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Authentic connectedness : an exploration of gestalt therapy principles in addressing the dynamics of interacting across identity difference

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Marissa Hampton McMillin
Authentic Connectedness: An
Exploration of Gestalt
Therapy Principles in Addressing the
Dynamics
of Interacting Across Identity
Difference

ABSTRACT

This qualitative study explored the experiences of how Gestalt therapists understand and apply principles of “authentic connectedness” when interacting across difference, such as race, culture, class, gender or sexuality, in both their clinical work and experiences in daily life. The researcher was especially interested in how these principles are used to understand and address interactions around privilege and oppression, which are dynamics that come up on a daily basis in American society, both within and beyond the therapy relationship.

Ten Gestalt therapists, formally trained in Gestalt therapy, were interviewed and asked to describe interactions where they were cognizant of a power differential across identity differences from a Gestalt perspective. The majority of participants chose to discuss clinical experiences over interactions from personal daily life. These interactions were examined through the lens of many different Gestalt values, supporting the notion that Gestalt therapy is interpreted in many ways. Study findings indicated that participants were largely influenced by Gestalt therapy in formulating their responses during clinical interactions, although there was no clear indication that Gestalt principles were equally applied in personal interactions outside the clinical realm.

A potential weakness of this study was participant bias. The researcher acknowledges that some of the participants may have responded in the way they thought the researcher wanted them to respond or that the participants did not easily transition from the role of therapist/educator to participant in a research study. Prior knowledge of the researcher and small sample size also may have influenced the study's outcomes.

**AUTHENTIC CONNECTEDNESS: AN EXPLORATION OF GESTALT THERAPY
PRINCIPLES IN ADDRESSING THE DYNAMICS OF INTERACTING ACROSS
IDENTITY DIFFERENCE**

A project based upon independent investigation, submitted in partial fulfillment of the requirement for the degree of Master of Social Work.

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2013

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The contacting that occurs within the dialogic relation involves more of the being of the person than does any other kind of contact. The I-Thou moment is a moment in which we are totally absorbed with another, which paradoxically puts us profoundly in contact with our humanity, with the knowledge of being; in this moment the meaning of human existence is revealed (Hycner & Jacobs, 1995, p. 58).

Chapter I

Introduction

Gestalt therapy has a sixty-year history of practice in the United States, yet many mental health providers complete their entire educational training without any reference to the practice. As Yontef (1993) explained: “Gestalt therapy began as a reaction to the rigidity of classical psychoanalysis by therapists who were trained in classical psychoanalysis” (p. 5). This led to Gestalt therapists moving away from theory driven practice, and instead looking to experience and experimentation as the guiding forces for patient change. Fritz Perls, who is credited with founding Gestalt therapy in Germany in the 1940s, was considered a subversive revolutionary with narcissistic tendencies during his time, yet a genius by many after his death. Perls and his wife, Laura, brought Gestalt therapy to the United States after World War II and eventually landed at the progressive Esalen Institute in Big Sur, California in the early 1960s. A view of Gestalt therapy that developed in the 1960s seemed to be a reflection of some of Perls’ less impressive qualities. It was arrogant, dramatic, one-dimensional and promised quick change. Yontef (1993) stated:

Many started equating Gestalt therapy with the bombastic pyrotechnics and abrasive confrontation of this style. Like Perls, this style of therapy got people’s attention, it made

things happen quickly. Therapists could get dramatic effects demonstrating it.

Charismatic therapists using this style employed technique and encounter to move people, with a naïve faith that this would result in long-term growth (p. 11).

In the 1980s, there was a shift or third wave of Gestalt therapy that returned to Perls' original theory as a foundation for this phenomenological method. The focus on experiencing authentic *awareness, contact* and *dialogue* (addressed later in this research) once again became the framework for understanding how patients make change in their lives.

Given its volatile history, Gestalt therapy remains in a place of being both misunderstood and dismissed by some in the mental health field. It is therefore not surprising that Gestalt therapy theory tends to be interpreted and applied to practice in a variety of ways, even by Gestalt therapists who have been formally trained. Yontef (1993) pointed to weaknesses in the amount and accuracy of theoretical literature written about Perls' theory that has led many therapists to believe and claim they are doing Gestalt therapy when in reality this is not the case. Yontef explained:

It should be noted that I am not claiming that there is only one interpretation of Gestalt therapy or that the tenets of Gestalt therapy have been explicated in an unambiguous manner – far from it. However, some seem not to understand the philosophical foundation of Gestalt therapy and many do not know that they don't know nor show signs of caring. Some try to change Gestalt theory without understanding *Gestalt Therapy*, the most authoritative source in Gestalt therapy theory, and the philosophy behind it (pp. 102-3).

The tendency to combine elements of Gestalt therapy and other orientations without a proper way to discriminate between the two, points to the necessity of further research and exploration

of how Gestalt therapy principles are being interpreted and integrated into clinical work and beyond. In returning to Yontef's statement above, the fact that there is not a single, unambiguous interpretation of Gestalt therapy opens up space for practitioners to apply this philosophy in creative ways.

Perls, Hefferline and Goodman (1951) discussed the interaction of the organism and its environment. From this original text, it is easy to see how Gestalt therapy has historically existed as an orientation that believes strongly in the social work value that locates the *person-in-environment*. "From this point of view, for instance, historical and cultural factors cannot be considered as complicating or modifying conditions or a simpler biophysical situation, but are intrinsic in the way any problem is presented to us" (Perls et al., 1951, p. 269). As Gestalt therapy has evolved, the field is seeing Gestalt therapists (many of whom are social workers) looking to apply principles of this theory beyond clinical encounters with clients to larger conversations outside the therapeutic environment regarding social justice issues.

In an effort to strengthen the available literature on Gestalt therapy, this thesis explores the ways in which Gestalt therapists understand and apply principles of "authentic connectedness" when interacting across difference, such as race, culture, class, gender or sexuality, in both their clinical work and experiences in daily life. The current researcher is especially interested in how these principles are being used to understand and address interactions around privilege and oppression, dynamics that come up on a daily basis in American society, both within and beyond the therapy relationship. As a white person wishing to contribute to the field of social work and committed to a personal practice of unlearning racism, this researcher is excited to explore Gestalt therapy as a potential avenue for progress.

Chapter II

Literature Review

When looking at the historical writings of Fritz Perls or to contemporary literature on Gestalt therapy, the theme of “authentic connectedness” is found again and again. Hycner and Jacobs (1995) shared:

Each of us secretly and desperately yearns to be “met” – to be recognized in our uniqueness, our fullness, and our vulnerability. We yearn to be genuinely valued by others as *who* we are, even *that* we are. The being of each of us needs to be revered – by ourselves, but also by others. Without that, we are not fulfilled – we are not fully ourselves (p. ix).

As shown here, this notion of authentic connectedness is part of the foundation of Gestalt therapy. For definition purposes, the researcher uses the term “authentic connectedness” throughout this thesis to primarily describe several foundational Gestalt principles – *awareness*, *contact* and *dialogue* – that when combined, promote self-realization and wholeness. Authentic connectedness includes the individual’s awareness and contact with his/her environment, and also with others. This literature review begins by examining several Gestalt texts to illustrate these concepts as they are defined by Gestalt therapy theory (Perls, et al., 1951; Beisser, 1970; Hycner & Jacobs, 1995; Yontef, 1993; Ginger, 2007); and then moves to empirical studies to review how Gestalt therapy has been applied to clinical settings (Greenberg & Malcolm, 2002; Haugstvedt, et al., 2011; O’Leary, Sheedy, O’Sullivan, & Thoresen, 2003; Cho 2005; Tranvag &

Kristoffersen, 2008). Last, how Gestalt therapy principles are utilized in addressing the dynamics of oppression will be discussed (Billies, 2005; Tucker, in press; Lichtenberg, 2008; Jacobs, 2005). This allows the researcher to fill a gap in the literature that begs the question: How are Gestalt therapists understanding and applying principles of “authentic connectedness” in both clinical settings and in non-traditional ways, especially when focusing on the dynamics of oppression and privilege?

