture with her ("So, is he really a nuisance?" [13:25]). The therapist realizes he is moving in the wrong direction and tosses away this unconstructive stance and says he is moved. ". . . I just had a really warm, pleased sense of your aliveness" (14:31).

Louise steps back a moment (What's with this guy??? He's here and then he's gone!?! And then he's back?!?!) and takes her familiar infirm position, saying "It's still a struggle" (15:15). And so the therapist too returns to his kindly role, full of hope and encouragement (15:23 and 15:39), "I see you struggling to

cope . . . and I trust that struggle will bring you through." I read into his words his feeling of joy at her spontaneous emergence, and his pleasure at his knowledge of his part in it, but this is not the best way to say it.

Conclusion

In his summary paragraph the therapist says they had touched a dark place in her, and they had also maintained a strong contact for most of the rest of the session. I wished he had considered himself more in the course of the therapy and in his final comment, which is misleading. It directs our attention to the wrong place and suggests that this disturbed woman has dark places in her. This term expresses his overly-intrapsychic perspective. It is not necessary to ignore the inner world, but he looks too insistently away from himself and to Louisa. Properly he ought to embrace them both.

I would say that the place they had touched was the result of the efforts of two people who fail to touch each other because of the ways they encapsulate themselves and blunt their contacting. He does this by his impersonal methods, his intellectualizing interventions and the way he hides what is distinctive about him. Louisa encapsulates herself by organizing her awareness and her social milieu (her therapist, in this case) to focus on her mental constructions — without regard for the rest of her awareness or her qualities: her capacity for engagement, her emotions, her feelings, her liveliness, her creative resources. But each of them persevered and, because of the daring of the therapist and Louisa's responsiveness — they both have good instincts, a taste for life! — they made something important.

I don't see any sign that he has yet recognized what they did, unfortunately, or how they can repeat it, but I am optimistic that they can again create a life between them that is vital and engaging, and that they will each grow in it.

Reference

Latner, J. (2001). Alles einbeziehen — Gedanken über Ganzheitlichkeit [Holism: Holding all], In F.-M. Staemmler (Ed.) (2001), *Gestalttherapie im Umbruch — Von alten Begriffen zu neuen Ideen* [Gestalt therapy in upheaval — From old terms to new ideas] (pp. 117-141. Köln, Germany: Edition Humanistische Psychologie. Also in *British Gestalt Journal 2001, 10/2*, 106-113, as "The sense of gestalt therapy: Holism, reality and explanation"; as "Lo Holistico: Abarcandolo Todo" in *Figura/Fondo 11*, 2002. The article was accepted for publication in *Cahiers de Gestalt-thérapie* in 2002.

Author

Joel Latner has been in Gestalt therapy for forty years as patient, student, therapist, teacher, editor, and writer. He wrote *The Gestalt Therapy Book* (1973) and many articles, including the recent "The Water is Wide" (2003), and "The Sense of Gestalt Therapy: Holism, Reality and Explanation," (2000; see references), "In the Beginning" (1999), "Sex in Therapy" (1999), "The Dead World and The Living" (1998), "Reflections and Memories: The Contribution of Isadore From" (1995-1996) and "This Is The Speed Of Light: Field and Systems Theories in Gestalt Therapy" (1983). He lives and works in the New York City area.

Address for correspondence

166 Bunn Drive, Suite 101-102
Princeton, New Jersey 08540, U.S.A.

International Gestalt Journal 2003, 26/1, 38-45

Lynne Jacobs

Being a Repeat, Repeating Being

So much of the therapeutic process is circular. There are the repetitive loops, and then there are the recursive loops, and loops that have aspects of both repetition and recursiveness.

Repetitive and Recursive Loops of Experiencing

The repetitive loops reflect imprisonment in, and also investment in, a closed system of negative expectation, dread, and despair. In general, I believe the imprisonment in dread and negativity is an outgrowth of trauma. On the other hand, the investment in the closed system is a creative adjustment (the creative nature of which has been long forgotten, needing reawakening in therapy), one whereby the negativity, dread, and despair that characterized one's reactions to trauma is used in the service of maintaining a sense of security. One's conviction that the next moment of existence offers no possibility for richness, but only pain and misery, offers a sure and secure guideline about life. Such a conviction removes uncertainty, and uncertainty is messy. Uncertainty leaves one open to rising hopes and crashing disappointments, to loves and losses, to enthusiasms and embarrassments. Uncertainty draws us toward the world and all its vagaries, whereas a firm conviction about the hopelessness of life draws us away from the roller coaster that living inevitably is.[1]

Recursive loops, on the other hand, are the manifestations of the fluidity and movement of present-centeredness, in which one's history and one's future are intermixed oscillating

