

ISSN 2519-0547

# GESTALT TODAY

*Malta*

International Interdisciplinary Journal  
in the Field of Psychotherapy

Volume 4  
June 2021

ISSN 2519-0547

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**Volume 4**  
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Gestalt Today Malta © International Interdisciplinary Journal in the Field of Psychotherapy, (ISSN 2519-0547) is published annually in one Volume per year by the European Accredited Psychotherapy Training Institute – Gestalt Psychotherapy Training Institute Malta (EAPTI-GPTIM) Higher Education Institute (MFHEA) 2014-FHI- 020.

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# Editorial

Lidija Pecotić

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In front of you is the fourth issue of Gestalt Today Malta, International Journal in the field of psychotherapy, published by EAPTI-GPTIM, European Accredited Gestalt Psychotherapy Training Institute, Malta, (MFHEA) 2014-FHI-020.

This issue is published on the eve of the celebration of the twenty-fifth anniversary of our Institute, and its successful reaccreditation by Malta Further and Higher Education Authority.

This is the time to remember our history, honour those who participated in its creation. This is a time when we are above all grateful to our students and Gestalt Psychotherapists who today, through their work and effort, are developing Gestalt Psychotherapy for the benefit of our community.

We have the pleasure to present to our readers the work of our Doctoral students: Tijana Micovic and Nina Micovic, Audrey Agius, Caroline Maria Vassallo, Rose Falzon, Rosalba M. Axiak and Mira Stojanovic. In the last three years these colleagues, with the other Doctorate students of their Generation, 2022, have improved the theory and practice of Gestalt Psychotherapy.

Traditionally, in our Journal, we present one interview. This time our interviewer and transcriber was our colleague Joyce Sciberras, which enriched our ceremonial issue of the Journal by interviewing our visiting teachers but also the creators of modern Gestalt psychotherapy Michael Vincent Miller, Dan Bloom and Ruella Frank.

This time we have the pleasure to read the poetry of our Master student Bernard Laus inspired by the Gestalt psychotherapy experience. The language of the Soul brings us the smile and joy while looking at new Gestalt generations who continue to discover the beauty at the boundary with the ever-changing and challenging world.

I take this opportunity to thank the authors of the texts and all involved in creation of this issue as well as all those who contributed to EAPTI-GPTIM being where it is today for the benefit of all involved, students, therapists, clients and community.



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## Biography

Lidija Pecotić is an international Gestalt trainer, supervisor and therapist. She has a Masters degree in Clinical Psychology (University of Belgrade, Yugoslavia, 1986). She completed her Doctorate Studies in Clinical Psychology (University of Belgrade, Serbia, 1994). In 2002 she obtained an EAGT, European Certificate for Gestalt Psychotherapy as well as an ECP (European Certificate for Psychotherapy).

She is the founder and Director of EAPTI-GPTI Malta, MFHEA 2014-FHI-020 since 1996, and EAPTI-SE Belgrade since 1990. She is cofounder of various Gestalt Psychotherapy Training Institutes and Professional Psychotherapy Associations.

She is the Editor of two Gestalt Journals, in Malta and Serbia.

# Emerging Adulthood of Millennials from a Therapist Perspective

Tijana Micovic and Nina Micovic

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## Abstract

Millennials are young people born between 1981 and 1996 (Pew Research Center, 2014) and are faced with many challenges in contemporary society. That is a generation that connects generations before and after the emergence of the Internet. One of their challenges today is postponing entry into adulthood. The main research question that this study sought to explore was how Gestalt psychotherapists see, understand, and describe the life stage of emerging adulthood. To describe this phenomenon better, the research included two groups of participants. The first group consisted of a generation of older and very experienced therapists, while the second group consisted of therapists that belong to the generation of Millennials. These groups made two focus groups within which the facilitator led the interaction of the participants using pre-formulated research questions. As a method of data analysis, thematic analysis was used. Results showed three main themes that emerged from the analyzed data: *the feeling in-between, identity exploration, from limitless freedom to the absence of meaning*. These findings were then discussed within the Gestalt psychotherapy framework with the goal to contribute to Gestalt psychotherapy practitioners who work with this population of young people.

## Keywords

millennials, emerging adulthood, gestalt therapists, psychotherapy, thematic analysis

*"It is like a Rubik's cube where you are trying to fit all the parts, but you don't necessarily go straight all the time. Sometimes you have to go backward to destruct what you've built and then again forward, and maybe sometimes, you succeed to fit the colors on every side of the cube, and sometimes only on two sides."*

(research participant)

## **Introduction**

In today's anxious field that we all live in, there is a growing interest in the development and well-being of young people. Our psychotherapy experience with this population, informs us about their confusion, loss of direction, feeling of emptiness. As we look at it from a developmental perspective, we notice that the developmental process of growing up and taking on adult roles has been increasingly prolonged among today's twentysomethings (Buchmann, 1989; Cote, 2006; Hayford & Frustenberg, 2008). Unlike their parents, these young adults postpone the finishing of the school year, hop from one temporary job to another, and one temporary partner to another. Some of them move back to live with their parents after a short period of independent living, and some still receive financial assistance from their parents or other adults. Taking on adult roles and responsibilities that once seemed so natural to people such as their parents, one or two generations ago, now seems to be much more difficult to achieve for these young adults.

Literature shows that marriage, starting one's own family, solving job-related matters, and housing, are all external markers that point to the transition from adulthood to becoming an adult (Tomanovic & Ignjatovic, 2006; Arnett, 2006; Konstam, 2015). Similar to western countries, statistics on the average age of marriage in Serbia demonstrates a trend in which marriage and starting a family is postponed to a later time. For example, in 1991 the average age of a groom at the moment of getting married was 27, while the average age of a bride was 23. Over time, the data changed, so that in 2018 the average age of a groom was 31, and 28.5 of a bride (Kocic, Milic, Radovic, & Gajovic, 2008; Statistical Office of the Republic of Serbia, 2019).

Developmental psychologist Jeffrey Arnett, who dedicated his career to understanding how people change and grow across the life span, suggested a new developmental stage situated between adolescence and adulthood and called it *emerging adulthood* (Arnett, 2000). He based his ideas about the phenomenon of the prolonged road to adulthood, while he was doing research in the United States of America. Depending on the culture, this developmental period varies in length and those boundaries are no longer as clear as they once were (Arnett, 2004). Progress toward becoming an adult is incremental and ongoing. The period of emerging adulthood, originally identified by Arnett to include ages 18–25, has been expanded to include ages 18–30, 33 (Konstam, 2015). The theory about emerging adulthood suggests that this phase differs from adolescence and young adulthood not only demographically, but also by its specific subjective and psychological experience noticed among the emerging adults. Arnett (2004) stresses the fact that the content of this phase will differ through cultures, but based on his research conducted in the United States of America, he proposed five specific developmental markers of emerging adulthood. These are (1) identity exploration, (2) the experience of instability, (3) focus on oneself, (4) feeling in-between, and (5) age of different life possibilities (Arnett, 2004). The research that compared various age groups, found that mentioned themes are present more in emerging adulthood than in adolescence or later phases of adulthood (Reifman, Arnett, & Colvell, 2006). It has been acknowledged that many of the developmental markers identified by Arnett apply to individuals in their early 30s, and more recent research efforts may focus on "Millennials", (Konstam, 2015) a group comprised of individuals ranging in age from 18 to 34 who are the focus of this study as well.

Millennials are young people born between 1981 and 1996 (Pew Research Center, 2014). Millennials, also called Generation Y, Peter Pan Generation, and Generation ME (Twenge, 2013), show some completely specific characteristic compared to previous "Generation X" (people born in the sixties and seventies), as well as the generation before that one called "baby boomers" (people born after World War II). Millennials are commonly perceived as the generation that uses new technologies, constantly change jobs, do not plan marriage before they are thirty-something, like to make "selfies", meet people online and strive for a society that is both liberal and socialist. Peter Pan generation, is another common name for Millennials (Shaputis, 2004), because of the noticeable trend of postponing independence, full-time employment, marriage, and parenthood, all of which are considered key markers of adulthood.

## **Problem statement and objectives**

Because Millennials make a considerable percentage of all clients in therapy, and that a prolonged journey to adulthood and taking on adult roles was noticed, this research was driven by a curiosity towards understanding this phase in more depth. Also, the term emerging adulthood has gotten a lot on its popularity nowadays and it has been accepted by many psychologists and researchers across the world. This research represents one of the first in a line of explorative studies that focuses on emerging adulthood and the ways in which this phase manifests among young people in Serbia.

This research aims to give an overview of how Gestalt psychotherapists see the developmental phase of emerging adulthood. More precisely, it seeks to explore specific characteristics of the phase or process that Millennials are going through and how these phenomena occur in the context of psychotherapy. Taking this into account, the main research question was: *How do Gestalt psychotherapists practitioners, see, describe, and understand emerging adulthood?*

The three main goals of this research were:

1. Understanding the developmental stage of emerging adulthood from a perspective of Gestalt therapists practitioners;
2. Seeing how a Gestalt theoretical framework can be used in understanding this process;
3. Suggesting guidance for therapists who work with this population of clients.

## **Research design and methodology**

### *Sample and data gathering*

To describe this phenomenon better, the research included two groups of participants. The first group consisted of a generation of older and very experienced therapists, while the second group consisted of therapists that belong to the generation of Millennials. These groups formed two focus groups within which the facilitator led the interaction of the participants using pre-formulated research questions.

There were six participants in the group of younger therapists, Millennials. There was homogeneity in their psychotherapy experience and age which helped in creating an open and pleasant atmosphere. The interview with this focus group lasted for one hour and thirty minutes. All participants agreed about the recording of the interview session,

while the privacy and confidentiality of their personal information were guaranteed. The group of older and more experienced therapists consisted of seven participants. This group was also homogeneous by the professional experience and age of the participants in order to enable open communication and expression. The interview lasted for fifty minutes, within the optimal and pleasant environment. The reason why this interview lasted shorter was mainly that the participants of this group took less time than Millennial therapists for their responses and reflections. Their younger colleagues found it supportive to take more time and to recall their experience from private practice. All of the participants of the more experienced group gave their consent that the interview could be recorded for research purposes, and were guaranteed privacy and confidentiality.

### *Data analysis*

After collecting and transcribing the interview data, thematic analysis was conducted to examine the common themes and patterns that emerged from the text. The thematic analysis presents the process of the identification of certain patterns or themes within the qualitative data set. In contrast to other qualitative methodologies, thematic analysis is not tied to any specific epistemological or theoretical perspective. There are many different ways in which it can be conducted (see for example Alhojailan, 2012; Boyatzis, 1998; Javadi & Zarea, 2016), however, the exact step-by-step analysis is usually vaguely defined. Conscious of that, Braun and Clarke (2006), proposed six steps of thematic analysis (getting familiar with the data through the process of re-reading the transcript; generating the initial codes; searching for the themes; requestioning and redefining of themes; defining and naming the themes; writing the report), and their model is one of the most influential in the field of social studies due to its clear and usable guidelines. Their model was used for the purpose of this research as well. The goal of thematic analysis is to identify themes in data that are important or interesting, and which are then used when answering the research question and reflecting on the focus of interest (Clarke & Braun, 2013).

## **Results**

Results showed three main themes that emerged from the analyzed data:

1. the feeling in-between,
2. identity exploration,
3. from limitless freedom to the absence of meaning.

Further in the text, these three common themes will be presented through participants' responses that were extracted from the transcripts, and that depict the mentioned themes in a rich way.

## FEELING IN-BETWEEN

*"...but in fact, when I relate that with my clients in a formal sense, they are grown-ups, but not in every way independent, not financially, and not in a situation to decide about their own lives mostly because of financial dependence...**One foot in adolescence, one foot in adulthood.**"*

*"My experience is that as well, that 25, 26, 27-year old's, are **neither here, nor there.**"*

*"I think that this emerging adulthood, as we name it, is something that lasts for years, like a very long period of life. I can't call it adolescence, or something that we had been familiar with previously from other theoretical frameworks. It is like some kind of floating where they are **not close to satisfying the criteriums of adulthood, but nor we can call them late adolescents.** Like there is no name for it. But I think that it is a very wide and long period...it can last till the age of 33, 34..."*

*"What I see is that it is a process, in that period from 20 to 30 years old, we cannot say that it is one (adolescence) or the other (adulthood), but it is a process and it lasts. "*

## IDENTITY EXPLORATION

*"Most of my clients that are in this stage are coming with the question – **Who am I? How to discover myself? What do I want? I can't picture myself anywhere.** That, search for the identity – **What is it that makes me?** They are mostly confused, lost, at work, in social life, with partners, everywhere – which should be present more in the previous life stage. That would be more logical. But still, they show up at the age of 26, 27 asking – **Who am I? What do I want? I don't know if I like this job. I don't see myself here, etc.**"*

*"What I find in lots of clients is the **fear of the final identity** and who they will be professionally or elsewhere, so what happens very often is immobility and ruminative thinking – should I start a business here or not, should I finish my grad school, deciding on those issues. "*

"They are usually trying to find the answers to these questions – **Who am I? What do I want? What is my goal? What can I rely on?** I have clients who move abroad and then return, and can't adjust, so they move again..."

"Somehow it seems to me that this phase is related to making big decisions, assessing choices, a lot of decisions dealing **with job, separation, partnership, living together or not, starting a family or not...** "

## FROM LIMITLESS FREEDOM TO THE ABSENCE OF MEANING

"There is no contact with their bodies, it is missing completely. It is like they are just all about who they are becoming, if they have a job or not, partners, families... There are a lot of young people that are just in action, they are all fired up, but then **they come to their 30s and they feel as if the action didn't have any sense, or meaning, as if it was empty.** I am not saying that this is the most dominant thing, but it is very interesting. And somehow it connects well with the previous phase of adolescence where everything is empty..."

"Maybe it is a double-edged sword because **everything is available now** so the introjects are more prone to questioning and they want to see other options. So, on one hand, we have the **freedom to choose something new, but on the other hand, we have everything, and everything is here in front of us so that potentially creates insecurity when choosing, and deciding.** "

"... So, then they ask - **is this the life that I wanted? What now? Is that it?** I feel the same, the possibilities are the same, but now I don't have what to do and I need to figure out now by myself if I am going to work for the corporation which I don't find cool, or if I am going to start my own business but I don't know which one, or nothing. To put a backpack and travel the world, but I don't have enough courage for that or money... and now what? **Depression...** "

"...I have an impression that very often they come to therapy when they become aware of this (absence of meaning). Like, wait – **do I want this or not? I do so many things, I live with my partner and all that, I am a grown-up, but there is no fulfillment or joy or satisfaction in that...** "

## Discussion

The results of this research are in line with the existing literature about emerging adulthood. The extracted themes: *feeling in-between* and *identity exploration* are supporting the markers of emerging adulthood that Arnett (2000) proposed. Based on the transcripts and analysis of data, other markers that he proposed were also present. However, being led by the main goal of the research, and following the most common and represented themes, the researchers extracted the third main theme: *from limitless freedom to the absence of meaning*. Each of the themes is important in a specific way and it is very important to discuss them while taking into consideration the contemporary context and time that we live in today.

The first theme – *feeling in-between* – shows that from the perspective of therapists, millennials who are in their 20s or 30s, still vary according to the criteria of adulthood. As if adulthood is something that is constantly slipping away from them, or something they don't really aspire to, or even avoid. We can raise a question here – what do young people, millennials, need to make this leap easier? What is it that they are missing in order to do that, or what are the obstacles on that road? Can we look for the answer for this in context, in every present instability, constantly shaking ground upon which is scary to dare and take responsibility? Do young people have the introject that things need to be safe, secure, constant, and permanent, in present time in which everything has a label with the expiration date on it (Bauman, 2000; Bauman & Donskins, 2013)? Should they give up the security and certainty in context, and make new creative adjustments and sources of support? And how can we, as therapists, help them along the way? These are just some of the questions raised by the content of this theme.

In another research (Micovic & Micovic, in preparation) that was conducted with millennials themselves, significant findings expand on the previously raised questions. While listening to the narrative tone of the participants when they were talking about themselves, some dominant mixed emotions were noticed – from excitement, fear, disappointment, sadness, void, that contributes to them feeling confused. This confusion appears to experiencing that there is a loss of 'sense of control' attempting to in an attempt to establish some partial control, in order to establish a stable base on which they could stand. This discrepancy brings a backward movement towards what is 'old' and known. Such movement represents going back to familiar, safe, secure, and certain territory. In looking forward, they experience more anxiety and less excitement that naturally follows novelty and growth. While they are looking at the next and new responsibilities that are related to the adult identity, they feel the

need for security. They attempt to take all measures in their preparation in order to feel ready and to minimize any potential consequences (Micovic & Micovic, in preparation).

The second theme – *identity exploration* – depicts the constant questioning, exploring, defining, and specific struggle that young people have to define themselves, to determine their identity, but also to assimilate the novelty related to that identity. The problems that follow the difficulty of self-defining can be so subtle, nevertheless, they decrease the capacity of a person to take initiative, plan, act responsibly, and open towards the common social dimension (Crespi, 2002, according to Gecele & Francesetti, 2007). Self-defining for these young emerging adults means constructing an existence for oneself that has purpose and meaning. To self-define, one has to be capable to take ownership of one's future (McConville, 2021). Or as Yalom writes in his book *Existential Psychotherapy* "To be aware of responsibility is to be aware of creating one's own self, destiny, life, predicament, feelings, and if such be the case, one's own suffering", (Yalom, 1980, p. 218). Another key thing is that the process of identity construction always happens through being recognized by another person in a long-term and significant relationship (Gecele & Francesetti, 2007). Therefore, an important developmental task for these young transitioners is to learn how to seek out, how to accept and how to use the support for growth and prosperity (McConville, 2021), without experiencing that as their weakness or inadequacy. Then the healthy process of balancing the need for autonomy on one side, and belonging, on the other side, can be established (Micovic & Micovic, 2019).

When describing society and the contemporary context of living, Bauman started using the term liquid modernity, to better describe the state of constant mobility and change that he noticed in relations, identities, and the global economy of contemporary society. Instead of referring to modernity and postmodernity, Bauman wrote about the transition from solid modernity to a more liquid way of social life. For Bauman (2000), the consequences of this transition to a liquid modernity can be easily seen in contemporary approaches to personal identity. In liquid modernity, constructing a permanent identity over time and in space is becoming more and more impossible. We went from a period in which we strived for a deeper meaning, to a period where we seem as tourists in search of multiple, but quickly passing social experiences (Bauman, 2000). It seems that this is a present reality, no matter the life phase that we are in, but from this perspective, we can understand how challenging it is for young people to dive into the ocean in front of them and to achieve adult roles. And the difficulty of self-defining is not something that supports that process.

The third theme – *from limitless freedom to the absence of meaning*, is to an extent a bit different from what Arnett writes about. It is similar in the way that it suggests an endless number of possibilities, but it carries within it a darker part of the consequences. Maybe in this research – the phenomenon of the absence of meaning was present because the participants were therapists who have lived-experienced of young people come to therapy when they face the absence of meaning, void, and unhappiness. On one hand, it becomes very hard for these clients to understand themselves when they are faced with countless opportunities and choices that seem unattainable – when a person is faced with the relativization of every norm (Salonia, 1999, according to Gecele & Francesetti, 2007). On the other side, even the things that they can achieve and attain, fleetingly stop being interesting or important. It seems that young people are trapped in this modern introject – do what you should do, but also wish what you should wish, what came from the outside to you, and not what you willingly recognized and wished for, and directed your intentionality of contact to that. We wonder what happens with the body, and the function of Id in this process. It is like young people are rushing towards self-fulfillment without the body. The embodiment and awareness through basic contact senses (seeing, smelling, hearing, touching...) is very poor (Jovanovic, Krivacic & Ilic, 2019). And an inevitable part of such a race is the feeling of pessimism, emptiness, and as if nothing had any sense. Here we come to one of the main tasks in fluid society and that is some kind of integration between body and biography (Spagnuolo Lobb, 2013), which is also one of the main developmental tasks of emerging adults.

## **Reflections from a gestalt framework**

From Gestalt theory, we know that the Id and Personality functions of self, support the formation of the contact figure. One might ask, what happens with that process during emerging adulthood? Support provided by those two functions is partially lost. Young people are barely in touch with their own body and support (id function) together with poor if any awareness and assimilation of roles and allegiances (personality function). Interestingly, when described and understood like this, the process of emerging adulthood is in a way resembling the process that happens in panic attacks (Francesetti, 2007).

The figure lacks ground. Sense, excitement, and action cannot be sustained. The result is a sense of urgency, a constant urge to form a figure, to define themselves, to become something or someone but too quickly, without the informed awareness. The figure emerges quickly and disappears quickly. What we see is constant, compulsive action,

or as one of the participants of the research described - *like fireworks in the sky. Too many different ones, appearing and disappearing quickly and you can't decide where to keep your eye.*

If we understand this process like this, it returns us to our role as gestalt therapists in a relation to young people who are in this phase. Exactly through the functions of self, the regulation has to happen: that is the self-regulation that comes from the organism in relation to its environment. In a psychotherapy process, we focus on the bodily process, on bodily awareness, and on what a client experiences on the level of emotions and body, moment to moment, so that the id function becomes revitalized in relation to the self and the other. We also need to support the personality function, through the processes of assimilation and integration of one's experience so that the client establishes a fluent and continual narrative of his or her history, biography, and of what is not yet but will be in the future. Or speaking in terms of important personality function questions, we aim to discover, together with a transitioning client, *who he/she was, who he/she is now* (or in the becoming), and *who he/she will be*. The role of the therapist is to recognize these processes, to be attentive to them, to help a client to name them, to give them meaning and sense so that a client starts owning his or her experience, and use it as support for what comes next.

## Conclusion

In a world where young people cannot find support in traditional sources of support anymore, when the trust in the system and institutions is broken, when the system does not support and constantly destabilizes already unstable identity that is constantly collapsing, it is important to return to relating and to belonging. As Salonia (Salonia, according to Mortola, 2013) writes, we get to ourselves when "I" feel that in front of him is "You", and to help a client reach the inner space of his own being, we need to build a positive and supportive relationship first. That is the first and the most important step, which creates a fertile ground in which a client can grow roots, grow and blossom. In gestalt therapy, we nurture the horizontal relationship, and for emerging adults that means experiencing real mutuality, where they begin seeing themselves as competent and capable of overseeing their growth and development, making important choices, and conducting them. As time passes, they gain power and support, while at the same time they see us, psychotherapists, as real people, presumably wiser and more established (McConville, 2021).