Gestalt Therapy Concepts

The aspect of wholeness is at the heart of Gestalt therapy. The term *gestalt* comes from the German word “gestaltung” which translates to English words including: shape, form, and figure. Gestalt therapy operates from a holistic theory regarding the way humans habitually experience the world through whole or complete forms, rather than their components. Using the example of an infant experiencing his or her mother’s face, Ginger (2007) shared: “Since the very beginning of our life, the first important “shape” or “figure” that we recognize is a *Gestalt*: our mother’s face. The newborn does not distinguish the details, but the form as a whole is “significant” for him” (p. 1). In this example, as well as many others, the whole takes on a different meaning than merely the sum of its parts. However, the meaning granted to a part within a whole is not the same as that part on its own or within a different whole (Ginger, 2007). It makes sense that Gestalt therapists rely on the context of a situation, when working with patients, rather than focusing solely on the content of the issue.

In order to understand the function of *awareness* in Gestalt therapy, one must first reflect on the way Gestalt therapy thinks about change. Beisser (1970) spoke of what is known as the “paradoxical theory of change” in the most frequently referenced article in Gestalt therapy literature:

...change occurs when one becomes what he is, not when he tries to become what he is not. Change does not take place through a coercive attempt by the individual or by another person to change him, but it does take place if one takes the time and effort to be what he is – to be fully invested in his current positions (para. 2).

Here again, the theme of wholeness comes through. As one becomes aware of what one is, a gestalt or “formation of one’s world” is formed. Beisser’s “theory of paradoxical change” believes that it is through this awareness that a patient will heal him or herself; therefore, the Gestalt therapist is never in the role of change-maker (para. 6). Yontef (1993) expanded on awareness with a similar understanding: “Only an aware gestalt (awareness) leads to change. Mere awareness of content without awareness of structure does not relate to an energized organism/environment contact” (p. 51). Exploration of the “how” or process in any situation is more important to the Gestalt therapist than the “what” or content. The other point Yontef is making here is that the awareness is what facilitates the quality of the *contact* or interaction with one’s environment.

According to Dictionary.com, the word *contact* is defined as “the act or state of touching; a touching or meeting, as of two things or people”. In Gestalt therapy, the term contact takes on a layered meaning that illuminates the depth and complexity of the theory. Perls, Hefferline and Goodman (1951) described the contact-boundary:

When we think of a boundary, we think of a “boundary between”; but the contact-boundary, where experience occurs, does not separate the organism and its environment; rather it limits the organism, contains and protects it, and *at the same time* it touches the environment (p. 269).

Every type of engagement that occurs at the boundary between an organism and its environment is considered contact. What is being articulated in this description is the notion that the contact that is occurring at this boundary is not limited to the internal or the external human experience, but belongs simultaneously to both distinct and interrelated domains (Ginger, 2007). It is this understanding of contacting that is the subject of psychology, according to Perls, et al. (1951). It makes sense, therefore, that the reflections upon contact, for Gestalt therapy, are made based on their quality. Again, it is clear that Gestalt therapy involves a stronger focus on the *how* (the process) of contact, rather than the *what* (the content).

This central principle of contact also lends itself to Gestalt therapy's understanding of the notion of the self. Gestalt therapy is unlike other psychoanalytic theories in the way that the self is conceptualized; the self only exists in its contact with the environment and with others. The self is not a stable thing in Gestalt therapy, but emerges in the present moment as an agent for contact; Gestalt therapy views the self as reflecting inflexibility, therefore, when people go into a habitual pattern and interrupt contact with a need that has emerged they are not "selfing" but responding to an inflexible state (C. Newman, personal communication, October 12, 2012).

In describing the way *dialogue* (or the dialogic) fits under the umbrella of authentic connectedness for Gestalt therapy, the inter-relatedness of these principles becomes more and more clear. Yontef (1993) points out:

The dialogic view of reality is that all reality is relating. Living is meeting. Awareness is relational – it is orientation at the boundary between the person and the rest of the organismic environment field. Contact is also obviously relational: it is what happens between person and environment. Our sense of our self is relational... (pp. 32-33).

In order to have true dialogue, there must be authentic contact and it is relational awareness of our most dynamic, flexible self that facilitates this contact. Gestalt therapy is very interested in these “between” states, and perhaps is what modern psychoanalysis would label the inter-subjective.

Hycner and Jacobs (1995) used philosopher, Martin Buber, to articulate the ways in which the dialogical understanding of Gestalt therapy revolves around “two polar stances: the I-Thou and the I-It” (p. 7). While these stances represent our natural inclinations toward connection and separation, respectively, it is the I-Thou (the connection) we are most interested in when it comes to understanding dialogue. Hycner and Jacobs offer this meaningful explanation:

The I-Thou experience is one of being as fully present as one can to another with little self-centered purpose or goal in mind. It is an experience of appreciating the “otherness,” the uniqueness, and the wholeness of another, while at the same time this is reciprocated by the other person. It is a *mutual* experience. It is an experience of profoundly valuing being in a relationship with this person. It is an experience of “meeting” (p. 8).

It is important to highlight the spontaneity and the boundlessness of dialogue; one can only fully appreciate and feel the authentic connectedness in an interaction where “the outcome is not controlled or determined by either party” (Yontef, 1993, p. 39). When both parties are presently aware and authentic and flexible in their contact, this is when true dialogue emerges. In terms of therapy or the traditional clinical realm, Gestalt therapy believes in the healing nature of dialogue. The experience of dialogue as it helps us to integrate and bring wholeness to our experience serves to re-engage our relation, or contact, with the world (Hycner & Jacobs, 1995). It makes sense, then, to wonder about the applications of Gestalt therapy principles and this

sense of seeking authentic connectedness that comes through awareness, contact and dialogue as they extend outside of the clinical realm to daily life and social meaning making.

Empirical Research

The existing empirical research on Gestalt therapy focuses primarily on exploring the way Gestalt therapy has been used in traditional ways, in clinical settings. Many of the existing studies focus on client experiences (often beneficial) rather than the perspectives and experiences of Gestalt therapists (Greenberg & Malcolm, 2002; Haugstvedt, et al., 2011; O’Leary, et al., 2003; Cho 2005; Tranvag & Kristoffersen, 2008). One study did explore the way health care providers, psychiatric nurses in this case, were able to utilize Gestalt therapy principles in their work with patients (Kelly & Howie, 2007). While each of these studies address the use of Gestalt therapy in the clinical realm or attempt to understand clinical settings, a variety of different techniques and principles are used to encourage or highlight authentic connectedness.

In their qualitative study, Greenberg and Malcolm (2002) “...related the process of the resolution of unfinished business with a significant other to therapeutic outcome in a population of 26 clients who suffered from various forms of interpersonal problems and childhood maltreatment” (p. 406). The main Gestalt treatment used was the empty-chair dialogue, an experiential method designed to support the re-experiencing and restructuring of an earlier experience. This was brought into the therapeutic environment whenever a moment in the session alerted the therapist that there was “unfinished business” in the relationship the client was describing (Greenberg & Malcolm, 2002). The limitations of the Greenberg & Malcolm study include the small sample size and the question of whether the outcome may have been different if the unresolved issues were more serious issues of trauma or abuse. The findings included those clients who “...expressed previously unmet interpersonal needs to the significant

other, and manifested a shift in their view of the other, had significantly better treatment outcomes” (Greenberg & Malcolm, 2002, p. 406). In other words, it was helpful for these individuals to express their interpersonal needs, and this came about through an experiential dialogue in the present moment of the session.

A study from Norway, based on a qualitative approach using focus group interviews, looked at a group of 12 female employees on sick leave from work and used Gestalt theory to explore the participants’ process of change related to their increased ability to work (Haugstvedt, Hallberg, Graff-Iversen, Sørensen, & Haugli, 2011, p. 762). They found the women “...described how experiences of increased awareness contributed to reconstruction of their self-understanding and opened up for new possibilities. This seemed to have provided them with new ways of communicating and acting, which enhanced participation in work” (Haugstvedt, et al., p. 762). Here, we are seeing how authentic connectedness, in terms of self-realization as well as dialogue with others, inspired change.