1. I appreciate Philip Lichtenberg (personal communication, 2002) for having drawn my attention to Paul Goodman's apt distinction between security and faith. The more faith one has in one's coming solutions, the less one needs to engage in security operations.

grounds for each other. In other words, a recursive loop is an inevitable outgrowth of contacting. In a recursive loop, one may touch upon very familiar themes, and yet do so in a way that casts new light upon the theme, or re-shuffles the images of one's history into a different gestalt, or opens a surprising new pathway into the next moment. Every so-called "new" experience, contact with novelty, is only *relatively* new; it is emergent from the ground of our history. "New" experience reorganizes our history as it also becomes our history, the ground for the next moment, and so on.

Therapist and patient each bring repetitive loops to their relationship. They also both bring recursive loops, or at least an aptitude for their development. And over the course of therapy they will develop some dance steps together. The ritualized dance steps will draw on the repetitive tendencies of both, and will become a unique but still relatively closed system. Both will have to work together to "open up" the dance to greater degrees of improvisation if their relationship is to develop. The development of the patient is an emergent phenomenon of a "recursive loop dance" that draws on the shift, in both partners, from relating in a repetitive loop, to relating in recursive loops.

Attunement to Repetition

Louisa and her therapist[2] have lived through many a repetition. Louisa, with her pronounced tendency to dissociate, probably knows from direct experience what trauma is. This anguished woman who describes beautifully and compellingly the annihilation of being a pointless repetition herself, ("Maybe I'd believe that [my existence is important] if I'd been born a single person. But it's like, when there's twins, it's like a repeat one has been made. Like an afterthought; so in effect, my brother's the one that was meant to be born. . . . [I am] surplus." — 06:31/08:01), lives in a very familiar loop that she and her therapist have traveled many times, illustrated by the following exchange:

2. For simplicity's sake, I will write as if the therapist is male.

> C (03:31): Horrible, hateful; . . . that it's all down to me . . . my mistakes. What is the point of me being here? I've always said that I haven't got a function in life; but at least if I haven't got a function, if I don't get things wrong . . . no-one gets hurt.
>
> T (03:50): Sounds like you've got back to that very early decision that "I shouldn't be here;" and if I am here, I should have no needs, make no waves and definitely get nothing wrong.
>
> C (04:06): Well at least then I'm not doing any harm by being here. But as soon as I start taking part . . . Oh.
>
> T (04:20): You look in such pain, physical pain when you say that.

The theme of utter negation has had many repetitions in the history of this therapeutic relationship. This theme of repetitive loops is not often addressed in gestalt therapy literature, with its emphasis on fresh, new experiences, and yet I hazard a guess that we are all familiar with the enervating and demoralizing influence of such repetition.

My belief is that part of the transformative power of the relatively newer moments of contact derives from the shared history of having lived together in the repetitive loop. Further, I believe that the recursive evolution of this therapy session, which moved from heartbreak (of killing her cat) into familiar repeat ("It feels like it's a "come-back" you see that I can't just forget it. It's like it keeps on repeating itself, and its just going to keep on repeating itself. The memories keep coming back, and it keeps on happening. Something will happen, sooner or later, and the pattern is there . . . all the same." — 00:49), into heartfelt shared engagement with Louisa's darkest thoughts and feelings (the later two-thirds of the transcript), into a newer perspective (reflected in her loving/self-loving discussion of her puppy), derived in large part from the therapist's openness to the repetitive loop. I cannot emphasize this enough: *The therapist's willingness to really know the patient from within her repetitive experiential world was fundamental to making it possible for the patient to emerge, even if momentarily, from that world.*

Our paradoxical theory of change emphasizes the importance for the patient of identifying with his or her immediate, on-going, moment-by-moment experience. The same is required

of the therapist, I believe, although with a twist. The therapist needs to be able to identify with his or her own experiencing, and also to attempt to stay in contact with the patient's experiencing at the same time. This is often done through practicing "inclusion" (Buber, 1967, p. 173). One means whereby one might practice inclusion is through emotional attunement. By attunement I mean attempting to find an emotional resonance with the patient's emotional state and perspective.[3] I contrast this notion with the emphasis some other therapists place on focusing on the quality of patient's contacting. Obviously, at various points in our therapeutic work we will want to experiment with various modes of contacting. But there is a big difference between an exploratory atmosphere that has been built on being well met and respected for your current solutions, and one that is built on an atmosphere that suggests that there is a right way to contact and a wrong way.