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## Biography

Tijana Micovic is a Clinical Psychologist and Gestalt Psychotherapist. Currently, she is a doctoral candidate in Gestalt Psychotherapy within the European Accredited Psychotherapy Training Institute – Gestalt Psychotherapy Training Institute Malta (EAPTI-GPTIM). She is working in private practice. Her theoretical interests are related to investigating generational characteristics and developmental processes of Millennials and Postmillennials, micro-processes of change in psychotherapy, field theory, and sports psychology.

Nina Micovic is a Clinical Psychologist and Gestalt Psychotherapist. Currently, she is a doctoral candidate in Gestalt Psychotherapy within the European Accredited Psychotherapy Training Institute – Gestalt Psychotherapy Training Institute Malta (EAPTI-GPTIM). Besides that, she is also a human resources practitioner. Her theoretical interests are related to investigating the complexity of the transitioning process to adulthood which seems that is very prolonged in young generations; personality change; psychological maturity; business psychology.

# **The Therapeutic Benefits of Care-Work Interactions: How do Social Support Workers Perceive The Impact of their Role on Children’s Development and Resilience.**

Ms. Audrey Agius

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## **Abstract**

This study is based on the assumption that there is considerable potential for therapeutic intervention in the daily interactions between Social support workers and children in out-of-home care. Interpretative Phenomenological Analysis (IPA) is used to investigate whether Social Support workers are aware of this potential, explore their meaning making and personal experiences, and identify main themes related to therapeutic input in their daily work. The context of the study is a residential facility for looked-after children in Malta, where a purposive sample of five Social support workers were interviewed. Data analysis revealed six themes that captured the lived experience of participants in relation to their client group: perception of role, developing by relating, unconscious dynamics, the container-contained relationship, supporting resilience through reparative experiences, and the therapeutic potential of inter-disciplinary work. These results can be used to increase our knowledge of the interactions that take place in a residential care setting. Through this insight we can promote a more therapeutic approach that improves practice by meeting children’s developmental needs, thus helping them increase their resilience. Consideration is given to indicators that point towards the training and supervision needs of Social support workers in order to deliver more therapeutic care-working.

## **Keywords**

social support workers, resilience, looked-after children, therapeutic care-work

## Introduction

The periods of childhood and adolescence are crucial years in the human developmental life span, and the thrust to develop is the organism's 'central energy investment' (Maier, 1987, p.1). Essential to the process of development is the certainty that care will be provided, and that one is not alone. Secure attachment with a primary care-giver leads to greater developmental freedom, and in fact the infant's brain is wired to engage in care seeking / attachment behaviours. Through this instinct the infant seeks proximity to a specific person who will comfort, protect, and help organise one's feelings (Gerhardt, 2004, p.14-19).

For many this secure sense of belonging is a taken-for-granted aspect of growing up. For a number of children however, the family home may become a place where they cannot live in safety; their lives often disrupted by separation, loss, and all too often experiences of abuse and maltreatment. They become the 'looked-after' children of the state. A child described his experience of Care during Psychotherapy as being like a 'nomad'; a metaphor for his moving from one home to another in between foster homes, his natural family and a number of children's homes.

An aspect that is often undervalued when we speak of children in looked-after care is the relationship that is usually forged with one or more of their care or Social support workers. These are often the people working on the 'front line' (Dockar-Drysdale, 1993, p.53): providing the 'primary experience' of nurture and care and interacting with these children on a daily basis in the minute details of everyday life. They have the most contact with children, and their role and positioning in the child's life is brim with therapeutic potential. This is important to note since only about 48% of looked-after children have access to psychotherapy; as found in a study carried out in Malta in 2012 (Abela, Abdilla, Abela, Camilleri, Mercieca & Mercieca, 2012, p.50). Despite this, this particular cohort of staff are still perceived as the 'generalists' (Barnes & Kelman as cited in Maier, 1987, p.11); versus the more specialised staff such as educators, therapists and social workers.

## Objectives

Very little specific research has been carried out to focus on the experience of children in looked-after care, and even less research has been carried out to understand the experience and meaning making of the persons who work in closest connection with them: The Social support workers (SSW). How do they perceive their role? How do they make sense of the projections that are often transferred onto them by the same

children they are working with as well as those of other professionals? How do they understand the power of the attachments that children forge with them, and the primitive unconscious processes that would be re-enacted in the course of group-life? Do they feel equipped and supported enough? Most crucially, are they aware of what is going on and how they can use their advantaged positioning in the system to intervene?

The aim of this qualitative research is to shed light on the humanity of the interactions that happen in a child care environment as perceived by the persons providing the basic care, and how these interactions are crucial to a child's development and his/her potential to become a resilient individual. Small (as quoted in Maier, 1987, p.xiv) beautifully sums up this interaction as: "The heart of the matter is the making of human connections and the giving and receiving of care".

In a local study carried out by The Office of the Commissioner for Children in 2012 that explored the long-term outcomes of youth leaving care (Abela et al, 2012c); a superordinate theme that emerged in their findings was the 'Supportive relationships and positive practices whilst in Care' (p.156). This study also found that: "A critical feature in enhancing resilience is the presence of someone who is willing to hold on to an alternative narrative and believe in the children's potential. The above discussion highlights the crucial impact of stable, long lasting, genuine and caring relationships" (White and Epston, as cited in Abela et al, 2012 p.95).

These findings echo similar findings across studies carried out in different countries and in different times that 'attachment' and 'development' are intertwined. Bronfenbrenner (as quoted in Maier, 1987 p. 4) synthesises this in his statement: "Every child needs at least one person who is really crazy about him [or her]". Literature on resilience also points out that in childhood and adolescence resilience is boosted by relationships with kin, as well as other significant adults such as a teacher, counsellor, coach or mentor. Walsh (2003), states that such strong relationships not only offer comfort and support, but also encourage efforts and provide the empowerment to overcome barriers to success (p.5).

A strong relationship with a caring adult can act as a 'lifeline' and plays an important part as a protective factor in a child's and adolescent's development. This research aims to give more voice to Social support workers, and to explore their lived experience of working with children in out-of-home care, as well as explore the knowledge, skills, competencies and aptitudes that are most likely to carry therapeutic value in their interactions with vulnerable young people.

## **Research Design and Methodology**

Participants were recruited from one residential facility that offers out-of-home care for children in Malta: this is a home for boys whose ages range from 7 to 20 years. The total number of Social support workers employed in this facility at the time of the research was 23, out of which 7 were full-time employees (4 males and 3 females), and 16 were part-time employees (8 males and 8 females).

### *Participants*

For the purpose of this research the sample consisted of 5 Social support workers. The call to participate in this study was open to all Care staff who have a minimum of two years' experience in this line of work. They were contacted by e-mail, and the first 5 workers who showed interest to participate in this study were recruited and interviewed. The choice to limit participation in this study to more experienced workers was done with sensitivity and understanding of their individual experiences. This ensured that the interviewees had enough experience to draw on, and that such experience has been properly assimilated through the process of supervision that is mandatory in the organisation chosen to conduct this study.

### *Ethical Considerations*

The research was approved by the Research Ethics Committee of EAPTI-GPTIM; as well as by the Management of the residential facility. Participants were briefed about the study and consent for participating, recording, and publishing of the data gathered was sought prior to interviewing. Participants were informed that they had a right to withdraw their participation at any point. They also had the possibility to process with their supervisors any emerging material that could accidentally cause distress in the course of the interview. Due to the sensitive nature of the situations presented by vulnerable children in out-of-home care, confidentiality and anonymity were ensured so names and all identifying information were omitted from the data. Code-names were used for each participant (P1, P2 etc)

### *Interviews*

In-depth semi-structured interviews were held face to face at a time and place that was convenient for the participants. In order to enhance reliability and rigour, the interviews were digitally recorded and the data gathered was transcribed in full. This method supports IPA analysis since it captures nuances that may be important for the

study. Participants were allowed the flexibility to tell their own story, which allowed the interview to go into directions not previously expected by the researcher. The interviews were carried out in the Maltese language as all participants preferred to express themselves in their native tongue. The quotes used in this paper were faithfully translated into English.

#### *Method of Analysis: Interpretative Phenomenological Analysis*

IPA involves the researcher “engaging in an interpretative relationship with the transcript” (Smith, 2008, p.66) that allows for meaning to emerge that is not immediately or transparently available. The text was read several times allowing for different layers of meaning and interpretation to emerge. Following this, emergent themes were documented. The researcher discerned repeated patterns as well as new issues emerging from the transcripts; looking for convergence and divergence between different texts. Theoretical connections within and across cases were sought, whilst making sure not to lose the particularity of the specific responses. Analytic claims were grounded in participants’ narrative accounts through the use of raw data. Therefore, a number of verbatim extracts are used to support the argument being made as suggested by Smith (2009, p.109). The results from this analysis are discussed and contextualised in terms of links with existing literature as each superordinate theme is presented.

## **Results**

Data analysis revealed six themes that captured the meaning making of the lived experience of participants. The emergent themes are presented below.

### *Perception of role*

All of the participants spoke positively of their role in terms of providing care and nurture to looked-after children. Two participants referred to their role as being a ‘front liner’ in the life of children and the other participants see themselves more as ‘parental substitutes’ in the children’s lives.

We are often that constant in their life... at times we replace the mummy figure, the daddy figure, the best friend figure, and a bit of many roles they would need (P5)

Moreover, the SSW has an important role as an educator in the children’s life. This can happen through guidance and mentorship, and the provision of non-formal learning

opportunities. Many children however are also observing how adults around them respond and they often become their role models.

We assist them in the very basic things... like sharing... teaching them social skills, appropriate ways of behaving... mealtimes are characterised by hot topics. The children ask questions; they would want to know about everything, about life. These are very good moments (P5)

All participants highlighted the need to have particular skills and aptitudes, such as empathy, a non-judgemental attitude, the importance of being a good listener, and to be sensitive to the children's needs and past histories. These help the SSW to use his/her presence therapeutically, to balance affection with adequate boundaries and to remain attuned to the needs of children in their care.

You need a lot of patience! You have to know how to read between the lines. You need to empathise. You need to be strict and at the same time love them. You have to be a very effective listener. (P5)

#### *Developing by relating*

All participants highlighted the importance of the rapport they build with children and adolescents in their care, and the significance of such genuine relationships on children's development:

You can't really care about them without carrying them with you to some extent... I think when you build a relationship with someone you can't just switch off from work and forget about them... when they know you're there for them and not for the pay. Children feel it! They respond to the people who truly care about them... when they see the person's heart is in it, they respond more (P3)

At the same time participants acknowledged that such rapport building does not come easy or naturally. Children who have experienced abuse and trauma, or who have had to leave their family home due to a Care order are often mistrustful of building new relationships, and may be avoidant, ambivalent, or resist such contact. The SSW's gender and the subculture these youngsters bring from their family of origin can also be complicating factors:

Your human reaction would be... am I going to let him speak to me like that?!... once they stole my own money... that day I felt really betrayed, because I've

always strived and still work hard to build a good relationship with all the children.  
(P2)

### *Unconscious dynamics*

All participants in this study noted that personal growth and the development of self-awareness are key to understand the unconscious dynamics that would be going on in the interactions between the children, the children with the staff, and between the staff members themselves. Working in a residential care setting is experienced as intense and involving by all the participants, and the ability to reflect on what is going on is seen as crucial.

You need to learn to make the connections. It can be the case that a reaction that a boy has today may go back to an event that happened 3 weeks ago (P5)

I take their cues... some small things can be full of meaning (P4)

With experience and maturation in their role, as well as the support gained through supervision, most participants reported that they formed more realistic expectations of themselves. This supported their personality function, helping them become more understanding of the children's limitations and more inclined to empower them in non-punitive ways.

You would be better able... to put on the coat of the SSW, where you will listen, understand, support, but where you are also able to remove it and keep living your normal life. It's like not getting stuck in the role (P2).

Group dynamics make a huge difference... when serious incidents happen on a daily basis it becomes very difficult for us...I saw a House leader get burnt out due to the group dynamics...you'd want to persevere but I don't imagine myself re-living those group dynamics today. (P5)

As a result of supervision, participants in this study feel more equipped to identify transference and countertransference issues, and to understand the therapeutic potential of such phenomena. Whereas before they would feel threatened, confused or anxious, often resulting in acting out behaviours; they are now more willing to contain and understand, and report feeling more confident in establishing boundaries.

The challenges are big, and then your challenges become your partner's challenges, they become your family's too... I believe it's a bit of transference, and merging, sort of, of the dynamics you would be living in... so it's like what you pass on to them, it could be that they pass on to you too. (P2)

Automatically you carry a certain weight, a kind of heaviness that the children themselves would be living (P3)

One of the participants shared incidents of both positive and negative transference in her regards, and how these are experienced very differently:

I had built rapport with one particular boy that was different... for him I was like a mother. He used to listen to me a lot and I was the staff that was most effective with him. That is beautiful! You know, it gives you a lot of fulfilment... you say I'm really having a strong impact on this boy. (P5)

[laughs] I get targeted a lot by them [laughs] if I had to base things on the words they tell me, I tell you [laughs heartily] I'm a total failure, cos all they say is how annoying you are [laughs] and you're a witch, that's all they say! But in truth you need to learn, one, you need to learn not to take these things personally [laughs] in all truth you start to realize that when they have a problem, they do come to you. Listen this happened to me, I need to talk to you... so you say, Ok I'm not always that annoying or such a witch after all! (P5)

I endured a lot of shouting in my face... A lot! At times words that don't make any sense. You ask yourself, but what are they telling me? I mean they're offending me, Ok but what are they saying?!! Then afterwards you realize, they would be literally things that in truth they would be directing to their mother. (P5)

Another participant shared an experience of projective identification that he had when he first started working as a Social support worker. Despite his initial enthusiasm, he now feels that he wasn't experienced enough to be able to 'enter in their shoes' without getting stuck there. Possibly he also experienced some vicarious trauma at the time:

There could be the mistake so to say, where you start almost associating yourself with the problems of his family; and you enter a sort of grey area, that is not your life, but you almost, it's as if you start to build and base your life on it... the impact was so big that I remember in the first few weeks I used to go home and not wash...then you start making these associations: I don't wash to kind of feel closer,

but these things are unconscious, you don't think about them. I say them today, but back then I didn't make the connection. They just happened, then a bell rings one fine day, and you say what on earth am I doing?!... although you leave work, your shift, you remain connected with them by doing some of their silly things. Some things you carry with you, and I think it's important to process them, cos if you don't, they might take over. I mean, this kind of work is extremely sensitive. (P2)

### *The container – contained relationship*

The task of caring for looked-after children in a residential setting can be experienced as profoundly stressful. When Social support workers become overwhelmed by the intense projections they receive, the risk is that this will interfere with their capacity to think and act in ways that provide containment for the children; thus, re-enacting out of awareness what would be happening among the children. The availability of a therapeutic space for the adults, where they can process and understand their feelings as important communication about the children's predicament, albeit unconscious; becomes crucial in supporting them to remain receptive and thoughtful.

Supervision is a life saver! ... for how would I make sense of all these things?!... it helps you understand how to connect things... you go to work with a conscious attitude. Your presence in the House is 'aware'... But I've learnt how to make sense of it; I didn't know how to do it before, but today I have learned to make sense of it. (P5)

I think [supervision] was the biggest tool and the best tool that I ever had...It helped me think, grow, reflect on my experience ... it helps you go back more equipped. (P2)

When social support workers feel contained and supported, this promotes a culture of openness to understand complex feelings rather than looking for someone to blame. As a result, team members become more supportive of each other:

That sharing of experiences with other care workers; its good because you listen to other realities like yours, realities that are different maybe, one is passing from one issue and someone else from another. (P2)

### *Supporting resilience through reparative experiences*

Children who are in looked after care have often experienced considerable deprivation and disruptions in their attachment. The quality of the attachments they form with

particular care workers, as well as the quality of care they receive, such as support to improve their education, involvement in leisure activities etc. can provide opportunities for reparative experiences that help them boost their efficacy and resilience.

Our work is not just about seeing that these children remain alive; give them food and that's it. We have to take care of not just of the basics, but their psychological needs as well... I cannot say there is that one particular thing that we do that helps them become more resilient. (P5)

I believe I need to prepare them food on the table... to experience that someone cares about them, that there's someone for them even if they don't care... that's the approach I believe in. I want to give them a good experience at every moment. Even if they are negative, and kind of not ready... even if they have not worked for it or are not interested (P4).

To build a sense of community where everyone can feel safe and trusted... their resilience is there because we see it, but it can be moulded in the wrong way... they need to learn how to ask, how to reach out, that it's ok if you fail at something. (P2)  
To look at the holistic aspect, physical as well as psychological and spiritual... that the young person can stop and reflect...and that there is something bigger than that which he is living right now. (P3)

### *The therapeutic potential of interdisciplinary work*

Participants highlighted the significance of good team work and consistency. They described the importance of continuity, sharing feedback and working in a context where dialogue and co-reflection with different professionals involved in the child's life were possible.

When you spend time with him, close the day with him, help him reflect... these are all great opportunities I believe, that can present themselves at exactly that point in time... that may not re-present themselves when he has a slot a week to speak with his therapist... maybe it's not the right moment for the child. It can happen that at the time when he has an outburst, he's more willing to talk... There are many moments and you need to recognise when is that boy most receptive (P3).

A particular boy used to want me to tell him a story; yet he would dictate how he wanted me to tell the story. The need of this particular child was for me to tell him the story that he wanted to listen to... I don't have the skills and the know-how of

therapists. I can do till a certain point, reach a certain level, and from that moment on you need support... the work needs to be done together... that there is continuation... it's good to be involved in the process so that you know what to expect...at times I might not be able to do something, but I may be in a position to notice something. (P4)

We refer to the professionals as well; we say what do you think if we discuss this with your therapist? I could be with you or you can do it yourself...(P3)

You need to see how you're going to make this person's life better by communicating with your colleagues and with the therapists, and create this chain sort of, so obviously this boy would have the best service possible (P2)

Every activity can hold therapeutic potential. Cooking... watching a dvd...contact, one to one or in the group... discussions... supporting processing...meal times... in the evening, often just before you leave... (P1)

The process of working alongside the children's therapists, allows Social support workers to become open to new ways of understanding the child's behaviour whilst also contributing to the young person's therapeutic process through their everyday contact with them, and the feedback that they can share with the therapists. With the support offered through clear role boundaries, every worker can contribute to create a containing and supportive network around the child, knowing that the responsibility for the child's development and decisions around his care plan can be shared.

## **Conclusion**

The present study focuses primarily on how Social support workers perceive their role as having potential therapeutic value: through the co-created attachments that children and young people forge with them, their daily input in providing care and nurture, and in their role to empower and support the development of resilience.

### *Developing a therapeutic approach*

The results indicate that the Personality function of a Social support worker can be viewed as a journey in which participants are looking for knowledge and skills, but mostly self-awareness and empowerment to be able to understand and contain the children and adolescents in their care. This learning curve comprises observing and experiencing; however, it is also crucial for Social support workers to have adequate support in terms of training and supervision. This enables them to process on different

levels their experiences, the projections they carry, and how they can provide care and containment for children and young people who have often experienced neglect, abuse and trauma.

The child's living situation has the potential of being a therapeutic influence. This 'milieu' comprises of the context or the field of the child which is also populated by the adults who 'people a milieu' (Trieschman, 1969, p.1): social-support workers, social workers, psychotherapists, psychiatrists, domestic staff etc. Trieschman's notion is that the actions that these adults take with children, and the way they control the environment around the child, can be coordinated to improve children's lives. This relational field exists in every group-living situation, and whether it is used as a time-filler or as a major therapeutic tool, depends on how aware we are of its power, and how equipped we feel to tap in it. It is in this space outside of the child's therapy hour, in the daily interactions between children and the adults caring for them and the field that they co-create; that we find a myriad of opportunities for therapeutic education and therapeutic caring.

If we think of the 'field' as a concept, it is rather difficult to pin down, define or measure. Like the concept of resilience, it may be better presented as a loose phenomenon constituted of a number of different variables that make up a particular and unique context. By being curious and through better understanding of what is going on in the field however, we can make connections, make sense of our experiences, communicate more effectively as a team and hopefully come up with alternatives. In order to remain effective and attuned to the children's needs, Social support workers need support to learn to tune-in to the field, as well as learn how to use their 'self' as a tool in the connections they forge with young people, so that everyday interactions can truly become opportunities for therapeutic intervention.

#### *Developing Containment: understanding over acting out*

Anyone who works closely and sensitively with children and adolescents who have been through trauma will at some point experience their feelings and/or the feelings of their abusers. This process of transference and counter-transference happens quite naturally through empathy, intuition and intersubjectivity. With the advantages of training, supervision and personal therapy, Psychotherapists are usually very well-equipped to deal and work through these emotions with their clients. The same however cannot be said of all other professionals who also come into close contact with looked-after children, and whose involvement with them may be even more intense. Without the awareness of "what is happening between us and why" (Sprince, 2002, p.148) things can go very wrong.

As described in the results above, many of the Social support workers have experienced these parallel processes with their groups. Some have been the target of both positive and negative transference, others have felt the effects of projective identification, or been affected by rage, preoccupation, or feelings of helplessness and hopelessness. By confronting and understanding the feelings that the children arouse in them, they will be in a better position to think therapeutically about the meaning of the children's communication and behaviour: "A staff group actively working on understanding themselves and their own process of relating can create a culture that encourages such children to respect this endeavour and engage in it themselves" (Sprince, 2002, p.147). Having therapeutic spaces available for the adults, such as supervision, reflecting teams, and building a work culture based on openness and trust where dynamics can be addressed; will come a long way to provide a secure base for the staff. This will help prevent the unconscious 'acting out' behaviour that is often the enacting out of awareness of what would be happening among the children. Social support workers are thus supported to remain receptive and thoughtful.