Another qualitative study took place in Ireland and was composed of 43 older adults (65+ years old) in a Gestalt therapy group and a control group, splitting them 22 and 21 respectively; the study assessed the effects of Gestalt therapy on anxiety, depression, anger and affective moods (O’Leary, Sheedy, O’Sullivan & Thoresen, 2003, p. 133). O’Leary, et al. (2003) clearly stated the aspect of Gestalt therapy that frames their inquiry – “Awareness is viewed as both a cognitive and emotional process. Clients develop responsibility through gaining awareness of their part in experiences, owning it and expressing it” (p. 133) They found a reduction in anxiety, anger, more clear-headedness, less confusion and feelings of being more agreeable in the therapy group (O’Leary, et al., 2003).

A qualitative study done by Cho (2005) examined the recovery process from romantic relationship breakups through using three to four 80-minute individual Gestalt therapy sessions for qualified participants. The criteria for participants included having complete dissolution of the romantic relationship, the experience of some kind of emotional pain or distress from the dissolution and a willingness to participate in Gestalt therapy and the interview process (Cho, 2005). One limitation in this study lies in the fact that there were only four participants – three females and one male – and the demographics, including racial or cultural background, were not acknowledged in the study. However, the findings were significant in helping to understand the recovery process and the ways in which Gestalt therapy proves beneficial. Cho saw the way an individual recovers from a break up as similar to a “re-integration of the self” (p. 5). Gestalt therapy helped to “enhance one’s body sensations...to connect better with one’s emotions,” to “contact one’s feelings by concretizing, connecting and accepting what they are,” to “fully express what is in one’s mind” helps with awareness, and dialogue with an empty chair helped to “finish up one’s unexpressive feelings toward the ex-partner or one’s fragile inner child” where dialogue with the self helped to “rebuild one’s identity” (Cho, 2005, pp. 5-6).

Tranvag and Kristoffersen (2008) also looked at partnerships, but their qualitative study focused not on benefits, but on an understanding, through a Gestalt perspective, of the experiences of eight spouses/co-habitants of persons with bi-polar disorder recruited from a Norwegian psychiatric hospital. The main question asked in the interview guide was: “What experiences have you had in your life with your partner, who has a bipolar affective disorder” (Tranvag & Kristoffersen, 2008, p. 7)? One limitation to the study was that the time spent in partnership with persons with bi-polar disorder greatly varied, from 6 to 51 years. While the findings brought up a number of themes, the overwhelming response involved different areas in

their lives, from health care workers to social networks, where there was "...a break in contact as this gestalt fell apart and was replaced by an incomplete gestalt not meaningful to them" (Tranvag & Kristoffersen, 2008, p. 11). The study concludes by encouraging further research that involves exploring the extent to which nurses can use Gestalt therapy as part of a holistic professional approach.

A final qualitative study by Kelly and Howie (2007) used a narrative research methodology to examine the influence of Gestalt therapy training on the professional practice of psychiatric nurses in Victoria, Australia. This study used snowball sampling to recruit four participants, all women, who were registered as psychiatric nurses and had completed Gestalt training; these four agreed to do narrative interviews. Referencing Hycner and Jacobs (1995), this article explained how the participants and researchers engaged in a dialogic encounter in the telling of the participants' stories. The data collection method "requires a heightened vigilance, both in the way in which the researcher listens to the story, and how and when he or she asks questions about the story" (Kelly & Howie, 2007, p. 139). Through a specific method of narrative data analysis, the findings create a collection of stories, which offer more depth and insight than any one story on its own – the Gestalt concept of wholeness was even applied to the outcome of the study. Elements of this study, including the goal for "the research participants to recount their experiences of applying their Gestalt knowledge to their practice," (p. 138) seem to be more similar to the current researcher's study than the studies reviewed above.

Gestalt Therapy and Dynamics of Oppression

Through the current researcher's efforts to find empirical studies that examine the use of Gestalt therapy as a framework to address racism, or other forms of oppression, a number of authors positing the usefulness of Gestalt therapy in the realm of social justice issues surfaced

(Lichtenberg, 2008; Tucker, in press; Billies, 2005; Jacobs, 2005).

Tucker (in press) discusses the phenomenon of boundary making at the site of similarities and differences. However, social constructions of difference interrupt our ability to reflect upon our actual experience of each other. Tucker explains:

In Gestalt therapy, our goal has always been to stay close to experience, to build our awareness, moment-to-moment, of what *is*, and to be cognizant of the difference between what *is*, and our ideas about what *is*. Yet it is easy to become confused about whether the lines we draw to create categories represent something that is an actual difference or whether they represent a social construction that has developed and been reinforced over time (p. 2).

While this notion can be used to discuss the oppression and privileges of any identity category, the most important example that comes to mind is race; race is a social construct.

Tucker describes the ways in which we have adjusted to our environment based on these faulty notions of "difference" and at both societal and personal levels, created "a fixed Gestalt" (in press, p. 3). Tucker explains: "These patterns of interacting with the world have become frozen so that we lose awareness of the realities and possibilities of the field" (p. 3). In other words, our ability to create truly authentic dialogue across differences has become inflexible; we interact in ways that are not spontaneous and dynamic, but instead their outcomes are controlled or determined prior to contact. These fixed Gestalts serve the purpose of keeping us within our comfort zones, without having to experience the anxiety of the unknown, and in collusion with systems of unearned privileges and oppressions. This concept can easily be applied to the existence of white privilege. McIntosh (1995) describes white privilege as "an invisible package of unearned assets that I can count on cashing in each day, but about which I was "meant" to

remain oblivious” (p. 77). Once white privilege is named and contextualized, a heightened awareness is created and the fixed Gestalt has the potential to shift. Tucker believes the creation of new Gestalts, in this context, can only happen if we are able to:

...come into greater contact with our identification as members of any particular group and explore how these particular creative adjustments have been of help to us, have given us support, strength, self esteem, and belonging, and to value all that any particular group membership has yielded (p. 6).

This understanding of self-awareness brings us back to Gestalt therapy's beliefs about the way people change -- through full acceptance of what *is*. The task of the therapist is to begin this process with clients through a mutual experiencing of encouraging and exploring self-awareness and acceptance.

Billies (2005) articulated the spirit behind the current study as she addressed the therapist's role in colluding with systems of oppression and privilege – "This paper began as an effort to translate what I have learned about taking responsibility for racism as a white person into gestalt therapy language" (p. 71). Billies described her experience of understanding racism as a parallel process to the Gestalt healing process; both processes begin with awareness. Change comes about through awareness of what *is* and the openness for novel possibilities arise as this practice/process continues. Gestalt therapy outlines a clear and direct path towards understanding the confluence Billies describes, prompting a call to action:

By definition, gestalt therapy aims to free people from habits that disrupt contact -- the process of assimilation of what is needed or significant and rejection of what is not. However, implications for the confluent therapist's use of her experience and the specific ways gestalt therapy can be used to undo these interruptions are under addressed

in gestalt therapy literature and practice (p. 72).

This is where the current researcher offers a meaningful contribution by taking Billies' work one step further as she interviewed Gestalt therapists for this study.

Billies (2005) argued "...gestalt therapists who receive privileges of social location have developed habitual interruptions of contact that perpetuate systems of privilege and oppression" and encourages therapists to shift out of this confluence into more authentic contact with clients through promoting awareness and "...changing habits that represent oppressive cultural practices" (p. 72). It is through this contact and a creation of the "between" that new contexts can be formed. But the challenge of interrupting confluence, a contact-inhibiting stance, is to bring pieces of one's social location to the foreground of their experience.