The transcript has provided us a lucid example of how repetitive loops begin to break out into recursive loops through an on-going process in which the therapist attempts to really know the patient's experience. There are plenty of examples of the therapist attempting to feel his way into the patient's perspective. Here are some from the first third of the transcript:

> T (03:15): (reflectively) I imagine a spiral, a vortex; I wonder how it seems to you.
>
> T (03:25): What's the feeling that goes with that . . . that it's all down to you being here?
>
> T (04:20): You look in such pain, physical pain when you say that.

---

3. There is some confusion among gestalt therapists about the concept of "attunement," a concept that first gained wide currency in contemporary psychoanalysis (Stolorow et al., 1987) and in recent child development studies (Stern, 1985). I think that gestalt therapists who criticize attunement as a surrender or diminishment of the therapist's phenomenology are mistaken (see for example, Philippson, 2001, and Resnick, 1995). The practice of attunement in fact requires *exquisite*, on-going awareness of one's own phenomenology. That is why actually practicing inclusion, or attunement is so difficult to do!

An important point here is that the therapist's efforts to formulate an attuned understanding of the patient's struggles did not result, as some people fear, in an entrenchment of the patient in her repetitive loop. Rather, his attunement, his emotional resonance seemed to provide a platform that deepened the conversation, made it more emotional *and* ultimately more exploratory.

In particular, the therapist also attempts to track the patient's experience of the therapist's impact. This is a special case of attunement, and an interesting effect of his questions about his potentially difficult affect on Louisa is that Louisa's conversation often began to open into the recursive looping following his queries about her experience of being with him.

The patient began by saying she shouldn't even bring up her repetitive pessimistic version of herself. The therapist asks, "Do you believe that I think you shouldn't bring that up?" (00:12) At this point she does not really explore his question, but begins her descent into what the therapist called a downward spiral (might that have been his experience?). At another point he asks her, "I'm wondering what it's like for you to say that here, with me . . . to say that to me" (08:23). In response, the patient voiced her *ideas* about the therapist's, feelings, which opened the door for them to have a long conversation about their differing *experiences* of being with her. Their conversation about differing experiences of being with her vacillated back and forth between familiar and new, and ran through the rest of the session. We can see here the interweaving of repetition and recursiveness that runs through many a therapy session.

The therapist also listened, throughout the session, both with an ear for the emotional tone of her misery, but for something that might reach past the immediate moment, something that might provide some perspective. Hence, the references earlier to "patterns," which he elaborates as: "Sounds like you've got back to that very early decision that "I shouldn't be here," and if I am here, I should have no needs, make no waves and definitely get nothing wrong" (03:50).

I think most of us look for such fundamental themes, patterns, repetitions, and we look to put them into words, in part in the hopes that the words will create a slight shift in perspective. Instead of just living from the negative theme, our hope is that labeling the theme might allow for exploration of the theme.

Another important contribution from the therapist is that he offered his own experience as part of the evolution of a recursive dialogue in which they were both implicated. Some of the therapist's statements seem to be an attuned responsiveness to the patient's interest in conversation that is outside the repetitive loop. Other statements seem more reactive to the therapist's distress (as when the therapist was worried about another dissociative episode), and yet they all emerge from the ground of genuine interest in the patient's experiential world (which is the therapist's contribution to living-through the paradoxical theory of change). When the therapist reacted to his own anxiety, the exchange did not go well, although they both were able to recover quickly. When he spoke from a more centered state, the patient appeared genuinely interested engaging in conversation with him.

Recursive Dance

By the time they were engaged in Louisa's moving story about her puppy, and the obvious parallels to her own story, they were dancing together smoothly, daring to try a few new moves, building the moves out from their original choreography. They were in a recursive loop, still addressing her fundamental themes, but in creative new ways. They weren't throwing away the old steps, they were adding new ones that emerged from their way of dancing the older steps together while being open to experimenting with new steps. The experiments were built upon skill with the old steps but having new steps puts the old steps into a different context now. The old steps are not the only steps they know.

My guess is that Louisa is just beginning to dance new steps. She is at the edge of her imprisonment, the new steps a beginning breakout. I said at the beginning of my remarks that I thought repetitive loops were both a reaction to trauma, and

also reflected a self-protective investment in sameness and security. The figure at this moment seems to be her imprisonment. At another moment it may be her investment. Ultimately, unless her investment is also explored, the new dance steps will be small gains, and in fact may be assimilated back into a repetitive loop.

However, at this point, such a focus would seem to me to be ill-timed and might well re-imprison Louisa in her sense of worthlessness. There may be moments that emerge later; for instance, she may become aware that she is anxious when she dares to believe her therapist truly does value her, when the investment side of the polarity can become a momentary focus. When that begins to happen, there may be stretches of time when the therapist and patient will go back and forth (in recursive loops!) between imprisonment and investment. Then still newer dance steps will develop again, some uncoordinated, with "who is leading here?" being fought out, some thrillingly mutually coordinated. But for now, we have all born witness to the tiny but awesome beginnings of a new dance.