### *Organizational Dynamics*

Organizational structures can either support or negatively impact the therapeutic milieu. The relationship of container / contained is a constantly recurring pattern. Just as the disturbing emotional states of clients are re-enacted in the transference-countertransference relationship, these dynamics can be re-enacted in the parallel process within the organization itself. Thus, care professionals, who are the recipients of powerful projections, may in turn re-enact these 'disturbing primitive mechanisms and defences' in the system:

Focusing exclusively on the child without attending to the needs of the carers can leave professionals... feeling neglected and misunderstood, and, without their active co-operation and alliance, any efforts to treat a child are likely to fail or be undermined in some way. (Emanuel, 2002, p.165)

A lot of work is required with the professional network in order to empower Social support workers to develop a therapeutic approach to casework. Although maintaining communication with the network surrounding the child may be difficult and time-consuming; it is essential to provide a sense of 'holding' for both the Care staff and the children in out-of-home care. This 'holding' can reduce the fragmentation and splitting that often plague the field of social services, and may instead provide us with a better chance of planning for the real needs of the child.

## Limitations and suggestions for future research

Due to the small number of participants in the study, the results should be considered as a conceptualisation of the stories and lived experiences of these participants, without claiming to have implications for services offered to looked-after children in general. The findings of this study shed some light on the need for training and supervision of Social support workers, as well as the need for interdisciplinary work in order to decrease fragmentation and provide multiple layers of containment to children and workers engaged in these processes.

An interesting follow up to this study would be to hold a parallel research that asks children and young people what they experience as most therapeutic in their experience of Care. The data gathered from these different sources can then be triangulated to give a more comprehensive picture of the issue under investigation, thus gaining deeper additional knowledge of the phenomenon of these interactions.

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## Biography

Ms. Audrey Agius is a Gestalt Psychotherapist and qualified supervisor currently following a Doctoral program. She is specialized in working therapeutically with children and young people and has 18 years of experience working in residential and out-of-home care. She coordinates the Support Services team at St.Patrick's Salesian School and has provided consultancy services and coordination of supervisory support to Kellimni.com: a child / adolescent online support helpline. She has experience working with adults in Shelter-homes, and as a Trainer in the development of staff, as well as in developing extra-curricular opportunities that promote inclusion and experiential learning using outdoor activities.

**Declaration:** The author declares no competing financial interest. The research work disclosed in this publication is funded by the Tertiary Education Scholarships Scheme. Confidentiality and anonymity were ensured by omitting all names and identifying information from the data.

# Stepping on Eggshells: A Visual Representation of the Borderline Experience, within a Gestalt psychotherapy framework

Caroline Maria Vassallo

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## Abstract

The focus of this reflective paper regards a visual representation of the Borderline experience, within a Gestalt therapy framework. Reflections begin by using the Diagnostic and Statistical Measure of Mental Disorders, in order to orient oneself with the Borderline experience and to grasp a scientific understanding of the established criteria. Through a short case-study, this paper uses direct reality-based excerpts from therapeutic sessions to illustrate the essence, experience and meaning of suffering from Borderline Personality Disorder. During this exploration, drawings – as visual media – are used as the ground to facilitate and enhance the expression of individuals' feelings in therapy. Moreover, they are used to facilitate experimental interventions with the therapeutic relationship between the client and therapist. The aim of this paper is to demonstrate that visual media can be used effectively in Gestalt therapy to help an individual become aware of his unconscious processes in order to creatively adjust to the present moment. Whilst becoming aware of the emotional processes, the client can experience direct, reality-based and immediate responses.

## Keywords

borderline personality disorder, visual mediums, creativity, expression, mental well-being, therapeutic process

## Introduction

The “self’s experience of basic trust (or lack of trust) in making contact with the environment” (Woldt& Toman, 2005, p. 211) is central to several psychotherapy approaches and it is also a central theme in personality disorders. Interchangeable with this notion would be the idea of a secure attachment as defined by object relations theory (Bowlby, 1969), which is combined with Gestalt psychotherapy in the works of Gilles Delisle (2013). Suffering is always determined by a given situation, and it is from the context that it emerges. Situation does not just define psychopathology: it is fundamental in generating psychopathology or in protecting a person from it (Robine, 2011; Salonia, 2007b; Gecele & Francesetti, 2007). Gestalt psychotherapy views suffering as a 'co-created phenomenon of the field, that emerges at the contact boundary and as being able to be transformed in the process of contact' (Greenberg, 2013, p.14). The suffering of a relationship is the outcome of creative adjustments made within a difficult field. Original creativity may have been lost and have become a fixed Gestalt, though it may still have held positive meaning in the person’s life (Perls, Hefferline & Goodman, 1951/1994; Zinker, 1978; Spagnuolo Lobb, 1990, 2003b, 2005a).

According to the Diagnostic and Statistical Measure of Mental Disorders 5<sup>th</sup> edition (DSMV, 2013), Borderline Personality Disorder (BPD) is a pervasive pattern of instability in interpersonal relationships, self-image, and emotion, as well as marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

- Chronic feelings of emptiness
- Emotional instability in reaction to day-to-day events (e.g., intense episodic sadness, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)
- Frantic efforts to avoid real or imagined abandonment
- Identity disturbance with markedly or persistently unstable self-image or sense of self
- Impulsive behaviour in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating)
- Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)
- Pattern of unstable and intense interpersonal relationships characterized by extremes between idealization and devaluation (also known as "splitting")
- Recurrent suicidal behaviour, gestures, or threats, or self-harming behaviour
- Transient, stress-related paranoid ideation or severe dissociative symptoms.

Although working therapeutically with Borderline Personality Disorder proves to be challenging, one must aim to focus on the integration of the split parts of the self by focusing on the client's intentionality to protect the sketch of the self. The Borderline experience is aimed at being whole but frustrates oneself when they become aware of their fragmented self. At this point, persons with BPD turn to the therapist, who for them symbolizes the experience of wholeness, with the hope that the therapist will make them whole. They are disillusioned when they become aware that this entails a long process that ultimately requires a therapeutic relationship being built between client and therapist, because they have never experienced a healthy relationship. If therapy is not aimed towards building a frame to give support, space, breath and coherence, without rigidity, to the person and his history as a whole, the borderline can spiral down to a self-harm cycle.

The gift of Gestalt therapy is that it honours five principles; proximity, similarity, continuity, closure and connectedness, that can be worked beautifully throughout therapy with any individual. Combining Gestalt therapy with visual mediums enables one to not only emotionally experience but see a journey being developed in front of our own eyes.

In this regard, the aim of this reflective paper is to highlight the experience of a client diagnosed with Borderline Personality Disorder (BPD). Through a short case study, a client's drawings are presented as an example of how visual media may be used to enhance the client's expression and process of self-understanding and dialogue with the outer world (and in this case with me as therapist). Such drawings also enabled me to reflect on the process and share my thoughts and insights in this paper. Through my experience of working with clients, therapy is seen to be an abstract process. In some cases, therapy and visual mediums aid the client to express and see what one is experiencing as it makes the experience more real. It is good to go back to these principles every so often when working with Borderline Personality Disorder as this usually entails the start and the basis of a therapeutic journey.

## **A therapists' experience**

I had started working in the mental health sector when I had just graduated from University and had little knowledge as how to make sense out of all the theory that one studies at University. I got chosen to work at an outreach service and I can say that this experience has taught me not only how to make sense of theory and put it into practice, but most of all it has shown me that irrespective of a client's diagnosis, the most that one can do is to honour and be present in whatever they are going

though. Some months into this working experience I started to realize that I was a witness to stigma towards mental illness, particularly towards people diagnosed with Borderline Personality Disorder. It seemed as though these people would always have this stamp on their back and others would constantly look at them through the illness lens. Needless to say, I too succumbed to this perception, so much so that I was fearful of working with clients diagnosed with this disorder. It proved to be difficult to understand their reality and I frequently lost my ground when working with them but as time went by, I sought something that gave me security and will, art. I later came to realize that it would be something very close at heart that enabled me to understand better what was happening and also aided clients to see what they have been carrying inside them for so long.

I remember that I was full of doubt and didn't know what to do when meeting a client for an hour. I remember that an indisputable thing that my mentors used to tell me when I started doubting what I was doing with a client, was to ask myself three questions:

1. What did I do right?
2. What could I have done better?
3. What did I learn?

It was only through these that I could see what I was doing in the here and now, and what needed to be done. At first I couldn't get myself around these questions because I would be so focused on seeing what I did wrong that I lost what I did right and what I learnt. By time and supervision, I started to see the good in my interventions and the importance of not being scared of doing a mistake as long as you can identify what you learnt from it.

## **A Client's Experience**

One of the clients who I was allocated to work with; Lillian, was a forty-year-old woman diagnosed with Borderline Personality Disorder. She was a very intelligent, artistic and aware person who had spent her life in and out of mental hospitals. Professionals described her as unpredictable and impulsive. Although I was hesitant to work with her, she is one of those clients who made a great impact on my life. Lillian showed me what Borderline Personality Disorder means and allowed me to see her through her own lens. We would meet for weekly sessions and would always show me some artistic works that she would have done throughout her week. Although she tested my boundaries for a long time, she came to understand and respect boundaries. Lillian was passing through a phase in her life during which she was finding it difficult to express

her experience verbally so together we agreed that we would use artistic mediums to do so. After discussing in our session what she could do, she agreed that she would work on an artistic expression to show her world. A week later she came for the session with the below two drawings.

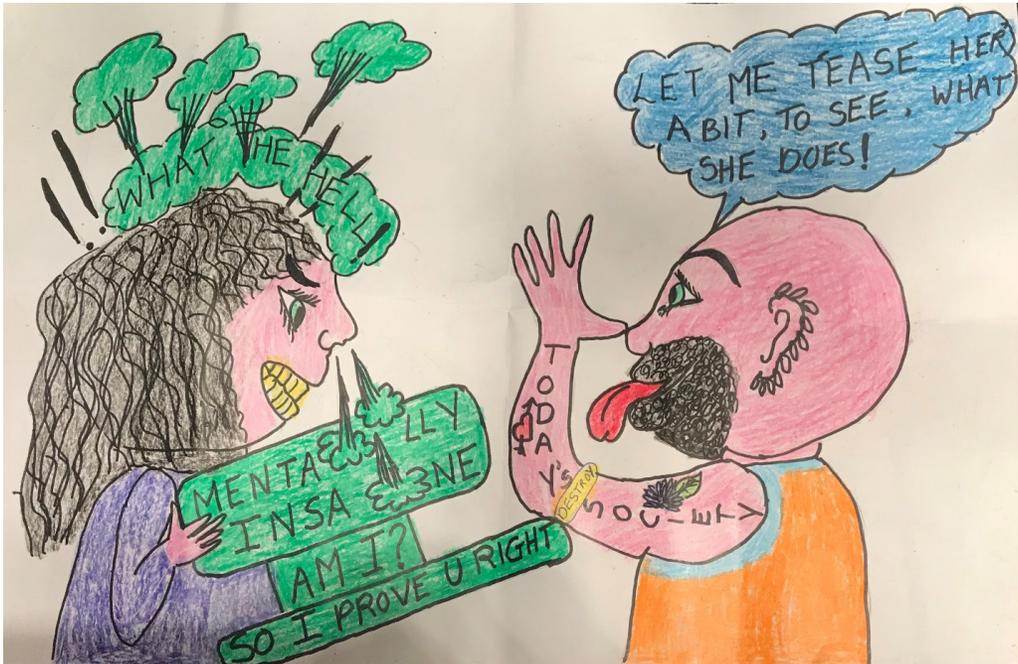


Figure 1: The Individual in Society.

In Figure 1 labelled The Individual in Society, Lillian draws her Id function as an impulse of anger, represented with a furious face expression, fast breathing and several exclamation marks. She illustrates the Ego function as a tattooed and pierced man. This man seems to be making fun of her, testing her and judging her. She illustrates a heart with an arrow on his arm, which portrays the love that she feels towards society but the arrow which is piercing the heart, is a representation of what Lillian says that the world does to her; constantly hurt her. She also draws another tattoo on the drawing with the words "DESTROY" which Lillian explained is her belief that society is there to destroy her. It was interesting to see her illustrate the man representing society with two features that she associates with being bad, but at the same time she has both tattoos and piercings. I couldn't understand if this was a way

for her to continue being identified as a bad person or how much she wishes to carry society with her at all costs. Lillian then draws her Personality function with the words “MENTALLY INSANE”. Her Personality function seems to be still fragile as she is still questioning if she is so.



Figure 2: The Borderline Experience

In Figure 2 labelled The Borderline Experience, Lillian exhibits her Id function by illustrating herself overdosing, cutting, excessive sleeping and smoking. She illustrates the Ego function by portraying her reality of avoiding washing her clothes, not cleaning the ashtray and not being able to gain control over time. Lillian illustrates her Personality function by drawing the words “suffer in silence”, labelling the bed as “ETERNITY”, “extending life by staying alive”. She also writes that this pattern is “ENDLESS” and seems to be identified with it for the rest of her life because her depression and sleep are endless.

## The Co-Created Experience

I shall use this section to briefly demonstrate how the drawings in the above section were used in therapy. Although our therapeutic journey was a lengthy one and had the opportunity to use several other visual and non-visual interventions, I chose to highlight these two images because they portray exactly what the borderline experience is. The below is just a ten-minute excerpt of one of our fifty-minute sessions together.

*Client: I wanted to show you these two images that you had suggested that I drew. What do you think?*

*Therapist: I can see that you have spent a great deal of time reflecting upon your exercise to be able to come up with such detailed images. Well Done! What can you tell me about these images?*

*Client: I drew how society taunts me, sees me and makes me fall in the usual patterns. Society always does something to make me feel bad.*

*Therapist: Interesting. How do you think that your contributions affect society?*

*Client: I don't know. I feel irrelevant most times. Like if I am not angry, shout or smash things, others don't see me. I have always been like this even when I was young. I had to misbehave to get some attention, although it was always a smack.*

*Therapist: I can see that you are getting emotional while you are talking about the past.*

*Client: Yes, because it was difficult to survive. I used to wonder if my parents would realize if I died. It always seemed as though they wanted me to exist, always telling me that I was a mistake and that their troubles were because of me. I was angry and sad most of the time and I didn't know what to do about it. I sometimes think that people nowadays still think of me in this way. I want to show them that I am different but I can't.*

*Therapist: It seems that you have been carrying these feelings for a long time. Can you tell me what you want me to see in you?*

*Client: I always remember myself like that. I think you see me, others don't.*

*Therapist: I am still part of society, just as you are too. It's interesting that you say that others don't see you, while I do. How do I see you?*

*Client: You listen to me and stay with me. You never tell me what I should do and you are there when I am feeling good and bad. They always judge me.*

*Therapist: Yes, I do listen to you and stay with you. I am happy that you get to experience being seen by me without the need to show anger. I am sure that others will get to this stage too if you let them. What do others judge you about?*

*Client: Like in the picture. They think that I am mentally insane, crazy and that I need to be locked in hospital. They think that I am an animal always frustrated and angry. They are scared of me.*

*Therapist: Those are quite heavy judgements. It must be difficult to try to show yourself through all these judgements but I am interested if you are scared of yourself.*

*Client: I am scared of myself. I am unpredictable, sometimes I feel good then I still end up harming myself. I can't understand myself. I am ashamed of what I do to myself. People don't take this much medication and don't harm themselves. I shouldn't be like this.*

*Therapist: It seems like you are judging yourself. I wish that you would consider checking if other individuals experience negative moments and how they react toward them. Therapy will assist you in how to deal with this. If you had to say something to this person that you drew in the first picture, labelled as society, what would you say to him?*

*Client: I would tell him to look at himself before judging me, that I am more than just an angry mentally insane individual.*

*Therapist: What else are you?*

*Client: I am caring and feel for others. I am intelligent and creative. I am opinionated and nervous.*

*Therapist: That is great! As you said, everyone has his own story to carry. I suggest that you remind these qualities to yourself when you start thinking of other people judging you.*

## **Reflections**

### *What I did right*

"Growth occurs when we discover how to remain authentically ourselves in the presence of potentially threatening things. Maturity is the possession of coping skills: we can take in our stride things that previously would have knocked us off course. We are less fragile, less easily shocked and hence more capable of engaging with situations as they really are." (De Botton,2013)

I still remember some years ago while I was reading the book 'Letters to a Young Poet' by Rainer Maria Rilke (1993), something struck my eye so much that I still keep thinking about it nowadays and try to remind it to myself. The line goes as follows: "Have patience with everything unresolved and try to love the questions themselves." I also remember Yalom's addition to this: "Try to love the questioners as well" (Yalom, 2003, p. 10). I could never understand how I was supposed to make peace with all the questions and unresolved issues in my life. Years later when I started studying Gestalt therapy, I began to understand the meaning of this line more and more. As individuals we try to solve everything and we tend to value people, and even objects, according to if they solve our problems or not. I guess that as individuals in a modern society, we are taught to look for the quick fix in everything, which makes it more difficult for one to understand and value the importance of patience. I have come to realize that having the patience to hold what is unmendable is truly the greatest gift in life.

Something that I struggled with at the beginning of my sessions with Lillian was losing my ground. Lillian would come in the room with too many thoughts that would overwhelm me and I would feel helpless and immediately try to offer solutions. I often felt that unless I was able to remain grounded in the here and now, my affective reactions to her experiences would cause an empathic strain (Wilson & Lindy, 1994). So, I adapted to Lillian's needs and consciousness, by inviting her to draw what was on her mind and choosing a specific subject to speak about. Muller (2016, p. 48) states: "becoming conscious ... for Gestalt Therapy means to become aware and able to verbalize one's own feelings, emotions and intentions to act (act of will) in the Here and Now." This also gave her the responsibility of having her own say in things and speaking her mind. I felt more grounded, she felt more at ease at dialogue and it enabled us both to remain in the here and now.

Another thing that I believe gave Lillian a push towards achieving a better self, was that of acknowledging her resilience. Lillian reminded me of my therapeutic journey where I remember that I couldn't see how resilient I was and for some time couldn't even accept it. I could understand how difficult it was for her to go through her experience and not to believe in your own resilience. Through therapy I acknowledged this factor until slowly she started seeing that she was not only Lillian the angry person but Lillian the resilient person. This resilience is something to be admired as "to suffer one's death and to be reborn isn't easy" (Perls, 1969).

I believe that another factor that had a significant importance during our therapy sessions was polarity work. I noticed that Lillian presented every situation as black or white and couldn't see the grey. This was also portrayed in her push-pull relationships.

As noted in the DSM V, this is the condition of the borderline. Together we explored what would happen if she stayed in between and she became more aware and conscious of her bodily sensations when she experienced this. Lillian acknowledged that since she was a child it wasn't an option for her to stay in between, yet she was constantly put in between. I remember Lillian saying that she was put in between her parents while they were arguing, in between her friends and cousins. She says that this led her to constantly need to side either to the right or to the left because if she stayed in the middle, she would get hurt. Through our therapeutic journey and interventions, Lillian realized that that was her creative adjustment serving her when she was younger, but doesn't serve her anymore.

*What I could have done better*

"Curiosity takes ignorance seriously, and is confident enough to admit when it does not know. It is aware of not knowing, and it sets out to do something about it" (De Botton, 2013)

"Therapists do not heal through means and techniques: not through simple or mere expressions of their creativity. They heal through their personality, which is professionally restrained and at the same time capable of spontaneous response." (Muller, 2003, p. 139). The story that a client shares with a therapist is the means by which the client attempts to deal with inadequate patterns of relating which she learned during previous relationships and this is done through contact in the here and now with the therapist (Spagnuolo Lobb, 2013).

Parlett (1991) quotes Beaumont, who described transference as a person "constellating the field according to his previous experience", after which, says Parlett, "the field itself begins to determine what happens next" (p. 35). As Gestalt psychotherapists, we attempt to work with any transference issues in the here and now. The emphasis is still on the therapeutic relationship being genuine and real, but the transference is used as a tool to understand the client, heighten awareness, explore the nature of the client's other relationships and as an opportunity to work on any unfinished business. According to Rycroft (1979), countertransference is the "therapists' emotional attitude toward her client, including the response to specific aspects of the client's behavior" (p. 189). When experiencing countertransference reactions, it is important for the therapist to establish whether they are a response to the client or whether they are stemming from her own unfinished business. Countertransference is a very rich field which I was just learning to work with. I realized that until I tapped more into this resource, my therapy would not have the desired impact. I also had to keep in

mind that “countertransference is the best of servants but the worst of masters. The challenges in managing countertransference so that it serves rather than dominates one’s work are complex and formidable” (Gelso & Hayes, 2007, p. 111). Supervision was indispensable in this regard. Our countertransference must be used carefully and with awareness. Only in this way can it be useful for the client. Gestalt therapists give considerable importance to what is being co-constructed between themselves and the client. The therapist shares her thoughts and feelings about how the client is in the room, his process, and the areas that he may not be aware of. It is of vital importance for the therapist to ask the client what he is experiencing at that point in time (Joyce & Sills, 2010).

I also came in touch with the fact that I often had the urge to protect Lillian. This made me think that an important early need might have been left unsatisfied. Lillian lacked support, care and attention from her caregivers and was still trying to attain it through her current relationships. According to Clarkson (2004) an emergent need might be related to an unfinished business from the past seeking completion in the present. Lillian is constantly searching for approval, reassurance, care, love and attention from her family and significant others and when this need is not met, she usually has an emotional outburst and feels unwanted and not good enough.

“Neurosis for Rank is a basic ethical problem, a lack of the ability to balance wishes coming from the inside and demands from the outside, causing feelings of guilt, anxiety and more” (Muller, 2016, p. 41). This neurotic struggle was very evident in Lillian and we focused our reparative work around restoring her Ego-Function to overcome this dilemma. It was effective to a certain degree as could be seen in Lillian’s behaviour as therapy progressed. I was curious to see what would happen when her confluence with her mother, her cultural norms removed, and her Ego-Functioning restored what would spontaneously become figure. I was thrilled that what emerged as figure was her wanting to be fully independent, earning her own money in a meaningful job whilst deciding her own future. More repetition and continuous strengthening of the Ego-Function were needed for Lillian’s further growth and spontaneity to lead her to this goal, which she was now aware was possible. As Latner (1986, p. 100) explains, “therapy is recovering the gestalt process and making us capable of free functioning.”