Tucker's (in press) notion of the fixed Gestalt in reference to white privilege comes to mind here. In our society, the white experience is almost exclusively viewed as the "human" experience, rather than an experience that carries with it an immense amount of unearned privilege. Billies demonstrated the ways in which identity is not, in fact, a fixed Gestalt but instead, an ever changing formation. "First, the organism/environment field implies that every element in the field is only meaningful in relation to its context; second, contact is an ever-moving experiential process; and third, contact by definition includes confluence in the final phase" (Billies, 2005, p. 78). The final phase of contact involves assimilation, or integration, of the experience; this was referenced earlier in the notion of letting oneself be influenced by another. Through viewing identity as changeable, keeping in mind the fact that "...identity markers are used explicitly and implicitly to determine who receives social benefits and who receives harm," there is possibility and hope that these patterns of inequality also are changeable. Billies offered a description of what that might look like in the therapeutic dyad:

Engaging in a process of developing awareness of those aspects of one's culture that support and are supported by dominant social forces, the therapist can anticipate and address their impact in the therapeutic moment, engage the client when appropriate, and when possible, undo her participation in them (p. 85).

Gestalt therapy is interested in encouraging the *experience* of this process in the clinical setting and the *practice* of this process in the daily lives of both the client and the therapist.

Lichtenberg (2008) furthered addresses this concept as he localizes the exact moment in which we respond (verbally or non-verbally) to a homophobic comment, a sexist joke, a racist remark, or something similarly offensive and uncomfortable. While our emotional response is different depending on a number of factors, including whether we are part of the group that has been targeted, these moments "...can be examined in the context of disturbances of contact" (Lichtenberg, 2008, p. 2). Using Gestalt therapy principles, Lichtenberg illustrated ways in which this disturbance can be conceptualized and addressed in every day conversations, beginning with the idea of seeing those conversations as "experiments in dialogue" (p. 7). Here, we see a practical example of the interwoven nature of contact and dialogue. Lichtenberg pointed to four corners of contact that must be present if authentic dialogue is to take place:

A first corner is "This is what I want and who I am." A second corner is "I want you to tell me what you want and who you are." A third corner is "Tell me how you are reacting to what I have said or done," and a fourth, obviously, is "here is how I am reacting to you" (p. 8).

The challenge that emerges from an authentic dialogue, in this sense, is for both parties to acknowledge the fact that these corners of contact are not fixed but subject to change based on the context. The second challenge involves the anxiety that often emerges in being open to being

influenced by the other. It is only in this kind of meeting that power differentials, previously so rigid, can be softened and discussed.

Jacobs (2005) supported a number of the ideas posited above as she describes her therapeutic atmosphere as a Gestalt therapist:

I have many different identities with any given patient, and they with me. Relational configurations shift with the shifting figure/ground of contacting and awareness...I think that when a therapeutic process is going along well, there is an easy suspension of the “givenness” of one’s identity, and patient and therapist readily engage in various constructed relationships (p. 239).

Again, the notion of possibility, flexibility and openness, emerge as authenticity is practiced in the Gestalt therapy relationship. It is this moment of possibility that inspired this researcher to pursue the current research study.

Chapter III

Methodology

The current study explored the ways in which Gestalt therapists understand and apply principles of “authentic connectedness” when interacting across difference, such as race, culture, class, gender or sexuality, in both their clinical work and non-traditional settings outside of the client/therapist relationship. The researcher was especially interested in how these principles are used to understand and address interactions around privilege and oppression, dynamics that come up on a daily basis in American society, both within and beyond the therapy relationship. The research question emerged after reviewing existing literature that included: a) definitions and explanations of Gestalt principles of “authentic connectedness”, including *awareness*, *contact* and *dialogue* (Perls, et al., 1951; Beisser, 1970; Hycner & Jacobs, 1995; Yontef, 1993; Ginger, 2007); b) empirical studies looking at how Gestalt therapy is applied in clinical settings (Greenberg & Malcolm, 2002; Haugstvedt, et al., 2011; O’Leary, Sheedy, O’Sullivan, & Thoresen, 2003; Cho 2005; Tranvag & Kristoffersen, 2008; Kelly & Howie, 2007); and c) a contemporary reflection describing how Gestalt therapy principles are useful in understanding and addressing the dynamics of oppression (Billies, 2005; Tucker, in press; Lichtenberg, 2008; Jacobs, 2005). The researcher’s literature review revealed no pre-existing studies on the current topic, which generated the need for the current study to fill the gap by exploring: *How are Gestalt therapists experiencing authenticity, as informed by Gestalt principles, across specific differences in privilege and oppression in both clinical and non-clinical interactions?*

Procedure

This study used a qualitative method with a narrative research design to gain a deeper, richer understanding of the role that Gestalt orientation plays in therapists' ability to navigate difficult conversations with authenticity. As noted by Kelly and Howie (2007): "Importantly, the collection of stories demonstrates the potential that stories have in giving rich insights into the meaning of nurses' professional lives and the multiple influences that inform their professional decision-making and their nursing practice" (p. 141). Allowing participants to use the interview process as a meaning-making interaction, while gathering data with a great amount of depth and richness, provided richness to the current study. Because the researcher aimed to uncover the lived experiences of individuals through focusing on their understanding of a specific concept or phenomenon, this study can be classified as a *phenomenological qualitative study*. This is further explained by Tranvag and Kristoffersen (2008) in their study on the experiences of spouses of persons with bi-polar disorder: "An open phenomenological attitude may give access to a person's life-world and facilitate the expression of experiences in the manner the person himself/herself wishes to express them..." (p. 7). This study used an interview guide, but the interview was based loosely around one question: "How have you [Gestalt therapist] experienced authenticity, as informed by Gestalt principles, across specific differences in privilege and oppression in both clinical and non-clinical interactions?"

The current researcher was aware that the complex layers of rich data accessed from this study could prove overwhelming to transcribe and analyze. Therefore an *interview guide approach* was used to offer some level of structure for the interviews. Such an approach leaves

space for the conversation to unfold naturally, while also having a certain level of structure in knowing that there are specific topics that must be addressed. While, on one hand, some participants may have felt more comfortable (and therefore, their answers may be more honest), the researcher was at risk for biasing the results as some questions were posed differently or probed further with specific questions in some interviews, as needed. This potential bias was addressed by the researcher selecting specific topics from the interview guide, and labeling them as areas that may require further probing if the participant seemed to have more to offer. Participants were asked four in-depth questions, which included the following: “Can you describe an experience where you were cognizant of a power differential in terms of privilege/oppression in either a client interaction or a personal interaction? As a Gestalt therapist, what was your role in that experience? How did being a Gestalt therapist influence your response? Do you feel the Gestalt principles of awareness, contact, and dialogue played a role or informed your response? Please explain.” (See Appendix A).

Confidentiality was addressed in the letter of informed consent (See Appendix B). In order to ensure confidentiality, informed consent letters were separated from the data and both are being stored in locked password protected files. Participants were asked not to provide any names or identifying information about clients during the interviewing process. Any identifying data obtained was treated confidentially, coded or subsequently deleted.

Participants

Participant criteria for inclusion in this study included the following: a) completion of a formal post-graduate Gestalt therapy training program; b) a current job or private practice where one is seeing clients regularly and practices Gestalt therapy; and c) participants must be English speaking. There were no specific exclusionary criteria for participants. The sample size was 10

participants.

Study participants completed a short demographic questionnaire at the beginning of the interview that asked their age, and how they identify their race, gender, ethnic background, and current spiritual/religious practice (See Appendix C). Participants also were asked which Gestalt program they completed as a means to determine whether certain themes emerged based on training program. Upon completion of this short demographic questionnaire, participants were then asked the four in-depth interview questions that were audio-recorded, transcribed and examined by the researcher to determine whether themes or patterns emerged. Interviews were conducted in the New York City area in order to allow for face-to-face interviews with the researcher.