What a privilege to have been allowed a glimpse of an intense, moving, therapeutic encounter. I am grateful to the therapist and to the client for letting all of us walk along the way for a bit with them. I was moved deeply by both of you, your courage, and honest dialogue with each other. I wish you both all the best.

References

Buber, M. (1967). *A believing humanism: Gleanings* (M. S. Friedman, Trans.). New York: Simon & Schuster.

Philippson, P. (2001). *Self in relation*. Highland, NY: Gestalt Journal Press.

Resnick, R. (1995). Gestalt therapy: Principles, prisms and perspectives. *British Gestalt Journal 4/1*, 3-13.

Stern, D. (1985). *The interpersonal world of the infant*. New York: Basic Books.

Stolorow, R., Brandchaft, B., & Atwood, G. (1987). *Psychoanalytic treatment: An intersubjective approach*. Hillsdale, NJ: Analytic Press.

Author

Lynne Jacobs, Ph.D., Psy.D., is co-founder of the Pacific Gestalt Institute. She is also a training and supervising analyst at the Institute of Contemporary Psychoanalysis in Los Angeles. She has authored numerous articles, and co-authored (with Rich Hycner), *The Healing Relationship in Gestalt Therapy: A Dialogic, Self-Psychology Approach*. She teaches and trains nationally and internationally.

Address for correspondence

1626 Westwood Bl. #104
Los Angeles, CA 90024, U.S.A.

International Gestalt Journal 2003, 26/1, 46-58

Sally Denham-Vaughan

First or Nowhere? — A Quest for Existence: Response to the Comments

In my response to the comments, I wish to take the opportunity to explore a number of themes. First, I want to write briefly about my process of offering the transcript and then receiving feedback. This is something that was, somewhat to my surprise, remarked upon by a number of the commentators. Second, I shall attempt to explain my process regarding some of the interventions made, (or indeed not made), in the transcript. Finally, I wish to highlight one or two key themes that are raised by this exercise.

My Basic Attitude

With regard to my process of offering and receiving, I was particularly struck by the supportive nature of the feedback that I have received. I heard the commentators highlighting the risks involved in offering the transcript, their general support and curiosity for the work and also their appreciation of the opportunity to glimpse an intimate moment in an ongoing therapy. I was struck by the "reaching out" I felt from these unknown watchers, and began to reflect with interest upon aspects in myself that had enabled me to undertake my role in this joint venture.

It was, unsurprisingly perhaps, a risky and scary business for me to reveal my therapeutic work. I had what I imagine to be fairly usual fears of being criticised, shown to be theoretically lacking or methodologically clumsy and was particularly anxious that the comments were to be made by "unknown strangers" rather than within the context of a dialogue.

I wondered then in more detail what had impelled me forward! I kept coming up with the phrase "I trusted I would not be annihilated."

I felt moved by these words. I also reflected on the fact that perhaps it is this aspect of my character that is supporting me in working with Louisa, who both fears annihilation and, in this transcript, finds herself to be the cause of it in a very literal sense. I was therefore struck by how central this, possibly naïve, trusting in my ability to survive, and indeed find support for myself in that process, had been in the exercise and also in the therapy.

I wondered if this possibly reflected a basic attitude that underpins my work, which I think is central to many of us within the gestalt community. It is the belief that growth and change are possible and that the organism orientates itself naturally towards this end.

I now wish to deal with some of the individual comments.

Response to Comment 1

I consider myself to be a fairly classic gestalt therapist in that I work with elements of field theory, dialogue and phenomenology. I was delighted that this first commentator picked up on possible tensions between these maps, which I think are often glossed over.

I now wish to talk about this with specific reference to the issue of diagnosis, which is also noted by comment three.

As stated in my introduction, I work in the British National Health Service, where gestalt therapy is unfortunately, rapidly disappearing. One of the reasons for this I believe has been our ongoing ambivalence regarding the issue of diagnosis and preconfiguration of the field with reference to specific client groups. In particular, gestalt psychotherapy has little to say about "evidence-based" work with the axis 1 disorders named in DSM-IV and lacks a coherent model of brief therapy that can be reliably agreed upon.

As such, there are times when I find myself balancing an internal tension between the need for me to work in a way that recognizes the system within which I work, that is, be "field-congruent," without losing my identity as a gestalt therapist. Specifically, I experience a "pull" to engage in an "I-it" mode of

relating which challenges my commitment to both dialogue and the phenomenological principle of horizontality.