I believe that if I had more time with Lillian, I would continue to acknowledge the good in her and also work on constant feedback to better herself. As an aim to see for herself and prove to others that she is a determined achieving person, we had agreed that she would publish a book with all the poems that she wrote and include her drawings and paintings where she had no words. Unfortunately, we had only started

the process of looking for publishers and choosing the poems that she was to publish. I am glad that I was still working with Lillian while staying with her to choose the poems and how together, we used to speak about the poems that she had written and their meaning. I am hopeful that Lillian will continue with this aim and achieve her goal to fully acknowledge her self-worth and not be conditioned by her introjects.

With hindsight, another thing that I wished I was able to develop and work on further , was the issue of physical contact. Lillian always spoke how hard it is for her to make physical contact with someone else. I remember that when she first told me this, I was shocked at how I would be able to help her in this when I had the same problem. Lillian spoke frequently about never experiencing a hug or someone holding her hand but I couldn't say anything except freeze at that moment. Although I took this issue to personal therapy and I got more comfortable with touch, I was still hesitant to do it with a client seeing that it was only her and I in a room. I think it would have been beneficial for Lillian to experience this in a group setting. Through supervision, I was guided and together we came up with an experiment that enables her to experience hugging by guiding Lillian to hug a soft toy and noticing her body sensations. I believe that this was the start to our work with regards to contact but I believe not enough of it was done.

#### *What I Learnt*

"Get off your high horse and get yourself grounded! Know what it is like to have your world turned upside down! Your becoming a good therapist is not about putting yourself apart from the people you work with; it is about coming to know intimately their pain, their humiliation, and their ability to rise above it." (Hyland Moon, 2001, p. 31.)

According to Simkin (1976), when the therapist is more concerned about seeing rapid changes in the client, she would be engaging in a vertical or I-it relationship, in which the 'I' of the therapist remains private or hidden, fostering dependency and transference from the part of the client. Thus, initially I became caught in preventing the therapeutic relationship from moving forward as I was also maintaining it on an 'I-it' level. Although change is a desirable outcome of therapy, Gestalt therapists believe that the therapist should adopt what is known as "creative indifference". This means that the therapist goes into the session without a bias for a particular outcome. This is linked to what I have often discussed during supervision sessions, which is, that the therapist does not need to have an effect on the client. Creative indifference relies on trusting the process of the client, thus not pushing her towards what we believe is best for the client (Joyce & Sills, 2010).

Throughout my process with Lillian, there were times when I felt helpless; a process she often describes experiencing herself. Through supervision I have become aware that I need to keep focused on not becoming confluent with her process. I often found myself trying too hard to fix her problem and find a solution. Supporting Lillian to stay with her process rather than going into solution focused interventions sometimes proved to be a struggle for myself too as I am a very task-oriented person therefore staying with, may be overwhelming at times. Having said so, this has strengthened my ability to stay and I no longer feel the need to deflect as much as I used to in the past. As expressed by Jacobs (2000), “By staying with my experience as it evolved, twisted, turned, by not throwing anything away, I end up changed, and to my delight more open to, and inclusive of, otherness” (p.13). I worked with Lillian from a place of love. As Francessetti & Spagnuolo Lobb (2013, p. 152) state:

“The task of the therapeutic intuition and ‘love’ is to rediscover the fascination the patient has concealed. We may say that neurosis is the consequence of the lack of loving light projected by the significant other. The healing love is a sort of spotlight illuminating the other’s beauty, a light that makes visible, in the relationship, the harmonic vitality inherent in the integrity with which the other is in the relationship, the intentionality of contact with which the other offers her/himself in order to adjust to the situation with all of her/his creativity and uniqueness.”

I felt that throughout the sessions I was redirecting this “spotlight of therapeutic love” in such a way that Lillian could look at herself in this light and reawaken the sense of her own beauty. Even though there were moments where I felt helpless or lost, I still knew that I was acting out of this place of love. I was striving to get Lillian to see and feel the point beautifully made by Muller (2016, p. 42), in agreement with Otto Rank, in his studies of Paul of Tarsus:

“No more need for justification as to who I am or whether I do have the right to be. I am loved and loveable as I am. I am ok as I am.”

So simple but so powerful when taking into consideration Lillian’s introjects. I believe she felt this and responded accordingly since even when I challenged her on some of her core beliefs, she remained committed to coming to therapy.

Working with Lillian has often brought certain personal past experiences into figure for me. I believe that my personal experiences during therapy enable me to connect better with clients such as Lillian. I feel that my exposure to such experiences with my clients, allows me to continue to develop professionally and personally through self-reflexivity

and through the support of my supervisors. Supporting myself to grow and become a better therapist would in turn be able to support and provide Lillian and other clients with the therapeutic care and support that they deserve and need to process their life experiences.

## Conclusion

As Otto Rank (cited in Muller, 2016) states, “the only therapy is life. The patient must learn to live, to live with his split, his conflict, his ambivalence, which no therapy can take away, for if it could, it would take with it the actual spring of life.” I believe that as therapists we are very lucky to be sharing therapeutic journeys with our clients. As a therapist, I occasionally enter the role of client myself, in continuing my own personal therapeutic journey. From the role of client, I find that opening up about my personal issues is not always an easy task. This has led me to appreciate the struggle that clients encounter when they come to therapy and us as therapists sometimes having the urge to focus more on results rather than actively listening to their narrative. I believe that although constant contact with clients might be draining if one does not take care of him/herself, it is a very rich experience that teaches you resilience, staying with, and the beauty of genuine authentic contact. As the name of this article; Stepping on Eggshells, the therapeutic relationship with a client diagnosed with Borderline Personality Disorder is usually describes as one that literally feels like stepping on eggshells, the therapist will quickly come to realize the beauty that one discovers when beneath these eggshells is a solid ground supporting all the work done throughout the therapeutic journey. It truly feels like witnessing the development of a bud into a majestic flower.

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## Biography

Caroline is a licensed Gestalt psychotherapist. She obtained a Master Degree in Gestalt Therapy from the G.P.T.I.M, a Higher Diploma in Psychology from the University of Malta and a Bachelor of Arts in Philosophy and Psychology from the University of Malta. She is currently in the process of completing a Doctorate in Gestalt Therapy. Caroline has experience working in the mental health and artistic sectors. Besides private practice, she is currently leading a home-based service, working with multi-stressed families. She also provides lectures in managing quality in care.

**Author's note:** The author declares no competing financial interests. All names are pseudonyms.

# Reflections about Supervision informed by the Gestalt Paradigm

Rose Falzon

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## Abstract

This article explores how the Gestalt paradigm can be applied to the process of supervision and to support practitioners as supervisors and also as supervisees. This is based on a longitudinal reflexive process comprising the author's doctoral research and perspectives emerging thereof, own reflexive supervision journal, and main themes and aspects elicited from a focus group (conducted with four Gestalt therapists who experienced both supervisor and supervisee roles) and two individual interviews (one with a practitioner and supervisor and another one with a psychotherapist and psychologist) as part of an ongoing research. The main findings show that despite the fact that supervision serves as a positive and safe space for the creation and the restoration of the meaning of one's profession, diverse and complex connections that exist in the Maltese setting may result in detrimental dynamics and power struggles, mainly due to the permeating intricate underlying contextual issues, particularly in group supervision. The value of continuous awareness and contact with the environment, along with dialogic and relational aspects in supervision, as perceived within the Gestalt framework, are further heightened in such a context. Good and effective supervisor qualities enable the attainment of a safe space for support and validation that is based on trust and can battle practitioner isolation. Therefore, in its role to provide professional and personal support, Gestalt supervision can serve as a collaborative, evolving, learning and supportive experience that is based on the creation of a dialogic relational contact. It can also facilitate a process of creation, reflexivity, enhancement and growth in a shared inquiry of the phenomenological field.

## Keywords

Gestalt, supervision, reflexivity, Maltese socio-cultural context

## Introduction

*Through my studies and experience within the therapeutic field, evaluating the contact with myself, others and the world around me, finding more homeostasis, and evolving in existential meaning and embracing the transformative journey through diverse experiences, became an essential part of my life, both personally and professionally. I also continue to enrich this standpoint through the processes discussed in my own supervision. In this article, I reflect and give examples regarding how the Gestalt paradigm can support me and other practitioners, furthering the beneficence of our trajectory as supervisors as well as in our own supervision.*

From a reflexive stance as a researcher, supervisor and supervisee, I will be discussing diverse aspects within the supervision domain informed by the Gestalt paradigm. I will be alluding to perspectives from my previous doctoral research, supervision reflexive journal and also through themes emerging from collaborative discussions held during a focus group with four Gestalt practitioners and supervisors and two individual interviews with Jane and Brenda (pseudonyms); Jane (a practitioner and supervisor currently working as a therapist and supervisor in her private practice after a significant number of years working in a social services organisation) and another one with Brenda (a psychotherapist and psychologist working in a health organisation).

## Critical Reflexivity in Research

The ensuing article was formulated upon a longitudinal reflexive process encompassing my doctoral research conducted ten years prior to this writing, my own reflexive supervision journal and current research I am conducting. McLeod (2001) states that “reflexive knowledge” can enhance understanding and innovative outlooks of knowing, as researchers also focus on their own reflexive process. Etherington (2004) states that “reflexivity implies a difference in how we view the self: as a real entity to be ‘discovered’ and ‘actualized’ or as a constantly changing sense of our selves within the context of our changing world” (p. 30). Thus, critical reflexivity encourages the researcher to be mindful, while requiring awareness, processing and becoming active agents in our processes (Wosket, 1999). Thus, this leads to further insight, while also acknowledging tacit knowledge (Polanyi, 1966).

Reflexivity is an essential part of the therapeutic and supervisory practice and is also essential for research, as it urges the researcher to give voice to one’s experiences, which in turn creates self-empowerment (Hertz, 1997). Reflexivity also opens up an

opportunity for a “dynamic process of interaction within and between ourselves and our participants, and the data that inform decisions, actions and interpretations at all stages of research” (Etherington, 2004, p. 36).

Reflexivity in research is an active, ongoing process that involves every stage of the research and is also governed by the researcher’s values. A reflexive researcher is thus one who is aware of all these potential influences and is able to step back and take a critical look at his or her own role in the research process. (Falzon, 2012, p. 35)

Critical reflexivity was thus suitable for this research as it enabled a dynamic process of interaction within, and between me and the research participants (Etherington, 2004), in an endeavour for further understanding of the lived experience, and the discovery of further meaning and application to the mentoring practices.

Compiling a reflexive journal during supervision and in the research process helped me, as the researcher, to be mindful before, during and after the research. Mindfulness also supported me to be sensitive and considerate during ethically important moments (Riessman, 2008).

## **Diverse Aspects as a Backdrop to Supervision**

### *Supervision Objectives*

Supervision is considered as an essential form of professional mentoring to support good practice in the talking therapies, as well as, a means to support the practitioner. By their very nature, professions in the humanistic field such as psychotherapy, make considerable demands upon practitioners. Therefore, supervision is an inherent part of being a practitioner, serving as an on-going reflective stance encompassing the process and content of the therapeutic sessions. As practitioners in the humanistic field, we utilise ourselves as primary tools and thus, no matter how much experience one has, process reflexivity in supervision is a continuously embedded need. Supervision can be done one-to-one, in a group or in a peer group.

The purpose of supervision in the therapeutic field is multi-dimensional, amongst which are for the supervisor to: support the therapist to effectively understand one’s client at both the content and process levels; facilitate awareness and the awareness process; reflect on interactions, reactions, perceptions, feelings, countertransference issues, and to understand the dynamics of how the therapist and the client are interacting; look at the therapist’s interventions and the ensuing outcomes and/or consequences of

such interventions; support the supervisee to become an agent of growth, self-efficacy and empowerment; explore and enhance other possibilities of working and challenge the enhancement of practice; and validate, support and implement the restorative measures needed for the supervisee to continue being an effective practitioner.

### *Main Supervision Tasks*

The main supervisory tasks, which were made prevalent by Proctor (1986), affirm the function of professional supervision to be formative, restorative and normative. Furthermore, Copeland (2005) asserts the organisational facet of supervision. 'Normative' refers to the maintaining and adhering to professional ethics in order to safeguard the client's rights, uphold the country's law and maintain the respected values in one's community context. 'Formative' refers to the development in the therapist's practice and in the competency maintenance at the level that the practitioner is in. 'Restorative' reflects the recreating aspect in the supervisory relationship, wherein the therapist can rest and ventilate frustrations, anxieties and concerns.

'Organisational' refers to being answerable to the organisation's policies and regulations, and the accountability to the organisation's quality of service. Each organisational setting has its own identity, culture, influences, beliefs, modus operandi, underlying agendas, understanding and meaning making. Organisations may have a significant impact on employees, as practitioners absorb and emulate the aura, culture, beliefs and underlying characterises of the organisation. Therefore, in supervision, grasping the organisation's nuances is essential, while also understanding the different voices at play and dynamics in force. This draws further attention to the multi-faceted role of the supervisor within an agency, whose supervisory experience may seem like a "struggling octopus where each of the eight arms grapples with a different problem" (Coles, 2003, p. 95).

The contextual facet is also important in supervision, since the latter does not take place in a vacuum but within a cultural context. The distinct Maltese socio-cultural setting presents diverse challenges, especially regarding confidentiality, multiple relationships and the fine line of tacit information between the public and the private domains. John McLeod (1998) suggests that the original foundational approaches to therapy, for example, the psychodynamic, person-centred and cognitive behavioural models, were clearly 'monocultural' in nature and did not highlight the importance of 'contextual awareness', while also applying very little attention to societal contexts. Lago and Thompson (1997) focus on the false view that can be given regarding the clients' difficulties if the cultural context is not taken into consideration, and this can also be mirrored in supervision.

These facets of supervision are an integral part in the Gestalt domain, as formation, ethical considerations, restorative processes and contact with the self and others are all integrated within the field of practice. Additionally, the contextual and organisational aspects are considered as part of the phenomenological experience and contact with the environment within the Gestalt realm.

### *The Supervision Field and the Relational Domain*

The foundation of a good supervisory relationship cannot be under-valued. Thus, for the Gestalt supervisor, having an awareness of the conditions which foster a good relationship, as well as those which hinder the I/Thou effective relationship, is essential. Diverse aspects that can affect the supervision domain (Falzon, 2011) and consequently, the trust and safety created are, amongst others, the following:

- Clear contractual supervisory parameters.
- Mindfulness that supports trust, insight, beneficial processing and a healthy and collaborative relational field.
- Relational dialogue that may sustain the exploration of underlying or hidden agendas.
- Respect for personal agency and autonomy that supports supervisees' critical reflexivity.
- Creativity and flexibility to meet the here and now requirements of the supervisory relationship within the respective setting.
- Congruency and immediacy needed in process work with supervisees to promote growth.
- Collaborative reflections that support positive and enhanced practices with clients, colleagues, the agency and the wider community.

The collaborative stance in supervision is an important formative and restorative task to additionally support the development of the 'internal supervisor' (Casement, 1985, 1990), whereby the practitioner is encouraged to become reflexive and involve oneself in this reflective process, actively searching, utilising an exploratory stance and having an open attitude to ask for and receive feedback in supervision (Falzon, 2011).

### *The Personality of the Supervisor*

Relationships are at the heart of everyone's life narrative. We live and breathe in relationships, some bring our greatest joys while others our greatest agonies (Clarkson, 2000). The personality of the supervisor is substantially referred to, in most supervision

literature, as one of the keys to aid the supervisory relationship and process. Even more so in the Gestalt paradigm, this is of utmost importance as the supervisor, together with the supervisee, form an integral part of the phenomenological field.

Supervisor characteristics that may support the relational domain between the supervisor and the supervisee (Falzon, 2011) are the following:

- Prudence and respect in the listening, containing, assimilating, processing and decision-making processes in supervision.
- Supervisor's self-awareness that supports how one's assumptions, convictions, and biases influence interaction with the supervisees and within supervisory processing.
- Integrity in the supervision relational standpoints, ways of being and competencies.
- Sensitivity towards the persons involved and the complexity that can lead to any personal and professional ramifications.
- Sound and informed discernment, decision-making, vision and wisdom that are appropriate for the supervisor to support beneficial understanding, insight, meaning and constructive ethical dilemma processing.

The enrichment resulting from a positive supervisory relationship also depends on the supervisor reflecting on one's own characteristics that support the positive, effective and enriching safe relational supervision domain.

### *Supervisory Boundaries*

In the Maltese context, a supervisor needs to carefully attend to the issue of supportive boundaries which are effective yet flexible, containing and well-defined. An important supervisory undertaking is to develop role fluency (Clarkson, 2000) as a supervisor so that awkward, demanding, multi-relational, restrictive, unsupportive or ambivalent boundaries are managed resourcefully and respectfully. Gabriel (1996) suggests that practitioners managing difficult boundaries have to develop a vigilant approach so as to guard the relational processes. Supervisors and supervisees may also be colleagues or know each other in other settings in the Maltese domain, and this can increase the possibility of collusion and confluence. Beneficial supervisory boundaries are needed to support clarity, constructive work, trust and a beneficial supervisory relationship, which can also encompass the past, present and possible future professional relationships that may arise in this interconnected context.

### *Ethical Mindfulness*

Ethical mindfulness helps the supervisor to adopt a solid, reflexive and insightful process of awareness, assimilation and action in supervision. Processing diverse ethical dilemmas is an integral part of the supervisory practice, and ethical mindfulness commits the supervisor to professional integrity informed by ethical standpoints, virtue ethics and insight into the multi-layered narrative, and organisational or contextual forces at play.

## **Gestalt Paradigm Applicable to Supervision**

Gestalt therapy supports clinicians and supervisors to broaden the holistic capacity of their inquiry. Although supervision is not therapy, similar principles that inform Gestalt therapy also pertain to the supervisory process.

Gestalt therapy is an energising framework for psychotherapy, where clients are equipped and responsible to become agents of processing and exploration, and are encouraged and motivated to reach their own resolutions. Consequently, Gestalt therapy supports one to move creatively into action and experiencing (Corey, 2009) and thus, into self-actualisation. This is also reflected in supervision, where the supervisee is viewed as responsible to support and regulate oneself. Gestalt therapy supervision uses phenomenological focusing to elucidate the experience of the supervisor, the supervisee and the client (Yontef, 1996). Particular consideration is given to the awareness process, especially the awareness created in the here and now contact within the supervision realm, which may also depict the contact between the client and the supervisee (Yontef, 1996). Once this awareness is reflected upon and assimilated into the therapist's holistic being, enhancement into a more seasoned clinician will inevitably develop (Corey, 2005; Resnick & Estrup, 2000).

**A Relational Approach** develops out of the contact created with another. Relational Gestalt supervision brings awareness to contact with the practitioner's self, the client and the therapeutic field. The supervisor, in collaboration with the supervisee, focus on presence and contact, and the trust and safety needed for a beneficial dialogic relationship in supervision and in turn, with the clients seen in therapy. Processing encompasses strengths, vulnerabilities and interruptions to contact, and dialogue (Yontef, 2002) within the supervision and therapeutic fields. The quality of contact between the supervisor and the supervisee is given prominence in the here and now experience as this may be indicative of ongoing manifestations that the therapist is experiencing in one's practitioner field.

**The Dialogic Relationship** is also an integral part of supervision, through the presence of the supervisor in authentic contact with the supervisee. This presence creates an ambience of safety and beneficial contact which supports the supervisee and the supervisor into authentic dialogue enhancing to facilitate the development of the therapeutic competence, as well as restorative support.

Gestalt theory implies that dialogue often results in a more creative resolution than any other solution that either person would have thought of without the other (Yontef, 1993). This relational, authentic, collaborative and creative dialogue in supervision is an essential part to supervisory processing.

**Existentialism** in Gestalt supervision involves the meaning created through self-determination and personal responsibility in the here and now experiences in the supervisory realm. The former standpoint mirrors the Gestalt paradigm, encompassing awareness in the here and now (Perls, 1947) and thus gaining meaning. Meaning is gained through experiencing the broad whole in supervision. This incorporates the independent elements and multi-layered experiences that may be leading to a lack of therapeutic meaning with the client or within supervision. In Gestalt, existential meaning is not thought of as a fixed agent but as a continuous process of figure-ground formation (Bloom, 2003) and this is a process that is also created within the supervision realm.

**Gestalt Phenomenological Processing** supports the client to learn how to become aware of awareness and “to recognize and put in parentheses preconceived ideas about what is important” (Yontef, 1998, p. 218). This is also one of the pillars of supervision, supporting the supervisor and the supervisee to focus on what is being experienced and lived in supervision and in the therapy realm with the client, while focusing on what becomes figure and the possibilities in the ground.

**Field Theory** underlies the Gestalt Phenomenological perspective. It is also applied in supervision as no event is perceived as occurring in isolation, both in supervision itself and also in therapy. The supervisor supports the supervisee in observation and awareness of the entire field being created both during supervision as well as in therapy with one’s clients, and in understanding the processes in all groups and systems involved. Yontef (1996) also underlines that all phenomena in field theory are viewed and considered as processes changing over time, rather than as inert constructs.

Field theory also supports reflecting on the interaction between the supervisee and the client when the supervisee’s perceptions, feelings and emotional reactions to the client

emerge in supervision. Consideration to the field dynamics ensure that the therapist's counter-transference reactions to the client and parallel processes in supervision are processed.

**Here and Now** is given significant importance in the Gestalt approach, and holds the principle that merely dwelling on the past or trying to overthink the future will impede one from experiencing and living in the present. Following this notion, Gestalt supervision focuses on supporting the supervisee to be more aware of the present moment, both in one's therapeutic practice and even more so in what is occurring during supervision, so that more awareness and insight are created.

**Unfinished Business** holds the notion that every person goes through diverse life experiences, some of which, due to their intensity or lack of effective processing, remain open and unfinished, thus leading to a loss of positive energy and self-defeating activity. In supervision, closure is worked upon through addressing such experiences, thus allowing the supervisee to be more present to the here and now experience. Consequently, change occurs when one closes an experience and moves on to another. By focusing on the unfinished business, attention is given to where the supervisee's energy is blocked, especially in the therapeutic domain with the client, as one can only be open to new possibilities and choices when the preoccupation with what is not solved is processed and resolved.

Applying Polster's (1995) statement regarding the **Paradoxical Theory of Change** to the relationship between the supervisor and the supervisee, the supervisor needs to tune to the supervisee just as one is, without trying for any change to happen. Thus, the goal of supervision is to bring to the supervisee's awareness, specific issues, data or processes in diverse situations that are present or are no longer present in the current field. Beisser (1970) stated that change then occurs if one assimilates what one is, becoming more fully oneself and thus no longer tries to be what one is not, while being fully invested in the present.