Sample

The recruiting process involved a non-probability sampling technique, using both convenience sampling and snowball sampling. After attending workshops at The Gestalt Center for Psychotherapy and Training, Gestalt Associates for Psychotherapy, and The New York Institute for Gestalt Therapy (all three located in New York City), this researcher recruited the graduate and faculty networks of these three institutes as the sampling frame. This researcher was open to doing Skype or phone interviews, but was able to locate participants in the New York City area, completing all interviews in person.

To clearly explain the intention of the proposed study, this researcher created a detailed recruitment email describing the study and criteria for participation, and asked all three institutes mentioned above to distribute the email to their graduate and faculty list-serves (See Appendix D). This email asked possible participants to contact the researcher via email if interested and if they met the criteria; the screening questions were asked again via email to ensure participants

met the study's criteria. If they did not meet the criteria, they were thanked and notified that they could not participate in the study.

Data Collection and Analysis

A smartphone audio recorder was used to collect the data and to conduct the interviews in person. Brief notes were taken in a personal diary directly following the interview to document any observations on areas of the interview that evoked greater affective responses, in the event these needed to be noted in the transcription and data analysis. The transcription process was conducted personally using the computer; this was the only area that demonstrated a methodological weakness – the researcher transcribed over 150 pages from 10 interviews, with each interview lasting 30 - 40 minutes. Data analysis began with open coding and then was related back to themes present in the literature while looking to see if new themes emerged. Using those themes to guide the analysis, patterns of words/phrases from the transcribed data were organized to create meaning.

Chapter IV

Findings

This chapter presents responses to the research question, how are Gestalt therapists experiencing authenticity, as informed by Gestalt principles, across specific differences in privilege and oppression in both clinical and non-clinical interactions. The chapter first presents participant demographics, followed by participant responses to the following four interview questions.

Describe an experience where you were cognizant of a power differential regarding differences in identity in either a client interaction or a personal interaction.

As a Gestalt therapist, what was your role in that experience?

How did being a Gestalt therapist influence your response(s)?

Do you feel the Gestalt principles of awareness, contact and dialogue, played a role or informed your response?

Demographic Information

Ten participants participated in the interviewing process. Demographically, the participants, as a whole, were not notably diverse. Sixty percent (n = 6) of the participants identified as female, while 40% (n = 4) identified as male. Eighty percent (n = 8) of the participants were between 60 and 70 years old; and 20% (n = 2) were 43 and 55 years of age, respectively. One hundred percent (n = 10) of the participants identified as white, with 50% (n = 5) identifying as Jewish; 20% (n = 2) identifying as Italian; 10% (n = 1) identifying as Irish; 10%

(n = 1) identifying as white; and 10% (n = 1) choosing not to respond. In terms of sexual identity, 20% (n = 2) of the participants identified as lesbian and 80% (n = 8) identified as either heterosexual or straight. There were a variety of different religious/spiritual practices identified, but 40% (n = 4) identified as having “no affiliation”. Twenty percent (n = 2) identified as agnostic; 10% (n = 1) atheist; 10% (n = 1) meditation; 10% (n = 1) replied with “yes”; and 10% (n = 1) identified with “cultural Judaism”. The participants were all located within the New York City area and all attended one of the three local Gestalt Institutes for their training in Gestalt Therapy. Fifty percent (n = 5) completed training with the Gestalt Center for Psychotherapy and Training; 30% (n = 3) completed training at the New York Institute for Gestalt Therapy; and 20% (n = 2), with the Gestalt Associates for Psychotherapy. Several participants completed training at one program and are now part of the faculty at another program. These figures are reported in Table 1.

Table 1. Participant Demographics

*DEMOGRAPHICS	NUMBER	PERCENTAGE
GENDER		
Male	4	40%
Female	6	60%
SEXUALITY		
Lesbian	2	20%
Gay		
Heterosexual/Straight	8	80%
RACE		
White	10	100%
Other		
ETHNICITY		
Jewish	5	50%
Italian	2	20%
Irish	1	10%
White	1	10%
SPIRITUAL PRACTICES		
Agnostic	2	20%
Atheist	1	10%
Meditation	1	10%
Cultural Judaism	1	10%

Yes	1	10%
No Affiliation	4	40%

*Only reported responses noted

Type of Interaction and Role(s) Described

Sixty percent (n = 6) of the participants described a clinical interaction and 20% (n = 2) described a personal interaction to illustrate a power differential. Twenty percent (n = 2) of the participants defined both clinical and personal interactions to describe power differentials. In addition to clinical interactions, a variety of personal interactions were described. These ranged from Participant D detailing a personal interaction that took place prior to becoming a Gestalt therapist to Participant G describing a personal interaction with police officers that was later shared with personal friends.

In describing their role(s) played during these gestalt interactions, no two were the same. The variations in roles aligned with the differentness in content and nature of interactions. For example, Participant C and Participant J both mentioned working with identity, but Participant C was referring to expressing self-identity and a more global need for differing identities to be examined while Participant J was referring to addressing client identity struggles. Several participants used this question as a window to describe the areas of Gestalt therapy that felt most valuable to their work. More specifically, Participant A identified as a supporter and protector when a client no longer was able to keep herself safe from attempting suicide. This participant stepped in and made decisions for the client when the client was unable to refrain herself.

Participant B described an “equalizer” role. This participant described becoming critically aware of the carefulness in which a client placed himself on the couch as he entered therapy. Participant B explained:

So there's an awareness, an alertness, a sense that he needed to be appropriate for the moment. And he had to make himself appropriate for the setting. It was that [awareness] that caused me to speak up.

Participant B reported self-disclosing a piece of personal information about class background in order to balance the perceived power differential between the two of them.

Participant C's role was that of a teacher (of Gestalt therapy) and involved teaching the importance of communicating about one's own identity, especially around pieces of identity that are not visible through physical appearance. Participant C explained:

I'm aware that these words or this identity is important to me and this is what I need to do because it is important to me as an individual, important to me as a professional, important for me as faculty, is important for me as a community member; and it has value not just for what it does for me, but for my sense and my experience of what it has the potential to do for other people.

Participant C further explained that self-disclosure of marginalized identities is important for all therapists in order to address any anxieties or discomfort that surfaces for them when working with clients with these identities.

Participant D described a personal situation that took place prior to becoming a Gestalt therapist (but reflected on it through a Gestalt lens) in which the participant's role was to advocate for and focus on a need. Participant D retained validation of the need despite power differentials with those attempting to deny this need. Participant E described work with an interracial couple, a white woman and a black man coming from different class backgrounds, and the importance of admiring the couple to teach them to admire each other. Participant E explained:

Well, as part of the experience, part of my role is to participate in modeling a different form of communication and relating. It's also to support change, support growth, to help them work on sort of adoring each other in an emotional sense.

Participant F described using the role of compromiser in a personal interaction with a powerful colleague after getting little support from other colleagues present when a conflict arose. Participant G described both a personal and a client interaction. The personal interaction required being present with the experience, and to fully take it in; while the client interaction required the non-judgmental facilitator role with the client and not asserting one's worldview or agenda. Participant H's role with a client was to first serve as a witness to the client's feelings and then to redirect them while straightening out the projections that had been occurring, to create a safe holding space for the client to express his feelings. Participant H explained:

So I think partly, his ability to get angry with me and at me, and I was nervous about it but, uh, I was still able to hold him in that dyad and he seemed to get some relief from just feeling like somebody could sit with him while he did rage and get angry and not retaliate.

Participant I's role was to help the client make use of her body to communicate, using what Participant I termed "the imaginal field" to help the client visualize an experience in her mind's eye and work with the client's subtle knowing that would emerge. Participant I described:

So kind of appreciating and respecting the place of the body and what we don't yet know, and what I can't know, will come from her...I think is part of the ground of Gestalt. And that was what was transforming for her.

Participant J described the educator role with a client that involved bringing awareness to the client's unhappiness related to her class background and the identity she had built around class.