I *am* constantly aware of the potential abuses that can result from rote labeling and psychopathologizing of people. As a trainee, (when I was already a practicing clinical psychologist), I was struck by Clarkson's statement, "to label people can be to strip them of the unique way in which they have chosen to give meaning to their existence and their historical context" (1989, p. 23). Within my environment this process does occur.

Regrettably however, I have witnessed this same process at work within a range of gestalt settings. I would ask therefore that we attempt to own our shadow, rather than comfortably project it onto the mental health system. Any semantic form can be misused if misapplied, including gestalt psychotherapy language.

I believe I share with Louisa a dialectic tension in experiencing the environment as *both* potentially destructive *and* potentially lifesaving, at times even life-enhancing. Perhaps it is no surprise that these themes are also paralleled within Louisa's therapeutic journey and in the brief vignette of our work together that the transcript describes.

Second, I was somewhat confused by some of the examples that this commentator described as expressing an "individualistic" stance. My experience is of oscillating, intentionally, around four key aspects in the current phenomenal field. These include myself as an individual, the client as an individual (both of us with unique intra-psychic structures), the "between" of our relationship and the environment that frames and configures our meeting. For me, these elements comprise the "total situation" that a field perspective demands we examine (Lewin, 1951, p. 288).

In addition, Parlett states that therapy ". . . may include the past-as-remembered-now or the future-as-anticipated-now, which will form part of the person's experiential field in the present" (Parlett, 1991, p. 71). Thus the temporal focus is the present as it combines past and the anticipated future.

I thereby recognize that I may have a different "take" with regard to a field theoretical mode of working than this writer, as

mine *includes* attention to individual intrapsychic experience as it emerges in the context of specific field conditions. For example, one aspect that I am alert to with regard to Louisa's process is her tendency to constellate herself as a burden in relationship. My experience is that too intense, prolonged or intimate contact between us triggers her into initial confluence, followed by intense shame and isolation. I therefore attempt to keep the contact available, but "calibrate" it in line with my previous experiences of her responding with either feelings of abandonment or shame if the contact is either underplayed or overmade.

I judge this way of working as wholly consistent with a "field" paradigm, recognizing her process with me across time and emergent in the here and now relational frame. To me, this is not an "individualistic" way of formulating her case, but recognition of the self as process model being meshed with a field theoretical stance. As such, both Louisa and I emerge as ourselves at the boundary formed by our meeting. The entire phenomenal field is present in this meeting, shaping and forming not just our relationship, but also the selves who are available to the meeting.

I was interested in comments where again this commentator made for me a false dichotomy between my being open to either "the field of possibilities" or "leading the patient." This raises an interesting dialectic tension surrounding work with patients where their current experience of themselves is *truly* unbearable and overwhelming. When I contact Louisa in that place, I wish to validate not only where she is now, but also her sense that this place is unbearable and she needs to get out of it as fast as possible!

At these moments, I am questioning the value of us as gestalt therapists holding too tightly to the notion of the paradoxical theory of change and believing that it is always acceptable to stay with the client and their experience in any state that is expressed. My sense is that here we confront a real theoretical tension with very fragile clients, between the phenomenological method and the practice of the dialogic relationship. My reality is that I have now lived with Louisa's wish to kill herself for

some four years. On the one hand, living with this for that length of time has reassured me that she is unlikely to kill herself. On the other hand, I have also validated her desire to kill herself so frequently and felt the intensity of her desire so strongly, that I now hold this as part of my inclusive relational stance with Louisa. I thus have an emotional response to her self-destructive feelings and behaviors, which I see being authentically presented in this vignette. My experience is of attempting to be present with this while also demonstrating my respect for her ultimate decision regarding whether to end her life.

Finally, I was struck by this commentator's last paragraph, where she or he imagines that the therapy session is fundamentally an attempt to supply an archaic loss of attention and desire. It is indeed within my awareness that Louisa carries archaic longings for specific types of contact, commonly known as self-object needs, which were unmet in her childhood (see Kohut, l971). I would say that my experience is of wishing to give support to these longings, as well as to the ongoing experience of exploring the here and now. I do not see these as an "either/or" that we can follow in therapy. Indeed, Yontef and Jacobs' "Relational Gestalt Therapy" (see Yontef, 1993; 2002; Jacobs, (1992; 1995), which combines elements of self-psychology with gestalt therapy theory, emphasizes the importance of both these activities occurring simultaneously within the therapeutic encounter.

Response to Comment 2

I appreciated this commentator looking at the work through the lens of moderations to contact. In particular, I resonated with the idea of "creative adjustments" that have been used to survive traumatic field conditions in the past, becoming embedded as "fixed gestalt" (see Perls et al., 1951).