**Contact Cycle of Experience and Interruptions to Contact** encompass the experience cycle as a self-regulating one that supports internal equilibrium and is marked by beneficial contact with the self and others (Oaklander, 2001; Clarkson, 2004).

Spagnuolo Lobb (2012) asserts that each domain of contact encompasses the capacity for being fully present at the contact boundary, and organismic disturbance transpires when the contact cycle is habitually interrupted (Clarkson, 2004).

The supervisor needs to be attentive to process with the supervisee, both what is happening in the contact formation between the supervisee and the client in the therapeutic context, as well as in supervision. The supervisor must also be alert to one's own interruptions, which in turn necessitate processing in supervision of supervision.

**Creativity** is mentioned by Zinker (1977) who emphasises that the aesthetic dimension and creative process in Gestalt therapy is a chance for growth, spontaneity and exploration. Amendt-Lyon (2003) also states that creativity requires the therapist to take the creative leap. Consequently, the supervisor needs to attend to this artistic creation which enhances the process of becoming and new self-awareness (Perls, 1989), both within the supervision domain as well as supporting the supervisee as a creative person in the personal and in the professional experience.

## **Contextual Aspects within the Maltese Milieu that might impact the Supervision Domain**

### *Malta and its Contextual Ambience*

Since supervision in the therapeutic domain occurs in a context, 'contextual awareness' (McLeod, 2003) is imperative due to the tacit and/or implicit distinct socio-cultural impacts in the field. Wrenn (1985) also reminds practitioners that ignoring their own or their clients' cultural context through encapsulation, results in monochromatic thinking, thus resisting adjustments or adaptations that are relevant to the milieu of practice. Examination of the issues relating to schools of psychotherapy and their use in diverse social and ethnic environments suggests that many professed 'unresolvable' tensions between the standard psychotherapies and their use in diverse contexts are explained by the form-content dichotomy related to psychological therapy (Kuruvilla, 2012). I am aware that the context in which I am personally and professionally embedded, leaves an indelible mark on my sense of being, thinking, perception and working, all of which are not objective, neutral or value free.

Supervision takes place in a context of culture and organisation, and these are of utmost importance. Hereunder, I allude to my previous doctoral research (Falzon, 2011) encompassing the ethnographic element as well as my conversations with Brenda and Jane. I indicate particular cultural aspects that emerged, and which might permeate the supervision field.

### *Interconnected Relational Context*

Due to the interconnected relational context, both personally and professionally, many professionals know each other through connections, past or present work affiliations, friends, the community network, by repute or through the public professional domain. Any humanistic professional needs to be careful about any detrimental conflicting boundaries, professional competitiveness and ramifications through former relational knowledge. However, as Brenda stated, “positive connections may also ensue, as through these networks a professional may speed up certain work needed”. In view of the above, awareness of the complexity of such dynamics is required in the professional field.

### *Multiple Relationships*

Due to the above mentioned interrelated social dynamics, multiple relationships are very common in the professional arena. Past, present and possible future connections may be perceived as inconsequential by a professional who is not embedded in this cultural context. However, when a professional is constantly immersed in this backdrop, a sense of heightened attentiveness is felt. Dissociating oneself from multiple relationships or a semblance of disconnection is almost unrealistic in Malta. However, as much as possible, vigorous attainable boundaries need to be upheld, so that if these multiple relationships cannot be avoided, they are managed with utmost integrity and professionalism. Ethical dilemmas, together with professional and personal considerations, need to be deliberated in this domain.

### *Public and Private Domains*

In such a socio-cultural domain, stories generate other stories, people are highly networked and news travels fast, until the resulting story is sometimes severely distorted and has an impact beyond the immediate present. Information in the private domain may effortlessly permeate the public domain, creating an intricate field of data. Detrimental consequences arising from this collective realm may result in a work environment where undercurrents are experienced and non-constructive dynamics and power struggles ensue, to the detriment of the person concerned. Jane affirmed that professional reputation in such a field may be very volatile, can be easily tarnished and may have long-term consequences. At the same time, the collective domain may also be very supportive, as some intricate knowledge in the public domain sustains beneficial work relationships and supports systems. In this private-public domain interaction, diffusion of a situation that arises may be difficult and intensification is fast,

as one drop of beneficial essence or venom in an ocean is different from this same drop in a small goblet! Thus, a supervisor must be attentive, perceptive and vigilant to pick up any developing intensification of possible ethical dilemmas or adverse situations, as once the wave surge is in motion, the ripple effects are very difficult to avert. Brenda particularly alluded to this intensification particularly in group supervision.

### *Confidentiality*

Confidentiality is very pertinent to the Maltese context. Merely changing a name and a few characteristics of a story does not generate adequate confidential parameters, as an identity can still be easily deciphered, even over time. In our individual discussion, Brenda stated: 'Sometimes I can easily identify the practitioner or a client my supervisee is speaking about and I am also aware that my supervisor too will be able to work out who I am discussing'.

This is a regular issue in Malta, for even if names and identities are changed, fathoming who one is may be quite easy. Jane stated:

I feel uncomfortable talking about other professionals because the supervisor knows them and is familiar with their behaviour and conduct, as well as their reputation, so this relational situation affects supervision also. It creates an uneasy feeling within me...these connections may be positive in terms of supportive relationships but may create negative networks of information and this travels fast and persists over time. Moreover, certain information may be heard from diverse sources, and remaining unbiased is not an easy feat; as a Maltese saying goes: *Ir-reputazzjoni tigri qablek* (one's reputation runs before the person). I do not believe that supervisors can be neutral in their views, but the question is whether they can be non-judgmental, so that their views do not impinge on supervisory work and also that confidentiality in the supervision realm is maintained.

Awareness of constructive boundaries and potential detrimental networks of information is important, as ethical dilemmas may ensue and ramifications may be amplified. Brenda stated that:

In such an environment, the virtue ethic of respect for what another person wants to discuss or refrain from discussing, and how one goes about such information, whether it is in the public domain or not, is vital to sustain trustworthiness and integrity.

### **Discussion of Questions Addressed in Focus Group and Individual Interviews**

*The following sub-sections reflect the key themes elicited from shared thoughts throughout the focus group and individual interviews mentioned previously, during which the following aspects were particularly addressed:*

- Aspects which participants found useful and less useful in supervision;
- How supervision helped or hindered the participants' personal and/or professional life;
- Supervisor characteristics and ways of working that helped or hindered the relational and operational supervision process;
- Aspects from Gestalt that supported the supervision process.

*The focus group was made up of 4 participants, all of whom were Gestalt seasoned therapists whose experience in the field ranged from 9 years to 20 years. All participants had experienced being supervisees as well as being supervisors. Therefore, the focus group discussion was constructed both from the realm of being a supervisor as well as a supervisee. Moreover, the participants had all been exposed to different approaches and modalities of supervision.*

#### *Supervision Supporting the Meaning Making of the Profession*

*One of the strongly evoked themes during the conducted focus group and interviews was the formative and educational role of supervision when it comes to the continuous formation and growth of the supervisee's profession. The participants referred to supervision as a positive and safe space wherein the meaning of the profession is created and/or restored:*

I believe that the purpose of supervision is mainly to maximise the constructive and healthy nature of the profession, and support the well-being of the practitioner, thus breaking down the isolation of the role, especially in a large work setting, and in turn this support will enhance working practices. (Focus Group member)

I had several issues with a group of practitioners I was working with at my workplace, which was depleting the positive meaning I gained from my profession previously. There were a lot of hidden agendas and dissatisfaction, both with the division of workload as well as the interpersonal relationships in the group. My professional meaning, as well as that of some of my colleagues within this group, was being overshadowed by the negative dynamics and lack of trust being experienced. A positive atmosphere in supervision helped me to freely explore the meaning that

I am creating, emerging from these group dynamics and with some of my other colleagues who were also being disheartened. The collaborative enquiry, collective reflective space, dynamic exploration and insight through the here and now shared experiences and meanings emerging made supervision a dynamic process of figure-ground formation and new meanings, through which I could position myself better at my workplace. (Brenda)

Supervision aims to enhance the focus *on the depth in therapy sessions, furthering and inspiring the enriching experience with the client*. One group participant used the analogy of the skilled labourer and the professional to explain how supervision can serve as a space wherein the “soul” of the profession is reconstructed:

I needed to work through and be supported in ethical dilemmas that were arising in my place of work, emerging both through the difficult cases encountered as well as the organisational procedure which I experienced as solely looking through the glasses of procedure and killing insight and relational care for what’s really best for the client. The difference between a skilled labourer and a professional is that a skilled labourer has a certain number of tools and he is limited by them, whereas a professional knows how to be flexible with the tools available and can adapt them according to the circumstances. I felt I was just becoming a labourer and losing the soul of my profession. In supervision, we collaboratively searched for the best therapeutic interventions, considering all possible aspects and ethical dilemmas, and also looked at the result retrospectively. This enhanced the level of trust during supervision and in turn the level of trust in my inner voice and insight, despite of the overwhelming organisational experiences.

Another focus group participant recounted how and why working through and being supported through supervision when experiencing secondary traumatisation is crucial:

Supervision is also a place to question, a process of meaning-making, a space of other co-discovered possibilities and ways of perceiving and support. The core feeling of helplessness and stuckness in some situations is depleting and thus, supervision feels like a healing and reflexive space for me.

#### *Sustaining Positive Aspects that Support Group Supervision and Dealing with Negative Aspects that Impede such Positive Aspects*

The success and effectivity of group supervision rest on the supervisor’s awareness of the strength of the contact function in the group and the ability of the same supervisor

to work with such a function to create a safe space that is based on trust and that can combat isolation:

A positive atmosphere and encouraging vibes are definitely endemic for the supportive collaborative enquiry, collective reflecting space, dynamic exploration and insight in the here and now experience of therapy, the professional field experienced and even in one's personal life which then permeates the professional life. (Focus Group member)

Now, as a supervisor myself, when I have supervision groups, I work hard to create a level of trust amongst the group members and I am very watchful for the group's beneficial cohesion that may facilitate a positive level of trust... (Jane)

Supervisor needs to be well versed in facilitating group supervision and creating cohesion and collaboration without enmeshment and cliques, so the togetherness, the collaboration in itself in group supervision is an agent for change...an agent for empowerment. By togetherness I do not mean forming cliques in any way but using unity as a support system and possible agent of change. (Brenda)

Through supervision I feel a bit less isolated. Both in individual and in group supervision with other supervisees creating more light on the narrow road I sometimes experience, there is some relief, as at least I deal with my isolation, questions and dilemmas... giving me a wider and more objective picture... (Focus Group member)

During group supervision, in spite of the years of collegiality, we do not take each other for granted. We ask and check before particular work issues are mentioned. I know I would feel free to tell one of my colleagues: 'You know this person and I do not feel it is ethical to discuss certain aspects; can you go out while I talk about this?' But the level of safety is such that not only do I trust them with my own vulnerabilities and my own issues, but I trust them also with client content... (Brenda)

In particular, a successful supervision group is one that can give support and validation. While discussing a situation in her organisation, Jane said: "Supervision was very much conditioned by the turmoil and burn-out practitioners were experiencing. For a while, supervision mostly concerned containment and support".

Nevertheless, participants have also underlined the individual-group relationship that must be continuously worked on during group supervision. A successful supervisor is attentive to power struggles that may exist in group supervision:

I also watch out for individual traits that emerge from group members and how these influence group supervision...Group supervision without professional and personal integrity of each member is not feasible as the power struggles and underlying agendas can be very overwhelming...The group collective voice needs to respect the individual voice, especially in the Maltese setting where the individual voice is sometimes overshadowed by that of the collective... (Brenda)

Moreover, participants have also voiced their concern regarding trust issues due to the small size of the Maltese society as a backdrop:

Another factor which supports me in this group is that I can also trust sharing about the clients and staff I work with, and I can go into detailed work and interventions. I find Malta a very safe place to live in. However, I do wonder how much information is safe. Relationally and professionally, information in some people's hands is precarious and it can be detrimental if used manipulatively. (Jane)

### *The Complex Nature of Trust and Beneficial Boundaries in the Maltese Context*

The interconnected essence of the Maltese setting necessitates continuous awareness and processing of encountered difficulties and ethical dilemmas. This is even more so for group supervision. Brenda stated: "I find that though group supervision is very enriching, in the Maltese context it is much harder for beneficial boundaries to be created and it generates more ethical dilemmas than individual supervision as repercussions are intensified...". Moreover, according to Jane:

...in groups within the Maltese context, I have learnt to keep in mind that the group members of today are the colleagues of tomorrow. Many will be in the running for the same jobs and there will be competition. I am also concerned as to how the material discussed presently in the group could be utilised adversely in the future. In Malta, one is always running in the same professional circles, and people you have met in other contexts will certainly resurface in one's own arena...

In this regard, a participant has further emphasised the importance of non-judgement, rather than merely focusing on a heightened level of confidentiality, due to the difficulties related to effective confidentiality in the Maltese context:

...The latter is important for me, especially in the Maltese context where identity, even if concealed, is easily guessed at. I trust not only that my colleagues maintain the necessary confidentiality, but that they will suspend judgment regarding that person... (Focus Group member)

This highlights the importance of contact with the environment during supervision, wherein the parties *reflect on all systems impinging on the practitioner work, particularly the organisation in question, and cultural and contextual aspects*: “I think the supervision is also conditioned by the internal context – the demands of the agency, the environment, management and situation of the organisation at that point in time, and also the Maltese socio-cultural context” (Focus Group member). Another focus group member stated:

*Thus, the supervisor’s ability to notice when the organisation or context is depleting the supervisee and the capability of being abreast of issues that are happening in the field of therapy, as well as the cultural context and law aspects, are key.*

In such a context, the importance of developing a dialogic relationship in supervision is further heightened:

I now give more meaning and importance to the relational presence through the dialogic relationship with my supervisor. The supervisor needs to create a delicate balance in supervision, especially when the supervisee is working in an organisation within the Maltese context. The background are the learnt techniques and experience. However, the foreground is the dialogic relationship through which the supervisor is firmly present in the conversations and process created, and in turn I can experience the supervisor’s personal style, ethical mindfulness, and substantive interventions that are sensitive to the organisational structure I work in and the intertwined background of the Maltese context. (Jane)

#### *Working with Relational Ethical Dilemmas while Supporting the I/Thou Relationship*

The relationship with the client is brought to the foreground of the supervisory relationship and this must be done in an extremely vigilant and prudent manner:

...I also tell clients that I have supervision, so that they will know that I might bring some aspects of their narrative up in supervision. I had a client who knew the members of the group, and they knew her also as she is a practitioner herself. Therefore, I asked the client’s permission to present her case in supervision, as I

needed my group's feedback. In this way, I was also able to go back to my client afterwards, with the insights and reflections gained. To avoid relational ethical dilemmas as far as possible in this socio-cultural context, the supervisor and supervisee need to be congruent, genuine and clear. (Brenda)

...I have faced situations where I needed to make group supervisees aware of potential ethical dilemmas if they continued sharing certain issues, especially if I am aware that another supervisee is related to or knows the person being mentioned. In another supervision group, I was aware that a supervisee's husband was a very public figure, so she was very wary of what to share and anxious about how this might impact her, personally and professionally. (Focus Group member)

### *Beneficial Characteristics of the Supervisor*

The success and effectivity of much of the above aspects of supervision depend on positive qualities of the supervisor, such as: being a person of integrity; having the *ability to build a professional but warm relationship; being trustworthy; being able to create depth; has awareness and understanding of oneself, the supervisee and the field; is knowledgeable; has the ability to contain without being judgmental or patronising; is experienced and sensitive; can recognise the transference process or the parallel process of the therapist; and is aware of other support systems that might benefit the supervisee* (Focus Group members –individually). *The characteristics of the supervisor were significantly referred to by participants as creating the utmost difference for the supervisees.*

Participants highlighted the relational aspect when discussing the role of supervision in providing professional and personal support. The successful supervisor gives guidance in stuckness or difficulties. However, at the same time, such a supervisor allows the space for the supervisee to decide:

I went through a very rough patch in my profession, both due to organisational aspects, burn-out because of the amount of work and lack of staff, and a client committing suicide. I know that even if my supervisor had all the skills in the world, but nevertheless, they would have been just tools for me unless I had a strong relational bond with her. My supervisor has an intrinsically strong conviction of relational and professional values and portrays them in her work. I would definitely have seen through tools which were solely used as mechanical techniques. Her support, at the same time gentle and sensitive, challenging at the right time, helped me go through this very rough patch and take the decisions I needed to. (Jane)

Due to a personal serious circumstance I was going through, I needed supervision not solely for support but to distinguish between the positioning I needed to adopt in my personal life which was quite rigid, utilising functionality, a rational and strategic way forward and being operational, and the positioning adopted with my clients. I needed to do personal work, as well as combined with processing client work. I also found a supportive network through supervision, rather than the personal and professional isolation experienced. (Focus Group member)

Therefore, the success of the supervision process depends on the ability of the supervisor to recognise the needs of the supervisee and the interventions needed at the level that the supervisee is in. In other words, the supervisor needs to be able not to set the tonality or agenda in supervision but support the supervisee in what is needed, as well as pick up aspects that might benefit the supervisee if processed. Furthermore, the supervisor must also be able to create a reflective space in supervision, as well as enhance the internal supervisor. Another participant highlighted the positive outcomes of the 'staying' of the supervisor with challenging situations:

I went through a challenging time in my personal life and relationship, which I also felt at that time permeated my professional one. I experienced core existential issues and questions which also were reflected in my work. The staying of my supervisor with this existential turmoil and the processing and working through, supported me in the short term as well as led to growth in the long term. (Focus Group member)

In fact, Brenda stressed that the relational aspect in the supervisory relationship is of prime importance:

I believe that a supervisor could have all the skills in the world, but nevertheless, they are just tools. My supervisor has an intrinsically strong conviction of sustaining a beneficial, genuine and trustworthy professional relationship and portrays them in her work. I believe supervision would not have worked for me had I not felt this connection and relational integrity from my supervisor. Sometimes, even a supervisor with long years of practice might lose that relational connection, and the soul of supervision is not felt anymore. It happened to me with a past supervisor who was also one of my first mentors. People will see through someone who is just doing what is supposed to be done, or sense whether the practitioner is congruent to their beliefs, their core and the values that are being portrayed.

This shows that just like there are positive supervisor characteristics that enhance the supervisory relationship and process, there are negative ones that deter trust and

processing, such as: being judgmental, patronising, discouraging and authoritative; possessing a lack of humbleness; and portraying a lack of commitment and consistency in supervision sessions (Focus Group members – individually). All these deter the function of the supervisory process to enable continuous formation and growth in one's profession. Other negative aspects that hinder supervision include: *surface exploration; waste of time, lack of focus and no structure in supervision; engaging in a non-collaborative process and not enriching the co-creation that happens in the field of supervision; not being knowledgeable; not supporting personal and professional growth; not giving constructive feedback; and not recognising the fine line between therapy and supervision* (Focus Group members - individually).

Nevertheless, overall, the respondents referred to supervision as a positive and enriching experience that enhances their practice. They commented that for them, supervision means: *“a constant experience, a life-long journey of learning and at the same time being seen and held”*; *“it breaks the loneliness of practice and gives me alternate vision and support”*; and *“the more committed the supervisee is in supervision, the more one reviews one's practice”* (Focus Group members).

## Conclusion

Supervision is a process during which the supervisor and the therapist are collaborating and learning about the client, about therapy, and about themselves in a collaborative conversation that is generative and relational. A collaborative supervisory relationship results in a shift from an emphasis on knowing with certitude to an emphasis on the ongoing creation and development of a sense of competence, confidence, self-efficacy and agency.

The supervisor's responsibility is to create and facilitate a process in which the supervisee's narrative, experience or dilemma can be told in a safe, learning and supportive context, enhancing self-competence and self-agency. Thus, the Gestalt supervisor endeavours to facilitate the therapist's competence to respond to and connect with the client in an authentic, meaningful, beneficial and therapeutic way.

The supervisee within the Gestalt supervision domain is encouraged to be an active agent of personal learning goals, process reflexivity and growth. The supervisor and the supervisee collaboratively create meaning, knowledge and an evolving dialogical process within the shared inquiry of the phenomenological field and the dialogic relational contact created.

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## Biography

Dr Falzon is a warranted Psychotherapist and Counsellor, Accredited Practitioner Supervisor, Senior Lecturer II at Applied Research and Innovation MCAST, Coordinator to MCAST Post-Graduate Certificate in Research Methods. She graduated with B.Ed. (Hons) (University of Malta) and consequently completed a Clinical and Pastoral Counselling Diploma (Glasgow Counselling Institute), a MSc in Counselling (University of Bristol), MA in Gestalt Psychotherapy (GPTIM-EAPTI), and a Doctor of Education (University of Bristol) and is currently reading for a Doctorate in Gestalt Psychotherapy. Her professional trajectory started from teaching in a secondary school and subsequently worked in counselling and psychotherapy, and as a practitioner supervisor, conducting individual and group supervision at the Education Directorate for Student Services, for diverse agency practitioners and for practitioner trainees. Dr Falzon held training and seminars, and continuous professional development lectures in colleges, schools and other entities. At the University of Malta, Dr Falzon formed part of dissertation boards at first Degree and Master level, and delivered lectures, seminars and tutorials to psychology, communications, medical and youth ministry students. At MCAST Dr Falzon was involved in the course development of the Inclusive Education National Higher Diploma and was a Senior Lecturer both in Personal Development and Inclusive Education and the Director for Student Support Services. Currently Dr Falzon is a Senior Lecturer II at the Research and Innovations, MCAST and coordinator of the Post-Graduate Certificate in Research Methods, MCAST. Dr Falzon held several workshops and presentations concerning therapy and supervision in conferences both locally and abroad, and apart from her thesis, published articles in MCAST Journal of Applied Research & Practice, European Association for Counselling Online Publications, and in the European Journal for Qualitative Research in Psychotherapy.