Gestalt Therapy Influences

While each participant had a unique response when asked about the ways in which being a Gestalt therapist influenced their response, 70% (n = 7) of the participants reported being influenced by Gestalt therapy. These influences were expressed through different interpretations of Gestalt therapy principles valued by each participant. Several participants chose to describe Gestalt techniques, such as experiments (i.e., Participant E influenced by 'empty chair', psychodrama, etc.) or working with the body (Participant I influenced by using the "imaginal field"). The other 50% (n = 5) of participants revealed themes involving awareness of both verbal and non-verbal cues, non-judgment, curiosity, co-creation and relational approaches, viewing client as a whole person, and a supporting and encouraging of both parties to fully be themselves. There was some overlap in responses in both groups.

Thirty percent (n = 3) of the participants responded by describing influences that were drawn from other aspects of being a therapist. Participant A, who had been in private practice, reported this experience as the primary influence in determining responses to clients. What influenced the decision to hospitalize a suicidal patient was not predicated by Gestalt therapy. In cases such as these, the power differential is one that any type of therapist might encounter when dealing with suicidal patients. Participant A explained:

It was being in private practice that made me feel so vulnerable and frightened about the consequences of my decisions.

How Gestalt Principles Informed Response

Ninety percent (n = 9) of the participants agreed and spoke to the fact that the Gestalt principles of awareness, contact, and dialogue played a role or informed their responses in the shared client interactions. One participant (Participant F) reported being surprised during an interaction that lacked the use of Gestalt principles, given the fact that those involved in the interaction were Gestalt therapists.

While Participant A previously reported being more influenced by being in private practice than by being a Gestalt therapist, the participant's answer to this final question pointed to the fact that work with this suicidal client did involve an awareness of whether the contact and dialogue in the therapeutic dyad could sustain the client outside of therapy. In this case, the answer was no, as the client did not have the self-support to internalize these principles on her own.

Participant B placed an emphasis on awareness, and described in great detail the way all of the senses are available when choosing how to interact with a client. Participant B illuminated:

I saw him, I felt him, I heard him, looking and sitting. I heard his voice as he spoke. In a much more subtle way, I could say I smelled him, as in I was breathing the air in the room. In a very inchoate way, one senses the other, I tasted the taste within my own mouth that had to do with my own reactions that were coming up – so you know, it's the five senses that get us oriented with, as well as our proprioceptive sense, our ability to feel our own bodies from within.

Participant B went on to assert that you cannot have awareness without contact. But while contact was definitely present, Participant B did not feel comfortable using the term “dialogue”

to describe interactions. This term was reported too reductionist and preferred looking at the “organism environment field,” which provides a more holistic context to understand an exchange between people.

Participant C described the interaction with a colleague as informed by awareness and an interruption in contact. Contact also was discussed in terms of the importance of observing personal reactions to people with marginalized identities when your own identity has been privileged; Participant C asserted this to be an incredibly vital part of becoming a good therapist. Participant C emphasized the importance of an ongoing, continued dialogue with self after the colleague broke the contact with a homophobic stance. In this situation Participant C used personal awareness to assess safety, which was based on disclosing marginalized sexual identity; and thus made a decision not to return to the dialogue after contact was broken.

Participant D’s situation was unique in the fact that the experience recalled had taken place prior to becoming a Gestalt therapist. This participant focused experiences through the lens of awareness, contact, and dialogue based on current knowledge. The participant described the importance of being aware of personal need and defined dialogue as understanding that there are conflicting points of view. Participant D stated that the ability to validate all points of view is the point of contact.

Participant E worked as a therapist with a couple and in order to model healthy communication and relating, helped teach both clients to be aware of the other’s body language.

Participant E described:

And they slowly became aware of the patterns of how they interacted with each other physically and what messages were being communicated, so then they got to the point

where when she looked away, he would touch her arm, just as a way of bringing her back...

The contact then, for Participant E, was about novelty (as demonstrated through awareness) as an internally felt sense. This was something done to foster relationship building between the couple. Participant E reflected dialogue as suspended assumption and in working with this couple, emphasized the importance of both parties becoming aware of their different privileges.

Participant G focused on the importance of becoming aware of non-verbal cues and spoke more in terms of energetic responses more so than the other participants. In order to maintain contact, Participant G reported it important to be in the energetic rhythm of the other person, no matter how different they may be from you. Without this, there is no opportunity for dialogue because there is no sense of present connection. Participant H, in terms of a clinical interaction, spoke about the necessity to bring awareness to the origin of the client's anger in order to straighten out projections. With the client's projections in place, the client was unable to make contact with Participant H as the therapist, and therefore, dialogue was not possible. Part of interrupting the projections and fostering dialogue came through empty-chair work, putting the client's abusers in the chair and expressing his anger and fear safely with them.

Participant I recalled a client interaction where the power differential was not verbally acknowledged but the differential was present for both Participant I and the client. Participant I described dialogue as being both verbal and non-verbal, highlighting the importance of trusting one's experience. Participant I mentioned contact in this case in terms of fore-contact, where a need or desire emerges. Participant J mentioned a similar notion in interactions to bring awareness with the client, by being aware of what is figural in the foreground, here and now. This became clear as Participant J recalled being organized by the sensitivity of a client's class

identity difficulties. Their dialogue took place in the form of many discussions, while contact was examined primarily through the client's interruptions of contact within herself. The dialogue was then used in the session to repair contact interruptions, often in the form of ironing out why it was the client was still coming to therapy.

Chapter V

Discussion

This study set out to explore the ways in which Gestalt therapists understand and apply principles of “authentic connectedness” when interacting across difference, such as race, culture, class, gender or sexuality, in both their clinical work and personal experiences in daily life. The study investigated these dynamics by asking participants to recall one or more interactions where they were cognizant of a power differential regarding differences in identity. Using these interactions, participants were asked to describe their role as a Gestalt therapist, whether Gestalt therapy influenced their responses, and then to speak specifically to whether the Gestalt principles of *awareness*, *contact* and *dialogue* served to inform their response. This study aimed to contribute to the limited Gestalt therapy research with the purpose of exploring how Gestalt principles are being used to understand and address interactions around privilege and oppression, dynamics that come up on a daily basis in American society, both within and beyond the therapy relationship.

Demographics

The demographic sample of the participants in the study lacked diversity in terms of race, sexual identity, and age. The majority of the participants identified as white and heterosexual, and over 60-years-old. The reason for this lack of diversity can be largely attributed to the use of convenience sampling that involved drawing on the faculty members of three Gestalt training institutes. This raises questions for future research on whether younger Gestalt therapists, Gestalt

therapists of color, or those with more marginalized sexual or cultural identities utilize Gestalt principles in different ways when interacting around difference.

In a field often dominated by women, the sample of participants in this study did not reflect this – 40% (n = 4) of the participants were men, while 60% (n = 6) were women. There were no recognizable themes or patterns within the findings that seemed to be delineated by gender.

Finally, when asked about current religious or spiritual practice, none of the participants identified with an organized religion. This not only begs the question of what type of person is attracted to Gestalt therapy, but also creates curiosity around what findings might be different when interviewing someone with strong religious beliefs about their experience of identity-based power differentials.

The demographics of this sample population may have proven problematic for the study's findings. The majority of participants were between the ages of 60 – 70 years old, whose training may vary significantly over more current practices and experiences. Use of Gestalt principles and framing also may be portrayed or discussed differently among these groups versus younger groups with less experience or more recent training and practices. Restricting the study to New York City ultimately proved limiting for the researcher. This was evident in the potential pool of candidates for this study and the professional societies and organizations to which they belonged. The researcher was a part of these meetings and participant bias may have impacted findings. Those that participated in the study may have responded in ways that they thought the researcher wanted, or they may not have been able to successfully transition from the role of therapist/educator to research participant. Greater diversity is required for future studies in this area in order to obtain greater insight into Gestalt therapists' understanding and application of

“authentic connectedness” when interacting across difference, in both their clinical and personal interactions.