With Louisa, I am frequently reminded of how her original needs were often denied or distorted, and continue to be so, due to a danger being perceived in pursuing their satisfaction. Currently, the whole of Louisa's being — physical, emotional, and cognitive — frequently moderates contact in these fixed ways.

I felt especially pleased that this commentator seemed to have so accurately picked up the fears of annihilation/annihilating that emerge from Louisa's' work. She does indeed admit to historical feelings of wishing to kill her twin, in order that she could have been "the only one." In many ways, the dreadful experience of killing her kitten is an incarnation of this most terrible (to her) aspect of her personality. Interestingly however, this theme manifests itself within the therapy as on-going dreams consisting of her twin killing her. It is indeed the case that the twins did frequently compete for a range of situations, including both being attracted to a young man who eventually had a relationship with both twins, but chose to stay with Louisa's brother! She experienced this loss of an early lover as an "annihilation" of her sexuality, and has since been abused and raped twice in other relationships.

I felt very met by this commentator in the work and, although the particular map of moderations to contact is not one that I commonly use, I would agree that retroflection is a key contact style for Louisa, and add that it is also key for myself. As such, my ability to cognitively attune, possibly project and occasionally miss her through retroflecting my more spontaneous, contactful aspects are all part of our therapeutic journey together.

This has perhaps been most powerfully described when Louisa has equated her fear of people, with my current fear of riding horses (an activity which she is a master at). She has on more than one occasion said that if I were willing to get back on a horse under her instruction, she would be willing to attend a social group. These moments provide us with very powerful contact when we can both connect with what feels to be an irrational, but over-riding, fear that prevents action. At the current time in therapy, we are using the metaphor of me getting on a horse (and I am experimenting with the notion of this as a reality), as an active way of exploring and supporting her overcoming her fear of relationships and contact.

Response to Comment 3

I was struck by this therapist's attention to the detail in the work. In particular, the section on "coming alive" I found full of momentum and had a sense of this writer feeling into the "sequential imperative" of the work. The detail of the analysis reminded me of Erv Polster's notion of "tight therapeutic sequences" (1991) where each individual intervention is viewed as either sharpening or diffusing the figure.

I was particularly interested in comments regarding my perception, and anxiety, around Louisa's dissociation. The phrase "Louisa seems persistently disconnected from what she is saying — though he [the therapist] acts as though she is making sense (!) . . ." was fascinating to me, because Louisa does indeed make sense to me. Whether this is because as individuals we have similar processes regarding contact style, or whether this is simply because I know sufficient ground of her story to have a sense of coherent narrative, one cannot be sure.

I do believe that here this commentator is highlighting a critical choice point of mine regarding how to "be" in the therapeutic relationship. My dilemmas lie in the realm of how to respond, without, as Beaumont (l993) describes, causing a breakdown of contact by either too much intimacy or too much stress.

In some ways, it is true that as an individual I tend towards retroflection and as a therapist can stay within my comfort zone by making insufficient contact. I can only say that this does not seem to me to be the reality of the ongoing nature of this particular therapy. Rather, my sense is that I have become more delicate and sparing with contact as I have got to know Louisa better. It is easy for her to be overwhelmed by contact, descend into dissociation and then shame, with a clear sense of being a failure at not being able to "handle" relationships. It is true that there are moments of excellent contact between us, however, I do configure her dissociation as a creative adaptation to trauma, and my sense is that Louisa and I carefully calibrate our contact.

My main dilemma is therefore around how *much* contact to offer, given her beliefs that only a "twin" who is with her

twenty-four hours a day will be able to provide enough; that I am paid to do the work; and that any needs for contact on her part are burdensome to the other! She thus experiences a tremendously conflictual situation of feeling insatiably needy and dreadfully ashamed of her needy part.

I am curious that this commentator states that ". . . we cannot utilize the actuality of the here and now . . ." if we do not attend to clients' projections." My way of working I would argue is more, rather than less, contactful in how I work with projections. I favor the method of initially looking for the "perception" that may be concealed within the projected material, but out of my awareness. At these points therefore, I will tend to examine my own behaviour/self-configuration in order to see what has triggered a particular comment from the client. This work is largely informed by that of Stolorow, Brandchaft, and Atwood (1987, pp. 38ff.) in describing their rupture and repair cycle. This seems to be a path that Louisa and I frequently travel together, with her seeming to find my willingness to take responsibility for my side of the relationship very freeing and supportive of her moving forward into more contact. I have a clear sense of being in the immediate actuality of the present while working in this way.