**Author Note:** The author declares no competing financial interests, no conflict of interest or confidentiality or copyright infractions

# Aggression and Contemporary Gestalt Therapy

Rosalba M. Axiak

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## Abstract

The concept of aggression formed the basis of Gestalt Therapy. In Classic Gestalt Therapy, metabolism is used as a metaphor for psychological functioning. People grow through biting off a piece, chewing it and discovering whether it should be assimilated or whether to spit it out. This piece can be either food or an idea or even a relationship. From the time when Perls wrote his first book, new research and technology has opened the door to new information. New authors have written about aggression and this has led to different thoughts within the Gestalt world. In the putting together of this article the author goes through various literature discussing what Perls wrote and comparing it to more contemporary writers. The combination of classic Gestalt literature with contemporary Gestalt writings and psychological research increases the understanding of how Gestalt therapists can work with aggression.

## Keywords

aggression, Gestalt therapy, perls, contemporary view

The concept of aggression formed the basis of Gestalt Therapy. It was also central to the first work of Fritz Perls, “Ego, Hunger and Aggression” of 1942 (Perls, 1969). Dental aggression was one of the themes that made up this first work with significant contributions by his wife Laura. She collaborated both in the writing of the book and in the elaboration of the concept. In Fritz Perls’ later books, the same position was only repeated sporadically and he did not go into much detail.

Horney (1936) & Reich (1998) both thought that environmental influences can be part of the creation of neurosis and both of them have influenced Perls towards this orientation. According to Horney, Freud (1973) saw culture as the sublimation of sexual and aggressive impulses while she saw neurosis also as the result of difficulties in relation to the demands that are imposed on individuals. The influence of Reich, as well as Laura’s vast experience with dance and movement, were also evident in Perls’ view of the body as an expression of reality and the here and now. Smuts’ (1973) holism and Goldstein’s (1951) work have also influenced Perls’ work on oral resistances. According to Isadore From (Rosenfeld, 1978), Perls’ disagreement with Freud’s theory would be that Freud insisted that introjection was necessary till the age of six. According to Perls, Freud did not pay attention to changes that the eruption of teeth would bring about in the child. Perls affirmed that the eruption of teeth would allow the child to stop introjecting before the age of six. Freud did not go into the psychological and emotional consequences teething brought about, while for Perls this was fundamental (Perls, 1969).

In psychology, the word **aggression** usually means an offensive attack intending to inflict harm. The meaning that Perls gave to aggression had nothing to do with this meaning nor with the meaning found in colloquial use. Unfortunately, he used the word interchangeably both in the meaning he described in *Ego, Hunger and Aggression* and even in the colloquial sense, an example of which would be when he described the German attack/aggression against Czechoslovakia. (Perls, 1973). Laura Perls too confused the term aggression. She used it to describe two different categories of behaviour. One referred to the colloquial use of aggression, like when she described “his crying and shouting” (Perls, 1992, p39). The other category of behaviour she went into had more to do with inquisitiveness and exploration of surroundings. Later on, the term positive aggression was introduced to distinguish between them. I prefer the definition of **aggression as a movement to change the environment** as described by Yontef (2015). I see creative adjustment as requiring some imposition or change in the environment by the individual besides a change within the individual.

Is aggression healthy or destructive? I think it depends on:

- How aware the person is
- What is needed in this particular situation
- Whether there are more effective ways of behaving
- What the immediate and long-term consequences are
- How the individual and the environment are affected

According to a number of authors and researchers, in the context of positive aggression, a certain amount is thought to be necessary and adaptive because it helps build autonomy and identity (Gupta, 1983; Romi & Itskowitz, 1990). Ellis (1976) considered positive aggression to be healthy and productive if it is based on the values of protection, survival, preservation, social acceptance, happiness and intimate relations. These authors saw aggression as a force that if channelled properly, enables humans to be assertive, dominant, independent and in control of themselves and the environment. Jack (1999), also believed that self-protection, pushing for new possibilities and defending oneself and others against harm are examples of positive aggression. Negative or dysfunctional aggression instead is defined as acts that result in personal injury or harm to property (Bandura, 1973 and Moyer 1968). Negative aggression is also called unhealthy or dysfunctional aggression because it induces heightened emotions that can be damaging to the individual on a long-term basis but this will be expanded on later on.

For Perls (1969), aggression takes one of three forms:

1. Straightforward aggression - This is the kind of aggression Perls favoured most even in his personal life.
2. Retroflected aggression – This is usually seen as self-destructive.
3. Projected aggression – This is usually experienced as anxiety.

In Philip Lichtenberg's (2012) view, there can be no human relationship without aggression because for there to be a relationship, a person needs to present him/herself energetically to others. To talk to someone, to love someone, to collaborate, to discuss, involves exerting oneself whilst taking in consideration the other person. This effort is the essence of aggression. He divided aggression into inclusive and exclusive aggression following Angyal's (1965) conception of universal ambiguity. Lichtenberg saw aggression as an important part of the contact cycle. It appears in the contact phase and in its inclusive form promotes a clear "I" and a clear "you". Inclusive aggression

supports the other to become figure while there is an energetic presentation of the self. While, in its exclusive form, aggression removes or diminishes this distinction creating a false confluence. Exclusive aggression negates the self and the other in the relationship. So, aggression can be bonding or inclusive, dividing or exclusive, depending on whether it is part of a healthy or neurotic Gestalt. Lichtenberg saw initiative, assertion, criticism both of the self and the other, anger and parenting as part of aggression. He saw aggression as always being relational even when it is directed against the self, guiding us to look at how the other in the relationship experiences it. This emphasises the idea of relational psychology and not individualistic.

This contradicts Perls who only referred to the intrapsychic realm as the internal psychological work of the person who is taking information from the world in. Perls was seeing aggression as an intrapsychic function. He did not see it as a feeling that is experienced in relation to the other or as an emotion that is expressed to another person. So, it is not even an act through which the person makes contact. In Perls' (1969) writing there was a split between the social aspect and the biological aspect. The striving for individuation is seen as a biological force, instead, the social aspect is seen as an external force putting pressure on the person to change. The person is seen as working hard to maintain and develop his/her individuality against this social pressure or threat. On the contrary, Buber (1970), saw the social and the biological as not opposing each other since essentially humans are social beings. He described this as "man becomes an I through a You" (p.80).

In Classic Gestalt Therapy, metabolism is used as a metaphor for psychological functioning. People grow through biting off a piece, chewing it and discovering whether it should be assimilated or spat out. This piece can be either food or an idea or even a relationship. By chewing it, the person is considering it, cutting it into smaller more easily digested material. The person then decides to swallow it and make it a part of him/her or else to spit it out and reject it as something foreign. This requires the person to be willing to trust their taste and judgment. For Laura (1992), chewing requires time, patience, and awareness about what is being chewed. This led to the idea that feeding is a conscious process. She also argued that the way a person eats, teaches one to learn and to create contact with the rest of the world. For her, both the ability to perform biting, chewing or digesting physical foods and the ability to perform these processes with intellectual foods are manifestations of the same aggressive instinct.

From the biological stages in the development of food intake, Perls derived respective stages of psychological styles describing how people deal with information and with other people. So according to Perls, aggression is a necessary means through

which people deconstruct information that they are presented with and then come up with their own views of the world. Perls (1969) stated that “aggression is required to assimilate the world. If we do not assimilate what is available, we cannot make it our own, part of ourselves. It remains a foreign body in our system...” (p. 186). The child's ability to bite supports and accompanies the ability to deconstruct reality. This positive and aggressive force is seen as important for survival and also for social interaction. Yet, in the metaphor of the *mental metabolism*, Perls (1969), describes the process taking place between the person and the environment in a one-sided way. The person who is dealing with the environment is not doing so in a vacuum where there are no other variables. There are always other people with different needs and in different situations which the person cannot control and which he/she must take into account.

Staemmler and Staemmler (2009) point out another contradiction in Perls' theory of aggression. According to them, mental food, in contradiction to physical food, at first needs to be introjected and taken in. It is only at a later stage that it can be processed, criticised and assimilated or rejected. On the contrary, physical food starts being digested in the mouth before it is swallowed. The chewing and digestion of food is usually brought about by hunger and not because the person experiences aggression. Likewise, according to Staemmler and Staemmler (2009), a person can dissect and analyse information without the experience being accompanied by aggression.

From the time when Perls wrote his first book, new research and technology has opened the door to new information. Research done by Bushman, Baumeister and Stack (1999) as well as Mallick and McCandless (1966), indicated that it is not justified to support clients in venting out their anger and so indulge in violent fantasies. It made no difference whether the person they were angry with was present in the session or not. It has been found that such activities, increase clients' aggressive tendencies, damage their physical health as well as the relationships they are in. On the other hand, the practice of self-control and the inhibition of the aggression were found to be more effective in reducing aggression. However, there may be some side effects through retroflected anger. Anger always strikes back against the person who is angry. The acting out of aggression and the expression of angry feelings are never only outgoing. According to Staemmler and Staemmler (2009), there is always a part that is retroflected. Aggression has a detrimental effect on a person's expressive behaviour, intellectual achievement, social relationships and physical health. People who express a lot of aggression tend to suffer from high blood pressure and constricted blood vessels and therefore are more subject to heart attacks and angina pectoris. Perls' understanding of aggression led him to think that unexpressed anger causes paranoia. According to him, when a person experienced anger towards another person, external

aggressive activity was necessary for the maintenance of psychological health. If instead, the destructive tendency remained ungratified, it was sublimated and would come out in other ways.

For example, if a family is dysfunctional, the child will not be able to reach contact and satisfaction through the expression of aggression. It would develop into an unfinished Gestalt. This together with other unmet needs and expectations might turn the aggression into self-destructive impulses or violence towards others. In the absence of functional aggression, it is very easy to internalise one's emotions with passive-aggressive responses such as psychosomatic illnesses and self-harming. According to him, unexpressed aggression causes paranoia and even more dysfunctional aggression in the world. This led to Perls devising projective techniques to use in therapy. Techniques like screaming at empty chairs and the hitting of cushions are just two examples. His notion of aggression and the cathartic practice he devised from it have left an impact on generations of Gestalt therapists. This kind of therapy which Yontef described as "Boom-Boom-Boom therapy" (1991, p 7), helped clients get rid of pent-up emotions and people learnt that expressing themselves was good and right. Yet it is not that simple.

Russell, Arms and Bibby (1995) reported that more than two-thirds of the people they included in their survey, believed in catharsis. People who believe in catharsis use it because they think that participating in or observing violent sports or activities is going to make them feel better but numerous studies like those carried out by Whitaker, Melzer, Steffgen and Bushman in 2013, have shown that it is ineffective. Bushman, Baumeister and Stack (1999), found that participating in cathartic activities does not decrease aggression but in fact increases it. If a person is able to distract oneself from his/her negative emotions or anger by doing something else, rather than ruminating on it, that person can feel better and will be less likely to aggress. However, this needs to be done by choosing activities that relax and calm down the person rather than activities that increase arousal or negative affect. As far as social psychologists have been able to prove, attempting to remove aggression by observing or engaging in aggressive activities does not work. So according to their findings, catharsis does not work.

Skovgaard and Winther-Jensen (2015) agree with Staemmler's critique of Perls' extreme individualism when it comes to expressing aggression. In Perls' view, the human person comes into contact with the world and adjusts this world to him/her self by assimilating it. It is not seen as a two-way process in which the person also adjusts to their surroundings. This gives the impression that the person in question

relates to others as if they were things. I very much doubt whether the acquired skill of yelling aggressively at another person can be seen as psychological growth. How the other person who is being yelled at reacts or feels, should also be taken into account. If aggressive expression is seen as an end in itself, it may quickly lead to mutual reproaches and maybe alienation. This would have the contrary effect of destroying the relationship rather than creating contact. If we take the example of a couple coming to therapy, the expression of negative feelings is not the end to itself but rather a way of creating contact and dialogue. When someone is confronted by aggression, the person often feels threatened and repulsed by the heavy breathing, the intense eyes and the fierce expression. These aggressive expressions together with the verbal aspect of communication, trigger distress and aversive reactions such as counter aggression or withdrawal. One person's anger can be the cause of another's aggression. In such a situation, relational disturbances cannot be avoided and so the social aspect of aggression cannot be ignored. As Gestalt therapists, we need to take a new look towards responsibility. The existence of relative individual responsibility is of course very important but we must also take into account relational or field responsibility.

Although I agree with Staemmler's (2009) conclusion that aggression in the therapeutic session should not be met with an invitation for blindly acting out, I believe that not all aggressive expression is the same. Everyday anger and uncontrollable rage are very different. Here I agree with Yontef (2015), that rage can have other emotional components with it such as shame, humiliation, fear or desperation. In view of this, the encouragement of the expression of rage can clearly get out of hand and can be therapeutically dangerous. The expression of anger instead, can lead to sadness, understanding and reconciliation.

As part of aggression, I also include initiative, assertion, discussion, vitality, destruction and hostility and believe that I cannot deal therapeutically with each of these different expressions of aggression in the same exact way because while they are all part of aggression, they are not the same. While research described earlier indicated that it is detrimental to both physical and mental health to be constantly in a state of arousal due to aggression, as therapists we cannot cut out aggression from the spectrum of human feelings. Here I agree with Skovgaard and Winther-Jenson (2015), who describe the healthy and flexible way we can experience a range of feelings:

"It must be considered both desirable and healing to move freely in and out of one's feelings, to own them, and to express them adequately..." (p.200)

I also believe that in terms of psychological wellbeing it is crucial to be able to say "No, I do not accept this" or "I do not want this" in certain situations. In particular

conditions, anger is reasonable and awareness of aggression makes it possible to set boundaries and choose a course of action. In this regard, aggression becomes useful for self-regulation. How the aggression is then expressed depends on the actual situation and person. It is important in my opinion, that the individual is able to sense and recognise anger and aggression in order to avoid destructiveness, because what we are aware of may be controlled, while what is unconscious controls us. In fact, Karon and Vandembos (1981), describe murderers as people who cannot tolerate conscious anger. As a process, they either repress it till it spills over in impulsive and lethal action or else they coldly kill people, never feeling any conscious anger at all.

Working therapeutically with aggression is the same as working with other feelings, it starts with awareness and acceptance. The feeling is explored in its somatic, emotional and cognitive aspect. The sequence of events or affects that led to it and the appraisal of the situation are also taken into consideration. Without this kind of awareness, there is a bigger chance that the behaviour arising from this feeling is destructive to the individual as well as the relationships involved. On the contrary, working through the aggression can lead to assertiveness and a healthy use of boundaries. In therapy, we want our clients to take control of their aggression by recognising it and choosing an adequate expression of it. They cannot gain control of it by acting out or by repressing it. It is therefore desirable to assist clients in developing their assertiveness and controlling dysfunctional aggression.

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## Biography

The author has been practicing Gestalt psychotherapy for twenty years and has studied both in Malta and abroad. She has worked in schools with adolescents referred to her by school counsellors and social workers. In her private practice she has offered therapy to various people of all ages and difficulties. She offers supervision to therapists and counsellors both in groups and individually. The author enjoys lecturing in psychology at a tertiary level as well as presenting in international conferences. Presently she is reading for a doctorate in Gestalt Psychotherapy and is specialising in working with adolescents who engage in self-harm.

# Gestalt Theory and Methodology in a World of Changing Experiences of Time

Mira Stojanović

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## Abstract

This paper presents a theoretical consideration of the contemporary theory and methodology of Gestalt therapy and the sustainability of its approach in the changing world of the present, determined by deadlines, efficiency, and adaptation, which often entail breaking through the physical and psychological limits of a person. The human experience of time has changed, it is scarce, limited, and elusive. In that time, there is no time to live. The “exponentiality” of the time we live in determines the “pathology” of human functioning, in which anxiety and a state of panic, as a form of adaptation to acceleration and constant change, appear in the therapy work more than ever before. Through the presentation and analysis of texts by contemporaries, the Gestalt therapist tries to answer the question of how to understand the pathology of creative adaptation of the present and how to methodologically treat it in therapeutic work.

## Keywords

time, acceleration, anxiety, panic attack, loneliness, belonging, technology, alienation

We live in a world of constant change, where society becomes exponential in its progress. This term is called the Law of Accelerating Returns. A person of the 19th century had a more advanced and developed technology than the people of the 15th century, so it is not surprising that the human race progressed much more in the 19th than in the 15th century. In his book *The Age of Spiritual Machines*, Ray Kurzweil (1999) proposed “the law of accelerating returns”, according to which the rate of change in a wide variety of evolutionary systems (including, but not limited to, the growth of technologies) tends to increase exponentially. Is human progress exponential?

Human perception is linear, technological progress is exponential. Our brains are hardwired to have linear expectations and with the linearity decreasing, exponentiality happens. Technology today progresses so fast that the past no longer looks like the present, and the present is nowhere near the future ahead.

In an attempt to keep up with the jumble of changing society, people are becoming more anxious than ever before. The rise of clients with anxiety and panic attacks has been a reality of psychotherapy in recent decades. Acceleration is a key fact of modern human existence. Time, technology and modernity are accelerating at an unprecedented pace. In an attempt to speed up, a person develops a set of expectations of themselves that commit them to functionality in the various roles they take, and the environment burdens them with expectations that are often unrealistic and involve breaking the physical and psychological limits of endurance. Experience, consciousness, and our sense of everything, rush headless through the eternal, hyper-mediated present. The experience of insecurity and ground displacement (insecure ground) is overwhelming.

Reality seems to be out of control, as our daily lives accelerate, and fewer and fewer events happen to us. The power of acceleration, once thought to bring liberation, is increasingly perceived as enslaving pressure. Progress emphasizes the progression of environmental disaster. Nature is being systematically overburdened, and the measure of that, of course, is acceleration.

All of this goes beyond our ability to understand this condition. Hartmut Rosa put it this way: “I’m afraid we are in danger of losing our aspirations, hypotheses and theories that inspired and challenged the culture of late modernism” (Hartmut, 2013, p. 279).

Time blends with technological existence and tells us in countless ways that there are no other dimensions beyond it. Time has literally accelerated. We live in a new, global time landscape, which Ben Agger calls “rapid capitalism” and “total administration of time” (Agger, 2007, p. 24-7). Compression of time is accompanied by its scarcity. It is

becoming increasingly scarce. Pressures and stress break us as we fight, relying on the substances that keep us on our feet. The present is impoverished in the constant attempt to realize something new next. As Baudrillard said: “Only time, time to live, no more time to happen” (Baudrillard, 2009, p. 27). There is no time for depth, commitment, and thoughtful action. It is modern technology that changes our experience of time. The self is destabilizing. The properties of the physical self are reduced, while the galloping technology claims that it is the one that completes and enhances them. Speed is the essence.

By staring at screens, we ourselves become “digital interfaces” as we enter communications elsewhere, somewhere out there. A person with new “gadgets” develops great indifference to the world.

“Don't be evil” is the well-known mantra of Google, a part of its official mission. Of course, the whole mega-project, of which Google is only a small part, is the “evil” that has now become contagious and that all of us, to a greater or lesser extent, live in.

Baudrillard (2009) insisted that reality ends when the real and the unreal can no longer be distinguished. The devastating character of civilization, i.e. of modernity, has reached this stage. The behavior and existence of new generations aligned with the changing world are being given new names and definitions: millennials, post-millennials, phenomena such as hikikomori occur, etc.

All this happens in contrast to the presence of one another and bodily presence, to being in contact with others, to being able to remain in silence with oneself, to following the body's rhythm and body limitations without acceleration.

Spinoza wrote somewhere that we are immortal here and now, at all times. This is still true in contrast to the occurrences that are attempting to prevail. When Jean-Claude Carrière was once asked how he had managed to achieve so much, he replied: “My answer is always the same, in which I do not try to appear humorous: because I do everything slowly” (Carrière, 1931, p. 164).

This paper is an attempt to consider the viability of the theory and methodology of Gestalt therapy in such a social context in an exponential time world. The basic question that is being answered is: are the theoretical concepts and paradigms of Gestalt therapy sustainable and contemporary in such a social context?

Giovanni Salonia in *Gestalt Therapy in Clinical Practice* (Francesetti, Gecele & Roubal, 2013, p. 196) speaks of Gestalt therapy as one of the approaches in which the integrative and inseparable part of the work is a continuous process of monitoring socio-cultural change. From the epistemology of Gestalt therapy and its experimental-relational model, using hermeneutical tools, it is possible to gain understanding of the cultural context. In this book, in the section on Social context and psychotherapy, he sees Gestalt therapy as a psychotherapeutic model of the postmodern cultural context. Given that the fundamental concept of Gestalt psychopathology is the inability to reach another in contact when the desire for contact exists, but is interrupted and unsatisfied, the “sick self” arising from the social pathology of the present in damaged relationships and relationships is healed and cured in the therapeutic Gestalt relationship of the therapist and client, which offers the possibility of a healthy relationship and full experience of contact.

Quoting Paul Goodman and his metaphor for life in an “organized society”, Stefan Blankertz (Blankertz, 2013, according to Goodman, 1960) says that life in such a society is already predestined for an individual, in which they have no freedom of choice and decision-making; and selection and power of choice are our natural needs and movements. If an individual is deprived of making choices, decision-making and selection, they become ill with the “misery”. This creates a social repression of conflict and aggression that emerge naturally as a consequence of the possibility of choice, selection, and decision-making. “Organized societies”, in an attempt to solve all the problems of their individuals, organize treatments, education, economic institutions, chain stores, and police and military structure. In this attempt to solve an individual's problem, they act against the basic interests of individuals. This creates a “low tension imbalance” that turns unhappiness of an individual into a chronic condition, because their needs are limited to satisfying something that someone else deems necessary. Below, Goodman suggests that no one can be free unless they participate in co-creating the source of satisfying their needs.

In the middle of the last century, Erich Fromm presented this social image in his book *Escape from Freedom*, where a person becomes a slave to the brand and market economy and develops instant needs, which they satisfy in an instant way, moving away from the true needs and their true nature (Fromm, 1941).

Stefan Blankertz quotes Goodman's paradigm that “a human is a problem-solving animal”; assimilation, initiative, and destruction are the healthy aspects of aggression (Blankertz, 2013, according to Goodman, 1960). An imperfect society is an ideal to strive for; and therapeutic work should support healthy aspects of a client's aggression as well as its organismic self-regulation and capacities for creative adaptation.