Type of Interaction and Role(s) Played

Participants were asked to describe a clinical interaction or a personal interaction related to “authentic connectedness”. Findings may have shown greater distinction had the researcher asked participants to describe ‘both’ a personal and a clinical interaction instead of choosing one. It appears that participants easily identified therapeutic interactions but had difficulty pulling from personal interactions to address applications of authentic connectedness. This may be that participants in this study, while proficient as Gestalt therapists in the clinical setting, do not readily apply Gestalt principles in their daily interactions and relationships. If this is the case, such actions may be attributed to avoiding burnout by leaving ‘work at work’ to avoid carrying stress and fatigue into one’s personal interactions. However, it also could be argued that in knowing they would be interviewed about Gestalt therapy, it was easier for participants to bring to mind an experience to discuss that took place within a formal Gestalt context.

When asked about the role played by each participant as Gestalt therapist, it appears that none of the participants seemed to interpret this question as intended by the researcher. Rather, the various roles described by many participants seemed to give way to describing the most valuable tenants of their work and understandings of Gestalt therapy, thus confirming the theory held by Yontef (1993) that Gestalt therapy has a variety of interpretations. The fact that no two-role descriptions were the same also was likely a reflection of the fact that each participant’s described interaction was unique to those present, their specific type of power differential or identity difference, and the content of the interaction. Participants described playing roles that attempted to support, equalize, teach or communicate, maintain contact with a need, model

communication, compromise one's self, be non-judgmental, witness, and provide conditions or a space for the work to unfold. While many of the roles described could be part of many theoretical orientations, a closer look at the contexts described by participants yielded a focus on several main Gestalt tenants. More specifically, a focus on the experiential and the present moment (Greenberg and Malcolm, 2002), "selfing" as a flexible process where contact with a need is maintained (C. Newman, personal communication, October 12, 2012), and the valuing of wholeness (Ginger, 2007) were mentioned or alluded to by several participants.

Gestalt Therapy Influences

Seven of the participants reported being influenced by Gestalt therapy, while three reported influences stemming from other aspects of being a therapist. While these participants did not answer yes to the question of being influenced by Gestalt therapy in their response, an argument could easily be made that each of their responses involved a level of awareness and contact with their personal needs. Their responses suggested a keen awareness of self in relation to the client, and taking care of both client and self simultaneously. This then suggests that authenticity may still be occurring when a therapist consciously chooses to pull away or to insert self in an interaction.

Those participants who reported being influenced by Gestalt therapy largely confirmed the findings of prior empirical studies with their acknowledgements of awareness, verbal and non-verbal dialogue, experiments (empty chair technique and psycho-drama), valuing and approaching the client as a whole person, the owning and expressing of difficult emotions, the teaching of approaching one's self with non-judgment and curiosity, working in the present moment, and the importance of a relational approach (Greenberg & Malcolm, 2002; Haugstvedt, et al., 2011; O'Leary, Sheedy, O'Sullivan, & Thoresen, 2003; Cho 2005; Tranvag &

Kristoffersen, 2008). While a variety of Gestalt tenants were named, these seem to reflect similar Gestalt approaches and outcomes found in the limited empirical research on Gestalt therapy available.

How Gestalt Therapy Principles Informed Response

The majority of participants who reported their responses were influenced by the Gestalt principles of awareness, contact, and dialogue (one participant offered critique of the term ‘dialogue’ based on a theoretical argument) supported the assertion by Yontef (1993) that the three principles are connected and relational. Awareness is relational in the sense that it is an orientation at the boundary between the person and the rest of the organismic environment field while contact is what happens between a person and his/her environment (p. 32). Based on this understanding of awareness and contact, the findings of this study suggest that the majority of the participants understand and apply the principles of awareness and contact in theoretically accurate ways. Nevertheless, a number of participants pointed to contact as something that was either happening or being interrupted within their client or themselves. Therefore, the word ‘relational’ should not be assumed to only encompass interactions between two or more people; one person can relate to his or her environment without another person necessarily being involved. Participant J described a client who would frequently interrupt contact with herself by dismissing her need for therapy. Participant I described a client using her body to make contact with an emerging need; and Participant C discussed contact in terms of the importance of observing personal reactions to people with marginalized identities when your own identity has been privileged. These findings support the claim by Ginger (2007) that contact is something that occurs both internally and externally as part of the human experience.

When participants spoke to dialogue as the final part of this question, a variety of different responses reflected both a more traditional understanding of dialogue as merely a conversation between two people, as well as a Gestalt defined understanding of dialogue as a relational, spontaneous, dynamic event where both parties suspend judgment and personal agendas in favor of making space for co-created novelty and seeing the wholeness of the other (Hycner and Jacobs, 1995).

Limitations and Implications for Future Research

The largely heterogeneous demographic sample of participants likely influenced the findings of this study. Future research may find it important to explore these dynamics with younger, more diverse participants. In other words, is it possible that the findings would be quite different if interviewing Gestalt therapists with identities that tend to be marginalized rather than dominant, based on operating from a reference point that involves personal experience with oppression? Based on a more recent emphasis of social justice work in social work education, is it also possible that younger Gestalt therapists (those with a social work degree) would reveal a different level of awareness regarding their understanding of the dynamics of privilege and oppression? The fact that the youngest participant was the only participant to verbally acknowledge that the researcher and participant were both white, seems to suggest that more current social work education could influence this type of awareness. It could be useful, in a future study, to target participants who are currently in Gestalt training or recent graduates in order to explore these possibilities.

As with any qualitative interview, the way the interview questions are worded and framed can play a large role in the findings of the study. The first interview question in this study served to guide and focus the participants on one experience in a way that experience likely influenced

the way they understood and approached the entire interview. Early in the interview process, it became clear to the researcher that the first question was being slightly misunderstood yielding some participants to offer experiences where a power differential was recognized; but it was one that had less to do with identity difference and more to do with workplace hierarchies.

Additionally, while the chosen question had the benefit of narrowing the focus of the interview, for most participants, describing just one interaction, the question did not ask specifically for participants to reflect on their own privilege or group membership. Therefore, the findings offered little in the way of determining whether the recognition of a power differential in an interaction meant that a specific moment of self-reflection around personal identity, and the privileges of being a member of any group, took place for participants. Instead, the responses were largely based around helping the client or other person in the interaction understand and work through their own struggle with ‘difference’ or ‘identity’. Similar to what Tucker (in press) proposes, future research may want to consider asking specific questions around the participant’s personal process of coming into “greater contact with our identification as members of any particular group” so as to encourage a reflection on how the therapist’s personal identity impacted their side of the interaction (Tucker, p. 6).

In conclusion, the findings of this study did not present a clear resolution one way or the other as to whether Gestalt principles are being applied outside the clinical realm to personal experiences when it comes to interactions across difference. It is possible this would have become clearer if the interview questions had focused primarily on personal interactions rather than asking participants to speak to either a clinical or personal interaction. However, it seems important to note that only one participant chose to verbally acknowledge the power differential between the researcher and participant during the interview. By acknowledging this in the

present moment, this participant demonstrated awareness and an ability to employ, in a personal interaction, the very principles of “authentic connectedness” that the researcher set out to explore. More importantly, this acknowledgment prompted the researcher to reflect on the power differential present – one that existed largely due to a student/teacher dynamic stemming from the researcher knowing many of the participants from a clinical training context – and to see the ways in which these personal relationships had the effect of biasing the findings of this study. This realization serves as a caution to future researchers around the importance of interviewing participants with no prior relationship to the researcher.