I found this commentator's curiosity regarding my potential fears of Louisa's neediness in the relationship very interesting. I am sure it will not wholly surprise some readers to hear that I am a child of a twin, who had the experience of a twin dying in childhood. My own childhood thus frequently involved being invited to provide a lost twin relationship.

Through my own therapy, I am well aware of how demanding I found this. While it gives me a fairly unique insight into Louisa's neediness, it also gives me a great wariness of ongoing confluence, or being seen to promise to deliver something that I personally and professionally am unable to provide. I am aware that through Louisa's therapy I stand to learn, grow, explore and examine this issue again and again. This truly is a case where both of us gain from the meeting and I am grateful to Louisa for this opportunity.

In retrospect, I can imagine that this piece of information would have enabled the commentators to go far deeper into the relational process between Louisa and myself. I can only say, that having met the commentators through their writing, I now feel able to move forward into more contact regarding my own process. Such is the nature of dialogue: and retroflection as a contact style!

Response to Comment 4

I felt very in tune with this writer's comments regarding trauma, creative adjustment and security, although the notion of repetitive and recursive loops of experience is not a language that I would use, favoring instead notions of creative adjustment, fixed gestalts and needed/repeated relational themes.

There were a number of occasions when I found myself so attuned to this writer's formulation of the case that it left relatively little to write/respond to. This left me musing about the notion of confluence and the basic biological necessity that we ground ourselves in as gestalt therapists. That is, that human neural networks are excited by novelty and change. I agreed with this writer that historically, the stance of gestalt therapy theory has been to build upon this fact (perhaps due to the effect of Fritz Perls' personality), and we tend to favor action, differentiation, and newness over repetition, calmness, and stillness. We are traditionally a "libidinous" brand of therapy, tending to suit resilient, explorative clients rather than fragile individuals seeking to enact old patterns and have the therapist fulfill additional ego-functions.

I was reminded of Stratford and Brallier's (1979) classic paper describing gestalt psychotherapy with "profoundly disturbed" people. These writers employ the metaphors of "solvent" and "glue," suggesting the latter as being more helpful with more fragile clients. With Louisa, I seem to shuttle between the glue pot and the solvent spray; attempting to release old stuck patterns as far as we are able, without destabilizing and dissolving her to an intolerable degree. I found this writer's notion of recursive and repetitive loops forming at the contact

boundary, provided an elegant form for describing this process, and one which I can imagine incorporating into my work with other clients. I also found myself having a sense of confirmation in my work with Louisa; a notion that although we seem to recycle old patterns for much of our time together, fresh, new and potentially transformative moments arise spontaneously from the ground of our meeting. Indeed, it is the sense of this possibility that supports me in holding the pole of "life" in our work together; especially in those dark moments when Louisa's hold on this seems very fragile.

Interestingly, as I write this some twelve months after the session described in the transcript, I am impacted by a moment that happened today. It has been a beautiful spring day, and Louisa left a message on my voice-mail. Usually these signal moments of distress and requests for contact and support. Today, however, the content was different. "Sally, I am just ringing to let you know that I've been out with the dogs and I noticed the colors everywhere. I couldn't believe how vivid everything looked and the strange thing was that as I noticed this, I had a sense of aliveness everywhere around me. I remembered you saying that therapy was one way of discovering a capacity for joy in living and I wanted to tell you that I'd had a brief sense of what that might be like today."

I'm sure it will not surprise readers to know that I have been powerfully affected by that call; I looked up from my writing, glanced out the window and thought "It *is* gorgeous out there; she's right." In that instant, I realized that not only had Louisa described a potentially transformative moment for her, she had improved the quality of my life in that moment. In doing this, she also powerfully reinforced my ability to hold the "libidinous" pole of the therapy for her. I wondered if this moment was an example of a recursive loop, having the potential to grow, change and heal both the individuals who are present. It certainly felt like it!

I was particularly pleased that the theme of Louisa being a twin was given a central position in how this writer viewed the relational dance. In addition, I was struck by the attention to the

process of attunement, which I regard as an essential part of my practice of inclusion. As I said earlier, my aim here is to be fully present in my own experience while attempting to see the situation as the client has constructed it. I would agree that this practice does require an oscillation between the intrapsychic worlds of two individuals who are together working at an emergent relational boundary.

Finally, I appreciated how this commentator also gave a very elegant description of my tracking of the impact of my presence upon Louisa. This was framed within the notion of the recursive loop of being a burden, but very accurately attuned to my own struggles to calibrate my contact in a way that Louisa found growthful.

Summary

Having read the four comments on the transcript, I am left with a sense of range and variety between the writers. In many ways, for me this is part of the excitement, creativity and vitality of gestalt psychotherapy.