Margherita Spagnuolo Lobb in the aforementioned book *Gestalt Therapy in Clinical Practice* in the section entitled “Fundamentals and Development of Gestalt Therapy in a Contemporary Context” talks about the development of the original principles of our approach as a parallel process of development of the needs of society and culture of today. She says that, since the emergence of our theory and methodology, our primary purpose has been to resolve the neurotic dichotomy between: body and soul, the self and outer world, emotional and cognitive, immature and mature, biological and cultural, poetry and prose, spontaneous and intentional, personal and social, love and aggression, desensitization and sensuality, conscious and unconscious. According to her, Gestalt therapy brings these values into the panorama of psychotherapy activity. We still need to stick to this goal today in order to be therapists who help people overcome these dichotomies and integrate polarities within their behavior, existence, and awareness.

She stated that, until twenty years ago, it was difficult to stay in touch and it was being worked on as a topic in the psychotherapy process. Today, it is difficult for a person to feel that they are in contact even on the sexual plane, there is a lack of awareness of who I am and who I become in the presence of another? She believes that the most important task of Gestalt Therapy in working with clients today is to re-sensitize the body in the realistic-virtual dichotomy and to provide tools for relational support within a horizontal relationship that enables people to be recognized and seen in the presence of an equal other.

Although, at the time when it was created, Gestalt therapy was not conceived as a possibility of treating psychotic changes in clients, in the light of the growing psychopathology today, it is developing an interest, theory, and methodology in the treatment of serious psychological problems.

Prof. Dr. phil. Wolfgang Tschacher in the book *Handbook for Theory, Research, and Practice in Gestalt Therapy*, in the third part entitled “Gestalt Therapy in the Light of Current Developments”, discusses the solid convergence between Gestalt theory and contemporary flows in psychological and philosophical thought (p. 54). This expert justifies his belief through three aspects of Gestalt that support one another: the first proposition is the multidisciplinary concept of embodiment, the second addresses the philosophy of mind, and the third proposition links the Gestalt concept with a structural theory of complex systems.

In his consideration of Structural Theories of Complex Systems, he relates the concept of organismic self-regulation to synergistic models in science and recent research in

neuroscience that enables us to better understand the human body and mind here and now. Further on, he links Gestalt therapy and its philosophical and methodological roots to the development of physiology, neurocognitive science, and modern philosophy (p. 64). In the end, he concludes: “My general finding is that gestalt therapy is highly consistent with modern theoretical frameworks, it is practice of embodied communication. Its wholistic approach is supported by contemporary system theory” (p. 65). “The exponentiality of the present” produces the pathology of anxiety and panic attacks to a greater extent than ever before, as mentioned in the previous section. How do we as Gestalt therapists behave in respect to this fact?

A study conducted by researchers Pablo Herrera, Illia Mstibovsky, Jan Roubal, and Philip Brownell, a case study of Gestalt Anxiety Therapy, designed as a single case efficacy study, indicated the usefulness of applying our approach for achieving symptom relief and change in subjects during therapy when working with anxiety (Herrera et al., 2018). The alienation and distortion of the ground, too many obligations and too little time, which, as described in the previous section, cause anxiety and panic attacks, are the result of a state of agitation that does not have a support in an action that would meet the need that caused the agitation.

Neurotic anxiety occurs when certain needs of the organism are disregarded or rejected as unacceptable, so that their agitation-related expression is automatically interrupted by neural patterns that limit the potential for responding to different situations that would allow the needs to be met here and now. The symptoms of anxiety physically experienced are individual expressions of relational suffering, where the process of contacting others lacks spontaneity and fluidity. The style of interpersonal contact is rigidly distorted by fixed relational patterns, and needs cannot be met in a relationship.

In the book *Gestalt Therapy in Clinical Practice* in the section entitled “Anxiety in Situation: Disturbances of Gestalt Construction”, Jean-Marie Robine tells us that in a safe therapeutic environment, a client's inhibitions are reduced and the agitation that arises in contact is recognized and respected and leads to meeting the needs from which it arises (Robine, 2013, p. 479).

The client is asked to be here and now as much as possible, instead of fantasizing and projecting catastrophic expectations about the future. Exercise of mindfulness (perception, not projection) and presence in the here and now are one way of approaching work. With therapeutic support, it is necessary to transform anxiety into creative excitement.

Gianni Francesetti (2013) in the above-mentioned book in the section entitled “The Gestalt Perspective on Panic Attacks” (p. 497), states that the difference between anxiety and panic attacks is not only quantitative but also qualitative, and that approach is different in treatment.

Panic attacks come suddenly, and the client is unprepared for the situation.

The real world exists only in the constantly renewed assumption of an established continuity of experience. The momentary collapse of this “constantly renewed assumption” is a key factor in a panic attack.

It is the abrupt interruption of the established way of experiencing reality (p. 498). In such a situation, the client has a terrifying experience of being thrown into the world unprotected, and the fear of another panic attack blinds their life.

A panic attack, according to Francesetti, necessitates the creation of new creative adaptations in contact disruption that create weakened existing mechanisms of contact disruption in the client, thus destroying the client's usual neurotic support and their ground falls apart.

In psychology, the fear of losing ground is known to be one of the strongest fears that determines human behavior. A panic attack is, in a psychological sense, the client's losing ground and existing and familiar soil underfoot.

The situation of “losing ground under your feet” can be different: survival of natural disasters, surviving war situations, loss of job, change of place of residence, migration to remote countries for existential reasons, low tolerance of stress and pressure in the work environment, low tolerance to too many daily obligations and responsibilities, alienation, loneliness, situations of violence, sudden losses, etc.

How to approach treatment in the therapeutic process: according to Francesetti (p. 504), by creating a specific support in the therapeutic process, by building a ground that takes place in several steps:

1. From physical symptoms to fear: The client becomes aware that a panic attack does not represent a risk of insanity or death but comes from the fear of an attack within themselves.
2. From fear to loneliness: Loneliness emerges as background, and fear is replaced by pain.

3. From loneliness to belonging: In order to reconstruct the web of belonging, the client is enabled to create new relational roots.
4. From affiliation to separation: The client learns to “carry” his or her affiliation along with being able to function independently.

Cultivating belonging in therapy and the therapeutic process is of great importance to the client, an authentic and emotional relationship in therapy creates a field of support for the client for their future “supported solitude” in which they are not left alone with the horrible experience of the sudden, unknown, and unsupported reality of a panic attack.

Providing support to the client in the experience of a new community through the therapeutic process is the basic idea of overcoming the feeling of loneliness that is the background of a panic attack. Teaching clients to respect body boundaries, organizing the rhythm of the day, helps clients’ self-regulation and prevents anxiety and panic problems.

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## Biography

Mira Stojanović is a Master Psychologist and Master Gestalt Psychotherapist with many years of experience in educational work (18 years) and 19 years of experience working with clients in private practice within Gestalt psychotherapy. She studied in Belgrade at the Faculty of Philosophy, Department of Psychology and at the European Accredited Psychotherapy Training Institutes for Gestalt Psychotherapy in Belgrade and Malta (EAPTI-SEB, EAPTI-GPTIM). She is a member of many professional associations: The Association of Psychologists of Serbia, the Association for Gestalt Psychotherapy, the European Association for Gestalt Psychotherapy, etc. She is a licensed therapist in Serbia and in Europe and a supervisor, researcher, and participant in congresses in the field of psychology and psychotherapy in the country and abroad. She writes and publishes works in the field of psychotherapy.

# Interview held on Zoom on the 20<sup>th</sup> February 2021 as part of the celebration of the 25<sup>th</sup> anniversary of EAPTI-GPTIM.

Joyce Sciberras

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**Guests : Dr. Michael Vincent Miller  
Dr. Dan Bloom  
Dr. Ruella Frank**

**Interviewer and transcriber: Joyce Sciberras MA**

**Joyce:** I would like to thank you from the depth of my heart on behalf of the institute EAPTI- GPTIM (European Accredited Psychotherapy Training Institute - Gestalt Psychotherapy Training Institute Malta) and EGN (European Gestalt Network) of which Dr. Lidija Pecotić is the director. Thank you for your time in accepting this interview to share your rich life experiences in the art and science of Gestalt psychotherapy.

I would like to ask you about your background...<sup>1</sup>Possibly before you embarked on the experience of gestalt psychotherapy, and then how you were introduced to gestalt in your lives. Shall we start with the person on my side? And that would be you Dan, then Michael, then Ruella?

**Dan:** I am very glad that we are doing this interview.

I was introduced to gestalt therapy inadvertently, I was a volunteer in a peer counseling organization...Let me back track a moment...I was a lawyer practicing law in New York city for a number of years and I was dissatisfied with the legal practice, I had a commercial litigation practice and I never took to it. I took to human beings and not to business and not to people fighting but to people paying attention to each other in a

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<sup>1</sup> Pauses within the interview are marked as ‘...’ throughout the transcription.

more humane way. So, I thought that I would do counseling, and I joined a counseling organization. This counseling organization was structured on a gestalt therapy basis and we had supervision in groups that were basically led by gestalt therapists. This organization was founded by gestalt therapists. So, I would learn gestalt therapy inadvertently ...And not even knowing it! When I found out, though, people gave me things to read, I read Joe Latner's Gestalt Therapy Book. I remember writing in the margins all my disagreements because I had previously been in psychoanalysis. But something must have made an impression since in no time at all, I started therapy with Richard Kitzler, a very highly regarded gestalt therapist. This needs to be mentioned. I was doing counseling, then my counseling skills became gestalt therapy, and next I began to study gestalt therapy. I studied with another name that must be mentioned - Patrick Kelly. These are the people who were second generation gestalt therapists. Richard was an early patient of Fritz's and Patrick was with Laura Perls. I started studying with Laura after I studied with Patrick. One day he said it was time for me to study with Laura. I also studied gestalt therapy with Richard and later with Isadore From. Richard and Isadore both taught Gestalt therapy by Perls, Hefferline and Goodman the same way - "by the book" We read it line by line...page by page. First I read it with Richard and then he said you should go to Isadore, and we read the same book line by line (smiling) and what was interesting is that Richard proclaimed that there were no typographical errors in PHG except for five and everything else was perfect...And Isadore said that there were no typographical errors in PHG except for five...They were a different five typographical errors...(smiles from the group) and as an aside, Joe Wysong, he was the publisher of one of the editions told me that there were no typographical errors! Or maybe he said there was one and pointed me to some entirely different page and word that he said he corrected. Such is an interesting story in the hermeneutics or textual criticism of gestalt therapy.

There was the time when I stopped being a lawyer and I decided that I would commit myself to practicing psychotherapy. I was getting psychotherapy referrals, because in New York State you did not need to be licensed to be a psychotherapist at that time, so I could be a lay therapist, that was the time of the late 1970's -early '80's Lots of people were doing gestalt therapy then. So, I went to social work school to get some formal credential and also some kind of clinical and academic grounding. I had begun to feel that I was kind of a new age psychotherapist and that was not consistent with my personal sense of scholarship and my personal sense of interest in what Isadore called serious gestalt therapy. With Isadore and Richard as mentors, I chose who what I thought were the two most intelligent gestalt therapists, the most intellectual gestalt therapists, the two gestalt therapists who were most philosophically oriented. Laura was the gestalt therapist who was the most cultured, oriented to the arts, movement,

music and literature and poetry. So with all three I felt that I got the grounding in gestalt therapy that was consistent with my world view and brought to me a gestalt therapy in its most humanistic orientation, I always hope this is reflected in my practice, I think, and is reflected in the things that I write and I teach. Actually, from the very beginning I have had more of an expressly humanistic approach to gestalt therapy, informed by philosophy literature, music, and history than it is purely psychological or scientific. Before I was a lawyer I went to graduate school in literature. So, this is the foundation, this is where I come from, in these studies, with those mentors, Patrick, Richard, Isadore and Laura. I met Ruella in one of my trainings with Laura, and I did not meet Michael till much later, Michael and I had a different track with Isadore, we never overlapped, he was in a different community with Isadore...Much longer training with Isadore, we met later and it was a pleasure to meet you, Michael! In the beginning I felt scared...I mean Michael Vincent Miller is one of the Titans of gestalt therapy and then he became a friend, it's a pleasure to have you as a friend...It was really a lot of fun to be with you in Malta and to teach with you in Malta. And with you Ruella I met you at Laura's study group in her apartment which was her office. I remember that very first meeting...We both reminisce about that first meeting and who knew at that first meeting, whichever year it was, we would become what developed to be my best friend! We text many times a day, we talk about our practices, we talk about life, we have differences...But a kind of commonality of heart. I kind of tear up when I look at her...I cannot imagine life without Ruella...She officiated at my wedding... (smiles and soft emotions).

**Joyce:** How beautiful that is!

**Dan:** Yes, she will always be with me! (Giggling) she once said that I'm the head and she is the body...(laughter). That is my long answer!

**Joyce:** That was lovely, very interesting Dan. Thank you for that...and somehow, in your way, you introduced Michael and Ruella. So, shall we go to you Michael? I invite you to share with us your background.

**Michael:** Like Dan, I started out pretty far away from gestalt therapy. My first degree was in mathematics with a heavy dose of physics at Stanford university. I think I chose that field both because I loved the beautiful, pure architecture of mathematics, which had little or nothing to do with human emotions...At that time I was not interested in having to do much with human emotions. My career in mathematics ended - at least in being my primary interest, though I worked for a couple of years as a mathematician - because around my junior year a beautiful Italian girl broke my heart as beautiful Italian girls are supposed to do...And I wrote my first poem! I did not know where that came

from...I had no previous interest in poetry. A series of subsequent events led me to switch from mathematics to literature although I graduated with a degree in math. After a couple of years at jobs I didn't like, I went to France and Italy for about 6 months, then came back to go to graduate school. I got my MA in literature and a kind of doctoral degree, for which I did not have to write a dissertation. I was still an aspiring poet. But then one of my best friends, Carl Werthman and his wife, Cindy, insisted that I go to a workshop with them in San Francisco and encounter this fascinating psychotherapist named Fritz Perls. Cindy, well known as a gestalt therapist for many years under her maiden name Cindy Sheldon, was a social worker, and she was studying with Fritz who had ongoing training workshops both at Esalen and in San Francisco. So, Carl and Cindy hauled me off, somewhat reluctantly and shy, to what turned out to be a four-day training workshop with Fritz Perls! And that was the next big change in my life. Fritz was teaching as he always taught in those days...this was around 1966...mainly by demonstrations. It was largely a dream workshop. I was fascinated to discover that metaphor, something that I was so interested in through having studied poetry and literature, came alive in these demonstrations that Fritz was giving...the idea that metaphor can be a vehicle for opening new channels and circuits in people's lives captured my imagination.

So, I went from absence of emotion in mathematics to literature as transformation of emotion by giving it aesthetic form to gestalt therapy, learning to work directly with emotion, initially through Fritz Perls. I went into subsequent workshops with Fritz; I was in the next to the last workshop in Boston- his last one was in Chicago, where he died in early 1970. At that time, I was teaching in the humanities department at the Massachusetts Institute of Technology. Shortly after I left M.I.T., I went back to school to get a Ph.D. in sociology and psychology, and I began private practice in 1973. In 1976, I co-founded the Boston Gestalt Institute with a partner, Richard Borofsky, who had also been in that Boston workshop with Fritz, and we trained people in gestalt therapy for around the next ten years.

Immediately after Fritz died-and I had very much wanted to continue studying with him...a group of us who had been in this next to last workshop with him, wanted to continue training...So in late 1970 some of us, including me, found Erving and Miriam Polster at the Cleveland Gestalt Institute and began a year and a half of training with the Polsters. I never did any formal training with Laura Perls, but I invited her to be a visiting guest teacher at the Boston Gestalt Institute, which she did, and we became friends. The next important teacher of mine was Isadore From. I spent seven years both in supervision or training groups and independent supervision with Isadore. We became very close friends as well. Close to the end of his life Isadore and I were asked

by Joe Wysong, editor of the Gestalt Journal and publisher of books in gestalt therapy, to write an introduction to a new edition of 'Gestalt Therapy: Excitement and Growth in the Human Personality' by Perls, Hefferline and Goodman. Isadore was very sick with cancer by that time and unable to do any writing. Isadore really hated writing anyway, so I wrote the introduction. Unfortunately, he died before he had the chance to read the final version of it.

That in large part is the story of my background. I had been practicing and teaching Gestalt Therapy in Cambridge, Massachusetts for nearly thirty years when I moved to New York in 2002. I had been intrigued with the possibility of living in New York. I had even started a part-time practice there in the early 1980s and had commuted back and forth between New York and Boston for about three years, when my daughter was born, which ended thinking about New York for a long time. That was well before you and I became colleagues, Dan and Ruella; it's odd that we did not meet then...but we didn't. I have been practicing in New York since 2002, as well as training people in gestalt therapy in many countries outside the United States. Ruella and I got together... How many years now? Four years maybe?

**Ruella:** No, no, more than that!

**Michael:** Is it more? Because I've reached the age when time passes so quickly!

**Ruella:** Maybe 2006? 2008?

**Michael:** I don't think that it was that early! Anyway, what is most important is that we met and have continued to meet, so that we have developed a lot of ideas together... some very fresh ones I think...and we have talked together numerous times, and have taught together now a number of times in a variety of contexts...

**Ruella:** We gossiped together...(smiles)

**Michael:** Yes...and we will continue doing so (smiling) and Dan and I met four or five years ago I would say. And whenever we get together, we also seem to spark a lot of fresh and new ideas together, so the three of us are a kind of a fountain of ideas productive of new angles of vision about Gestalt Therapy.

**Joyce:** I can attest to that Michael as I have attended your colorful keynote presentations at the conferences held by EGN in Zagreb and Belgrade. I have also been fortunate enough to attend the conference held in Malta last year - in February 2020 - where

yourself, Dan and Jean Marie Robine were our teachers. Recently, February 2021, yourself and Ruella facilitated the EGN conference on Zoom. I agree to the fountain of ideas and new angles of vision about Gestalt Therapy that the three of you evoke. For that...We are grateful!

Hello Ruella! What would you like to share with us about your story?

**Ruella:** First I want to tell you that it is a pleasure to do this interview for you and for your journal, and also to be with my friends, who I so respect. It is wonderful to be respected by people that you so respect.

I began dancing when I was 7 and I had the opportunity...I was asked if I wanted to study with the New York City ballet but I was too shy to do that, so I never did take that opportunity. I began to dance professionally when I was 18 and when I went to college, I went to Northwestern University, I danced and performed all through college, in my senior year, when I was 22, I had an operation on my spine because I had been born without a crucial bone in my back that was beginning to distress me. I remember that in June 1969, I was reading about Esalen and I was so interested in going to Esalen, at the same time I was called to go to New York. I had just had this operation on my back, I was in a brace and I thought that I had to get back to dance. I don't know what I was thinking that I assumed I could continue dancing after having an operation on my spine. But I was determined. It took me about a year to recover enough to take dance classes. I had a scholarship at a dance studio and sometimes studied 16 classes a week! (laughter) so that was my crazy determination and I was actually taking acrobatic classes as well...With a fusion in my spine. I then started performing again and also choreographing, which I loved. I loved the study of dance...I loved the rehearsals, I loved choreographing and I did not enjoy the performing, I did not really like to show myself and I had been performing a long time. After a few years, I had to stop anyway because...after one particular performance I just could not stand up the next day, so I realized that one cannot dance with a fused spine.

I began to study all kinds of different movement therapies...I studied Alexander Technique, Feldenkrais method, breath rehabilitation with Carola Speeds, Sensory Awareness with Charlotte Selver, Ideokinesis, Body-Mind Centering with Bonnie Bainbridge-Cohen and many other forms as well. I became fascinated with the study of movement. I was also teaching dance classes to both dancers and actors. At this same time, I joined a Gestalt therapy group. The therapist knew I had been a dancer and a student of body therapies, and during one group session she asked if I would help another patient ground herself, and so I did. After that, the therapist sent me her patients and supervision students and within a year, I had a private practice in

what I called “movement therapy.” After some years, my private practice included gestalt therapists from a center in New York City and I was invited to go to their annual summer intensive. During that training week, I taught the students very early movement patterns – I taught them how to move in ways similar to infants, and I witnessed students in practicum. Watching students work with each other was so interesting to me. When I returned from that weekend, I told my group therapist that I would like to take my interest in the body and take it into a practice of psychotherapy. I had looked at Reichian practices and Bioenergetics and Core Energetics, but I was not interested in such overt ways of working. I was more interested in helping people attend to their bodies and become more kinesthetically inclined. I didn’t know the word kinesthesia at that time, but I knew the feeling. My therapist said ‘that usually doesn’t work’ so I was intimidated and did not think about this again for six years. I went back to university and got a Masters in movement education from New York University and some years later, I applied at the gestalt training program where this particular therapist was on faculty and I was accepted.

After graduating from that program four years later, I realized I wanted to study with Laura Perls. I first encountered Laura at a gestalt conference on Long Island, New York. She was the keynote speaker, and I did a presentation on infant developmental movement patterns during the conference. As part of her address, Laura did a demonstration session with a patient. She had him stand up, while she was still seated in the chair, and helped him find the floor. This was similar to my having worked with the woman in my therapy group some years before. She had him bend his knees and slowly straighten them so that he could better contact the floor. I realized that she was having him execute a pushing pattern, which I later called “pushing-against.” I always returned to this memory of Laura, but thought I had to know “more” to be able to study with her.

I called her soon after my graduation from the gestalt program. She lived one block from me --- the beauty of living in New York, and I had seen her a few times in the neighborhood organic grocery store. We made an appointment to meet.

At our first session, I was so anxious and told her, 'Laura I am so anxious that I don't think that I can talk!' And she said 'Could you sing it?' So, I sang the whole session. And then I joined her weekly training group.

When I was in training at my first training institute, we had to have at least ten patients by the time that we graduated and supervised by faculty members. We filmed our patients, and I showed a film of me working with someone. He was lying on the floor

and I was sitting up because I was working with his breathing, not touching him of course, but heightening his awareness. When my supervisor saw the tape, she said 'Your patient is on the floor!?' She appeared incredulous. And then years later when I first joined Laura's group, she asked someone to lie on the floor to attend to his breathing. Because she could no longer get down and up very easily, she asked me to go down on the floor and work with him...Remember that Dan?