References

- Beisser, A. (1970). Paradoxical theory of change. In: *Gestalt Therapy Now*. ed. Fagen, J. and Shepard, L. New York: Harper Colophon. Reprint available from www.gestalt.org/arnie.htm.
- Billies, M. (2005). Therapist confluence with social systems of oppression and privilege. *International Gestalt Journal*, 28(1), 71-92.
- Cho, Wen-Chun (2005, September 26). Reintegrating the self - A recovery from romantic relationship breakups through Gestalt therapy. Retrieved from <http://irs.lib.ksu.edu.tw/NKNUIR/handle/987654321/14518>
- Ginger, S. (2007). *Gestalt therapy: The art of contact*. (S. Spargo & S.R. Cojean, Trans.). London: Karnac Books Ltd. (Original work published 1995).
- Greenberg, L. S., & Malcolm, W. (2002). Resolving unfinished business: Relating process to outcome. *Journal Of Consulting And Clinical Psychology*, 70(2), 406-416.
- Haugstvedt, K. T. S., Hallberg, U., Graff-Iversen, S., Sørensen, M. and Haugli, L. (2011), Increased self-awareness in the process of returning to work. *Scandinavian Journal of Caring Sciences*, 25, 762–770.
- Hycner, R., & Jacobs, L. (1995). *The healing relationship in Gestalt therapy: A dialogic/self psychology approach*. New York, NY: The Gestalt Press.
- Jacobs, L. (2005). For whites only. In T. Levine Bar-Yoseph (Ed.), *The bridge: Dialogues across cultures* (pp. 225-244). New Orleans, LA: Gestalt Institute Press.
- Kelly, T., & Howie, L. (2007). Working with stories in nursing research: Procedures

- used in narrative analysis. *International Journal of Mental Health Nursing*, 16, 136 – 144.
- Lichtenberg, P. (2008). Culture change: Conversations concerning political/religious differences. Retrieved from <http://www.gestaltphila.org/Articles/index.asp>.
- McIntosh, P. (1995). White privilege and male privilege: A personal account of coming to see correspondences through work in women's studies. In M. Anderson & P. Collins (Eds.), *Race, class, and gender* (pp. 76-87). Belmont, CA: Wadsworth Publishing Company.
- O'Leary, E., Sheedy, G., O'Sullivan, K., & Thoresen, C. (2003). Cork older adult intervention project: Outcomes of a Gestalt therapy group with older adults. *Counselling Psychology Quarterly*, 16(2), 131-143.
- Perls, F., Hefferline, R., & Goodman, P. (1951). *Gestalt therapy: Excitement and growth in the human personality*. New York City, NY: Crown Publishers, Inc.
- Tranvåg, O., & Kristoffersen, K. (2008). Experience of being the spouse/cohabitant of a person with bipolar affective disorder: A cumulative process over time. *Scandinavian Journal Of Caring Sciences*, 22(1), 5-18.
- Tucker, P. (in press). The myth of difference: How the fixed Gestalts of group identity separate us from ourselves and others.
- Yontef, G. (1993). *Awareness, dialogue and process: Essays on Gestalt therapy*. Gouldsboro, ME: The Gestalt Journal Press.

Appendix A

Interview Guide Questions

1. Can you describe an experience where you were cognizant of a power differential in terms of privilege/oppression in either a client interaction or a personal interaction?
2. As a Gestalt therapist, what was your role in that experience?
3. How did being a Gestalt therapist influence your response?
4. Do you feel the Gestalt principles of awareness, contact, and dialogue played a role or informed your response? Please explain.

Appendix B

Letter of Informed Consent

Dear Participant,

My name is Marissa McMillin and I am a graduate student at the Smith College School for Social Work. For my Master's thesis and subsequent presentation of my thesis, I am conducting research exploring how Gestalt therapists experience authenticity, as informed by Gestalt principles, across specific differences in privilege and oppression in both clinical and non-clinical interactions. My aim is to make a contribution to the limited empirical research on Gestalt therapy while gathering valuable narratives around Gestalt therapists' experiences in discussing oppression. I am interested in whether Gestalt therapy has something to offer the long held commitment by the field of social work to bring awareness and change to practices that perpetuate and maintain systems of oppression. My interview questions will ask participants to unearth and discuss experiences in which they were cognizant of a power differential in terms of privilege/oppression and to reflect on the ways in which principles of Gestalt therapy impacted the direction of the interaction. Findings will be used in my thesis and in possible presentations and publications.

Participants' involvement in the study will include answering four in-depth interview questions during an in-person interview that will take between 30 – 45 minutes. These answers will be audio-recorded and then I will, personally, transcribe and analyze the data for emerging themes. The criteria to participate in this study involves: a) completion of a formal post-graduate Gestalt therapy training program; b) a current job or private practice where one is seeing clients regularly and practices Gestalt therapy; and c) English speaking participants. There are no specific exclusionary criteria for participants.

Participation in the proposed study poses few risks due to the fact that the participants are professional mental health providers. However because of the sensitive nature of the topic, it is likely that participants may experience a variety of emotions during and after the interview. The fact that participants will be Gestalt therapists and will be aware of the topic before the interview is a protective factor in terms of potential risks. If necessary, participants can withdraw from the study at any time should they feel uncomfortable.

In the interest of confidentiality, participants' signed letters of consent will be separated from the data and held in a locked drawer for three years, per Federal guidelines; tapes and notes will be put in a separate locked drawer for three years and participants' names will be removed from both tapes and notes. While I am planning to transcribe the data personally, if another transcriber is hired to help, he or she will be required to sign a letter of confidentiality. The transcribed data will be put in a password-protected file on my computer, only to be accessed by my research advisor (after names have been removed) and myself. In the case of presentations or publications, the data will be presented as a whole and when brief illustrative quotes or vignettes are used, they will be carefully disguised. The data will be destroyed after three years if no longer needed. Participants are asked not to provide any names or identifying information about clients during the interviewing process. Any identifying data will be treated confidentially and then deleted.

Participation in this study is entirely voluntary and participants have the right to refuse to answer any question at any time. Participants also may withdraw from the study at any time by notifying me personally via email. The final date to withdraw from the study will be April 15th, 2013. If you choose to withdraw, all data pertaining to you will be immediately destroyed. If there are any further concerns about participants' rights or other aspects of the study, I can be

reached via email at mmcmilli@smith.edu and by phone at XXX-XXX-XXXX, ext. #XXX.

Participants also are encouraged to contact the Chair of the Smith College School for Social

Work Human Subjects Review Committee at (413) 585-7974.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Participant signature

date

Researcher signature

date

Thank you for your participation in this study. Please keep a copy of this letter for your own records.

Appendix C

Demographic Questionnaire

The following questions will ask about you and your identity; you may skip any questions that you choose not to answer.

1. Please state your date of birth _____
2. Please state the name of the Gestalt training program you completed

3. How do you identify your:
 - a. Gender _____
 - b. Race _____
 - c. Ethnicity _____
 - d. Sexual Orientation _____
 - e. Current religious or spiritual practice _____

Appendix D

Recruitment Email

Dear Gestalt therapists,

I am a Master of Social Work student at the Smith College School for Social Work and I am soliciting participants who are willing to be interviewed for my Master's thesis. I am exploring how Gestalt therapists experience authenticity, as informed by Gestalt principles, across specific differences in privilege and oppression in both clinical and non-clinical interactions. My study aims to contribute to the empirical literature on Gestalt therapy while furthering authentic dialogue around oppression.

In order to participate, one must: a) have completed a formal post-graduate Gestalt therapy training program and subsequently, at least one year of clinical experience; b) have a current job or private practice where one is seeing clients regularly and practices Gestalt therapy; and c) be English speaking. Given the nature of my study, I am especially interested in finding a diverse group of participants and giving a voice to a variety of different perspectives.

The interviews will take approximately 30 – 40 minutes and will be conducted, for convenience of the participant, at the office or home of the participant during the months of February, March, and April 2013.

I appreciate you forwarding this email on to any potential eligible participants. If you or anyone you know is interested in participating in my study, I can be contacted at mmcmilli@smith.edu or XXX-XXX-XXXX, ext. #XXX.

Sincerely,

Marissa McMillin
Smith College School for Social Work
MSW Candidate 2013

Appendix E

HSR Approval Letter



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

January 21, 2013

Marissa McMillin

Dear Marissa,

Thank you for making all the requested changes to your Human Subjects Review application. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your study.

Sincerely,

A handwritten signature in cursive script that reads 'Marsha K. Pruett' followed by a flourish.

Marsha Kline Pruett, M.S., Ph.D., M.S.L.
Vice Chair, Human Subjects Review Committee

CC: Narviar Barker, Research Advisor