On a more somber note however, I can feel myself left with some lingering discomfort at quite how much variation there is in the maps and models that have been used to discuss the work. I am reminded of some hot debates that have taken place in various gestalt conferences regarding "What is and is not gestalt therapy?" This question has traditionally caused me to bridle, feeling a sense of stultification, control and judgement being potentially used to erode the spontaneous and vital aspect that is at the heart of our work. I believe that gestalt psychotherapy is unique in its ability to orientate to growth, health and change as well as distress, despair and pain, and I am committed to bringing this work to my more fragile clients within the health care system.

I now find myself however, reflecting again upon what are the essential qualities of gestalt therapy and gestalt therapy theory. What precisely is it that enables us to describe a case as one, which employs "a gestalt therapy frame" as opposed to say an integrationist perspective or an intersubjective one.

This process of defining gestalt therapy is not just of theoretical interest, but also of intense pragmatic value. My fear is that if we cannot agree of ways of describing and formulating cases, then we cannot fulfil the fundamental requirements needed to research the validity and efficacy of our approach. Namely, that the work should be able to be described and replicated in method if not in practice.

Maybe it is this issue at the heart of our approach that explains why we have failed to respond to the challenge of providing adequate research into the outcome of gestalt psychotherapy. This lack of validation and empirical support is now proving a serious difficulty for those of us wishing to work in environments where an "evidence-based approach" is called for. I firmly believe that if we are to respond to this challenge, it is only by describing cases and beginning to agree ways of discussing our approach, that we will begin to put forward some key signposts and milestones that we might all be able to converge around.

References

Beaumont, H. (1993). Martin Buber's 'I-Thou' and fragile self-organisation: Gestalt couples therapy. *British Gestalt Journal 2/2*, 85-95.

Clarkson, P. (l989). *Gestalt counseling in action*. London: Sage.

Hycner, R.H. (1985). Dialogical gestalt therapy: An initial proposal. *The Gestalt Journal 8/1*, 23-49.

Jacobs, L. (1992). Insights from psychoanalytic self-psychology and intersubjectivity theory for gestalt therapists. *The Gestalt Journal 15/2*, 25-60.

Jacobs, L. (1995). Self psychology, intersubjectivity theory, and gestalt therapy: A dialogic perspective. In R. Hycner & L. Jacobs (Eds.), *The healing relationship in gestalt therapy: A dialogic/self psychology approach* (pp. 129-158). Highland, NY: Gestalt Journal Press.

Kohut, H. (1971). *The analysis of the self*. New York: International Universities Press.

Lewin, K. (1951). *Field theory in social science: Selected theoretical papers* (D. Cartwright, Ed.). New York: Harper & Brothers.

Melnick, J., & Nevis, S. M. (1992). Diagnosis: The struggle for a meaningful paradigm. In E. Nevis (Ed.), *Gestalt therapy: Perspectives and applications* (pp. 57-78). New York: Gardner Press.

Parlett, M. (l991). Reflections on field theory. *British Gestalt Journal 1/2*, 69-81.
Perls, F. S., Hefferline, R. F., & Goodman, P. (1951). *Gestalt therapy: Excitement and growth in the human personality*. New York: The Julian Press.
Polster, E. (1991). Tight therapeutic sequences. *British Gestalt Journal 1/2*, 63-68.
Stratford, C. D., & Brailler, L. W. (1979). Gestalt therapy with profoundly disturbed persons. *The Gestalt Journal, 2/1*, 90-103.
Stolorow, R. D., Brandchaft, B., & Atwood, G. E. (1987). *Psychoanalytic treatment: An intersubjective approach*. Hillsdale, NJ: Analytic Press.
Yontef, G. M. (1993). *Awareness, dialogue, and process: Essays on gestalt therapy*. Highland, NY: Gestalt Journal Press.
Yontef, G. M. (2002). The relational attitude in gestalt therapy theory and practice. *International Gestalt Journal 25/1*, 15-35.

Author

Sally Denham-Vaughan, BSc (Hons), MSc (Clinical & Counseling Psychology), DipGPTI, ATSM, UKCP registered psychotherapist, is a primary tutor on the Gestalt Masters Degree Programme at Metanoia Psychotherapy Training Institute in London, UK, and has a private training/supervision practice. She was previously a trainer with Gestalt South-West, based in Bristol, UK. She also works in the British National Health Service as a Consultant clinical/counseling psychologist and Director of Psychological Therapy Services (South Worcestershire). She has a particular interest in developing gestalt psychotherapy services for individuals with severe mental health problems. She is a member of the editorial advisory board of the *British Gestalt Journal*.

Address for correspondence

Psychology Department
Wulstan Unit, Newtown Hospital
Worcester WR5 1JG, United Kingdom