**Dan:** Yes, yes, she did...I remember that.

**Ruella:** I had found a home. And after being there for some months, Eric Werthman told me that I should study with Richard Kitzler. So, I went down to the village, knocked on his door, Richard opened it and immediately said 'Picasso, what period?' (Dan & Ruella laugh) and I said 'BLUE' so he and I connect on the spot (smiling) Richard was my mentor for seventeen years! I adored him! He was difficult in many ways for some people, but he was just wonderful to me! And he taught me how to think. Laura taught me so much about practice and how she observed gestures. For example, she watched one of the people in the group raise his hand very sharply and then drop it onto his lap. She remarked to him, "You start with a bang and end with a whimper" and that was so true of this person. I thought 'oh my God, and I realized that we can make use of metaphors from observing gestures. Every class, Laura talked about the supports for contacting, and these basic supports, from my perspective, were the infant development patterns which I first learned from Bonnie Bainbrige-Cohen and which I have since developed and expanded along with their psychological functions as primary and fundamental supports for contacting. This is what I took away from Laura. Also...Laura cared about me (emotional) I was taken with that...

**Joyce:** it is like you both occupied a similar space, kindred spirits...You saw each other...

**Ruella:** I just loved working with her...every time that I got the chance to do therapy with her, I would bring a dream and she was so brilliant at unfolding it. Once I had a dream, I don't know if you remember this Dan...About Madonna...she had me walk around the group being Madonna (imitating the artist's movements) (both Ruella & Dan laugh). With Richard, it was different. We went through Perls, Hefferline and Goodman line by line. I sat on the floor and he sat on his throne...he had a high chair that was like a throne, and he would say to me you are like a baby bird sitting there... Saying...'feed me feed me'...And it was true.

Once, at a conference in Cleveland, I don't know if you were there Dan, but Eric and a few other people and Richard and I were waiting to get on a bus. Richard said

something to all of us, some theoretic pronouncement, and Eric quietly said to me ' I have no idea what he said' and I said to Eric ' I do! I understand Richard Kitzler ' so I thought that I had arrived! In my last year of working with Laura, just before she died, I decided that I was going to get a doctorate, and I was talking to her about that, and she died before I went to school. But Richard was my advisor through my entire program. He read my dissertation, every word and he read my first book, every word, and he was not around for the second, but...the last session that I had with him, which was two days before he died, I was talking about ' grasping ' and how I had just understood something about grasping that I had not understood before and he said ' Ruella, in the grasp is the now' and that is one of the last things that I learnt from him. He was an amazing teacher as was Laura.

Unfortunately, I never went to study with Isadore From. I get the benefits through Dan, Jean Marie and Michael. I met Dan, as he said, in Laura's class. He was there, I think, a year after I arrived. He was sitting on the couch and he had his green sneakers on, and I just loved him from the moment I saw him. We all went around introducing ourselves, and I don t know where it came from, but the first thing out of my mouth was ' this one is going to give me trouble' (laughing)

**Dan:** And...she was right! (both laughing)

**Ruella:** And so, he has...(smiling) and Michael I remember reading you and hearing about you and meeting you in 1990...I had just got married at the time, and you made a presentation on couples. Some years later, we both wrote a chapter in the book that Margherita and Nancy had edited ' Creative License'...So, we met again at the time that book was first published and celebrated in New York...And Jean Marie who came to train with me in New York was staying in your apartment...he was in the 2009/2011 group...So, we got together and I was so anxious to meet you ...You might not know this, but I had so respected you and admired you...And we were talking about 'yielding with pushing against' and you were doing work on 'yes' and 'no' and I actually had a disagreement with you...And I was able to state my disagreement...You made it easy for me to disagree. I appreciated that. It has been wonderful to learn from both of you and share with both of you.

**Joyce:** Thank you Ruella

**Michael:** One thing that I discovered about couples' lives is that they can disagree.... and it can be fruitful as long as they keep listening to each other. So, you and I have disagreed here and there and we always kept listening to one another.

**Ruella:** Yes, and that is true with Dan as well.

**Dan:** I want to underscore what you said about Richard Kitzler too. Richard Kitzler was my therapist and my mentor and my closest friend for many years. When I first met Richard, I was terrified of him because he was recommended to me as one of the best gestalt therapists around, and I opened the door...I was a lawyer then and this was my breakthrough into the giants of gestalt therapy. This was before I met Isadore and before I met Laura. This was the first really famous gestalt therapist I was meeting...and I opened the door and he looked at me and he said 'high fever as a child?' And then I said 'no, contact lenses!' (laughter) so immediately we set up that contact. I was terrified of him and remained terrified for a while. But at least I had the courage to tell him it was my contact lenses and, as far as I knew, not high fevers as I child...And in that he taught me so much about...the way in which we can grapple with gestalt therapy and still love gestalt therapy. He had a discipline about reading and understanding, that was part of the way in which he worked too. He gave no ground, he...as Ruella said...he taught how grasping is the way in which we stay in the present. At the same time, he didn't take the present for granted. He found depth in this present as part of that grasp. So, he would bring a sense of culture and history and a breath of metaphor and music and art into the work as Laura would do. I began therapy with him when I was still a lawyer. My work with him enabled me to discover how I could emerge more fully into who I was and would become as a therapist. I remember that for many years I would be sitting on this strange...I don't know what it was...it was a couch or a cushion...And it took me years to have my fingers go across the cushion to find out what I was sitting on (smiling) until I reached around and I found that there were springs underneath it!! And I could bounce! This was years until I felt the ground in order to be able to discover what I was sitting on! So that was a kind of metaphor about discovering the earth that you were describing Ruella.

In Laura I would remember the way in which she would have people walk across the room and feel their pelvis and feel the way in which the pelvis would glide. That plus Richard's sense of language and Richard's sense of articulation, a kind of articulation which is a way of speaking, and Laura's way of articulating in an embodied way went together very well for me. Ruella and I were in Laura's last group, literally the last group...We more or less began to feel like we were her ground, her metaphorical earth. She was dying and she faded, and the group got smaller and we remained as a core. Ruella, you mentioned Eric, we were a part of a small core that she relied on. I remember one day we were in her living room and she put her feet up on my lap...And I remember saying to myself 'Laura Perls has her feet on my lap!' She was getting quieter and quieter and the group began to be more and more a self-run group supporting Laura.

Then she was checking in to the hospital and some of us were visiting her. When she was home, we brought her flowers, I remember red roses. She held them in her arms and brought the large bouquet to her chest, buried her face in the flowers and inhaled. She smiled. We were with Laura as she faded. That was a very special experience for us and the group continued to meet for a while after she died. It could have been for more than a year, we held onto that energy of Laura and I hope I still keep it, somehow, I have kept that memory and that presence of her and that gentleness, I will never forget her gentle face, and I will never forget that.

I also remember very well those pictures of Fritz in her apartment, I remember a big bronze bust of Fritz in a corner and I thought for years that it was Mussolini (smiling) that big bald head in bronze.

I was also at the end for Richard...and you were too Ruella, I was close to him right through the end. I had the experience of being in that setting of two important gestalt therapists in my life. That means something to me and I don't know what it really fully means...and I am going to spend time as I move along in my own career thinking about what that does mean in terms of my assimilation of the traditions of gestalt therapy. In terms of who I am. I would like to think that I am passing on the traditions of gestalt therapy, and it surprises me actually when people look to me as a person who is passing on the traditions and is interested in me because I knew Laura Perls...I mean...really! Would you be interviewing me if I didn't?

**Joyce:** That is a heartwarming, humble question Dan, Yes, I would! you are someone who is also respected in your own right Dan, like you respected Laura and Richard and Isadore. It is interesting how you talked about being in awe of them in the beginning and how these people allowed themselves to become vulnerable in the presence of this core group...then you in turn could contain them at their most vulnerable time. How beautiful to have the opportunity and to be trusted in that way. That says something about you!

**Dan:** Yes, and with Richard the relationship changed from somebody of whom I was terrified to somebody that I was able to have fights with. At one point, some of us wanted to get him published. He did a fair amount of writing, but most of it was hidden in his apartment. It was time for him to be published. It turns out that his writing was full of brilliance but also eccentricities, When the collection was finally published the book was called "Eccentric Genius." One time, the International Gestalt Journal was trying to edit one of his papers, Garry Yontef threw up his hands and said 'I cannot edit this' and Frank Stammeler, the editor in chief, who knew my relationship with Richard

threw the task at me and asked 'could you try?' And exactly where I am sitting now, on my computer screen I had the document with Richard Kitzler sitting right next to me while I was trying to untangle those sentences! They were as clenched together as mussels clasped to the side of a pier -- like this (tying his fingers together). Richard was sitting next to me and I am prying them loose...these sentences, and I am taking out words, here and there. Once he said, "You are cutting the living genitals from the flesh of my paper" and I said 'what are those living genitals doing in that sentence?' (laughing). That paper was published in the journal and others followed. His writings are important in gestalt therapy. One of the things that was so difficult about Richard, and we talked about it, was that his ideas were eccentric...He would say something that you wouldn't understand because it is like a Zen Koan, you would have to puzzle over it...because it will be...over there...It wouldn't be linear...either it will be complete nonsense...or it will be brilliant.

**Michael:** I had very little contact with Richard Kitzler, because during his years of teaching I was in Boston and Cambridge. But he did show up at workshops or conferences and presentations that I gave, whether in New York or wherever conferences about gestalt therapy were held, so my main experience with Richard was of fighting with him...

**Dan:** Yes, yes, that is him!

**Michael:** He would come to workshops of mine, sit in the back and then during the discussion period he would ask sabotaging questions, and I would do battle with him, it was pretty lively, then we became friendly and we saw each other at dinners at Isador's and Hunt's apartment. So, we warmed up to each other, but I never really knew him the way that both of you did, as a teacher and presenter of gestalt therapy.

There are two things that I realize with the three of us talking about our backgrounds... one amusing and profound...the amusing one is that the guy I mentioned who led me mainly through his wife Cindy...who led me to Fritz Perls in 1966...Carl Werthman, who was Eric Werthman's brother! (both Ruella and Dan are pleasantly surprised). Carl Werthman was my dearest friend together with Cindy, because they were a couple at that time, in Berkeley California! So, Carl through Cindy led me to Fritz Perls. And Eric Werthman, you said Ruella, led you to Richard Kitzler!

**Ruella:** Yes, that is so.

**Michael:** And so, I suddenly realized...Ah the Werthman brothers...catalysts of gestalt therapy...

(Ruella & Dan agree on this understanding through laughter).

**Joyce:** How lovely!!

**Michael:** The other thing that I was thinking is...Because this is the first time that the three of us are really talking together about gestalt therapy and our mutual backgrounds...

**Dan:** Ah yeah yeah, that is right.

**Michael:** We kind of represent a kind of interesting gestalt ourselves, the three of us, because Ruella is by far the most interesting and deepest teacher of movement...And there is a whole tradition of body work that Ruella goes way, way beyond that.

**Dan:** Way beyond yes, way beyond.

**Michael:** Way beyond it, and she is not only the body or the tail but she is also the head...Because she is a real thinker...About how movement in human development has profound philosophical implications and expands our whole way of thinking about gestalt therapy. And then Dan and I...When we get together...I think that Dan has the deepest knowledge of anyone I know of the philosophical tradition that informs gestalt therapy, and that is phenomenology which I remember Isadore From telling me, years and years ago, decades ago, was the foundation, the basis of gestalt therapy. It's not because the founders knew so much about phenomenology but it just turns out that phenomenology and gestalt therapy belong together in their understanding of human nature. So, we have movement, we have philosophy, we have poetry which I think is something that I brought to gestalt therapy through my writing. I mentioned that in learning with Fritz I found that psychotherapy could be applied metaphor...But as Dan and Ruella and I have talked about, I also began to think of gestalt therapy as applied philosophy...So, the three of us, when I think about it, we represent such a large bandwidth of the experience that feeds into gestalt therapy. In this respect we are quite a trio.

**Dan:** With all modesty we also challenge all the assumptions of gestalt therapy. All of our teachings push gestalt therapy...We do not take what is settled.

**Joyce:** You do not allow us to introject do you! You challenge our thinking in your workshops and writing. Yes, I feel that you do challenge our habitual thinking.

**Dan:** I got that from Richard and also because of my temperament. Everything that I do, I think and everything that I have written is to challenge our assumptions because I cannot think that we can go anywhere unless we undo what is taken for granted.

I want to underscore what Michael said about Ruella. Ruella is completely innovative as a gestalt therapist, she is a complete gestalt therapist. (An emotional experience seems to be felt by all)

**Joyce:** Ruella you get us in touch with our embodiment through this present emotion.

**Michael:** So, Joyce, we have given you a pretty full picture about our backgrounds and our tendencies, and I am wondering if you have some track that you want us to go on...

**Joyce:** I feel satisfied Michael. You have addressed and encompassed all the ideas and thoughts that I had about this interview. I appreciate the anecdotes that you recall from learning and being with the founders and first proponents of gestalt therapy. You spoke to us about Laura Perls, about Fritz Perls, Richard Kitzler, Isadore From of course, and other contributors. Right now, what I am in touch with, and appreciating, is how each of you – you are, in your own ways, adding on to what the people that you spoke so fondly of, and are so much respectful of – *The Titans!* To use your word Dan...you have become the Titans about who we, as the global gestalt community speak fondly of, are respectful towards, and of course challenge you, as you want us to! In this way we will be forever growing in the artful way of living through gestalt psychotherapy. I am really in touch with that and I thank you.

I am also fascinated by the way that each of you spoke about how you came across gestalt therapy ...it seems so synchronistic to me...we can translate it into the way that you flowed with what the field presented to you...A beautiful dance with life!

I would like to invite you to share any concluding reflections and thoughts before we leave each other.

**Ruella:** I was actually holding my breath when my two friends were talking about me, so now that I can breathe again, I wanted to say that anytime I meet Michael...you know this Michael...I am taking notes, and then I write up the notes, even on a phone conversation.

Anytime that I talk to Dan, I'm taking notes, or he sends me an email I will print it out, I have learnt so much from them, and also, I do want to add someone that I have taught

with and that is Jean Marie Robine. I had to add him because Dan and Michael and Jean Marie have been my greatest teachers in the last so many years, and I constantly learn from them. Jean-Marie has been a profound influence in my life.

**Michael:** If we are the three musketeers then he is our d'Artagnan (laughter). He is very much part of this trio, and he certainly belongs here. I think that what is common to the four of us, including Jean Marie, is what Dan said – all four of us have above all been very loyal to the foundations and the traditions of gestalt therapy that began with the book of Perls, Hefferline and Goodman...all of us studied it basically line by line, thanks to the influence of both Isadore From who taught that way and to Richard Kitzler as I learnt from the two of you today who also taught that way. So. we have been very loyal to that book, but that does not mean that we have been simply followers of authority. All of us, very much including Jean Marie, have taken that foundation, taken the tradition of gestalt therapy and moved it beyond into new places, each of us in our very own personal and particular way. That is the conclusion that I wanted to underscore.

**Dan:** absolutely right!

**Ruella:** Merleau Ponty says that a rich theory is not about what the theorist has said but what is left to say.

**Dan:** Figal says that every idea bursts the seam of its thinking. Well either he said it or I did! (laughter) you can diagnose my narcissism based on whether he said it or I did!! (laughter)

**Joyce:** I wish to thank you for your time, it has been my great pleasure listening to you and I trust that this interview will be appreciated as much as I have. I wish to thank Lidija who inspired, suggested and supported this interview. Thank you, Dan, thank you Michael, thank you Ruella.

**Ruella:** Thank you. It has been a pleasure.

**Dan:** Thank you. My pleasure

**Michael:** Thank you Joyce for bringing us together in this format and evoking a great deal of background about both our different and overlapping interests, because this interview in itself has been a kind of learning experience about how important it is that we have met and come together.



### **Biography**

Joyce Sciberras is a Gestalt psychotherapist presently working in private practice, as well as a supervisor and teacher at the Gestalt Psychotherapy Training Institute Malta. She trained as a social worker at the University of Malta, later obtained a post graduate Diploma in Gestalt Psychotherapy from GPTIM and was awarded a Master's Degree in Gestalt Psychotherapy from Birmingham University. She attended a training program in Family Constellation in the tradition of Bert Hellinger led by Lidija Pecotic PhD. She is a qualified Family Mediator. Joyce held the post of Vice President for seven years at the Church Agency that offered voluntary counselling. She was a member of the Board of Governors of the Malta Mediation Center for eight years. She was a member of the National Family Commission for eight years. She is regularly invited on television programs to discuss topics related to psychology and psychotherapy.



### **Biography**

Michael Vincent Miller has practiced and taught Gestalt Therapy for thirty-eight years, currently in New York City. His own training was chiefly with Fritz Perls, Isadore From and the Polsters. After ten years of teaching at Stanford University and M.I.T., he cofounded the Boston Gestalt Institute. He has also trained psychotherapists in Gestalt Therapy in a dozen countries. He was on the editorial board of the "Gestalt Journal" and was Consulting Editor to the "International Gestalt Journal." Besides contributing articles to many journals and magazines, he has written four books: "Intimate Terrorism: The Crisis of Love in an Age of Disillusion" (1996), which has been published in eight languages; "La Poétique de la Gestalt-therapie" (2002), which was published in France; "Teaching a Paranoid to Flirt" (2011), a collection of his writings over thirty years on Gestalt Therapy; and "A Gestalt Therapy Testament" (2014), published in English and Italian in Milan.



## **Biography**

Dan Bloom JD, LCSW ([www.danbloomnyc.com](http://www.danbloomnyc.com)) is a psychotherapist in private practice in New York City. He studied with Laura Perls, Isadore From and Richard Kitzler. Dan teaches through the New York Institute for Gestalt Therapy and is adjunct faculty at the Gestalt Associates for Psychotherapy, the Center for Somatic Studies, and other gestalt therapy institutes around the world. Dan has lectured and presented workshops at many international conferences and gestalt therapy residentials. He is past president and Fellow of New York Institute for Gestalt Therapy and past president of the Association for the Advancement of Gestalt Therapy. He was Editor-in-Chief of the journal *Studies in Gestalt Therapy: Dialogical Bridges* is an associate editor of the *Gestalt Review* and book review editor of *Quaderni di Gestalt* and a member of the Scientific Board of the Gestalt therapy Book Series published by Franco Angeli. He wrote the introductions to the books Richard Kitzler's *Eccentric Genius*, Des Kennedy's *Healing Perception* and Phil Brownell's *Gestalt therapy: A Guide to Contemporary Practice* and the preface to Gianni Francesetti's *Panic Attacks and Postmodernity*. He was co-editor of *Continuity and Change: Gestalt Therapy Now* and *The NYIGT in the 21st Century*. Dan wrote chapters for several books. His papers have appeared in a variety of international journals. Currently adjunct faculty of the Gestalt Center for Psychotherapy and Training.



## **Biography**

Ruella Frank, Ph.D., is founder and director of the Center for Somatic Studies, NYC, and faculty at Gestalt Associates for Psychotherapy, the New York Institute for Gestalt Therapy and adjunct faculty Gestalt Institute of Toronto. Ruella also teaches workshops and training programs throughout the United States, Mexico, South America, Canada, Australia and Europe. She is author of articles and chapters in various publications, as well as the book *Body of Awareness: A Somatic and Developmental Approach to Psychotherapy*, (2001, GestaltPress, available in five languages) and co-authored *The First Year and the Rest of Your Life: Movement, Development and Psychotherapeutic Change* (2010, Routledge Press, available in three languages). Her training video *Introduction to Developmental Somatic Psychotherapy*, now subtitled in French and Russian, is available at [www.somaticstudies.com](http://www.somaticstudies.com)

# Poems

**Bernard Laus**

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## **Intimate Us**

Piece by piece,  
We built our World.  
Your heart rests on mine.  
Your soul,  
Gently soothes mine.  
We dance together,  
In this love and pain,  
That we share.  
Together, we embrace  
Whatever life brings,  
Whatever we create.

Bernard Laus  
10<sup>th</sup> January, 2020

## **Hands Held Tight**

With this hand,  
I touch your soul.

With the other,  
I hold your tears.

In you,  
I see my own reflection.

Both human, made  
of the same doubts and fears.

Together we meet,  
and dream.

For whatever,  
Life shall hold.

I will be here,  
in all the joy and all the pain.

Bernard Laus  
14<sup>th</sup> December, 2019

## **Voice of the Voiceless**

You may be well,  
And strong.  
Yet listen,  
To the silence,  
And hear the voiceless.

They do not speak  
Because of their burden,  
And despair.  
We are soulfully bound,  
To care, to spread wellness  
And to be,  
The voice of the voiceless.

Bernard Laus  
13<sup>th</sup> June, 2019



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## **Biography**

Bernard Laus is reading for a Masters Degree in Gestalt Psychotherapy attending his final year of studies. He works in the field of mental health with different age groups for the past five years. Currently he is filling the role of Deputy Manager at a mental health rehabilitation facility. As a therapist, Bernard works with impoverished individuals struggling with mental health. His passion for writing continues to grow, representing the pressures of life, humanitarian concerns and moments of beauty during therapy sessions.

## **Submissions**

Gestalt Today: Malta (GTM) welcomes authors from all fields and disciplines to impart their knowledge with our readers. Please read carefully through the submission guidelines below prior to writing and submitting a paper. Submissions which do not adhere to the criteria may not be considered for review.

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Article submissions must be sent electronically. Make sure that all papers submitted begin with a title page and include the sub-section providing information about conflict of interest and copyright. Further information is provided below. Consultative assistance, particularly in the presubmission stage, will be available by corresponding to the GTM email. The journal is published once a year and submissions are accepted at any time throughout the year.

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Manuscripts must be original and not currently being reviewed for publication elsewhere. GTM accepts different article types including research articles, qualitative papers, research based case studies, review papers, special issue papers and interviews with persons of interests within the field of psychotherapy. Brief reports are also accepted and may include research studies, theoretical, critical or review comments, and conference presentation reports. Brief reports are based mostly on secondary data that is in line with the theme of the journal. For editorial style guidelines, ethical principles and reference citations please consult and use the APA Publication Manual, published by the American Psychological Association.

All submissions must be preceded by a title page. Word limit includes appendices, however does not include the abstract, reference list, figures or tables. All papers are to be submitted using the following font Times New Roman with font size 12. Articles presenting original scientific research must begin by a structured abstract of up to 200 words. The paper must then have the following headings: Objectives,

Design, Methods, Results, Conclusion. Longer papers must adhere to a word limit of between 5000 to 6000 words. Review articles must have the following structure: Purpose, Methods, Results, Conclusions and such brief reports limited to 1000 - 1500 words.

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